The support needs and experiences of newly formed adoptive families: findings from the Wales Adoption Study

Abstract

This paper reports on findings from the Wales Adoption study, which used a sequential, mixed method design to explore the early support needs and experiences of newly formed adoptive families. Ninety-six adoptive parents completed a questionnaire four months post-placement and sub sample of forty parents were interviewed in-depth five months thereafter. The main support needs of the families fell within five key domains: promoting children's health and development, strengthening family relationships, fostering children's identity, managing contact with significant others and financial and legal assistance.

Whilst the age and developmental stage of the child placed for adoption often influenced the nature of the support required across the various domains, the need for some form of support in every family was universal. Most, however were not facing insurmountable difficulties. Arguably, many of the support needs identified could have been anticipated, as they illustrate the complexities of 'normal' adoptive family life. The implications for social work practice are discussed.

Introduction

In the year ending 31 March 2016, 5030 children were adopted from local authority care in England and Wales. The total care population at that time was 76,102 (Department for Education (DfE), 2016; Welsh Government, 2016). The DfE figures for 2016 also show that 74% of these children had experienced abuse and/or neglect. This adversity, together with the likelihood of other disadvantage, (including prenatal harm, such as maternal stress and substance misuse in utero, grief and loss through separation from birth family, and multiple caregivers before being placed for adoption), can have deleterious effects. Some adopted children will be significantly traumatised by their early life experiences (Hughes and Braylin, 2012). Children with histories of maltreatment are a vulnerable population at risk of poor developmental outcomes (Norman, 2012). Many will have a diverse range of physical, psychological and social needs, which require long-term support and a therapeutic approach to parenting.

Adoption, as an intervention, can enhance the developmental outcomes for children (Dance and Rushton, 2005; Palacios and Brodzinsky, 2010). Those adopted out of care, fare better than children who remain in care, with marked improvements in growth, attachment security and cognitive ability (van Ijzendoorn and Juffer, 2006). However, the impact of early adversity does not simply fade once children are provided with the secure base that adoption can afford. Whilst adoption disruption rates are low (at around 3% in England and Wales; Selwyn et al., 2015), this is set against a backdrop of many adoptive families struggling to manage complex and concerning behaviours in the short and longer term, including relationship difficulties, emotional dysregulation and challenging behaviour (Selwyn et al., 2015). It is essential therefore, to consider how best to support adoptive families, especially those with children facing complications arising from early childhood trauma and associated attachment difficulties (Stateva and Stock, 2013).

As knowledge about the needs of adopted children and their families has grown, so too has the recognition that many adoptive families will require on-going support, or will have support needs that wax and wane. Post-placement adoption support literature reflects a mixed picture in terms of the nature of support available to adoptive families across England and Wales, and in their satisfaction with what is provided (Bell and Kempenaar, 2010; Pennington, 2012; Holmes et al., 2013; Ottaway et al., 2014; Selwyn et al., 2015). The need for better investment in adoption support resonates throughout the literature.

Very little contemporary research focuses specifically on new adoptive placements. Studies to date have reported predominantly on the needs and experiences of more established adoptive families.

For example, nearly three-quarters of the adoptive parents in the study by Ottaway and Colleagues (2014) reflected on their experiences of seeking support between 2-7 years after the adoption order was made; Bell and Kampinaar (2010) focussed only on the support shown to families post-adoption order. In their adoption disruption studies (Selwyn et al., 2015) the young people were, almost exclusively, teenagers or young adults. Their findings exposed the unmet need for support, particularly around the time children entered puberty. Recent reviews of interventions to support adoptive families have indicated a range of promising approaches (Selwyn, 2017; Stock et al., 2016). However, with the exception of the AdOpt programme in the UK (Harold et al., 2016), there is little focus on support specifically in early adoptive family life.

In their study of non-infant adoptions, Sturgess and Selwyn (2007) reported on both the early support needs of adoptive families (first year post-placement) and the needs of the same families, about seven years later. They found that predominant needs in early placement were for advice on behaviour management and financial support, with many adopters reporting that the first year of placement was harder than expected. More recently, Bonin et al., (2014) considered the first six months of an adoptive placement. Findings showed that adoptive parents wanted reassurance about parenting styles, advice on caring for children with behavioural or attachment difficulties and guidance on managing birth family contact. Observing that most adoption support is provided by local authorities, Bonin and colleagues identified the importance for social work intervention to be tailored to families' needs and called for more research into the post-placement period. The Wales Adoption Study answers that call. Drawing on findings from the study, this paper offers an important insight into the support needs and experiences of newly formed adoptive families at four months and nine months post placement.

Context and background

The Adoption and Children Act 2002 (England and Wales) was designed to reform adoption policy, which had remained largely unchanged since the 1970s. The Act emphasised the life-long impact of adoption. The subsequent Adoption Support Services Regulations (2005), introduced a requirement for all local authorities to provide an assessment of need for adoptive families as requested, including assessments for financial support, assistance with contact, therapeutic services, adopter training, mediation, advice and information. However, whilst the intention was to improve support for adoptive families, there was no corresponding duty placed on local authorities to provide services, even where needs were identified. The UK government's *Action Plan for Adoption* (2012) set out to strengthen support for adoptive families.

