

The Adoption Barometer

A stocktake of adoption in the UK

June 2022

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AdoptionUK
Together we're family

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Foreword



As both an adopted person and adoption Social Worker, it was a great honour to be asked to write the Foreword for this year's *Adoption Barometer*. As a person adopted in the 1960s, I represent a group of people who continue to experience the lifelong impact of adoption, sadly without access to the support we need at times, unless we can afford it.

Our perspectives, alongside those of care experienced adopted and fostered young people (and of course adoptive parents and birth family members) are in my view the most valuable resource for the development of a more positive future for children who cannot live within their birth families.

I take every opportunity to participate in research and therefore I was delighted that adopted peoples' experience has been included within the *Adoption Barometer* for the last couple of years. I made sure I completed the survey as soon as it came out!

Professionally, I recommend the *Barometer* to adoptive parents I work with to give them an insight into adoption; the challenges but also the joys. Last year's *Barometer* referred to 80% of families being optimistic about their family's future and 75% of families feeling that they would recommend adoption to others.

The focus of the *Barometer* this year has been on direct contact, a subject close to my heart. When I found out the details of my birth family in my twenties I was blown away by the fact that I had full siblings. As a child who had grown up on my own in an adoptive family, this was a dream come true. Now thirty years on, with contact ebbing and flowing over the years, I have a valued and close relationship with one sister but sadly I am now estranged from two of my other siblings who could not understand my need for family belonging. I find myself questioning if we would have had a stronger connection and a greater understanding of each other's perspectives had we met as children.

I applaud the organisations who are bringing siblings together to have fun and create memories. I am pleased that sibling contact is gaining traction, with the Scottish government making it law that siblings should be assisted to stay in touch and be supported to nurture their relationships. Hopefully the rest of the UK will follow suit. I am also looking forward to the expansion of digital contact options which will enable more dynamic and modern communication between children, their birth parents and other birth family members.

I am glad that reference to the importance of direct contact has been included within the newly published *Independent Review of Children's Social Care in England*, though I am sad there was not more focus on adoption. Last year's *Barometer* highlighted that seventy-one per cent of adoptive parents feel that they face a continual struggle to get the help and support they need. The fact that this figure has remained unchanged across the three years of *The Adoption Barometer*, demonstrates that there continues to be an urgent need for accessible, streamlined and fast access to support where needed.

Some form of contact is inevitable for most adopted people. Hopefully there is now enough momentum amongst governments and the adoption sector to make contact a positive part of our lives, not something that can so easily derail us.

Heather Liveston

Introduction

Now in its fourth year, Adoption UK's annual *Adoption Barometer* continues to present a unique insight into the lives of adoptive families in the UK.

This year's survey of over 2,500 adoptive parents and prospective adopters reveals not only the resilience and determination of adoptive families to reach for the very best for their children, but also the challenges and barriers they face along the way.

Among prospective adopters, perceptions of the training and preparation they have received remain very positive, and there is a continuing increase in the numbers who are considering adoption as their first choice for starting a family. More adopters are willing to consider adopting siblings. Yet too many receive little support while waiting to be matched and levels of stress and anxiety among early permanence adopters are very high.

More than half of established adoptive families accessed training or support groups related to adoption during 2021 and these universal supports were rated very highly for both quality and positive impact. However, when adopters approach their agency for help when facing significant challenges or crises, too many are not receiving the enhanced, therapeutic support they desperately need.

Families with older adopted children face particular challenges, reporting very high levels of support needs in accessing training, education and employment. Nearly half cannot say that they feel optimistic about their child's future and the proportion of adopted 16-25-year-olds who were not in education, employment or training (NEET) in 2021 was twice the national average.

The *In Focus* topic for this year's *Adoption Barometer* is establishing and maintaining relationships with birth family members. More than 280 adopted adults shared their experiences of birth family contact – or the lack of it – in childhood, and of tracing birth relatives in adulthood. Their responses highlighted worrying gaps in the provision of support for adopted people throughout their lifespan leaving many to seek out and, in some cases, self-fund essential counselling and peer support.

The lives of adopted people and adoptive families unfold in the context of national policy and legislation. The *Adoption Barometer* gives a score of 'poor', 'fair' or 'good' to each nation's policy in key areas, based on Adoption UK's own assessment criteria derived from years of experience and research about what works for adoptive families. We also provide scores for the reported experiences of survey respondents so we can see how these policies are playing out in reality.

While improved legislation should – and sometimes does – lead to improvements in provision for adoptive families, too often the scores reveal a gap between the vision outlined by policymakers and the experiences of adoptive families. Adoption UK therefore calls not only for improvements to national policy but also for sufficient resourcing and effective monitoring so that all adoptive families and adopted children and adults can thrive.

Summary of recommendations

Create and implement quality standards for the journey of prospective adopters through preparation, approvals and matching, for use by all adoption agencies.

Introduced ringfenced, multi-year government funding for adoption support across all nations of the UK.

Produce clear, specific support plans for every child to be placed for adoption, distinct from the placement plan, agreed with their adopters and reviewed at least once a year.

Adoption agencies to have a duty to provide the adoption support set out in a child's assessment of support needs.

Train education and health professionals in early childhood trauma and associated conditions, including Fetal Alcohol Spectrum Disorder and Attachment Disorder.

Provide free, expert, lifelong support for establishing and maintaining birth family relationships including during childhood and when tracing birth relatives in adulthood.

A note about language

The language used to describe the people and processes involved in adoption is constantly under scrutiny. There is a valuable, ongoing conversation around the need to ensure that our language does not harm, dehumanise or denigrate anyone.

As the *Adoption Barometer* aims to evaluate existing government policy and assess how effectively it is being put into practice, we have chosen, where necessary, to use the terms that appear in government documentation. We recognise that some of these terms may be considered problematic and that there are national differences. Our intention is simply to ensure clarity for the reader.

The following terms will be used throughout the report:

Adopted person: as a result of consultations with adopted young people and adults, we have chosen to use the term 'adopted person' in preference to 'adoptee'.

Care experienced: a child or young person who is looked after, or has previously been looked after, whether they have returned to family, left care as a result of a legal permanence order (including adoption) or left care as a 'care leaver'.

Child leaving the family home prematurely: sometimes referred to as 'disruption', 'family breakdown' or 'adoption breakdown', this phrase aims to describe the situation that occurs when a child leaves their adoptive or permanent home prematurely, including those who then become looked after under any legal order.

Contact: formal or informal arrangements made for adopted and previously looked after children to communicate, meet, or spend time with members of their birth family.

Early permanence: an umbrella term to describe pathways (including concurrency and fostering for adoption) designed to minimise the number of moves through the care system that a child will experience before permanence.

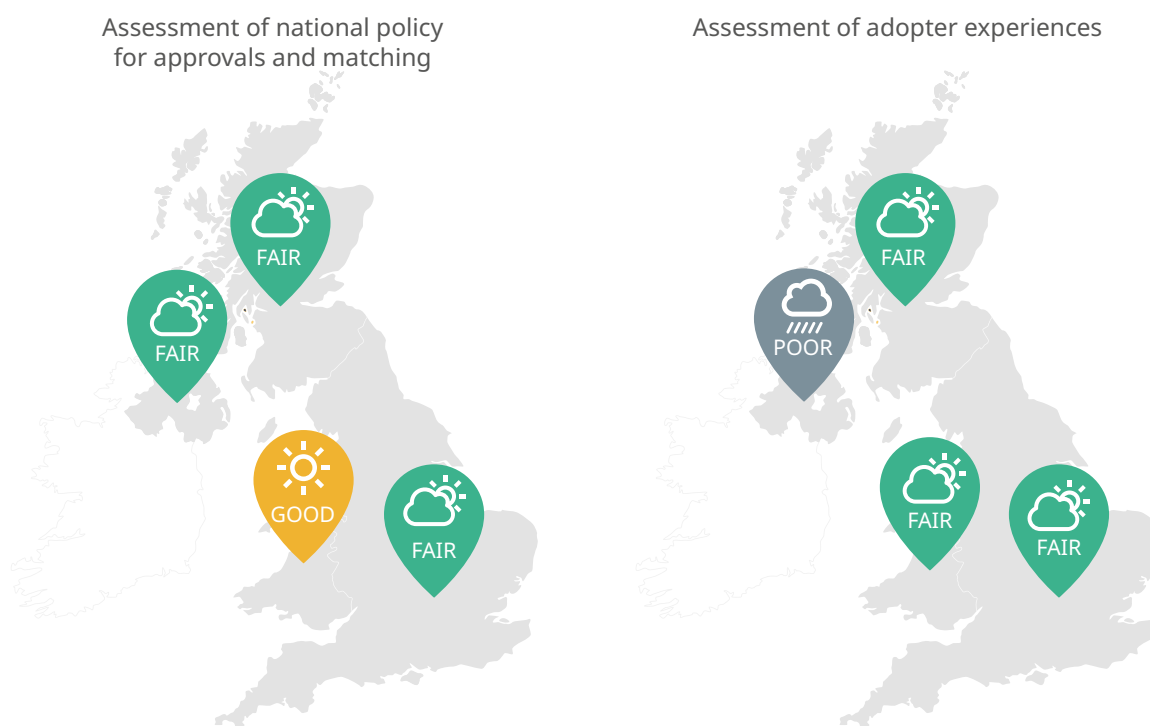
Looked after child: a child or young person who is currently in the care of the local authority.

Previously looked after child: a child or young person who has left local authority care as a result of adoption or other legal permanence order.

Summary of key findings and recommendations



Approvals and matching process



As the impact of the Covid-19 pandemic continued into 2021, prospective adopters' perceptions of their approvals process were slightly more negative than in 2020 and reported timescales were slower. The proportion who said there were times when the process seemed so difficult they wondered if they would be able to continue was higher in 2021 than in any previous year and fewer respondents than ever said their process ran smoothly and with no delays. Despite an increase in the use of online services in 2021, adopters were most likely to be matched with a child whose profile was introduced to them by a social worker.

Key statistics

- 73% felt reassured about the availability and quality of adoption support
- 54% said there were times the process seemed so difficult they wondered if they could continue
- 25% said that Covid-19 had been a factor in experiencing delays to the process
- During matching, 40% reported expressing an interest in a child's profile but receiving no response
- 34% were asked to consider a match with a child/children whose characteristics were outside of the terms of their approval
- 56% were matched with a child whose profile had been introduced to them by a social worker

Recommendations

1. Set national timescales for preparation and approval

All UK nations to have recommended timescales for each stage of the approvals process, from initial contact with the agency up to approvals panel, and timescale targets for all agencies. All these timescales to be monitored centrally on an annual basis.

2. Improve the experience of prospective adopters during preparation, approval and matching

Agencies should seek to reduce the proportion of prospective adopters who find the process so difficult that they wonder whether they can continue from 50% to below 10%, as measured by the annual *Adoption Barometer*.

3. Tailor preparation courses to meet family's needs

Agencies to reflect the differing needs of prospective adopters in the preparation process, tailoring to accommodate the needs of those with a disability, single adopters and the range of cultural, religious and ethnic backgrounds. Tailored preparation to be provided for those planning to adopt a sibling group, those who already have children (either through birth or adoption), and adopters pursuing early permanence.

4. Build life story training into preparation courses

Life story work training to be built into preparation courses to give parents additional tools to help their children recover.

5. Improve support for prospective adopters during matching

Preparation courses should include training on the experience of waiting for a match, searching, and considering matches. Communication with adopters during this period should be regular and supportive, with routes to peer support offered wherever possible.

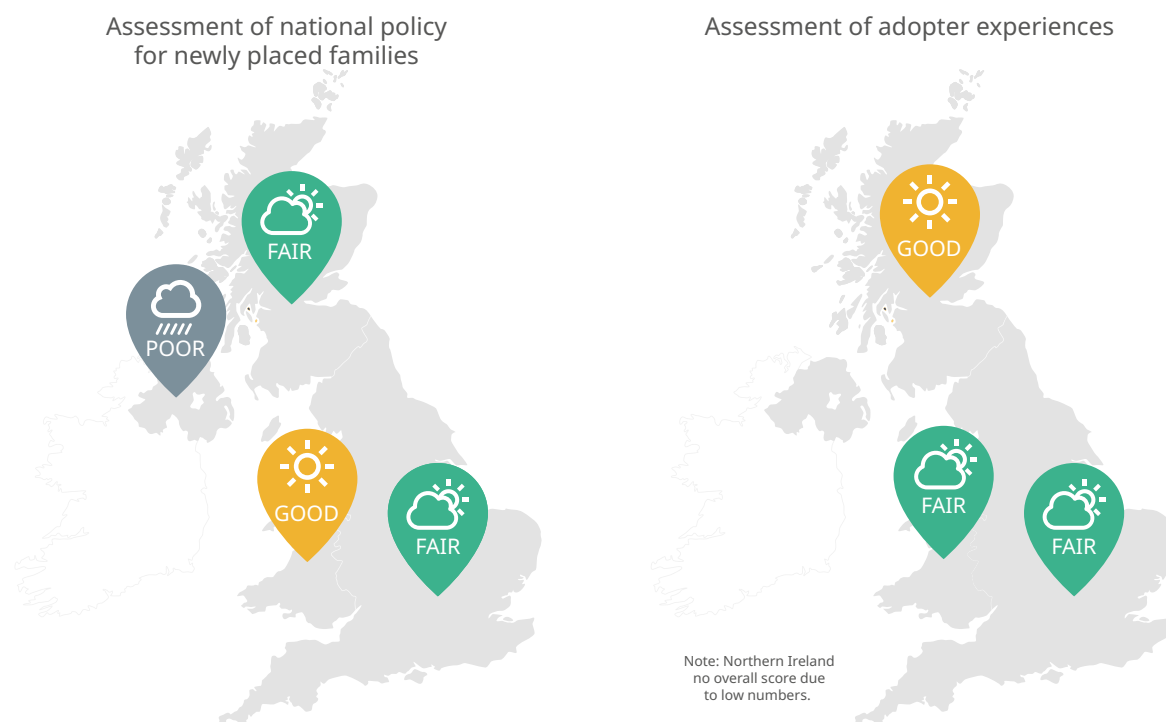
6. Collate national data about people who do not complete the adoption process

This data would help the sector understand why people leave the process and at what point, and would enable agencies to make improvements based on the experiences of those undergoing the process.

7. Improve racial diversity amongst the social care workforce and on adoption and matching panels

in order to encourage an increase in the numbers of BAME prospective adopters coming forward.

Newly placed adoptive families



Experiences of introductions were somewhat less positive than in 2020 and, despite the majority agreeing that social workers were supportive, more respondents wondered whether they had done the right thing and more experienced anxiety and symptoms of post adoption depression. Early permanence respondents were particularly likely to have experienced challenges.

Levels of satisfaction with life story materials were higher than in 2020, but almost half have still not received these materials by the end of the year in which the adoption order is granted and nearly two thirds said they did not have a written plan for adoption support. New adopters remain open to engaging in contact with their child's birth relatives, especially siblings, and most were happy with their family's arrangements for continuing contact.

Key statistics

- 56% of new adopters had 'bump into' meetings with their child/children prior to introductions beginning
- 20% did not feel their child/children had been well prepared for the move to a new family
- 61% experienced stress, anxiety and/or symptoms of post adoption depression
- 87% agreed that social workers were supportive during the early weeks and months
- 28% of self-employed new adopters were not able to take as much adoption leave as they felt was needed, compared to 17% of employed new adopters
- 52% had received their child's life story book (or equivalent) by the end of the year in which the adoption order was granted

Recommendations

1. Provide an assessment of need and support plan for every child

A full therapeutic assessment for every child with a permanence plan, to be carried out before placement. The assessment should inform a clear and specific written support plan, distinct from the placement plan, anticipating future as well as current support needs, agreed with the adopters before placement and linked to a commitment to provide the support that is needed.

2. Correct adoption leave inequality

Entitlements for statutory adoption leave and pay for self-employed adopters to be brought into line with maternity entitlements for the self-employed. Provide greater flexibility of adoption leave between partners and equalise entitlements for adopters not eligible for Statutory Adoption Pay.

3. Give all new adopters access to peer support

Adoption agencies to ensure that all their new adopters are given access to peer support from the time their child is placed with them, for example through peer mentoring, buddying or community groups.

4. Strengthen life story support

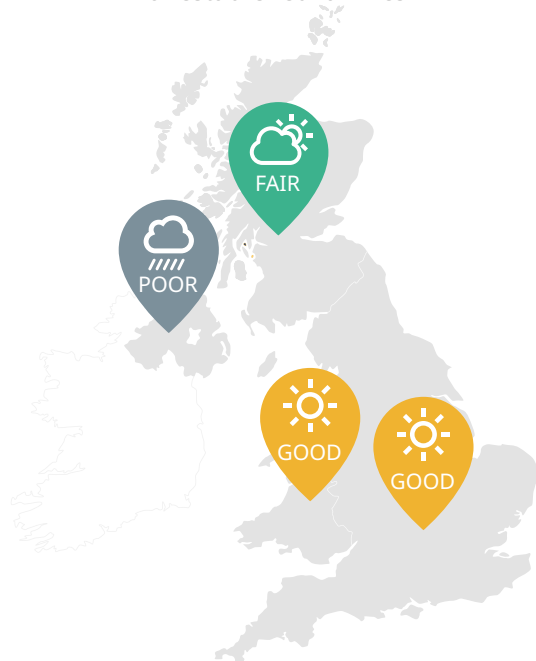
Clear guidance provided to all agencies about the expected quality of life story materials. These materials to be provided to new adopters at the time of placement. Newly placed families to be offered life journey training to explore how to begin to support their child's understanding and acceptance of their story.

5. Improve support for early permanence adopters

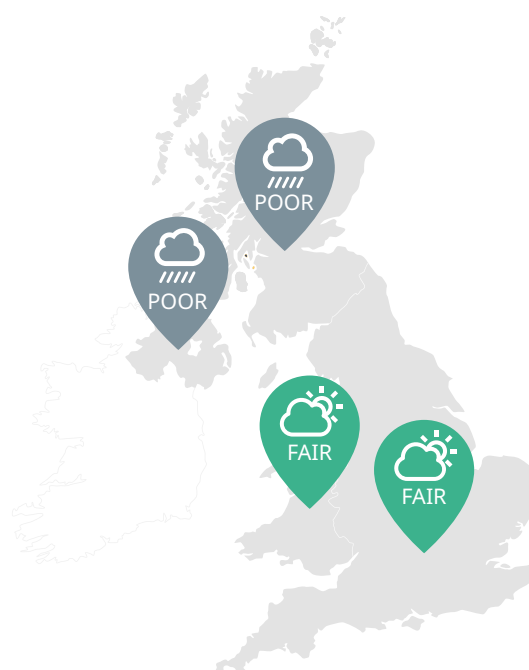
Provide parity of training to early permanence adopters so they feel equally equipped in their role as foster carers as well as adopters. Training to include preparation for the possibility of reunification, and follow-up support to be made available in this event.

Established adoptive families

Assessment of national policy
for established families



Assessment of adopter experiences



Respondents in 2021 were more likely to be facing severe challenges than those in 2020, more likely to say they faced a continual struggle to get support for their child and less likely to say they would recommend adoption to others. Supporting children through education and accessing appropriate support and therapeutic services remained the top priorities.

Assessments of the quality and impact of universal support (e.g. support groups, training courses) were very high, although one third faced barriers to accessing this. UK-wide, assessments of the quality and impact of enhanced support (e.g. therapeutic interventions, specialist training) were slightly lower than in 2020. This may have been affected by factors in individual nations, such as the end of the emergency Covid-19 adoption support funding in England. Respondents from Wales reported higher levels of satisfaction with enhanced support than in previous years. The majority would welcome an annual opportunity to review their family's support needs.

More respondents than ever before reported participation in direct contact with birth relatives. It is possible that this year's *In Focus* topic attracted more respondents with experience of direct contact to complete the survey. Indirect contact continues to pose challenges, with many letterbox arrangements not being reciprocated.

Key statistics

- 78% said their family faced challenges in 2021
- 71% would encourage others to consider adoption
- 88% would welcome an annual 'keeping in touch' opportunity to review their family's support needs with their agency
- 50% of those who contacted their agency for adoption support were experiencing significant challenges or at crisis point

- Arrangements for continuing indirect contact with birth siblings living outside of the adoptive family are most likely to be reciprocated and enduring; 81% were still being maintained in families with children aged 11-16
- 68% said that it feels like a battle to get the support their child needs in education
- 10% had home educated one or more children during 2021; nearly one quarter of these cited Covid-19 as a factor

Recommendations

1. Secure long-term funding for adoption support

A 10-year commitment to the Adoption Support Fund in England; multi-year, ring-fenced funding to be introduced in Scotland, Wales and Northern Ireland.

2. Train education and health professionals, especially mental health professionals, in early childhood trauma and associated conditions

From initial teacher training and beyond, all education professionals should be trained and resourced (through targeted funding) to support the needs of care-experienced children, including those adopted internationally. Training for education and health professionals should include understanding of highly prevalent conditions such as Fetal Alcohol Spectrum Disorder and Attachment Disorder. Training should be prioritised for mental health professionals in order to help these services take a more tailored approach to supporting adopted individuals.

3. Improve data on adopted children in school

All governments to collect and analyse data on attainment, special or additional educational needs and exclusions for adopted children.

4. Improve support for birth family contact

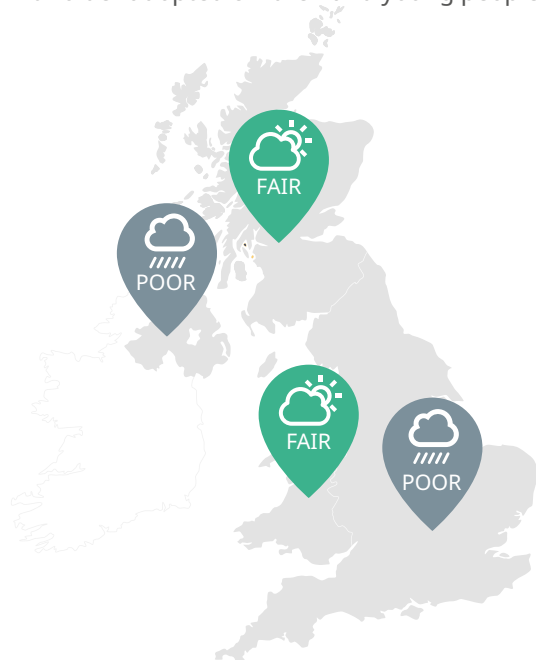
All adopters to be offered specific training and support relating to their child's contact arrangements. All contact plans to be reviewed regularly with the family and experienced staff at the agency to ensure that all participants – including birth relatives – are well supported.

5. Agencies to offer an annual 'keeping in touch' opportunity to all adopters

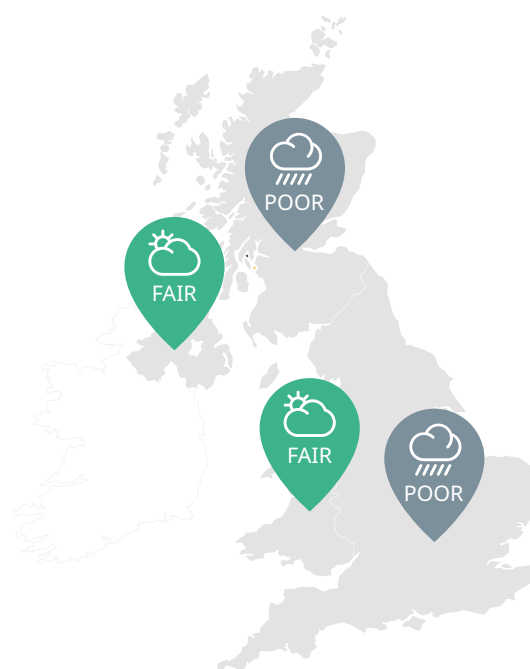
Establish annual contacts to discuss support needs in order to reduce the proportion of adopters who are facing significant challenges or at crisis point at the time of asking for help.

Families with older adopted children and young people

Assessment of national policy for families with older adopted children and young people



Assessment of adopter experiences



Families with adopted teens and young adults were more likely to say they were facing challenges than those with younger children. High levels of support need were reported among 16-25-year-olds and the proportion who were not in education, employment or training remains more than twice the national average.

Respondents reported considerably higher levels of mental health difficulties among their adopted adolescents than is found in the general population. More than one quarter of 13-18-year-olds were reported to have harmed themselves during 2021 – an increase from 21% in 2020. Respondents with older children were more likely to avoid accessing adoption support because of a previous bad experience or because they did not believe the support they needed would be available. Where they did access adoption support, levels of reported need were higher than those with younger children and assessments of the impact of support were less positive.

Rates of informal direct contact among 13-18-year-olds remained steady, but a greater proportion were reported to be part of a long-standing informal arrangement and perceptions of the impact of direct contact were more positive than in previous years.

Key statistics

- 12% of respondents with children aged 13-18 said their family was 'mostly doing well' during 2021
- 28% of 13-18-year-olds and 38% of 16-25-year-olds were engaged in direct contact relationships with birth relatives
- 64% said they felt they had prepared well as a family for the possibility of informal direct contact in the teen years and beyond
- 72% of respondents with 13-18-year-old children had experienced violent or aggressive behaviour directed towards them by their adopted child during 2021

- 49% of respondents with older children said that the adoption support they received had a positive impact on their family
- 22% of 16-25-year-olds were not in education, employment or training (NEET) at the end of 2021
- 70% of 16-25-year-olds were reported as needing support to access training, education or employment
- 45% of 16-25-year-olds had accessed mental health services in 2021

Recommendations

1. Extend adoption support services to at least age 26

Adoption support that is available to children and young people should be extended to at least age 26 in view of the fact that many adopted people need specialist support into adulthood. This would bring support for previously looked after young people more into line with that for care leavers.

2. Improve the transition from child to adult services

To avoid young people falling off a 'cliff edge' during the transition to adulthood, governments should bring the thresholds for adult services more into line with those for child and adolescent services.

3. Training and peer support for all adopters when their children reach age 13

All agencies to offer specific training for adopters on the transition from adolescence to adulthood, made available from when their children reach age 13, and access to peer support. Training to include online safety, navigating contact, managing challenging behaviour and helping your school to support your child.

4. Targeted support pathway and peer support for all adopted teens and young adults

All agencies to develop an adoption support offer specifically aimed at adopted teenagers and young people, including access to therapeutic support, help to navigate services, and access to ongoing peer support which could include support groups, buddying or mentoring by trained individuals with lived experience as an adopted person.

5. Establish adoption advisory boards in each nation led by adopted people

Adopted young people and adults should be involved in designing and evaluating support services and adoption policy via the creation of Advisory Boards of adopted individuals.

6. Provide family support when children leave home prematurely

In circumstances where children are no longer living in the family home, adoptive families must be provided with support from social workers with knowledge of adoption and skill in reunification. Support should include help to repair and rebuild relationships wherever possible.

In Focus: establishing and maintaining relationships with birth family

There is cautious openness towards the idea of maintaining direct relationships with birth relatives among adopters and especially among prospective adopters, although there are reservations about the potential risks, emotional impacts on children and the level of support available. The majority of adopted adults agreed that direct contact in childhood should be standard where it is deemed safe, but those who had contact during childhood agreed less strongly than those who did not.

Very few adopted adults said that they did not want any contact during childhood, but most did not have it. Respondents expressed concerns that asking for more information about birth relatives or asking to contact them would upset their adoptive parents. Most expressed regret at not having the opportunity to maintain relationships with birth relatives during childhood.

Support for families and children seeking or involved in childhood direct contact tailed off considerably once initial arrangements had been made. Very few received appropriate preparatory support and, where attempts to establish direct contact failed or contact ceased, almost none received follow up support. Agencies were unlikely to offer pro-active, regular reviews of contact arrangements for those engaged in direct contact.

The majority of adopted adults did not receive any counselling as part of the process of tracing birth relatives in adulthood and a significant minority of those who did found that it did not meet their needs. Those who were able to access peer support for this process spoke warmly of its benefits. Many adopted adults expressed concerns that went beyond their own experiences, calling for a complete overhaul of the system.

Key statistics

- 70% of prospective adopters believe direct contact should be standard for adopted children as long as it is deemed safe
- 69% of adopted adults who did not have childhood direct contact regretted not having the opportunity
- 31% of adoptive parents had a named person at their agency who they could ask for advice or information about contact
- 4% of adoptive parents say their child was offered follow-up support after attempts to establish direct contact failed
- 15% of adoptive parents involved in direct contact said their agency regularly reviews their family's contact arrangements
- 17% of adopted adults recalled receiving professional support prior to childhood direct contact beginning
- 57% of adopted adults who had childhood direct contact described it as sometimes being emotionally challenging
- 80% of adopted adults and 88% of adoptive parents who were involved in direct contact during childhood were glad they had participated
- 37% of adopted adults were offered counselling as part of the process of tracing birth relatives in adulthood
- 52% of those who received counselling said it felt like a tick box exercise

Recommendations

1. Creation of a national contact service in each nation of the UK

This service should be responsible for overseeing and providing support for the maintenance of birth family relationships from the adoption order onwards, including access to records, support for indirect and direct contact in childhood, free support for tracing in adulthood, counselling and therapeutic services for all ages and provision of peer support.

2. Include training about contact in preparation courses

in anticipation of the fact that the vast majority will experience indirect or direct contact or both, all prospective adopters should receive training during preparation, including hearing from adopted people and adopters, and receiving information about the support available for contact from their agency.

3. Every adoptive family to have a named social work professional with responsibility for overseeing support for contact

4. Agencies to conduct research about barriers to direct sibling contact

5. Specialist support for contact

Every family planning for direct contact should have specialist support before and during the period of direct contact, and therapeutic support should the contact cease or prove impossible to establish.

6. Ensure every adopted adult has access to robust support when tracing birth relatives

This should include easy access to records, free mediation, access to peer support and counselling delivered by a professional with expertise in adoption.

About the data

Survey for adoptive parents and prospective adopters

The data for the *Adoption Barometer* report was collected via a survey of adoptive parents (with an adopted child or children aged 0-25) and prospective adopters. The survey was open from 11th January 2022 until 28th February 2022. In total, there were 2,515 valid responses.

The link to the online survey (hosted by Survey Monkey) was circulated by Adoption UK, both online and via direct mailing to members. It was also circulated by Adoption UK volunteers within support groups known to or organised by them. A number of local authorities, regional adoption agencies, voluntary adoption agencies, virtual schools (in England) and other organisations connected with the sector also circulated the survey. The survey was not restricted to members of Adoption UK.

Survey for adopted young people and adults

The survey for adopted adults focused on experiences of maintaining or establishing relationships with birth family members in childhood and adulthood.

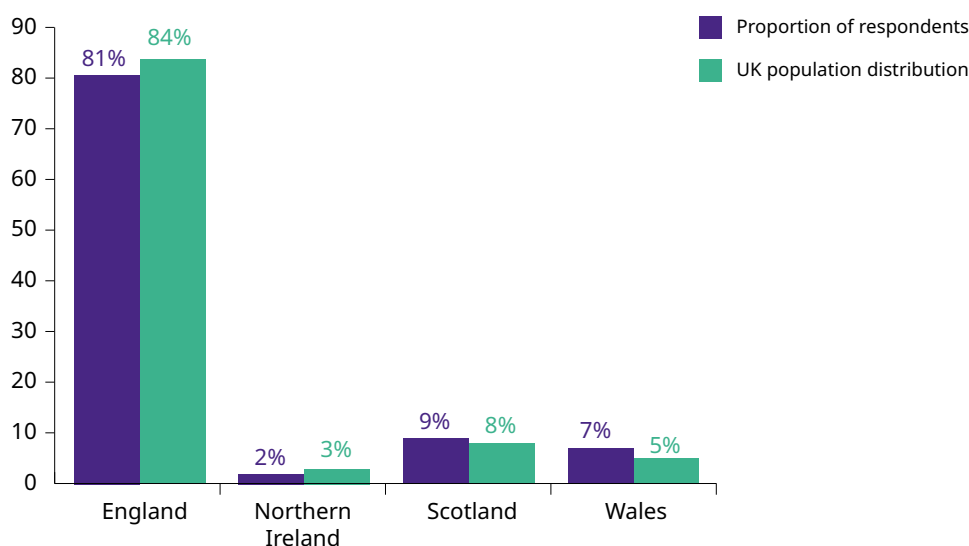
This survey was also open from 11th January 2022 until 28th February 2022. It was circulated via the same channels as the adoptive parents' survey, with additional support from individual adopted adults, and groups and organisations providing support to adopted young people and adults.

In total, there were 282 valid responses. The characteristics of this group of respondents are covered in more detail in the *In Focus* section of this report on pages 70-95.

About the adoptive parent and prospective adopter respondents

The majority of respondents were from England but the proportion of respondents from Scotland and Wales exceeded the proportion of the UK population living in those nations. Responses from Northern Ireland were lower than in previous years. However, the *Adoption Barometer* survey was circulated within the time period when the Adoption and Children Bill was being considered in the legislative assembly and many adopters were engaged in local stakeholder engagement via Adoption UK at this time.

Figure 1: Location of survey respondents compared to UK population



The majority of respondents (85%) had adopted as part of a couple, with 15% of respondents adopting as a single person. 11% identified themselves as part of the LGBTQ+ community and 5% recorded themselves as having a disability. These proportions are all very similar to respondents to *Adoption Barometer* surveys in previous years. 96% of respondents identified their ethnicity as 'white'. The relatively low proportion of BAME respondents, which has been consistent across all four years of the *Adoption Barometer*, reflects the need for the sector to reach out and engage more effectively with potential adopters in the BAME community which campaigns such as You Can Adopt in England have been attempting to address.

The survey for adoptive parents was open to members and non-members of Adoption UK. Exactly half of respondents were not members of Adoption UK.

Detailed analysis



Approvals and matching

What does 'good' look like?

The approvals and matching process will take place according to nationally agreed timescales. At every stage, prospective adopters will be given a thorough understanding of the process and the timescales involved. Prospective adopters will find training days informative and useful and will be guided towards additional sources of information and support.

The process will keep to timescales and targets. During the matching process, prospective adopters will be introduced to a range of resources for exploring possible matches and will benefit from consistent support and communication. At the end of the process, they will feel reassured that they know where to go for support after placement.

