



**Findings from a
longitudinal study of
early placements**

Messages for policy
and practice

Anna Ponomarenko
Jeanne Kaniuk
Jeff Mesie

1 Coram's history as champion of Early Placement

Coram was one of the first three pilot sites established in 1998-1999 for the establishment of Concurrent Planning alongside Manchester Adoption Society (the Goodman Project), Brighton and Hove.

Coram has maintained its service and has placed 110 children over 17 years, the longest established continuous provider. Coram has also provided consultation and training to the sector over the past five years, encouraging best practice within local authorities and voluntary adoption agencies.

In 2011, Coram launched its Centre for Early Permanence designed to champion and promote permanence practice which secures the earliest possible lifelong placement for children. This centre operates as a national practice learning set for all adoption agencies (LAs, VAAs and RAAs) and offers resources including conferences, training and tools such as materials for training prospective carers. Thirty seven LAs and VAAs have benefitted from membership of the scheme since 2013. In 2016/17 the 20 LAs and VAAs in membership made some 115 placements between them (approximately 30% of such placements nationally).

In 2011 the first ever longitudinal study of families by Coram found that all children placed in concurrent planning were still in placement with no disruptions. In a sample of 57 children placed under concurrent planning:

- Parents remained deeply committed to their children and spoke of the love and joy their children had brought whatever the issues they had faced.
- Despite earliest placement (almost all under 6 months and many placed from hospital), one third of children still needed significant support as they grew up, demonstrating the lasting impact of early adversity.

This indicated that early placement should be promoted where possible as a placement of choice and that adoption support services should be designed on the basis that a very significant proportion of adopted children/families would need ongoing support at some point during childhood.

It highlighted that efforts should be made to engage families with very young children in support groups as a preventive measure early in placement. In response to this, Coram introduced informal drop in groups ('Stay and Play') for carers and adopters of very young babies and children (aged 0-5 years) to provide peer support to adoptive parents, who had reported feeling isolated from mainstream early years services.

In addition the groups provided a forum where professionals could identify early signs of difficulties and if appropriate refer families for additional specialist support at an early stage. Evaluation of this programme has shown that all adopters appreciated the sessions and would recommend it to other adopters.

Announced by the prime minister as part of a package of measures in the Adoption Reform Programme, Coram published the Good Practice Guide on the Role of Fostering for Adoption in Achieving Early Permanence for Children in 2017 which updated the Practice Guidance commissioned by Coram in 2013.

Coram developed The Adoptables, a young ambassador programme to enable young people to identify and address the issues experienced by their peers. Problems within the school system were highlighted as a key issue by parents and The Adoptables toolkit for schools was published in 2017 and is PSHE Association accredited. It is available from coramlifeeducation.org.uk/adoptables.

In 2017 Coram committed to undertaking further national practice development and improvement of early placement as part of the adoption Practice Improvement Fund (PIF) programme. This included:

- Examining the issues of identity and transracial placement (ongoing)
- Extending the 2011 concurrent planning study referred to above with associated messages for policy; and
- Launching a new National Quality Mark in early placement to support agencies in embedding best practice learning.

This report provides key findings from the 2017/18 extension study with 12 families (10 drawn from the original sample) the first ever sample to be followed through concurrent planning over such a long period.

Whilst numbers are low, the qualitative approach summarises the policy messages for wider practice derived from the experience and testimony of early placement and compared where appropriate to other wider studies.

This report is one of a range of ways in which Coram is seeking to deepen professional understanding of early permanence and to advance practice. This includes the Early Permanence Network Group which supports mutual learning and co-production in the sector and offers specialist peer support and seminars, more details of which can be found at www.earlypermanence.org.uk.

We are also supporting practice through the launch of the national Quality Mark for Early Permanence which is independently moderated and available at <https://quality-mark.earlypermanence.org.uk>.

This study contains summarised information to protect identity. If you are interested in learning more about this study or the Network contact Jeanne Kaniuk at jkaniuk@coram.org.uk.