The Adoption Support Fund (ASF) was developed following on-going concerns about support needs, particularly in relation to the mental health of adopted children and the lack of access to therapeutic services (Stock, 2016). In 2016, the fund was extended across England, with Local Authorities able to apply for money to support families from the outset of an adoptive placement. A review of the piloted ASF a year earlier (Lewis and Ghate, 2015) highlighted the *'growing focus on early intervention'* and observed that a better understanding about the impact of early trauma and neglect had led some services to facilitate therapeutic support for families, as soon as children and parents had been matched for adoption. Whilst the ASF has the potential to help support both newly-formed (and more established) adoptive families living in England, families living in Wales do not yet have comparable opportunity.

In 2011, the Welsh Government set out its intention to deliver social services regionally or, where indicated, nationally, rather than by way of the existing 22 unitary local authorities (Welsh Assembly Government, 2011). As a result, the National Adoption Service was launched in Wales in 2014. The devolved administration also held an Adoption Inquiry in 2012. This identified major concerns about the provision of post-adoption support. Further government-commissioned research (Ottaway et al., 2014) found that adoption support services were seen as the 'poor relation' to adopter recruitment and family finding. After its inception, the NAS quickly prioritised post-adoption support. However, a recent review of the Adoption Inquiry (2016), showed a patchy picture in relation to the range and quality of adoption support services available countrywide, particularly with access to therapeutic intervention and life-story work. More recently, a review of the NAS (Rees and Hodgson, 2017) focused on some more positive changes underway to support families in Wales, including the development of the Adoption Support Framework, which aims to ensure the consistent availability of universal, targeted and specialist services.

Wales Adoption Study

The Wales Adoption Study used a sequential mixed-methods approach. The over-arching aim was to develop a better understanding of the early support needs and experiences of newly formed adoptive families. The material drawn on for this article originates from two data sources

1) Questionnaire to adoptive families (n=96): Newly formed adoptive families completed a questionnaire four months into placement. Families eligible for inclusion were those with whom a child from Wales had been placed for adoption between 1 July 2014 and 31 July 2015. The questionnaire, containing both closed and open-ended questions was developed from previous research findings on adoption. It gathered information on the background characteristics of the

adoptive families, their support needs and experiences across various dimensions and more general views of how they thought the placement was faring; what was going well, and the challenges they encountered. The Strengths and Difficulties Questionnaire (SDQ) was included - a well validated behavioural screening questionnaire, focusing on children's psychological attributes (Goodman, 1997). The characteristics of the 96 children, whose families participated, were compared to all children from Wales placed for adoption in the study period. This comparison was possible because the case file records of all children placed for adoption between 1 July 2014 and 31 July 2015 (n=374) were reviewed in another strand of the study, findings from which are reported elsewhere (Anthony et al., 2016; Roberts et al., 2017). The questionnaire sample is representative of children placed for adoption during the study window for gender and past experiences of abuse/neglect. However, it contained slightly older children because we asked parents of sibling groups (30% of the sample) to comment on the eldest child placed for adoption.

3) In-depth interviews with adoptive parents (n=40): Participants were drawn from families who had completed the questionnaire and had agreed to be contacted for interview. The semi-structured interviews typically took place nine months after the adoptive placement commenced. All occurred in the adopter's home and typically lasted two hours. The interviews were designed to elucidate the early experiences and support needs of adoptive families. The data generated from the questionnaires informed the content of the interview schedule, which included sections on adopter preparation and assessment, linking and matching, introductions, family dynamics, wellbeing of family members, employment and finances, contact plans with birth family and support from professionals.

Ethical considerations

Ethical permission for the study was granted by the Research Ethics Committee at Cardiff University, School of Social Sciences. Approval from Welsh Government was obtained and permission to access LA data was granted by the Heads of Children's Services. Informed consent was obtained from all participating adoptive families.

Recruitment of families

Local authority adoption teams across Wales sent out letters on behalf of the research team, to every family with whom they had placed a child for adoption in the 13 months, from July 2014. Families wanting to participate in the study were invited to respond to the researchers directly. A strategy of rolling recruitment was used, with invitation letters timed to arrive with families several weeks after the placement began. Of the 118 adoptive families eligible for study inclusion and who contacted the research team, 96 returned the questionnaire (81% response rate). As some of these families comprised siblings placed together for adoption, the questionnaire sample contained the adopters of

just over a third (128 of 374, 34%) of all looked after children in Wales placed for adoption between 01.07.14 and 31.07.15.

Table 1 show the characteristics of the families in the questionnaire and interview samples.

Table 1: Key characteristics of the families in the questionnaire and interview samples

	Questionnaire Sample (n=96)		Interview Sample (n=40)	
	n	**%**	**n**	**%**
Adopter status				
Heterosexual couple	79	83	31	78
Same sex couple	5	5	3	7
Single adopter	12	12	6	15
Child gender				
Male	49	51	23	57
Female	47	49	17	43
Age of child when placed for adoption				
Under 12 months	24	25	9	22.5
12-47 months	42	44	18	45
48 months+	30	31	13	32.5
Sibling group placement				
No	67	70	30	75
Yes	29	30	10	25
Child previously fostered by adopter/s				
Yes	4	4	3	7.5
No	92	96	37	92.5

Analysis

Quantitative data were entered into SPSS to assist with the generation of descriptive statistics. Thematic analysis was used to identify and analyse patterns in the qualitative material (Braun and Clarke, 2006). This process included five phases: 1] Familiarisation with the entire data 2] Applying codes to sections of the data to help identify features relevant to understanding the support needs and experiences of the adoptive families. Whilst some material was coded from concepts that had been identified at the outset of the fieldwork, others were generated from within the dataset. 3] Identifying emerging and recurring themes in the coded data. 4] Refining and cross-referencing material. 5] Defining the parameters and analysing the content of each theme.