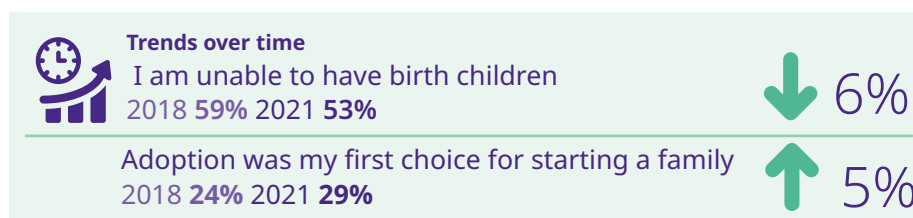
	Score			
	England	Northern Ireland	Scotland	Wales
Assessment of current national policies				
There are nationally agreed timescales for each stage of the adoption approvals process	GOOD	POOR	FAIR	GOOD
There are nationally agreed standards for training and preparation for prospective adopters	FAIR	FAIR	FAIR	GOOD
There is a discrete pathway for early permanence, including early identification of potential adopters and suitable training and follow-up support	FAIR	FAIR	FAIR	GOOD
OVERALL	FAIR ➡	FAIR ➡	FAIR ➡	GOOD ➡

Assessment of adopter experiences, based on survey results	Score			
	England	Northern Ireland	Scotland	Wales
The approvals process proceeds without undue delay caused by bureaucratic challenges, staffing or other difficulties within the adoption agency	POOR	POOR	POOR	FAIR
Adopters find the approvals process positive and consider that it prepares them well for becoming adoptive parents	FAIR	FAIR	FAIR	FAIR
Once approved, adopters are confident that they know where to go for support after placement	FAIR	POOR	FAIR	GOOD
OVERALL	FAIR →	POOR ↓	FAIR →	FAIR ↓

About prospective adopters

There were 527 respondents undergoing part of the approvals or matching process during 2021. Of these, 22% were adopting through a voluntary agency. The rest were adopting via their local authority or regional adoption agency.

The main motivation for considering adoption continues to be that respondents were unable to have birth children (53%) but this has been decreasing steadily over the four years of the *Adoption Barometer* while the proportion who consider adoption their first choice for starting a family has increased.



The majority (92%) were seeking approval for standard adoption, but 31% were pursuing an early permanence route (concurrency or foster for adoption) either as well as standard adoption or instead of it. In Northern Ireland, early permanence continues to be the preferred route, with 91% of respondents pursuing that route. However, in Wales, only 4% of respondents were seeking approval for early permanence. The 2022 launch of the Welsh Early Permanence Framework may result in an increase to this figure in future years.

The proportion of prospective adopters who are open to considering a sibling group has increased steadily over the four years of the *Adoption Barometer*.



More than half (55%) of prospective adopters were seeking approval for an age range that included children aged four or older. This is an increase on the previous two years of the *Adoption Barometer* but is in line with data from the *Adoption Barometer 2018*, so is not necessarily indicative of a long-term trend.

Experiences of the approvals process

Prospective adopters considered a range of factors when choosing their adoption agency. The quality of the initial information event they attended was an important factor for 46% of respondents. 37% were influenced by receiving a prompt response to their initial enquiries.

Respondents were more likely to be influenced by reassurances about the availability and quality of adoption support available (29%) than by inspection reports (12%). However, 16% of respondents reported that either they did not have a choice of agency or did not know they had a choice.


Others had personal reasons for choosing one agency over another, including ease of access to training and events, avoiding potential conflicts where the prospective adopter worked at or in connection with the local authority (LA), or seeking an agency that was visibly geared towards their specific needs as a family or the adoption route they were most interested in. In comments, some noted that they had the impression that voluntary adoption agencies (VAAs) were more likely to be seeking adopters for 'hard to place' children – this encouraged some to consider VAAs while discouraging others. Some expressed a desire to support local services by consciously choosing to use a local authority or regional adoption agency (RAA).

We wanted to do [foster for adoption] and felt that LA/RAA was the best option.
Prospective adopter, England

I chose my agency as they are my local authority and I want to support local authority adoptions
Prospective adopter, England

In 2020, restrictions in place due to the Covid-19 pandemic meant that agencies had to move quickly to alternative approaches to meetings and training events, with many being moved online. Despite this, perceptions of the process in 2020 were very positive.

However, respondents who underwent the process in 2021 were less likely to feel that they had been given all the information they needed, less likely to feel the process was fair to their family and more likely to say that there were times when the process seemed so difficult, they wondered if they could continue.

54% 
said there were times when the approvals process seemed so difficult, they wondered if they could continue



Trends over time

The information I was given about the process was thorough
2020 90% 2021 85%

↓ 5%

I felt reassured about the availability and quality of adoption support
2020 80% 2021 73%

↓ 7%

The assessment process was fair to my family
2020 88% 2021 85%

↓ 3%

There were times when the process seemed so difficult, I wondered if I could continue
2020 49% 2021 54%

↑ 5%

Respondents' comments reveal that Covid-19 restrictions continued to play a significant role in the experience of completing the approvals process during 2021. While many appreciated the flexibility of being able to complete aspects of the process using virtual means, others said that they felt this reduced their ability to connect with other prospective adopters and access peer support. It is possible that the relief prospective adopters experienced in 2020 as rapid innovation in response to the Covid-19 pandemic meant that their approvals process could continue despite the restrictions has more recently given way to frustration at continuing disruption, staff absence and lack of face-to-face interaction.

Among those who agreed that there were times when the process seemed so difficult, they wondered if they could continue, several themes arose.

Those who were adopting for a second time or adopting a child they were already caring for as a foster carer or special guardian frequently reported frustration at the length of the process, considering they had already been through previous approvals processes either for adoption, fostering or guardianship.

I have adopted before (4 years ago) yet still had to go through the exact same application process as first-time adopters.

Prospective adopter, Scotland

As approved and experienced foster carers, to have to go through a largely similar process for adoption felt uncoordinated and like ticking a box.

Prospective adopter, Wales

While recognising the importance of a thorough process for approving potential adoptive parents, some respondents felt that it lacked empathy towards applicants and was not flexible enough to take account of individual circumstances.

We had worries surrounding whether or not ex partners would be contacted when there was a history of domestic abuse. We were left not knowing for some time ... and nearly stopped the process due to poor communication and worry surrounding this.

Prospective adopter, England

My partner had a genetic eye condition which does not affect him, but it delayed his medical report ... The red tape of having to have this completed by the end of stage 1 and within 6 months of starting stage 1 was incredibly stressful.

Prospective adopter, England

Very biased and negative in regards to my disability. Really outdated and judgmental at times.

Prospective adopter, England

My partner is dyslexic and finds it difficult to read so the whole portfolio/printed forms were not very user friendly for him and he had no other option but to go through them at a very slow pace.

Prospective adopter, England

It was stressful from start to end and ultimately impacted my mental health so much that I withdrew from the process. I felt unheard and unimportant.

Prospective adopter, Wales

The need for criminal record checks from a country I left at the age of 12. Having to pay privately for fingerprints and liaise with [country's] embassy.

Prospective adopter, England

Case study

We were contacted by the agency we were adopting through, who told us there was an issue with my medical. They wouldn't say any more over the phone but asked us to come in, leaving us wondering what it could be.

They explained to us, in stark terms, that because my mother had died from breast cancer at 34, I'd need to be tested for hereditary cancer genes. If it was positive that would be the end of my adoption journey. They gave me no guidance or support. I was just told to go to my doctor to be referred to a geneticist.

I was shellshocked and had to do my own research to work out the full implications of hereditary cancer genes and what a positive result might mean for my own future. Testing is not a decision that people take lightly.

I waited six months for an appointment with the geneticist at which it became clear a familial link was unlikely. The geneticist's team were shocked I'd been made to go through this process without evidence to suggest a link. Afterwards I told the adoption agency I was not happy with their lack of support. Although they were sympathetic, they were keen to draw a line under it in order to proceed with my adoption.

There needs to be more thought around how to break this type of news to someone and steps in place to support them. It was just like our application had been paused and we were being discarded because of a possible defect with my body.

As someone who lost a parent to cancer as a baby, it felt like I was now being discriminated against because of this. I appreciate there's a need to avoid putting a child through the further trauma of losing another parent, but there is also a duty to treat prospective adopters sensibly and sensitively.

Prospective adoptive parent

Delays and timescales not being met were significant factors for many who found the process very challenging. Others reported frequent changes of social worker, misplaced or inaccurate paperwork, lack of clarity around the process leading to unrealistic expectations, and difficulties obtaining medicals due to pressures on health services. Several respondents commented on the importance of the quality of their relationship with their assessing social worker. This was frequently seen as a factor that could make or break the process.

I had a difficult relationship with my assessing social worker and kept hoping it would get better as time progressed... My assessment meetings/visits were often cut short and overall I didn't have a thorough or fair assessment.

Prospective adopter, England

I enjoyed the whole process from the start and had an instant understanding with my social worker.

Prospective adopter, Wales

Timescales

Delay, or the perception of delay was another factor that resulted in respondents reporting a less positive experience of their adoption approvals process. The proportion of respondents who completed the process from initial enquiry to approvals panel within 12 months was 65%, considerably lower than in 2020, when 75% of respondents were within this timescale.

66% 
of prospective adopters said they experienced delays during their approvals process

Those whose process took longer than 12 months would have been impacted by Covid-19 restrictions in both 2020 and 2021, and 25% of all prospective adopter respondents said that Covid-19 had been a factor in experiencing delays to their process – higher than the 22% who said the same in 2020.

Took far too long to get medicals done due to Covid.

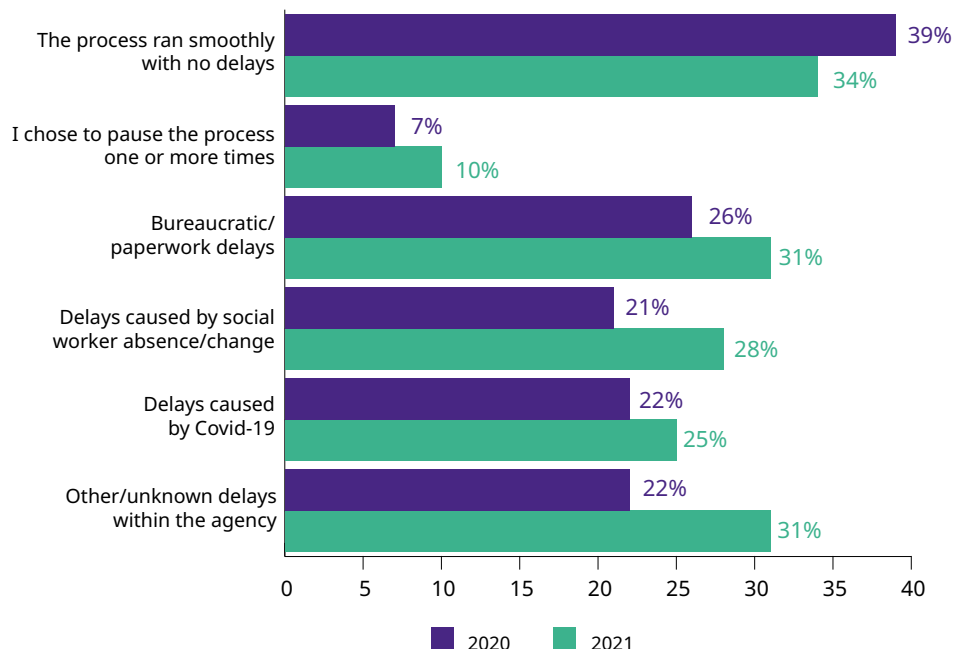
Prospective adopter, Wales

The online training and chats with the social worker had made the process easier ... On the other hand, delaying the home visit because of the Covid restrictions made it harder for us. Obtaining medicals was harder as well.

Prospective adopter, England

Respondents from Wales were most likely to say that their process had run smoothly with no delays (46%) while only 11% of respondents from Scotland felt the same.

Figure 2: Perception of delay during the approvals process
(figures total more than 100% as respondents could select all answers that applied)



With Covid-19 restrictions and rules around self-isolation continuing into 2021, it is perhaps to be expected that social worker absence or changes of staffing were a significant factor in the perception of delay. However, although the proportion of respondents who reported this as a factor was higher than in 2020, it was the same as 2019 and 2018 at 28%, suggesting that this is not a problem wholly related to Covid-19.

We had three different social workers and each time we had to start again.

Prospective adopter, Wales

Our social worker changed several times during the early process. We were not told that our social worker had left the first time and simply fell through the cracks. Sensitive documents we had sent to her were lost causing additional stress about finding out what had been filed or not and whether the documents had gone to the right place.

Prospective adopter, England

We had completed all sessions pre panel and were waiting for our [Prospective Adopters Report] before our social worker went off sick long term. She left no notes and we had to repeat stage 2 again.

Prospective adopter, England

For other respondents, the cause of the perceived delay was not easy to identify. Several reported waiting, sometimes for months, without any communication from their agency, and with no clear understanding of what was happening with their process.

We are still waiting to hear if we have been approved to pass stage 1 and it's been 7 months of waiting ... It's hard to stay motivated or to have faith that the support will be there post adoption if it's not there prior to adoption.

Prospective adopter, England

Lack of communication from the social worker, particularly a few months before panel when we were just in limbo due to the social worker not booking panel early enough. Turned out the social worker had left the organisation.

Prospective adopter, Northern Ireland

In England, the two-stage approvals process has clear timescales applied to each part of the process. Stage 1 should be completed within two months, and Stage 2 should be completed within four months. This can lead prospective adopters to expect a six-month process, but this does not take account of the time between initial enquiries and beginning Stage 1, the time between Stage 1 and Stage 2 and the time between completing Stage 2 and going on to panel. For most, it is extremely unlikely that the process will be completed in six months, so ensuring that they have a clear understanding of the likely timescales from the beginning can help to mitigate both delays and the perception of delays.

It was very slow to get approval, which I feel is positive, but it was the expectation that it would happen within 6 months that caused a negative experience. It has been years rather than months, which would be fine if they didn't tell us it would be 6 months. I would rather have had a realistic timescale from the beginning.

Prospective adopter, England

However, there were also many positive comments, praising individual social workers and reflecting on the experience as valuable preparation.

Our social worker was excellent in completing our home assessment and continued via Zoom when Covid peaked. We were afraid of the process halting so therefore we were delighted with this.

Prospective adopter, Northern Ireland

I thought our social worker was excellent, professional and efficient. We turned around the required information for her quickly and she did the same for us. When there were decisions made that, for instance, delayed panel by a couple of weeks, this was openly communicated to us, explaining the reasons why.

Prospective adopter, England

I know many find it invasive and you are warned of this fact, but I actually found the process quite cathartic and enlightening.

Prospective adopter, England

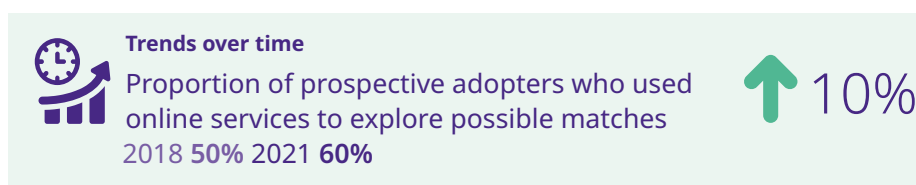
Matching

After navigating the approvals process and passing through panel, the matching period can be a particularly challenging time for prospective adopters. 36% of respondents (60% in Scotland) who had been to matching panel waited six months or longer between approvals panel and matching panel, and this time is often characterised by long periods of apparent inaction and expressions of interest that come to nothing.

40% 
expressed an interest in a child's profile but received no response to their enquiry

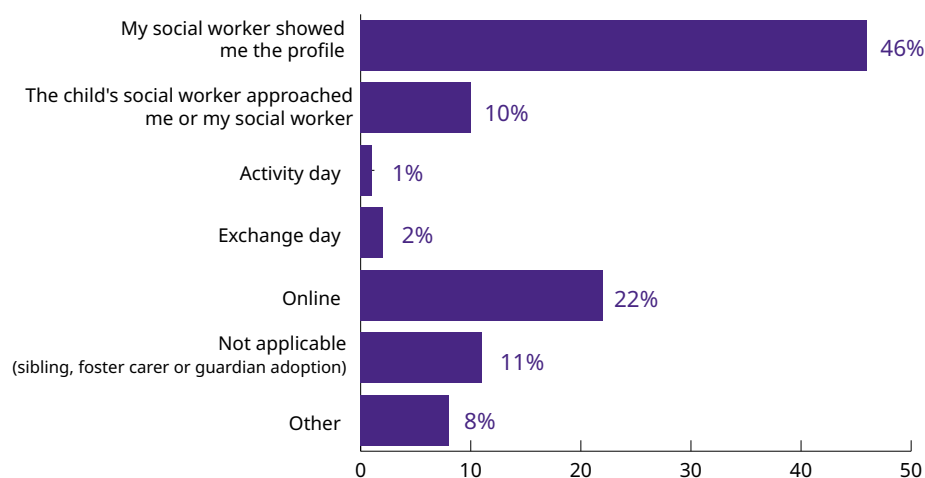
Prospective adopters have various options for exploring possible matches if they are not adopting a child or children they are already caring for or a sibling of a child they previously adopted. The majority (63%) explored profiles shown to them by their social workers. The proportion who attended exchange days where agencies present profiles of children who are available for adoption (20%) or who attended activity days where children are present (11%) increased from 2020, when Covid-19 restrictions made these opportunities more difficult.

There was a significant increase in the proportion of respondents accessing the online platform Link Maker (which operates in England, Wales and Scotland – alongside the Scottish Adoption Register) in 2021 compared to previous years. This may have been affected by Covid-19 restrictions encouraging a move to virtual and online services more generally. 19% of respondents were given access to Link Maker before their approvals panel and a further 33% had access within one month of passing approvals panel.



However, among respondents who had completed matching panel during 2021, they were most likely to have been matched with a child/children whose profile was introduced to them by their own social worker.

Figure 3. How matched adopters were introduced to their child/children's profile



During the matching stage, it is not uncommon for prospective adopters to express an interest in more than one child or children – sometimes multiple children. Many will experience being turned down after an expression of interest. 40% of respondents reported expressing an interest in a child's profile and receiving no response at all. Just over one third of respondents had been turned down for a potential match without being given a reason why.

Respondents' comments revealed that shifting expectations and lack of information were a cause of frustration during the process of matching.

Early adoption process was good but matching and communication after was terrible.

Prospective adopter, England

I think the training was good but there are aspects that could be included more such as ... more applied examples of the process after panel such as matching. Nothing has prepared us for how hard that would be.

Prospective adopter, England

The concerns raised by respondents to the *Adoption Barometer* survey were mirrored in the DfE's 2021 report, *The views and experiences of approved adopters in five regional adoption agencies*¹, which also highlighted that the time between approvals and matching could be difficult for adopters as communication with the agency "tailed off". Some adopters interviewed for this report described meetings with social workers to discuss potential links as uncomfortable and felt that they were judged because of their religion or social class.

Case study

Since being approved to adopt we have been asked to look for children of a specific skin colour, which we find shocking as this was never discussed prior to approval.

I am white Irish with some African heritage in my family, while my husband is half Australian and half British. However, we were advised we would simply be perceived as white British.

During the matching process we've been considering some children with a different ethnicity to ours. This led to our social worker advising us to limit our search to children who have the same cultural heritage, or skin colour, as ourselves.

Our social worker told us that we would be prolonging the matching process if we didn't. But our reaction to this was we're not putting a filter in there for skin colour. We believe we have a capacity to adjust the cultural identity of our family, whatever the needs of a child, but the agency has a much narrower view around the complexity of identity.

Her view, reinforced by her manager, was this was in the children's best interest, and we were limiting ourselves, so it would be better if we choose children who look like us.

After being approved in June, last year, we are yet to be short-listed to a match on Link Maker. We'll continue looking for a match with potentially suitable children, where we feel we can meet their needs, without narrowing down our search based on skin colour. Our agency made it clear from the start we should be honest and open throughout the process, which we did, so we feel they should have done the same.

Prospective adoptive parent

Changing expectations

As prospective adopters progress through their journey it is not unusual for expectations and preferences about the characteristics of the children they might adopt to shift. Those who may have initially intended to adopt a sibling group may instead be matched with a single child. Others may be matched with children who are older or younger than they had originally considered, or a child with additional needs that they had originally felt they would not feel confident to support.

34% 
were asked to consider a match with a child/children whose characteristics were outside of the terms agreed at approvals panel

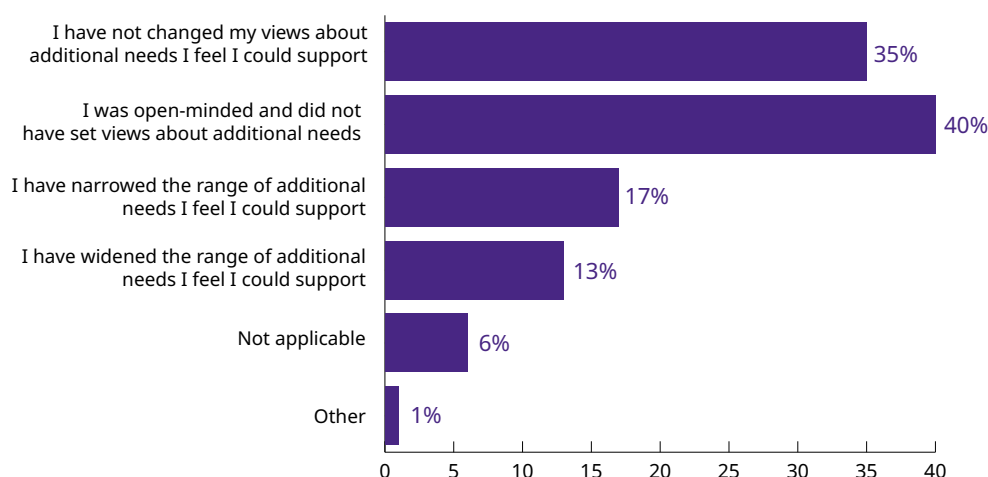
This year's *Adoption Barometer* survey asked prospective adopters a series of questions about their original intentions and the actual outcomes of their approval and matching processes to explore how expectations might have changed over time.

At the point of matching, 80% of respondents were matched with a child or children closely aligned to the terms of their adoption approval in terms of age and number of children. A further 11% were adopting a sibling or adopting a child they already cared for as a foster carer or guardian. Of the rest, the most likely outcome was a match with a child older than the adopter had originally been approved for (6%).

However, when prospective adopters were asked whether they had ever been asked to consider a match with a child or children that was outside of the terms of their approval, 34% said that they had. While some flexibility in the process can be beneficial, for example, in enabling siblings to stay together, it is important that prospective adopters do not feel pressured to consider adopting children outside of the scope of what both they and the professionals who know them have previously decided would be appropriate.

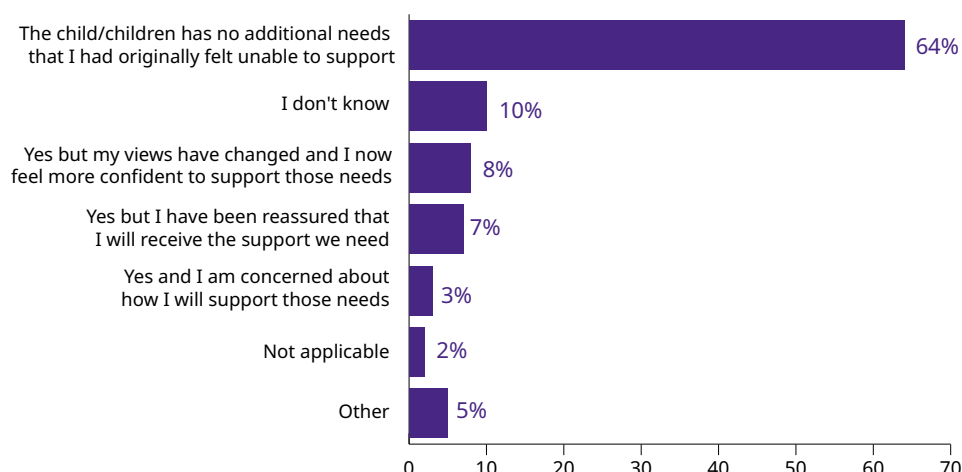
Prospective adopters were also asked to consider how their ideas about potential additional needs changed over the course of their approvals process. There was more variation in respondents' experiences of this than in their expectations around age and number of children (see Fig. 4).

Figure 4. Outcomes at approvals panel compared to original intentions of prospective adopters (additional needs)
(Figures add up to more than 100% as respondents could select all answers that applied)



At matching stage, 18% of respondents said the child/children they were matched with had additional needs which they had originally felt they would not be able to support and a further 10% said they did not know whether their child/children had any such needs.

Figure 5. Outcomes at matching compared to original intentions of prospective adopters (additional needs)



Although some children being placed for adoption are very young and therefore it can be difficult to know if there are any additional needs, comments from respondents who had already had their child placed with them revealed that, in a small number of cases, additional needs became apparent at or soon after introductions which were either not known or not disclosed before despite medical assessments being standard for all children prior to adoption. In fact, 24% of newly placed adopters did not feel that they had been given all the information they needed about their child/children before they moved in with them, a figure that has remained consistent over all four years of the *Adoption Barometer*. In particular, where there is a family medical history which indicates a possible risk factor, or a known history of prenatal alcohol exposure, accurate sensitive recording of this information (as indicated in the fetal alcohol spectrum disorder SIGN guidelines (Scotland) and NICE guidance (England)) will be important if children are to receive timely diagnoses in the future.

Medical needs were not revealed until introductions, at which point we identified a significant medical need that had not been noticed or mentioned by any professionals including the foster carer.

Newly placed adopter, England

I was originally told that my child had no needs or disabilities. During introductions it became clear that she did have needs and disabilities. Foster parents told me that they had raised concerns about her development, but it was not followed up by her social worker.

Newly placed adopter, Wales

The process of exploring and discussing a range of potential additional needs with the social worker as part of the approvals process was, for some prospective adopters, instrumental in prompting them to carry out more research and develop their skills in order to expand the range of additional needs they felt able to support.

Our daughter will likely be diagnosed with FASD. At the start of the process, I knew nothing about this and throughout the process I learned so much about it that I felt we would be excellent parents for a child with FASD and am confident that this is an additional need we can support.

Prospective adopter, England

With research, preparation and information, it is possible for prospective adopters to develop a more informed view about whether they feel they could, with appropriate support, parent a child with a range of additional needs.

Recommendations

1. Set national timescales for preparation and approval

All UK nations to have recommended timescales for each stage of the approvals process, from initial contact with the agency up to approvals panel, and timescale targets for all agencies. All these timescales to be monitored centrally on an annual basis.

2. Improve the experience of prospective adopters during preparation, approval and matching

Agencies should seek to reduce the proportion of prospective adopters who find the process so difficult that they wonder whether they can continue from 50% to below 10%, as measured by the annual *Adoption Barometer*.

3. Tailor preparation courses to meet family's needs

Agencies to reflect the differing needs of prospective adopters in the preparation process, tailoring to accommodate the needs of those with a disability, single adopters and the range of cultural, religious and ethnic backgrounds. Tailored preparation to be provided for those planning to adopt a sibling group, those who already have children (either through birth or adoption), and adopters pursuing early permanence.

4. Build life story training into preparation courses

Life story work training to be built into preparation courses to give parents additional tools to help their children recover.

5. Improve support for prospective adopters during matching

Preparation courses should include training on the experience of waiting for a match, searching, and considering matches. Communication with adopters during this period should be regular and supportive, with routes to peer support offered wherever possible.

6. Collate national data about people who do not complete the adoption process

This data would help the sector understand why people leave the process and at what point, and would enable agencies to make improvements based on the experiences of those undergoing the process.

7. Improve racial diversity amongst the social care workforce and on adoption and matching panels

in order to encourage an increase in the numbers of BAME prospective adopters coming forward.



Newly placed adoptive families

What does 'good' look like?

Newly placed adopters will receive comprehensive information about their adopted child or children, and have the opportunity to meet foster carers, birth family members, and others who have played a significant role in their child or children's earlier life. Arrangements for continuing contact with birth family members will be formalised, coherent, and flexible to the needs of those involved.

Introductions will run smoothly and be well-handled by professionals. After placement, social worker support will be sensitive to the needs of the whole family, with awareness of the difficulties that may be experienced. The presumption will be that every family needs support, and this support will be available from the first days of placement, and not fall away once the adoption order is granted.

Robust written adoption support plans will be in place, with regular reviews built in, and a commitment to fulfil identified support needs. Materials to support the adopted child's understanding of life story (e.g., life story book, later life letter) will be of excellent quality and produced within timescales.

	Score			
	England	Northern Ireland	Scotland	Wales
Assessment of current national policies				
The quality of life story (life journey) materials and the timescales for their delivery are established by national standards	FAIR	POOR	POOR	GOOD
Every child being placed for adoption receives a multi-disciplinary assessment of support needs prior to placement which is shared with adopters and informs robust written post-adoption support plans	FAIR	POOR	FAIR	GOOD
OVERALL	FAIR ➡	POOR ➡	FAIR ➡	GOOD ➡

Assessment of adopter experiences, based on survey results	Score			
	England	Northern Ireland	Scotland	Wales
Newly placed adopters feel confident that both they and their children have been well-prepared for the start of their new family	FAIR	POOR	GOOD	GOOD
Newly placed adopters have a written adoption support plan and are satisfied with the support they have received from professional services during the early weeks and months of placement	FAIR	LOW NUMBERS	GOOD	FAIR
Life story (life journey) materials are of a high quality and received by, or soon after, the completion of the legal process	FAIR	LOW NUMBERS	FAIR	FAIR
OVERALL	FAIR →	LOW NUMBERS	GOOD ↑	FAIR →

About newly placed adoptive families

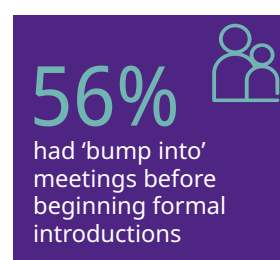
Two hundred and eighty respondents had a child or children move into their family during 2021. Of these, 80% were standard adoptions, and the remaining 20% were early permanence arrangements. In Northern Ireland, 78% of newly placed respondents were welcoming children on early permanence arrangements, whereas in Wales this was just 3%.

Most children were placed from within the UK country where the prospective adopters were living, with 7% moving from one UK country to another. There were no newly placed respondents who had adopted internationally.

The start of a new family

The majority of new adoptive families will begin with a period of introductions between the prospective adoptive parent/s and the child or children prior to the moving in date. 91% of newly placed respondents had experienced introductions during 2021.

Two thirds of these began their period of introductions within four weeks of their matching panel, and 56% reported that prior to introductions they had participated in 'bump into' meetings where adopters had met informally with foster carers and children in neutral locations such as a local park.



Multiple bump intos helped to prepare everyone for introductions and placement.

Newly placed adopter, Scotland

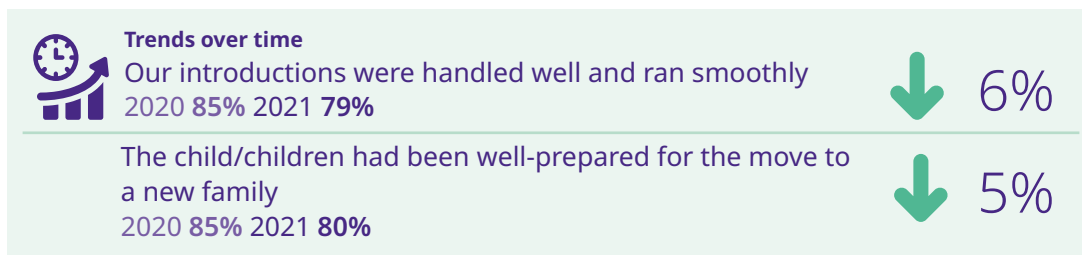
I think we were lucky in that the ad-hoc meetings in the park really helped our little one and us to move through transition a lot more smoothly.

Newly placed adopter, England

We had too many bump into meetings added to already long intros. When I reflect, we were desperate to see little one whenever offered but they added fatigue and emotional overwhelm to intros that were already 18 days long (3 bump intos the weekend before for example).

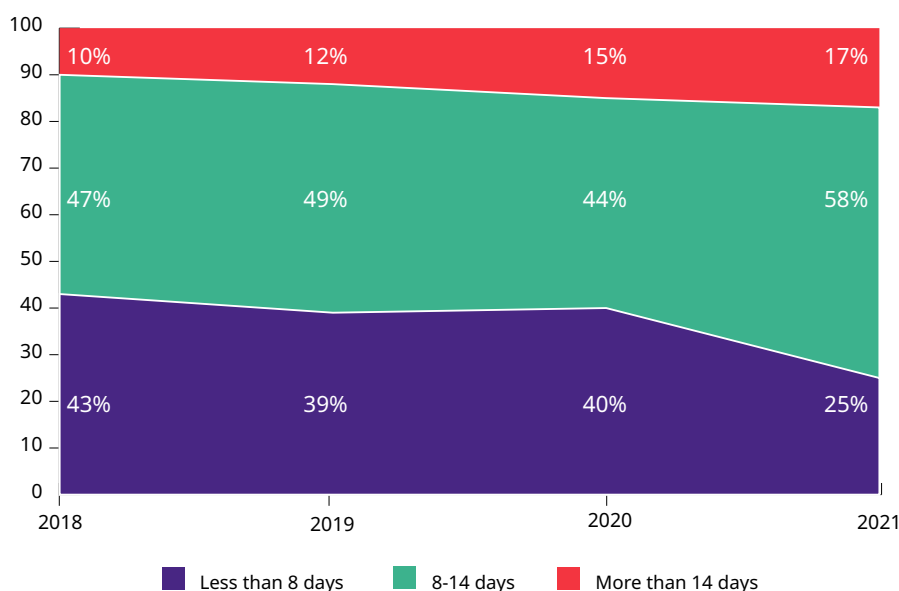
Newly placed adopter, Wales

The introductions period is a highly sensitive and emotional time for prospective adopters, foster carers and the children involved. Respondents' experiences of their introduction periods were somewhat less positive in 2021 than in 2020, and more similar to those in 2018/19.



Introductions periods vary in length according to the circumstances of the individual child and adoptive family, but 83% of respondents had introductions lasting up to 14 days. Introductions periods were more likely to be less than eight days in Northern Ireland (43%) and Scotland (47%), and more likely to be more than 14 days in Wales (21%). There is some evidence that the length of introductions has been on an increasing trend over the four years of the *Adoption Barometer*.

Figure 6. Length of introductions (2018-21)



There was no significant correlation between the length of respondents' introductions and their perceptions of how well the introductions had been handled. Some respondents noted that long introductions could use up one partner's adoption leave before the child or children had moved into the home, leaving the other partner less supported during the early weeks. This is an additional challenge for families that could be addressed through a more flexible approach to adoption leave and pay.

Because of the length of intros, my husband's paternity leave when little one was 'home' with us lasted 3 days. The LA did not account for this and questioned why he was back in work so soon. He was lucky to get an extra week but couldn't take any more time off.

Newly placed adopter, Wales

Regardless of the length of introductions, lack of flexibility and lack of responsiveness to emerging challenges during introductions was raised as a concern by respondents. Where prospective adopters and foster carers are geographically distant, introductions periods can involve hotel stays, and long and tiring car journeys for both adults and children. Some respondents felt that social workers were either not available or not willing to listen to their concerns about the impact on them or the children involved.

