

“I always felt judged; always felt  
that we were failing”



## Challenges, disruptions and effective support

Professor Julie Selwyn CBE  
University of Bristol, School for Policy Studies,  
Hadley Centre for Adoption and Foster Care Studies  
[www.bristol.ac.uk/hadley](http://www.bristol.ac.uk/hadley)

# Data used in this presentation

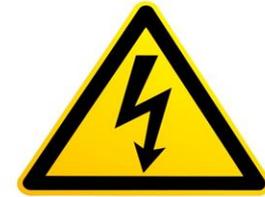
- English and Welsh national datasets on all looked after and adopted children over a 12 year period.
- 90 in depth interviews in England and Wales – 45 adoptive parents whose child had left home under the age of 18yrs and 45 who were finding parenting very challenging.
- Literature review on adoption support

# Adopted children



- 4,690 children adopted from care 2015-16
- More likely to have been maltreated (74%) than children who remain in care
- Most have had many carers in their lives
- Adopted children carrying many risks to normal development e.g. genetic vulnerabilities, pre-birth risks, maltreatment, moves in care
- Substantial evidence that adoption enables developmental recovery and children generally do very well.

# Complex needs of children



- Pre-birth exposure – alcohol/drugs, prolonged stress
- Parental care – maltreatment, domestic violence, changes of primary carer
- Moves –age at removal, separation, moves in care, quality of foster care, lack of preparation of the child

# Areas of functioning challenged by loss, trauma, maltreatment

- Intrapersonal competencies (e.g. sense of self )
- Interpersonal competencies (e.g., capacity to form and engage in healthy relationships with others)
- Regulatory competencies (e.g., capacity to regulate and modulate emotional and physiological experience)
- Neuro-cognitive competencies (e.g., controlling and focusing attention; inhibiting impulsive behaviors)

Blaustein & Kinniburgh (2010)

