

# Support needs of adoptive families in Wales



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# Executive summary

Being a parent is a big job, being an adoptive parent is an even bigger job. The average age of children currently adopted in Wales is three years and ten months and the majority of the children adopted will have experienced some kind of neglect or abuse which resulted in their original entry into the public care system.

Adoptive parents may have had little previous experience of parenting and will have to jump in at the deep end by becoming the full-time parent of one or more children. Not babies, who are sleeping a lot, but active toddlers or older children who may never have experienced good parenting and who have little trust that family life is a permanent situation.

These new family units are inevitably fragile at first and will need support. The parents will need to learn how to love and nurture a child (or children) who has endured emotional pain and rejection, whilst the children will need to learn to trust adults to be reliable, nurturing and protective.

Legislation and guidance regarding adoption support has increased over the last decade and is now becoming part of established practice across Wales. However, it is clear from the findings described in this report, that whilst adoptive families have particular needs in respect of educational and therapeutic services, these are not consistently available and that much needs to be done to improve accessibility, knowledge, processes and resources available to support these new and fragile families.

Adoption UK is concerned at the number of adoptive placements which break down, across the UK. It has been estimated that one fifth of adoptive placements across England and Wales break down before an Adoption Order is granted (Ivaldi 1999) with the children returning to the care system. This figure will inevitably be higher when the whole childhood of adoption is considered (Rushton and Dance 2004, Selwyn 2006). Collecting the information about individual disruptions or breakdowns in Wales, reviewing it and then learning from it are vital steps in improving the outcomes of adoption. A number of other recommendations for improving the access to, and the quality of support for adoptive families are discussed in the body of the report.

## Summary of recommendations

### Monitoring disruption

**RECOMMENDATION 1** – The Welsh Assembly Government should work with Adoption Agencies in Wales to track and record the disruption and family breakdown rates for children placed for adoption from the care system, using this as a key indicator of adoption outcomes.

### Assessment

**RECOMMENDATION 2** – Adoptive families should be made aware of their ongoing entitlement to an assessment of support need whenever they feel it would be helpful. This information should be given clearly during the preparation course and they should be reminded of it when families make contact with the department after the Adoption Order is granted.

**RECOMMENDATION 3** – Local protocols should be developed for the assessment of adoptive families based on the presumption that adoptive parents will in most cases be an equal partner in deciding what support is necessary and how that support will be delivered.

**RECOMMENDATION 4** – Further training should be provided to all professionals (health and social services) highlighting current research and knowledge regarding the treatment of early trauma and neglect as well as the impact of attachment disorders on child development and behaviour.

## **Education**

**RECOMMENDATION 5** – Funding should be made available to develop a booklet for adoptive parents to give to school staff in Wales highlighting the particular needs of adopted children. Such booklets have been produced in England and there is a need for specifically Welsh booklet encompassing the Welsh educational system and language.

**RECOMMENDATION 6** – Training on attachment disorders and the effects of early trauma on children within the school system should be incorporated within initial teacher training qualifications, as well as being part of the continuing professional development of teachers, school counsellors and other school-based staff.

**RECOMMENDATION 7** – The Looked After Children’s Education Co-ordinator in each local authority and the designated person in each school should also be given a remit for adopted children. Training in attachment and early trauma issues should be given to people in those roles. This would provide adoptive parents with a single point of contact in each school.

**RECOMMENDATION 8** – School inspections should include consideration of provision made for both looked-after and adopted children in schools.

## **CAMHS**

**RECOMMENDATION 9** – Adopted children should be given the same access to CAMHS as looked-after children given that their needs are linked.

**RECOMMENDATION 10** – That the Welsh Assembly Government organise a conference to bring together all professionals involved in therapeutic work related to permanency support provision (CAMHS staff and social workers from fostering and adoption teams). The aim of the conference would be to raise awareness regarding the patterns of needs as well as the particular needs of the looked-after and adopted population of young people, to highlight relevant and recent research of their therapeutic needs and effective treatments so that procedures may be developed in Wales to improve multi-agency adoption support responses.

**RECOMMENDATION 11** – A specialist project should be developed in Wales, along the lines of Family Futures in England, which would bring together the expertise of CAMHS, independent therapists, social workers and educationalists to provide a specialist service for children with severe problems derived from poor attachment and early trauma and neglect.