The adoption transition plan was difficult to adapt. We felt that our views and the views of the foster carer were not taken into consideration.

Newly placed adopter, England

We were told to go at the child's pace but when the child was distressed travelling a long way to go back to the foster family during the second week of introductions we asked if the move in date could be moved sooner. We were told this couldn't happen because the staff members who decide this were on annual leave.

Newly placed adopter, Wales

Respondents' comments emphasised the importance of flexible and supportive relationships between foster carers and prospective adopters, as well as professional support for all involved, including any existing children of the prospective adopters.

Introductions were emotionally very difficult and follow up meetings with the foster carer ended up being a little strained ... Foster carers need the same information and training as adopters. She disagreed with [our child] sleeping in our room or using a carrier, all of which were encouraged by our social worker, to build attachment.

Newly placed adopter, Scotland

Our children's foster carer gave them great care for the duration of their long stay. They had prepared the children well, but it was clear the main foster carer was struggling emotionally with their departure and that was difficult for all concerned.

Newly placed adopter, England

Case study

When we adopted our younger daughter, then aged five, our older birth daughter, then ten, was not included in our lengthy introductions until the very end of the introductions period.

We were told this was to help our adopted daughter attach to my husband and myself. So we started the process on false pretences, which caused problems with our girls' attachment to one other.

Our adopted daughter thought she'd be living just with her new mum and dad, getting all our attention, but there was another sibling. She had a history of trauma relating to her birth siblings, so found this hard to navigate, resulting in extreme behaviours.

Within weeks she had attacked me, headbutted our birth daughter and had threatened to throw herself off the banister at our home. My husband and I lost stones in weight and the situation impacted on our birth daughter's mental health. We got so close to thinking 'we cannot do this'.

Thankfully our girls have a lovely relationship now and we wouldn't change it for the world. There are still challenges with a child who's experienced trauma but overall, we're all happy.

But it didn't need to be that hard. Our birth daughter should have been included in the introductions to our adopted daughter from the very start. Her needs as a birth child were completely ignored.

Adoptive parent

Early days

Becoming a parent is an enormous life change. New adoptive parents are adjusting to this change at the same time as supporting a child to manage an enormous upheaval in their own lives. Expert support for new adoptive families is vital as they navigate the first weeks and months together as a family.

61%



experienced stress, anxiety and/or symptoms of post adoption depression

I thought I was prepared, but I realise that nothing can prepare you. You are so desperate for it all to come together, you don't consider how much life as you knew it is about to change so dramatically.

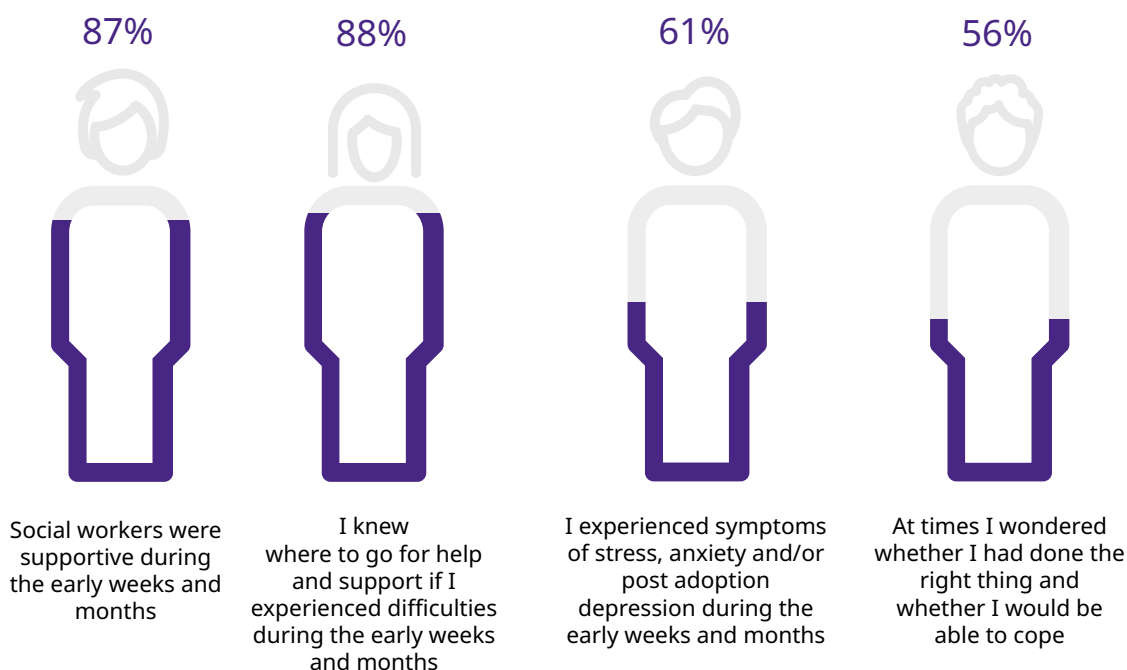
Newly placed adopter, England

There was a lot of training about potential needs of adopted children and trauma (which is fantastic and needed) but there was nothing on how to prepare for the first few months ... nothing on what happens when the kids move in and strategies to cope.

Newly placed adopter, Wales

Respondents in 2021 were more positive about the support they received from their social workers during the early weeks and months than in 2020, with 58% completely agreeing that social workers were supportive and 30% somewhat agreeing. However, respondents continued to experience higher levels of stress, anxiety and symptoms of post adoption depression in 2021 (61% compared to 53% in 2019), and the proportion who wondered whether they had done the right thing and if they would be able to cope increased from 50% in 2020 to 56% in 2021.

Respondents whose children had been placed as part of an early permanence arrangement were significantly more likely to have experienced symptoms of stress, anxiety and/or post adoption depression (74%) and slightly more likely to have wondered whether they had done the right thing (59%).



Comments from this group highlighted the particular challenges faced by early permanence adopters, particularly concerning communications between themselves and the many professionals involved and managing direct contact where this was ongoing. Any national or local efforts to increase take up of early permanence options must be accompanied by a realistic assessment of the likely support needs of prospective adopters undertaking this route, and lay out clear expectations of the training, expertise and resourcing necessary for the professionals who are working with them.

We are currently fostering to adopt. The fostering social worker we have doesn't understand the concept. We are being given conflicting information from the child's social worker and our social worker, compared to what the fostering social worker says.

Early permanence adopter, England

Doing foster to adopt was very overwhelming. Each week I would have two different social worker visits, a health visitor, a fostering social worker telephoning weekly and four contact sessions over 40 minutes-drive away.

Early permanence adopter, England

The system seems almost set up against the 'foster carers' and we have often been left out of communications about the care of the baby we have been looking after every day

Early permanence adopter, England

Amongst prospective adopters of all types, of 121 comments reflecting on their early weeks as a family, nearly one quarter featured lack of support from professionals as a theme. While most respondents had agreed that social workers were supportive during the early weeks in general, comments revealed that some had different experiences with the different social workers involved with their family.

The support of our social worker from [our agency] has been absolutely invaluable. I cannot fault their support at all – whereas support from the local authority the children came from has been very patchy and at times non-existent.

Newly placed adopter, England

A particularly concerning theme that arose in a small number of comments was the perception of some respondents that sharing any difficulties or challenges they were experiencing would result in the end of the placement, rather than in support.

Even at the point of telling social workers we were finding things difficult, little insight or advice was offered and we had the strong impression our social worker wanted the placement to succeed, so therefore avoided discussion around how we were feeling.

Early permanence adopter, Scotland

It is felt that unless things are going well no one wants to listen to our difficulties. Our social worker even asked if we wanted to carry on with the adoption... Adopting is hard, especially in the early days. Throw in a pandemic and it's off the scale in terms of the impact on mental health. Social workers need adoptive parents who are open and transparent but when met with such comments it has made me withdraw from being honest.

Newly placed adopter, England

Adoption Leave and Pay

Employed adopters are entitled to statutory adoption leave and pay, and many employers will offer an enhanced package. 50% of employed newly placed adopters reported that they had received an enhanced package, and 86% reported that there was parity between what was offered for maternity/paternity pay and leave and adoption pay and leave at their workplace. A small proportion reported that the terms of adoption leave and pay were either less favourable (6%) or more favourable (4%) than the terms of maternity/paternity leave and pay at their workplace.

The situation is somewhat different for self-employed adopters. Although provision is made for maternity pay for the self-employed, there is no provision for adoption pay, making adoption leave a difficult prospect for many.

Employed adopters have a statutory right to take 52 weeks of adoption leave and associated statutory adoption pay if they are the primary adopter. Prospective adopters frequently report being advised to take up to a year of leave to ensure that the child or children is well supported as they begin their life in a new family.

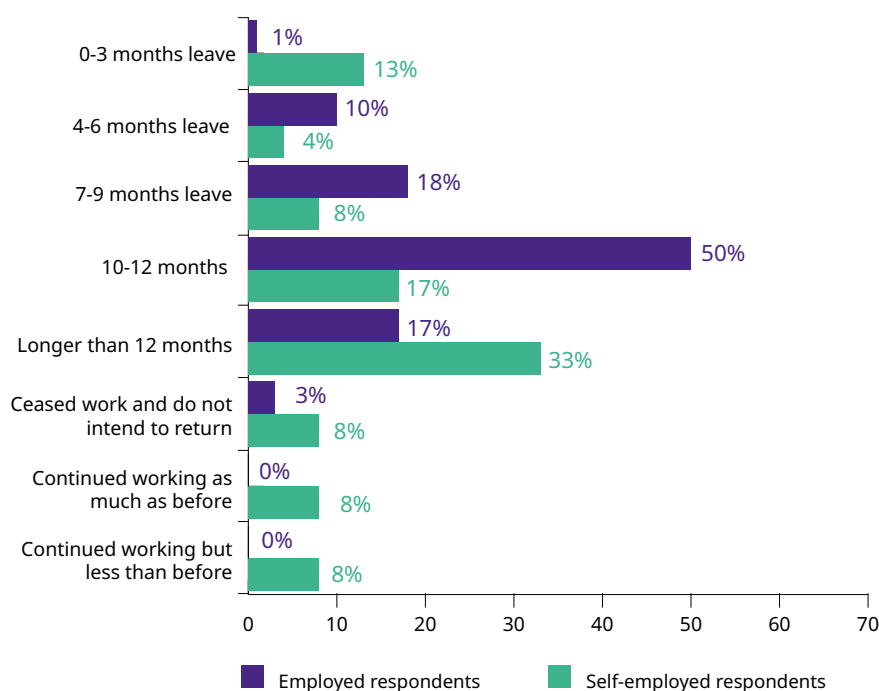
I felt a lot of pressure to take a year's leave ... and to go back to work part time once I finished leave.

Newly placed adopter, Scotland

Although self-employed and employed respondents were similar in their assessment of the financial impact of taking adoption leave, with nearly a third of both groups agreeing that they had experienced a strain on their family finances, there were some differences between the amount of leave that self-employed adopters felt able to take, compared to employed adopters.

28% 
of self-employed adopters were not able to take as much adoption leave as they felt was needed

Figure 7. Intended or actual length of adoption leave (primary caregivers who were employed or self-employed)



Employed adopters were significantly more likely to be utilising 10-12 months of adoption leave. Self-employed adopters were more likely to have continued working to some extent or to have planned or taken leave of three months or less. However, they were also more likely to be taking adoption leave of longer than 12 months and ceasing work altogether. It is possible that some may have more flexibility, especially if they were not previously the main earner in the household, but it does seem that many self-employed adopters do not have the ability to take an extended period of adoption leave.

Employed adopters who were primary caregivers were more likely to agree that they had been able to take as much adoption leave as they felt necessary (83%) compared to self-employed adopters (73%). These figures, together with the disparities in length of leave taken, provide some context to the attitudes of adopters towards the financial implications of adoption leave. Although both groups reported similar financial impact, this perception could be skewed if self-employed adopters are mitigating the financial impact by shortening the length of their leave or continuing to work throughout.

The discrepancy between entitlements of self-employed adopters as compared to self-employed birth parents or employed adopters and birth parents has been the subject of public debate in 2021. Self-employed respondents were aware of the difference in their entitlement, with 96% agreeing that the rules were unfair for self-employed adopters.

Responding to a petition on this issue in February 2022, the UK Government stated that there are “no plans to extend adoption pay to self-employed adopters” despite acknowledging that “it is crucial to the success of an adoption placement that an adopter takes time off work to care for and bond with their child.”²

Case study

As a self-employed freelancer I was not entitled to any statutory adoption leave or pay, or shared parental leave or pay. I'm a one-man business so when our son came home to us, I couldn't palm work off on to others to take a long period of unpaid leave. We had no option but for my husband to use all of his adoption leave and be the main caregiver.

We were told our son would be coming home to us in September last year, so I tried to tie up any loose ends with clients so I could take some time off, but then the date was brought forward by a month, so I just had to drop everything.

We benefited from spending time together during lockdown when we had a month in the house, seeing no one, doing nothing, which was important for our bonding with our son. I work from home, so it kind of worked as I was able to work around our son, but it wasn't a choice, it was a necessity.

As a freelancer I wouldn't have been able to take nine months off work like my husband did, as I'm not sure I'd have had a job to go back to, but the ability to take some time off together using shared parental leave and pay would have been amazing not only for the extra financial help, but also for giving us the time to settle as a new family without the pressures of work.

Adoptive parent


After the adoption order

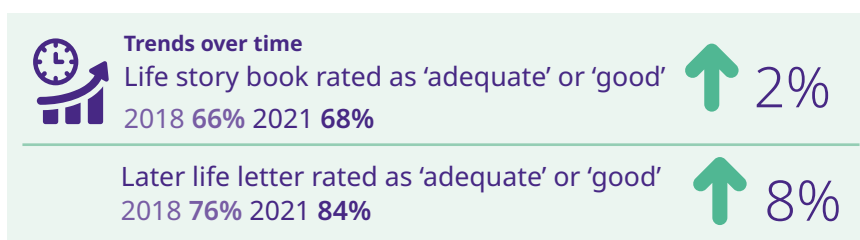
A total of 260 respondents had received their child or children's adoption order during 2021, with 62% making the application within six months of the placement.

Following the granting of the adoption order, adoptive parents will normally receive life story materials from their child's placing agency. These might take the form of a 'life story book' for use while the child is younger, and perhaps a 'later life letter' with more specific detail for use as the child grows older. These materials are vital in supporting adoptive parents to help their children make sense of their history and identity.

In 2021, only 52% of respondents had received their child's life story book (or equivalent) by the end of the year in which they obtained the adoption order. This statistic has not improved over the four years of the *Adoption Barometer*. Respondents from Wales were most likely to have received their child's life story book (58%), but this was considerably lower than in 2020 (73%). It is probable that Covid-19 restrictions and associated disruptions during 2020 and 2021 will have presented additional challenges for social workers wishing to meet with birth family members to gather the information needed for life story materials.

However, 79% of Welsh respondents reported that their life story materials were 'good' or 'adequate' compared to a UK average of 68%. Respondents from Scotland were also very positive about the quality of the materials, with 86% considering them 'good' or 'adequate', which was an increase from 75% in 2020.

68% 
of new adopters said
their child/children's
life story materials
were 'good' or
'adequate'



After the adoption order, three quarters of respondents said that they felt confident they knew where to go for adoption support, but 62% said that they did not have a written plan for post adoption support, which was lower than in 2021 (71%) but still worryingly high. Of those who were aware of a written plan for post adoption support, 81% agreed that they were happy with its contents, although it is likely that many new adopters will not yet have experienced the full implementation of these plans.

In England, the DfE report, *The views and experiences of approved adopters in five regional adoption agencies*³, also highlighted the number of new adopters who do not have a written plan or were not aware of having one. Of 20 adoptive parents interviewed for that report, only 13 said they had received a written support plan, and some noted that the plan they had was too generic and not focused on the specific needs of their child. New adopters are relying on professionals to indicate the support a child may need and share information about what support is available and when and how it can be accessed. Support plans should be detailed and focused on the needs of the individual child as well as including more general information about universal support services offered by the agency and relevant information about education or health services. Adopters are more likely to be aware of the plan and its contents if the plan is presented as a standalone document rather than a small part of a much longer document, and they are given opportunity to ask questions and request amendments prior to the plan's completion.

Arrangements for continuing contact

There has been little change in the proportion of new adopters who are willing to meet birth family members and/or agree to arrangements for indirect or direct contact over the four years of the Adoption Barometer.

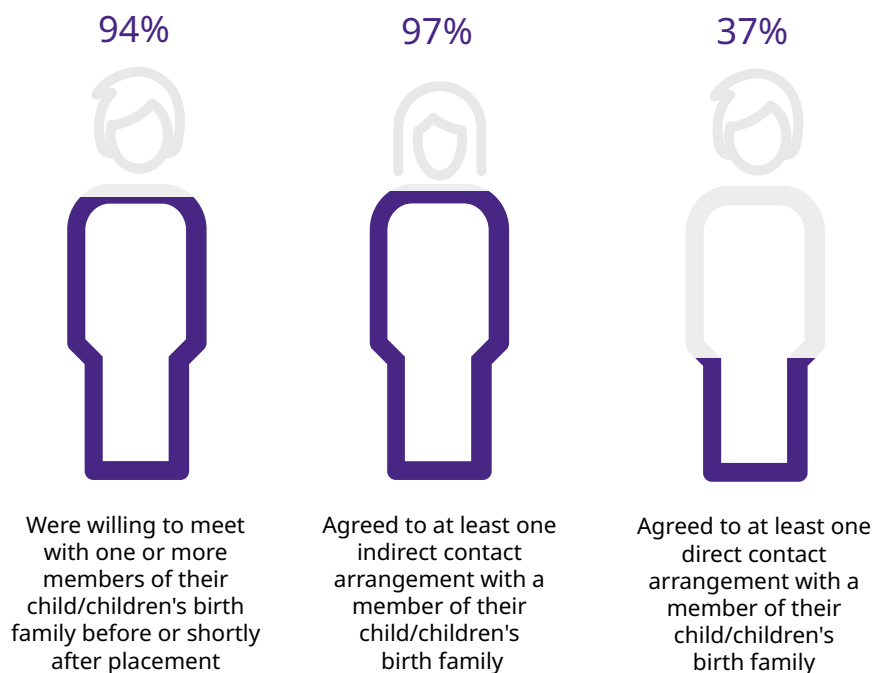
Indirect contact agreements were most common between adoptive families and children's birth mothers (89%), with 59% reporting agreements with birth fathers, 50% with siblings (figure includes all respondents, including those whose children do not have siblings), and 29% with wider members of the birth family.

UK-wide, 75% of newly placed adopter respondents either already have an agreement for direct contact or would be willing to consider one in the future. The majority of direct contact arrangements are between adopted children and their siblings who are living elsewhere.

82%



are happy with the continuing contact plan that has been agreed



Recommendations

1. Provide an assessment of need and support plan for every child

A full therapeutic assessment for every child with a permanence plan, to be carried out before placement. The assessment should inform a clear and specific written support plan, distinct from the placement plan, anticipating future as well as current support needs, agreed with the adopters before placement and linked to a commitment to provide the support that is needed.

2. Correct adoption leave inequality

Entitlements for statutory adoption leave and pay for self-employed adopters to be brought into line with maternity entitlements for the self-employed. Provide greater flexibility of adoption leave between partners and equalise entitlements for adopters not eligible for Statutory Adoption Pay.

3. Give all new adopters access to peer support

Adoption agencies to ensure that all their new adopters are given access to peer support from the time their child is placed with them, for example through peer mentoring, buddying or community groups.

4. Strengthen life story support

Clear guidance provided to all agencies about the expected quality of life story materials. These materials to be provided to new adopters at the time of placement. Newly placed families to be offered life journey training to explore how to begin to support their child's understanding and acceptance of their story.

5. Improve support for early permanence adopters

Provide parity of training to early permanence adopters so they feel equally equipped in their role as foster carers as well as adopters. Training to include preparation for the possibility of reunification, and follow-up support to be made available in this event.

Established adoptive families

What does 'good' look like?

Established adoptive families will be able to access high quality enhanced post-adoption support services, accessible through a defined route, and paid for via a ring-fenced fund. Gatekeepers to this funding will be highly trained, display considerable expertise in the needs of adoptive families, and be able to signpost to relevant health and other statutory services.

Comprehensive universal support is available to all families, including support groups, ongoing training, online support and information, and professional-led support, which is either facilitated, or signposted to, by social care professionals.

Birth family contact will be managed effectively, and families will be supported to manage flexibility in the terms of their original agreements, including introducing direct contact with birth family members if appropriate.

Other professional agencies, including health and education, will have the expertise and funding to provide appropriate support to adopted children and young people.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
High quality therapeutic support services are accessible to all adopters via a defined route and paid for through a nationally established ring-fenced fund	GOOD	POOR	POOR	GOOD
There are nationally agreed minimum standards for ongoing universal adoption support and training provided by local authorities, RAAs and VAAs	GOOD	POOR	FAIR	GOOD
There are national standards defining the support to be offered around continuing contact with birth families, which includes regular reviews of contact arrangements	FAIR	POOR	POOR	GOOD
Training on the needs of care-experienced and adopted children is included as part of initial teacher training, and schools are resourced to support the needs of adopted children through a dedicated funding stream	FAIR	POOR	FAIR	FAIR
OVERALL	GOOD ➡	POOR ➡	FAIR ➡	GOOD ➡

Assessment of adopter experiences, based on survey results	Score			
	England	Northern Ireland	Scotland	Wales
Adopters are able to access a range of universal local adoption support services from their agency, including support groups and training, and are satisfied with the quality of the service	FAIR	FAIR	GOOD	GOOD
Adopters can access enhanced adoption support services, including therapeutic support from external organisations, and are satisfied with the quality of service	FAIR	POOR	POOR	FAIR
Adoptive families feel that arrangements for managing continuing contact are working well for them and their children	POOR	POOR	POOR	FAIR
Adoptive parents find that education professionals are informed about the support needs of adopted children and use resources effectively to meet those needs	POOR	POOR	POOR	POOR
OVERALL	FAIR ↑	POOR ↓	POOR ↔	FAIR ↔

About established adoptive families

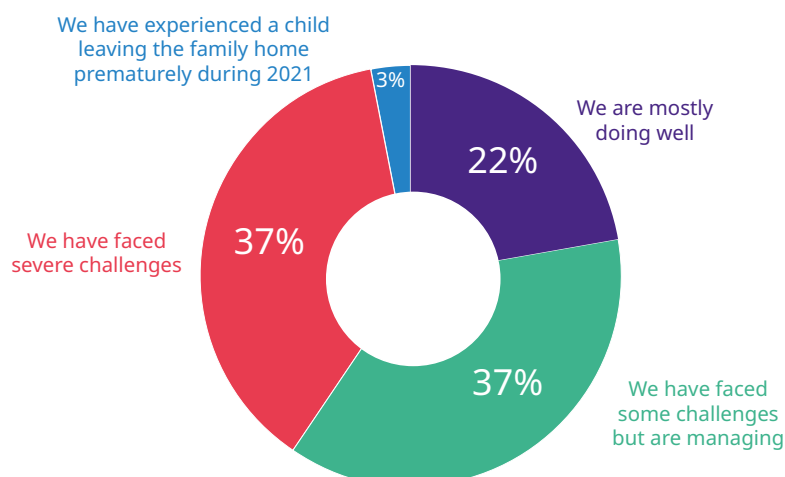
There were 1,736 respondents who had a child or children aged 0-25 whose adoption was finalised before 2021, representing 2,692 children between them. 87% of the children represented were aged four or younger at the time of their adoption. At the time of the survey, half of respondents' children were aged eleven or older.

The majority of respondents had adopted via a standard adoption route (89%) using a local authority or regional adoption agency (81%) and from the UK country where they were living at the time of adopting (94%), with 4% adopting from a different UK country and 2% adopting internationally.

All respondents were asked to assess their family's current situation according to one of four descriptions.

78%
said they faced challenges in 2021

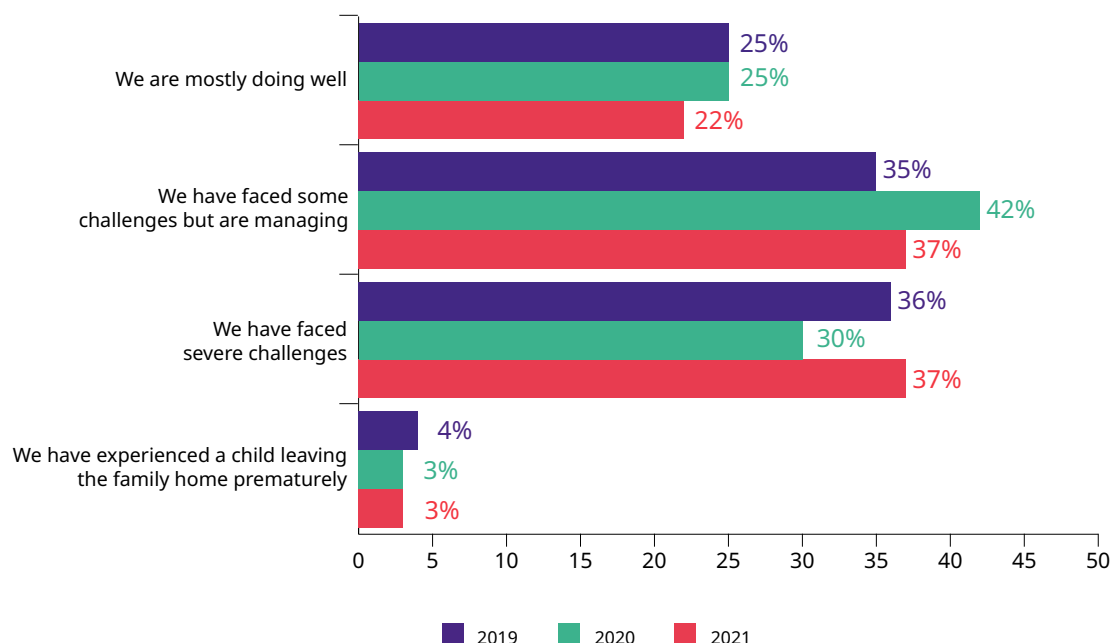
Figure 8. Status of adoptive families in 2021



Respondents from Northern Ireland were most likely to categorise their family as 'mostly doing well' or 'managing' (66%) and respondents from Scotland were least likely to place themselves in these categories (57%).

Overall, respondents to this year's survey were less positive about their family's status than respondents to last year's survey, which focused on experiences during 2020.

Figure 9. Status of adoptive families 2019-21



Experiences of adoptive family life

Successive *Adoption Barometer* reports have revealed the challenges that face many adoptive families, which the upheavals of the past two years have exacerbated in some cases. However, thousands of respondents' comments revealed the deep love that parents feel for their children, and the joys that family life can bring.

65%

of respondents had experienced aggressive or violent behaviour directed towards them by their child

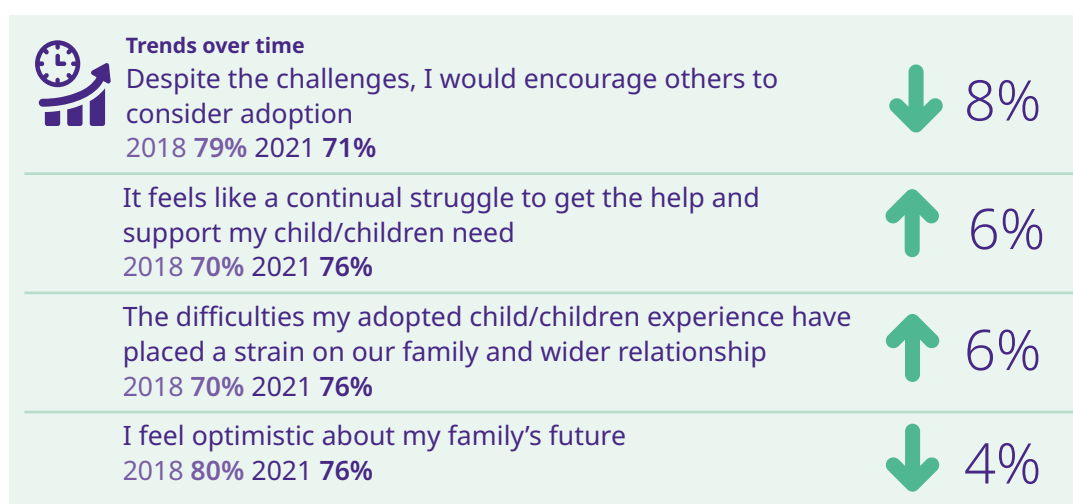
I love being a parent of siblings, seeing them grow up together and seeing their relationship flourish and deepen. They all have amazing, unique personalities, show such strength and courage and are the most beautiful, caring, kind, perceptive and funny individuals.

Adoptive parent, Scotland

Now we've been a family for a number of years we are in a position to look back and see big positive differences and milestones achieved that for the first few years felt unachievable – both for our children individually and collectively for us as a family ... Hearing our children now speak of their plans for their futures is amazing.

Adoptive parent, Wales

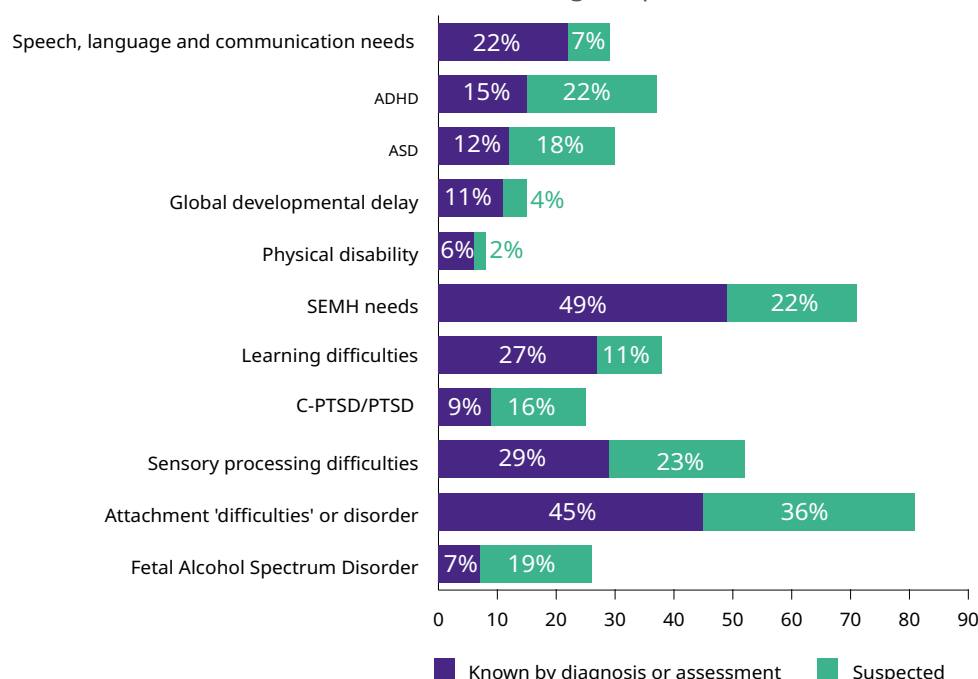
Although the majority would encourage others to consider adoption, survey respondents in 2021 were, overall, less positive about their experiences as an adoptive family than in previous years, with an increased proportion agreeing that 'It feels like a continual struggle to get the help and support my child/children need'.



2021 was a year of significant upheaval for families across the UK as Covid-19 restrictions continued to impact schooling, socialising, employment and family life. So it is perhaps not surprising that families experienced increased challenges. However, Covid-19 does not account for a more general negative trend across the four years of the *Adoption Barometer*.

Respondents to this year's survey reported a higher incidence of diagnosed learning, developmental and social and emotional needs in their children than in any previous year, which may somewhat account for the reported higher rates of challenge and lower rates of optimism. Nearly half of children represented by respondents were reported as having diagnosed social, emotional and mental health (SEMH) needs, and there were increases on previous years in the proportion with diagnosed sensory processing difficulties, autistic spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and complex PTSD or PTSD.

Figure 10. Reported prevalence of known and suspected difficulties among adopted children



When asked about the aspects of family life that respondents found most challenging, 58% said that 'supporting their child through education' was one of their top three challenges. This was the top response in every nation except for Northern Ireland.


Respondents from Northern Ireland were most likely to select 'Finding appropriate support and therapy for my child/children' as one of their biggest challenges (60%). In England, Scotland and Wales, this challenge was the second most likely to be selected.

Almost two thirds of respondents (65%) had experienced aggressive or violent behaviour directed towards them from one or more of their adopted children during 2021. More than one quarter (26%) of children represented by survey respondents were known to have harmed themselves during 2021 (up from 21% in 2020), and a further 6% were suspected to have done so.

Over the four years of the Adoption Barometer, respondents have been clear about the support and services that they believe would be most helpful for their families: access to ongoing therapeutic support for children, trauma-informed schools that can meet their children's needs, and trauma-informed professional support from health and social services. For the first time this year, access to therapeutic support was rated more highly than trauma-informed schools, driven largely by respondents from Scotland and Wales selecting this as their highest priority.

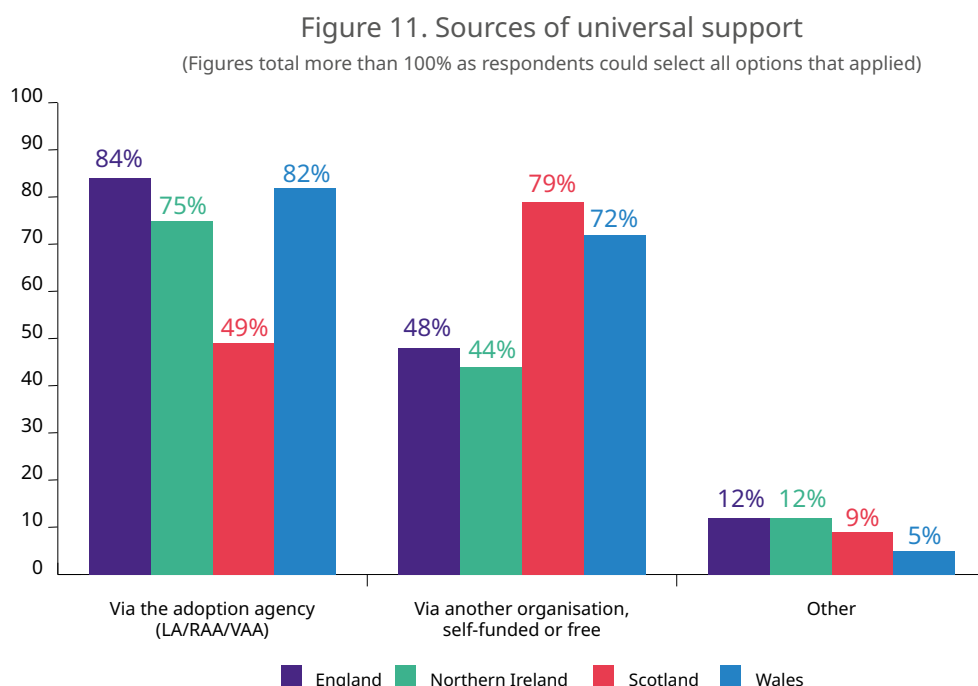
Accessing support

Adoption support offered by adoption agencies falls largely into two categories: universal support that should be available to any adoptive family at any stage, such as general training, advice, information and support groups, and enhanced support offered to families in response to particular needs. Enhanced support might include training in specialist areas, multi-disciplinary assessments, provision of therapeutic services from within or outside of the adoption agency, short breaks, and financial support.