Findings

Drawing on both the qualitative and quantitative data, the support needs of the newly formed adoptive families were categorised and explored within five key domains: promoting children's health and development, strengthening family relationships; fostering children's identity; managing contact with significant others and financial and legal assistance.

Children's health and development

A widely identified support need in early adoptive family life centred on the assistance parents wanted to help promote children's health and development. Parents of older children tended to want support in addressing emotional and behavioural wellbeing concerns; those parenting younger children focussed on eliciting the help and reassurance needed to manage concerns about children's physical wellbeing and developmental progress.

Thirty percent of parents completing the questionnaire wanted professional assistance to help with children's emotional and/or behavioural distress. Whilst only two of the twenty-four adopters parenting a child under twelve months at placement identified this need, two-thirds of adopters (n=20) parenting children over the age four at placement did so. Parents were particularly worried about high levels of aggression, control and emotional dysregulation. For example, one parent said:

> *He is quick to react to situations with aggressive actions, hitting or kicking us or his sibling.*

Parents, particularly those of toddlers, described their difficulty in understanding which behaviours reflected the effects of early adversity and which were characteristics of 'typical' childhood development. Fifty-eight parents completed the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) for their child four months post-placement (parents of children under the age of two did not complete the measure). Thirty-one children (53%) were aged 4 years or older and twenty-seven (47%) aged between 24-47 months. The internal consistency estimates for all subscales were acceptable (α=.68 to .75). With the exception of the SDQ subscale scores for emotional and conduct/behaviour problems amongst the younger children, all scores, when compared to population norms, were significantly higher or lower (for prosocial behaviour). Table 2 shows, by age category, mean scores and standard deviations for the SDQ subscales and total scores.

Table 2: SDQ scores by age category (n=58)

	Mean	*SD*	Comparison mean value	*t*-value	95% CI
2-3 year olds (n=27)					
Emotional problems	1.81	*2.04*	1.1	1.822	0.09, 1.52
Peer problems	2.76	*1.98*	1.3	3.678*	0.64, 2.28
Conduct/Behaviour problems	2.22	*1.87*	2.0	0.618	-0.52, 0.96
Hyperactivity	4.78	*2.33*	2.9	4.195*	0.95, 2.80
Total score	11.88	*6.17*	7.3	3.710*	2.03, 7.13
Prosocial behaviour	6.44	*2.33*	8.1	-3.698*	-2.58, 0.74
4-9 year olds (n=31)					
Emotional problems	3.35	1.99	1.9	4.065*	0.72, 2.19
Peer problems	2.50	2.23	1.4	3.019*	0.35, 1.85
Conduct/Behaviour problems	3.16	2.07	1.6	4.205*	0.80, 2.32
Hyperactivity	6.32	2.47	3.6	6.141*	1.82, 3.63
Total score	15.33	6.82	8.6	5.408*	4.19, 9.28
Prosocial behaviour	6.77	6.77	8.6	-4.555*	-2.64, -1.01

Note: Comparison mean values for British population norms derived from the sdqinfo.org/norms website. *denotes significant one sample *t*-test difference at *p*<.01 or lower.

Parents wanted the opportunity to speak about the impact of their child's distress on family life. It seemed important for adopters to have someone outside the family acknowledge that this was not 'easy' parenting. Some wanted reassurance that unsettled behaviour could be expected, given the children's recent upheaval, or practical advice on strategies for managing concerns. Others wanted better knowledge about the ways in which children's confusion might manifest.

> *I would have liked a manual [outlining] possible behavioural issues, so you know what things to expect. Like the wetting, the phantom illnesses, the attention seeking behaviours. So, you know what to do if, as happened, you have a child who is on the kitchen floor, screaming their head off, literally apoplectic, angry, upset - doesn't know what on earth has happened in their world.*

Several parents had received specialist support to help address concerns, including Theraplay and mental health services. However, others reported unmet needs. At interview, four parents, with children over the age of four, were in the midst of caring for troubled children in very testing circumstances, and were not in receipt of specialist help. They identified pressing, unmet needs for targeted, therapeutic assistance and described repeated efforts to engage the LA in supporting the

family. One placement, featuring high levels of child-to-parent violence, disrupted whilst the family were awaiting a support package. Another family had been told that there was simply no money available to fund specialist support. One other mother observed:

> It doesn't make sense. Surely it's better to provide some funding now to get better help … or we can carry on struggling and me and (husband) just get to the point where we go, 'we can't do this anymore' and then that's going to cost them far more money than a bit of play therapy.

Parents also wanted help and reassurance for concerns about children's physical and cognitive development. In addition to seeking advice for the usual assortment of childhood ailments, parents had instigated referrals to a range of health specialists, including ophthalmologists, audiologists, physiotherapists and podiatrists. In the questionnaire, a third of adopters (n=31, 32%), expressed concerns about their child's development - in particular, speech and language delay and poor motor skills. Parents of older children also worried about regressive behaviours and poor social development. Usually, concerns about children's physical health and development had been brought to the attention of health-care providers. For parents of children under the age of five, health visitors had been a helpful source of support, advice, reassurance and referral to specialist services (Meakings et al., 2016).

