

Are we failing families post-adoption?

Adoption isn't a happy ever after for all families and children, but parents are still more likely to feel blamed than helped, says **Alison Roy**

Jenny and Jo adopted Liam when he was 14 months after gradually getting to know him at his foster placement. Liam's birth mother used drugs and alcohol and was in an abusive relationship, and Liam was removed from her and placed into foster care at one week old. The first few months post-adoption were fraught with difficulty. Jenny and Jo described a baby who whimpered when they picked him up and wailed when they put him down, and screamed when they looked into his eyes and sobbed when they turned away.

As Liam grew older and started nursery and then school, he communicated his distress through disruptive behaviour such as running away, throwing objects, destroying property, biting, kicking or swearing, or hiding under tables when staff tried to get close to him. On one occasion he locked himself in an office, and his parents and police were called to try to get him out.

By age 11 Liam had had three different social workers and received numerous assessments from mental health services, but Jenny and Jo felt that no one had properly understood them or Liam. In the early days especially, they felt they had been left to cope with a difficult and distressed baby with little in the way of consistent support or respite. When they asked for help they were made to feel like they were the problem or were using up precious resources from depleted children's services. Although committed parents determined to be there for Liam, they came close to 'giving him back' on several occasions.

Jenny and Jo's story is just one of many I came across in the 20 years I worked for CAMHS specialising in looked-after

children and adoption. It is not unusual for the professionals who assess and support couples like Jenny and Jo through the adoption process to no longer be involved with them once the adoption order is granted. Parents are often left without a named or known worker they can contact.

I have heard from many parents and young people who describe the challenges and difficulties they face due to a seeming lack of understanding about the realities of life post-adoption. I have heard many say that the professionals they deal with have a tendency to oversimplify difficulties and at times show an unwillingness to engage with the complexity and distress of their situation.

Support

Many adoptees come into their new family having experienced serious harm and neglect in their early life or *in utero* through exposure to drugs and alcohol and/or high levels of distress and violence. A significant number of adopted children have additional difficulties such as foetal alcohol spectrum disorder, which may not be visible at the time of adoption but can create significant complications for the child as they grow up. There is also the issue of generational trauma - many adoptees' birth parents have been in the care system themselves. Adoptive parents are expected to have the skills and resilience to manage these children's losses,

disappointments and a history of trauma when many may have experienced their own struggles, including heartbreaking experiences of infertility or failed IVF.

In theory, all parents who adopt should get specialist support, funded by the Adoption Support Fund (ASF), which was set up in 2015 with the intention of making therapeutic support more readily available to families.¹ However, in practice the restrictions on who can offer treatment and how it is accessed means specialist services have long waiting lists. The process of completing, submitting, resubmitting and then chasing applications for ASF funding for families also takes away the time social workers have to engage with families and build relationships with them.

A report commissioned just prior to the launch of the ASF by the Department for Education looked in more detail at post-adoption disruption rates.² What the authors found was that although the rates for disruption appeared to be very low, behind these figures were other kinds of breakdowns, such as in family relationships. The most significant difficulties were those encountered in the teenage years. Like Jenny and Jo, most families see adoption breakdown as a last resort, absorbing instead the emotional impact on their mental health and wellbeing, ability to work, and their relationships with each other and with friends and family. ▶

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Specialist

Adoption work is complex, and it's important for counsellors and psychotherapists to be able to access adoption-specific training with specialist supervision. It is emotionally intense work and requires a level of resilience alongside an understanding of your own history and potential traumatic losses. The regulations were put in place to ensure competence in this area but they have also had an inadvertent effect of making counselling harder to access for all involved.

Until recently, independent practitioners in England (see box on the right for guidance about Scotland, Wales and Northern Ireland) who don't work for a specialist service or agency have been required to have Ofsted registration to work with anyone where adoption is the presenting issue, and registration is very complicated to attain as a private practitioner. Many practitioners working in the field have questioned why therapists should need to register with a body that assesses educational establishments, and whether the process itself was even fit for purpose or ensured the necessary level of experience and expertise to undertake this work. I am aware that many private practitioners felt that ethically they had no choice but to refer prospective clients affected by adoption to join the waiting lists of the oversubscribed specialist agencies. This has resulted in a growing number of clients struggling to find the support and treatment they need, in a timely manner.

Many of us welcomed the recent announcement that practitioners who offer adoption-related counselling or psychotherapy to adults aged 18 and over are now exempt from the Ofsted registration requirement.³ This is a hard-won change, the result of years of campaigning by stakeholders including BACP. It should make it easier for practitioners who are currently working under the umbrella of agencies to also provide adoption support independently but also for children, young people and families, attachment, relationship or trauma specialists who have considered working in the field of adoption but were put off by needing Ofsted registration. Along with hopes that it will open up more access

ADOPTION RULES UPDATE

BACP has worked on behalf of members and clients for a number of years to secure important changes in England and remove the requirement for providers of adoption-related therapy to adults to be registered with Ofsted. We met with Ofsted in 2022 to raise our concerns about the restrictions after also speaking with other organisations and members to highlight this problem. This influenced the Department for Education's decision to consult on changes for England that have now been implemented through new Ofsted guidance.