**RECOMMENDATION 12** – Resources and support services should be developed with the expectation that some adopted children and their families will need life-long support and therapy from placement through to adulthood.

## Context

### Introduction

This report explores key issues relating to adoption support. It specifically focuses on support after the Adoption Order is made by the court. The issues identified in this report build on two recent surveys conducted in Wales and links them to the extensive adoption experiences of members of Adoption UK, the leading parent-to-parent support charity.

Both surveys were conducted within the past 12 months. The first survey asked adopters for their views regarding accessing adoption support services, in particular those relating to education and therapeutic services through the assessment process. The second survey collated the views of Adoption Support Services Advisors [ASSA] working in Wales.

The report is intended to inform the policy and operational agenda of adoption support provision in Wales as well as to provide information for those needing to access adoption support provision. The responses to the surveys and the ongoing experiences coming from Adoption UK helplines and website make clear that much needs to be done to improve the accessibility, knowledge, processes and resources available for those challenged and troubled by their adoption experience.

### Supporting vulnerable children and achieving permanency in Wales

Vulnerable children are one of the Assembly Government's key areas of concern. The Legislative Competence Order 2008, relating to Vulnerable Children and Child Poverty, conferred new legislative powers and wide-ranging responsibilities to Welsh Ministers to safeguard, promote and secure the wellbeing of all children and young people, including those who may be vulnerable – particularly those in need: children who are looked after, and care leavers.

The Welsh Assembly Government has sought to develop a distinct approach which responds to Welsh circumstances and the needs of children in Wales. These children who become looked after, and who are not then able to return to their birth families, are some of the most vulnerable children in Wales. A growing number of these children are being adopted. They and their adoptive families are the focus of this report.

## Recent Adoption Legislation and Guidance

At the end of 2005 the adoption system faced the biggest change in 30 years when the Adoption and Children Act 2002 [2002 Act] replaced the Adoption Act 1976. It has taken time for the 2002 Act and the accompanying guidance and inspection framework to be fully implemented. The Children and Young Persons Committee of the National Assembly for Wales has recently undertaken an inquiry into the placement of children in care and is due to publish its report imminently. Furthermore, the Welsh Assembly Government has recently set up an Adoption and Fostering Task Group with a remit for developing evidence-based policy for fostering and adoption. This report seeks to inform this debate and influence policy in relation to adoption support processes and provision.

## Adoption Trends

The number of children being taken into local authority care in Wales has been rising in recent years.

| Children   | Looked after | Adopted |
|------------|--------------|---------|
| March 2008 | 3000         | 212     |
| March 2009 | 4704         | 256     |

This 20 per cent increase is significant when linked to the implications for the demand for resources as the number of looked after children is expected to rise in coming years. What is also clear is that this demand not only relates to the increase in quantity but potentially to that of quality, as the complexity of needs presented by those adopted children who have come through the public care system increases as a result of significant trauma and family breakdown.

## Adoption UK

Adoption UK started in 1971 as an adopter-led organisation and is unique in having nearly 40 years of first-hand, personal experience of life in adoptive families. Adoption UK has been instrumental in taking an evidence-based approach to discovering 'what works' in supporting adoptive placements. Adoption UK is concerned at the number of adoptive placements which break down across the UK. In Wales (as in other parts of the UK) there appears to be no national systematic collation of the numbers of disruptions, nor learning from the findings from disruption reviews. It has been estimated that one fifth of adoptive placements across England and Wales break down before an Adoption Order is granted (Ivaldi 1999) with the children returning to the care system. This figure will inevitably be higher when the whole childhood of adoption is considered (Rushton and Dance 2004; Selwyn 2006).

Adoption UK recognizes that whilst adoption provides a positive outcome for most adopted children, it is not a magic wand. Many adopted children will carry the scars of their early experiences with them for the rest of their lives and adoptive families may need ongoing support until, or even after, the child reaches adulthood.

Adoption UK believes that it is crucial that adoptive parents are involved as full partners in the assessment for and provision of adoption support. It also believes that the concept of 'reparenting' or 'therapeutic parenting' of adopted children needs to be accepted and underpinned by the legislation and guidance which directs the work of Adoption Agencies and Support Agencies.