Strengthening family relations

Support needed to manage the transition to a new family formation was identified by around a third of parents in the questionnaire sample (n=32). Three quarters (73%, n=22) of those adopters parenting children over the age of four at placement wanted help to strengthen family relationships, compared with only 17% (n=4) of those parenting infants. The developing parent-child relationship and relationships between siblings were two matters requiring support.

Parent-child relationships

Adopters were generally well-versed in attachment theory from their preparation training. Understandably therefore, they often talked about support needs in the context of transferring and promoting healthy attachments. Some parenting younger children had hoped that children would want more physical contact or be more affectionate:

> He doesn't hug chest to chest. We think it will take time to understand affection.

Others described difficulties with children's indiscriminate affection, their over-demand for parental attention, and their preference for one parent. Two parents reported helpful intervention from an

'attachment worker', affiliated to the LA, who provided advice and guidance in developing strategies to promote closer emotional bonds. However, this intervention seemed confined to one locality.

At interview, parents spoke more about complexities in the developing relationship with their child and associated support needs. Pre-adoption experiences were thought to have compromised some children's ability to trust adults. For others, the close relationship enjoyed with a foster care was thought to have affected the way children felt about their adoptive parents. The perceived poor preparation of children for adoption compounded difficulties, with the temporary nature of foster care not always explained properly. Parents of older children also described loyalties to birth families that compromised the opportunity to forge close relationships with their adoptive parents. Several mothers spoke candidly about their own difficulties in bonding with their child. This was a difficult matter to discuss. Earlier failed links and matches were identified as a complicating factor in allowing parents to feel close to their child. Occasionally, adopters had already invested emotionally in other children, who were not subsequently placed with them.

Sibling relationships

Just over half of the children referred to in the questionnaire sample were living with siblings in the adoptive home - nearly a third had been placed with at least one brother or sister, others had joined families with existing children. As well as advantages, adopters identified various challenges that had emerged through parenting siblings. This included feeling unprepared for the perceived harmful dynamics shown between some siblings placed together. Parents identified support needs around managing parentified behaviours, extremes of jealousy, aggression and control between children, all of which impaired family cohesion:

> Her negative interaction with her brother is caused by jealousy of any attention we
> may give him. It requires us having to separate them for a couple of hours each day
> and needs two adults to deal with.

Families with children already living in the household reported difficulties with the adjustment of these children to their new family form. Some had become very unsettled. Little work had been done as a matter of course to prepare existing children for the arrival of the new child. Parents wanted better guidance and support to promote sibling bonds (see Meakings et al., 2017).

Batten down the hatches

Parents had, almost routinely, been urged by social workers to minimise or avoid contact with family and friends when their child first moved into the adoptive home, to proverbially 'batten down the hatches'. They were told that uninterrupted quality time as a newly-formed family would help promote attachment. The advice given (or interpreted) varied. Some parents had been told to stay

alone at home for a settling-in period, others thought the advice allowed them to leave the house, but stay local and avoid meeting up with people. Several thought they could visit family or friends in their homes or neutral venues, but not have visitors in the adoptive home. Parents had often been advised not to let others hold their child.

Whilst a few considered the advice helpful, many others expressed mixed feelings. Some parents disagreed and disregarded the advice, stating that it was inappropriate for their situation. One mother described it as '*an absolute load of hooey.*' Others reported feeling stressed and anxious in trying to adhere to the advice and unhappy about having to ask family members (grandparents in particular) to stay away:

> *I was thinking there's no way we will able to keep our mothers away for two weeks because they have been going through this with us for years, through all the miscarriages and all the heartache we've gone through and they've been there every step of the way … I said to [husband] 'It's just impossible.' I think it lasted about four days.*

Some parents struggled with the lack of face-to-face contact with family and friends, feeling that it stripped them of the very support network they needed during the exciting, yet stressful transition to parenthood. Furthermore, some children already living in the adoptive home, resented the disruption to their normal routine and social life. Several parents felt guilty about ignoring the advice and were not always truthful with social workers about their early contact with others. The unequivocal tone of the advice had even led parents to worry that their child's contact with friends and family had caused lasting damage:

> *At the time I remember getting really stressed by it. I remember speaking to my friend. I said, 'Do you think I have damaged him by letting someone pick him up today and it wasn't me?' It seems a bit silly, now, but at the time it's very real.*

Fostering children's identity

Differing needs for support around life story work were identified, depending on the age of the child placed. For those with young children, the primary focus was on preparing to introduce the concept of adoption. However, limited support was available as a matter of course. For adopters of older children, priorities were in helping to develop a coherent, age appropriate narrative of their lives, with timely access to support for this when needed. In the questionnaire sample, 36% of parents with children over the age of two at placement, reported an unmet need for support in helping their child make better sense of their lives. Nearly a third (30%) of children over the age of four were thought by parents to be confused about the reasons for their adoption:

> *He talks about past 'bad' experiences but doesn't know why his parents were not suitable role models. Was told he was in care because his dad was 'ill'.*

The 'life-story book' was considered a useful tool by many. However, at four months into placement, more than two-thirds (n=64, 68%) of parents said they did not have the book with them in the adoptive home. At interview, parents highlighted the struggles they had faced, or continued to face in getting the book. They described feeling frustrated and worn down by delays, and the lack of communication about when the book would be ready. Many were disappointed by the perceived lack of priority afforded to its completion:

> *He (social worker) keeps promising to bring it, never does, always an excuse … I have given up hope of receiving the book.*

