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The process, benefits and challenges of providing psychological consultation in adoption services.

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Abstract

Psychological consultation is one way of reaching a greater number of families with limited resources, yet little is known about the benefits and challenges of this intervention in adoption. We qualitatively explored consultations provided to adoption social workers by clinical psychologists. Six social workers and four clinical psychologists participated in semi-structured interviews. Five themes with supporting sub-themes were identified: (1) A context of highly emotive work with scarce resources; (2) Consultations draw on DDP and systemic thinking and involve goal-oriented and interpersonal processes; (3) Consultations experienced as valuable despite challenges; (4) Consultations facilitate learning for both social workers and psychologists; and (5) A collaborative focus and the 'expert role'. Our findings suggest consultation is experienced positively by social workers and psychologists, that it successfully facilitates the transfer of psychological knowledge, and has the potential to enhance multi-agency working. Future research needs to better understand the impact of consultation on adoptive families.

The process, benefits and challenges of providing psychological consultation in  
adoption services

The provision of consultation has been highlighted as one way of meeting the demand for child and adolescent mental health services (CAMHS) in the context of scarce resources (Dent & Golding, 2006). Psychological consultation is regarded as a core component of a clinical psychologist's role (Lake, 2008). In contrast to meeting a child directly, consultation in CAMHS typically involves a psychologist meeting one or more professionals to discuss a family they are working with. Foster and adoptive parents often attend consultations alongside professionals in services for looked-after and adopted children (Dent & Golding, 2006). The present study examines the use of consultation with adoption social workers involved in the initial matching and/or provision of on-going support for families.

Children placed for adoption have had difficult starts in life; all have experienced separations from (often multiple) caregivers, other family members such as siblings and an estimated 72% have experienced abuse or neglect (Wijedasa & Selwyn, 2014). Several studies have reported on the difficulties experienced by adoptive families. For example, adopted children often experience emotional, behavioural and relational difficulties (Selwyn, Wijedasa, & Meakings, 2014) and show greater disorganised attachment features (van den Dries, Juffer, van Ijzendoorn, & Bakermans-Kranenburg, 2009), and adoptive parents report higher levels of parenting stress than non-adoptive parents (Harris-Waller et al., 2016). Other research has pointed to the developmental benefits of adoption as an intervention (van Ijzendoorn & Juffer, 2006) and suggested that the development of attachment security and good quality family

relationships can act as protective factors against psychological distress resulting from early adversity (Balenzano, Coppola, Cassibba, & Moro, 2018).

Prominent theoretical frameworks in adoption include Attachment Theory (Bowlby, 1977), which positions early relational experiences as leading to cognitive templates for future relationships, and systemic ideas conceptualising children as existing within a series of hierarchical, interconnected systems, themselves situated within a broader social context (e.g. Cox & Paley, 1997). Attachment patterns have been linked to emotional processing, with Sroufe (2005) describing attachment as “the dyadic regulation of emotion”. Consultations in adoption work with the systems around the child (e.g. social workers, adoptive parents), to create contexts for children that foster safety, connection and facilitate the co-regulation of emotion. Dent and Golding (2006) view consultations as particularly appropriate for looked-after and adopted children, who are already surrounded by a (sometimes complex) network of caregivers and professionals.

Dyadic Developmental Practice (DDP) is a psychotherapeutic approach that operationalises attachment ideas in clinical practice and works with the systems around the child. DDP was developed for children with attachment difficulties and/or those with experience of developmental trauma (Becker-Weidman & Hughes, 2008). DDP focuses on helping children and parents to feel safe and connected using core principles of playfulness, acceptance, curiosity and empathy (Casswell, Golding, Grant, Hudson, & Tower, 2014). Whilst DDP intuitively fits with the needs of adoptive families, the clinical guidelines on attachment in children adopted from care do not recommend DDP due to a lack of sufficient quality evidence to support its effectiveness (National Institute for Health and Care Excellence (NICE), 2015). Whilst evaluating DDP is beyond the scope of the present research, DDP is one model drawn upon by consulting

psychologists in the present study, providing qualitative insights into the use of DDP ideas in psychological consultations with professionals.