88% 
of adopters and prospective adopters would welcome an annual contact from their agency to discuss their support needs

Universal support

More than half of respondents (54%) accessed training or support groups related to adoption or adoptive parenting during 2021. Respondents from Scotland were most likely to have accessed such universal support (68%).



Assessments of the quality and impact of universal support were very positive, with more than 80% agreeing that both support groups and training were high quality and resulted in a positive impact. There was very little difference in the assessments of quality and impact between services provided by adoption agencies and those provided by other organisations. All were rated very highly.

However, where families are experiencing significant challenges, are parenting older children, or are parenting children with complex needs, there was a sense that, however available and high quality the universal support was, it was not sufficiently targeted to meet their childrens' needs.

I don't need any more parental training courses, I need help with my child so that he can access the services he needs, like an education.

Adoptive parent, England

Having been an adoptive parent for almost 10 years, I think my needs for support have changed over time. I feel like I have now read enough books and don't feel I get much out of general training and am looking for more directed support.

Adoptive parent, Scotland

Adoption support in our LA is geared towards trauma and attachment difficulties. There is no knowledge and awareness of how to support families and children who have neurodivergence (i.e. FASD).

Adoptive parent, Scotland

In total, more than two thirds (67%) of respondents either accessed universal support or felt that they had no need of universal support during 2021. For the remaining 33%, there were barriers to accessing support. The most commonly reported barriers were lack of awareness of the universal support that was available and the location and/or timing of the support not being accessible. Respondents from Wales were least likely to say that they were not aware of the availability of universal support.

Almost one in ten respondents said that they were unable to take advantage of universal support offers because their family situations made it impossible for them to attend. Where parents are caring for children with significant additional needs, are solo parenting, or find it difficult to arrange childcare due to their child's needs, support offered in traditional ways can be difficult to access. The rise in the use of virtual delivery may be one solution to this challenge, but agencies would benefit from seeking the views of parents and carers to establish the best way to make universal services, which are highly regarded when accessed, available to as many families as possible.

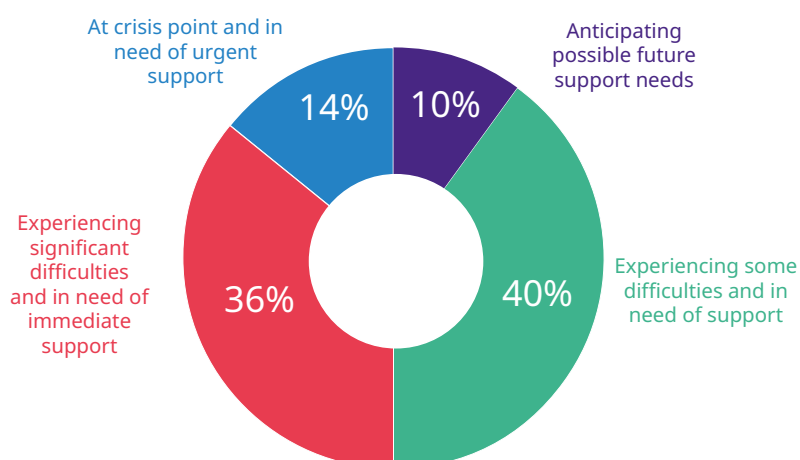
Enhanced support

During 2021, 63% of respondents had contacted their local authority, regional adoption agency or voluntary adoption agency for specific advice and support. This is a slight increase from 2020 (61%) but still lower than in 2019 (66%).

In total, 84% of all respondents either contacted their agency for support, did not feel that they needed to do so during 2021, or were already receiving ongoing support from a request made in a previous year. For the remaining 16%, there were barriers to accessing support from their agency, the most common in all nations being that the respondent did not think the agency would be able to provide the support they felt their family needed. Respondents from Northern Ireland, Scotland and Wales were more likely to view this as a barrier than respondents from England.

Respondents who did contact their agency for adoption advice and support in 2021 were asked to describe their family's status at the point of making the enquiry.

Figure 12. Status of respondents when requesting adoption support



At the point of contacting their agency for adoption support, 90% of respondents were experiencing difficulties, and 50% were experiencing significant or severe difficulties. Respondents were first asked this question in the *Adoption Barometer 2020* and, over three years, the proportion describing themselves as experiencing significant or severe difficulties at the time of asking for support has ranged from 46-50%.

This poses a question about why many families are in such severe need at the point of asking for help. Possibly earlier help was not forthcoming, or they didn't feel the need was great enough until now. Proactively offering early help rather than waiting for families to ask might mean fewer families reaching the point of crisis.

When all respondents (including prospective adopters) were asked whether they would value a review of adoption support needs one year after their child or children moved in with them, 80% said they would (3% said they would not and 17% were unsure). When asked whether an annual contact from their agency to discuss support needs would be welcomed, 88% said that it would (2% said it would not and 10% were unsure). Most adoptive parents are clearly open to more frequent, flexible conversations about their support needs.

In 2021, of those who were experiencing significant or severe difficulties at the time of asking for adoption support, 66% were offered enhanced support services, such as an assessment of support needs, therapeutic services, specialist training or counselling. This represents a slight increase on both 2019 and 2020. However, there is considerable variation across the nations.

Figure 13. Proportion with 'significant' or 'severe' needs who were offered enhanced adoption support (2019-21)

(Northern Ireland is not included in this comparison chart due to the relatively small number of respondents in this category)



Although the proportion of respondents from Scotland with significant or severe needs who received enhanced support has shown a slight, gradual increase over the last three years, they are still significantly less likely to be offered enhanced adoption support than those in England or Wales. By far the most likely outcome for an adoptive parent in Scotland who contacts adoption support for help, regardless of level of need, is the offer of universal services (42%) or signposting to other statutory services (30%). This may explain the relatively high proportion of respondents from Scotland who accessed universal support (training and support groups) in 2021, compared to other nations.

In England, the most likely outcome of contacting adoption support, regardless of the family's level of need, is the offer of therapeutic support from an external (non-agency) provider (36%), which may be driven by the existence of the Adoption Support Fund. In Wales, where there has been an injection of funding for adoption services, 32% of all families contacting adoption support were offered therapeutic support by an external provider.

There have been massive improvements in our regional adoption service over the last 2 or 3 years. It is completely transformed compared to how it was when we adopted 14 years ago.

Adoptive parent, Wales

Where adoption support teams signposted respondents to other statutory services for support, respondents frequently found that there was not enough knowledge or expertise about the specific needs of care-experienced and adopted children and young people, resulting in unsatisfactory outcomes.

The NHS practitioners we have had contact with – GP, paediatrician, nurses and dietitian – were not trauma-informed. No-one asked anything about my child's history or attachment. No-one has connected attachment interruption and trauma to the presenting difficulties.

Adoptive parent, England

Our daughter has been 'shifted' to CAMHS, where professionals we have had contact with have a limited understanding of the impact of early trauma. Our daughter has been self-harming and attempted suicide.

Adoptive parent, Northern Ireland

No-one at the GP surgery appears to have any awareness of how to make an FASD referral and because of this they have referred inappropriately three times. We have had to do all the work to find out how to move forward.

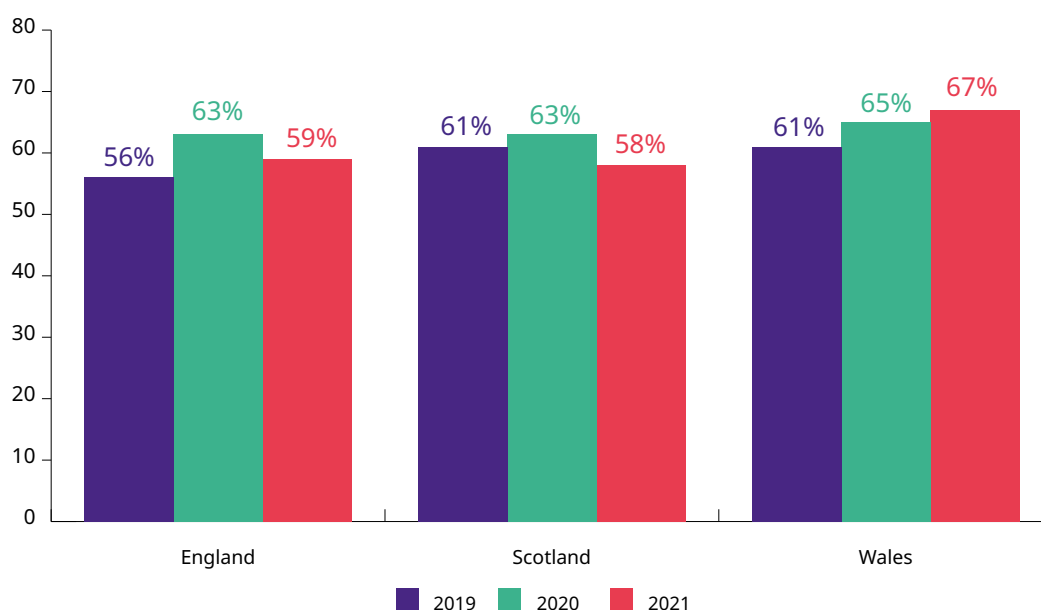
Adoptive parent, England

UK-wide, respondents' assessments of the quality and impact of the adoption support they received have decreased slightly on all indicators since 2020. However, this is partially driven by responses in England being closer to 2019 levels after the conclusion of the emergency Adoption Support Fund provision at the end of 2020, which was generally well received. In 2020, 74% of respondents from England agreed that support services were delivered in a timely manner, whereas in 2019, 55% agreed with this statement and in 2021, 58% agreed.

In Scotland, while the majority of respondents still agree that their agency responded to their request for a support in a timely manner (67%) and the person who dealt with them was knowledgeable and understanding (79%), there were reductions in the proportion who were satisfied with the quality (51%) and range (42%) of support offered, which contributed to a reduction in overall satisfaction levels in Scotland.

Figure 14. Satisfaction with adoption support 2019-2021

(Based on average rates of agreement with five statements covering timescales, expertise, quality, range and positive impact)
(Northern Ireland is not included in this chart due to relatively low numbers)



While the statistical data gives an overview of respondents' experiences of accessing adoption support, it is in respondents' comments that the variety and complexity of these experiences are revealed. For example, although 60% agreed that the agency responded to requests for support in a timely fashion, comments demonstrate that even if the initial response is timely, delays can occur at any stage in the process from the initial call through to requests for renewals of previously agreed support.

I have been waiting two years for an assessment of need to be done.

Adoptive parent, Scotland

It took at least 20 months after first asking for support for the drama therapist to even start.

Adoptive parent, England

Post adoption support took over 6 months to respond to my request for continued Therapy.

Adoptive parent, England

We'd asked for support in Nov 2020 but hadn't heard anything so at the end of February 2021, contacted again and received an apology for this delay. [The social worker] is great but it took months more to complete the assessment, get the relevant services funded and the professionals up to speed.

Adoptive parent, Wales

Although three quarters of respondents agreed that the person who dealt with them was knowledgeable and understanding, many respondents qualified this by noting that services, especially local authority services, seemed over-stretched, and that frequent changes of staffing and staff absence contributed to delays in accessing support, as well as interruptions to existing support.

Far too much in the way of staff turnover. You get a [social worker] that you work with and understands your needs and then suddenly they leave.

Adoptive parent, England

Due to Covid and staff shortages, adoption support from our local authority was non-existent in 2021.

Adoptive parent, Northern Ireland

Another concern was the frequency with which respondents felt passed around various services and individuals within those services, and had to explain their situation repeatedly, especially where children had more complex and less well understood needs.

When seeking support, I had to describe the same difficulties to school, duty social worker, another social worker, GP and a counsellor. I got passed between people requiring the same honest communication from me but sending me on to another person to make the referral ... It is a Kafkaesque nightmare and when I need my energy and creative attention to be with my child it is sapped by futile attempts to find help and support.

Adoptive parent, Scotland

Satisfaction with the range of support on offer has remained persistently low across all four years of the *Adoption Barometer*, with fewer than half of respondents who accessed support considering themselves satisfied with the range, and one in five of those who did not access support citing the belief that the support their child needs would not be on offer as a reason.

It is not good enough to say things are getting better than they once were because they still fall so far short of what is needed. Repeatedly, services make recommendations based on what the service can provide rather than what the child actually needs. They should state the support needed and then escalate the fact that they are not resourced to provide it, but things are so broken that even those that care deeply in social care cannot provide an adequate service, which must be horrible for them.

Adoptive parent, England

Difficulties accessing appropriate support in a timely manner led to some respondents sourcing and/or funding services independently.

As ever the staff changed, which meant someone dropped the ball and we had to stretch ourselves again to privately fund our daughter's therapy so that it didn't cease.

Adoptive parent, England

Continuing contact

Where possible, most children will have a formal plan for continuing contact with members of their birth family put in place when they are adopted. Most of these plans will be agreements between adoptive parents and birth family members to engage in indirect contact mediated through the adoption agency, most commonly taking the form of a 'letterbox' agreement facilitating the exchange of letters and sometimes photographs and other items.

A smaller proportion of children will have formal agreements for direct contact, involving face-to-face meetings, phone calls or virtual methods of direct communication.

Some families also engage in informal indirect and direct contact arrangements, especially with their child's biological siblings. Although adoption agencies and local authorities may be involved in setting up the initial arrangements, informal contact is usually organised and maintained between the families themselves.

31%

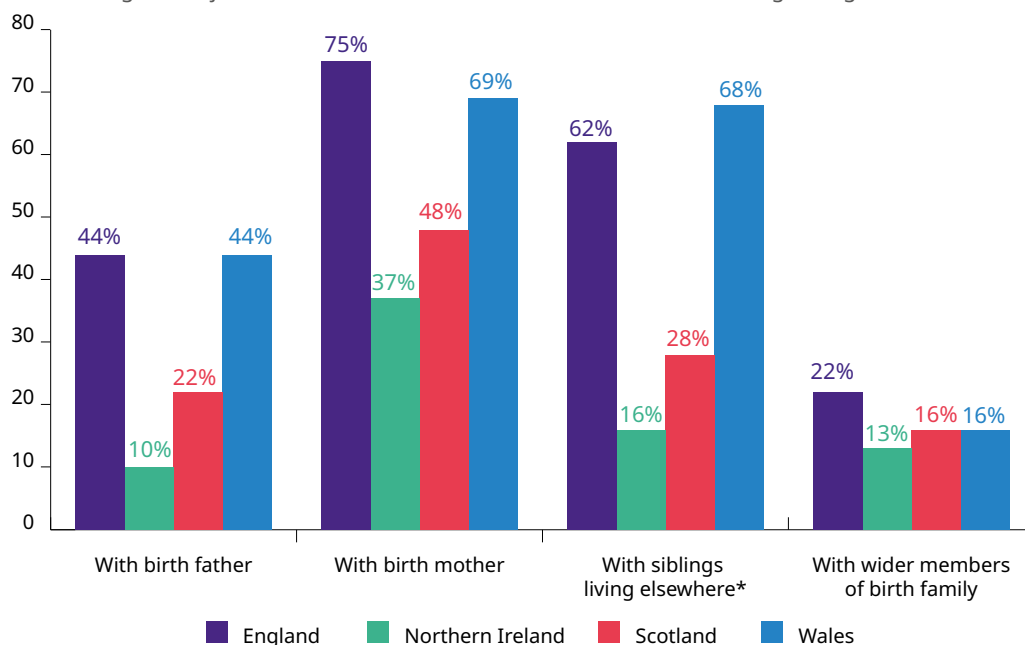
of respondents were participating in direct contact arrangements

Indirect contact

Although the majority (82%) of respondents had signed up to an agreement for continuing indirect contact with birth family members, there is variation between practices in different nations.

Figure 15. Proportion of children represented in the survey who had continuing indirect contact with birth family members

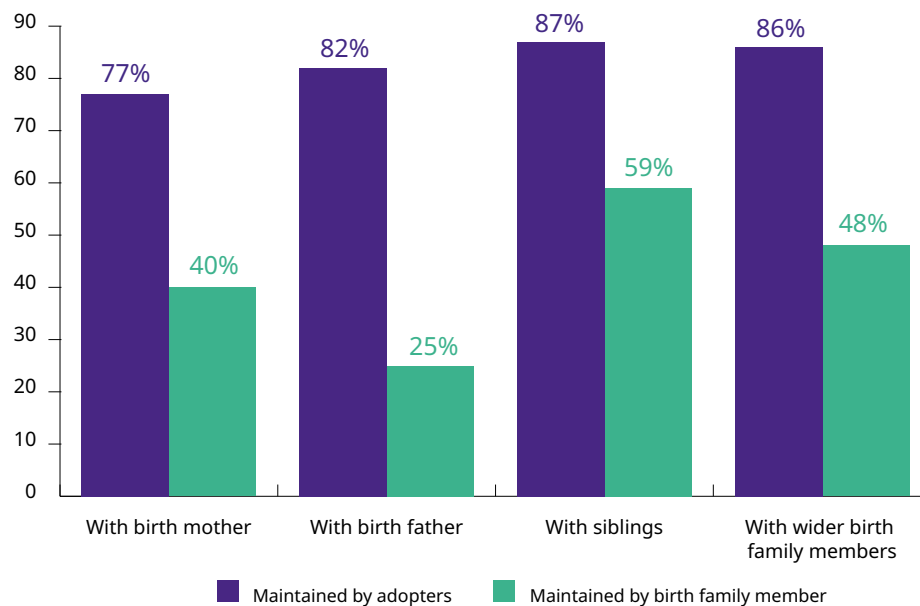
*Figures adjusted to exclude children who do not have birth siblings living elsewhere



Children are most likely to have agreements for indirect contact with their birth mothers or with birth siblings who do not live with them in their adoptive family. Rates of indirect contact agreements are considerably lower in Scotland and Northern Ireland than in England and Wales. In Northern Ireland, low rates of indirect contact are offset by high rates of direct contact – 64% of respondents reported that they had direct contact with a member of their child's birth family in 2021. This is not the case in Scotland, where only 26% reported direct contact during 2021.

However, although a majority of respondents in all nations reported having at least one agreement for indirect contact, this statistic alone does not reveal anything about the quality or enduring nature of the indirect contact relationships.

Figure 16. Proportion of indirect contact agreements which are still being maintained to some extent by adopters and birth family members



A large majority of indirect contact agreements were still being maintained to some extent by adopters, but most are not being reciprocated at all by birth family members, except for arrangements with children's siblings. Many adoptive families are writing letters but not receiving any reply.

As adopted children grow older, indirect contact agreements are more likely to lapse. In families where children were aged 0-10 years, 91% of indirect agreements with the child's birth mother were still being maintained by adoptive families, but for children aged 11-16, 70% were being maintained.

However, indirect contact relationships with birth siblings, which are more likely to be reciprocated, are also more likely to be enduring, with 81% still being maintained in families with children aged 11-16. More than a quarter of families with older children had moved beyond the terms of their original indirect contact arrangements with siblings, perhaps increasing the frequency of contact, or moving towards informally arranged direct contact, suggesting that sibling contact is not only most likely to be reciprocated and enduring, but also most likely to lead to a developing and growing relationship.

My son sees two of his siblings regularly ... it's a really positive relationship – time and distance mean they don't see one another as often as they'd all like.

Adoptive parent, England

In view of this, it is unfortunate that so many comments revealed considerable challenges in establishing and maintaining indirect contact with siblings. More than 80% of children represented by survey respondents have birth siblings living elsewhere, and for some, children are separated across multiple families and different legal arrangements. A group of siblings may include children who are adopted, in foster care, in kinship care and with birth parents. In these circumstances, children may be living many miles apart, with guardians and parents who have differing viewpoints about continuing contact.

We signed up to letterbox with siblings. Their adoptive parents refused. We feel this is wrong ... he should have a right to be known by his siblings.

Adoptive parent, England

Adopted siblings have regular messages, video calls and yearly meet ups which work really well. Letterbox to siblings in long term foster care and birth parents is tough and it's hard for my child to understand why they do not reply.

Adoptive parent, England

Adopters who are seeking indirect contact with their children's siblings are heavily reliant on support from not only their own agency and their child's placing agency, but also professionals who may be involved with their child's siblings. Comments frequently revealed frustrations where contact with siblings had not been established due to adopters not being able to find the information or receive the support they needed from the agencies involved.

We know our boys have three half siblings. We asked the local authority about future contact with the siblings. They said they wouldn't be able to facilitate this.

Adoptive parent, Scotland

We want letterbox with siblings but have been told we can't as it isn't part of original agreement.

Adoptive parent, Wales

Contact with some of the siblings has not been arranged due to different agencies not talking. It would be good to have contact with all siblings but I'm not sure this will ever happen.

Adoptive parent, England

There is increasing recognition that placing siblings together and, where that is not possible, ensuring that there are options for continuing contact with siblings can be beneficial for children who are not able to live with their birth parents. For example, the Children and Young People (Scotland) Act 2020 integrated required consideration of placement of siblings together and continuing contact with siblings as part of the decision-making process. Where legislation and policy encourage enduring relationships with siblings, resourcing, training and support must be available to make this a reality.

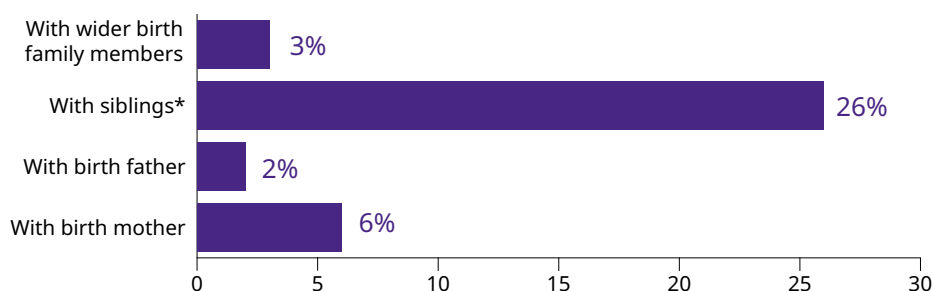
Direct contact

The *In Focus* topic for the *Adoption Barometer* this year is *establishing and maintaining relationships with birth family* and direct contact is discussed in more detail in that section of this report starting on page 70, from the viewpoints of adopted adults and adoptive parents.

In 2021, 31% of respondents reported that their family was participating in direct contact with any member of their child/children's birth family. This is a considerable increase on previous years when 22-25% had experienced direct contact. It is likely that families participating in direct contact were particularly likely to complete the *Adoption Barometer* survey this year as the focus on direct contact was advertised as part of the promotion of the survey.

Figure 17. Proportion of children represented by survey respondents who had direct contact with birth family members in 2021

* Figures adjusted to exclude children who do not have birth siblings living elsewhere



Direct contact with all birth relatives was more likely to be taking place informally than via a formal agreement for direct contact.

When respondents were asked to consider whether they would participate in direct contact, or add to existing direct contact arrangements, 58% said that they did not have direct contact and were not considering initiating any at this time. However, 27% would consider direct contact with their child/children's siblings (including parents of children who do not currently have birth siblings) and 11% would consider direct contact with their child/children's birth mother. More than four in ten respondents are either participating in direct contact or willing to consider it.

Education

There were 1,382 respondents who had one or more adopted children who attended pre-school, school, or college during 2021, representing 2,096 individual children.

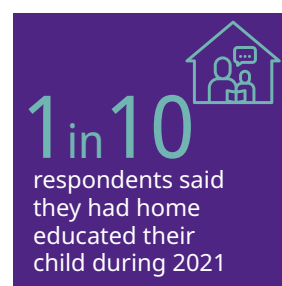
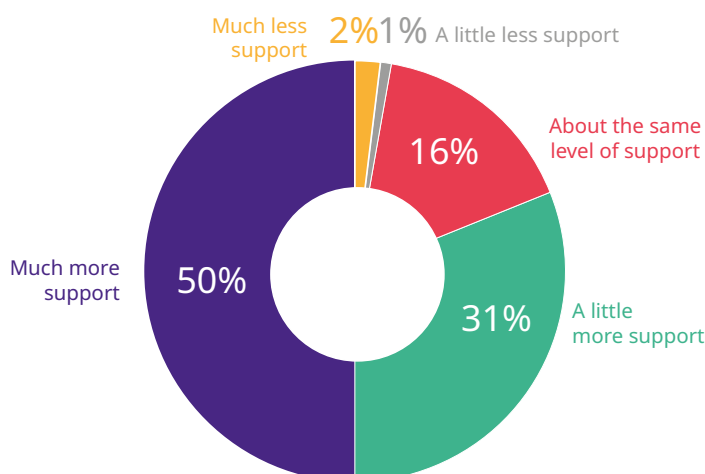


Figure 18. Compared to other children their age, how much support does your adopted child need in their education setting?



More than four out of five children (81%) represented in the survey were reported to need more support in education than their peers, rising to 85% of secondary school aged children. The proportion who feel that their child needs 'much more support' has increased slowly but steadily in each year of *Adoption Barometer* surveys.

The majority of respondents feel that their child's adverse early experiences have impacted on their ability to cope at school academically (78%) and socially and emotionally (86%), and 68% agree that it feels like a battle to get the support that their child needs. 60% are worried that their child will leave school with few or no qualifications, and this rises to 70% among respondents with children aged 11 and older.

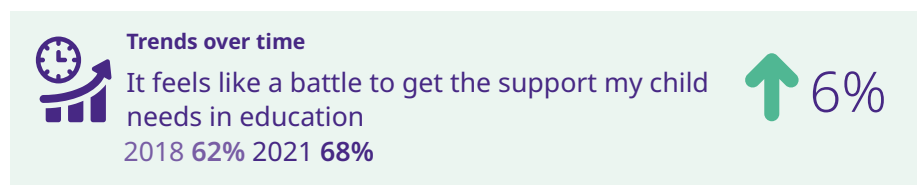
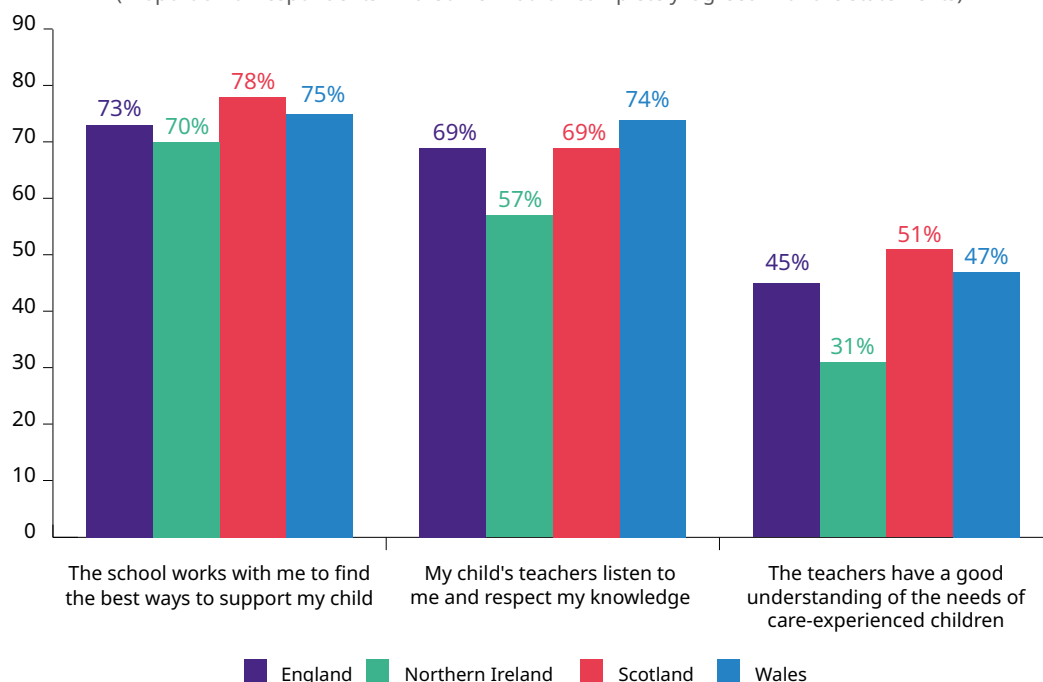


Figure 19. Adoptive parents' perceptions of education settings
(Proportion of respondents who 'somewhat' or 'completely' agreed with the statements)



Across all UK nations, there was a discrepancy between respondents' perceptions of the willingness of schools and individual teachers to work with them to support their child's education, and the level of understanding those teachers had of the needs of care-experienced children. In many cases, the challenge being faced by parents and children is not one of unwillingness, but of lack of skills, resources and knowledge.

Schools just do not have the time, finances or understanding to meet an adopted child's needs.

Adoptive parent, England

Finding a school where the needs of care-experienced and adopted children are understood and effectively supported is a priority for adoptive parents. 61% of respondents with school-aged children stated that finding a trauma-informed and attachment-aware school was one of their top priorities, and 13% had changed their child's school during 2021 to find one that could better meet their needs. For some, this change of school came only after a considerable battle to secure an appropriate school place.

The support that was required for our child was a specialist school. We had to fight our case through the courts ... We won the case and, as a result of specialist support in a SEND school, our child is now thriving.

Adoptive parent, England

My children used to go to a huge state secondary and neither of them could cope. One was bullied so badly she developed a tremor. The other experienced a mental health crisis. They are now at a small private school with a full-time counsellor, a full-time educational psychologist and excellent safeguarding and pastoral care. This has made a huge difference.

Adoptive parent, England

Where multi-agency working was effective, respondents noted that it could have a positive effect on children's education and their ability to stay in school. Successful examples involved social workers and education professionals working together, sharing knowledge and understanding of specific issues, and co-ordinating support provided through education and via adoption support funding, including the Adoption Support Fund (ASF) in England. While the ASF does not fund educational interventions, therapeutic interventions provided by adoption support services can have a positive impact on children's ability to manage in the school environment, and similarly, school-based support that meets children's needs can help to reduce challenges in the home.

We were fortunate to still be known to a post adoption social worker who was instrumental in helping my son to stay within his primary school. She has been able to provide access to the Adoption Support Fund for him and for us as a family.

Adoptive parent, England

The support improved greatly after the social worker attended some FASD training and was therefore more able to support with the school issues.

Adoptive parent, England

Voluntary adoption agency set up a multi-disciplinary meeting with the school which has been helpful, and our child has been referred to the neurodevelopmental service in our health board for FASD assessment.

Adoptive parent, Scotland

Case study

Our son had been leading a disrupted life, outside of mainstream education, but he's now in a village school where he receives all the support that he needs.

We lived in London when he started school. It quickly became apparent that he had emotional and behavioural difficulties. He struggled with social boundaries and didn't respond to traditional methods of sanction and reward. He was also disruptive and not able to focus on work. He was fidgety as he wasn't feeling secure, so would leave the classroom.

We made an application to the Adoption Support Fund (ASF) which paid for music therapy and occupational therapy but, after moving to Northern Ireland, we were no longer eligible for ASF funding.

We still engage with occupational therapy and music therapy, but we pay for it privately. We also take part in group therapy sessions which are provided by Coram over Zoom, but we are only able to take advantage of this because we adopted through Coram while still living in England. In addition, we get support through our local Health and Social Care Board, including play sessions which involve us as parents.

Our son is now able to express himself more easily and the therapy, which we all attend, has brought us together as a family and given us a better understanding of his needs. He is now happier than he's ever been as his emotional and behavioural needs are being met.

Adoptive parent

In some cases, respondents felt that gaps in adoption support funding and availability were filled by the support they had received from their child's school.

My daughter needed a sensory processing/attachment assessment. Post adoption support would not fund this and instead school agreed to use her Pupil Premium Plus money to fund a private assessment.

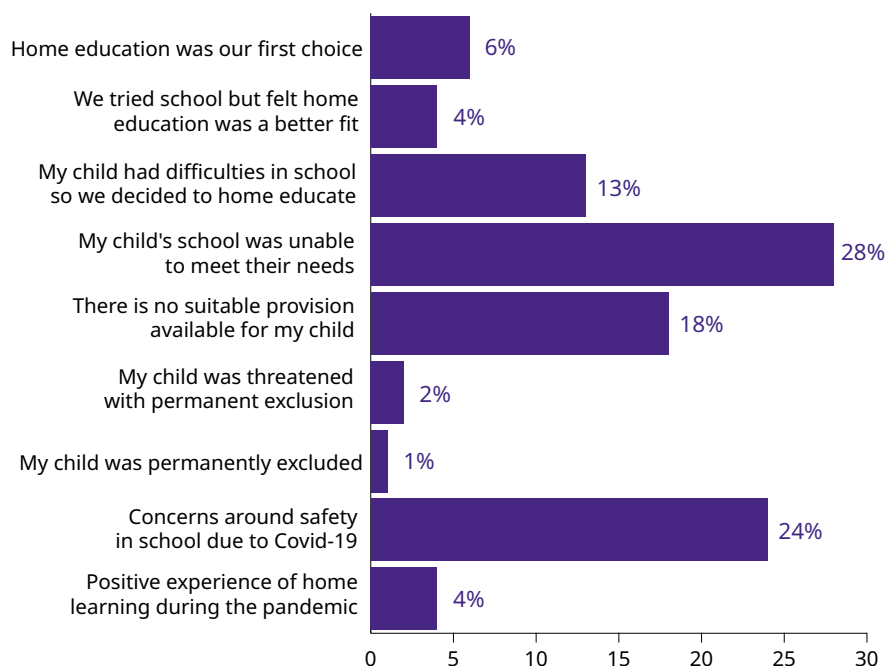
Adoptive parent, England

My child has just started a therapy course, but this process has taken nearly two years. Needs to be far more responsive and only luck and an understanding school have meant that this delay has not had catastrophic results.

Adoptive parent, England

After a large increase in the proportion of respondents stating that they were home educating in 2020, perhaps due to interpreting home learning during the pandemic as home educating, the proportion of respondents who home educated one or more adopted children in 2021 has fallen to 10%. This is still higher than in 2019 (7%) and 2018 (6%) and it is not certain whether this represents a true increase or includes some respondents who were referring to temporary periods of home learning during partial school closures during the early part of 2021. One quarter of home educating respondents described themselves as new to home educating due to concerns around safety during the Covid-19 pandemic, and a further 4% said they had come to home educating after a positive experience of home learning during the pandemic.

Figure 20. Reasons for home educating



Although 71% felt that their child was happier and/or calmer than when they were in school, the same proportion would prefer their child to be in school if the right school was available. Only 27% felt appropriately supported by their local authority. Just under one third of home educators viewed home education as a short-term temporary measure, but 25% could see themselves continuing until their child completed their education.