Amongst those who had received the life-story book, a mixed picture in terms of quality emerged. 'Good' books were seen as ones which provided a clear life narrative for children about who they are and the reasons for their adoption, with information sensitively presented and with room for adopters to develop the narrative as children grew older:

> *If you get a good [book] … the social worker is skilled at saying something in a way where I'm scratching my head thinking, 'how do I talk about the fact that the father is in prison, or birth mother has got voices in her head?' They are an absolutely Godsend because it's a starting point, isn't it, for conversation, or it's a lead on from a conversation … Thomas knows from the minute he was born everything up until the minute of coming to us, it's documented.*

Good quality photographs of the birth family were considered important, alongside explanations about who the people were and why they were included. Several parents spoke of the books potentially creating an unrealistic picture of the birth family. Although it was important for children to know positive aspects of life in their birth families, many felt the narrative needed to be better balanced, with clear explanations about why they were adopted:

> *It's more of a photo album. It doesn't give enough information about what her life story is. There's lots of lovely photos of these people, but she doesn't know who they are … it doesn't talk about the reasons why she was removed, or any of the events that happened, leading up to her removal.*

Several parents had returned the book to the social worker because of errors or inaccuracies. For example, photographs of the wrong children, mistakes in birth parent names, missing information about foster care and unknown adults in photographs. The sometimes complex language in books also

contributed to uncertainties about when and how to use them. One parent suggested the book was like '*having a toy that's too old for you*', and not knowing what to do with it.

Parents observed that the books were not always flexible as a tool for life story work, especially when presented as complete, with no room to continue the story over time. The on-going development of the life-story book, which could be added to, to create a continuous life narrative was considered important. Only two parents reported having received good support on how to introduce and use the book with their child, one via specialist training:

> *We had an input from the play worker around when and how to introduce their life*
> *story books … to be honest if we hadn't have asked for help we'd probably just be sat*
> *with two huge books upstairs not knowing what to do with them.*

Irrespective of their child's age, many parents had worries about the future. They wanted assurance that timely, sensitive, age appropriate support would be available as and when needed to help promote their child's identity, as an adopted young person. For some older children, that support was needed now.

Support for contact with birth family and significant others

Our questionnaire findings showed that letterbox contact had been agreed between all but one adoptive family and birth parents. No families had plans for face-to-face contact. We interviewed adopters typically nine months post-placement; their first correspondence with birth parents was often imminent and at the forefront of their minds.

Most adoptive parents had received guidance about the style and content of letters, although several who had not were worried about what to write. Occasionally, adopters had been unsettled by unplanned communication from birth family (forwarded by the LA). Letters from birth parents had arrived 'out of the blue' or had been handed to the adoptive parents unexpectedly at meetings. In these instances, parents had wanted a more sensitive approach to forwarding the correspondence. Several parents had concerns about managing future contact, including how much to involve their child in letter writing and reading. One family, for example, did not know how this could work because the LA had asked that letters to the birth family referred to their daughter by her original name.

In the questionnaire sample, there were face-to-face contact plans for a quarter (n=23, 24%) of the 81 children with siblings living elsewhere. Parents were keen to facilitate this contact, though felt they were not always supported. Several described repeatedly prompting social workers to liaise with the families with whom the siblings lived, to arrange contact. At interview, only five children had seen a sibling living elsewhere. These visits had been arranged with minimal social work oversight. Whilst the

adopters maintained that the contact had been important for their child, four were beset by complications, caused by poor preparation and lack of support for those involved:

> *We parked our cars next door to each other and [siblings] got out the car and of course Oliver knew them and they knew Oliver, but nobody knew me … it was almost as if I didn't exist, I was just completely ignored … I tried to ring my mum. I just wanted to hear a familiar voice. I just wanted to say 'Oh mum, this is awful, I feel like I don't exist and I'm supposed to be his new mum' … I could have done with some support.*

Support for managing ongoing contact with foster carers was also needed. Parents described negotiating contact with foster carers in the context of highly charged emotions and differing expectations. The possibility of ongoing foster carer contact had not been routinely raised by social workers in adopter training or during the introductions to the child. Some parents said that discussions initiated by foster carers about their continued involvement with the child were unexpected. Occasionally, parents had struggled to comfort children where expected contact had not been maintained. More often, difficulties arose from the expectations _for_ contact by foster carers once the child was in the adoptive home. Parents described feeling unsure about whether or how contact should be maintained, including the timing of any planned contact post-placement. Many felt they had not been provided with guidance. Where advice had been provided, it had not always been considered helpful. Some parents had been told that the foster and adoptive families needed to make a 'clean break' so that the child might move on from the relationship forged with their foster care. Others had been instructed to maintain contact, but to exclude the child. Some families had simply been advised to do what they thought best. Foster carers were not always perceived as coping well with the child's departure, resulting in stressful contact:

> *[Foster carer] was completely loved up with this little fella and that made it even worse … you're supposed to phone them every Sunday to let them know how we're getting on. She was always crying, she was always upset and that just tore me apart.*

That is not to say that all contact with foster carers was difficult. Parents also described meaningful, quality contact, including face-to-face, phone and Skype communication that all parties appreciated. Indeed, some adopters and foster carers had become friends and were providing mutual support.

Financial and legal support

Parents identified a range of financial and legal needs. Financial support for adoptive families in Wales is discretionary. Most families competing the questionnaire (57%) did not receive, nor need, an allowance. Almost a quarter (23%) said they needed an adoption allowance, but did not receive one,

whilst a fifth were in receipt of one. Proportionately more single adopters and adopters of sibling groups identified unmet financial needs.