# Evidence

**First survey:** Towards the end of 2009, Adoption UK, working in Wales, undertook a survey of adoptive parents to explore the effectiveness of the existing legislation and guidance in terms of enabling adoptive families to access the support services they need. Responses were obtained from sixty-eight families across Wales; this included 117 adopted children.

**Second survey:** Early in 2010, the All Wales Adoption Support Service Advisors Group (ASSA) surveyed adoption agencies across Wales to explore the range of support services being delivered and what the ASSAs saw as the main challenges for supporting adoptive families. Sixteen out of twenty-two local authority adoption agencies responded to the survey, as well as one of the two independent adoption agencies which operate in Wales.

Data was also collated from the helpline run by Adoption UK.

## Published studies

All children who are adopted will have experienced some form of loss or trauma through being separated from their birth families. Many adopted children will have experienced further loss and trauma through their early experiences of abuse or neglect within their birth family, which may have been compounded by numerous moves within the public care system (Randall 2009).

Research into the neurobiological development of infants suggests that both pre and post-natal negative experiences can have a lasting impact on the developing infant brain (Glaser 2000, De Bellis 2005). This early trauma will lead to significant emotional, behavioural, educational or developmental difficulties. These difficulties will in turn affect the children's abilities to form secure attachments with their new parents; the essential attachments required for healing and subsequently taking full advantage of their new family for life (Howe 2006).

Outcomes for children in adoptive placements are generally better than for those who remain in public care over a long period of time. However, it has also been estimated that one in five adoptive placements disrupt before the Adoption Order is granted (Ivaldi 2000) and this figure is much higher when considering the number of adoptive families that break down before the children reach adulthood; taking all disruptions and family breakdowns together, this is estimated from studies in England to be about one in three (Selwyn 2006 and Rushton and Dance 2004). There has been little systematic enquiry into the causes of family breakdowns and this information is not nationally collated in Wales.

**RECOMMENDATION 1 – That the Welsh Assembly Government should work with Adoption Agencies in Wales to track and record the disruption and family breakdown rates for children placed for adoption from the care system, using this as a key indicator of adoption outcomes.**

# Making sense of adoption support

Support in adoption is complex. The relationship between the legal requirement to provide adoption support and the privacy of the adoptive parents presents policy and operational challenges. Some of these are explored below. Linked to the sections below are recommendations which are intended to inform the Wales policy and operational developments.

## The ASSA role

The Adoption Support Services Adviser's role is a statutory one under the 2002 Act. Each local authority is required to appoint at least one person to carry out a number of functions. One of those functions is to give advice, information and assistance to the local authority regarding:

- the assessment of needs for adoption support services
- the formulation of adoption support plans
- liaising with other local authority ASSAs where children are being placed outside the local authority area.

Thus the ASSA role contains a strategic function in ensuring that post-adoption support is available and an operational role in identifying the support needs of individual adoptive families.

The Wales ASSA survey found that many Advisers feel isolated in their role and do not feel that there is effective multi-agency engagement regarding adoption support provision. The survey also found that nearly half of the adoption agencies in Wales do not have a dedicated budget for adoption support.

## Assessment

The additional level of need of adopted children was recognised in the Adoption Support Services Regulations for England and Wales 2005, which impose a legal duty on local authorities to assess the support needs of adoptive families with whom they propose to place children. Adoptive families have a legal right to further assessments at any time after the Adoption Order is granted until the adopted person reaches 18 years of age. In 2005, the Welsh Assembly Government and the DfES jointly produced Practice Guidance on assessing the support needs of adoptive families. The assessment is based on the 'Framework of Assessment of Children in Need and their Families' and recommends the adoptive child is seen as a member of the adoptive family as well as considering the legacy from their birth families.

The findings from the survey of both adoptive parents and of adoption support professionals shows that the right to request an assessment is proving a useful legislative tool by which adoptive families and professionals can explore the support needs of the family.

