

Pre-Adoption Order Disruptions in England: Learning from disruption reports 2017-2024

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Executive Summary

When a child is adopted, there are several stages that must be successfully negotiated before legal permanence is achieved. A crucial period involves the transition from being cared for by the foster carer within the foster care home to that of moving to the intended permanent home with the adopter(s). This period involves introductions, visits and the placement of the child and adjustment to family life before the application for the Adoption Order is made and legal permanence as a family granted. In England, there have been around 3000 children adopted annually since 2021 but some placements disrupt before the Adoption Order is applied for, a rate estimated to be at around 2.5% since 2019. Whilst not a high rate, this represents a figure of 479 children and the corresponding families who experience the emotional aftermath when an adoption placement fails. Whilst there is statistical data available as to the characteristics of the placement pre-order disruption in England, less is known or understood as to how and why pre-order disruptions happen and how they are experienced by the people involved. This research aimed to address the knowledge gap using a qualitative approach to learn more about how and why pre-order disruptions happen.

The research involved three phases; Phase 1 sourced Disruption Overview reports from Regional Adoption Agencies (RAAs) to be thematically analysed. The disruption reports are the recording and analysis of learning meetings that take place after a disruption has happened. We received 77 reports related to 184 children from RAAs across England. The reports varied in format, length, nature of recording and focus according to the author of each report. We received everything from detailed minutes of meetings with little analysis to an overview of a cluster of disruptions with full analysis and learning points. It was noted that whilst many reports included the adopter experience, there was little evidence of the voice of the child. We conducted a secondary analysis drawing out key themes from the cases and the associated learning. The second phase involved focus groups with three groups of professionals – children's social workers, foster carer social workers and adoption specialists. We created two vignettes as case studies, based on key characteristics identified in Phase 1. The professionals were asked to discuss the vignettes and identify good practice or possible solutions to the cases presented. These were thematically analysed using the phase 1 framework. The final phase presented the learning to adoption practitioners and adoptive parents (who had adopted during this period and not had a disruption) in separate workshops. They were asked to discuss and co-produce the recommendations with the research team for this report.

The findings identified highlight the complexity of the transition and early placement period during the adoption process and mostly focused on failures of communication between the adults involved in the placement of children, the professionals, the adopters and the foster carers. Four key themes were identified, all relating to gaps in knowledge that impacted on the placement:

Not Said identifies areas where adopters did not feel able to share concerns or vulnerabilities openly with social workers. This manifested in two ways, first, *honesty*

about feelings, which was when adopters (or sometimes foster carers) had significant concerns about the placement going forward, but did not share this information with professionals. Second, there were incidents of *active concealment*, when prospective adopters had concealed personal information from the assessing agency that might have been deemed detrimental to their application, and only came to light when the child was in the placement.

Not Known covers information that was not available before placement, in terms of the knowledge of the child, and also of adopters not understanding the impact that parenting would have on them. This relates to both information about the child but also the adopters. First there was the *adopter reaction to placement* where the adopters had an unforeseen or unexpected reaction to the child being placed and the assessment period had not raised any serious concerns about the adopters. And the second aspect related to the *understanding of the child and their needs* and how the child and their experience was historically and currently understood (or not), with poor or outdated information from assessments and a lack of knowledge about the day-to-day experience of the child.

Not Heard considers where information was available, but its significance was not fully understood. This impacted on both social work practice in adopter assessment and on the adopters' expectations of the child in placement. There was *professional optimism* in the social work practice in the assessment of adopters. There were examples of where social workers had not identified or explored issues that later factored in the disruption. In addition, there was a misalignment in *adopter expectations* identifying a gap between the adopters' expectations of adoptive parenting and the reality especially relating to the challenges they faced in parenting traumatised children.

Not Challenged explores where there were identifiable issues which were noted or communicated but were not addressed at a point where they could have been managed. There were several *communication issues* identified including communication breakdowns between foster carers and adopters or between professionals. The reports also evidence where adopters showed an unwillingness to listen to the advice given to them. Finally where there were *contrasts in living situations* which presented a big adjustment for the child and included differences in parenting styles as well as the material context in which they were now living.

Key messages for future practice include the need to **centre the child** so that their day-to-day experience is captured and understood. Using more curiosity about their current circumstances needs to be applied alongside a diligent analysis of their past experiences and what this might mean for their future selves. Improving communication necessitates the need to **invest in all relationships** understanding the importance of facilitating connections between professionals and involving foster carers alongside the adopter/child relationship. The UEA Moving to Adoption Model is a valuable framework that assists the building of relationships. The findings suggest there is a need to **rethink the 'who and how' of support** recognising the importance of earlier support during the transition, flexibility in the provision and timing of support, the range of support needed from practical to therapeutic interventions, and identifying a network of people who can

provide the support. Finally, in consideration of the production of the disruption reports, the next step is to **capture the learning from disruptions more systematically** thinking about the formats, how they are used, how the learning is disseminated and what changes as a result of the learning.

Headline Recommendations:

Recommendation 1: Approach assessments for children as dynamic pieces of work that should be regularly reflected upon and evidenced.

Recommendation 2: Approach the assessment of adopters as fluid in which assumptions are regularly tested and evidenced.

Recommendation 3: There is a need for more consistent and robust early support through transition and into the placement.

Recommendation 4: Support the implementation of best practice guidance on managing transitions using the UEA Moving to Adoption Model.

Recommendation 5: Ensure support for adoptive parents when a placement disrupts.

Recommendation 6: Give greater consideration and support to the role of the foster carer.

Recommendation 7: Social Work England and/or Adoption England to consider how to develop and support the capacity of children's social workers in adoption work.

Recommendation 8: Ensure parity across agencies in terms of availability and access to early assessment and support services.

Recommendation 9: Annual thematic overviews such as the example given by East Midlands Adoption Agency should be conducted as a matter of course.

Recommendation 10: A national dissemination plan with accountability for embedding learning from the disruption overview reports should be developed by the Department for Education and implemented by Adoption England and the RAAs.

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1. Chapter 1 – Background to the research

1.1. Overview

The number of children adopted from the care system in England was 2980 children in 2024, with the figure standing at around 3000 children annually since 2021 (DfE, 2024). Whilst most adoptions achieve stability in family lives and the adoption process is intended to achieve permanency for all children, the experiences of the child pre-adoption impact their outcomes after adoption (Neil et al, 2020). Consequently, not all adoptions achieve permanency. There are challenges as children and families make the adjustment to legal, residential and relational permanence (Brodzinsky & Smith, 2019) and the adoption process can break down before or post an Adoption Order is made.

In England, the adoption process involves several stages that include adoptive parent preparation/assessment; assessment of child/permanency planning; family finding and matching; transition to placement before the Adoption Order and the application and granting of the full Adoption Order. The application for the final Adoption Order is not made immediately and the child must live with the adopters for at least ten weeks before the application can be made for the Adoption Order. There is potentially a long period of adjustment for both the child and the adoptive parent(s) before legal permanence is granted. The placements can and do breakdown during this period, which in this report will be referred to as a pre-order disruption.

This report will first explore what we know about pre-order disruptions including thinking about the terminology used. The details of the research will follow including what we did and what we found before finishing with recommendations.

1.2. Defining pre-order disruption?

The terminology for disruptions or breakdowns is not widely agreed upon internationally. The different legal frameworks, differing options or practices when problems may arise and changing approaches to language mean researchers are not necessarily investigating the same phenomena (Palacios et al, 2019). Mindful of this, Palacios et al (2019) in their overview of disruption referred to the complexity of terminology and methodology within the research and agreed on the term “adoption breakdown to mean the end of adoptive family life together for parents and children under 18 years old, irrespective of whether the legal adoption proceedings have finalized” (p.131). This reflects the discussion on the purpose of adoption – what does it set out to achieve? Thoburn (2023) explores the concept of “placement breakdown” highlighting permanency is not simply achieving legal permanence.

Understanding permanency as an aim of adoption means considering what permanency means. A primary appeal of adoption is that it provides legal permanency for a child, meaning that their adoptive parents will have full and unshared legal responsibility for them (Brodzinsky & Smith, 2019). There are other significant elements to consider which

move beyond legal permanency such as relational and residential permanence (Brodzinsky & Smith, 2019). Residential permanence describes when a child has a stable home, which remains consistent through their childhood. Relational permanence is used to describe the attachments and connections that children have with their parents and caregivers. It is noted in the wider literature concerning post-order breakdown that a disruption in where a child is living (residential permanence) does not impact on their legal permanence as in all but the rarest of cases, the adopters will remain legally responsible for the child. It also does not always represent a rupture of the relation between the adopters and the child. Multiple studies have noted that adopters and children can continue to have connections, even when it has been felt no longer possible for the child to live at home (Neil et al. 2013; McSherry et al. 2018, Brodzinsky & Smith, 2019). However, the picture of permanency is different for pre-order disruptions.

In England, there is a distinction made between pre and post order status with legal permanency achieved after the Adoption Order is made. Without legal permanency it is highly unlikely that relational or residential permanency is achieved, as once the placement disrupts, the child is placed back in local authority care and contact with the adoptive parents ceases. This project was commissioned to understand what happens when placements disrupt before the Adoption Order is applied for, that is before any sense of permanency is achieved or broken. Therefore, for the purposes of this report, for experiences where adoption has come to an unexpected close prior to an Adoption Order being granted, we will refer to this as pre-order disruption or disruption whilst anything after the order is made will be referred to as post-order breakdown or breakdown.

1.3. What is known about pre-order disruptions?

It is not within the scope of this report to provide a deep dive into the literature and research, what follows are the top-level findings relevant to our study. If you want to read further, please see the work of Argent and Coleman (2023) for a good overview of the process and issues whilst Palacios et al (2019) have conducted a systematic review of the literature for pre-order disruptions and post-order breakdowns. In addition Cowan (2022) provides an extensive review of the literature as part of their PhD research.

1.3.1. Estimated rates of pre-order disruptions

The limited research into disruptions and breakdowns tends to focus on post-order breakdowns or both breakdown and pre-order disruptions making it challenging to identify learning directly related to pre-order disruptions. There have been some attempts to quantify the disruption rates across different countries. For instance, a study that took place in Portugal between 2006-2009 calculated an incidence of 5.8% (Barbosa-Ducharne & Marinho, 2019) and a limited study in one state of the USA identified a pre-order disruption rate of 9.5% (Smith 2014). In Romania, there is a period of three months called 'entrustment' before the adoption is made legal, researchers identified the disruption rate as 1.9% where the children are matched (Bejenaru et al, 2024). Romania has a register of hard-to-adopt children, and for children placed from this list, the disruption rate is about

13% (Bejenaru et al, 2024). Randall (2013) in examining data from an UK based voluntary sector agency found a pre-order disruption rate of 3.8%.