2 Background to 2017/18 concurrency extension study

2.1 Background to 2017/18 study

This report presents the views and experiences of 12 parents who adopted their children through Coram's concurrency programme. This research builds upon previous work conducted by Coram's Impact and Evaluation team in 2011. The majority of adopters (10) who participated in this 2017/18 project were also involved in the original research. Two adopters who were not included in the 2011 sample also participated in this later study.

All 12 adopters responded to an online survey which asked about their background as well as their satisfaction with various aspects of family life. A total of 10 parents participated in a more detailed qualitative discussion over the telephone and the content of this report is predominantly comprised of these responses. Additionally, for the first time, two young people shared their experiences of concurrency through qualitative telephone interviews.

2.2 Sample 2017/18

The twelve participating families represented 12 children adopted through Coram's concurrency programme, one in each family; six boys and six girls. The youngest child within the sample was aged 7 at the time of research and the eldest was aged 15.

At least half (6) of the children within the sample had required treatment for withdrawal of drugs at birth and been placed in special neonatal care. This mirrors the 2011 sample profile where 48% of children in the study were recorded as requiring treatment for drug withdrawal symptoms. There had also been a high incidence of mental health issues, learning difficulties and domestic violence among birth parents in the 2011 sample.

Two thirds of children within the sample exhibited learning or developmental issues which ranged in severity from fairly minor to moderate at the time of research.

In each wave of research, children were assigned to one of three categories to provide an overall indication of family functioning. Of the 28 families who participated in the 2011 research it was found a third of children were doing well (32%), a third had some support needs (32%) and approximately a third (36%) had moderate to high additional support needs.

Of the ten families who participated in the 2011 study and the 2017/18 research:

- 7 (70%) had children who were assessed as having no additional support needs in 2011
- 3 (30%) had children who were identified as having some support needs in 2011

None of the families who participated in the 2017/18 study had been categorised as having children with moderate to high support needs in the previous 2011 research.

3 Key findings and reflections

3.1 Placement stability

Every parent within the research sample reported that they loved their adopted children and that they had no regrets about their adoption.

None of the families who responded had experienced post-placement disruptions (no children had been returned to care).

Despite a proportion of the families experiencing significant challenges in raising their children, adopters demonstrated impressive resilience and a deep commitment to their children reminiscent of their commitment as expressed in the original 2011 study. Many spoke of the joy that their children had brought to their lives and reflected on how their family now felt complete.

'We love our daughters deeply and they love us and we have a very good positive relationship, all four of us. Some of the challenges we face are the same as any other family, but some are made worse by the adoption status, but nothing that is insurmountable.'

Mother, Daughter aged 13

'I'm very happy with the family I have, the opportunities I have and the friends that I have. I am very happy.'

Adopted son, aged 14

This finding was in line with that of the Adoption UK 2017 survey of almost 2,800 adopters in which the most common characterisation of their child's adoption was "challenging but stable" and that no adopters regretted the adoption.

3.2 Parents' views on the concurrency model

All parents were strong proponents of the concurrency process which in their view offered two clear advantages over the traditional adoption process:

- First, parents spoke of the benefits of adopting a baby and of the opportunity to promote and develop positive attachment as early as possible.
- Second, most parents spoke of the advantages associated with meeting and getting to know their child's birth family at the start of the process, recounting their gratitude at being able to answer questions and talk to their children of their first-hand experience of meeting the birth family.

'We are so glad we did that. It's incredible that we can talk to Peter about his mum with authority, [talk] about his dad, about what happened. About what happened in his first year with photographs and stories and I just don't think that there is any question at all that that helped him to deal with who he is and how his future maybe. We completely believe in the process itself. Absolutely, 100%.'

Mother, Son aged 10

3.3 Overall family functioning

Even though children were placed in their early months, almost all families had experienced some difficulty parenting their adopted children. Of the ten families who participated in the qualitative element of the research, four families were faring 'well', three families were 'okay', and three families were identified as 'struggling' at the point of interview.

Eight of the families who participated in the 2017/18 qualitative research had also taken part in the 2011 study . As outlined in Table 1, most (6) families had remained on the same trajectory since 2011.