Three serious problems present themselves. First, there is a lack of knowledge about this right amongst adoptive parents. Less than half of the adoptive parents surveyed knew of this entitlement. Secondly, professionals were not clear about who should be carrying out the assessments and there was concern that families would not necessarily meet the general threshold for receiving services when they were assessed by the child and family intake teams. Thirdly, it was also clear from survey responses that local authorities have varying levels of expertise in relation to adoption and the issues presented by traumatised children.

**RECOMMENDATION 2** – That adoptive families are made aware of their ongoing entitlement to an assessment of support need whenever they feel it would be helpful. This information should be given clearly during the preparation course and they should be reminded of it when families make contact with the department after the Adoption Order is granted.

**RECOMMENDATION 3** – That local protocols are developed for the assessment of adoptive families based on the presumption that adoptive parents will in most cases be an equal partner in deciding what support is necessary and how that support will be delivered.

**RECOMMENDATION 4** – That further training is provided to all professionals (health and social services) highlighting current research and knowledge regarding the treatment of early trauma and neglect as well as the impact of attachment disorders on child development and behaviour.

## **Education**

Of the 108 children of school age, who were reported on in the survey of adoptive families, 12 per cent had a Statement of Special Educational Needs and a further 6 per cent were in the process of obtaining a statement. This higher than average incidence of special educational needs is in line with research which suggests that looked-after children and adopted children do significantly worse on measures of educational outcomes in comparison to the general population (Biehal 2009).

The majority of adoptive parents surveyed said that they had made school staff aware that their child was adopted and had some discussions at the beginning of the school year about the implications of this for their child. The school responses varied, from the dismissive:

*“They didn’t seem very interested and rejected all offers of literature or leaflets. The Reception teacher said: ‘Oh, I prefer to take a child as they are, I don’t want any information that may alter my opinion.’”*

to the constructive;

*“The school has been very supportive and made us and our children feel comfortable. We have good on-going discussions with the headmaster, SENCO and class teachers concerning our children’s needs and behaviour. I have given literature on adoption and FAD attachment issues etc. to each form teacher at the beginning of each year. We always ask for a special meeting with the new form teacher.”*

The vast majority of parents (90 per cent) said it would have been helpful to have a booklet to give to staff at the school to explain why they needed to be sensitive to the special needs of adopted children in their classrooms.

**RECOMMENDATION 5** – That funding be provided to develop a booklet for adoptive parents to give to school staff in Wales highlighting the particular needs of adopted children. Such booklets have been produced in England and there is a specific need for a Welsh booklet encompassing the Welsh educational system and language .

**RECOMMENDATION 6** – That training on attachment disorders and the effects of early trauma on children within the school system be incorporated within initial teacher training qualifications, as well as being part of the continuing professional development of teachers, school counsellors and other school-based staff.

Further themes in the survey responses were:

- Where school staff have some personal experience of adoption the response is more sensitive and appropriate.
- Children who have experienced early trauma have a mismatch with their chronological age and their emotional and developmental stage. This means they experience challenges in managing the social parts of school life. Schools often report difficulties in managing these children at break times and lunch times when they are left more to their own devices to play. In such an unstructured environment they may require more individual support to help them engage appropriately with the activities and with children around them.

*“My daughter is experiencing friendship difficulties, reporting being on her own a lot at playtime (although she is a very sociable child generally). She has no best friend or close group of friends, and is constantly coming back from school reporting that people have been unfair, mean and told her to go away, stop talking etc.”*

- The willingness on the part of school staff to work alongside parents to ensure effective communications between the school and home. This may include some form of behaviour chart which focuses on similar issues at home and in school; regular meetings to discuss progress and advance warnings about school projects which might be difficult for children who have both birth and adoptive families.

*“I have a strong and effective working relationships with both the Head of the Junior school and my son’s form teacher in his secondary school. In order to provide consistency and to maintain what worked well in primary school, they have both – in a recent meeting with me – proposed that I continue with a weekly chart between home and school and the teacher looks at it every Friday and comments/praises achievements. We support and work together on consequences and rewards.”*

- Willingness on the part of the school to provide someone in school to be an ‘attachment figure’ for the child whose attachment development is fragile. This is common in nursery and Reception classes, but not for older children.

**RECOMMENDATION 7** – That the Looked After Children’s Education Coordinator in each local authority, and the designated person in each school is also given a remit for adopted children. Training in attachment and early trauma issues should be given to people in those roles. This would provide adoptive parents with a single point of contact in each school.