1.3.2. Context of pre-order disruptions in England

An analysis of Adoption and Special Guardianship data by Coram-i (personal communication) identified that between 2018 and 2024, 479 placements disrupted prior to the Adoption Order being granted. There were 18,930 adoptions made from children who were looked after (GOV.UK, 2025) suggesting disruptions represent 2.5% of all placements, comparing favourably to the rates elsewhere. The detail within these figures highlight that the age at disruption were evenly spread, that is the rate of disruption ranged between 10% and 15% at every year between the ages of 1 and 7 years – see Figure 1 for details.

Figure 1: Age of child at disruption 2018/19 – 2023/24

Age	Number	Percentage
Under 1	6	1%
1	50	10%
2	50	10%
3	56	12%
4	60	13%
5	73	15%
6	64	13%
7	56	12%
8	31	6%
9	22	5%
10	5	1%
11	3	1%
12	2	0.4%
13	1	0.2%

In terms of other characteristics, the number of children with an identified disability who experienced a disruption was 3.3% of the 479 children. The majority of children were

White British (83%) however the next largest cohort was where a child was identified as 'Mixed and Multiple Ethnicities' who experienced a disruption rate of 12%. The sibling group numbers were comparable with 48% of children not in a sibling group and 52% in a sibling group, of these the majority (40%) were in a sibling group of 2.

Whilst the overall number may seem a small proportion as compared to the placements that go onto apply for the Adoption Order, as Thoburn (2023) writes, this "may be a 'felt' experience for the child" (p.274) who will already have experienced trauma, adversity and instability (Selwyn, 2019; Neil et al, 2020). This 'felt' experience is valid not only for the child but for the adoptive parents and siblings (Lyttle et al, 2021; Parker et al, 2024), and the professionals who may have worked alongside them (Argent & Coleman, 2023).

Whilst the numbers and characteristics provide valuable context and learning, what is less understood is how and why pre-order disruptions happen and how they are experienced by the people involved. In England, after each disruption, the adoption agencies must hold a review that considers the continuing needs of the child(ren) whilst also holding a debrief session commonly known as a disruption meeting (Argent & Coleman, 2023). These meetings provide opportunities to reflect and understand learning and practice for the future. They also provide a documented analysis of the nature and impact of disruptions. As far as we are aware there has not been any wide-scale work bringing the learning contained in disruption reports at the RAA level to understanding the picture at a national level.

Therefore, the aim of this study was to undertake a secondary analysis of disruption reports alongside focus groups to learn more about how and why pre-order disruptions happen to inform future practices. The next section is a brief review of the literature that highlights the main features previously identified in pre-order disruption and post-order breakdown research.

1.3.3. Characteristics of disruptions/breakdowns

It can be challenging to separate pre-order disruptions from post-order breakdowns in the research given the diversity of approaches in data gathering and research methods (Palacios et al, 2019). Therefore, we highlight specific pre-order disruption data where we have it otherwise the research relates to both pre and post order.

Factors generally coalesce around one of three areas: child-related characteristics, adoptive parent characteristics, and professional support and systemic issues. It should be noted that by identifying these three areas researchers are not looking to extend blame to any one group rather to show how different factors interact and contribute to the disruption.

Studies identify that there are several child related factors that make placements more likely to disrupt:

- Age – The older the child is at placement, it is generally documented that there is a higher risk of breakdown (Palacios et al, 2019; Goodwin & Madden, 2020) and similarly with pre-order disruptions (Paniagua et al, 2019).
- Exposure to adversity – This is related to age in that the more prolonged exposure to adversity and other risks prior to placement increases risk of disruption/breakdown (Palacios et al, 2019; Goodwin & Madden, 2020; Neil et al, 2020).
- Sibling groups – Research has found being placed as siblings is considered both a risk factor and a protective factor (Palacios et al, 2019).
- Adoptive family composition – Settling into existing family dynamics can be problematic (Palacios et al, 2019) related to developmental and attachment needs (Argent & Coleman, 2023).
- Presenting behaviours and emotional difficulties – In pre-order disruptions, the children had both increased behaviour and emotional challenges that the adopters felt unprepared for and unable to cope with (Barbosa-Ducharne & Marinho, 2019; Bejeneru et al, 2024). Behaviours such as aggression, violence and sexualised inappropriate behaviours are challenging to manage and can increase the likelihood of disruption/breakdown (Selwyn et al, 2014; Goodwin & Madden, 2020; Cowan, 2022).

There are key characteristics related to the adoptive parents that have been found in the research although the research is not always conclusive in how these characteristics relate to disruption/breakdown (Palacios et al, 2019). The characteristics explored include:

- Motivation for adoption – When adoptive couples have differing motives for adopting, this can cause issues that lead to pre-order disruption (Bejeneru et al, 2024) and there were more disruptions in families where infertility was the predominant motivator for adopting (Barbosa-Ducharne & Marinho, 2019).
- Misaligned expectations – Reasons given by parents for pre-order disruptions include being over optimistic in own skills/capacity in being able to manage the child (Bejeneru et al, 2024) or that the child would be easier to manage (Barbosa-Ducharne & Marinho, 2019). Findings consistent with the wider literature in which either adopters idealise the child or think they have the abilities necessary to parent them (Palacios et al, 2019).
- Help-seeking – Studies of disruptions/breakdowns highlight that how parents seek help varies, with some actively seeking solutions, whilst others require an immediate end to the placement (Palacios et al, 2019). This discrepancy in help seeking behaviours has been observed in pre-order disruption research (Bejeneru et al, 2024).
- Adopter emotions and abilities – Where adopters lacked flexibility in approach and/or self-confidence in parenting ability, then this was associated with more disruptions (Barbosa-Ducharne et al, 2019), a finding consistent with breakdowns (Palacios et al, 2019). There is also evidence of unexpected and heightened anxiety/mental health issues emerging in adopters meaning the stability of the couple relationship and the placement is impacted (Bejeneru et al, 2024).

Other issues identified in the literature relate to professionals, support and wider systemic issues. Common areas evidenced include:

- Matching and preparation issues – An oft cited factor is the lack of information the adopters receive with regards to child and feeling not prepared well enough (Selwyn et al, 2014; Palacios et al, 2019). This was particularly highlighted in the pre-order disruption study of Bejeneru et al (2024) in which adopters who had waited a long time to adopt extended their matching criteria. Poor matching has been cited as contributing to disruption/breakdowns across a number of studies (Palacios et al, 2019).
- Timely and appropriate support – As highlighted under the adopter characteristics adopters vary in how they seek support. However, when they do seek support there are often obstacles that need to be navigated (Selwyn et al, 2014) and a lack of adoption knowledge in the support provided (Palacios et al, 2019).
- Adoption practices – As an underpinning factor of all adoption work, Palacios et al (2019) highlight the complexity of the work and echo Selwyn et al's (2014) call for a workforce that is trained and supported and working with manageable caseloads.

This brief review of the literature highlights the complexity of adoption with many factors needing to converge for legal, relational and residential permanency to be achieved. The significant variation in methodologies, approaches, legal systems etc make comparisons and generalisations problematic (Selwyn et al, 2014; Palacios et al, 2019; Cowan, 2022) and the research lacks in-depth insights into the experiences of children and adopters post placement (Goodwin & Madden, 2020).

This research was commissioned by Adoption England to understand the detail behind the limited information available for pre-Order disruptions. The purpose of the research was to explore detailed child and adopter factors, family processes, and professional practices as they relate to the learning from the disruption reports and current practice.

The research questions were:

- How and why did pre-order disruptions happen?
- What factors connected to adopter preparation and assessment, family finding, matching, transitions from foster care and post placement support are implicated in pre-order disruptions?
- What learning is available from disruption meetings for practice?
- What good practices prevent disruptions?

2. Chapter 2 – Methods

2.1. Research design

The overarching aim of the project was to learn from previous pre-order disruptions to support future practice and to prevent further disruptions, where possible. We collected and analysed two types of qualitative data. First, the disruption learning reports provided by Regional Adoption Agencies (RAAs) were thematically analysed. Second focus groups were used to gain further insight and understanding of the themes identified in the first phase. The first two phases were supported by a third stage of workshops with professionals and adoptive parents to help generate recommendations for practice. The details of each phase are described below.

2.1.1. Phase 1 – Analysis of disruption reports

This phase necessitated collecting the reports used for learning from disruptions. We sent a briefing sheet and request for support with the project to all Regional Adoption Agency Leads (RAA). We asked that they send any Disruption Overview Reports that have been completed since 2019 for analysis by the research team. Disruption reports are the recording and analysis of learning meetings that take place after a disruption has happened. Disruption overview reports analyse a number of individual reports relating to disruptions within an agency.

There is not specific guidance on the format of disruption reports. What is laid out is when they must happen, and what must be covered. The Adoption Agencies (England) Regulations 2005 set out in regulation 36 (10) that *the agency must conduct a review of the child's case no earlier than 28 days, or later than 42 days, after the date on which the child is returned to the agency*. It also states that the plan for the child must be considered, specifically whether adoption remains the right plan. Also, the needs, welfare and development of the child must be discussed, along with the plans for contact, and the child's health and educational needs.

The start date of 2019 was agreed as this was when the move to the RAA model was finalised, however we were sent reports from 2017 onwards and these have all been included in the analysis. We asked that all reports be redacted or anonymised as necessary where there was information that might be considered sensitive or confidential. We, also, asked that either an encryption service or password protected system was used to send the reports by email. Once the report was sent this was proof of consent to use the data. On receipt of each report, one researcher anonymised the sender, gave each report a Unique Identifier (UI) and then read through the reports to ensure no identifying information remained. We received 77 reports for analysis pertaining to 184 children.

Figure 2 is a breakdown of the types of reports we received.