2017/8	Well			4
	Okay		2	
	Struggling			2
		Well	Okay	Struggling
			2011	

Table 1: Family functioning in 2011 and 2017/18

Two families who were classified as functioning well in the 2011 research were struggling by the time of the 2017/18 research . In both of these instances heightened behavioural problems and increasingly difficult sibling relationships were the principal causes of additional strain.

This is also likely to reflect the reality that the children were some 6-7 years older in 2017/18 and therefore experiencing the developmental issues of adolescence, including those related to school and peer relationships.

Children's wellbeing

Most parents reported that they believed that their children were happy despite any difficulties they described. Importantly, this was substantiated by the two children who participated in the young people interviews.

3.4 Children's perspectives

Two adopted children contributed to the extension study to offer their perspectives. **Both young people spoke of how happy they were with their lives and highlighted how close they were to their adoptive families.**

Whilst it was clear that one child and his family were functioning exceptionally well the other child's parents were evidently struggling much more to cope. Despite her mother's more negative account of family life, her daughter was positive and overtly appreciative of the relationships she enjoyed with her parents and sister. She did however express awareness that she could provoke arguments at times.

'I wouldn't swap my parents for anyone. I know that sounds cheesy but it's true. If I hadn't been adopted by them, I can't imagine what my life would have been like. I wouldn't be at the same school and they are so important to me clearly. I love living with them. They are older parents as such but I think that's such a positive because they know so much more about the world and they teach me a lot. It's like not being adopted, because I was adopted so early. What I am trying to say is that they are like my biological parents, it's not like I didn't bond with them, so I don't think I'm any different to anyone else.'

Adopted son, aged 14

'I feel very happy at the moment – I'm happy about most things, school, friends, family. I like chatting with them at the end of the day to find out how their days have been.'

Adopted daughter, aged 13

Whilst only two children agreed to participate, this is nonetheless the first occasion on which children from concurrent planning have expressed views.

The two children were invited to respond to four standardised quantitative questions designed to measure wellbeing on a 0-10 numeric scale where '10' represents the most positive response .

Both children in the sample responded extremely positively to all four measures. **Not only were these two children more positive in their responses than children in care and other adopted children but they also reported higher levels of wellbeing than their peers in the wider population.** Figure 1 shows the two young people's responses compared to mean response scores from the following three comparison groups:

- Young people in the general population (aged 11-17)
- Adopted young people (aged 11-18)
- Young people who are looked after (aged 11-18)