At interview, parents who spoke about their financial strain, often did so in some detail. Just one spoke positively about securing financial assistance. As an adopter of three boys, she had received an adoption allowance. The LA had also paid for building work to the house and had contributed to the cost of a car. However, her experience was unusual. Other parents described conflict, confusion, and compromise in their communication with the LA about financial support. Most reporting financial strain, described needing short-term financial assistance. The interviews with the families nearly always occurred whilst one parent was on statutory adoption leave. With statutory adoption pay typically substantially less than their salary, this led to money worries for some:

> The concern we did have was when I went down to statutory adoption pay, but if there
> has been a month where I've been a bit worried (financially) or I haven't got enough
> to put petrol in the car, my parents will always help out.

Despite financial concerns, some parents described the dilemma they faced in returning to work full-time. Earnings were set against the importance parents placed on spending time with their child, and being available to them. Several parents had reduced their working hours. Advice about potential financial support did not seem to have been routinely available. Thorough assessments had not always carried out by the LAs, even when financial concerns were raised by families. However, some adoption social workers had prompted parents to request an assessment of their financial support needs. Parents were sometimes led to believe that allowances were only available in exceptional circumstances:

> The social worker said about [adoption] allowances that used to be given. He said he would
> check and get back to us, which he did. He informed us that they barely provide anything
> anymore - unless the child has a disability, then there's nothing really.

Occasionally, money had been used as a negotiating tool in the adoption process. One mother, for example, who had not yet secured the adoption order, described how she was promised financial assistance once the adoption was legalised. She was reluctant to adopt her child, fearful that his therapeutic support needs would not be addressed post-order. Another mother described her experience of requesting financial assistance:

> The LA were really, really awful about [request for financial support] and tried to get
> me to sign something to say that we would never ask them for any support ever again.
> People shouldn't have to have financial stressors, on top of everything else that they
> are taking on … it was really stressful.

The financial impact of the adoptive placement was highly emotive - not just for those struggling, but for other adopters too, including those who reported having drawn on savings to remain solvent in early adoptive family life. Parents observed that their financial situation had been compromised directly by adoption leave. They also emphasised the comparatively modest nature of their financial support needs. There were instances where relatively trivial sums of money might have helped to bolster families. One single mother, for example, who had valued the support derived from the charity *Adoption UK,* explained the dilemma she faced with renewing her membership:

> *I'm not pleading poverty, I'm doing okay, but I don't know if I can continue [with membership] …. I find the magazines and everything invaluable, it's just that it's just a wee bit pricey for me.*

At interview, 28 of the 40 families (70%) had secured the adoption order. Most of the 12 families who had not, had themselves delayed filing the application due to concerns about the withdrawal of support once the adoption order was made. Parents identified a range of factors affecting the ease with which they had navigated (or continued to navigate) the legal process. Frustrations, anxieties and set-backs arose mainly through poor communication by social workers and court staff during the various stages of proceedings, as well as through avoidable administrative errors or oversights.

Once the child was placed, most adopters said they had wanted to proceed quickly with securing the adoption order. However, timely social work support to help lodge the application was not always forthcoming. About a third of those interviewed had experienced administrative or procedural delays, even before the application for the order had been submitted to the court. There were accounts of social workers not filing the application and of paperwork being lost, with hold-ups not always conveyed to parents at the time. Parents described feeling incredibly frustrated:

> *I had to submit a part filled form to the LA for them to complete. It took them over two months to put in birth parents' addresses and send it to the court with my cheque.*

About two in five families reported experiencing delays once the application had been submitted to court. As well as oversights and errors by courts in managing the application, incomplete paperwork submitted by the LA had led to hearings being adjourned. Omissions were not always noticed by the court before the hearing:

> *(We experienced) appalling delays due to the LA not submitting paperwork. A court order was made to obtain this. Then on the actual court date, the child social worker failed to attend and it was discovered that the documents were still not filed. A further two week postponement.*

Several applications had been delayed because the local authority had failed to serve (or had failed to follow the correct procedure for serving) papers on birth parents, as required by the court. Parents described this as both inconvenient and emotionally exhausting:

> The judge came in and said … 'I know that you think you've come here getting your adoption order, unfortunately [LA] have made no provision to actually formally contact or correctly contact birth mother' … They hadn't done their job properly basically. It wasn't an oversight, it was incompetence. To compound that, nobody contacted us afterwards to see if we were okay. Nobody said 'sorry', nobody said what the action plan was. We were just left … it was a devastating thing at the time.

Applications contested by birth parents also caused anxiety for adoptive parents, especially when appeals had been unexpected. As well as wanting reassurance, adopters identified a need for timely updates on developments. One mother observed:

> The whole (legal) process … has an enormous effect on your life. It is fraught with anxiety and uncertainly as to whether birth family will be present and will challenge.

There was a view amongst some that insufficient information about the legal process had been provided. Others reported adequate information, including one mother who said she had enjoyed all her preparation training, *'apart from the boring bit about the law'*. The suggestion for a step-by-step guide about the court process, particularly in relation to the timing and sequence of events, was repeated by several adopters.

Discussion

To date, little has been known about adopters' views of their very early support needs and related experiences, as newly formed adoptive families. This paper draws on findings from a national adoption study, to build that knowledge.