Figure 2: Breakdown of reports received

RAA Overview (annual)	9
RAA Overview (multiple years)	5
Individual	63

At this point all reports were entered onto a spreadsheet, and the key characteristics and the learning identified by the RAA were extracted and entered onto this spreadsheet. The information included geographical region (i.e. South, SouthWest etc), age of child, gender, ethnicity if known, siblings and adoptive family characteristics, as well as the key points identified in the reports as factors in the disruption. The learning identified ranged from specific recommendations in care planning for the child to more general learning points for the RAA. Initially we believed that the reports we would receive would be the overview reports at the RAA level however as Chapter 4 describes in more detail, we received a variety of reports for the analysis, see Table 1 for a breakdown of the reports received. This gave a richer aspect to the data but extraction of key characteristics was more complex due to the level of redaction in some reports.

The first step in coding was conducted by a single member of the research team. A thematic framework was developed following the initial data familiarisation. The researcher coded the data in Nvivo using this framework. Throughout the process the researcher was supported by the second researcher and regular sessions were held to test assumptions and understand the themes through discussion and an iterative approach with the reports. This process identified four overarching themes, in addition to a number of sub-themes. The second researcher then went back to the coded data to test the coherence and stability of the themes with brief written narratives.

2.1.2. Phase 2 – Focus Groups

The aim for the second phase was to think about the report findings in more detail and focus on what practice would have been helpful. These questions were explored by holding focus groups with key practitioners. The discussions centred on two vignettes which were compiled (see Appendix I) using amalgamated findings and that illustrated the complexity of the adoption process. This complexity was integral to the vignettes as the disruption reports indicated that disruptions happen due to a myriad of events/feelings/incidences, there was rarely one ‘thing’ that contributed to the disruption. This needed to be reflected in the discussions. One vignette centralised parental mental health and the other focused on a sibling group in which the adopters faced unanticipated needs in both of the children.

We recruited for three focus group discussions with different cohorts of professionals: children’s social workers, foster carer social workers and adoption specialists. The participants were recruited through the RAA network and the focus groups were held via

Teams online platform allowing participants from across England. The numbers of participants were 11 Adoption social workers, 7 foster carer social workers, and 10 children's social workers & team managers. Each participant was sent the Teams link, consent form and vignettes prior to the focus group, this allowed time for prior consideration of what their practice might look like in that situation. This was important because we wanted the discussions to be as rich and informed as possible. If we had just given the vignettes in the focus group, this would have meant the participants would be reacting to rather than reflecting on the vignettes. To mimic actual practice, whilst time would be of the essence, it would be expected that for good practice to happen, there would be time for consideration as to next steps.

The focus groups were 90 minutes in length and both vignettes were discussed for adoption workers group and children workers group whereas with the fostering workers group we focused on the sibling vignette. Discussions were facilitated by one of the researchers and the other took written notes on the Whiteboard function, asking further questions where needed. The group were recorded using Teams recording and transcription service. At the end of the meeting, the participants were invited to star/like/comment on the feedback written on the whiteboard. These were saved as a visual image (png format). After each session, one researcher went through each typed transcript for sense-making, using the audio recording to clarify any discrepancies or errors. The typed transcripts were used for the analysis. The transcripts were coded with particular reference to identifying solutions and useful practice according to the existing thematic framework. The themes from Phase 1 and Phase 2 were then used for the workshops held in Phase 3.

2.1.3. Phase 3 – Workshops for Recommendations

The final phase involved two online workshops to discuss findings and review recommendations for practice. At each workshop, we presented the findings and early recommendations, and then using different activities, we invited the attendees to review and suggest recommendations.

The first workshop was for 30 professionals involved in adoption work, and sign ups were on a first come first served basis. Attendees were recruited via an Adoption England call out. It took less than a working day to fill all 30 spaces demonstrating there is a commitment to wanting to minimise the disruption numbers. However, actual attendance on the day was 23 people. At the workshop following the presentation, attendees were put into four groups and asked to discuss their thoughts, recording their discussion on a Padlet provided. They were then brought back into the bigger group for the final discussion.

The second workshop was with adopters whose children were adopted between 2018 and 2023, where the placements are ongoing and the Adoption Order had been made. Adoption UK supported us with promoting the workshop and we had 8 parents attend. The same presentation was delivered however the discussion concentrated on the

recommendations directly related to supporting new adoptive parents. The types of questions included:

- How do you think adoptive parents can be helped to build and manage relationships with foster carers?
- How do we help adopters to support the child in managing a different home?
- How do you think adopters can be helped to have a conversation about all the different feelings that come up in the process.

For a full list of the questions used as prompts please see Appendix II. A padlet was also provided for people to note comments, these were saved at the end of the workshop for reference. The discussion and feedback has been incorporated into the key messages and recommendations chapter – Chapter 5.

3. Chapter 3 – The Findings

These findings are based on the learning reports produced following the review meetings. The reports all acknowledged that they were looking at the situation with the benefit of hindsight, and these findings should be read from this perspective. The findings mostly focused on failures of communication between the adults involved in the placement of children, the professionals, the adopters and the foster carers. The reports acknowledge that these adoptive placements were made with the best of intentions, and with confidence that all information was known, and everyone was suitably prepared.

Four key themes were identified, all relating to gaps in knowledge that impacted on the placement. The first theme of **Not Said** explores reasons why adopters did not feel able to share concerns or vulnerabilities openly with social workers. **Not Known** looks at information that was not available before placement, in terms of the knowledge of the child, and also of adopters not understanding the impact that parenting would have on them. **Not Heard** considers where information was available but not fully understood and how this impacted on both social work practice in adopter assessment and on the adopters' expectations of the child in placement. The final theme of **Not Challenged** considers where there were difficulties which were noted or communicated but were not tackled.

It needs to be noted that the data on the disruptions came to this project having already been analysed to some degree. The disruption reports present disruption as an event with a degree of separation both in time, as all of this is in hindsight, and also in the voice of the author, the chair of the meeting. The initial learning from disruptions will have been discussed at post-placement meeting, then for some, a layer of analysis will have been provided by the chair of the review. Finally in some areas, overviews will have been undertaken where an agency considered all their disruptions in a set time period and identified thematic learning. The content of reports reflected the interests of the author as different authors focussed on different elements, for example, some noted when an adopter had a child placed outside of their initial recommendation, others did not. It is important to note that the themes identified could only be based on material presented which was already extensively considered and reflected on as part of the disruption review process. The analysis provided here suggests a framework to understand what has happened in these placements, focussing on where and why communication has broken down within the placements. First though we will present information on case characteristics given in the reports.

3.1. Information on the disruption characteristics

The reports cover the pre-order disruptions of 184 children placed in 139 families (2017-2024). The reports were heavily redacted before being sent to the research team. Additionally, overviews often contained little personal description of the cases instead focusing on broad themes. This has had an impact on the data we are able to present about the demographics of the children and families involved. With that caveat, the

information on the cases included in the data set is detailed below. Figure 3 shows the children’s ages when placed, which ranged from 13 months to 12 years old. Please note that this does not cover all the children in the reports, as age was not available for all of them.

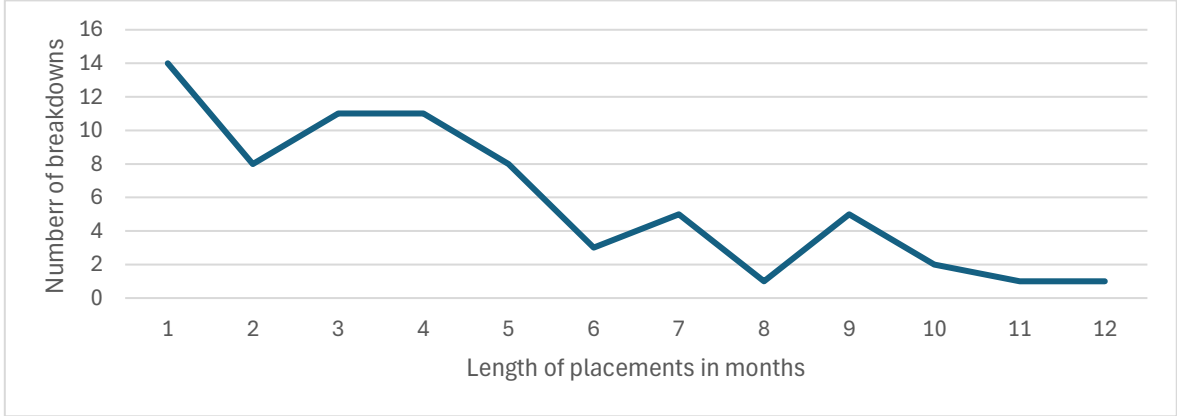
Figure 3: Ages of children when placed

Age of Child	Number
1 and under	18
2	15
3	20
4	21
5	25
6-9	17
10 and over	4

Ninety-four (68%) of the placements were of single children and forty-five (32%) of placements were of sibling groups. The sibling groups were mostly pairs, with only four larger sibling groups included. If a sibling placement disrupted, in most cases all the children returned to the care system.

Of the 139 families, 22 (16%) were single adopters and 117 (84%) were couples. Thirty-two families (23%) already had a child living with them. Due to the nature of the data, in particular its brevity in places and/or redaction of personal details, it was not possible to break this down further i.e. number of same sex couples, or if children in the home already were adopted or birth children.

Figure 4: Months in placement



It was only possible to work out approximate length of placements in fifty of the reports; what we have managed to extract can be seen in Figure 4. The reason for lack of clarity is because the reports were often heavily redacted and sometimes had all dates removed. With the information available, it appears that most placements broke down in the first five months. A high number of disruptions occurred in the first month, often in the first two weeks. This potentially indicates a pattern where some breakdown immediately suggesting problems escalate very quickly, whereas others will carry on for a few more weeks or months until the problems become overwhelming. Often placement disruption was triggered by the adopters rather than the agency, who were frequently willing to continue to offer support. Some reports do state that agencies should have been more decisive when placements were struggling. These reports identified that some placements were allowed to go on too long. Placements could have patterns of being in crisis, recovery, and then crisis again, and that professionals could have decided to end the placement sooner. It was rare in this data set for placements to carry on for over a year, and only one report references a placement that lasted two years before breaking down. However, this may reflect the recency of the data set that was used for this project.

Next the thematic framework looking at the communication factors will be described.