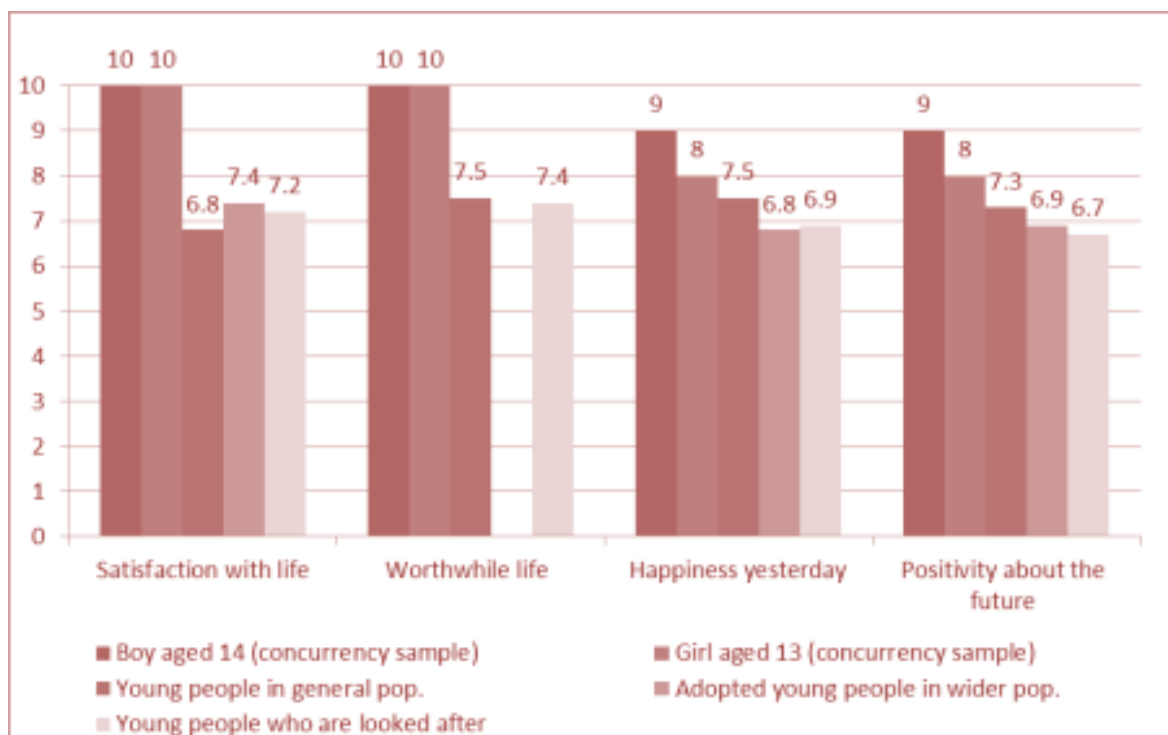


Figure 1: Young People’s Responses to Wellbeing Measures

While this is only two young people and potentially not typical of the wider population of children adopted via concurrency, this finding is consistent with other research about adopted children.

For example the 2016 study of adopted children age 11 to 18 conducted by Coram for the CVAA Sector Capacity Programme indicated that many adopted children score themselves very highly against some of the same questions. In this larger sample of adopted children (N=37, aged 11 to 17) 30% scored their satisfaction with life as a ‘10’.

3.5 Children’s behaviour

Most parents in the qualitative sample (7; 70%) reported that their children had at least some behavioural issues mainly in evidence at home but sometimes also at school.

Adolescence was widely reported to have been a critical period, as is true in the general population; however the impact was particularly pronounced for this group of children. Pre-existing problems with behaviour tended to have become more marked, although for some there was improvement towards more age-typical values.

At home incidents could escalate to verbal and physical abuse. Aggression to adoptive parents is not uncommon. In the 2015 AUK survey 64% of parents said that their adopted child had displayed aggressive behaviour. Yet the AI Coates survey showed that 30% of adopters had experienced regular child-to-parent violence, whereas parents within the concurrency sample only reported sporadic outbursts.

Several parents indicated that this worsened with the challenge of moving school indicating the importance of automatic support at secondary transition. The descriptive accounts were generally supported by children's SDQ scores; collectively, total difficulty scores had increased since 2011. However three children exhibited lower total conduct problems scores in 2017/18 than reported in 2011.

The qualitative research indicates that children's behaviour did not seem to be correlated with early drug withdrawal. Half (50%) of those who had needed treatment at birth, had grown up without any behavioural issues and were at least meeting learning expectations at school. This is one of the complex issues raised by the research. There is no 1:1 correlation between any of the adversity factors and the outcomes for individual children. It appears that outcomes are caused by multiple factors and might include issues yet to be identified such as genetic vulnerability, the child's resilience or parental resilience.

Such issues do appear to be amenable to intervention. A separate evaluation of Coram's parenting groups for adopters of young children found that by the end of the programme three times as many parents reported feeling 'very confident' or 'confident' in managing future problem behaviours than at the start of the programme. Similarly, the evaluation of a parenting group for older, adolescent children also found that higher proportions of parents felt confident in managing problem behaviours by the end of the programme.

3.6 Parental satisfaction

Parents were asked to complete the Kansas Parental Satisfaction Scale (KPSS) in both 2011 and 2017/18 facilitating a comparison over time. In 2017/18 lower proportions of parents were 'extremely' or 'very satisfied' in all three measures: their child's behaviour, themselves as parents and their relationship with their child. Yet **although parents were somewhat less positive than in 2011, none reported 'dissatisfaction' in any area.**

It is to be expected that levels of satisfaction may fluctuate over time and it will be important to follow this cohort of children up in early adulthood to obtain a further picture of their development. Early to mid-adolescence is one stage in the lifelong development trajectory.