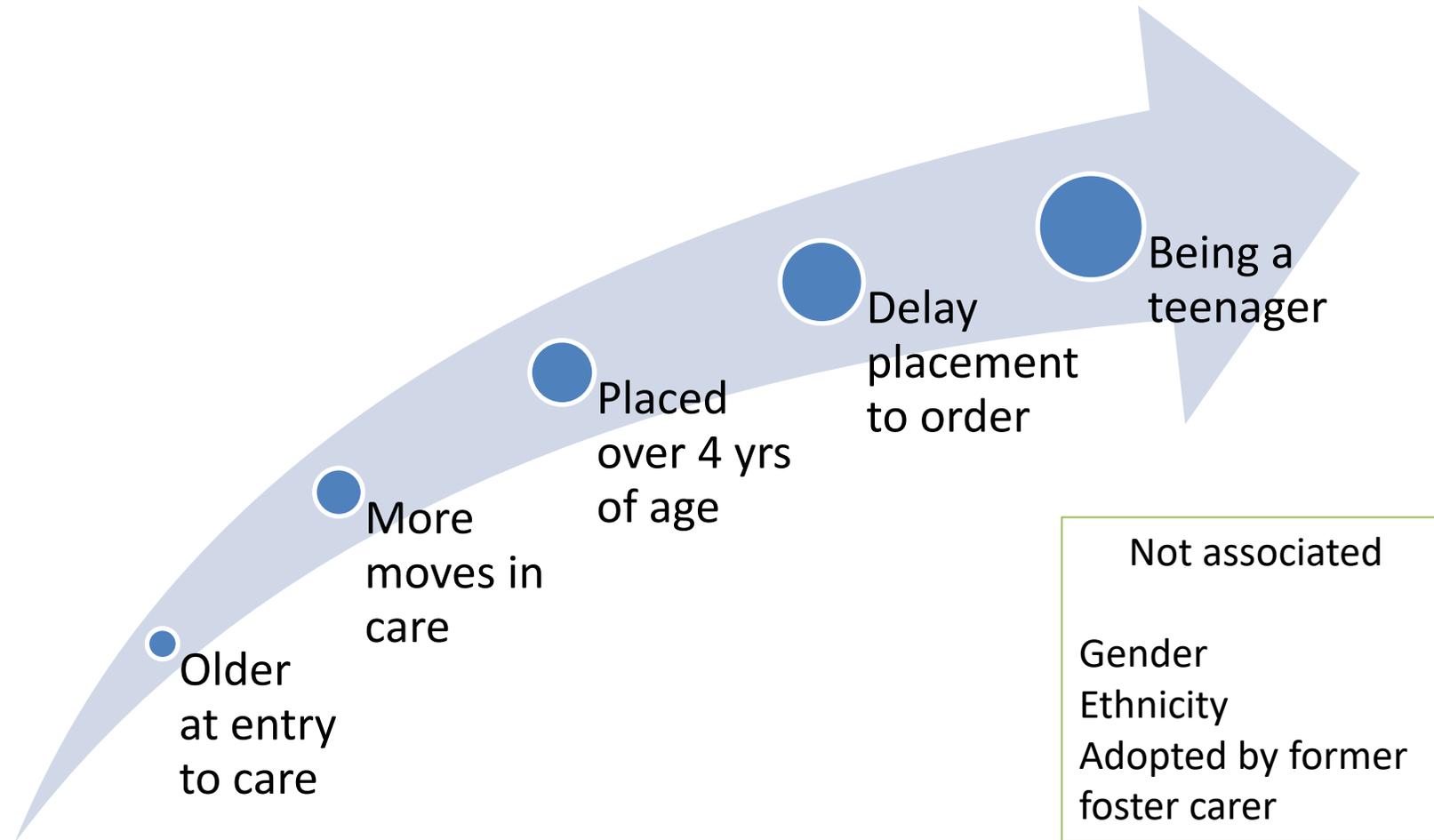
# Adverse childhood experiences

In the general population compared with those with no ACEs those with 4+ are:

- 4x more likely to be a high-risk drinker
  - 6x more likely to have had or caused unintended teenage pregnancy
  - 6 x more likely to smoke
  - 15 x more likely to have committed violence against another person in the last 12 months
  - 16 x more likely to have used crack cocaine or heroin
  - 20 x more likely to have been incarcerated at any point in their lifetime
- Adoption aims to provide developmental recovery and avoid these outcomes.

# Adoption disruption rate over 12 years in England

3.2%



Rate varies by LA 0-7%

# Background factors (birth family) and care experiences associated with later disruption

Domestic violence

Neglect

Sexual abuse

Maternal alcohol/drug misuse

Older at entry to care

Moves in foster care

Poor quality foster care

Difficult transition to adoption



*He just took it that people come & go, we didn't have any relevance. [After 3mths] my cousin asked him to tea. When he returned he asked me to pack up his belongings and said that he wanted to go and live with her. But he said, "You don't need to be upset because they will fetch you a new little boy."*

*He was insecure and angry ..& he attacked me a lot, broke things around the house.... He ... tried to set fire to the house a few times*

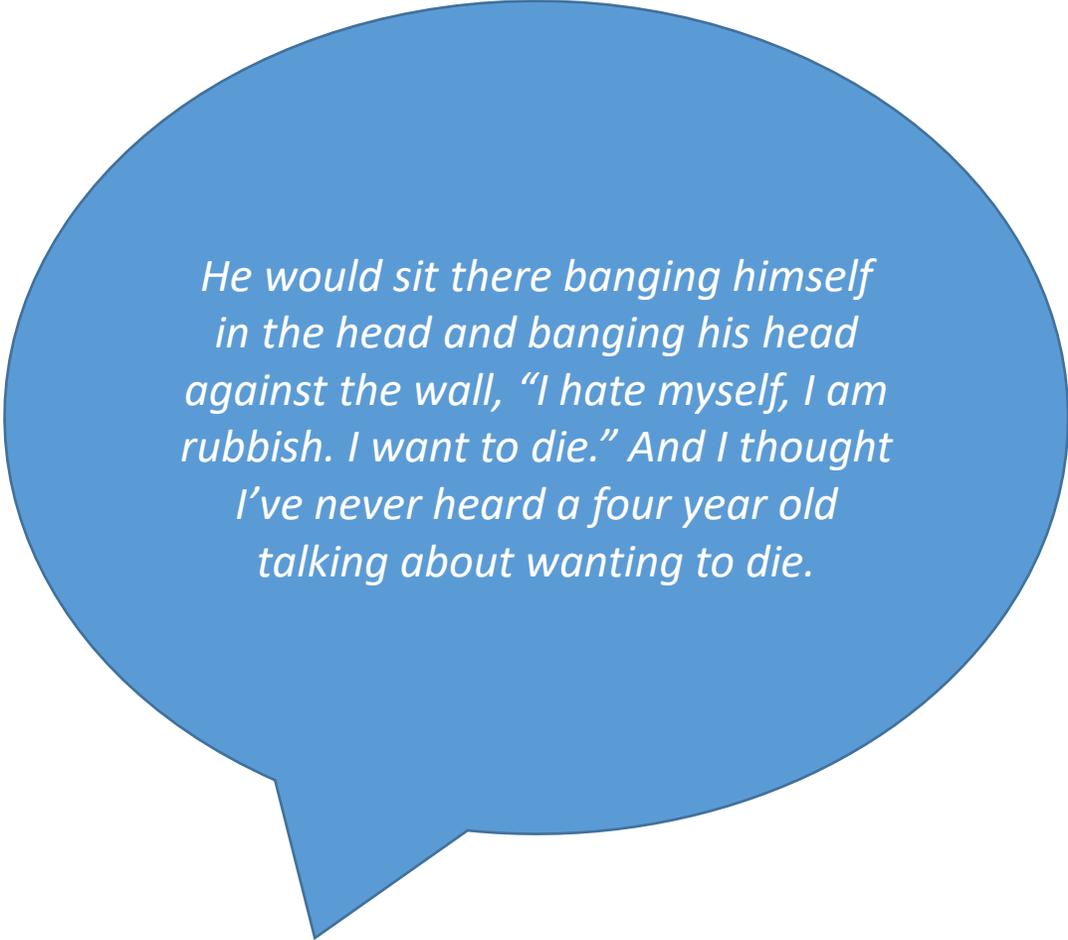
*Saul always used to say "I'm bad, I'm a bad boy me"...*