3.2. Not said: where information has not been shared.

The theme **Not Said** describes information not being shared by adopters with their social workers. Whilst motivations for not sharing were not always explicitly explored, the implication is that lack of sharing was driven by concerns about the hidden information stopping the adoption journey. It was recognised as significant by those who held the information, and they either did not know how to share the information or opted against sharing. There were two subthemes within this. First, honesty about feelings, which describes when adopters (or sometimes foster carers) had significant concerns about the placement going forward, but did not share this information with professionals. The second subtheme explored in this section is *active concealment*, when prospective adopters had concealed personal information from the assessing agency that might have been deemed detrimental to their application, and only came to light in placement.

3.2.1. Honesty about feelings

Honesty about feelings was identified as a factor in a number of placement breakdowns and relates to both the prospective adopters and foster carers not sharing their concerns as the adoption moved forward. For the prospective adopters, they did not feel able to discuss their concerns about adoption, either in general as a life choice, or about a specific match once introductions had started, with their social worker. There were examples of foster carers who had concerns during introductions but did not feel able to share. The reports evidenced a number of barriers identified with the adopter or the foster carer being able to speak about their worries and concerns.

One barrier is the high level of emotional investment in a positive outcome for an adoptive placement. An adoption placement involves multiple people, moving towards a common

goal of placing a vulnerable child in their forever home. The emotional weight, time and resources requires high commitment from everyone involved. This commitment makes it challenging for adopters to express negativity or doubts about a specific placement. One adopter described this as a train that they couldn't get off. Similarly for foster carers, there was a feeling of not wanting to 'rock the boat', of not wanting to be the person who raised concerns when everyone else seemed to be saying it was going well. Multiple reports note the adopters or foster carers saying in hindsight they had doubts during introductions, whereas the accompanying minutes of the review of introduction meetings reported full agreement to proceed. These doubts included foster carers being concerned about the prospective adopters' ability to manage the children's needs or for the adopters, that this was the right child for them. For some adopters, within the review they expressed that they felt that this was their last chance at becoming parents and that saying the wrong thing would jeopardise that. There were also examples of personal barriers of shame related to not bonding with the child. This exacerbated the fear of speaking up as adopters did not want to be the person to say that the placement was not going well.

Other barriers linked to concerns not being shared were when there was either not a person to share this with nor a safe space in which to share this. Reports note situations where social workers were not available to adopters or foster carers, for example by not visiting during the introductions, or for a number of foster carers, not having a social worker at all. Others describe the adopters not having any opportunity to speak privately to their social worker during introductions. The move to virtual meetings made it more challenging to express concerns as there were not informal opportunities to talk to others. Virtual meetings also made it more challenging for professionals to pick up any bodily cues which may have expressed concern or worry. Signs of stress and concern were also missed when there are staff changes during the process, for example the introduction of a new social worker. These issues highlight the importance of the time needed to build a relationship in which familiarity increases awareness of subtle signs that might give some indication of fears and concerns.

Some reports do give examples where adopters tried to share worries, but the subsequent responses from professionals were not sufficient in drawing out the concerns. One adopter said that their birth child had a 'wobble' during introductions, but the review identified in retrospect it was the parent who was struggling. In another case, an adoptive father had begun to have doubts during the introductions. The adoptive parent did not directly voice this concern instead it was expressed as a query around the impact of substance misuse (by the birth parent) on the child. The child's social worker responded with practical information and the acknowledgement that for many adopted children, the impact of issues such as these bring uncertainty. In the discussion of the disruption, the social worker acknowledged that they were new to adoption work, and new to the family. They were not in a position to make a response that would have opened up the adopter's ability to explore their feelings. The adopter did not take sharing their concerns further during the introductions as he did not want to cause upset. At this point the parent in question was also not sharing with their concerns with their partner.

There were a few disruptions that were described in the reports as coming ‘out of the blue’. On the surface practitioners reflected the placements appeared to be going well, but then a number of weeks into placement, the adopter contacted their social workers and asked for the placement to end. In reviewing the disruption, discussions recognised that perhaps problems had been occurring but it was felt that the adopters had not shared the challenges that they were facing in placement around managing the child’s behaviour, or the impact on their own wellbeing, either with professionals or with their own support networks. The difficulty in reviewing the reports in which there are at least two steps between us as researchers, and the children and families affected, is whether the adopters had raised concerns, and these were not heard (see **Not Heard** section for further comment). However, there were clear examples in which the adopter had not said what they were feeling, for instance, in one case of a single adopter, the child had begun to say things that made the adopter concerned that an allegation might be against them. The adopter did not feel able to share this, and their concern only came to light after the placement ended.

The reports identified a number of elements that support adopters to share their concerns. The first is time to reflect, for instance, the emotional intensity of introductions, and the exhausting nature of their practical time commitment makes it difficult for adopters to be in touch with their emotions. Reports highlight the need for time to think about and process what was happening, not just rest during the introductions. The reports recommended that breaks should be built into the process to give adopters time not just to recover but also to think. This reflection needs to be met with supportive and curious responses from social workers. Social workers were described as listening but then moving swiftly to reassuring, leading to responses such as ‘you are doing really well’, rather than delving deeper to understand and explore the adopters’ feelings. Where worries were expressed, social workers needed the skills to open conversations and to provide a mix of reassurance and exploration of what is happening. The reports emphasised for this to happen, adopters needed a good relationship with their workers and to be able to speak to them in private.

3.2.2. Active concealment

The second theme here, *active concealment*, was not prevalent in the data set, but highly significant when it occurred. Active concealment refers to the purposeful withholding of information by the adopter from the agency and, on occasion, from their partner which only came to light very late in the process. Examples identified within the reports were serious in nature and included past and current substance misuse, gambling debts or problems within the couple relationship. When the information surfaced, often within placement, it had a significant impact on the agency’s trust in the adopters. Actively concealed information was rarely the sole factor that resulted in an adoption breakdown, but instead came to light when other issues were being explored, such as adopters reporting challenges in or issues in introductions. Some reports recommended that there was a need for more probing on the part of assessing social workers, but others acknowledged that these were elements of the adopters past that the adopter had worked

hard to keep away from the adoption agency. *Active concealment* is not simply related to the individual and the relationship with the social worker, it is information that the adopter knew could be serious and chose to not share with the agency. It is possible to speculate that information was not shared due to concerns over being approved, but there is no evidence or discussion of this within the reports.

Active concealment differs from *honesty about feelings* because this relates to a purposeful omission about something the adopter had/was doing whereas honesty about feelings was related to emerging feelings as the process unfolded. The **Not Said** theme links to issues with relationships where the adopters and professionals had not built the trusting relationship that would allow sharing of vulnerable and/or negative information in a way that the adopters could work through the issues in a safe and supportive environment.

3.3. **Not known: Information that was unforeseen or unavailable before placement.**

This theme highlights situations where information was **Not Known** before the children were placed which then impacted on the adoptive family life. This is looked at in two subthemes: the first details the unexpected responses experienced by having a child placed in their family which meant they felt unable to continue with the placement. The second subtheme identifies situations where there was missing information around the child, related to assessments that had not been completed, or preparation that had not taken place. The missing information meant that adopters and professionals did not have an accurate picture of the child that allowed effective matching and subsequent support when in placement. There were no reports of information about a child being purposefully held back from adopters, but that some relevant factors in a child's background may have been underestimated. A significant factor in the reports underpinning this subtheme was the reported lack of knowledge of children's social workers about adoption practice.

3.3.1. **Adopter reaction to placement**

This subtheme describes disruptions where the adopters had an unforeseen or unexpected reaction to the child being placed and where generally there had not been any serious concerns raised about the adopters during the assessment period. The events and dynamics that contributed to the placement breakdown were either not foreseen (i.e. an unpredictable event in their network) or were not viewed as a potential risk before placement. It is important to note that the arising issues were not primarily linked to the demands of parenting the adopted child.

Adopter mental health

Within the reports it was possible to identify a small, but significant, subset of adoption disruptions which were related to the unexpected deterioration in the mental health of the adopters. In most of these cases it was seen as an unknown or surprising factor that often occurred close after the placement date. The reports document the adopters realising that they cannot or do not wish to parent the child. Incidences of the adopter experiencing

distressing mental health symptoms such as crying or having panic attacks often appeared before the disruption. The deterioration of their mental health occurred quite quickly, and it seemed to overwhelm the person experiencing it to the point they could not care for the child. The intense emotional response to the placement of the child was unpredicted by the adopter who had seemed committed to the adoption until the point of placement.

A further aspect present in a number of these placements that disrupted was the adopters being unable or unwilling to accept help as a mitigation. Instead, it was an immediate request for the placement to end. It was not the child that was seen as the main instigator of the mental health issues; instead, it was recognised that it was the reality of the placement that became a trigger, even for adopters who had previously parented. These sudden overwhelming reactions to parenting were confirmed by the social workers in the focus groups, who reflected on working cases where this had been experienced by the adopters.

Notable features of these disruptions included the deterioration of the mental health of male partners in both heterosexual and same sex couples. There also appeared to be a number who already had a child in the family (adopted or birth) demonstrating this was not a protective factor in preventing placement breakdown. There were also occasions when adopters had shared that they had experienced poor mental health prior to placement but this had been accounted for during assessment and was felt to be a manageable risk with (assumed) support. The use of 'assumed' indicates that whilst support networks may have been identified, the reach of that support was not clearly evident when the placement began. In addition, the responsibilities of parenting meant that adopters could not rely on the strategies that had previously supported their mental health, such as exercise. There were examples in which the speed of the adopter's reaction, in particular the speed of mental health deterioration, meant that it was not possible to identify and start services in time to prevent the disruption. The adopters' emotional presentation meant they did not feel able to continue.

In some situations, this was explicitly described as being "post adoption depression". Post-adoption depression is a term that has been used since the mid-90s to describe the emotional challenges that some adopters experience when their child is placed. It has been explored and theorised in the academic and practice literature (Foli & Thompson, 2004); however it is not a recognised medical diagnosis. A potential gender bias was noted in terms of who was given this term to describe their situation in that this was typically applied to the female partners – which is interesting to note given the data this study presented several examples of males having this type of reaction. The cases with a rapid deterioration of mental health demonstrate the gaps in providing support to those experiencing post-adoption depression. For a number of these adopters, the problem was medicalised, and they were sent to see their GP, who would recommend medication or waiting lists for counselling. This did not relieve the immediate distress that some felt, with one placement ending as adopter did not wish to go on anti-depressants. In our focus groups, some practitioners identified that they would be able to put in adoption sensitive

support immediately, to help through this initial crisis period. However, this does not seem to be consistently available across the country.