3.7 Relationships within the home

The majority of parents described a close and loving relationship with their children in spite of any challenges. Close relationships are not uncommon in adopted families; the 2016 CVAA survey all of the adopted children surveyed reported that they had an adult who they trusted.

Six families had more than one child – sometimes a birth child plus an adopted sibling, other times two adopted siblings from different birth families. **Two thirds of children with siblings (4 families) had forged a positive relationship with their brothers or sisters** albeit in some cases there was a level of friction between the siblings.

However **in two families (one third) the parents reported that there were very high levels of conflict on a frequent basis** which impacted on the quality of family life. In both of these families, each child had been adopted. Relationships could be particularly tempestuous when both children had been adopted as in the cases of two families identified as 'struggling'. This indicates that agencies need to offer better information about the challenges associated with adopting a second child.

It is instructive to note that in one of the families reporting high levels of conflict, this was not borne out by the child who volunteered to be interviewed. She acknowledged that she and her sister frequently argued and that she often initiated the difficulties, but nevertheless reported a sense of happiness in her family and warm, close relationships with all her family members including her sister.

'The three most important things to me are my mum, dad and sister. They are always there for me and I can talk to them about anything.'

Daughter aged 13

'When she first came to our family it was weird and quite difficult because I wasn't getting any attention so I'd do things to get attention like start stupid rows...I probably still do that a bit'.

Daughter aged 13, Struggling

3.8 Sharing information

Several parents **had concerns about how much information their children chose to share with their peers fearing it could place their children in a vulnerable position.** It could be difficult to educate children about how much detail they should share about their family history and to navigate the balance between being honest and being self-protective, keeping some personal information private or sharing only with close and trusted friends. One mother was principally concerned with the rise of social media and worried that her child might be able to be identified by her birth family.

3.9 School support

All children within the sample were in mainstream school **but almost all felt that schools were not doing enough to support adopted children and their families.** Schools were reported as failing to listen or acknowledge their concerns or taking a punitive approach to dealing with their children's behaviour. Schools were also said to be unwilling to establish simple, practical systems such as placing the child at the front of the classroom or failing to passing on information about the child's background to new teachers. Teachers did not always inform adoptive parents when sensitive topics such as genetics were to be taught.

3.10 Learning

Most children faced challenges with their education; five (50%) were identified as having some form of learning or concentration problem which was often exacerbated by a propensity to 'give up' on schoolwork. This finding, derived from the study's small sample, appears to be representative of the wider adopted population. Experimental statistics gathered by the DfE (SFR11/2016) indicated that 47% of adopted children have special educational needs.

Teachers' expectations were often unrealistic and many did not understand the impact of adoption. Parents indicated that they were much less concerned about their child's academic achievement than their ability to settle into school life and cope in the classroom environment.

Schools and services need to recognise the prevalence of learning needs among adopted children and to design services accordingly.

'I did actually complain and say to the teacher 'whilst I appreciate for you it's very important what marks they are getting, for us, it's frankly not. What's important for us is that he stays in one piece with some self-esteem, self-respect and isn't stressed out of his mind in the remainder of this year...I don't think she took the issue as seriously as she might have done.'

Mother, Son aged 10, Okay

3.11 Mental health

Adopters could find it difficult to discern how happy their children were. **Nevertheless most children were considered to be generally happy** despite parents expressing concern about their children's level of anxiety. When children had accessed formal support, parents reported that their children's mental health had noticeably improved. **Such timely support matters.**

There had been one potentially serious mental health issue at the point of interview although when the child was referred to the family doctor, the GP felt that this had been a cry for help rather than a mental health crisis. The mother of this child was vigilant and will be alert to future issues that may arise. Indeed one aspect of the responses from parents was their level of concerned attunement with their children and willingness to support them in times of difficulty such as with school issues.