- Awareness of diversity of family backgrounds and life stories. Most nursery and reception classes study a topic about families and early childhood which will include asking for photos of children as babies and discussions about their history. This is potentially a positive opportunity for considering diversity and equality issues, but when poorly managed can result in hurtful experiences for children whose family life or background does not match the idealised version that is presented.

*“Year 2 family tree time, they even sent home a blank family tree which my daughter had to fill in. It was headed Mum and Dad – I am a single parent adopter!”*

*“In reception class the teacher insisted on asking for baby photographs despite me informing them at the start of the year that we did not have any. I will always remember my daughter coming home crying and saying that all the babies on the wall were loved. They kept the photos up for six weeks even after I went in to tell them this. The response was ‘she’ll have to get used to it.’”*

It is an area where a sensitive school or class teacher will ensure that diversity is part of the package and an assumed ‘norm’ for family structure is not imposed on children.

*“Good practice: The school prepared a lesson on the diversity of families and the nature of the adoption process – taught by a teacher with adopted children. End result – all the children claim to have been adopted!! It’s chic!”*

*“The first project in reception and nursery was ‘all about me’. I had a quick chat with the teachers to explain that my child might not give conventional answers and they were happy for me to use the project to help him talk about adoption. The teachers were sympathetic and asked informed questions.”*

**RECOMMENDATION 8** – That school inspections include consideration of provision made for both looked-after and adopted children in schools.

## Family Support

This section covers provision provided for both adopted and non-adopted children and presents some difficult issues for both service providers and practice guidance. It is acknowledged that the numbers requiring adoption support through the Family Support provision will be small in number but is equally relevant and significant.

## Mental Health Needs

Adopted children, in common with looked-after children, are likely to have a higher than average incidence of mental health needs. A variety of behavioural problems have been identified including conduct disorders and other behavioural difficulties, emotional problems and educational difficulties (Sempick, et al 2008). These difficulties are likely to have neuro-biological underpinnings (Glaser, 2000; De Bellis, 2005) and be linked to inconsistent caregiving, neglect and maltreatment which may be traumatic with resultant attachment problems (Dozier, 2001; Howe, 2006).

Both surveys highlight that access to specialised therapeutic services is an essential support which adoptees may need at various points in their lives; however the present provision is currently very limited. Much of the specialist support is provided by the independent sector and is only available in certain areas of Wales. Almost 34 per cent of families responding to the survey said that they had accessed at least one therapeutic service for their children (23 in total from across Wales); the most common referral was through the Children and Adolescent Mental Health service, (CAMHS)

## CAMH Services

The impact of receiving a service from the CAMHS team, as experienced by adoptive parents, varied from area to area. Some positive experiences:

*“CAMHS very accessible but under resourced.”*

*“We had two CAMHS sessions that were very helpful and have an open gate now.”*

And some less positive;

*“Our daughter was referred to CAMHS some months after placement, due to difficulties we were experiencing with persistent behaviours she was displaying. However, my daughter was only seen once by the CAMHS worker – all the other appointments I attended on my own. The sessions centered around my feelings and expectations of adoption. I felt that I was the one who had been referred. Some basic parenting tips were given but there seemed little awareness of the realities of daily life with a very traumatised child, the incredible strain that the entire family (birth children included) were living under.”*

*“We had two sessions with CAMHS when my son was four years old as he ‘shut down’ at school to such a degree the school thought he was special needs ... he was the worst case they had ever seen! He was terrified of school, and the fear of being abandoned. We consulted CAMHS twice – the second time they discharged us as they said that their remit was not educational!”*

The need to meet local criteria in order to qualify for a service from CAMHS, and the time that families had to wait for a service, were highlighted by both families and social workers as difficulties. An illustration of one respondent, who reports being told to wait five years before requesting a service, highlights the importance of improving the response to requests for support:

*“We knew that without external help, we wouldn’t be a family of five in five years time! It was my own perseverance and research that led to us accessing the NCH help which finally made a difference. Battling to justify it and gain the funding used up energy I didn’t really have to spare at the time!”*

*“Therapy has just started, one year after placement. This was promised pre-placement but I actually had to fight for it to be funded.”*