Terms such as ‘post-adoption depression’ and ‘compassion fatigue’ were used to describe what was happening for these adopters. Though these terms may seem helpful to understand what is happening, at present they do not describe a way forward or indicate what effective treatment and support plans are needed. ‘Secondary trauma’ was also noted as a factor in one report, but this was in placement that broke down within a few days and involved an infant with no special needs. The dramatic, unexpected reaction is definitely a feature of pre-order placement disruption however consideration needs to be given as to how useful terms such as ‘post-adoption depression’, ‘secondary trauma’, and ‘compassion fatigue’ are when trying to learn from these incidences. There is a danger that medicalised terms are used where there are no official diagnoses, which may lead to focus on the ‘medical’ and a failure to recognise the social and emotional issues that need to be addressed. These ideas of a ‘diagnosis’ or ‘syndrome’ fail to account for what this lived experience looked and felt like for the adopter. There is a need to think about specific ways to support these placements that are timely, responsive and adoption-sensitive, and the language used could impede this. It should be noted that these were cases where the adopters felt unable to continue. For some families in crisis, the idea of naming their experience and placing in the realm of a known response to adoptive parenting, might be supportive.

In some reports, adopters appeared shocked at how much a new child altered their existing family dynamics, and they were subsequently unable to manage this change. Where this happened, it mostly related to a change in the relationship with a child already in the home. However, in a few examples, the placement of the child changed the couple dynamic. The reports evidence that the impact of a new child was something that had been considered during the adopter assessment, but that the adopters still felt unprepared for the family dynamic to change as it did. The reports explored what might be done to address the shock at change and recommendations included highlighting the need to discuss such issues in the assessment process. It is the disruption of previous routines that contributed to the feelings of being overwhelmed such as not being able to do activities that contribute to the welfare of the adopter or maintain the quality of their relationship with their partner. One report mentioned being unable to go to yoga as an example of the lifestyle change that was one aspect of a complex transition that led to wishing to end the placement. Whilst this may seem minor, it is important to note that when major life transitions happen, it could be that the seemingly little habits can keep us anchored and able to handle the change. If activities that promote welfare fall to the wayside, this can compound the challenges of the transition as there are no longer opportunities to regroup and reflect, and this may affect subsequent coping.

The reports identified an under explored area within assessments where adopters already had a child: there was evidence that some assessments did not contain much information on the already resident child and their relationship with the parents. Areas that were missing or not fully explored included a lack of attention to the thoughts and feelings of

the existing child and how protective the adoptive parents were with their birth child. Once the adopted child was placed, the reports evidenced adopters stating that they felt they had less time for their older child. In some reports this is described as an unwillingness to tolerate any negative impact on their existing child. Some adopters described having to choose between the children's welfare, where the existing child was described as being "low" or "acting up a bit" which meant the adoptive placement needed to end. However, there was one example where the adopters reflected on missing being a family of three. It is predictable that a new child entering the home would create change in the parents' availability for their other children. However, these adopters said that these changes were too much for them to maintain, even quite soon after placements had been made. On a separate note, some reports highlighted worries about the adopted child being aggressive towards the birth child as a reason to end the placement. Again, it is not clear if adopters' had not been prepared for this to be a possibility, or if they were just not willing to tolerate this as a possibility when it happened.

Whilst adopters enter the process being confident in the strength of their relationships, a view supported by the professionals around them, the reality of caring for an adopted child can come as a shock and surprise to the adopters. This was a view echoed by the adoptive parents we spoke to for the recommendations workshop.

Unpredictable outside events

In a number of instances there were situations where unforeseen outside events impacted on the adopters affecting their capacity for coping during the early period of placement. These unforeseen events had the potential to cause instability and uncertainty at a time that was already uncertain and unstable.

The impact appeared to be especially significant when the adopters' support network was affected by something unforeseen, such as close family members becoming seriously ill or moving away. This added additional stressors to the adopters' situation, while at the same time reducing their sources of support. The most common unpredictable event was unanticipated everyday illnesses or accidents. Illness for the adopters could disrupt their capacity to engage with the child and reduced their ability to cope. It was rarely given as the primary reason for the placement breakdown but could be seen in the background, as a factor that made coping more challenging for the adoptive parents. Similarly if a child was hurt or ill early in the placement, this impacted on some adopters' ability to feel confident in parenting. In some disruptions, coping was impacted by the change in financial circumstances. There were examples of imminent job loss leading to placements ending as the financial and psychological burden became too much for the adopters. And the period covered by these reports included the Covid-19 pandemic which did factor in several placement disruptions. The impact was felt through the disruption of normal routines that may have been protective e.g. schooling or access to family networks, again impacting adopter coping.

3.3.2. Understanding of the child and their needs

This section will look at the understanding of the world of the child and how this was presented to the prospective adopters and the professionals around the child. Across multiple reports, it was clear that the full needs of the child being placed were not always understood. This was a combination of poor assessment practice, which provided shallow or outdated information, alongside a lack of preparation for the child, meaning their emotional world was not understood, and the child did not have clarity about what was happening to them. Both issues were compounded by some children's social workers having significant knowledge gaps in adoption work.

Poor assessment of the child

A number of reports identified significant issues around the information that was available about the child, information that was of vital importance in ensuring that a successful match could be made. This meant that when the children were placed in the adoptive home, their needs were higher than expected leaving the adopters to manage a situation for which they had not been adequately prepared. Reports noted that had accurate information on the child been available, some matches would not have been made, as the adopters had previously refused matches with other children due to similar potential difficulties. There were multiple reasons for this lack of accurate information about the children but perhaps fundamentally there was a gap in the knowledge and experience of the social workers working with the children as their adoption plans were made.

Frequent staff changes meant there was no depth of knowledge about some children, with information being lost over time. A lack of consistency in management oversight was also noted. These included situations where there were both many changes of worker and/or a change at a crucial point. New workers at the matching/introductions stage were particularly noted as being detrimental to placements. The more the changes in social workers, the more there could be a lack of knowledge about the child's history and experiences. This could have a detrimental impact on knowing the child. It was then difficult for people who did not really know the child to be able to write a Child Permanence Report (CPR) that brought the child to life and reflected the needs of the child. Another factor was that the child might be in a foster home for a long time, especially if there were extended care proceedings. Assessments could therefore become out of date as they were not revisited, nor was foster carers' growing knowledge of the children sought. There was a lack of exploration and description of the emotional and psychological realities of the experiences of the child, in a way that would help prospective adopters understand the child.

It is noted in several reports that the children's social worker was inexperienced in adoption work and had inconsistent management oversight. Writing CPRs is a skilled task and the reports highlighted how CPRs did not have the depth and detail necessary for adopters and their supporting professionals to be able to make good placement decisions. Details that were missing included the behavioural triggers of the child or exploration of the impact their history and trauma could have on them. For example, in one case it was

noted that the CPR documented the family history but had little information on how the child presented and their likes, their interests, or their personality, in a way that would allow adopters to think about what it would be like to parent them. There could be concerns about the details and quality of information about the child that would be needed by both the panel deciding on the match, and by prospective adopters. In some cases, reviewers thought that the report focussed too much on constructing a narrative for the adopted person in the future. Whilst this is a vital function of the CPR (alongside the letter for later life and life story work) it is also imperative that the CPR meets the goal of providing sufficient information to inform the match. Frequently, lack of experience, accountability and oversight in writing a CPR or handling adoption work were noted as a factor in the needs of children not being recognised, leading to placement disruption.

Concerns about missing information extended to other key assessments, in particular the Together or Apart sibling assessments. A problem was that often these assessments had not been completed, leading to the individual needs of each child not being known or understood. When the Together or Apart assessments were available, concerns were noted that they were often shallow, lacking in rigour, and not kept up to date, meaning that they could reflect an early understanding of the children's relationships but not necessarily a current one informed by their development in the foster home. This was especially significant when delays were noted, which for some children could be lengthy, related either to court proceedings or the wait for a match.

It was noticeable in the reports that sometimes there was a lack of curiosity about what a child's behaviour might mean. Behaviour in the foster home was not questioned or investigated, nor seen in the context of the care the child was receiving (i.e. foster carers who had either highly structured approaches or were highly attuned to the child). There were some misunderstandings of attachment theory evident in the report analysis, for instance children described as having a "quite ambivalent" attachment to their father as he was "in and out of their lives". There were examples where the child's developmental stage had not been considered in way that would help the adoptive parents understand what it might be like to parent in the early days of the placement e.g. where the child's verbal communication skills did not match their age. Sometimes information was available but was lost over time. In one case, an expert report in the care proceedings described the child as "overly compliant and hypervigilant". This information appeared briefly in the CPR but was subsequently absent in the paperwork linked to the adoption placement. The disruption report noted that no-one seemed to have wondered why this child, who had significant trauma in her background, was described in foster care as an easy child to look after. Once placed, the adopters were unable to manage the distress this child experienced on moving from her foster carer and her compulsive need to please adults. This is a clear example of the foster carer describing a child from their own experience, but the social workers around the child not drawing on the other information available to them, to fully analyse what might be going on or could happen for that child. To support the deeper analysis needed, social workers need time to reflect and to research and utilise knowledge of attachment, trauma and child development to be able to make

sense of the child's world, and thus ensuring more accurate information about the child for the adopters.

Lack of preparation of the child

Child preparation refers to work that is undertaken with the child to help them understand their future plans. This could incorporate lifestory work to understand why they were in care, work to explain the plans to find a 'growing up' family, and feelings work about their emotions about being adopted. The reports highlighted that where this work was absent it had a significant impact in two ways: the child did not understand what was happening when moving placement, leading to understandable confusion and distress; and professionals lacking knowledge on the child's inner world. This was closely linked to the knowledge gap in children's social work, in not understanding adoption work or realising how or why it needs to be done. Some children were moved with very little preparation work, or work that was undertaken solely by the foster carer. The reports evidenced preparation work happening very close to placement, including events such as the children saying goodbye to their old school with only a few hours' notice. Sometimes final contact visits with birth family happened very close to placement, leaving children with no time to process these major changes in their lives. Several adopters raised concerns that the child had not understood the move, or the reasons why they were no longer with their foster carers. Though this could represent these adopters' discomfort with the feelings of the child around moving home, it also demonstrates that some children did not seem have the move explained to them. In one example, where a child was a part of a large sibling group all living in the same foster placement, the adopters reflected that the child might have not understood that they were moving without their siblings.