The provision of post-adoption support in Wales is variable and location-dependent, and adoptive families struggle to access appropriate therapeutic support (National Assembly for Wales Children, Young People and Education Committee, 2016; 2018). A recent review of overall CAMHS provision in Wales concluded that waiting lists were too long and young people's needs were not being met; adopted children were highlighted as a group whose mental health needs frequently go unmet (National Assembly for Wales Children, Young People and Education Committee, 2018). The review proposed a move away from a model holding mental health expertise in the top tiers of CAMHS (and reserved for young people meeting diagnostically-oriented criteria who are most at risk) and instead embedding resources and knowledge in communities and frontline professionals (therefore reaching a greater number of young people). This approach is consistent with a key finding of a consultation led by former CAMHS service users in Wales; young people want support from trusted people already in their lives when struggling emotionally (Elliott & Roberts, 2016).

Psychological consultation is one mechanism by which expertise can be redistributed from the top tiers of CAMHS to frontline professionals and the families they work with.

### *The Present Study*

We explored consultations provided by clinical psychologists to social workers in the South East Wales Adoption Service (SEWAS). Consultations have been provided regularly for over 6 years. Consultation represents one part of a broader psychological input to SEWAS, with the wider input including direct therapeutic work with families, therapeutic groups for adoptive parents, staff training, reflective practice and group supervision sessions.

We aimed to (1) explore how consultations were experienced by both consultees (social workers) and consultants (clinical psychologists). Within this overarching aim, we sought to (2) characterise the consultations in terms of the therapeutic models used by psychologists and (3) explore whether social workers find consultations useful. The study represents one part of the broader task of understanding the value of psychological input into adoption services.

### Method

The research team is a collaboration between NHS clinicians and university academics. GB (author) is the clinical lead for the psychology input to SEWAS and was involved in conceptualising the research, designing interview guides, participant recruitment and participated in the research. Data collection and analysis were undertaken by the first author; consulting clinicians were not involved in collecting or analysing data.

### *Procedure*

A multidisciplinary steering group was set up to advise the study team about the research acceptability and value. The group met twice over a 6-month period and comprised adoptive parents, clinical psychologists, a social work manager and managers from relevant third sector agencies. The study was conducted in accordance with the World Medical Association Declaration of Helsinki. Cardiff University, School of Psychology Research Ethics Committee and Aneurin Bevan University Health Board Research and Development Department granted ethical approval for the project. Participants provided written informed consent.

Clinical psychologists were recruited via GB. Social workers were invited to participate by their manager, followed by emails from the first author. Interviews were held in private rooms at participants' places of work, were audio-recorded and later transcribed.

### *Participants*

Table 1 summarises the characteristics of six social workers and four clinical psychologists. All participants had previously attended consultations. All psychologists currently or recently involved in providing consultations to SEWAS were interviewed.

### *Interview guides*

Interview guides were developed for social workers and psychologists, respectively. The steering group, two NHS child clinical psychologists and two social workers for looked-after children provided feedback on the topic guides prior to interviews. Questions were open-ended and progressively increased in specificity over the course of each interview.

The interview guide for psychologists asked about the psychological models or therapies drawn upon in consultation, participants' experience of working alongside other professionals using these models, and any challenges they had encountered when providing consultations. The guide also covered participants' aims and hopes for consultations, and the perceived benefits and drawbacks. The interview guide for social workers asked about their experiences of attending consultations, any unhelpful features of consultations, if there is anything about consultations they would like to be different, and the situations in which they request and attend consultations. Social workers were also asked about the most recent consultation they had attended, including what they



wanted to discuss, whether they had specific hopes for what they would gain from the consultation, and whether these hopes were fulfilled. A series of more focussed questions then asked about the impact consultation had on their professional practice and on families.

### *Analysis*

A thematic analysis of the interview transcripts was undertaken using the six-phase methodological framework of Braun and Clarke (2006). Data were coded inductively, rather than according to any pre-existing frame. A broad range of codes were applied in the early stages of analysis, driven by data content rather than theoretical perspective. A semantic approach to theme specification was taken, with data coded according to semantic content rather than any latent meaning.

A theme verification process was undertaken following Holmqvist and Frisén (2012). Two interview transcripts (one social worker and one clinical psychologist; 20% of interviews) were selected using the 'RANDBETWEEN' function in Microsoft Excel. An independent researcher read these transcripts and judged which of the main themes and sub-themes were present (verification materials available from first author). There was complete agreement ( $\kappa = 1.0$ ).