Our evidence was referred to throughout the Government's response to the consultation. Martin Bell, BACP Head of Policy and Public Affairs, said: 'Removing the Ofsted registration requirement for adult adoptees, birth mothers and adoptive parents will significantly increase access to therapy and help more people at a time when they need it most. We've called for this change for many years - adoption can have a lifelong impact on people, and it's crucial that anyone affected by it can access the mental health support they need. One of the issues that many of our therapists faced before the change in legislation was that it's sometimes difficult to know if counselling will include issues related to adoption before therapy starts. Under the old rules, if such issues came to light in counselling, the therapist had to stop working with the client even though they had few or even no onward referral pathways available for them. Clients will no longer have to face this upheaval and can access life-changing therapy like any other adult.'

We intend to create an adoption competence framework and other good practice and CPD resources to enable members to develop their knowledge and understanding of this area. We're also committed to developing a training curriculum to support training providers to deliver training in this area.

There are still circumstances where registration with Ofsted is required, including working therapeutically with children and young people around adoption issues or when providing other adoption-related support to anyone in addition to counselling.

Further information:

- **Working with adoption law within the counselling professions in England (GPiA 003)**
- **Introduction to adoption support agencies (updated Ofsted guidance) bit.ly/3ASJDkx**

Separate guidance is available for members working in other nations of the UK:

- **Working with adoption law within the counselling professions in Northern Ireland and Wales (GPiA 005)**
- **Adoption law in Scotland (GPiA 025)**

to counselling and support for adoptees, there are questions about whether it will be enough to make up for the current shortfall in provision.

BACP members and service providers have called for the development of adoption training to further strengthen the quality of services, maintain or raise standards and support their practice. But we need to ensure

this training is fit for purpose, and at the moment there is no competence framework for training providers to work to, although BACP has plans to commission one.³

Initiatives

Those of us who have worked in this field for some time have seen several policy initiatives launched with high hopes, such as

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the regional adoption agencies launched in 2018. This followed on from the publication of the Department for Education paper *Regionalising Adoption* in 2015, and an invitation to councils and voluntary adoption agencies to submit expressions of interest in becoming part of new regionalised arrangements. Although the primary aim was to speed up matching, achieve cost efficiencies and build on local knowledge to facilitate closer working relationships, it also aimed to improve adoption support. Unfortunately, in practice there was little evidence that it made any difference at all to availability.

More recently there has been an initiative to pilot outcome measures in some regions, and practitioners in those regions are required to complete standard outcome measures for all new pieces of work from the beginning of December 2023. While it's important that practitioners work safely and ethically in this area, measuring the effectiveness of those doing this work to generate competitiveness between providers does not acknowledge the level of complexity of working in this area, or what the impact of lack of funding and resources have on the quality of services it's feasible to provide.

Holding

What we do need are more safe spaces for clients to make sense of the 'stuff that people don't really want to talk about' as described by one adoptive parent, 'that can be so difficult to put into words but really needs to be talked about if we are going to get the support we need'. I have heard emotional accounts of how they feel ostracised by other parents because their child is the one who 'kicks off' in the playground, or because they behave differently to other children. Trying to parent a child who always feels fundamentally different to other children is hard enough but when it also means that the family as a whole feels collectively different to other families and then don't receive

the support they need it can lead to more difficulties and social isolation.

There are more treatment models and specialist assessments on all aspects of diagnoses and mental health issues than ever before, but the parents and adopted adults I have spoken to say that they need much more than any single intervention, assessment or diagnosis. They really need someone who will take the time to understand them and build a relationship with them over time - they want to be 'seen and heard'.⁴

Good adoption work should involve opening up reflective, honest and non-judgmental conversations about the challenges and the unresolvable losses and how we might explore and tackle these together. This is bread-and-butter work for many experienced general therapists, and there is now an opportunity to develop this work and for more adoption support therapies to be made available. I would, however, advocate for specialist training, and for those who want to do this work to have had their own therapy and be familiar with their own stories and what brought them to this work in the first place.

For adoptees like Liam and adopters like Jenny and Jo, what mattered most was having someone alongside them who did not turn away from the pain, who validated their feelings by recognising their own feelings and responses stirred up through the work. This gave them the courage to face their reality and to begin to deal with the aftershock of having their worlds turned upside down, but more importantly they felt less alone. Jenny and Jo are now connected to other adoptive parents and regularly share their feelings with others who understand their situation. They have moved from a place of failure and of deep hurt and harm to feeling that they as a family will make it through, that they have arrived 'somewhere good'.⁵ ■

• *The case study included in this article is a fictionalised account based on many similar cases I have worked with over the years.*

REFERENCES

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About the author

Alison Roy is a consultant child psychotherapist, author and trainer. She worked in the NHS for 25 years and was the co-founder and clinical lead for AdCAMHS, a specialist adoption service. She is the author of *A For Adoption: an exploration of the adoption experience for families and professionals* (2020), and has contributed chapters to *Education Through the Arts for Well-being and Community* (2020) and the soon to be published *The Challenges of Working with Child Sexual Exploitation and How a Psychoanalytic Understanding Can Help* (all Routledge). For details of her consultation and training work, see www.psych-communications.com