3.12 Relationships with birth relatives

Most adopters commented favourably on the opportunities they had had to get to know their children's birth parents at the time when the children were placed as foster children during court proceedings. Seven out of ten adopters (70%) reported that they had been in contact with their child's birth family whilst the adoption placement plan was being formulated. This laid the foundation for being able to talk to their children in a meaningful way about their birth parents and the reasons they had not been able to care for them.

Nevertheless adoptive parents' relationships with their child's birth family could be very complex. Contact tended to have ebbed and flowed over the years.

At the time of 2017/18 research, nine of the twelve families (75%) within the sample had some recent contact with at least one member of their child's birth family.

In most cases in 2017/18, contact was via letterbox and typically limited to exchanges with adoptive parents and not the child. In three cases, children had recently had face-to-face contact with their birth family.

These ongoing interactions were generally considered to be positive. However issues occurred where face-to-face contact had ceased; one nine year old boy had notably struggled to cope and become withdrawn from his classmates when his birth mother had stopped attending their meetings. Other children expressed confusion about why they could no longer see their brothers or sisters. Where contact was terminated it was not the adoptive parents' initiative.

The adopters expressed sadness for their children at having meaningful relationships interrupted.

'[We went to her birth family's] house and we were quite open to contact with them. They were really keen, really enthusiastic and then nothing. We are in two minds; we can really see the benefit of staying in touch for Rose as she grows older but we don't want to initiate or re-initiate something where they will let her down...'

Mother, Daughter aged 7, Okay

3.13 Conversations about children's backgrounds

Children exhibited varying levels of interest in their birth family; some were not interested in developing a relationship with their birth family, whereas others seemed preoccupied with their background. One boy was described by his father as being 'fixated' with his older birth brother. In some households, the issue of adoption was discussed quite openly, but other children were reluctant to talk about their history.

As specific benefit of concurrent planning, **most parents felt suitably equipped to answer their children's questions about their birth family** when they did arise. Adopters tended to apply a common approach of sharing greater detail as their children got older, but for some it was difficult to know exactly how much distressing information they should volunteer and when.

In some instances where there was no ongoing contact with birth families, adopters were not certain whether their child's birth parents were still alive. **Adopters found it distressing when they could not offer their child any reassurances about their birth family's welfare.** This is a complex issue with no straightforward solution.

Many parents harboured concerns about the probability that their child would eventually want to establish contact with their birth family; **most recognised that they were likely to require support about contact issues in the future.**

Life story work that gives children a realistic picture of their birth family may help to manage expectations when making contact. Within this study adopters were pleased with the Life Story work provided by Coram but research undertaken by Coram and The Hadley Centre at the University of Bristol has uncovered a huge variance as a third of adoptive parents said that their child's Life Story Book was 'terrible', while 40% described it as good or excellent. In approximately a third of cases there did not appear to be a life story book provided by the local authority.

It would be extremely helpful if the ASF were authorised to fund life story work to ensure a more consistent approach.

One mother mentioned her anxiety about the possibility of her child being traced via social media. This is an increasing concern for many adoptive parents and professionals as it is becoming increasingly easy for contact to be made in an unplanned way, whether initiated by a member of a birth family or by an adopted adolescent who does not foresee the potential repercussions of this.

This is a modern manifestation of an old problem and one where adoptive parents would benefit from more training on the possibility of unplanned contact via social media and how to help their children to be protective. This is an increasingly important task for adoption support services and an area where children would themselves also benefit from greater direct guidance.

3.14 Information, preparation and support provided during the concurrency stage

Half of the parents felt that during the preparatory and early adoption stages (between the years 2004 to 2009) they had been well-prepared and informed about the process and what to expect.

Others felt that they could have been supplied with more information, particularly around the possible manifestation of problematic behaviour.

It is important to note the challenge that these children face at times of transition – particularly from nursery to school and from primary to secondary school – which is predictable – and to offer regular opportunities for adopters to have support at such times. Parents indicated that they would have liked more information about identifying early 'warning signs' in children's behaviour. This might best be managed by the provision of opportunities to discuss emerging concerns rather than waiting for a problem to become so significant that it requires a formal referral.