### Results

Five themes with supporting sub-themes were identified: (1) A context of highly emotive work with scarce resources; (2) Consultations draw on DDP and systemic thinking and involve goal-oriented and interpersonal processes; (3) Consultations experienced as valuable despite challenges; (4) Consultations facilitate learning for both social workers and psychologists; and (5) A collaborative focus and the 'expert

position'; (Figure 1). Quotes are labelled as social workers (*SW*) or clinical psychologists (*CP*).

## **A context of highly emotive work with scarce resources**

### ***Working with limited resources***

Whilst not something we directly asked about, every participant talked about the difficulties of working in adoption, the scarcity of consultations relative to demand and the impact of UK-wide austerity measures on children's services. Social workers reported working with families in desperate need of support, yet being unable to access appropriate services:

We generally end up being that go-between families and the rest of the services. We understand the family, we need to be their voice [when] services are telling us ... 'There's no money, there's no resources, forget about it' and it's really, really tricky. (*SW*)

One social worker described the building psychologists are based in (an old Portacabin formally condemned 7 years ago) as a metaphor for the current state of children's mental health services:

Every time I come to Caerleon ... I just see that [and] I think, 'That's what we think of our children's services – we're in a demountable.' The people in there are trying to do their best by children and that's the best you could do. (*SW*)

### ***Emotionally taxing and highly pressured work***

Both professional groups characterised adoption work as emotionally demanding. The idea that children placed for adoption may have complex needs and have often experienced multiple separations from significant adults was prevalent.

Social work was described as fast-paced, pressured, and solution-focussed by psychologists: “Social workers, they’re under pressure ... to come up with a solution really quickly” (*CP*) and social workers: “It’s manic in social work” (*SW*). Social workers attributed this to their training: “As social workers, [we] are trained to have objectives, a plan, to have outcomes” (*SW*) and the culture within social work: “We don’t have the culture of making time to think” (*SW*).

Social workers spoke about the lack of support structures, despite the emotionality and high tariff decisions involved: “We don’t have clinical supervision and you’ve got to, when you’re making decisions” (*SW*). However, group supervision for the adoption support team had recently been introduced in recognition of the emotional intensity of their work: “We have started to have group supervision with psychology, and it was acknowledging that, actually, the work that we do can be very taxing for us as workers” (*SW*).

### **Consultations draw on DDP and systemic thinking and involve goal-oriented and interpersonal processes**

#### ***DDP and systemic thinking***

Psychologists described consultations as primarily informed by DDP and systemic thinking, with the impact of early adversity on child development discussed by all psychologists. Attunement was described as a key ingredient in dyadic relationships, including parent-child relationships: “It’s about how able the caregiver is to connect to,

to understand and begin to read their child ... and to help that child to begin to make sense of what's going on inside for them" (CP), and consultant-consultee relationships:

Social workers coming [to consultation] hugely frustrated ... We could jump in and start justifying what the parents are doing or justifying why the school did that, actually, DDP would say your first job is to attune and understand, 'What's going on for you? Tell me about that. God, that sounds really hard.' (CP)

The PACE approach (playfulness, acceptance, curiosity, and empathy) from DDP was described as facilitating attunement, at all levels of the system around the child:

It is about having a certain way of being in the room with somebody. It [is] the same whether it's the social worker, ... the parent ..., or with a child there – that wouldn't change, because that seems to draw out an awful lot. (CP)

Psychologists also emphasised a focus on context and systemic thinking:

... their immediate caring context and that experience, but also the context that care existed in, in terms of the community and the systems and possibly services that were involved. Then even bigger, in terms of the political context at the moment [and] the stories about gender and looked-after children and poverty. (CP)

This was characterised as a contrast to locating difficulties solely within an individual:

It's the antithesis of an individual [approach]. I'm not looking for a problem in that person, to go 'God, what's wrong with *you* that you're behaving like this?' ... but '[Given] what's going on around you ... what's the meaning of your behaviour, then?' (CP)

This contextualised approach was applied to people at multiple levels, across multiple systems:

'Who are you in this system? What's your job role? What have you been tasked to do? What does the system invite you to do and play within this part?' ... I'm really thinking about 'what are your systemic pressures?' (CP)

### ***Goal-oriented and interpersonal processes***

Psychologists talked spontaneously about the structure of consultations, and the associated interpersonal and goal-oriented processes. Psychologists found early identification of consultees' hopes particularly helpful. Psychologists described consultations typically involving two psychologists; one psychologist asking questions whilst a second psychologist initially observes, then later provides reflections, enabling provision of multiple perspectives in a similar way to a reflecting team in systemic therapy:

It gives ... parents [or the] social worker [the opportunity] to sit back and listen. They're so in it, it's hard sometimes for them to have that space to reflect ... it generates ideas and then you ask afterwards 'Which bits of that fit with you?' (CP)

Psychologists described consultation as a formulation space and talked about planning interventions in consultation. Helping social workers feel contained and empowered was cited as a core aim, which appeared to be influenced by the therapeutic models informing consultations and what psychologists find helpful in their own clinical supervision. One psychologist spoke about the formulation process being facilitated by the way of being in the room, providing another example of goal-oriented processes (here formulation) being linked to interpersonal processes and the therapeutic models informing consultations:

I will be working towards [a] clinical formulation, and in order to do that ... I use a certain way of how I am with somebody in the room, which is using PACE from the DDP model ... that seems to draw out an awful lot. (*CP*)

Psychologists also spoke about social workers' zones of proximal development (Vygotsky, 1978), or pitching information at the right level:

I'm mindful of ... zones of proximal development ... There's no point to a consultation ... [where] I'm showcasing all of my psychological knowledge and skills if actually, it's too far away from what you understand [and] what's important to you. (*CP*)

### **Consultations experienced as valuable despite challenges**

#### ***Reflection, containment, and reassurance***

Both groups talked about consultation providing a space for reflection otherwise unavailable in social work. Reflection was considered to build deeper understanding. Consultation involving someone new to the situation was important:

When you've been with a family for a while you're ... feeling a lot of it with them, whereas having someone sitting a bit outside of that, you all think a little bit more about where they are, where you are. (SW)

Social workers talked about providing holding or containment to parents as part of their intervention:

[Parents] need us to replicate what we ask them to do for the child, so that empathy, recognising their feelings, accepting where they are ... I've learned through the consultations ... how much people need to be held, before anything else. (SW)

Consultations were also described as containing professionals: "It's okay to feel really fed up sometimes, we're human ... It takes ... the worry bag for children, the big worry bag for adults - and [for] the social workers ... Psychology empties those worry bags of everybody" (SW).

Social workers talked about consultations offering reassurance to both parents and professionals, facilitating early intervention and prevention, and considering the psychology input a vital component of the adoption service. Psychologists saw the strengths of consultation as demystifying psychology and being able to reach more families than seeing children or families individually.

### ***Nurturing inter-professional relationships over time***

There was a sense of trust built over time between different professional groups, and of established relationships facilitating psychological thinking:

We understand the questions that psychologists [ask], so when you're working with a family, you're gathering that information. We're more prepared and we know how those consultations work. (SW)

### ***Challenges associated with consultation***

Three main challenges with consultations were identified by both groups: scarce resources and time poverty impacting on social workers' ability to prepare for consultation; involving parents, and the complexities of involving multiple attendees.

Important information was sometimes unavailable during consultations, which was attributed to social workers' busy schedules and information not being readily accessible:

Often [information about a child's history] is not available in just one piece of paper ... because we're so busy, we haven't looked at files ... we haven't done as much research as we should. And so we go into [consultations] quite unprepared. (SW)

Given these challenges, social workers wanted to take parents to the first consultation, rather than this being for professionals only: "There's been cases where having a parent there that has all that background information would have been helpful" (SW). Psychologists were aware of this preference, but viewed professional development as an important function of professionals-only consultations: "There is sometimes a role to say, 'What do you need as a professional to do your job?' and that's quite different to 'What do this family need?'" (CP).



All psychologists referred to consultation being a tricky competency to develop. Challenges included feeling under pressure to come up with simple solutions to complex situations and managing consultations with many people present. Occasionally, consultees had misunderstood the purpose of consultations:

These parents were coming for matching and the SEWAS system was saying 'These parents have mental health issues. We're not sure that they can do this.' The parents came thinking [the consultation was] part of the assessment process, which it absolutely is not ... The parents proceeded to nervously try and validate how they've recovered ... It was really ... upsetting for everyone. (CP)

### ***Psychological consultation is poorly defined***

Despite the common approach to consultations described, one psychologist talked about the lack of a firm consultation definition in clinical psychology:

[Consultation is] really loose. It's like there's a tin with a label on, which is the things I've explained: 'These are my models. This is the format. This is what I think about.' ... which is fine, but then when you open it, it's just smoke and air. It's like 'What is it?' - a few of us have said that. (CP)