There was a striking absence of voice of the child throughout the reports. In one report, the author rewrote the child's history from child's point of view, to make the argument that no one in the system around this child seemed to have thought about how they were experiencing the world. Without preparatory work, or wishes and feelings work, it was difficult to see what was happening for the child, or what their feelings were about the move. There were indications of children showing strong, possibly negative, feelings about placement; examples of behaviour included the child running away from social worker when they visited, refusing to stay still, or foster carer saying that the child is not understanding about their future plans. What was less clear was how these concerns were fed into the planning of introductions. Often preparation seemed to be a single session when the social worker was available, irrespective of the mood of the child in that moment. The learning identified that there was a lack of understanding of the child's world and expectations. This was noted in particular around the child's understanding of parenting and gender roles. In one case, a child repeatedly asked his single female carer when he was going to have a daddy, a stressor in the placement which had not been foreseen at all. However, if there had been some work with the child as to how they saw family, this could have influenced matching and placement. In another case, the adopters found it difficult that the child did not call them mum and dad, though it was noted that he did not call his foster carers these names, who he had lived with since infancy, with

minimal contact with birth family. It was not known whether this little boy would have a sense of what a mum or dad are.

This lack of understanding around the child's experience of the world could also be seen in introductions. Sadly, several reports note that the child appeared to be distressed or struggling during introductions, and the response was to hasten the placement as opposed to slow down the introductions. (Other reports do note introductions being extended in this situation). The reports did not reflect the reasoning for this and did not evidence that time and thought had been given to understanding the child's world at this point. This is a complicated area of work that needs time and sensitivity to child's age and stage.

3.4. Not Heard: information that was (probably) shared but not understood

This theme describes situations where information was passed on, but its significance was not understood. The reasons for information not being understood will be explored in two sections. Firstly, professional optimism will be considered. This theme relates to social work practice in the assessment of adopters. It evidences where social workers have not identified or explored issues that later factored in the disruption. The second theme in this section is adopter expectations, which looks at situations where there was a gap between the adopters' expectations of adoptive parenting and the reality especially relating to the challenges they faced in parenting traumatised children.

3.4.1. Professional optimism

This theme illustrates an aspect of the assessment of adopters, where the social workers have not heard the potential vulnerabilities of the adopters' during the process. It was identified that professionals want to think the best of the prospective adopters. Multiple reports identified that this optimism meant that social workers seemed to have over emphasised prospective adopters' experience and capacity to manage the needs of traumatised children. As will be explored further, this included both giving too much credence to adopter's supposed transferable skills and also underplaying potential negatives. Recommendations often highlighted the need for reports on adopters to be well evidenced with an analysis of information drawn from multiple sources, rather than relying on the adopters as the sole source. These issues were heightened by assessments during Covid which were, in the main, completed virtually. This meant that assessing social workers were not observing adopters in their homes, and were more reliant on what adopters told them was true. There were specific problem areas in the adopter assessments that included confirmation bias, managing adopter vulnerability, and changes of matching considerations.

Confirmation bias

Several reports used the term 'confirmation bias' to describe social workers placing too much importance on adopters' previous experience with children. This led to assessments

being overly hopeful about the adopters' ability to manage the needs of adopted children. Adopters who were already parents, be it biological or adoptive, or who had work experience in a relevant professional field were seen as strong candidates for adoption. However, their ability to apply their existing knowledge to parenting a traumatised child had not been fully explored or evidenced. When faced with the challenges of parenting a child who was demonstrating grief, loss or trauma, these adopters were unable to draw on their prior experience and apply their knowledge flexibly to meet the new situation. In particular, those with professional experience could struggle when faced with the relentless demands of parenting. Some reports drew attention to the some of the professional experience being overestimated in terms of its relevance, and not providing the skills suggested by the assessment, e.g. working with children as part of a creative industry. In other situations, it was highlighted that in particular, adopters with professional experience could feel less able to ask for support as they felt they were expected to be able to cope.

Managing adopter vulnerability

Another theme within the reports were adopters with known vulnerabilities which were either not addressed in the assessment or were analysed in an overly hopeful way. Adopters who had experienced challenges within their own life were seen as having developed resilience, but this was not always evidenced. Issues such as family estrangements, or taking time off when a pet died, were not fully explored to gain a better understanding of how the prospective adopters managed stress and difficult feelings. Attention was drawn to how attendance at counselling was viewed positively as a sign of being able to seek and accept support. Some reports identified a presumption that issues had been resolved on completion of the counselling, rather than looking for additional evidence to confirm this or recognising that issues could emerge again later. Sometimes it was noted that concern was about one partner who had a specific vulnerability i.e. chronic health issue, or care experience in own childhood. The assessments had investigated the needs of that particular person, but at the expense of looking more closely at the other parent, who then struggled when the child was placed. Sometimes vulnerabilities for adopters were noted but then not drawn through into the recommendations of what placement would be most suitable or overlooked when it came to matching. Reports suggested that issues such as limited support or assessments of resilience could be looked at by discussion with key referees and explorations of support networks using tools such as eco maps. For example, when people said they had childcare experience from caring for nieces and nephews, there should have been references from the children's parents to substantiate the experience.

Changes of matching consideration

One specific area stood out within the theme of professional optimism was when disruptions took place where the children being placed were outside the range that the adopters had been approved for. Sometimes there was evidence of work being undertaken to explore the reasoning for this change, and sometimes there was not. Reports give little evidence for these expansions, for instance, why the adopters wished to do this, or what

work had been undertaken to test why the adopters would now be able to manage these needs. The implication, in some reports, is that adopters expanded their criteria when they had been waiting a long time for a child. It was implied that it was a decision taken by the adopters to increase their chances of a match, rather than with consideration or examination of their capacity. What was also striking when reading the disruption reports was that sometimes these changes of approval were acknowledged as factors in the challenges of the placement, but in others it was not remarked upon even when evident within the paperwork.

In some reports adopters were critical of the guidance they received about matching. One couple described themselves as being initially interested in adopting a single child. Though they were approved for a single child or siblings, it was also noted that they would need to be carefully matched due to acknowledged vulnerabilities in their past. They were interested in a match with an infant with a disability but describe being discouraged away from this. They were then placed with a sibling group which showed problems from early on (this was also connected to how the introductions were managed). They felt the agency had both overly influenced their matching requirements, and not effectively matched them. However, as suggested earlier there were other factors, such as rushed introductions, a lack of consideration of the differences between the adoptive home and foster home, and knowledge of the children that created the challenges in the placement. This picture of multiple factors was often found within the reports, with different weight being placed on them by professionals or the adopters. Some of these discrepancies of understanding and what led to them will now be considered.

3.4.2. Adopter expectations

This subtheme examines how adopters managed the reality of parenting adopted children. It considers how they understood/misunderstood the needs of the child that was placed with them. There are two aspects to this; first where the adopters felt that the preparation for the child did not support them in the reality of parenting this particular child, and second where they felt unsupported by the agency.

Preparation vs reality

This is a contentious area where adopters and agencies were often in disagreement over the information provided before the children came to live with their adopters. Agencies would be clear that they had laid out the needs of the children before placement, while adopters expressed that either the agency had not provided key information, or that they had not fully understood the meaning of what they had been told about the child. Both situations lead to adopters struggling to manage behaviour from their child that was radically different from their original expectations and led to a home life they felt unable to manage in the long term.

A clear thread running through the reports was the wealth of support and information given to adopters to prepare them for the reality of adopting a child or children. Whilst lack of information or preparation has been identified in previous research, this was not the

case here. Many report authors comment on the preparedness of the adopters leading up to the placement. Some extensively quote from the pre-placement paperwork to evidence that the adopters were told about the child's needs, and that specific behaviours of the child were referenced. The adopters' recognition of the likelihood of the child regressing on placement was referenced. However, there was a disconnect between what the adopters were told about the child versus what they actually heard and understood. Sharing information is complicated by many factors; for instance professional language such as 'regression' obscured realities and did not offer the day-to-day picture of the child. There are references to adopters not fully taking on board information about the child because of being optimistic about the future, or when in the midst of a placement crisis, too overwhelmed. Similarly foster carers could not always convey what it is like to live with the child and it was not possible to predict how the child would respond to another environment. When the discrepancy between understanding and reality manifested as the child came to live with the adopters, it left adopters managing situations for which they felt ill-prepared.

Whilst people might be able to say before a placement how they might parent a child with trauma, or manage a sibling relationship, having a child in the home could be a very different experience. In reports, professionals sometimes suggested that adopters lacked resilience to cope with a child adjusting to a new home. The professionals saw the child as reacting in a predictable way to the grief of losing their foster carer and experiencing a change of home even as they acknowledged that it was challenging to deal with, and that the adopters needed support. The adopters, where their voice is present in the reports, instead describe being shocked and surprised by the extremity of what they were facing. When behaviour from the child manifested in violence and aggression, this could quickly become overwhelming for the adopters and wider family. In some cases adopters were physically attacked. Adopters described finding it distressing to manage 'extreme' fighting between siblings or children who hurt themselves. Even when the children were very young, the aggression could be frightening to the point where adopters felt unable to cope, including being unable to regulate the child's emotions or even to pick the child up for a hug. One report notes that the adopters were describing a two-year-old child as "huge" in their mind. Another adopter expressed that they started placement confident that they were ready, but they had not understood what aggression from a four-year-old could look like. They acknowledged that the foster carer had tried to describe this, but they did not believe them. For some adopters, the challenges in behaviour were seen as personal as opposed to an understandable reaction to another move for a traumatised child.

For many adopters, the distance between their understanding of trauma-led needs and the reality of parenting a child with those needs was key to their challenges in placement. For example, adopters often seemed to underestimate what regression in behaviour might look like. The idea that a child might regress was commonly expressed in matching reports, as something of which the adopters were aware, but there was possibly too little exploration of the adopter's understandings of this. One report author suggests that regression was possibly understood by some adopters as the child presenting as an earlier

developmental stage. They had pictured a child who needed to be nurtured as a younger child would be, rather than regression related to the behaviour of a child who had recently undergone trauma, and may be angry, defended and controlling in their presentation. This is supported by other reports, where a common theme was that the child's behaviour when first placed in the adoptive home echoed their behaviour when initially placed in foster care. However, the information the adopters had received was focused on the progress the child had made with the foster carer, of a child currently in a good, predictable routine, which obscured the challenges the child and foster carer had faced in the early days of placement. Behavioural techniques did not always support the adopters to manage children's behaviours. An adopter, in one report, spoke about reflecting back on training and feeling that what they were facing in the parenting task was five times worse than their expectations. In this case, this was compounded by their child having speech and language needs, meaning the management techniques they had been taught, which were based on reflecting about behaviour with the child were ineffective.