It is not realistic to expect that however thoroughly adopters are 'prepared' for a wide range of potential outcomes, that they will necessarily recall the pertinent information several years down the line given the time lag between preparation and adolescence. Indeed several parents commented that they would not have 'listened' to information about possible challenges in the early stages of the process. More helpful is the growing awareness of the importance of adoption agencies (LAs/VAs/RAAs) operating an open-door policy so that adopters feel entitled to seek advice early rather than feeling that they will be perceived as having 'failed'. This is the purpose of providing preventive services and support groups for adopters from early in placement as discussed above.

'Things could have been done to better prepare us, yes. But I would never have known that at the time. You are so open and in love with the idea of having a child that it doesn't matter how much you tell us. It doesn't matter if you tell us that it's going to be hard and that it's not going to be a happy forever story because we don't hear it. We can't hear it. Most parents, including ourselves, thought that if you love a child enough, whatever they have been through, whatever their difficulties it will be good. And actually that isn't true. Love isn't enough.'

Mother, Daughter aged 7, Okay

3.15 Post Adoption Support

Most of the families had accessed professional support at some point since their child's adoption. **This support provision was generally very well received** and the majority of parents who were no longer in touch with Coram reported that they would contact the organisation if they needed to. Eight of the twelve families within the sample had received support from other agencies including CAMHS, their local authority or their child's school.

Parents spoke favourably about interventions offered at Coram and elsewhere but they also highlighted **how difficult it could feel to access support** especially if staff in the agency had changed. It could also be challenging to arrange childcare to attend support services whilst balancing work commitments. In addition several families had moved which made it more problematic to access support although telephone support is always available as well as referral to local resources.

Adopters also discussed how Local Authority Support and CAMHS often had prohibitive waiting lists and highlighted how funding issues could prevent schools from investing in support. It was noted that some children had refused to attend counselling or therapy sessions despite their parents' encouragement and the listening to young people's preferences for the type and approach of support is an important message.

3.16 Networking opportunities

Most parents within the sample had felt 'lonely' or 'isolated' at some point since adopting their child including in the very early stages of the adoption process (during 2004-9), lacking the peer group of antenatal classes available to other new parents. Many adopters did not know any other adopters in their local area and did not reference any adopter organisations.

Some parents spoke of the support they received from friends but there was a sense that even close friends could not truly empathise or understand adopters' experiences. In response to similar feedback in the original research, Coram has established Stay and Play groups for adopters of very young children (see above), and now has funding via a PIF grant to support the development of similar groups which will be supported by a clinician with expertise in adoption matters, across London. Baby care and paediatric first aid classes are now part of Coram's support package.

One pro-active suggestion from parents within the sample was for an 'annual check-up' or some form of on-going and pro-active link like an "annual service" to give adopters the opportunity to discuss arising issues or support needs. Coram sends bi-annual news letters to all adoptive families to encourage them to contact Coram to discuss any issues and to advertise the existence of the parenting groups for adoptive parents. However this comment seemed to be calling for a more substantial contact offer. In addition to Stay and Play, the support services available at Coram now include:

- Parenting groups for adopters of young children (aged 3-8 years)
- Parenting groups for adopters of adolescent children (for children aged 10-16 years old).

The parenting group for adopters of young children is supported by a crèche and run on a Saturday to enable parents to attend. The other group for adopters of adolescents is run in the evening, after work and a light snack is provided to sustain those who have come from a day at the office. These support services were not available in the early days of Concurrent Planning and this cohort of parents has not experienced the full value of the current support programme.

A common theme in workshops for adopters held by Coram is that they found one of the most helpful elements of the programme to be meeting other adopters, mentioning "meeting others in similar situations" and "being able to talk through issues with other adopters" as particularly beneficial.

4 Recommendations

The following recommendations are based on the two studies. They are made for (a) agencies providing concurrent planning and early placement and (b) all agencies. When we refer to concurrent planning this includes all forms of early permanence (e.g. fostering for adoption).