Recommendations

1. Secure long-term funding for adoption support

A 10-year commitment to the Adoption Support Fund in England; multi-year, ring-fenced funding to be introduced in Scotland, Wales and Northern Ireland.

2. Train education and health professionals, especially mental health professionals, in early childhood trauma and associated conditions

From initial teacher training and beyond, all education professionals should be trained and resourced (through targeted funding) to support the needs of care-experienced children, including those adopted internationally. Training for education and health professionals should include understanding of highly prevalent conditions such as Fetal Alcohol Spectrum Disorder and Attachment Disorder. Training should be prioritised for mental health professionals in order to help these services take a more tailored approach to supporting adopted individuals.

3. Improve data on adopted children in school

All governments to collect and analyse data on attainment, special or additional educational needs and exclusions for adopted children.

4. Improve support for birth family contact

All adopters to be offered specific training and support relating to their child's contact arrangements. All contact plans to be reviewed regularly with the family and experienced staff at the agency to ensure that all participants – including birth relatives – are well supported.

5. Agencies to offer an annual 'keeping in touch' opportunity to all adopters

Establish annual contacts to discuss support needs in order to reduce the proportion of adopters who are facing significant challenges or at crisis point at the time of asking for help.

Families with older adopted children and young people

What does 'good' look like?

As adopted young people grow into adulthood, families will be provided with effective and timely support around direct contact with birth families, including training and advice for adoptive parents.

Adoptive families and adopted young people will be signposted towards appropriate support for accessing tertiary education and moving towards independence. Statutory services will be trauma-informed and have a thorough understanding of the needs of adopted young adults. Outcomes for adopted children will be tracked, and this information used to drive improvement in provision of services.

Adoptive families will feel confident that their child will receive any additional support they need as they move into adulthood and transitions from statutory services for children and young people to those for adults will be seamless and well-managed.

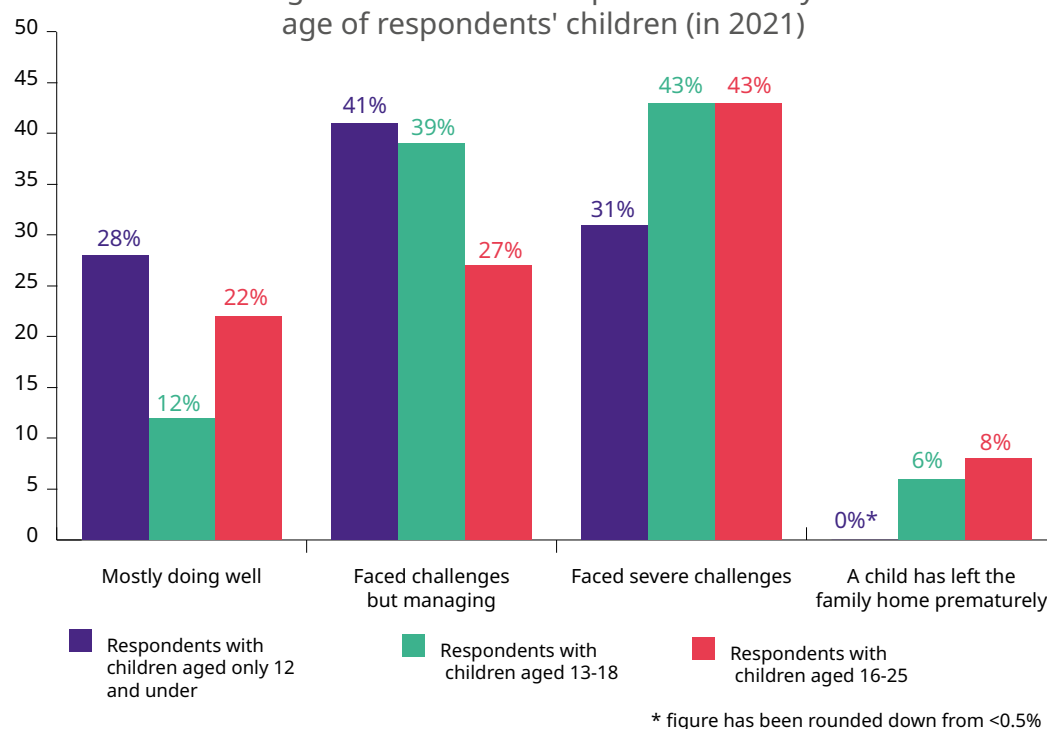
	Score			
	England	Northern Ireland	Scotland	Wales
Assessment of current national policies				
There is a nationally agreed framework for supporting previously looked after young adults as they transition from services for children and young people to services for adults	POOR	POOR	FAIR	FAIR
Outcomes for adopted and previously looked after children are tracked nationally and this information used to drive improvements in the provision of services	POOR	POOR	POOR	POOR
OVERALL	POOR ➡	POOR ➡	FAIR ➡	FAIR ➡

Assessment of adopter experiences, based on survey results	Score			
	England	Northern Ireland	Scotland	Wales
Adopters feel well-prepared for the possibility of planned or unsolicited direct contact with birth families during teen years	FAIR	GOOD	FAIR	GOOD
Adoptive families with older children can access support that is tailored to the specific needs of adopted adolescents and young adults	POOR	POOR	POOR	POOR
Adoptive parents feel optimistic about their older children's futures and can see them making progress towards their goals as they move into adulthood	POOR	FAIR	POOR	POOR
OVERALL	POOR ➡	FAIR ⬆	POOR ➡	FAIR ➡

About families with older adopted children

There were 471 respondents with one or more children aged 13-18, representing 655 children between them, and 315 respondents with children aged 16-25, representing 486 young people.

Figure 21. Status of adoptive families by age of respondents' children (in 2021)



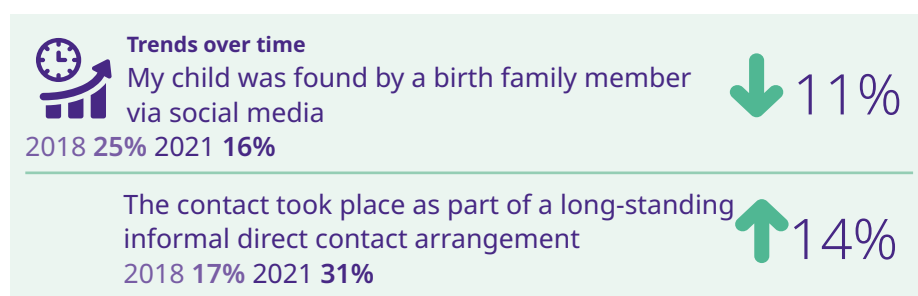
There are significant differences between the status of adoptive families with young children and those with teens and young adults. The period between the ages of 13-18 appears to present particular challenges, with only 12% reporting that they were 'mostly doing well' in 2021. A higher proportion of respondents with 16-25-year-olds reported that they were 'mostly doing well' but the proportion who were facing severe challenges or whose child had left the family home prematurely (sometimes referred to as 'disruption' or 'breakdown') remained higher than for families with younger

children, suggesting that as children move into adulthood, challenges faced in the teen years resolve for some families, but remain significant or even increase for others.

Continuing contact

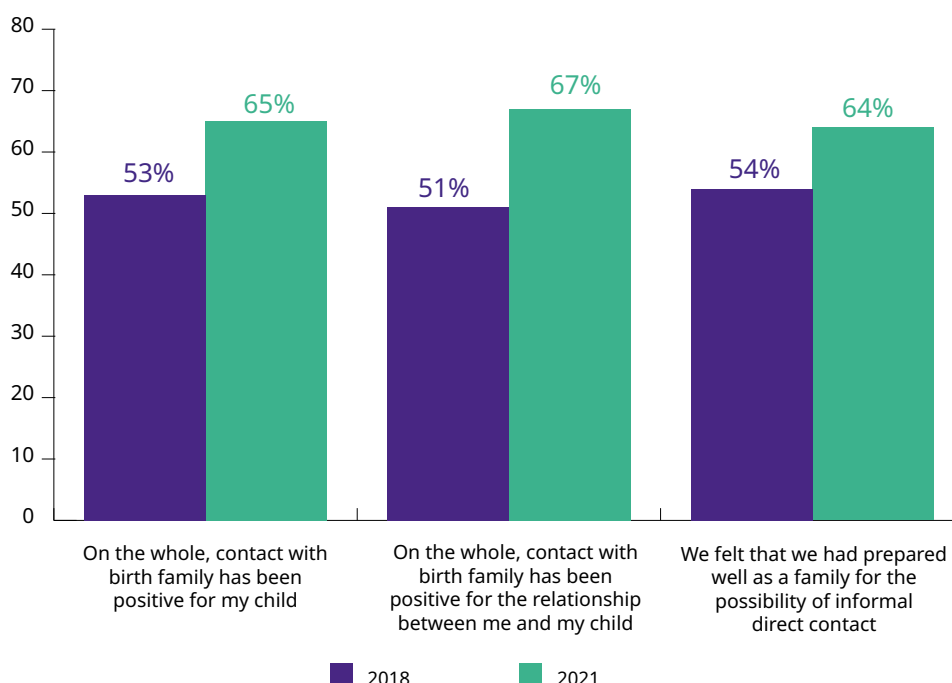
Direct contact for adopted children and young people of all ages is discussed in more detail in the *In Focus* section of this report, beginning on page 70. The proportion of children aged 13-18 who had direct contact outside of any formal contact agreement during 2021 was 28%, the same as in 2020, but higher than in previous years.

38% 
of 16-25-year-olds
were engaged in
ongoing direct
relationships with
birth family members



There seems to have been a clear shift since the first *Adoption Barometer* towards informal direct contact that is planned and initiated with the consent of all involved. At the same time, respondents' perceptions of the impact of informal direct contact have improved.

Figure 22. Perceptions of informal direct contact in the teen years
(Proportion of respondents who 'somewhat' or 'completely' agreed with the statements)



Similarly, the proportion of children aged 16-25 who were engaged in ongoing direct contact relationships with birth family members has increased and the proportion of respondents who consider those relationships 'mainly positive' has also increased. In 2021, 38% of 16-25-year-olds represented by survey respondents were engaged in ongoing direct relationships with birth family members, of which more than half were described as 'mainly positive'.

Outcomes for older adopted young people

Of the 486 16-25-year-olds represented by survey respondents, 73% were living at home with their adoptive families at the end of 2021. A further 12% were living independently, 5% were living in supported accommodation, and 2% were in foster or residential care. Small numbers were living with other members of their adoptive family, with birth family, in short term temporary accommodation, street homeless or in a location unknown to the respondent.

While slightly over half of respondents said that they felt optimistic about their older child or children's futures, 68% felt that their child would need a significant level of ongoing support in order to live independently.

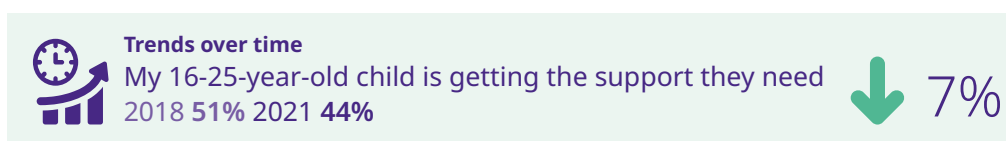
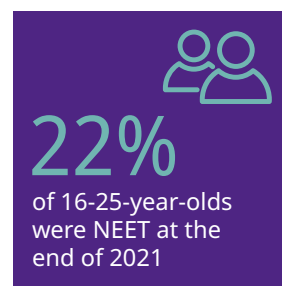


Figure 23. Support needs of 16-25-year-old young people



Respondents reported high levels of support needs among their 16-25-year-old children, ranging from support for basic self-care to support to access education, training or employment. Only 12% of young people represented were reported to have none of these support needs.

Considering the extent of support needs identified by respondents, it is perhaps not surprising that 22% of the 16-25-year-olds represented were not in education, employment or training (NEET) at the end of 2021. While this represents a fall compared to last year's Adoption Barometer when 28% were NEET, it is still more than twice the national average (10.2% for Oct-Dec 2021)⁴ which has also fallen in 2021 following the disruption caused by Covid-19 in 2020.

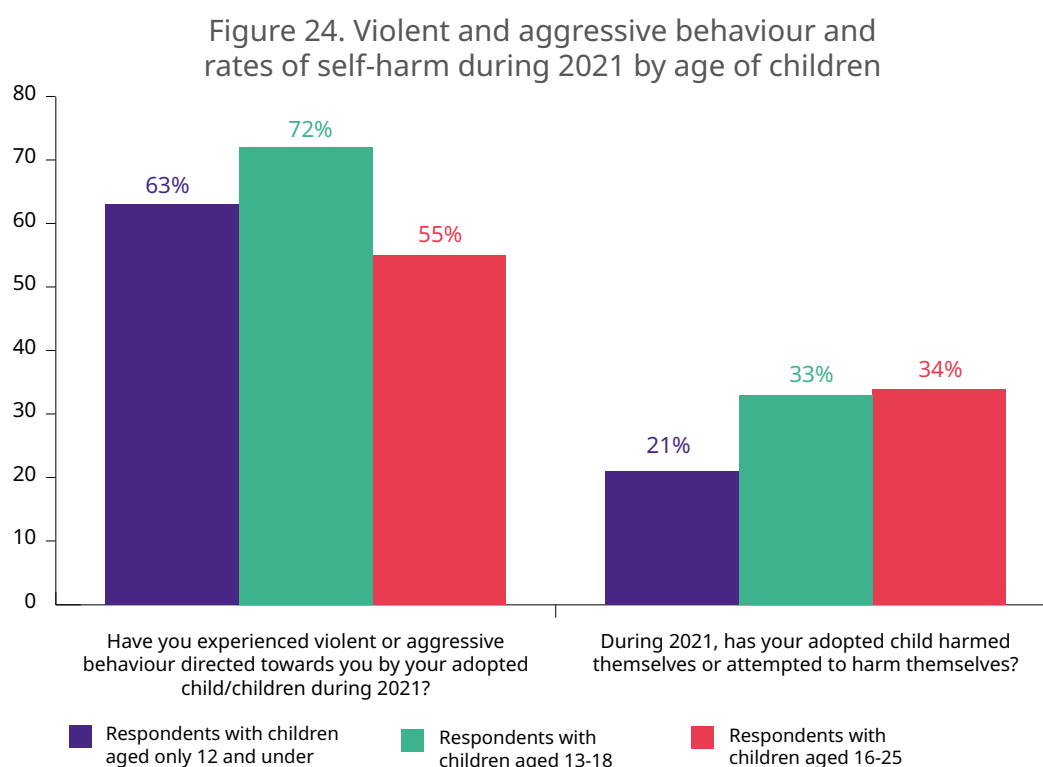
Accessing adoption support

Families with teens and older adopted children persistently report facing more challenges than those whose children are younger. While adolescence can be a time of change and challenge for any family, adopted children and young people often have specific needs arising from their early life

history, their adoption, their developing sense of identity, and possible reconnection with birth family members.

Data from NHS Digital shows that rates of probable mental health disorders among 17-19-year-olds in 2020/21 were 17.4% ⁵. However, 45% of adopted 16-25-year-olds represented by respondents had been involved with mental health services in 2021, suggesting a higher incidence of mental health difficulties among adopted young people compared to their peers.

One quarter of adopted 16-25-year-olds were reported as having been involved with drug and alcohol misuse and 12% of 13-18-year-olds were known or strongly suspected to have been involved in criminally exploitative activities (e.g. county lines, child sexual exploitation) during 2021. The proportion of families experiencing violent and aggressive behaviour from their child was highest during the teen years, and older children were more likely to have self-harmed.

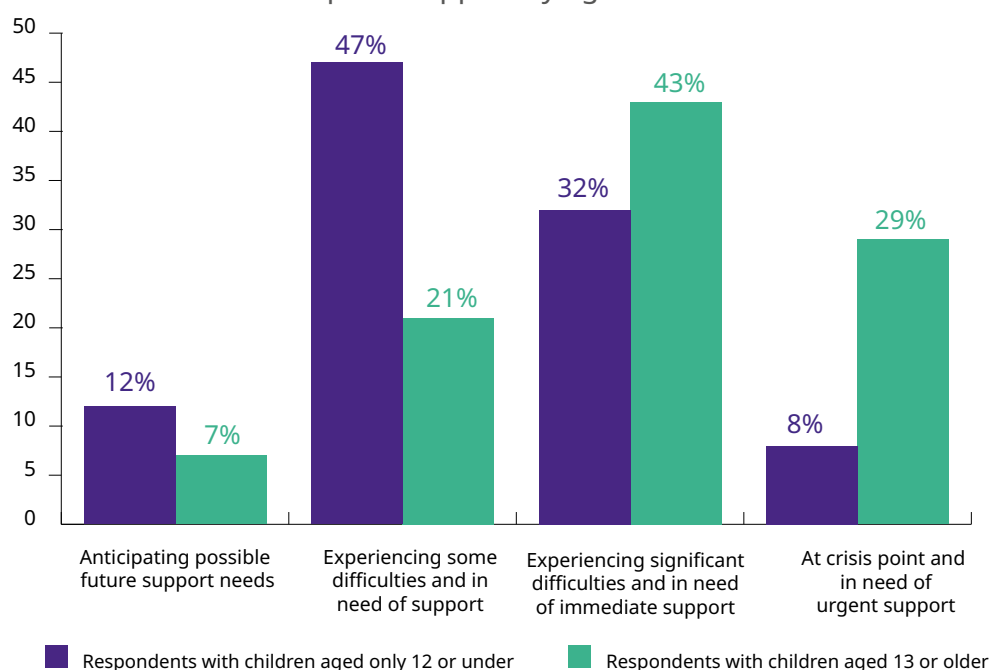


Where challenges become very severe, families can reach breaking point. Fewer than 0.5% of families where children were all aged 12 or under had experienced a child or children leaving the family home prematurely in 2021. This was most likely to happen where children were aged 14 or older, with young people aged 17 or older accounting for 28% of children described as leaving the family home prematurely.

Families with children aged 13 or older approached their agencies for adoption support at a similar rate to those with younger children in 2021 but, where families had not approached their agencies, 56% of those with younger children said it was because they did not need support, whereas this fell to 28% among respondents with older children. Those with older children were more likely to avoid accessing support because they did not believe the agency could offer the support they needed (29%) or because they had previously had a bad experience of attempting to access support (16%).

Where respondents did access support in 2021, families with children aged 13 and older were more likely to be experiencing significant or severe challenges than those with younger children.

Figure 25. Status of respondents when accessing adoption support by age of children



Levels of satisfaction with adoption support were also lower among respondents with older children. Only 49% felt that the support they received had a positive impact on their family compared to 60% of respondents with children aged 12 or under. Respondents with older children were also significantly less likely to be satisfied with both the quality and range of support that they received.

While some respondents commented positively about the support they were receiving as they navigated their children's teenage and young adult years, many reported that the increasing complexity of their children's needs, and the intersection of needs arising from adoption, trauma, mental health and other challenges left them straddled between services.

The children do not meet the criteria for the disabled children's team as their disabilities are not the 'right' disabilities. Our post adoption team do not offer crisis care and can only signpost us to other agencies or do one-off pieces of work such as life story work which there is a waiting list for. We ended up on the child protection team and were subsequently discharged as we were not child protection. There is no service which can support our family.

Adoptive parent, England

There aren't any services that address extreme behaviour from teenagers. I was told to get a TESSA referral which didn't meet the needs of my family. Having refused that I was told that no help would be offered as the child in question was 16.

Adoptive parent, Wales

At any stage of life, adopted children and young people themselves need to be included in the decisions made about their support needs. This is particularly important as young people are moving into their teens and preparing for adulthood. However, some respondents felt that the voices of their children were not being prioritised and that services lacked the ability to flexibly respond to the needs and wishes of this age group.

Reality is that there are not enough social workers or trained staff who can work directly with and build connection with teens ... the child needs to feel listened to, especially outside the family.

Adoptive parent, England

Where respondents were positive about the support they had received, this often hinged on the quality and expertise of their social worker contact, and the relationship that had been built up over time. When families felt less connected to individual practitioners, they were less likely to feel that their support needs were being met.

We have had the same post-adoption support worker for several years now. This has been immeasurably positive and we are grateful for this consistency. She understands us and our children and the challenges we have faced over the last six or seven years in particular, so when we ask for help again, we have an informed response.

Adoptive parent, England

Families where children have complex, intersecting needs are likely to need more readily available, flexible, high-quality support as their children approach adulthood, yet it seems that too many find that this is exactly when support seems most difficult to access.

Case study

We could have lost our severely suicidal daughter because the support we were offered by adoption services was totally inadequate.

Our daughter's problems started when she was 12 and stemmed from school. I'd dropped her at the bus stop one morning, only to see her running back to our house in abject terror. We accessed counselling and pastoral support but couldn't convince her to return to school.

I had to take time off work as she deteriorated rapidly. She was self-harming and wouldn't leave the house. We contacted adoption services, but they couldn't help, due to a staffing problem. We were completely on our own.

It was only after we started going to CAMHS (child and adolescent mental health services) that adoption services offered generic support. This involved getting together with other adoptive families. But we needed intensive one-to-one specialised therapy for our suicidal child.

We had years of challenging circumstances, in which our daughter repeatedly tried to take her own life. Despite this, adoption services referred us to the Resilient Families service – a programme designed to increase resilience levels – which was insulting.

Luckily, we were offered family therapy through CAMHS, which was a turning point for us. The therapist had experience of adopted children, so we finally felt listened to, and understood. She referred us to a Community Intensive Therapy Team (CITT) which changed our lives. They have properly assessed our daughter, diagnosing her with bipolar, and there has been continuity.

This support should have been available from post adoption services from the start.

Our daughter is now almost 18, and she's doing well.

Adoptive parent

Recommendations

1. Extend adoption support services to at least age 26

Adoption support that is available to children and young people should be extended to at least age 26 in view of the fact that many adopted people need specialist support into adulthood. This would bring support for previously looked after young people more into line with that for care leavers.

2. Improve the transition from child to adult services

To avoid young people falling off a 'cliff edge' during the transition to adulthood, governments should bring the thresholds for adult services more into line with those for child and adolescent services.

3. Training and peer support for all adopters when their children reach age 13

All agencies to offer specific training for adopters on the transition from adolescence to adulthood, made available from when their children reach age 13, and access to peer support. Training to include online safety, navigating contact, managing challenging behaviour and helping your school to support your child.

4. Targeted support and peer support for all adopted teens and young adults


All agencies to develop an adoption support offer specifically aimed at adopted teenagers and young people, including access to therapeutic support, help to navigate services, and access to ongoing peer support which could include support groups, buddying or mentoring by trained individuals with lived experience as an adopted person.

5. Establish adoption advisory boards in each nation led by adopted people

Adopted young people and adults should be involved in designing and evaluating support services and adoption policy via the creation of Advisory Boards of adopted individuals.

6. Provide family support when children leave home prematurely

In circumstances where children are no longer living in the family home, adoptive families must be provided with support from social workers with knowledge of adoption and skill in reunification. Support should include help to repair and rebuild relationships wherever possible.



In Focus: establishing and maintaining relationships with birth family members

In recent years there has been more openness at policy level across the UK to continuing direct or indirect relationships with birth relatives post adoption. Although practice varies among the different nations of the UK, most children represented in *Adoption Barometer* reports have had an arrangement for indirect (usually letterbox) contact and a significant minority have been involved in direct contact arrangements.

Research suggests that, where contact is deemed safe, there can be benefits for adopted children and young people, adoptive parents and birth relatives. Contact is most likely to be successful where adoptive parents are entering into the agreement willingly and where they and birth relatives are working together in the best interests of the child. In some cases, particularly where contact includes relatives who have been involved in abuse and neglect, contact meetings can disturb and unsettle children⁶.

Successful contact arrangements are therefore likely to require support and guidance for adoptive parents, birth relatives and adopted children and young people. However, successive *Adoption Barometer* survey respondents have indicated that the support they receive as adoptive parents, and the support available to their adopted children is not sufficient. Over four years of surveys, only 46-50% of respondents have agreed that they feel well supported by their agency to manage continuing contact of all types.

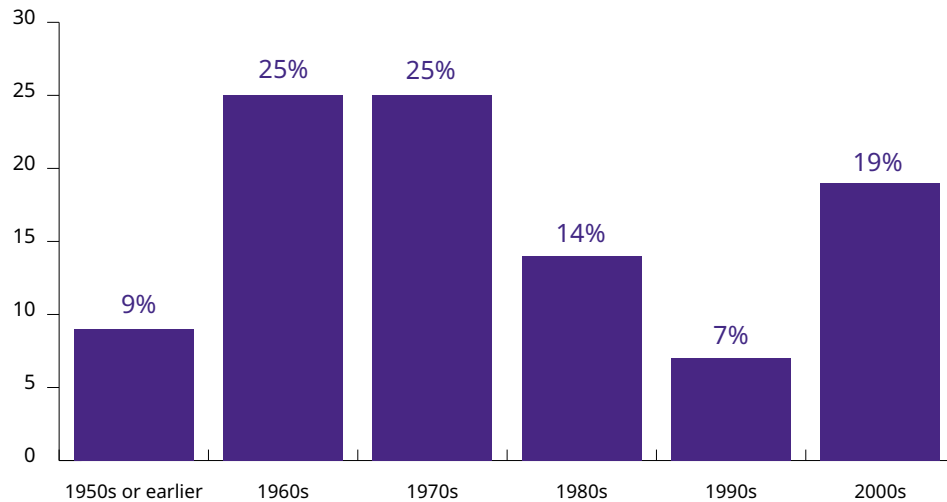
In order to develop a deeper understanding of the support available to establish and maintain birth family relationships post adoption, respondents to the *Adoption Barometer* survey were asked a series of additional questions about their experiences of planned direct contact. This was explained as unmediated contact arrangements (including visits, phone calls, written and virtual communications) that had been agreed to by all parties either through entering into a formal agreement or through informal participation.

A separate survey for adopted adults aged 18 and over was developed, with the help of adopted adults, and circulated at the same time as the survey for parents. This survey gathered information about adopted adults' views and experiences of maintaining direct relationships with birth relatives during childhood (whether this had been possible or not) and of tracing birth relatives in adulthood.

About adopted adult respondents

A total of 282 adopted adults participated in the survey. Of these, 93% were adopted from within the UK and 98% were living in the UK at the time of the survey.

Figure 26. Decade in which respondents' adoptions took place

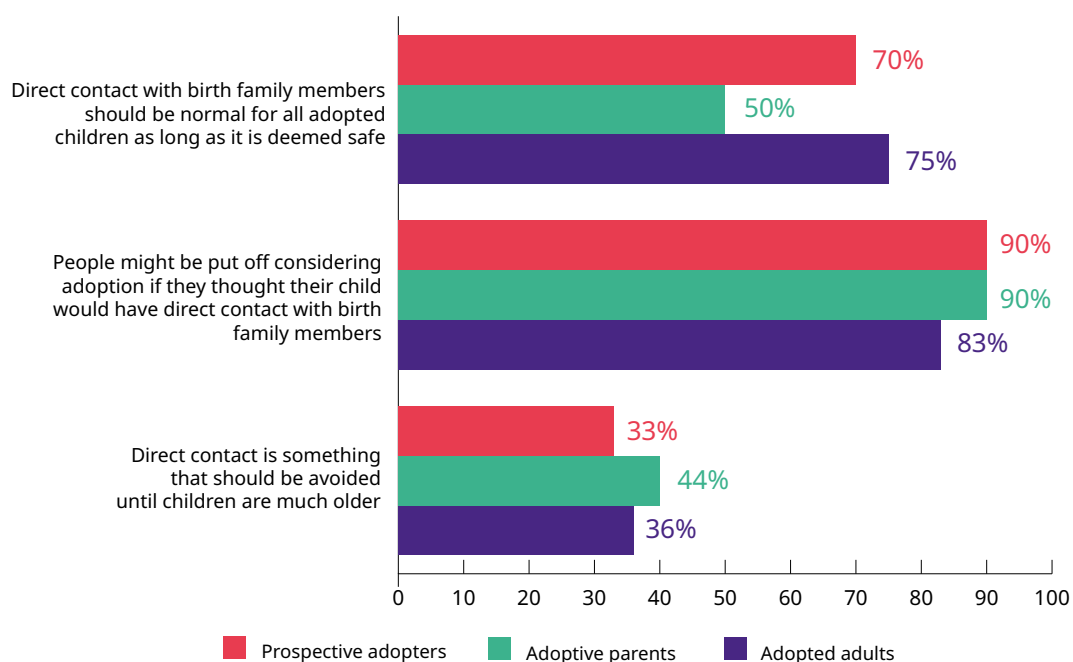


Attitudes towards direct contact

In order to establish some baseline assessments of attitudes towards direct contact held by prospective adopters, adoptive parents and adopted adults, respondents were asked a series of Likert Scale questions to rate their level of agreement or disagreement with statements about direct contact. The following charts show the proportion in each category who either 'somewhat' or 'completely' agreed with the statements.

70% 
of prospective adopters believe direct contact should be normal as long as it is deemed safe

Figure 27. Attitudes towards direct contact (i)



The idea that people would be put off considering adoption if maintaining birth family relationships through direct contact was normalised was widely held by all respondents, including 86% of adopters whose child or children had direct contact and 90% of prospective adopters.

However, when asked about their willingness to consider future direct contact with various birth family members, prospective adopters were overwhelmingly open, with just 1% saying they would not consider direct contact with birth siblings, 11% saying they would not consider it with birth parents, and 5% saying they would not consider it with wider members of the birth family.

Among newly placed adopters, 37% already had an agreement for direct contact with one or more of their children's birth relatives in 2021, and 64% were willing to consider establishing it in the future (including some who already had direct contact and were willing to consider additional arrangements). While the idea of direct contact may be off-putting to some who might otherwise have considered adopting, the proportion of prospective and new adopter respondents who are either engaged in direct contact or open to establishing or extending it suggests that the majority who complete the process do not hold this view. In fact, prospective adopters were more likely than any other adopter group to say that contact should be normal for all adopted children if deemed safe. Contrary to the popular view, it seems that prospective adopters who move beyond the initial enquiry stage are largely open to the idea of safe direct contact in principle.

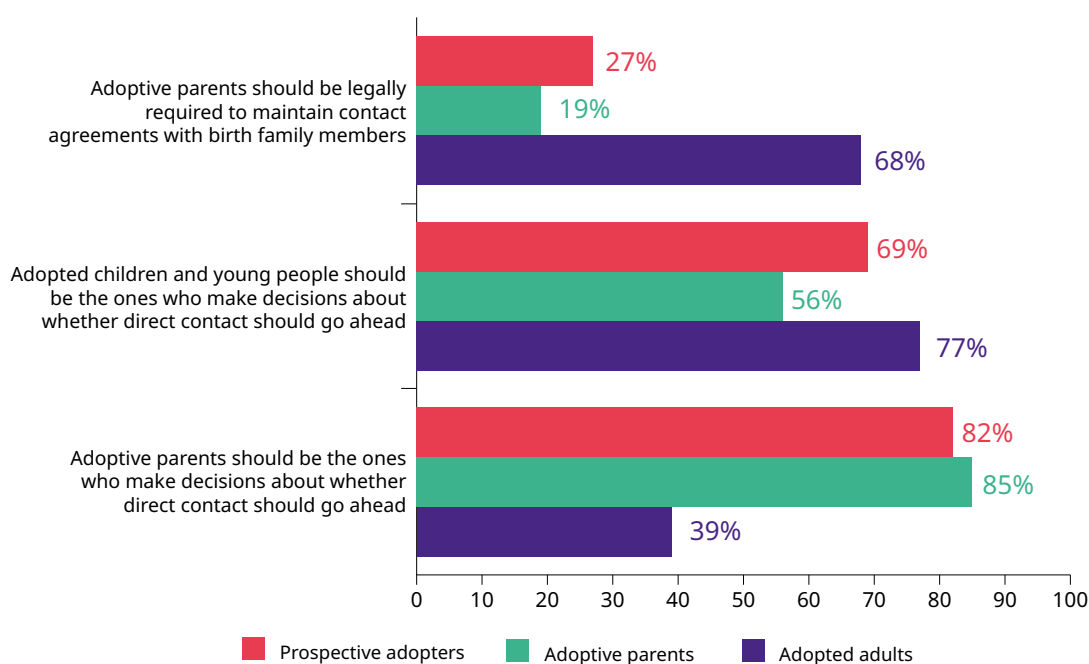
However, willingness to consider direct contact does not necessarily mean that adopters were completely comfortable with the idea. 70% of prospective adopters and 74% of adopters whose children did not have direct contact agreed that they felt very nervous and uncertain about the prospect. Even among adopters whose children did have direct contact, 46% agreed with this statement.

While 65% of prospective adopters were 'very open' to the idea of direct contact with birth siblings, 27% felt they would need professional support to manage it, and 45% were worried that it would be emotionally difficult for their child/children. When asked to consider direct contact with their future child's birth parents, more than half felt that they would need professional support, 64% worried that it would be emotionally difficult for their child and 54% worried that it could be unsafe. Even where there is openness to direct contact in principle, adopters will need support to understand the potential risks and benefits, manage the ongoing relationship and support their children appropriately.

In general, adopters who were not involved in direct contact were less positive than those who were. Only 44% of those without direct contact agreed that it should be standard for adopted children if deemed safe, compared to 64% of adopters with direct contact. What is not clear is whether less positive attitudes drive the lack of direct contact, or whether there are other factors that mitigate against direct contact (for example unsuccessful or inconsistent indirect contact) and which have a subsequent negative effect on attitudes towards direct contact.