The development of relationships with the child alongside not knowing whether there was a possibility of the child having long term developmental difficulties were two areas that the adopters described as being challenging. Some adopters expressed feeling that their relationship with the child was not developing as they expected, often communicated in terms such as lack of bonding or attachment. A few reports highlighted that after the disruption had taken place, and with space to reflect, the adopters were able to recognise the bonds had been growing or how much they had learned during the period. This suggests more may need to be done to think about how people understand bonding and attachment and what it may look and feel like in the initial stages of placement.

Developmental uncertainty was a concern for several adopters. The reality of dealing with behaviours not seen before created uncertainty and anxiety for adopters about whether this was a trauma response or symptoms of a longer-term developmental issue. Some adopters were confused about whether a child's difficulties might be attachment related or due to autism; this confusion was heightened when professionals saw the child's development as progressing typically. In some cases, adopters had not understood what some of the implications of the information might mean i.e. development delay might mean a child had limited speech. Where these differences between the adopters and professional perceptions existed, adopters could feel unsupported. Delays or refusals of disability or psychological assessments added to adopters feeling unsupported and unable to manage a child's needs.

In some cases adopters felt they had not been given all the information they needed to either make the right decision in matching or to manage the behaviour post placement. Differences in behaviour shown by the child between the foster carer home and the adopters were common in the data set, and difficult for some adopters to understand. Such differences could lead to suggestions that they had been lied to about the children. For some children, their behaviour only really manifested once they had gone to their new home or their behaviour had been managed differently by the foster carer. In these cases, it is difficult to ascertain how that information could have been either known or

communicated more clearly and certainly there were examples of adopters asking how this behaviour had not been seen before. This led to mistrust in the agency. This mistrust was exacerbated when the adopters found out information from another source, e.g. searching for information on the birth family online or being told by foster carers about a suspected diagnosis. It did not always matter whether this new information was accurate; in several reports' professionals rebutted this new information. The problem was the impact on trust between adopter and agency. If the adopter felt that the information they had could not be relied on or information was being withheld, then it was difficult for adopters to rely on the agency for support.

Adopters who felt unsupported

The reports evidence considerable support going into placements to assist the new families as they build their relationships. However, some adopters felt they were not getting the support they needed. It is important to clarify that this was not a straightforward link between lack of support and feeling unsupported in certain instances. Instead, the reports present a more complex picture of needs not necessarily being heard or understood by both professionals and wider family networks.

This complexity was evident in the understandings of practical help for some families. Families sometimes reflected that whilst therapeutic support had its benefits, what they needed was 'practical help' as opposed to therapy or advice. For example, one report spoke of the adopters wanting clear answers to specific issues such as how to make the child take an afternoon nap, and that they were frustrated that professionals could not answer this. Understanding what support is needed and how the adopters view or want support is a tricky balancing act to achieve as the following experiences demonstrate. In one family, the adopter tried to reduce the social work visits but also said she was not being fully supported, conversely another family reflected that they would have liked daily visits from the social worker. In addition, even when professionals were providing support, there was a rejection of the usefulness of this as the professionals were not "living it" and unable to share "feelings, emotions and challenges". Even where peer support was provided by matching with other adoptive families, there was an example of this being dismissed because of the unique situation each family experiences. However, where adopters offered their own idea of what might help e.g. returning to work earlier or other forms of respite, these were not always agreed by the professionals. These factors gave rise to adopters feeling they were not understood and were being left to cope alone.

The levels of isolation felt by adopters were evident particularly when relationships with professionals were not strong. There were a few instances in which adopters reflected that the professionals had only superficially recognised the challenges being faced, for example, despite support being provided one family commented on the lack of curiosity about what was happening for them. A common feeling identified in several reports was that the adopters felt that they were left with a feeling of just having to "get on with it", even when asked by social workers if everything was going well. Occasionally adopters felt that professionals did not believe what they were saying with regards to behaviours of the child.

There were logistical and practical issues that meant adopters felt they were not heard or understood; the accessibility of social workers was a key factor in several reports. For instance, one report highlighted that both the social workers important to the family worked part time which meant that at crucial points the only option was to call and speak to someone who they didn't know and who didn't know them, leaving the adopters feeling they would not be understood. More problematically there were examples of just being unable to reach any of the social workers when they needed to speak to them or calling out of hours services who gave the adopters unhelpful advice.

Even when adopters were able to identify the support they wanted, there could be significant delays in accessing this support. A number of reports note that plans for therapeutic support to placements were not made until problems began to occur. Where this support needed to be funded via the Adoption and Special Guardianship Support Fund (ASGSF), the application process meant that support could take many weeks to start. From the focus groups held with professionals it was clear that there are discrepancies across the country in what support is available for adopters in the early days, with some agencies describing support workers who would be allocated to sibling placements as a matter of course, or access to counselling for adopters having a mental health crisis. Other agencies had no additional workers for these tasks and would have to approach the ASGSF to fund these support needs. Further complications such as errors or delays in administration meant that support did not start when it was most needed. For example, a delay in providing financial support meant a family had no respite activities over the summer holidays, or that it took nearly a year to start specialist work with a child with sexualised behaviours. Placements with clear risk factors, such as being a larger sibling group with older children, did not have support plans from the beginning.

3.5. Not challenged: information that pointed to problems but that were not challenged

Not Challenged addresses where there were identifiable problems but they were not addressed at a point where they could have been managed. It covers areas where professionals felt helpless to intervene, or issues were glossed over or ignored. This included communication breakdowns between foster carers and adopters or between professionals. The reports also evidence where adopters showed an unwillingness to listen to the advice given to them, characterised in the reports as “adopter knows best”, and finally where there were contrasts in living situations, and the problems this could cause for the children. A number of these issues became evident in introductions but were not tackled at the earliest possible stage.

3.5.1. Communication issues

Relationships between foster carers and adopters

The move for a child between foster home and adoptive home is a complex part of the process with many people involved and heightened emotions for children, adopters and foster carers. Multiple reports described the adopters as exhausted at the end of the

introductions or noted the intensity of introductions. These feelings were not wholly negative: a common theme was that the adopters struggled with was feeling guilty for taking the child away from a foster home where they were happy and had good relationships.

Particular issues that occurred in this key relationship between the foster carer and adopter were issues when the foster carer had wished to keep the child. Rarely was this a situation where the foster carer had actively put themselves forward and been refused, instead mostly the foster carer would have wanted to keep the child if situations were different e.g. if the carers were younger. In this situation, it was sometimes noted that the foster carers could struggle to hand over the child and to allow the adopters to care for the child or not showing the adopters key elements of the child's routine, such as bedtime or bathtime routines. Sometimes these gaps in introductions were the result of foster carer inexperience, with this being the first time they had moved a child, or indeed their first foster placement. These issues could then be compounded by foster carers' not having their own social worker. In one case, where a new foster carer was moving on a child to whom they were deeply attached, it had been flagged up by the Independent Reviewing Officer that the carer would need support. This warning did not appear to be heeded, and instead the adopters found themselves managing a foster carer who could be visibly distressed during the introductions process. The report theorises that the focus during introductions became the foster carer's feelings rather than building their relationship with the child.

One area that could cause issues between foster carers and adopters was when foster carers felt that the adopters were not as fond or excited about the children as they hoped they would be. Sometimes this manifested when the adopters did not entirely stick to the introductions plan e.g. leaving early because they missed their dogs in one case, or in another, always being late to start as they were dropping their child off to school. Foster carers could interpret this as a lack of interest, and in reports it was often pointed to as a warning sign. It could be questioned however, why plans were being made that did not consider other factors for the adopters, such as the school run. When there were personality clashes between the foster carers and adopters, this was not explored as curiously as it could be. Instead, there appeared to be a determination to push through with the introductions despite these problems.

A frequent theme in early reports is that the disruption took place before the agency started to use the UEA Moving to Adoption model. But even after this practice model seems to have been implemented, there remained issues when foster carers and adopters were not getting along, and professionals seemed unable to intervene. This links to the theme of **Not Said**, of introductions developing their own momentum, and professionals not stopping to examine what is happening. Poor communication between professionals was noted as a challenge in many reports, for example, especially when it led to the adopters receiving different parenting advice, or different expectations of agency support, leaving adopters unsupported at key points.

One communication issue that caused challenges was when the prospective adopters showed an unwillingness to listen to advice. In a few cases this manifested in assessment with adopters who were challenging of the process, or overly guarded, and unwilling to share information. It was more commonly seen post placement, when adopters did not listen either to foster carers or to social workers trying to support them in their parenting. This was presented in reports as adopters who decided they knew a better way forward e.g. an adopter who critiqued the foster carer's use of a cream the GP had prescribed, or adopters who made the decision to start a child in school within days of placement, when initially a period at home had been agreed. Social workers did not always seem to question or challenge adopters in this type of scenario. Themes of adopters being dismissive or critical of the foster carers role for this child were not unusual and one reports wondered if the adopters had felt their approach to parenting was being threatened when they were asked to follow the foster carer approach. For whatever reason this might have occurred it was challenging to work with, as the adopters could sometimes not agree or engage with the support offered, either feeling they didn't need help, or wanting a service that would 'fix' the child.

3.5.2. Contrast in living situations

The move to an adoptive home brings many changes for a child. An issue that comes through in the reports is a lack of attention to the differences between the foster home and adoptive home, and how the child was often left distressed and confused by these differences. The clearest and most common example of this was in terms of differences in parenting styles. There were also occasions when there was a struggle for consistency in parenting styles within the adopter relationships. When looking at the difference between adopters and foster carers what is striking is that this was often not anticipated before the introductions started. This reflects a lack of curiosity around the child's experience in the foster home and a lack of knowledge about what the child experienced on a day-to-day basis. Some foster carers were described as 'boundaried' which prompted challenges for adopters committed to therapeutic parenting. Equally some foster carers were described as having "no routine", which was challenging for the adopters as they sought guidance in what the child would be used to and were unable to adapt to an entirely unstructured, child-led approach. One report identified adopters who were having simultaneous introductions for siblings in two different foster homes. They found that the foster carers had completely different parenting styles which they were expected to meld by themselves and to ascertain what would work for themselves and their children. The reports highlight what appears to be a lack of detail in how foster carers parent and how this can be conveyed to the adopters.