4.1 Information and guidance in the adoption process

- It is important to be as open as possible with prospective carers about the range of issues that may impact on children placed from backgrounds of adversity. This view is reinforced by feedback from these studies.
- The studies also highlight the crucial importance of sharing what is known about a particular child's background and giving the prospective carers the opportunity to discuss this with specialists such as the Medical Advisor before making a commitment to accept a placement
- Applicants in the preparation stages, who are learning about the implications of a placement, benefit from the insight of experienced adopters and carers in order to provide a 'realistic' perspective.
- Clear information should be provided about available support services and how they can be accessed with an explanation that most adopters seek support periodically – it is not a sign of failure and a regular contact from agencies which normalises this

4.2 Practice in concurrency

- Adopters and prospective adopters should be able to access informal advice about their children's behaviour so that they can check out issues and access support as soon as possible before problems become more serious.
- Adopters and prospective adopters should be fully informed about the possible short term and long-term impacts for babies suffering drug withdrawal and the uncertainty surrounding this for individual children.
- Adopters and prospective adopters should be fully-informed about how long legal proceedings can take and how distressing repeated hearings can be.
- For early permanence applicants access to such experienced carers may be more limited because the pool of local carers may be small and other networking opportunities may be needed.
- All adopters should have access to 'practical baby care skills' training sessions in early years that are available to many other new parents.
- CAMHS should recognise the significance of attachment issues even in the absence of clinical mental health diagnoses so that those children who experience difficulties in several domains do not fail to meet the thresholds of a clinical diagnosis.

4.3 Learning for adoption support

- **Adopters should receive regular offers of follow-up support.** It should be emphasised by agencies that the offer of support is ongoing and that help is available at any time.
- Post-adoption support programmes and seminars should be made **available to families living at greater distance** or outside city centres (e.g. through Skype, webinars, telephone contact). Multiple agencies could also collaborate in a given region or RAA).
- **Adoption agencies should work collaboratively with schools to educate staff** about the additional needs of adopted children e.g. using specialist toolkits such as Coram's Adoptables Toolkit and the pupil premium and to foster relationships with the Virtual School Heads
- **Parents should be encouraged and supported to learn the techniques to advocate on behalf of their children** to ensure that they receive the best possible support from schools.
- Agencies should support parents to **navigate CAMHS and local authority process**, or ideally act as an advocate to facilitate a referral.
- **Information about the birth family pre-placement should be provided** via the CPR to enable adopters to help children to understand why they were adopted.
- **Adopters should be provided with updated information and advice** on managing the issues of contact at times of need.

4.4 For children and young people

- Adoption agencies should also ensure that parents of adopted children are aware of the ongoing support available to their adopted children and **provide peer support** as part of this.
- In particular, **guidance on sharing information and coping with school** are important for adopted young people themselves.

4.5 Wider learning for policy and agency development

- Early placement is not a panacea but offers the opportunity to build secure attachments from the earliest age. This has created stability of placement despite the difficulties presented;
- Services need to be designed and resourced on the basis that the majority of children will need support, including into and through adolescence;
- Managing contact is often difficult and therapeutic support for contact including lifestory work should be funded by the Adoption Support Fund.
- Further research with, this very first concurrent planning cohort, in 5-6 years' time would enable the entire childhood experience of those placed in infancy to inform policy and sufficiency planning.

Be part of the Coram Story



Twitter @Coram



Facebook.com/Coramsince1739

**Keep up-to-date with the latest news and events
on our website: www.coram.org.uk**

Coram Campus
41 Brunswick Square London
WC1N 1AZ

Tel: 020 7520 0300 Fax: 020 7520 0301

For more information:

Dr Jeff Mesie, Head of Impact & Evaluation
020 7520 0316
Jeff.Mesie@coram.org.uk

Jeanne Kaniuk OBE, Associate Director of Coram Centre for Early Permanence
jkaniuk@coram.org.uk

Registered Charity no: 312278