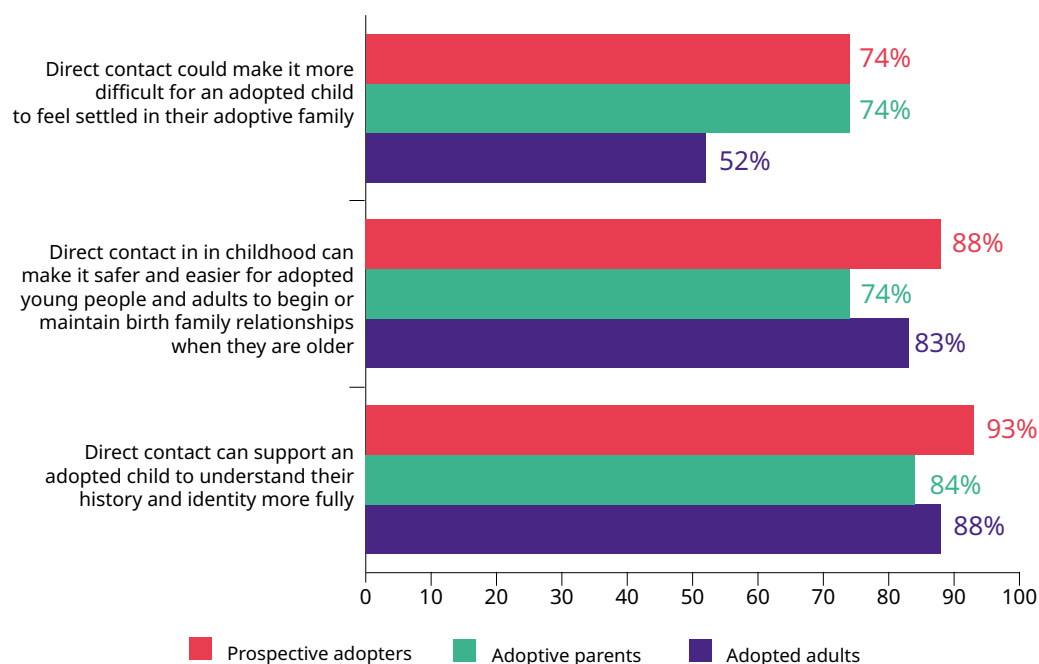
Adopted adults were more likely than adopters to agree that direct contact should be normalised where deemed safe, although those who did not experience direct contact in childhood were more likely to agree (76%) than those who did (63%). Those who experienced childhood direct contact were more likely to agree that contact should be left until children were much older (43%) than those who had not (35%). Although the number of respondents who had experienced childhood direct contact was small, their views did appear to be more mixed than the views of those who had not had direct contact.

Figure 28. Attitudes towards direct contact (ii)



On the issue of decision making in direct contact, the views of adopted adults and adopters were more divergent, with adopted adults much more likely to prefer that adopted children have more agency and that adopters should be legally required to maintain contact agreements, although the strength of agreement was lower for adopted adults who experienced childhood contact compared to those who did not. While a majority of adopted adults did agree with legal enforcement, 46% of adopted adults who did not have childhood direct contact 'completely' agreed with this statement, compared to only 17% of those who did have contact.

Figure 29. Attitudes towards direct contact (iii)



The majority of both adopted adults and adopters agreed that direct contact could be beneficial for adopted children in terms of understanding their life history and identity and any future relationships with birth family members, including adopters whose children did not have direct contact.

This suggests that, where adopted children are not currently experiencing direct contact, this is not necessarily due to adopters being unaware of the potential benefits of it. If adopters have concerns around direct contact, it is possible that creating opportunities for them to hear from adopted young people and adults and adoptive parents who have experience of maintaining direct contact could assuage some of those concerns.

For example, adopters whose children have not had direct contact were considerably more likely to be concerned that it could negatively impact a child's ability to settle into their adoptive family (80%) than adopters whose children did have direct contact (59%). Adopted adults with lived experience of direct contact during childhood were least likely to hold this opinion (37%). Presumably their own experiences had influenced these views. Establishing and maintaining direct contact can seem like a leap into the unknown but hearing the experiences of those who have successfully navigated the journey can make the unknown known, helping all parties to assess the potential risks and benefits.

Across almost all these statements, adopted adults who did not have childhood direct contact were more likely to express strong agreement or disagreement than those who had experience of direct contact. We can speculate that those who did not have contact might have felt differently if they had experienced it, but that misses the point. This group never had the opportunity to explore for themselves whether maintaining birth family relationships would have been the right decision for them and so, decades on, live with the legacy of not knowing how things might have been had different decisions been made in their childhoods.

This report focuses largely on the support available to families and adopted individuals who were able to make the decision to establish and maintain birth family relationships. However, the strength of feeling among adopted adults who never had that chance demonstrates that there are no neutral decisions in adoption. Issues that are never discussed and never explored can still have a powerful lifelong impact on the lives of adopted individuals.

Preparing adoptive families for direct contact

The attitudes of prospective adopters and adoptive parents towards maintaining direct contact with their children's birth family members can be described as cautiously positive, but with concerns and reservations. In view of this, it is important that open and frank conversations take place from pre-approval onwards to allow adopters to express their concerns and support them to consider the risks and benefits both in general and in their individual circumstances.

31% 
of adopters had a named person at their agency who they could ask for advice and support around contact

Ideally, discussion of the possibility of maintaining relationships with children's birth family members and details of the support that would be available from their agency should form part of the preparation to adopt. 47% of prospective adopter respondents said that this did form part of their preparation training, and a further 16% were unsure. 38% said that it did not.

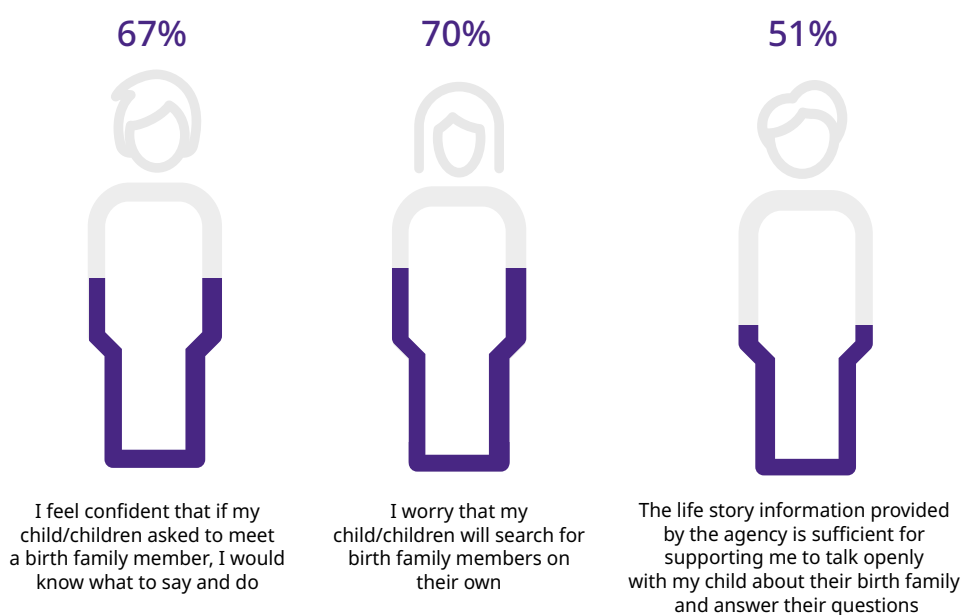
Among respondents who had adopted children living with them (including on early permanence arrangements), 30% said that they were given information about the support their agency might offer if their child or children were to be engaged in direct contact as part of their preparation to adopt. A further 22% were unsure, suggesting that even if this information had been offered, it had now been forgotten.

The *Adoption Barometer* surveys suggest that approximately one quarter of 13-18-year-old adopted children will have informal direct contact each year. Their adoptive parents' approvals process will have taken place ten or more years earlier and it is likely that even if they were given information

about support for direct contact, by the time their child reaches their teens they will have forgotten much of what they were told and, even if they remember, the information is likely to be out of date.

Therefore, it is important that families continue have access to advice, training, and support around direct contact even if direct contact is not taking place, as there is always the possibility that children will reconnect with birth family members as they grow older. However, only 12% of respondents said they had been offered training or information about how to establish or support direct contact (after the adoption order was granted), and only 31% said they had a named person at their agency who they could ask for information or advice about any form of contact, including indirect contact. Considering the large majority of adoptive families will have at least one agreement for indirect contact, it is a concern that so many do not have a named agency representative to support them with this.

Many adopters whose children did not have direct contact expressed concern around their ability to support their children's understanding of their history and identity, and worried that their child would search for birth family members on their own, without support. Although 67% agreed that they felt they would know what to say and do if their child asked to meet a birth family member, only 18% strongly agreed with this statement. More than one quarter strongly disagreed that life story materials were sufficient to enable them to answer their child's questions about birth family members.



It is not always possible or safe for adopted children to engage in direct relationships with some or all members of their birth family, yet it is essential that they are still supported to make sense of their histories and their identities. In the absence of direct contact and when indirect contact is so often insufficiently regular or not reciprocated, it often falls to adoptive parents to support their children on this journey. Whether direct contact is taking place or not, adoptive families will need comprehensive life story information, and this may need to be re-visited and refreshed as new information comes to light so that it becomes a living document of real value to the adopted young person.

Childhoods without connections

Most of the adopted adults (86%) who responded to the survey had never participated in planned direct contact with a birth family member during their childhoods.

Over the decades, adoption legislation, attitudes towards secrecy, access to original records and availability of systems for maintaining contact with birth family members have changed considerably. For example, in England, adopted adults had no legal rights to access their birth records until the mid-1970s. It was not until the Adoption and Children Act 2002 that a duty to consider contact arrangements before making an adoption order was introduced, and provisions for bespoke contact orders at the time of the adoption came much later.

Consequently, for the 81% of survey respondents who were adopted during the 1990s or earlier, the option of maintaining any form of continuing relationship with any birth family member was unlikely or impossible.

I was told that my mother gave me away and didn't want me. I am a 1960's adoptee and it was law that neither party would be able to trace!

Adopted adult

Only 11% of respondents who did not have direct contact in childhood said it was because they didn't want it.

I was fully informed about being adopted but had no personal interest in tracing my parents until I had a child of my own.

Adopted adult

A further 6% knew it would be virtually impossible because, for example, they were adopted from overseas, and 3% said that, as a child, they did not know they were adopted.

Most respondents indicated that lack of information, or lack of access to their records was a barrier to establishing or maintaining contact. However, it was clear that legislative barriers were not the only hindrance to adopted children and young people maintaining connections with birth family members.

Just over one in ten respondents said that they had raised the subject with their adoptive parents, but their parents had deflected it, or explicitly stated they were against the idea. Even where the subject was not explicitly raised, many respondents cited their adoptive parents' feelings or perceived attitudes as a reason for not asking about birth family members. 43% of respondents said that they felt their adoptive parents wouldn't have wanted them to have direct contact and wouldn't have supported it, and 45% said they felt that asking for contact with birth family members would have upset their adoptive parents.


It was a closed adoption. My adoptive parents made it very clear that I could not discuss adoption.

Adopted adult

My adoptive parents were very defensive when I asked questions and said I should be grateful they adopted me.

Adopted adult

Among respondents who were adopted during the 1990s or later but did not have direct contact in childhood, lack of information about birth family members was less likely to be reported as a barrier.

45% 
adopted people who did not have birth family contact during childhood said they didn't ask about it for fear of upsetting their adoptive parents

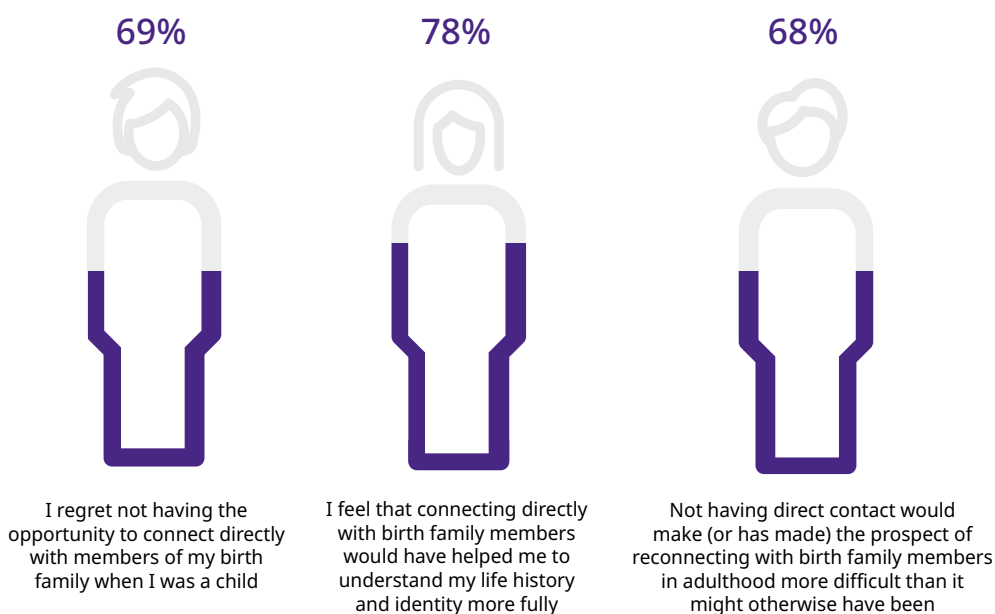
This group of respondents was more likely to have attempted direct contact, but almost all who did so were told by professionals that it would be unadvisable or impossible and so it was not pursued.

However, despite a greater openness towards maintaining relationships with birth family members from the early 2000s onwards at policy level, those who were adopted in the 1990s or later were just as likely as those adopted earlier to feel that their adoptive parents wouldn't support direct contact, or that they would be upset by the idea.

Claire, an adopted adult and founder of How to be Adopted, writes about the pressure placed on adopted young people by society to consider the feelings of their adoptive parents, often above their own wishes and needs, in her blog post, *"How did your adoptive parents feel about it?" And other annoying questions about reunion*⁷. Reflecting on a 1990s magazine article – an interview with a young, adopted pop star who had decided to search for his birth mother – she notes that the interviewer mentions the feelings of the adoptive and birth parents many times, while the advice for readers instructs adopted young people not to expect too much, to reassure their adoptive parents and try to see their point of view. Claire describes this article as one of many examples of "not-so-subtle shaming of adoptees" she grew up with.

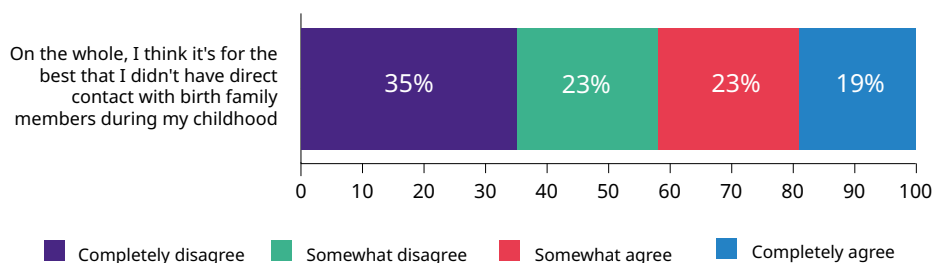
Policy and legislation have moved towards more acceptance of continuing post-adoption relationships with birth family members in recent years, and a large proportion of adopters who responded to the survey were aware of the potential benefits of direct contact and willing to consider it. However, the complex and conflicting emotions experienced by adopted children and young people who may be receiving messages from society at large and their extended adoptive families about 'gratitude' and being 'lucky', as well as feeling responsible not only for their own feelings but for those of their adoptive and birth parents too, must be addressed. Research into the potential benefits of post-adoption direct contact⁸ found that face-to-face contact with birth relatives and associated openness within adoptive families could help to reduce the sense of divided loyalties experienced by adopted young people, yet this opportunity was not available to so many adopted adults who responded to this survey.

Lack of opportunity to maintain connections with birth family members in childhood was a source of regret for many adopted adults, and, despite two thirds agreeing that direct contact might have been emotionally upsetting, most felt that it would have supported them to understand their life history and identity more fully.



However, it is important to note that respondents' views were not entirely homogenous. While most agreed that they might have experienced benefits if they had maintained direct relationships with birth family members in childhood, when asked if they felt it was for the best that this hadn't happened, there was a more mixed response.


Figure 30. Reflecting on lack of direct contact in childhood



In adulthood, as in childhood, adopted people have differing views and differing circumstances. It is essential that, while expert, professional support, advice and guidance is available for all adopted children, young people and adults, it must also be flexible and individualised according to the circumstances and needs of the adopted person.

Barriers to establishing direct contact

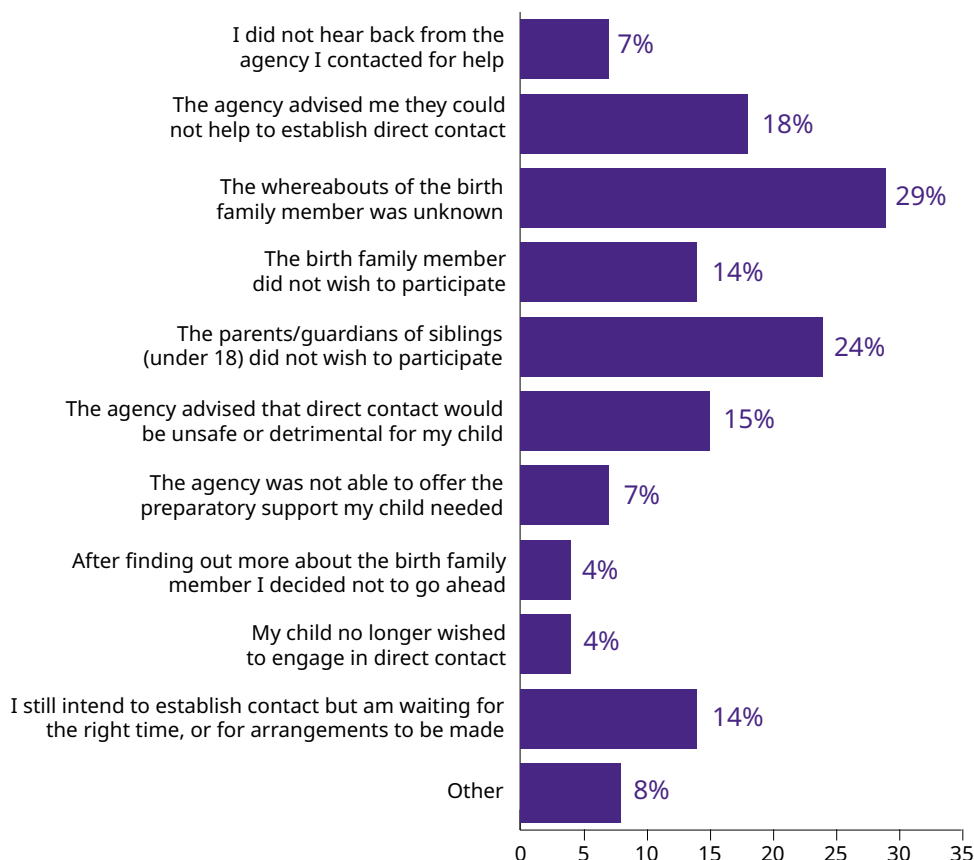
While successive *Adoption Barometer* surveys have provided a sense of the proportion of adoptive families who are actively engaged in direct contact each year, less has been discussed about those who attempt to establish direct contact relationships but are unable to do so. In this year's survey, 8% (n=76) of respondents whose children had never had direct contact said that they had unsuccessfully attempted to establish it.

4% 
of adoptive parents say their child was offered follow-up support after attempts to establish direct contact failed

The most common approach for adoptive parents seeking to establish direct contact was to approach their child's placing agency for help (73%). 16% said that they had searched for the birth family member themselves. In comments, respondents noted that they had spoken to their own adoption social worker about direct contact both before and after their child had come to live with them, and one commenter had asked for direct contact in the settling in letter that had been sent to the child's birth parent shortly after the child had moved in. Respondents who had adopted internationally had contacted the police in the child's birth country and engaged private facilitators in an attempt to uncover information about the child's birth family as a preparation to establishing contact if possible.

Figure 31. Reasons for failure to establish direct contact

(Figures do not total 100% as respondents could select all answers that applied)



Establishing direct contact relationships will frequently require professional support in locating and contacting birth family members. A considerable proportion of respondents who were not able to establish direct contact encountered barriers within the agency they approached for support, including not hearing back from their agency, being told the agency could not help them, and not being able to access the preparatory support their child needed prior to beginning the direct contact relationship.

It is still difficult to set up and agencies won't set up introductory meetings. I have been trying for two years and got nowhere ... I will have to resort to Facebook.

Adoptive parent

We have always been open to direct contact and have told every social worker this from the time of placement. We formally requested direct contact in 2019 and at that time two social workers told us they wouldn't recommend it because it would be confusing for our child and the birth parents might react badly.

Adoptive parent

I intend to keep pursuing this area, but I don't feel hopeful that the LA will ever be in a position to provide the necessary therapeutic interventions to support it.

Adoptive parent

Even if the agency is supportive of establishing direct contact safely – 15% of those who were unable to establish direct contact were advised that it would be unsafe or detrimental – and is able to offer the information and support necessary, a successful outcome will mean the engagement of not only the adopted child or young person and, especially for younger children, their adoptive parent, but also the birth family member involved and, where the birth family member is a child under 18, the parent, carer or guardian of that child.

Difficulties co-ordinating the wishes and availability of all involved presented a barrier for many respondents. The most common reason why direct contact could not be established was that the whereabouts of the birth family member was unknown. Almost one quarter could not establish direct contact with their child/children's siblings (aged under 18) because the parent or guardian of the sibling did not wish to engage with direct contact. It is not possible to know from this data what the reasons may have been, or whether this was the parent/guardian's decision or the child's, but comments reveal the frustrations of many adoptive parents in this situation.

My child was desperate to meet someone with the same blood as them. He was crushed when the other child's adoptive parents said no.

Adoptive parent

Asked our agency social worker to make contact with the social worker of the birth sibling in an adoptive placement to set up an arrangement. Despite saying they were supportive, the other family haven't responded since to actually put anything in place.

Adoptive parent

A considerable proportion of respondents selected more than one response when asked the reasons why direct contact had not gone ahead. This year, 78% of Adoption Barometer survey respondents described their family as facing challenges, severe challenges or at crisis point and 76% said that they faced a continual battle to get support. Where families are already navigating adoption support services, education services, child and adolescent mental health services and other professional agencies, the prospect of a potentially challenging and lengthy process to establish direct contact must seem daunting. Additionally, the pandemic and associated disruptions during 2020 and 2021 have created difficulties both in the availability of professional support and the ability of families to meet in person.

I'm having a hard enough time getting my child's placing agency to establish letterbox contact ... I can't imagine them being willing to help us with direct contact.

Adoptive parent

We tried several times to contact birth mum to no avail. Now a half-sister has got in touch, and we are working towards face-to-face contact. In light of life and circumstances and lack of understanding in school and other events having taken place this sadly had to be put on the back burner. It would certainly be so much more helpful to have a managed contact social worker in place and working on this, liaising with all parties.

Adoptive parent

The next letterbox letter we received from birth parents had a request from them for direct contact... Then the pandemic happened and nothing more has been actioned about it and in the meantime our child has lost years of potential contact with his siblings and first parents.

Adoptive parent

The uncertainty, lack of information and delay experienced by many respondents who had not been able to establish direct contact can have a significant impact on the adopted child or young person. One respondent reported their child feeling "crushed" when direct contact could not be established with their birth siblings.

Where direct contact is being considered, or proves to be difficult or impossible to establish, it is essential that adopted children and young people are offered appropriate support to help them navigate the emotional complexities involved. Only 4% of adoptive parents said their child had been offered any follow up support once it became clear that direct contact would not be possible.

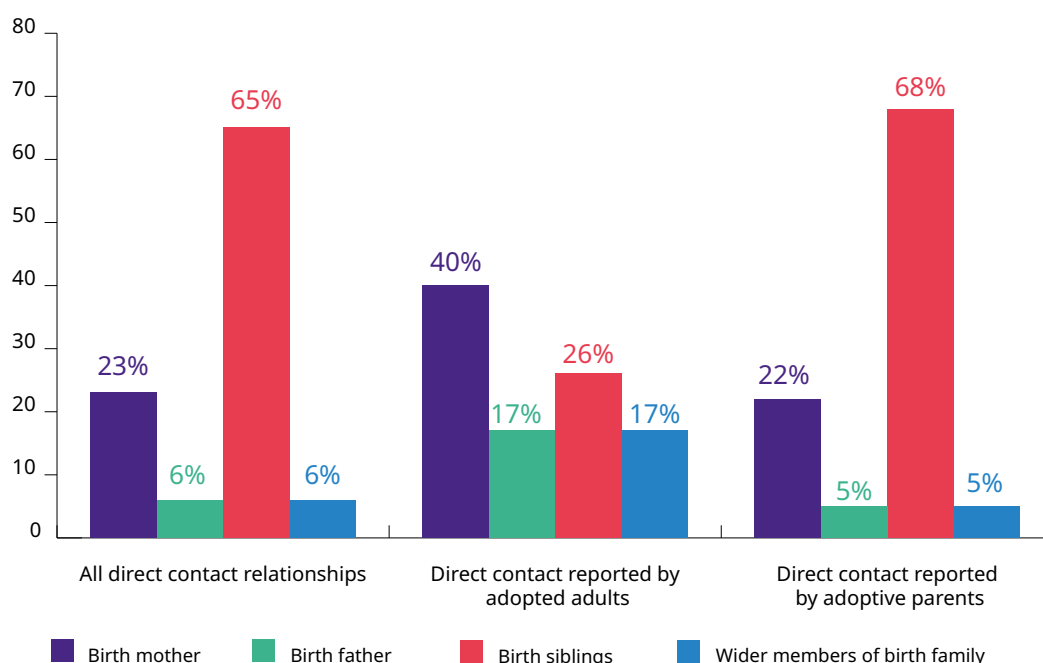
Establishing direct contact

There were 514 adoptive parent respondents whose child or children had had planned direct contact with a birth relative at any point since the adoption order, representing 619 individual direct contact relationships. 30 adopted adults reported that they had experienced planned direct contact with a birth relative during childhood, representing 35 individual direct contact relationships. The experiences reported by adoptive parents and adopted adults will be discussed side by side.

All the adopted adults who had a planned direct contact relationship with a birth family member during childhood were adopted in the 1970s or later, and 63% of them were adopted in the 2000s. All of the adoptive parent respondents had adopted children who were aged 0-25 at the time of the survey. Therefore, the vast majority of the direct contact relationships being discussed here will have taken place in the 2000s or later.

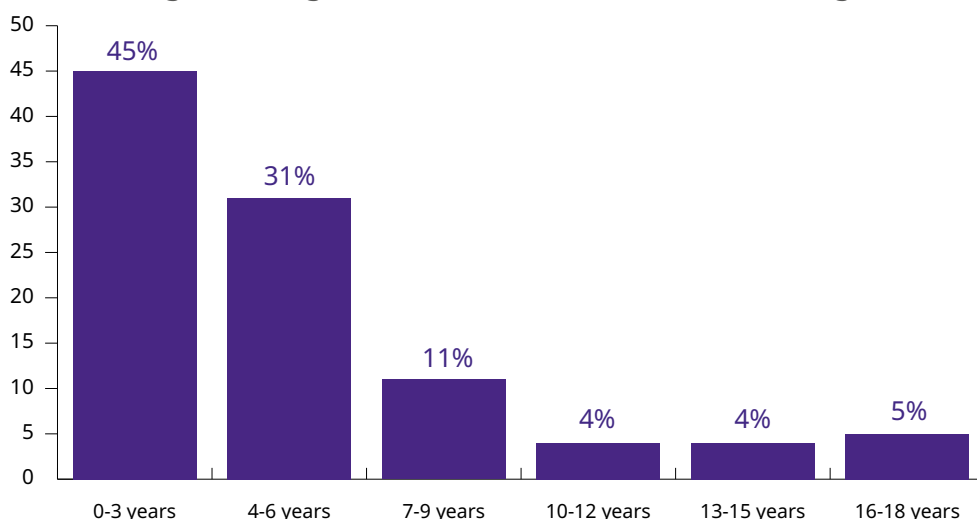
17% 
of adopted adults recalled receiving professional support prior to childhood direct contact beginning

Figure 32. Who was the direct contact relationship with?



The most common way for the direct contact relationship to have been initiated was via a formal arrangement for direct contact agreed to by all parties at or around the time of adoption. This applied to approximately one third of the relationships reported by both adopters and adopted adults. The majority of children were aged 0-6 when the direct contact relationship began, with relatively few relationships beginning later in childhood.

Figure 33. Ages of children when direct contact began



One in five adopters said that either they approached their agency/the placing agency, or that the agency approached them to request direct contact. Similarly, 29% of adopted adults said that the arrangements had been made by their parents with the support of social workers. Where direct contact had been successfully established, 65% of adoptive parents agreed that their agency had been helpful and supportive during the initial stages.

I talked about it for a long time and then one of my adoptive parents was like, well why not do it then? So we asked the social worker if it would be ok.

Adopted adult

Although a slight majority of direct contact relationships began with the involvement of social workers, either through establishing formal agreements, or supporting each party to connect with the other informally, some respondents noted that social worker involvement often ceased after initial approaches had been made, or as the relationship between the adoptive family and the birth relatives developed and became more flexible and open.

Younger siblings were born and I asked for direct contact. The [local authority] put us in touch and we have made arrangements from then on.

Adoptive parent

We agreed to direct sibling contact before applying for the [adoption order] but it is left to both adoptive families to arrange. No involvement or support from LA/RAA.

Adoptive parent

Started as formal arrangements but developed from there over the years as they became part of our extended family.

Adoptive parent

Adopted adults were more likely to report that they had initiated the direct contact themselves, either by seeking the support of their adoptive parents (9%) or making their own arrangements (11%).

Case study

I contacted my birth mum over social media when I was 14 after discovering her real name in a letter in my adoptive parents' room. I quickly found her on Facebook and sent her a message, which led to us having a Facetime call without my adoptive parents knowing.

It went well. We had a normal conversation about my interests, how I was getting on. She apologised for what had happened, but said she wasn't to blame, it was my birth dad.

But when I told my family social worker, she said it was a "stupid decision." She then told my adoptive parents who fell out with me for a few months.

The conversations with my birth mum remained positive and eventually I was able to meet her. The meeting went well but the social worker ended it early, which was frustrating.

I'm pleased I instigated contact, but unfortunately it has broken down because my birth mum has a new boyfriend who's controlling.

I now feel very rejected as my mum has got four other kids who live with her. When I told her this, she just said: "I don't need to explain myself to you. I'm not going over my past and I'm not going to argue with you." I was mad and this experience affected my mental health.

My advice to my 15-year-old self would be take things slower and reach out for help.

There should be way more support for adopted young people who want to contact birth relatives. I also think we should be allowed to make contact when we want, rather than having to wait, and our choices should not be labelled as wrong.

Adoptive parents need to realise that at some point we'll want to read our files and meet our birth family – that's normal for an adopted teenager.

Adopted adult

Nearly one in five adoptive parents said that they had made the arrangements for their child's direct contact independently without support from social workers, or after finding out that the agency could not or would not help them.

My adoptive mother arranged for us to meet in my half brother's foster home and for him to visit us.

Adopted adult

Other respondents experienced direct contact as part of early permanence contact arrangements. Respondents who had previously fostered their child before adopting described continuing arrangements for direct contact with siblings that had begun prior to the adoption order. Only a small proportion – 1% of adoptive parents – said that contact had been initiated due to a birth family member (as opposed to the parents, carers or guardians of a birth sibling) approaching them or their child directly. This is to be expected as in this part of the survey respondents were being asked about planned direct contact, established formally or informally with the agreement of all parties. *Adoption Barometer* survey data shows that 23% of 13-18-year-olds who had informal (planned or unplanned) direct contact in 2021 were approached directly by a birth relative, mostly via social media.

Bumped into birth dad in town. He wanted to see the children.

Adoptive parent

Relatively few respondents said that any preparatory support had been offered to children in advance of direct contact beginning. 17% of adopted adults recalled anyone outside of their adoptive family

giving them any help to prepare themselves emotionally for direct contact. Similarly, 18% of adoptive parents said that their agency had offered their family or their child preparatory support in advance of contact beginning.

However, when those who reported receiving support were asked to describe it, comments revealed considerable variation in the extent of support. Many mentioned the provision of life story materials, which should be standard for all adopted children, or adoptive parents being offered a general training session about contact at some point during their adoption preparation or after adopting. Others mentioned advice for parents about format and location or being supplied with contact details or addresses.

In total, 55% of respondents who said they received support described support that either did not directly involve the child, was limited to universal provision and unrelated to the specific direct contact being arranged or was mainly practical in nature. Some children had life story work, but this had taken place at various times, including while in foster care, and was not necessarily related to the specific direct contact being established. Others had a meeting with a social worker to talk through expectations. Only a small proportion reported the child receiving more extensive support such as therapeutic life story work or counselling that was specifically provided as a preparation for establishing the direct contact relationship.

Therapeutic life story work – but too late as our adopted child had already established contact with birth family by the time funding was agreed.

Adoptive parent

Advice on location, format and social worker actually came along on second contact as the first had been challenging.

Adoptive parent

Life story books were prepared at an early stage

Adoptive parent

*Pre-adoption, we were told that no support was available
("We expect our adopters to sort it out themselves.")*

Adoptive parent

The social worker prepped me, alongside my parents, by explaining what would happen, when, and what to do if it all became too much.

Adopted adult

Experiences of support for direct contact

We have already seen that although there was professional involvement in the initial establishment of the slight majority of direct contact relationships reported by respondents, for some families, this support tailed off once the contact was underway.

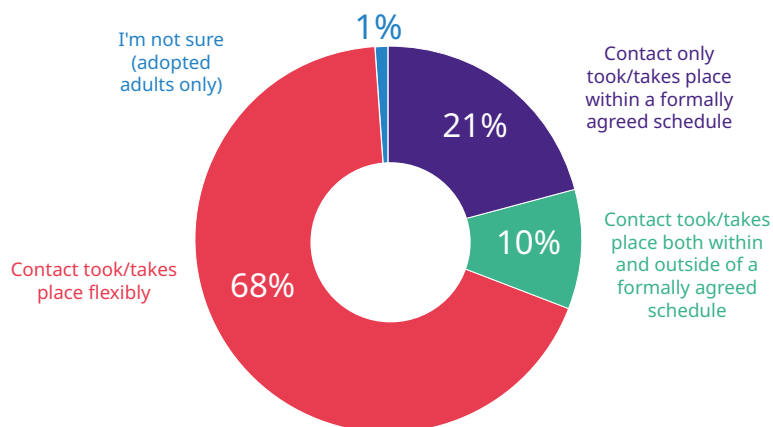
Adopted adults were more likely to report that social workers were usually involved in continuing arrangements for direct contact (34%) than adoptive parents (21%). Of the contact relationships described by adoptive parents, 58% were maintained via direct communication between the adoptive parents and the birth family member (or their parent/guardian/carer) and 11% were maintained by the adopted child's direct communication with their birth relative. For both sets of respondents, adoptive parents or adopted children and young people were most likely to be taking the lead in communicating with birth relatives

15% 
of adoptive parents
said their agency
regularly and
pro-actively reviews
arrangements for
direct contact

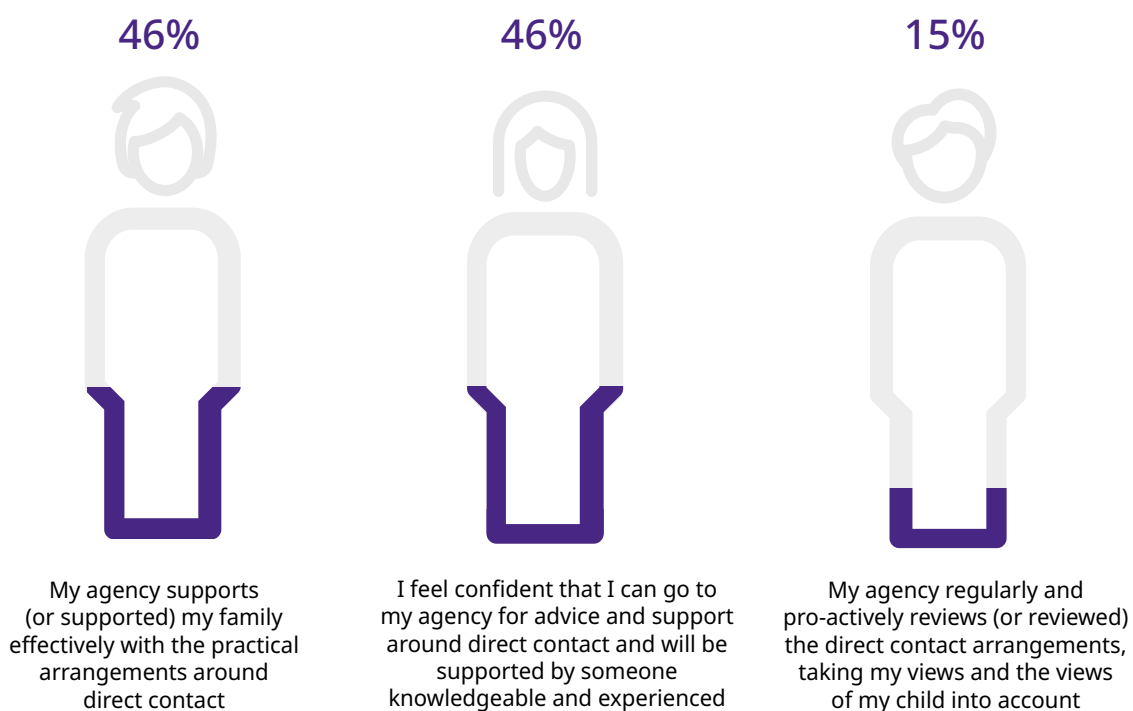
and making arrangements for visits and other forms of direct contact.