*“After months of pushing and waiting, our independent chair insisted that the children’s local authority provide us with assessment and ongoing support from CAMHS.”*

*“My husband and I would just like our daughter to have access to the therapy that she needs, be that attachment therapy or CBT. We feel that the past five years we have been fighting continually for her to be seen by a specialist and for her to get the help that she needs.”*

*“The main barrier has been being pushed from pillar to post; people passing your case on to other people; no one being accountable or responsible.”*

Where therapy has been put in place prior to the adoption, and children move to a new local authority as a result of the adoption, there is often difficulty in getting a commitment to continue the therapy post adoption and in a number of cases this is delaying the Adoption Order being granted. In some cases this is related to the different prioritisation of looked-after and adopted children, and in others it relates to the availability of services in each area and the expertise and remit of CAMHS staff.

There is a key concern about continuity and consistency in support and service provision when a child/children move from being the responsibility of the public care system to when the Adoption Order is granted. One consequence of the current legislation is that once the Adoption Order is granted any resources and service provided prior to this are likely to be withdrawn. The effect that this has on the speed of Adoption Orders is to delay them, as families worry about the lack of appropriate support for their children when the battle to secure recognition for their needs, let alone any input, is often hard won in the first place.

**RECOMMENDATION 9 – That adopted children be given the same access to CAMHS as looked after children given that their needs are linked.**

## Independent Therapeutic Intervention

There are several individuals, voluntary sector organisations and private companies, who provide specialist support regarding attachment issues. Some of these providers are regulated as therapists and others advertise themselves as parent mentors. The survey indicates more positive experiences of the independent therapeutic services than their experiences of CAMHS, but the financial costs involved were seen as a major barrier.

*“All family at Family Futures, funded reluctantly by social services – children are still fostered but we are waiting to adopt them. Cost many, many thousands of pounds but well worth the money. Therapy ongoing, but already vast improvement for children and our understanding has grown, so more able to cope.”*

*“Received support from Action for Children paid for by social services, lasted five to six months. Helped me enormously, but feel should be continued but awaiting Theraplay/ play therapy.”*

**RECOMMENDATION 10** – That the Welsh Assembly Government organise a conference to bring together all professionals involved in therapeutic work related to permanency support provision (CAMHS staff and social workers from fostering and adoption teams). The aim of the conference would be to raise awareness regarding the patterns of needs, as well as the particular needs of the looked-after and adopted population of young people, to highlight relevant and recent research of their therapeutic needs and effective treatments so that procedures maybe developed in Wales to improve multi-agency adoption support responses.

**RECOMMENDATION 11** – That a specialist project be developed in Wales, along the lines of Family Futures in England, which would bring together the expertise of CAMHS, independent therapists, social workers and educationalists to provide a specialist service for children with severe problems derived from poor attachment and early trauma and neglect.

## The need for continuing adoption support

There has been an assumption in the past that most of the support to adoptive families would be needed during the introduction and ‘settling in’ phase and that after the first couple of years the children would essentially ‘catch up’ with their peer group of non-adopted children. This is evidenced by the willingness to provide some initial financial support to families and to offer membership of Adoption UK for the first year after the adoption.

However, we know from the responses to both surveys and from referrals to the Adoption UK helplines that many families will struggle to cope when their children reach adolescence and beyond.

**RECOMMENDATION 12** – that resources and support services are developed with the expectation that some adopted children and their families will need life-long support and therapy from placement through to adulthood.

## **Conclusions**

Whilst adoption support has improved over the past few years, we know from our research that there are still significant numbers of adoptive families in Wales who are struggling to cope with the demands of re-parenting a child who has suffered early trauma and loss.

The recommendations in this report, if implemented, would improve the support those families receive. We believe this would reduce the number of adoption breakdowns which have such devastating consequences for the child, the parents and all who care about and work with them.

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## Glossary

**ASSA = Adoption Support Services Advisor**

**FAD = Foetal Alcohol Disorder**

**NCH = now known as Action For Children.**

**SENCO = Special Educational Needs Coordinator**

**Family Futures = An adoption support agency in England which offers an assessment and treatment service for traumatised children who are adopted, fostered or under special guardianship arrangements.**