*She took somebody's glasses out of lost property & wore them for a while & the teachers didn't notice. She would wear somebody else's shoes. You could open her drawer at school & there would be lots of other children's pencils and pens.*

*He would have these absolutely horrendous grooves in his nails .. he was damaging the nail bed to cause these grooves, but obviously that's his pain, he was wanting to inflict pain on himself.*

# Main Challenges

- Aggressive behaviour
- Self harm
- Sexualised behaviour



*He would sit there banging himself in the head and banging his head against the wall, "I hate myself, I am rubbish. I want to die." And I thought I've never heard a four year old talking about wanting to die.*

*She beat her dad up, she just started punching, and punching, kicking, and punching him, absolutely going berserk, I mean unhinged berserk. He's a very gentle giant, never ever laid a finger on her ... She always used to bully him quite a lot*

He liked to invade your personal space, get up really close and intimidate ... He would grab me round the throat . I was really quite scared.... I didn't know if he was going to stop or not.

*We rang the adoption team. ... she never returned our calls.*

*A sw came out and said, " Yes, it must be very difficult for you." Then she came with her boss... they went away. We've heard nothing.*

*The adoption social worker said to me, " If you need anything get in touch." Twice I've contacted them and there's been nothing .*

# Barriers to service use

- Parents feel they will be judged as inadequate and failing if they ask for help
- Assessments being poorly conducted
- Parents and social workers lack knowledge about available services and lack of evidence on 'what works'.
- Access to services require high threshold or criteria that adopted children do not meet
- Financial cost
- Quality and availability of services differs markedly across the country.
- Lack of clinicians/practitioners with the necessary skills and knowledge of interventions – not adoption aware
- Support services provided at times that do not fit family's availability

# What adopters wanted

A quick response and services delivered in a timely manner

Professionals who

- understand the adoption context, are 'adoption aware' and have specialist knowledge and skills
- strengthen the family's relationships and boost parental competence
- do not blame the parents or the child for the difficulties
- compassionate in their response
- do not patronise or expect parents with professional knowledge to be able to manage.

- Adoptive parents wanted to feel believed and be supported.
- Parents liked a 'team around the family' approach with interventions provided by clinical and educational psychologists, OTs, as well as social workers.
- Range of interventions wanted- support in school, respite/heavy duty babysitting, life story work, behaviour
- Young people wanted more support for their parents, a mediated contact service, to understand their history.

*She's been with us every step of the way. Yesterday for example, we had the child's review at school and she came along to that. Because she realises how difficult it can be to get people on board. She's been a Godsend. I'm going to put her name forward for social worker of the year*

*Worker took him out, giving positive experiences and to give us respite, so we had six hours a day on Saturdays.*

# Professional response

- Actively engage
- Responsive approach to service delivery
- Join and support parents in ways that increase parental entitlement and empowers
- Open family communication
- Provide interventions
- Help parents to focus on taking care of themselves

# Parenting support pre order



- Adopters face unique transition, infertility, speed, older, child with difficulties, perhaps different ethnicity & coping with stigma of adoption
- Post placement depression not uncommon
- Social work support in this period is often described as good

# Parenting programmes post placement

- Early intervention preferable but families often in crisis
- VIPP 0-6yrs (Tavistock & Portman NHS trust with TACT)
- Incredible years (Webster-Stratton) adapted –STOP (Coram)
- Enhancing adoptive parenting (PAC and AdoptionFocus)
- Nurturing attachments ( Adoptionplus)
- AdOpt
  
- Safe Base and AUK's 'Parenting our Children'

*It explained systematically for the first time why I saw different symptoms, and that was critical, because if you try to think from first principles about what is going to work ... sometimes the symptoms are just so misleading ... You have to somehow decide which bit you're going to work on because you can't do the whole lot at once. It's a thing at a time, and reward it, compound it, integrate it, remind them, give another little reward, keep moving forward positively, forward with lots of praise and enthusiasm and success ... So I've got [daughter] to a point where she can catch a bus across town.*