In view of this, it is not surprising that arrangements for maintaining ongoing relationships with birth relatives were frequently flexible, taking place as and when all parties wished it.

Figure 34. Flexibility within direct contact arrangements



Respondents' responses create a picture of relationships with birth family members that are maintained largely through the activities of the adoptive parents or the adopted young person, and are either flexible from the start, or evolve towards more flexible arrangements as time passes, with relatively little continuing involvement from professionals. In fact, only 15% of adoptive parents said that their agency regularly and pro-actively reviewed their family's arrangements for continuing contact.



It is clear from respondents' comments that some direct contact relationships ran smoothly, and professional support was rarely needed, if at all.

Over time, all the four siblings' parents took over contact arrangements ourselves and now it is relaxed and normal.

Adoptive parent

My daughter regularly chats with her older sisters, and it's been a very positive and reassuring relationship for them all.

Adoptive parent

However, 70% of adoptive parents and 51% of adopted adults said that there were practical challenges involved in managing the direct contact, such as travelling long distances or finding it difficult to make arrangements that suited everybody. The direct contact relationship was described as sometimes being difficult and emotionally challenging for the adopted child by 59% of adoptive parents and 57% of adopted adults. Respondents expressed a need for more support not only for the adopted child or young person, but also for the birth relatives.

There wasn't any support from any 'non-involved' members. Nobody understands, even therapists and counsellors were idiotic about anything that was going on. Being treated as a case study rather than an actual child was disgusting and unethical yet it happens every day.

Adopted adult

There's not enough support. It still hurts me to this day what my birth family has done. I have been in and out of hospital because of it so there obviously needs to be way more support for care-experienced kids, teens and adults.

Adopted adult

It's so emotionally draining afterwards. It would be good if there was support to help the children understand how to be good siblings together.

Adoptive parent

Lots of problems and confusion for all parties as no clear boundaries or rules set for contact ... need for non-adopted siblings to receive support before and after direct contact too.

Adoptive parent

For some families, the relationship between the child and their birth relative was relatively smooth when the child was younger but new challenges arose over time, highlighting the need for agencies to pro-actively review direct contact arrangements and begin or adapt support as needed.

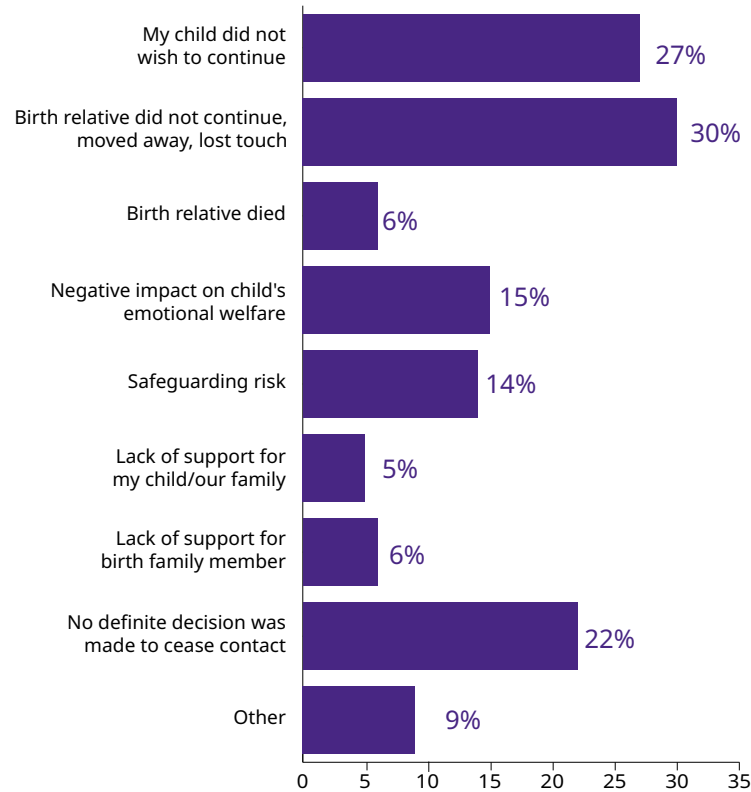
My children had direct contact with their siblings from the time of placement. This worked very well until they all reached teenage years and it then became very complex.

Adoptive parent

While the majority of direct contact relationships described by respondents were still continuing or, in the case of adopted adults, continued until adulthood, even sporadically, 26% of the direct contact relationships reported by adoptive parents and 20% of those reported by adopted adults had ceased at the time of completing the survey.

The number of adopted adults whose contact relationships had ceased was very small (n=7). Three of these said that the relationship ceased because the birth family member did not want to continue, ceased contact, moved away or lost touch. The rest said that either they or their adoptive parent did not want to continue, or that they or their parents were advised that continuing contact could be unsafe or detrimental to their wellbeing. One respondent said that they felt they needed more professional support to continue the relationship.

Figure 35. Reasons why direct contact relationships ceased
(adoptive parent respondents)
(Figures do not total 100% as respondents could select all answers that applied)

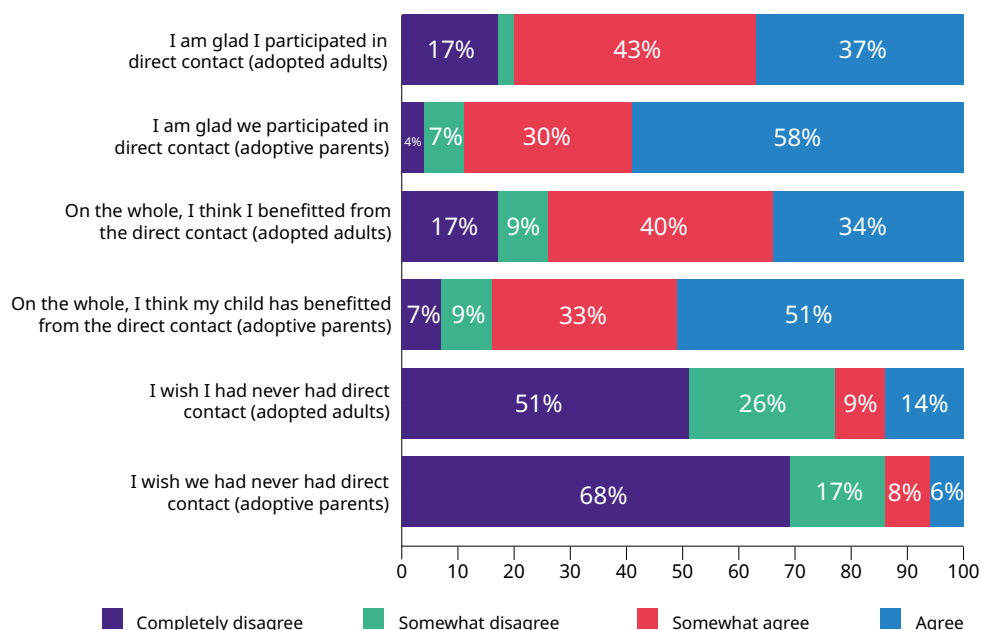


Although relatively few adoptive parents specifically cited lack of professional support for their child, their family or the birth relative as a factor in direct contact ceasing, 30% said that contact ceased because the birth family member did not wish to continue (this included some respondents where parents/carers of their child's sibling ended the contact), 15% worried about the emotional impact on their child and 22% said that contact had ceased without a definite decision being made to end it. In comments, some of these respondents mentioned the Covid-19 pandemic as a factor, and several expressed a hope that contact would be resumed at some point. It is possible that in these cases additional support for birth relatives and adoptive families may have helped to overcome the barriers to continuing the contact relationship.

Only 6% of adoptive parents said that their child was offered any therapeutic support after the direct contact relationship ceased. Most were left to pick up the pieces without professional help.

Even when relationships with birth family members are maintained over a long period of time, many would benefit from additional, expert support to prepare for direct contact, and to maintain it successfully. However, despite the challenges involved, adoptive parents and adopted adults (including where direct contact had eventually ceased) were largely glad that they had the opportunity to maintain relationships with birth relatives.

Figure 36. Reflecting on experiences of direct contact



Almost three quarters of adopted adults agreed that maintaining the relationship with their birth family member had helped them to understand their identity and life history more fully, as did 78% of adoptive parents. However, when asked whether participating in the direct contact relationship in childhood had helped to create a relationship for life between the child and their birth relative, the picture was more mixed, with 74% of adoptive parents agreeing that they thought it had, but only 43% of adopted adults somewhat or completely agreeing with this statement and 37% completely disagreeing.

It was good at first, but nan lied and abused our trust.

Adopted adult

I wish I'd never seen my brother. Watching him grow up just for his dad to rip away all contact. I'd rather have not built a bond then I'd never miss him because there wouldn't be anyone to miss.

Adopted adult

The impact of decisions made on behalf of adopted children and young people is lifelong and adopted adults' feelings about the long-term benefits or otherwise of maintaining direct contact relationships in childhood may change as these relationships shift and develop over the years. If formal support for continuing contact ceases once an adopted child reaches adulthood, adopted adults can be left to manage these relationships and the associated emotional impact without the professional, expert support that they need.

Tracing birth relatives in adulthood

The majority (80%) of adopted adults who responded to the survey had made some attempt to reconnect with a birth relative since they turned 18, even if the attempt had been unsuccessful. Among those who had not, the most common reason was that the respondent worried that reconnecting with birth relatives might not be a positive experience, resulting in rejection or a feeling that they did not fit in.

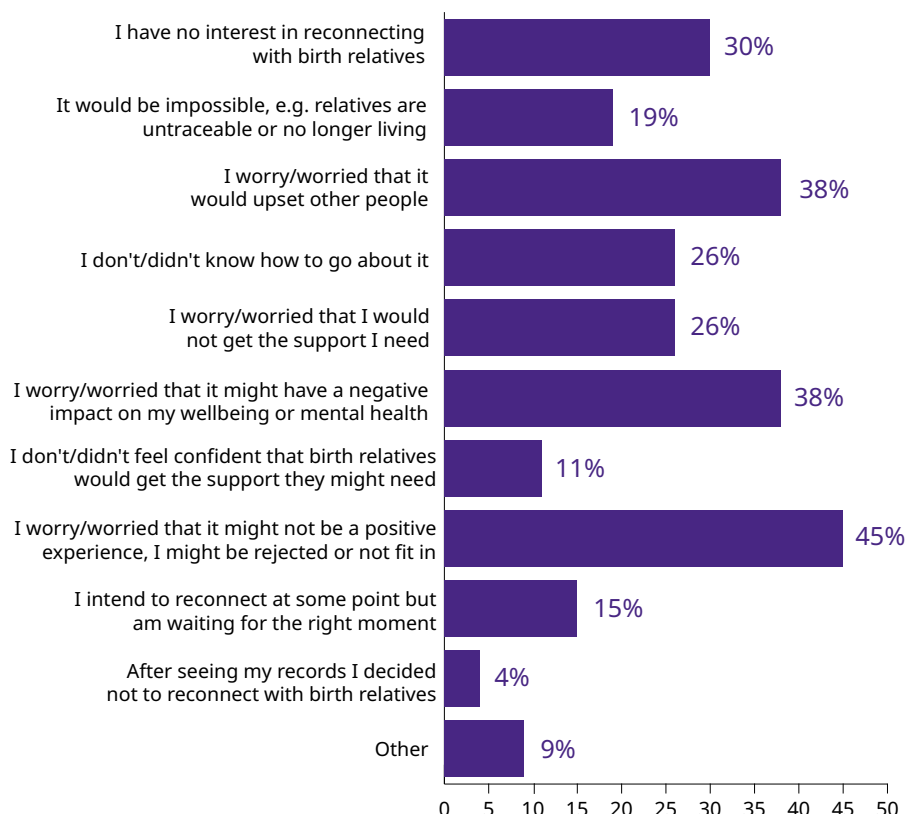
16%



of adopted adults were offered follow-up counselling or therapeutic support after successfully tracing birth relatives

Figure 37. Reasons for not attempting to trace birth relatives in adulthood

(Figures total more than 100% as respondents could select all answers that applied)



There were 47 adopted adult respondents who had not attempted to trace birth relatives at the time of the survey. Between them, these respondents selected a total of 126 answers to the question about why they had not done so, demonstrating the complexity of the practical and emotional challenges involved. Respondents worried not only about the potential impact on their own mental health and wellbeing, but also that their attempts to reconnect with birth relatives might upset other people, demonstrating the line walked by many adopted adults between their own feelings and their sense of responsibility for the feelings of those around them.

It is heartbreaking to realise you are close to connecting with family but cannot for the simple lack of an address. And efforts to respect someone's privacy or cause upset by revealing yourself to others is harder. I know some family revelations have been made on DNA sites which will have caused family upset.

Adopted adult

I've never felt the need/desire strongly enough to look into this (at 50 years). There is a degree of curiosity, but I don't feel this is sufficient to risk potential upset/disappointment on either side.

Adopted adult

I want to meet my older siblings again but afraid of the emotional fallout and impact on my mental health which dips every few years. From time to time I watch them on Facebook and still feel a need to connect.

Adopted adult

Most survey respondents did not have the opportunity to maintain direct contact relationships in childhood, so the possibility of reconnecting as an adult was a step into the unknown. However, two respondents noted in comments that their decision not to reconnect in adulthood was a result of earlier negative experiences of unplanned and unsupported direct contact.

I contacted them when I was a teenager, without anyone knowing. Used Facebook. Worst mistake of my life.

Adopted adult

They have stalked me online and not respected my right for privacy.

Adopted adult

Two of the respondents who had not traced birth relatives reported becoming adoptive parents themselves. Both reflected that their own children's experiences and views had an impact on their feelings about their own experiences as adoptees.

I am also an adopter. Contact is a difficult subject as my child has letterbox and their birth mother has never replied. I am worried about the repercussions it would have if I had contact with my birth family.

Adopted adult and adoptive parent

It is to be expected that in a survey that was advertised as being about direct contact and establishing and maintaining relationships with birth family members, the majority of respondents would have experienced either direct contact in childhood or attempted to trace a birth relative in adulthood. However, even among those who had not attempted to trace, the majority (70%) indicated that they did have at least some interest in tracing birth relatives even if they had not begun the process. For most, the curiosity is there, even if the means to satisfy it is not, and therefore the support to process this emotional journey needs to be readily available at any point in an adopted person's life.

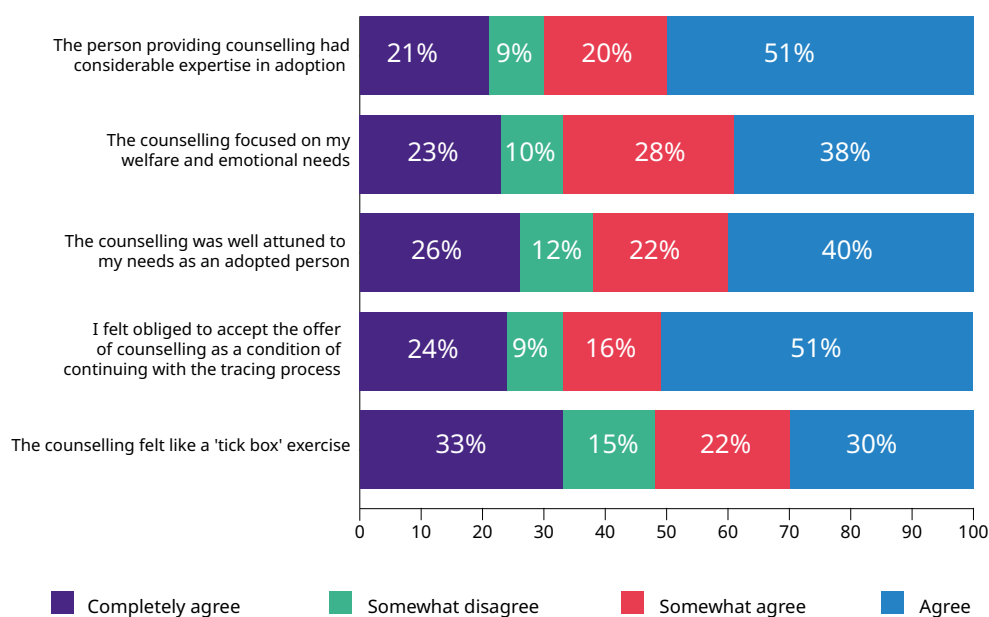
Where respondents had traced, or attempted to trace birth relatives, it was clear that, for some, relationships with several birth relatives had been pursued. Of the 167 respondents who reported tracing or attempting to trace birth relatives, 279 separate instances of tracing attempts were reported. Of these, 83% resulted in the respondents establishing contact with the birth relative they were tracing.

While 56% of respondents had been pro-active in searching by themselves, including using DNA testing, 70% had explored official routes (e.g. the Adoption Contact Register or the National Records of Scotland Adoption Unit) and/or sought professional support through a local authority (or health and social care board in Northern Ireland), and/or an intermediary service.

Legislation and guidance about what support should be offered to adopted adults when tracing birth relatives varies from nation to nation and can also be dependent on the date of the individual's adoption. For example, anyone in Northern Ireland adopted before 18 December 1987 who does not know their birth name must have a meeting with a social worker if seeking their birth records. In England, those adopted before 12th November 1975 are required to attend counselling if they wish to receive birth record information. In Scotland, adopted people have a legal right to receive counselling when they request or view their original birth certificate.

Consequently, the availability and variety of support for adopted adults who wish to reconnect with birth family members can vary considerably. Of those reported instances of tracing or tracing attempts that had included professional involvement, counselling had been offered in just 37% of cases.

Figure 38. Experiences of accessing counselling



The experiences of respondents who were offered counselling were mixed, with a significant minority feeling strongly that their counselling was not attuned to them, not focused on their needs, or not delivered by a person with considerable expertise in adoption. While most did not feel obliged to accept counselling as a condition of continuing with the process, more than half agreed to some extent that the counselling had felt like a 'tick box' exercise.

Case study

When I decided to trace my birth mother, my experience of using an intermediary service was very poor.

A local authority social worker recommended a tracing agency to me, who found my mother's address within a day, but this social worker also worked for a private intermediary service who use the same tracing agency, so the recommendation was unethical.

My experience of the service was also poor. They refused to be transparent about fees, which they increased from £380 to £1,600 in just 18 months. I contacted two other intermediary services who have still not responded to emails I sent months ago.

It was exhausting and delayed me making contact as I agonised over whether to pay for a service run by people I didn't trust, or just make contact myself.

They were also incredibly patronising, insensitive, and pressed me to share my most private information on an initial call. This was entirely unhelpful, unnecessary, and objectifying as I just wanted information about the service and a sense of the people who would be involved in this important journey.

I was told, "Your mother may feel very ashamed of you," as well as various scenarios as to why. I had made it exceptionally clear that I had thought about contact for the last 30 years and that I had low expectations around reunion. I did not need to be told about the shame my mother may feel about me. Their delivery was poor and alienating.

Thankfully, I eventually found another intermediary who has been fantastic, and we have just been given the go ahead by the adoption agency to proceed.

Adopted adult

Where respondents had been successful in reconnecting with their birth relative, those who involved professional agencies in their search were offered follow up counselling or therapeutic support in just 16% of cases. Where the tracing attempt had not been successful, follow up support was offered in 14% of cases. The majority of respondents received no counselling either at the point of asking for birth records and information about birth relatives, or afterwards, regardless of outcome.

In view of this, it is not surprising that 21% of respondents reported organising their own access to counselling or therapeutic support, and a further 49% said they would have sought such support if it had been available or possible. Additionally, 26% reported accessing peer support and 44% said they would have done if it had been available.

Many respondents commented on the barriers they faced, the need for support and the impact of not finding appropriate support.

The support to trace birth family is important as it helps with the trauma involved even if it is straightforward. Decisions about this are often made by people who are not adopted and have no concept of what it actually feels like to be adopted.

Adopted adult

My siblings had been trying to find me but couldn't afford the next step. Why should money block family connections?

Adopted adult

It is patchy, full of red tape and frustrating. I met with two members of [a professional organisation] who spoke to me as if I was six. I have a First and an MA. I was not impressed.

Adopted adult

I am no longer in contact with my birth family because our relationships couldn't be supported long term after meeting in person. The reunion doesn't just stop at the point of connection. That is often the easy part. The hard work is in merging two families and their differing needs and experiences. I paid for years of private therapy following my experience because there is no long-term counselling support.

Adopted adult

Very little help or advice to adult adoptees, especially those who have been adopted from overseas.

Adopted adult

There was not the right support available and the process was very damaging for me as my birth mother was a drug addict but I was desperate to have a relationship with her.

Adopted adult

However, where respondents had received responsive, expert support, or had received support from peers, either informally or as part of a formal support group, many wrote warmly about the positive impact and how essential it had been to their journey. This was particularly true of peer support.

The ... agency I was adopted through put me in contact with the [name of group] for peer support ... These organisations/groups were amazing and really helped me make my tracing/reunion attempts successful and much less traumatic than they could have been. The groups also allowed me to support other people going through similar.

Adopted adult

I found having the support network around me was invaluable and gave me the strength for the low and emotional times I had ... I have also been able to support my fellow members of the group I belong to with their journeys.

Adopted adult

Peer support from other adopted adults should not be under-estimated as it's the only network where you can feel understood completely when you share your own experience.

Adopted adult

Case study

When I decided to trace my birth mother during lockdown, I was assigned an adoption support worker who has given me fantastic support, both practical and emotional.

She provided me with a counselling meeting before I opened my adoption file. It was incredibly emotional to find out my mother's name and that I had a different name, but my adoption support worker was very calm, reassuring and expertly paced the information she presented to me.

There's an immense sense of loss and grief that hits you - nothing can prepare you for the realisation that you're called something else. Non-adopted people do not - nor could they - understand. I was in such shock I couldn't speak, and I was unable to repeat my name, nor my mother's name, for three days. Every time I tried, I cried.

There were times when I needed to speak to people who understood. I was thinking, 'Why am I feeling like this? Am I crazy?' This is where the support group, which my adoption support worker connected me up to, came into play. The group assured me, 'No, we feel like that too, it's normal'.

The adoption support worker also provided me with expert advice around tracing and the potential pitfalls which could derail the reuniting process. I could not have got as far as I have without her, so it's devastating to know my local authority will be pulling the service she offers.

Adopted adult

There is a clear need for attuned, expert counselling, peer support and therapeutic support to be made available from the very beginning of the journey towards reconnecting with birth relatives, whether that journey ultimately results in reunion or not. Too large a proportion of respondents were not satisfied with the counselling offered to them by professional organisations and the majority felt the need for additional support, either from professional counsellors and therapists, or from adopted peers.

Sadly, for most who wanted it, this additional support was not available to them suggesting that services urgently need to be developed and expanded. However, several respondents noted that services that had supported them in the past were now no longer available in their area, or that existing services were too limited in what they were able to offer.

My social services post adoption worker was fantastic at supporting me over many years and acting as an intermediary. But this service has been slashed from five full-time workers to two part-time, and the invaluable intermediary service ended.

Adopted adult

The process of gaining access to my file/records was very difficult and the opportunity to look at these felt very rushed. As a consequence, I would now like to review these again, but it seems even more difficult due to reduced local authority staffing in adoption services and outsourcing of some services, making a difficult experience even harder.

Adopted adult

I've had to supplement it with additional private counselling, since you only get six free sessions via [the professional organisation]. I find it difficult to accept that I have to pay for counselling for processing trauma that I did not bring on myself. I also find it frustrating that the counselling offer seems to only cover talk therapy and not other therapies that may be of value for complex trauma, e.g. EMDR or somatic therapy.

Adopted adult

Many respondents had concerns that went beyond their own personal positive or negative experiences and addressed the whole framework within which adopted adults are expected to seek information or support, calling for systemic change.

We are adopted adults for far more of our lives than we are adopted children, yet we have to go to children's services for our services which essentially stigmatises and treats adopted people from the position of their legal status rather than their holistic needs ... It also works against a trauma-informed approach in terms of ensuring we are afforded agency and control in our own lives and journeys. The legal framework needs overhauling.

Adopted adult

I wish counsellors and therapists did not have to be registered with Ofsted as this has limited the therapy available to adopted adults ... It is more important that the therapist is skilled and has knowledge of adoption, rather than whether they are registered with Ofsted. Adopted adult I had to spend at least £5000 on tracing my birth family. The tracing should either never have been necessary or should be funded/provided for adult adoptees. Financial burden on top of emotional burden imposed by adults.

Adopted adult

Conclusion

Although there is increasing awareness of the potential benefits of safe, well-managed direct contact post adoption, and evidence of considerable openness to this in principle among many adopters and especially prospective adopters, the support to make continuing relationships with birth relatives a possibility for all who want it is evidently not in place.

Respondents at every stage and in every situation, from prospective adopters to adopted adults were very unlikely to have been able to access expert advice and support either to establish direct contact, to maintain direct contact relationships, or to cope with the lack of these relationships where they could not be established. Counselling was not offered to most adopted adults when tracing birth relatives and there was little follow up support whether the attempt was successful or not.

These deficiencies, coupled with the well-documented problems inherent in forms of indirect contact such as letterbox systems, which are frequently neither enduring nor reciprocated, result in a situation which is not working for adopted people, their birth relatives or their adoptive parents. Many adopted respondents called for wholesale reform of the way that post-adoption contact is managed and it is likely that this is what will be required if there is any serious intention to support safe and enduring relationships where possible. The idea that once a child is adopted it's as if their birth family no longer exists is no longer sustainable, if it ever was.

Recommendations

1. Creation of a national contact service in each country of the UK

This service should be responsible for overseeing and providing support for the maintenance of birth family relationships from the adoption order onwards, including access to records, support for indirect and direct contact in childhood, free support for tracing in adulthood, counselling and therapeutic services for all ages and provision of peer support.

2. Include training about contact in preparation courses

in anticipation of the fact that the vast majority will experience indirect or direct contact or both, all prospective adopters should receive training during preparation, including hearing from adopted people and adopters, and receiving information about the support available for contact from their agency.

3. Every adoptive family to have a named social work professional with responsibility for overseeing support for contact

Agencies to conduct research about barriers to direct sibling contact

4. Specialist support for contact

Every family planning for direct contact should have specialist support before and during the period of direct contact, and therapeutic support should the contact cease or prove impossible to establish.

5. Ensure every adopted adult has access to robust support when tracing birth relatives

This should include easy access to records, free mediation, access to peer support and counselling delivered by a professional with expertise in adoption.

Nation by nation



Nation by Nation: England



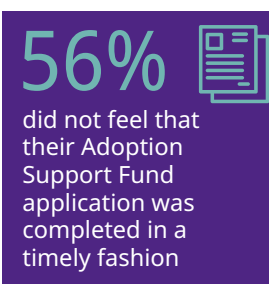
The Adoption Support Fund

During 2021, 51% of respondents from England who had an eligible child living at home made, or attempted to make, an application to the Adoption Support Fund (ASF). This is a higher proportion than in any previous year of the *Adoption Barometer* and a significant increase on 2020.

Excluding those who were ineligible, more than half of respondents who did not make an application were either already receiving ASF-funded support from a previous application or had no need of such support during 2021. However, some respondents said that they did not know about the ASF (12%) or did not know how to go about accessing it (7%).

Expectations of long delays, and perceptions that the process would be a time-consuming battle with little chance of success were also barriers for some respondents, as were memories of previous unsatisfactory experiences of attempting to access support. Some respondents reported being dissuaded from asking for an assessment of support needs.

We are now being told if you have had ASF in the past then you may not be eligible as the LA have set up a panel to consider your application before deciding if you can access ASF. There is no transparency as to who is on this panel, how this is decided or what the appeal process might be.
Adoptive parent, England



Past bad experiences of adoption services mean we do not want to engage with them ever again.

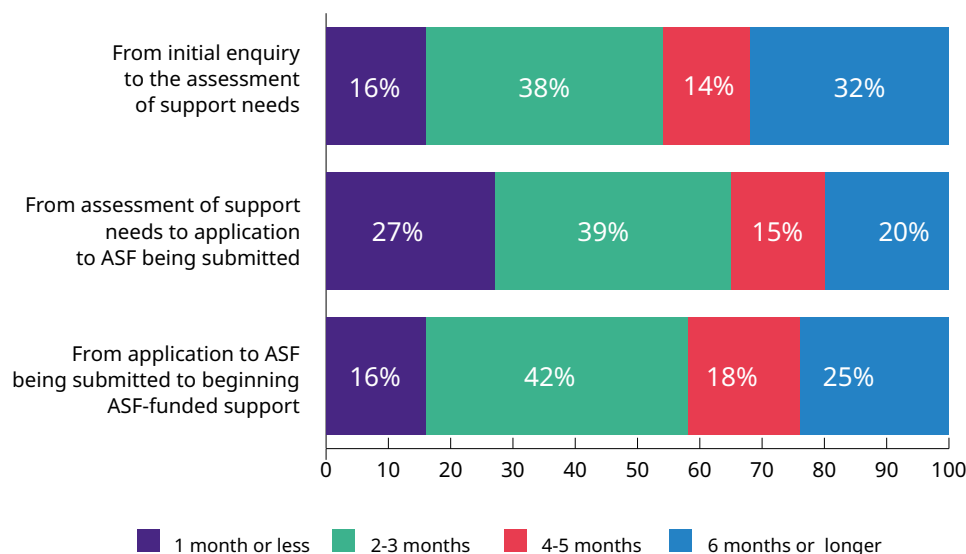
Adoptive parent, England

There is something very damaging and retraumatising about telling a post adoption support social worker the extent of your difficulties to have them reply, "I'll do my best but it's really hard to access funding."

Adoptive parent, England

Among respondents who did pursue an assessment of support needs and subsequent application to the ASF during 2021, there was evidence that concerns about long delays were somewhat justified, with only 44% feeling that the whole process had been completed in a timely fashion.

Figure 39. Accessing the Adoption Support Fund: reported timescales



The part of the process most likely to have the longest delays was at the very beginning, waiting for an assessment of support needs from the local authority.

It took seven months from initial contact and I felt it added to our stress as I was constantly chasing them.

Adoptive parent, England

However, it is clear that there can be delays at every stage, including while identifying appropriate practitioners, and waiting for availability of practitioners.

We applied for ASF for using the BUSS [Building Underdeveloped Sensorimotor Systems] model but there are so few trained in BUSS model we were on a huge waiting list.

Adoptive parent, England

I was assigned a PASW [post adoption social worker] fairly quickly who agreed that we needed a specialist assessment which we could apply to ASF for. However, there are no organisations to do the assessment so we are stuck. The whole procurement process is in need of a review.

Adoptive parent, England

In total, 7% of respondents indicated that each part of their process took 6 months or longer, meaning that a minimum of 18 months passed between contacting adoption support and beginning the therapeutic intervention. This is a very long time in the life of a child and a struggling family.

During 2021, continuation of the ASF was only guaranteed until April 2022 so families felt under constant worry that their support could be discontinued, and some reported that local authorities were unwilling to commit to long term interventions until the future of the ASF was assured.

The way that the ASF is administrated means that our child's therapist does not get paid in a timely fashion. Because of the financial instability this brings, she is now withdrawing from working with children funded through the ASF. This is a devastating blow to our child.

Adoptive parent, England


There are constant interruptions in the provision of therapeutic support toward the end of the financial year and nail-biting times waiting to see if support will continue through the ASF.

Adoptive parent, England

Despite these challenges in accessing support, 81% agreed that ASF-funded support had a significant positive impact on their child, and 78% said it had a significant positive impact on their family as a whole. 93% consider themselves likely to make further applications to the ASF in the future.

Regionalisation

There was representation from every Regional Adoption Agency (RAA) in England among respondents to the survey, with only 9% stating that they were not in any RAA, down from 17% in 2020. As of March 2021, there were 31 RAAs in operation, but while the oldest of these had been operating for three years, the newest were less than one year old. Consequently, some respondents to the *Adoption Barometer* were still experiencing the impact of transition and post transition in their relationships with their agencies.

41% 
feel that the support and services offered by their RAA are closely aligned with their family's needs

Now that adoption support has moved from LA to RAA, the social worker says that if we wish to apply for ASF next year (likely), we will need to contact the RAA through the general number rather than contact her directly and there is no guarantee that she will be the social worker that deals with us in the future. This seems crazy – no continuity?

Adoptive parent, England

We were put in touch with the newly-formed post adoption support team at the RAA. I have been extremely happy with the support we have received

Adoptive parent, England

Ensuring that all adopters are made aware of substantial changes to adoption services presents a considerable challenge when adopters may have moved to a different area or been out of touch with agencies for several years. 62% of those who were able to identify their RAA said that they received email communications about supports and services and others were able to find information via social media, in person through a member of staff or through a local support group.

However, 29% of respondents said that their RAA had never communicated with them about services and supports on offer and comments revealed that even though some respondents had been able to identify their RAA from a list which included the names of each local authority area included in each RAA, in reality they were not aware of the move to regionalisation and did not know what a regional adoption agency was.

No idea who these are. Never had connections.