Whilst some of our findings underscore what is already known, in terms of the type of support families need, they add to the discussion by providing an original and important context. For example, a decade ago, Sturgess and Selwyn (2007) reported on the financial support needed by adoptive families in early placement. Our study findings concur, but also provide new evidence about the characteristics and experiences of newly formed adoptive families particularly vulnerable to financial strain. A new finding relating to financial support was the assertion by adopters that relatively modest, short-term financial assistance, had the potential to ease their financial burden. Thus, it is the timing of aid as much as the amount that is important - particularly relevant, perhaps, in a climate of public sector austerity.

Support needed to manage children's behavioural difficulties in early placement has also been identified elsewhere (Sturgess and Selwyn, 2007; Bonin et al., 2013). Nearly a third of adoptive parents in our study wanted help to address emotional and behavioural wellbeing concerns for their child. Most were parents of children over the age of four at placement. Notably however, the results of analysis of SDQ scores showed that four months after joining their adoptive family, both younger and older children had significantly higher total scores, higher scores on a number of individual subscales and lower prosocial behaviour scores than children from the UK general population.

Whilst it is important not to pathologise these children, based on parent appraisals following a period of great upheaval, it must be recognised that a minority will likely have enduring emotional, behavioural and social difficulties arising from their early traumatic life experiences. Further work is required to determine whether these ratings change over time and in what ways. At interview, four sets of parents were already in the midst of caring for troubled children in very testing circumstances. They identified a pressing, unmet need for targeted, therapeutic help to support the family. Taken together, the results have implications for professionals planning post-adoption support that seeks to promote child mental health. This may include early signposting to appropriate sources of specialist expertise for a minority of adoptive families, dove-tailing with the recognised need to improve the mental health of adopted children (Stock et al., 2016).

However, it should be emphasised that most children in our study were not considered by their parents to need specialist therapeutic intervention - more routinely, parents identified a need for better support in managing 'normal' adoptive family life. This included appropriate, quality and timely life story work, as well as better adoption preparation for children. Parents also needed advice and reassurance about their child's health and development and the complexities associated with blending their new family form, particularly in relation to increasing awareness and understanding of the implications for placing siblings together for adoption and for children already living in the family. More proactive assistance to facilitate and manage contact with siblings placed elsewhere was a clearly identified need (see also Cossar and Neil, 2013), as was evidence-based advice to help parents consider and negotiate ongoing contact with foster carers. There is growing recognition about the importance of children maintaining meaningful relationships with foster carers during the transition to adoption and beyond (Boswell and Cudmore, 2014).

A particular strength of our study rests in those findings that have to date, received little or no attention elsewhere. We provide new evidence about the assistance families needed in helping to secure the adoption order. Parents described a range of difficulties that had added to anxieties and delays with legal proceedings, including poor communication by social workers, administrative errors

and oversights with local authority paperwork. Concentrated support was not generally required; instead, families wanted to be kept updated with legal proceedings in a timely manner, and for social workers to complete court related paperwork attentively and efficiently. Arguably, these are not unreasonable nor resource intensive support requests, but ones that have great potential to minimize the stress for families, as they seek to formalise the adoption. It is possible that information about the court process, given in anticipation of linking and matching, may not be prioritised or absorbed by adopters amidst the excitement of a pending adoptive placement. A step-by-step guide about the court process, as suggested by some, could be a valuable resource for adoptive families.

The unexpected passion with which adopters spoke about the social work advice to 'batten down the hatches' in early placement merits discussion. This advice would appear to derive, in part, from historical perspectives which emphasised the importance of intensive early bonding to promote adopters becoming the child's psychological parents (e.g. Goldstein et al., 1973). However, a perhaps unintended consequence of this advice is that it leaves new adoptive parents with very limited support from their existing networks at a time, like any new parents, when they may need it most. We recommend that adoption agencies should consider the adoptive family from a more systemic basis, recognising that in order for adoptive parents to build a positive relationship with their child, they need to be able to draw on their own support networks during this period of adjustment.

Given the very young age of the children in our sample, and with most not yet having started school, children's educational support needs were not concerning most parents at this early stage in adoptive family life. More than three-quarters of parents in the questionnaire sample, even when prompted, did not identify such needs. More work will be necessary to determine whether, how and when educational support needs present as the children's school careers evolve.

Conclusion

Whilst the age and developmental stage of the child placed for adoption often influenced the nature of the support required across the various domains, the need for some form of support in every family was universal. Our research does not concur with the assertion that families with children placed for adoption as infants or toddlers should be expected to function without a framework for additional support. Yet some parents of the youngest children in our study had been told that they should not need any further assistance, once the child arrived in their adoptive home. We argue that the post placement support needs, as identified by parents in our study, does not infer failure, nor suggest that most were facing insurmountable difficulties in early adoptive family life. Rather, it illustrates the complex parenting task that adopters embrace in managing the usual challenges presented by

adoption. Our study revealed some evidence of good post-placement support, but it remains of concern that many, arguably predictable support needs had not been anticipated by adoption workers, nor discussed with parents before or during early placement.

Our findings point to the urgent need for better consideration of the early support needed by, and provided to, newly formed adoptive families, to help ensure that they start out on a firm footing, and to give them every chance to flourish.

References

Anthony, R., Meakings, S., Doughty, J., Ottaway, H., Holland, S. and Shelton, K. (2016) Factors affecting adoption in Wales: Predictors of variation in time between entry to care and adoptive placement. *Children and Youth Services Review,* 60, 184-190.