This psychologist reflected on systemic pressures within clinical psychology, describing consultation as generally viewed uncritically and querying whether the space to think critically about consultation exists:

I'm not sure how safe it is as a clinical psychologist to challenge a criticism of consultation. My worry is that it'll be perceived as a lack of skill. When I have

had conversations with colleagues about the value or not in consultation ... it's been in hushed voices, behind closed doors. (CP)

### **Consultations facilitate learning for both social workers and psychologists**

#### ***Social workers learning from psychologists***

Both groups talked about ongoing consultations broadening social workers' skills. One social worker contrasted their approach now with before the psychology input began: "Families in crisis ... need someone to hold them and, before having psychology on board, I don't think we knew how to do that effectively ... Our cases were open for years and years and years" (SW). Social workers described psychologists providing a language for explaining ideas about attachment and developmental trauma. This shared language was observable during interviews: "What we're trying to find out now from the adopters is their shark music; ... what trauma did they have and how are they likely to respond to the children?" (SW). Social workers talked about the language from psychologists being useful for explaining ideas to families and for acknowledging the stresses of their work: "We now joke and say 'Oh we're in our basement brain' or 'We're in social work blocked care' ... they've given us a language as well" (SW).

Knowledge transfer appeared to continue outside of consultations, with reports of ideas filtering out across SEWAS. Psychologists talked about the generalisability of consultation discussions; to other families and situations social workers encounter: "That's one of the other functions of a consultation; you might be talking about one family, but the hope is that they could use some of those ideas and apply them to other areas, other families" (CP). Social workers described instances of advising colleagues, or colleagues advising them, based on discussions in consultations: "We reflect a lot on the consultations, ... when we have another case, we might discuss what [psychology]

advised the last time: ‘We found this really helpful, maybe this would work with your family’ (SW).

### ***Psychologists learning from social workers***

Whilst not something we directly asked about, there was some discussion of psychologists learning from social workers. Psychologists cited learning about social work practice and systems: “There’s so much I’ve got to learn from this social worker and all [their] experiences” (CP) and having learnt more about the complexities of adoption through consultations. This was mirrored by a social worker, who talked about their initial frustration with the consultations, but who felt that psychologists’ understanding of adoption had increased over time: “As the psychologists doing those consultations got more understanding of adoption, it’s grown and developed ... from the early days to now, it’s very different” (SW).

### **A collaborative focus and the ‘*expert position*’**

#### ***Psychologists aim to adopt a non-expert position***

All psychologists talked about not wanting to be ‘*the experts*’ and viewing consultation as collaborative. The anxiety-provoking and tiring nature of adoption work was proposed as a driver of psychologists being held as experts:

If a professional ... is [saying] ‘Please just take this off my hands - I don’t want to be empowered, I just want to go home’ and you’re saying, ‘You can do this, you can have that conversation - you’re best placed to do that.’ ... There’s still that myth and hope of the magic of therapy. (CP)

#### ***The benefits of the expert position***

Social workers talked about families being more receptive to ideas from psychologists and viewing them as having a higher status: “I think psychologists ... with some families, have a bit more credit than a social worker” (SW). Social workers also appeared to position psychologists as ‘experts’, possibly because having an ‘expert’ served a purpose. Sometimes this was in social workers’ reports of their conversations with parents: “Do you remember what the psychologist said? Do you remember what they suggested?” (SW). Psychologists reported occasionally feeling they had been misquoted, but at other times acknowledged that being positioned as ‘the expert’ ultimately supported social workers in expressing their concerns in the context of complex and high-tariff decisions:

There’s been a few instances where we’ve been more than happy for people to say ‘the psychologist said...’ ... One situation where a child was going to be placed ... the social worker had come to say she felt worried... we were very clear ... ‘We don’t think that this is right for this child. We’re more than happy for you to take that forward.’ (CP)

### Discussion

Consultations were experienced as useful by both professional groups. Useful functions included building a deeper understanding of the referred child, providing reassurance to social workers and parents, and helping to shape interventions. Thinking about interventions and the provision of containment during consultation is consistent with prior work (e.g. Dimaro et al., 2014; Golding, 2004). Likewise, the view that consultation sessions can increase reach and have a broader impact on practice is consistent with Caplan’s original conceptualisation of consultation (Caplan et al., 1994).