# Evidence based interventions but not easily available in the UK

- For example:
- Attachment and Biobehavioral Catchup (ABC) available in the US, Australia and Europe
- PC-IT widely available in the US, Canada and Europe

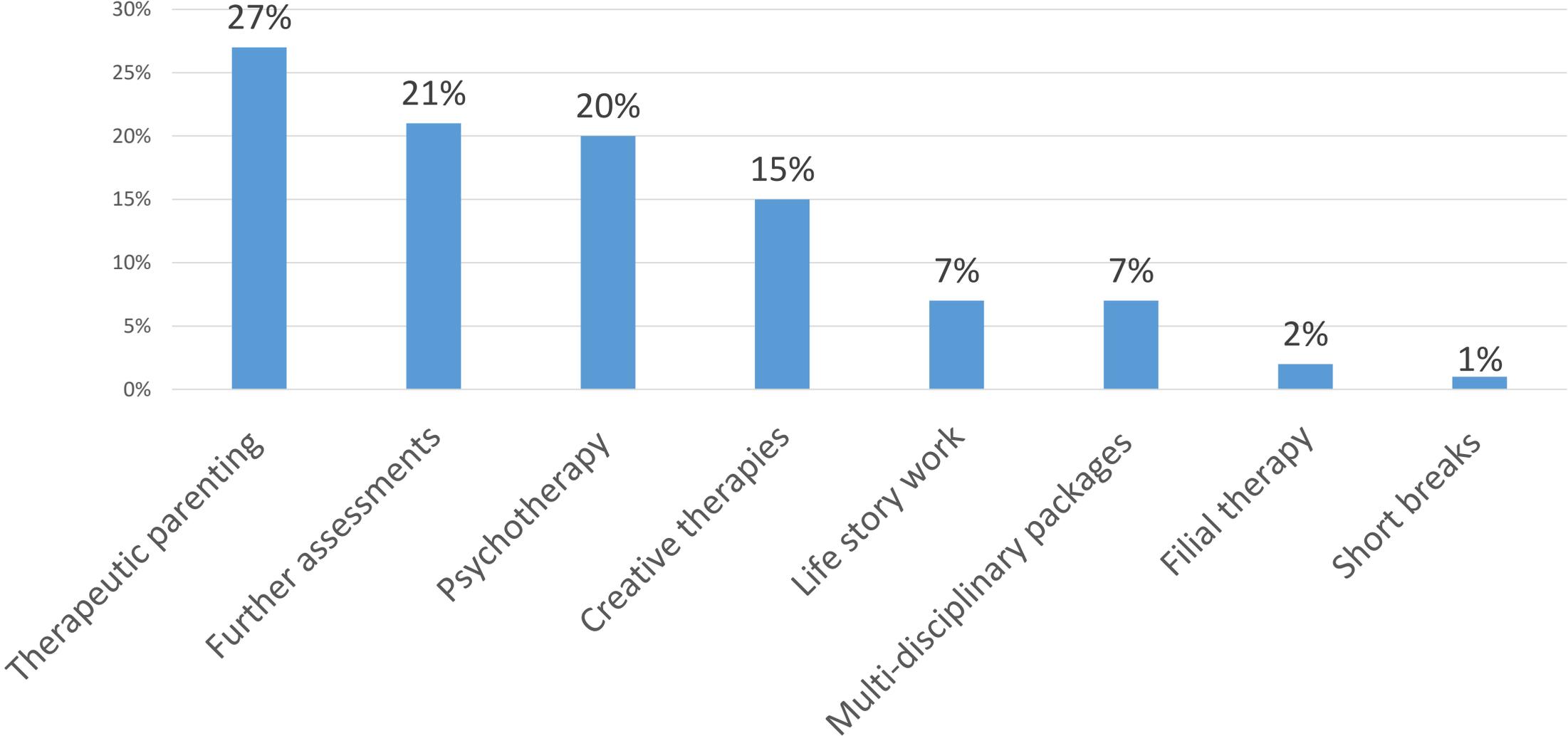
# Promising practices and available

- DDP- Dan Hughes model
- Theraplay and Filial therapy - play based interventions
- Non Violent Resistance (NVR)
  
- Models such as Family Futures' Neuro-Physiological Model NPP

## ASF : April 2015 to July 2016

	14 months
Total number of approved applications	7,500
Total spend	£26.5m
Average spend per application	£5,000

# Use of the ASF



# Adoption support

- Likely to be needed at some point in the adoption lifecycle
- Unrealistic to expect families to remain intact without services
- Urgent need to build the evidence base
- To know which interventions are appropriate for which types of behaviours
- Skill up social workers

*It's been a battle to get help really. We're able to afford that and some people can't. We're articulate, middle class, middle aged people who know how to get help and we found it difficult, so goodness knows what it's like if you're not in our situation*