Bell, A. and Kempenaar, M. (2010) *Support Needs of Adoptive Families in Wales.* Cardiff: Adoption UK.

Bonin, E., Beecham, J., Dance, C. and Farmer, E. (2014) Support for adoption placements: the first six months. *The British Journal of Social Work,* 44 (6), 1508-1525.

Boswell, S. and Cudmore, L. (2014) 'The children were fine': acknowledging complex feelings in the move from foster care into adoption. *Adoption and fostering,* 38 (1), 5-21.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3 (2), 77-101.

Cossar, J. and Neil, E. (2013) Making sense of siblings: connections and severances in post-adoption contact. *Child and Family Social Work,* 18, 67-76.

Department for Education (2011) *An action plan for Adoption: Tackling delay*. London: DfE.

Department for Education (2016) *Children looked after in England (including adoption): 2015-2016. Statistical First Release, 41/2016*. London: DfE.

Dance, C. and Rushton, A. (2005) Predictors of outcome for unrelated adoptive placements made during middle childhood. *Child and Family Social Work,* 10 (4), 269-280.

Goldstein, J., Freud, A., Solnit, A. and Goldstein, S. (1973) *Beyond the best interests of the child*. New York: Free Press.

Goodman, R. (1997) The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry,* 38, 581-586.

Harold, G., Hampden-Thompson, G., Rodic, M. and Sellers, R. (2017) An evaluation of the AdOpt parenting programme London: DfE.

Holmes, L., McDermid, S. and Lushey, C. (2013) Post-adoption Support: *A rapid response survey of Local Authorities in England.* Working Paper No: 19. Loughborough: Childhood Wellbeing Research Centre.

Hughes, D. and Braylin, J. (2012) *Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment*. New York: Norton and Company Inc.

Lewis, J. and Ghate, D. (2015) *Adoption Support Fund: learning from the prototype*. London: DfE.

Meakings, S., Coffey, A. and Shelton, K. (2016) A study examining the concerns, support needs and experiences of newly formed adoptive families. *Journal of Health Visiting,* 4 (11), 562-570.

Meakings, S., Coffey, A. and Shelton, K. (2017) The Influence of adoption on sibling relationships: experiences and support needs of newly formed adoptive families. *The British Journal of Social Work,* 47 (6), 1781-1799.

Meltzer, H., Gatwood, R., Goodman, R. and Ford, T. (2000) *Mental Health of Children and Adolescents in Great Britain*. London: Stationery Office.

National Assembly for Wales Children and Young People Committee (2012) *Inquiry into Adoption Services in Wales*. National Assembly for Wales.

National Assembly for Wales Children, Young People and Education Committee (2016) *Follow-up Inquiry into Adoption Services in Wales*. National Assembly for Wales.

Norman, R., Byambaa, M., De, R., Butchart, A., Scott, J., and Vos, T. (2012) The long term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLoS Medicine,* 9 (11), e1001349.

Ottaway, H., Holland, S. and Maxwell, N. (2014) The provision and experience of adoption support services in Wales. *Children's Social Care Research and Development Centre,* Cardiff University.

Palacios, J. and Brodzinsky, D. (2010) Review: Adoption Research: Trends, Topics, Outcomes. *International Journal of Behavioral Development,* 34 (3), 270-284.

Pennington, E. (2012) *It takes a village to raise a child. Adoption UK survey on adoption support.* Banbury: Adoption UK.

Rees, A. and Hodgson, P. (2017) Regionalisation: Improving the adoption experience in Wales. *Adoption and Fostering*, 41 (3), 215-227.

Roberts, L., Meakings, S., Forrester, D., Smith, A. and Shelton, K. (2017) Care-leavers and their children placed for adoption. *Children and Youth Services Review,* 79, 355-361.

Rushton, A. (2003) Support for adoptive families: A review of current evidence on problems, needs and effectiveness. *Adoption and Fostering,* 27 (3), 41-50.

Rushton, A. and Monck, E. (2009) *Enhancing adoptive parenting: A test of effectiveness*. London: BAAF.

Selwyn, J. (2017) Post-adoption support and interventions for adoptive families: Best practice approaches. Munich: Deutsches Jugendinstitut.

Selwyn, J., Meakings, S. and Wijedasa, D. (2015) *Beyond the Adoption Order: Challenges, interventions and adoption disruption.* London: BAAF.

Stateva, M. and Stock, L. (2013) *Fostering Futures Evaluative Action Research*. London: Tavistock Institute and Nottinghamshire County Council.

Stock, L., Spielhofer, T. and Gieve, M. (2016) *Independent evidence review of post-adoption support interventions*. London: DfE.

Sturgess, W. and Selwyn, J. (2007) Supporting the placements of children adopted out of care. *Clinical Child Psychology and Psychiatry,* 12 (1), 13-28.

Van Ijzendoorn, M. and Juffer F. (2006) The Emanuel Miller Memorial Lecture 2006: adoption as intervention. Meta analytic evidence for massive catch-up and plasticity in physical, socioemotional and cognitive development. *Journal of Child Psychology and Psychiatry,* 47 (12), 1228-45.

Welsh Assembly Government (2011) *Sustainable Social Services: A framework for action*. Available at: http://gov.wales/docs/dhss/publications/110216frameworken.pdf.

Welsh Government (2016) *Adoptions, outcomes and placements for children looked after by local authorities in Wales, 2015-2016 -Revised Statistical First Release SDR 132/20 16R*. Statistics for Wales.