We build on previous literature by characterising consultations in a specific service in terms of their therapeutic underpinnings and exploring the interpersonal processes occurring during consultation, providing an example of how psychological consultations can be operationalised in adoption work. The therapeutic modalities drawn upon in consultations here, namely DDP and systemic practice, appeared both broadly acceptable to professionals working in adoption and to fit the needs of adoptive families as described in the literature (e.g. Harris-Waller et al., 2016; Selwyn et al., 2014; van den Dries et al. 2009). Whilst DDP is not currently supported by a robust evidence base or recommended in the relevant clinical guidelines (NICE, 2015), professionals in the current study talked of the value and utility of DDP ideas when working with adoptive families and the professional systems around them. Systemic thinking during consultations was highlighted as beneficial in making sense of the complexities of family relationships and the often-complex professional systems that surround them.

Several challenges that build upon the existing literature were identified. These included social workers lacking time to prepare for consultations, a tension between wanting to include families in the process (social workers) versus protecting consultation sessions as an opportunity for professional development (psychologists), and demand for consultations outstripping supply. A scarcity of resources in both adoption and CAMHS more generally was consistently mentioned, echoing the findings of the Welsh CAMHS review (National Assembly for Wales Children, Young People and Education Committee, 2018). In our study, consultations appeared to represent both a solution to scarce resources, as well as a scarce resource in themselves. Psychologists discussed the challenges of being positioned as ‘experts’ despite their efforts to work collaboratively and adopt a non-expert position. Durka and Hacker (2015) reported that ideas around ‘experts’ can act as a barrier to collaboration in consultation, however,

some participants in our study perceived benefits for both social workers and families to psychologists being positioned as experts.

A strength of the present study is the independence of the research team from consulting clinicians, which contrasts with some of the literature (e.g., Durka & Hacker, 2015; Evans et al., 2011). Data were coded and themes conceptualised *before* the literature review, meaning the consistency with previous investigations is not attributable to simply coding for ideas that researchers had been previously exposed to. This suggests some transferability of the present findings to other contexts in which psychological consultation is provided to professionals. In terms of methodological rigour, great care was taken to adhere to Braun and Clarke's (2006) model of thematic analysis. Particular attention was paid to developing themes that fit Braun and Clarke's description of patterned meaning organised around a central concept, using thematic statements conveying complete ideas rather than single words (Sandelowski & Leeman, 2012) and constructing thematic statements that can stand alone as meaning statements (Connelly & Peltzer, 2016).

Our participant sample was predominantly white and female. This potentially limits the transferability of our findings to other groups, yet also reflects the sociodemographic characteristics of the local workforce. We acknowledge that our discussion of knowledge transfer between professionals is weighted more heavily in favour of social workers learning from psychologists and says far less about psychologists learning from social workers. This mirrors the balance in our interview data, which in turn reflects the questions we asked; whilst the present research is not strictly speaking an evaluation of psychological consultation, as psychologists we had questions such as, "do social workers find consultations useful?" and "is consultation a good use of clinical psychology time/public money?" when conceptualising the research, which affected the questions we asked.

To the best of our knowledge, this study is the first to explore the use of psychological consultation provided to social workers supporting adoptive families. Our analysis suggests that using consultation to embed psychological ideas and increase the therapeutic skills of non-psychologist professionals is experienced positively and enables knowledge sharing. This is particularly salient considering calls in Wales to redistribute mental health expertise from the top tiers of CAMHS to community services and frontline professionals. Consultation as a model of practice fits with this proposed shift. Future research should explore families' experiences of the benefits and challenges of psychological consultation in adoption.

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### Declaration of Conflicting Interests

The authors declare that there is no conflict of interest.



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Table 1. Participant demographic information.

	Social Workers		Clinical Psychologists	
	Frequency	Percent	Frequency	Percent
<b>Sex</b>				
Male	1	16.7%	—	—
Female	5	83.3%	4	100%
<b>Ethnicity</b>				
British	2	33.3%	2	50%
Welsh	1	16.7%	2	50%
English	1	16.7%	—	—
Romanian and British	1	16.7%	—	—
Romanian	1	16.7%	—	—
<b>Job Title</b>				
Social Worker	4	66.7%	—	—
Senior Social Worker	2	33.3%	—	—
Clinical Psychologist	—	—	2	50%
Consultant Clinical Psychologist	—	—	2	50%
<b>Specific Social Work Team</b>				
Family Finding	2	33.3%	—	—
Post-adoption Support	4	66.7%	—	—

**Figure 1.** Themes and subthemes in social worker and clinical psychologist data.