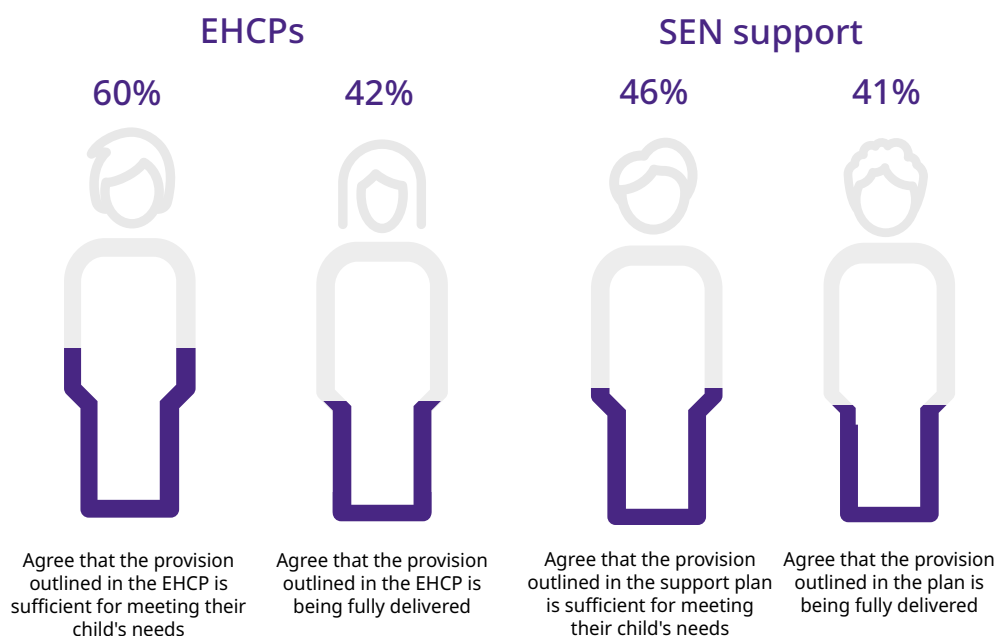
Adoptive parent, England

With such a substantial minority who are either unaware of the transition to regional adoption agencies, or not in communication with their RAA, it is not surprising that only 50% of respondents considered RAA supports and services accessible to them and their families and only 41% felt that the supports and services on offer were closely aligned to their family's needs.

Education

There were 1,058 respondents from England with a child or children of compulsory school age who had been on roll at a state school during 2021. 82% of the children represented had recognised special educational needs and disabilities (SEND), and just over half of these had an education, health and care plan (EHCP). The rest were receiving SEN support in school.

54% 
do not feel the provision outlined in their child's SEN Support Plan is sufficient for meeting their needs



High levels of SEND are reported among not only adopted children, but also looked after children. 55.9% of looked after children had a special educational need in 2019⁹ – three to four times more than non-looked after children – of whom nearly half had an EHCP. Among care-experienced children there is considerable intersection between needs arising from adverse early experience, trauma and attachment difficulties and care experience and needs arising from SEND. Any plan for supporting children with SEND must take this intersection into account.

The high proportion of respondents who indicated that the provision outlined in their child's EHCP or SEN support plan was not sufficient for meeting their child's needs suggests that consideration should be given as to whether care-experienced children's complex and overlapping needs are sufficiently addressed in SEND provision.

Children who have moved to permanence via adoption or special guardianship from the care of a local authority in England or Wales attract additional funding for their school in the form of pupil premium plus (PP+). As in previous years, respondents were very well informed about the existence of PP+, with only 2% stating that they were not aware of it, but there has been no improvement over the four years of the *Adoption Barometer* in respondents' perceptions of how effectively the funding is being used in schools, with only 35% saying they were happy with the way PP+ was being used to support their child.



Trends over time

The school is transparent in the way it uses PP+
2018 35% 2021 30%

↓ 5%

The school is using PP+ appropriately to meet the needs of adopted pupils:
2018 41% 2021 38%

↓ 3%

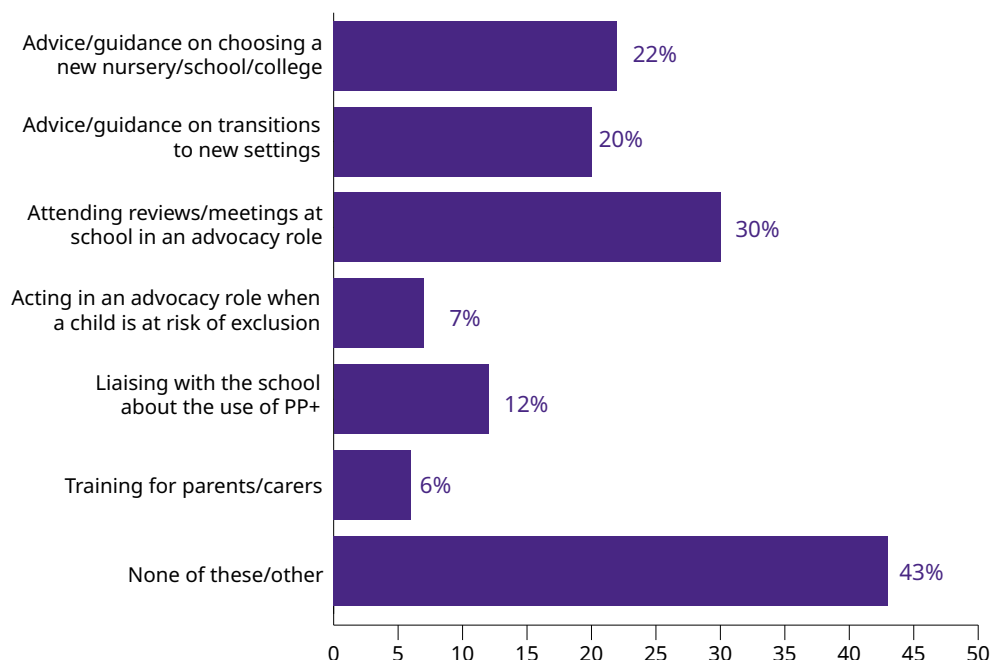
Since 2018, all state schools in England must have a designated teacher (DT) for previously looked after children, and the role of the virtual school head (VSH) has been extended to include previously looked after and adopted children. However, despite the remit of the DT including a requirement to encourage the involvement of parents/guardians in conversations around the effective use of PP+ funding, the proportion of respondents who know who the DT is at their child's school remains stubbornly low at 49%, and only 40% had ever had a meeting with the DT to discuss the use of PP+.

Adoption UK's *From Both Sides* report¹⁰ highlighted the challenges faced by schools in ensuring that the DT role was effective, including lack of time, resources and training for individuals in the role. Ideally, the role would be pro-active, making and maintaining contact with families where children are declared eligible for post-LAC PP+ but responses to the *Adoption Barometer* suggest that this is often not happening in practice.

Respondents were more likely to be aware of the extension of the VSH role to include providing advice and guidance to families and schools in respect of the education of previously looked after children. 63% were aware of the VSH's role and 41% had ever contacted their VSH for advice or guidance.

The range of support being received by respondents who have contacted their VSH for advice and guidance suggests that there is a wide interpretation of the role. The types of support listed in Fig. 40 are based on previous research by Adoption UK exploring what adoptive parents would ideally wish the VSH to be able to provide. Some of those, such as attending reviews and meetings in an advocacy role, go beyond advice and guidance, yet nearly one third of those who had contacted their VSH had received this support, demonstrating that at least some VSHs are finding ways to expand their role to meet the needs of children and families.

Figure 40. Nature of advice, guidance and support received from VSHs



Nation by Nation: Northern Ireland

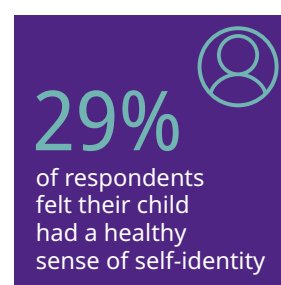


Developing a secure identity

A child's sense of identity begins to develop early as an infant develops the realisation that they are a separate being from their primary caregiver, and it continues to develop throughout life. A secure sense of identity can provide a feeling of belonging which boosts wellbeing and confidence. A person's past experiences and their understanding of those experiences form a significant part of their identity, which makes it particularly important that children who are care-experienced and adopted are supported to make sense of their history.

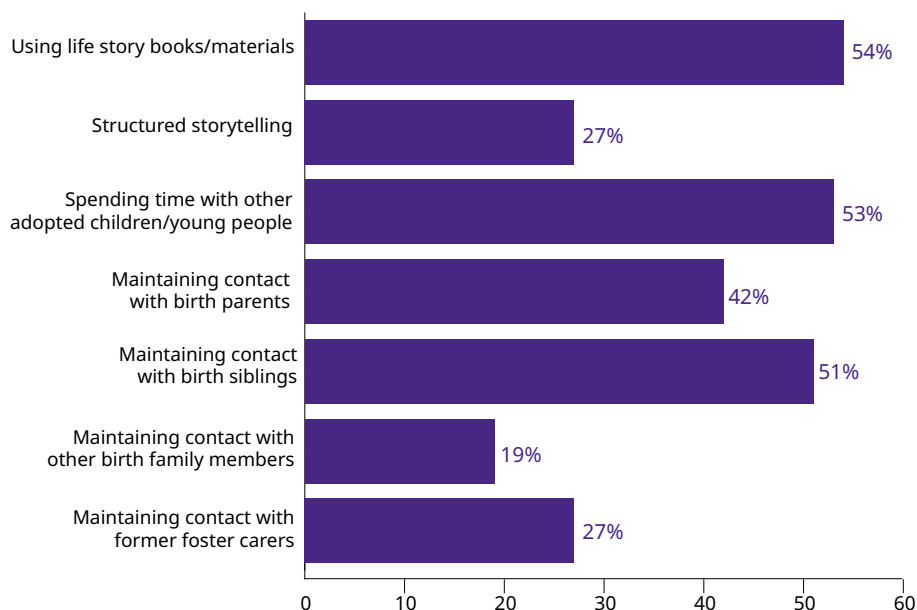
Respondents from Northern Ireland answered a series of questions relating to their child or children's sense of identity and the means available to them as parents for supporting the healthy development of identity. This included the use of life story materials, peer relationships with other adopted young people and maintaining relationships with birth family members. This is a particularly important consideration in a part of the UK where adopted children are considerably more likely to engage in direct contact relationships post-adoption.

It was clear that respondents were aware of the importance of supporting their child to develop a healthy sense of self-identity, but only 29% felt that their child was secure in this. The majority of respondents reported participating in one or more activities with the purpose of supporting the development of their child's sense of identity. Of those who participated in adoption community family events and activities (73%), almost three quarters said that this benefitted their child's sense



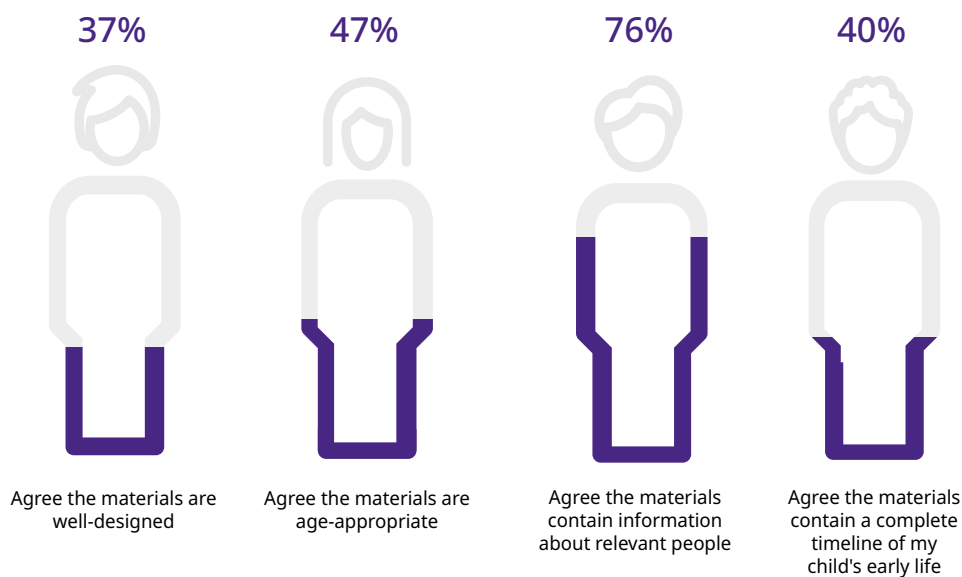
of identity, emphasising the continuing importance of maintaining a strong community of adoptive families in Northern Ireland.

Figure 41. Participation in activities to support children's sense of identity



High quality life story books are an essential record for an adopted child, as well as being a means by which adopters can support children to develop a sense of their own identity. They should contain a chronological record of the child's life, integrate the past into the present and future to create a coherent narrative of childhood, and be the basis for conversation about difficult and sensitive issues.

The majority of respondents in Northern Ireland (91%) reported having life story materials for their adopted child. Where life story materials had been created by a social worker or other professional, there was some variation in their quality and content.



A considerable proportion of the life story materials did not contain some of the basic elements required to make them useful for promoting an integrated understanding of a child's past, present and future, and more than half of respondents did not feel that the materials were age appropriate for use with their child.

30% of respondents even had to create their own life story materials for their children. Adoptive parents are not usually in a position to gather all the historical information needed to create comprehensive life story materials, and 65% of those who had created their child's life story books themselves said that they did not have all the information they needed.

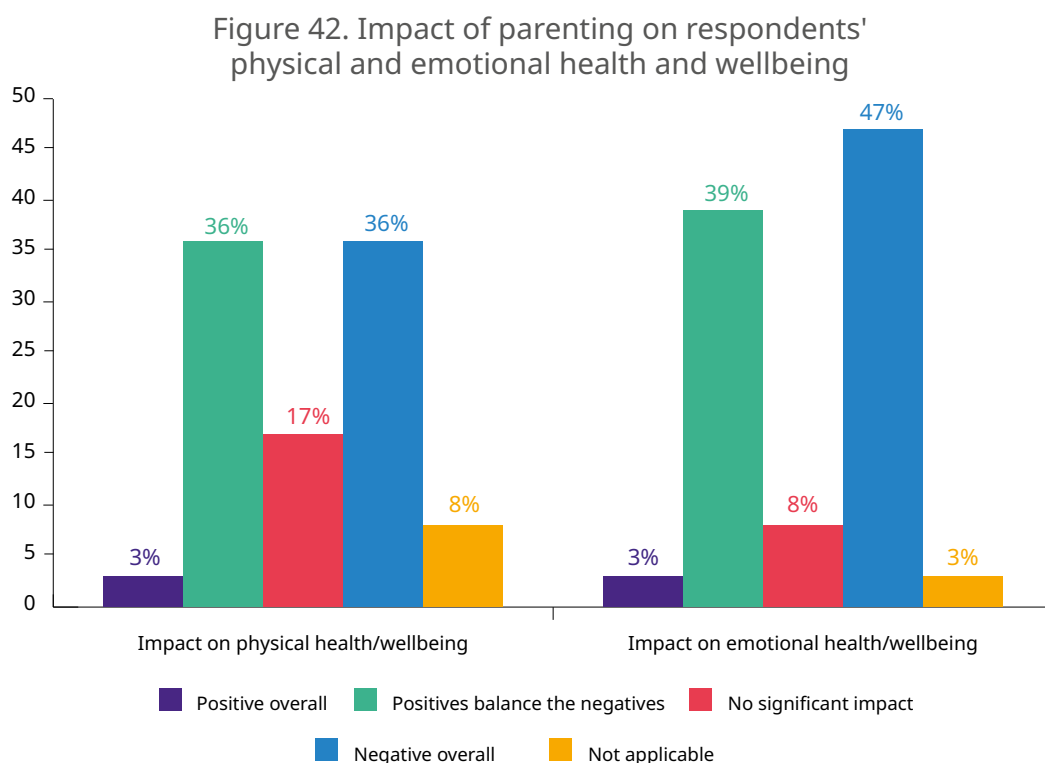
While it is possible to access therapeutic providers who specialise in helping adopted children to make sense of their life stories and develop a healthy sense of identity, it is adoptive parents who support their children day to day and who are most likely to be involved in conversations with their children about sensitive and emotional topics. It is essential that the materials provided to support them in this are provided as early as possible, created to a high standard, and complete with all the information that is available.

Maintaining parent wellbeing

Almost three quarters of adoptive parents in Northern Ireland feel they face a continual struggle to get the help and support their child needs and 63% experienced violent and aggressive behaviour directed towards them by their child in 2021. Where the impact of trauma makes family life challenging, it is vital that parents can support their own wellbeing so that they are able to continue effectively parenting their children.



The majority of respondents from Northern Ireland felt that parenting a child who had experienced trauma had had an impact on their physical health and wellbeing and their emotional health and wellbeing, but these impacts were not necessarily wholly negative.



Although very few respondents said that they had experienced an overall positive impact on their physical and emotional wellbeing while parenting a child who had experienced trauma, many viewed the challenges as being balanced by the positive impacts.

We see our child continue to mature and enjoy life, despite the challenges. To see our child succeed in getting reasonable grades at GCSE and progress to holding down a part time job is a great encouragement.

Adoptive parent, Northern Ireland

It's not easy, but it's worth all the stress to see him happy and thriving.

Adoptive parent, Northern Ireland

I feel sometimes that it's hard for us, but then I think how difficult it must be for my daughter to live in her heightened anxious state on a daily basis.

Adoptive parent, Northern Ireland

Respondents also reported other impacts on their lives. 43% reported that their social life had suffered, 44% said that they had experienced a negative impact on their professional life or work, and 35% felt that their family's financial situation was less healthy. However, a similar proportion felt that although these aspects of their lives had changed, their situations now were best described as different, but not necessarily better or worse.

The majority of respondents had taken positive action themselves to improve their family situation and their own wellbeing, pro-actively researching the impacts of trauma (57%) and advice for parenting children who have experienced trauma (59%) as well as reaching out to other adoptive parents for support (59%). Respondents were also committed to improving their physical and mental health. More than half had taken up physical exercise, one quarter had committed to healthier living through improved diet or prioritising enough sleep, and one third had accessed counselling or therapy for themselves. Only 5% of respondents said that they had not made any changes to support their own wellbeing, physical or mental health.

However, when asked to comment on what they thought might improve their wellbeing as an adoptive parent, respondents were clear that their own personal choices were only part of the answer.

Increased awareness among schools and health professionals about the impact of early trauma. It's a constant battle.

Adoptive parent, Northern Ireland

Better, quicker access to support and to feel listened to.

Adoptive parent, Northern Ireland

My wellbeing would improve if the quality of support provided in education settings for children with developmental trauma was improved.

Adoptive parent, Northern Ireland

The understanding that parenting a child with additional needs can create significant emotional challenges is not new. Holland and Pell (2019) found that families whose children had SEND were at increased risk of isolation, stress, and the breakdown of parental relationships¹¹. A Carer's Trust survey of unpaid carers¹² found that more than half had given up hobbies and personal interests and 63% had given up work or reduced their working hours due to their caring role.

The majority of parents who responded to this year's *Adoption Barometer* survey were parenting children with recognised special educational needs and disabilities and are likely to share the experiences of the families represented in those studies. They are also grappling with services that too often show a poor understanding of the additional impact of trauma and adverse early experiences on children and young people. The *Adoption Barometer 2020* revealed that 80% of adopted young people aged 16-25 relied on their parents as their main source of support. If families are to thrive, it is essential that those who are caring also receive the care they need.

Nation by Nation: Scotland



Adoption support

Respondents from Scotland were more likely than in any other nation to be experiencing significant or severe difficulties when contacting adoption support services in 2021 but were considerably more likely to be offered universal services (support groups, general training courses) or to be signposted to other statutory services, including mental health services.

Of those who were offered an assessment of support needs (11% of respondents who contacted adoption support services), perceptions of the process were moderately positive. 86% agreed that the social worker who dealt with them was knowledgeable and understood their situation, but only 61% felt that the process for accessing the review was clear and straightforward, and 57% felt that the process was completed in a timely fashion.

This must be balanced against the fact that the overwhelming majority of those who contacted adoption support did not receive an assessment of support needs as a result and, of those who did, only half were subsequently offered a package of tailored enhanced support.

From respondents' comments, those who were receiving enhanced support (including those whose support started before 2021) were most likely to be referred to TESSA (Therapeutic, Education and Support Services in Adoption), or offered either play therapy, Theraplay or creative arts therapies. One respondent had adopted a child from an English local authority and was receiving interventions through the Adoption Support Fund as they were within the first three years of adopting. They expressed concern about what would happen after they transferred to their local service in Scotland.

Others reported barriers to accessing appropriate support, including concerns about the range of support being offered, support which was inappropriate or unhelpful, geographical distance making access more difficult, and lack of understanding from some agencies.

Play therapy outdoors. We had concerns as our girl can be a runner. On more than one occasion the session was cancelled due to her behaviour or not listening when outdoors. She began to see it was a way to get into the playground during school hours.

Adoptive parent, Scotland

Could have been more person centred. They referred to my request for respite as a babysitting service so not really understanding the trauma and burnout parents experience. That really upset me.

Adoptive parent, Scotland

Our oldest child took himself out of CAMHS which is delivered out of Inverness – just under 2 hours away by car and no local provision exists.

Adoptive parent, Scotland

I had a couple of phone calls ... they seemed to feel I was doing all the right things and there wasn't much they could offer me. The fact that it was running me into the ground to do these things didn't seem to factor.

Adoptive parent, Scotland

Families in crisis

Respondents from Scotland were more likely than in any other nation in 2021 to say that a child had left the family home prematurely during the year (7%). This is more likely to be a feature of the self-selecting group who completed the survey than a reflection of Scotland's adoptive families as a whole (in previous years, rates in Scotland have been similar to elsewhere in the UK) but the higher numbers of respondents in this position this year provide an opportunity to explore the specific challenges facing families in crisis in Scotland when the challenges they face exceed the support that is available to them.

All of the children involved were aged 15 or older at the time of leaving the family home and more than half were expected to continue living outside the family home until independence, with adoptive parents parenting from a distance. One third were in local authority care on a voluntary basis, and the remainder were in semi-independent accommodation, living with another member of their adoptive family, homeless or in local authority care on an emergency basis.

In comments, respondents reflected on the desperation they felt and their struggle to find the support that they and their child needed.

It has been a battle every step of the way. We have asked for support from the local authority and they were unable to provide anything.

Adoptive parent, Scotland



Services don't come to you. You have to do all of the research, referrals, phoning around yourself and face lots of closed doors before finding one or two who understand.

Adoptive parent, Scotland

While the majority of respondents indicated that they had been able to access some level of support, there was a sense that the support had come too late, was insufficient, or was not targeted enough to meet the needs of the child or of the family. Of those who said they had received support from adoption support services, another social work team, mental health services, education services or a family support worker, 40% said the support had no positive impact.

Systems supporting our child had a negative effect on family relationships.

Adoptive parent, Scotland

The support was too little, too late.

Adoptive parent, Scotland

Our adoption support social worker was very knowledgeable but there were no support services available, and we were turned down for respite care despite her recommendations.

Adoptive parent, Scotland

Among respondents who categorised their family's status as facing 'severe challenges' in 2021, but who had not experienced a child leaving the family home, concerns about difficulties obtaining appropriate support were also evident, in some cases exacerbated by the difficulty in accessing expert help in more rural locations.

His behaviour has become extremely challenging and due to our remote rural location, there is no specialist trauma and attachment aware clinician who can see him. Our situation is critical ... heartbreaking and avoidable if the right expertise was available locally.

Adoptive parent, Scotland

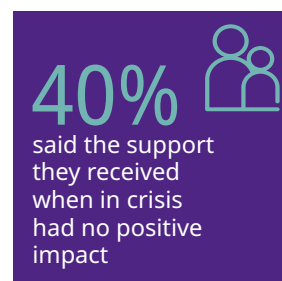
We always feel it has been an ongoing battle to get the right support in place and just feel exhausted with it all most times.

Adoptive parent, Scotland

Providing individualised, specialist support across a geographically wide area with a dispersed population poses particular challenges for services in Scotland. While a move to virtual and online provision was positive for some in 2020-21, others said that children and young people found it impossible to engage with virtual services. Respondents acknowledged that the Covid-19 pandemic had resulted in support being more difficult to deliver and that services appeared stretched. It is not only families who need support, but professionals also need access to appropriate training and resources if families facing the most challenging circumstances are to be brought back from the brink.

Our local authority tried hard and so did we, but it's just not enough for life to change for the better.

Adoptive parent, Scotland



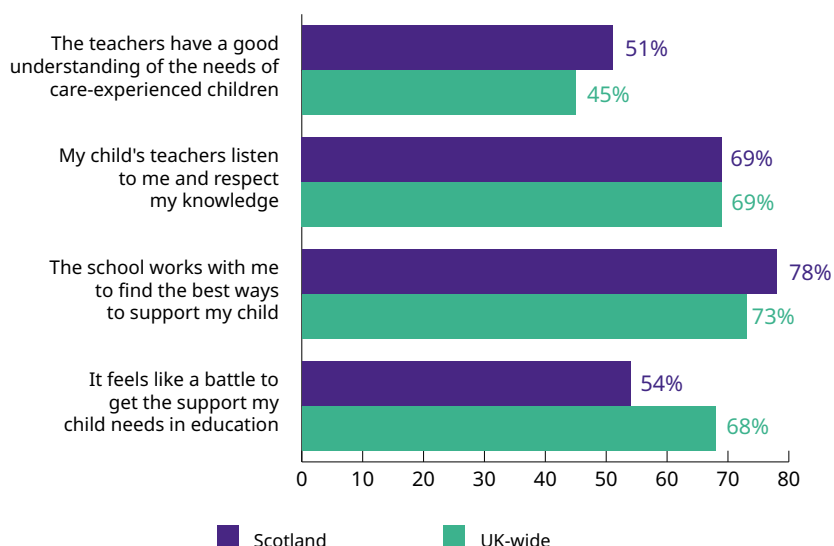
Education

There were 125 respondents from Scotland with a child or children who attended pre-school, school, or college during 2021, representing 188 adopted children. Despite respondents from Scotland reporting more significant challenges generally than elsewhere in the UK, they were slightly more positive overall about their family's experiences of navigating the education system.

51% say their child's teachers have a good understanding of the needs of care-experienced children

Respondents from Scotland were as likely as in other nations to agree that adverse early experiences had negatively impacted their child's ability to cope academically and emotionally in education and 80% said that their child needs more support in school than their peers. However, they were more positive about how well their child's school was working with them to support their child.

Figure 43. Perceptions of education support in the UK and Scotland
(Proportion who 'somewhat' or 'completely' agreed with the statements)



While these results are encouraging and, in some areas, represent an improvement on last year's *Adoption Barometer*, there is still work to be done. 37% of children represented by respondents had a formal support for learning plan in school, but of those whose child did not have a plan, more than half felt that their child needed a plan. This suggests that there is a significant group of children who may not be receiving additional support for learning that could benefit them.

Nation by Nation: Wales



The National Adoption Service

There is evidence that, seven years after its launch, awareness of the National Adoption Service (NAS) in Wales has now extended across most adoptive families in the nation, with significant increases in awareness year on year since the first *Adoption Barometer*.



Use of all national services has increased steadily since 2018. In 2021, 55% of prospective adopters used the national website for information and advice about adoption assessment and approval, and 18% used the Wales Adoption Register for matching, exchange or activity days. Among established adoptive families (where their child's adoption was finalised before 2021), 31% had ever used the national website for information about adoption support in Wales and 24% had used it for information about life story work.

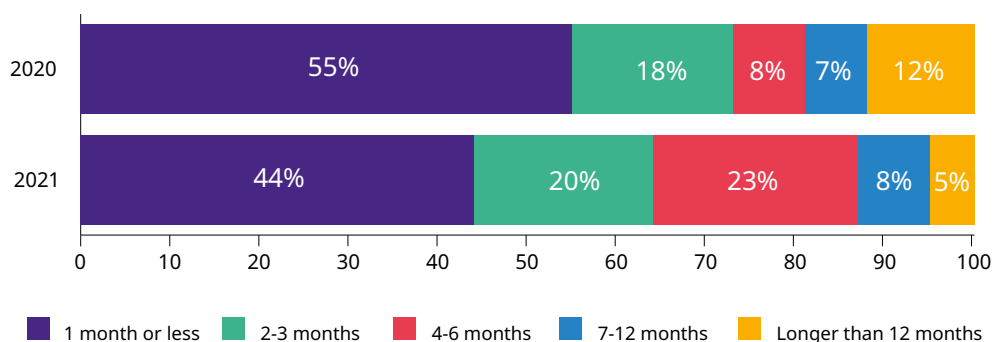
Adoption support

In 2020, respondents in Wales expressed a significantly more positive response to their experience of accessing adoption support than in previous surveys for the *Adoption Barometer*. Despite the disruptions encountered during the first year of the Covid-19 pandemic, respondents had been more likely than ever before to say that the support they received had had a positive impact on their child and their family.

Respondents in 2021 were not as positive in their evaluations of the support they received, with 69% saying that it had a positive impact on their child, compared to 82% in 2020. However, a higher proportion of respondents had accessed adoption support in 2020 than in 2021 and a significantly higher proportion (72%) of those who were experiencing significant or severe difficulties received tailored enhanced support than in 2020 (61%) suggesting that, while perceptions of the impact of the support may have been lower than in 2020, access to therapeutic services did increase.

In addition, the timescales involved in accessing support improved between 2020 and 2021. While fewer respondents (44%) received support within one month of the initial request than in 2020 (55%), there were also fewer respondents waiting 12 months or longer, and the proportion receiving support within 6 months increased overall.

Figure 44. Length of time between initial request and commencing support



The improving timescales and increasing provision of tailored, therapeutic support to those in most need suggests that other factors may be affecting respondents' overall satisfaction with the impact of the support they received.

Those who 'somewhat' or 'completely' disagreed that the support they received had a significant positive impact on their child and on their family were more likely to describe their family as experiencing severe challenges during 2021 and more likely to have waited longer to access support than those who had a more favourable perception of support. Comments from this less satisfied cohort frequently mentioned delays, difficulties accessing tailored, therapeutic support for specific needs, and services appearing stretched in their area.

There aren't any services that address extreme behaviour from teenagers.

Adoptive parent, Wales

I first contacted them at the end of 2020 and am still waiting for support.


Adoptive parent, Wales

It felt as though we were offered universal services which hasn't really changed anything for our family ... I don't think it has provided us with the specialist assessment/support we need or addressed the more specific needs I feel my son has.

Adoptive parent, Wales

We have moved adoption service due to having been post adoption order for more than three years. There has been huge difference in the level of support between the two services and I have been told this is down to a much larger workload in the current service we are under.

Adoptive parent, Wales

72% 
of those experiencing significant or severe difficulties received tailored, enhanced adoption support

However, despite the support they were offered not entirely meeting their expectations, 69% of this more dissatisfied group (compared to 88% of all respondents who accessed adoption support in Wales) did say that they felt that asking for support in the future would be worthwhile.

Education

There were 77 respondents from Wales with a child or children of compulsory school age who attended a state school at any point during 2021. This cohort of respondents was very aware of the entitlements of previously looked after children in education. 97% had made their child's school aware of their adoptive status, 94% were aware of the priority access to school places entitlement for their children, and 73% were aware of the existence of the Pupil Development Grant which can be used to support the educational achievement of care-experienced children. This figure was considerably higher than in any previous Adoption Barometer.

This group of respondents were slightly less likely than average to report that their child had a diagnosis of any of the conditions and difficulties that can affect education and wellbeing (including FASD, sensory processing difficulties, learning difficulties and social, emotional and mental health needs) and 72% said that they felt their child needed more support in school than their peers, compared to 81% UK-wide. 74% said that their child's teachers listened to them and respected their knowledge, more than in any other UK nation.

Figure 45. Do you feel your child's teachers understand how their early experiences affect their ability to learn and regulate their emotions in school?

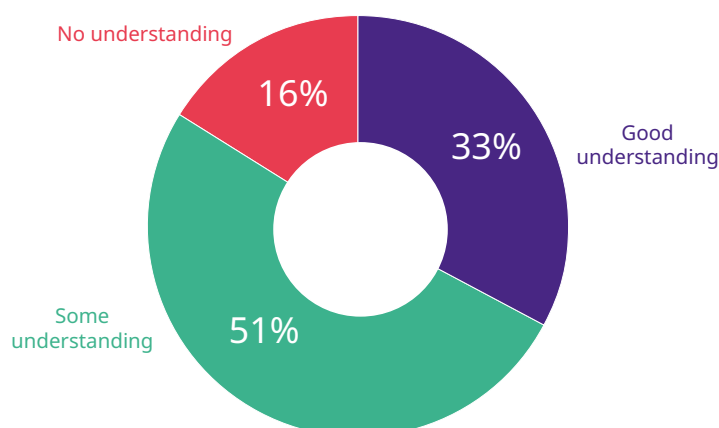
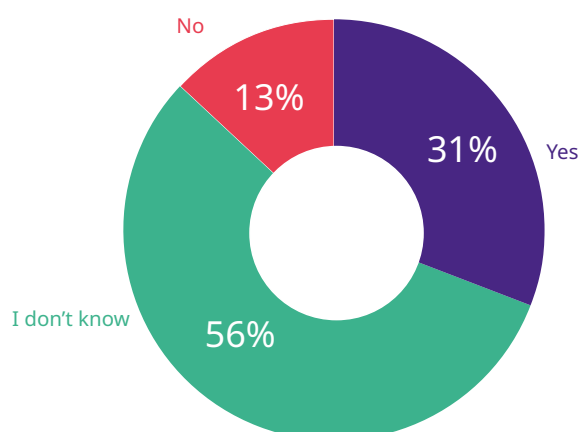
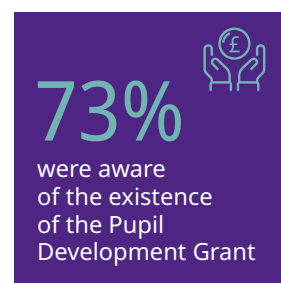


Figure 46. To your knowledge, has your child's school undertaken any recent training in the effects of early trauma and disrupted attachments?



Half of the children represented by respondents had a recognised additional learning need. In 2018, the Additional Learning Needs and Education Tribunal (Wales) Act was passed, introducing changes to the system for supporting children with special educational needs, and replacing statements of special educational needs, School Action and School Action Plus with a single category of ALN (additional learning needs). The Act provides for all children with ALN to have an Individual Education Plan (IDP) which includes children and young people up to the age of 25 and should include health and social care needs and provision.

The new ALN system is being implemented over a three-year rollout between September 2021 and August 2024. 26% of respondents whose child had a special needs plan said it had already been transferred to the new ALN format (becoming an IDP). Of these, 17% said that the provision outlined in the IDP encompassed elements of health and social care alongside educational provision.



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