The concept of therapeutic parenting is highlighted when looking at differences in parenting styles, and how these can impact on children. There seems to be a challenge for some adoptive parents in reconciling their thoughts on therapeutic parenting and managing children's behaviour and enacting boundaries. These issues could appear in introductions where foster carers could be concerned that the children were "running rings around the adopters". These were often foster carers who had high levels of structure

and clear boundaries for the children. For adopters who struggled to maintain boundaries while therapeutically parenting, it led to children exhibiting a strong need to be in control once in the adoptive home. The reports highlighted a lack of shared understanding as to what was needed to therapeutically parent or alternatively the adopters having an idealised view of what this parenting should look like.

Although not reviewed in much detail, there was consideration given to the differences in environments and how this might have contributed to the disruption. For example, one report reflected on the class differences between the child and the adopters, whilst another reflected on the move the child experienced from a quiet, rural area to busy, urban area. There was evidence of consideration of busyness within the home, reflecting mainly that the child often moved from a busy foster care home to a quieter home with less people either living or visiting there. Other reports talk about the differences of lifestyle between some adopters and foster carers, for example with one child having a significant change of diet when they moved to vegetarian adopters, and another noted the adopters did not allow plastic toys in their home. The consideration given to this suggests a lack of curiosity as to what might be the full impact of this on the child.

3.6. Conclusion

The findings emphasise the complexity of an adoption process and it is important to note that it is this complexity that is common to all the disruptions. Placements did not breakdown due to just one factor, there tended to be an accumulation of factors that contributed. Often there were early warning signs that were not explored or picked up on, it was rare that the disruption really did ‘come out of the blue’. The findings point to three key areas for consideration and action; centre the child, invest in all relationships and rethink the ‘who and how’ of support. These will be explored in Chapter 5 as key messages and with subsequent recommendations.

4. Chapter 4 – The reports

This is a brief chapter that examines the nature of the reports received – the differences in content, formats and ease of extracting learning.

4.1. The reports requested and received

The original data request asked for overview reports that Regional Adoption Agencies had produced looking at disruptions that had taken place in their area over a set time period. It was our belief that overviews were produced annually by each RAA and thematic learning identified. However, most reports received were recordings of the disruption meetings of a specific adoptive placement, they were referencing individual placements not thematic analysis. It is not clear but may be assumed that this study received the individual reports rather than overviews, as the latter documents are not being produced in those RAAs. This could be for a number of reasons; first disruptions are not common and so some RAAs may not have many per year and an overview report would not add anything to the learning. Second, the thematic learning may be presented in different formats, including as verbal updates to the RAA Boards. Third, people may be unaware that this is recommended.

The overviews were produced by a range of adoption workers within the RAAs: Head of Agency, Team Managers, Matching Co-ordinator, or Panel Adviser. All provide a thematic look at the breakdowns that have happened in their area in the last year (or span of years). The annual reports also include short summaries, only a few paragraphs long, to describe the individual cases. There were often learning points, with specific agency wide recommendations, and plans for how these will take place.

The reports on an individual placement varied more widely. Firstly, some of the reports sent were the minutes of the disruption meetings. Others were reports that had been compiled after a disruption meeting/review (or in one case, before a meeting). Secondly, the person leading the disruption meetings could vary and this could impact what the report explored and identified for learning. Report authors included: Heads of Agencies, managers within RAA or LA but not directly involved with the case, or independent social workers. Finally the length of the reports varied from only three pages to some being over thirty pages. Several reports also referred to other recordings that should be read alongside the report that we had been sent.

4.2. Format differences

The reports in the format of minutes had the most variation in length, with some being only a one page summary of the case, and a page or two of recommendations. Others were verbatim recordings over twenty pages long. Most of the meetings appear to have followed a broadly chronological approach to thinking about the placement, with some summary at the end of the meeting. A few took an approach to structuring the minutes around questions asked during the meeting, which was helpful in offering guidance to the reader on important points. One format used presented the minutes as an adapted form of

Signs of Safety – using the framework of what worked well and where the concerns lay. We assume that this is a model used across all services in the agency and so achieves helpful coherence for practitioners. However as researchers it made it more challenging to identify learning.

Reports that were presented as analysis after a meeting or review also varied in approach. Broadly there were two formats used. One was a chronological format where information was presented on each part of the child and adopters' journey, with the author offering commentary and analysis either in each section or at the end of report. The other format presented the analysis as the following key questions that needed to be answered:

- Did we make a good decision?
- Would anything done differently have resulted in a secure and stable placement?
- What can we learn?
- What needs to be considered for the child in future planning?

Sometimes a fifth question around thinking about the adopters' future was added. These key questions were often presented with hypotheses to theorise why the placement broke down. These were sometimes all considered, with a few sentences of analysis. In other reports the hypotheses for why the placement broke down were ranked, using a traffic lights system/metaphor, with green meaning this factor had little impact on breakdown, amber had some and red had a significant impact. When this ranking approach was taken in the report, there tended to only be more detailed examination of the significant "red" factors, with several pages of analysis given to the reasons that identified as contributing the most to this placement ending.

In most reports, the adopters are heard to some degree. They either met with the author/ chair in a separate meeting, or actively contributed i.e. by being in the meeting or providing written material. Where they had not, there was often recording from the author regarding their attempts to offer the adopters the chance to be part of the review. Only a handful of reports did not seem to have any contribution from adopters or no recorded effort to gain it. Most seemed to take a model of the adopters not being in the full meeting; it is not clear whether this is the choice of the adopters or the chair. At points there were detailed considerations around factors in the disruption that were adopter related, these seemed to be discussed in detail if adopters were not present.

4.3. Purpose of reports

Reading the reports led to interesting questions about the purpose of these reviews, and any subsequent reports. Most reports start with outlining that this is a process to gain understanding and not to blame, and that they will be conducted with an understanding that everyone went into placement with the best of intentions. The purpose is given as being to inform the child/ren's future care planning. There is often a statement around being kind to self for not seeing at the time what is clear with hindsight. One report states the purpose of the meeting is "to retell the child's story in the light of disruption, to gain better understanding of the child and identify learning". The majority of the reports

provide some learning points, though this might be restricted to future planning for the child rather than wider learning points.

The available guidance states that when a placement disrupts, a review of the child's case must be undertaken between 28 and 42 days after the placement ending (Adoption Agency Regulations, 2005, 36(10)). Disruption meetings are undertaken for the purposes of learning and minutes should be available for the child's review meeting (Argent & Coleman, 2023). These are closely linked processes and it appears from the reports we received that there is not always clarity as to the purpose of the disruption review. Is the purpose of disruption reviews to facilitate restorative practice allowing the adults around the child to come to a shared understanding of what has happened? If used as a restorative vehicle then the meeting is the important aspect, and the report is a mere by-product of this. Or is the report a key piece of work, that offers an explanation for new social workers or more importantly the child reading their files in the future? Both approaches were seen in the range of reports sent through to this study. Either way, consideration needs to be given concerning the wider dissemination of learning.

There are some minutes of meetings which offered no authorial analysis or recommendations for the future but which appeared to have been helpful for the participants in coming to a shared understanding. Other reports, which used the hypothesis and key questions approach, offered detailed and specific analysis of key areas but contained little chronology or narrative around what had happened to allow the researchers to understand the circumstances. Sometimes the review did not involve a meeting but instead a case file review and a series of interviews with key informants.

4.4. Voice

The level of detail in the reports varied enormously, especially in terms of the focus on the child's history compared to the adopters. In one extreme example, there are eight pages of the report dedicated to the child's history before matching and two sentences on the adopter's journey through adoption assessment. Often these detailed descriptions of the child's background were not linked to the analysis of why the placement ended. A key element that was often missing was the voice and experience of the child when they were in the adoptive home and on being returned to foster care.

It is important to recognise the importance of voice within the reports and in particular the voice of the author. As researchers and outsiders to the process, we were intrigued by the different presentation of what appeared to be very similar narratives in different cases. Each author had different perspectives that resulted in different analysis and interpretations for what led to the disruption. As an example, sometimes the understanding of the placement ending was "we didn't know the children well enough" and others, which seemed to have similar features, gave explanations of "the adopters lacked resilience" or "it was not possible to predict". Reading the reports did not always illuminate the positionality of the author and why cases were being analysed from a certain perspective as opposed to other viewpoints. Some reports were written from the agency perspective and made heavy use of sections of the paperwork to demonstrate that

agency practice had adequately prepared and assessed the needs of placement. Others, which tended to be where the author was independent of the agency, were more critical of agency practice.

4.5. Conclusion

The volume of reports we received for the project was very helpful and allowed a much deeper analysis than we originally thought we would be able to do. However, it also highlighted the discrepancies and variations in how the reports are produced and what they are used for. This is a systems issue as it does not allow for learning to be disseminated not just locally but across RAAs, therefore we may be missing emerging trends and subsequently our capacity and ability to mitigate against these.

5. Chapter 5 – Key messages and Recommendations

5.1. Introduction

This research aimed to understand the experiences that lie behind the numbers in pre-order disruptions. The number of pre-order disruptions are minimal as a percentage of those matches that become legally adopted but behind each number are children and families experiencing the aftermath. In undertaking the research, we were mindful of the parallels with the learning that arises from the evaluations of Serious Case Reviews (SCRs) and Safeguarding Children Practice Reviews (SCPRs). First, we have analysed findings from the learning reports that others have produced, a step removed from the actual practice. Therefore, this learning has already been filtered and analysed according to the author of the report and a different author may have identified/focused on other factors pertinent to the cases. As has been highlighted in research into Serious Case Reviews, many factors present in cases that went wrong are also present in other cases that avoid negative outcomes (Dickens et al, 2022). Hence it is important to try and learn the reasons why some placements persist despite the presence of risk factors that can be linked to disruption. To address this, we also sought the views of professionals and adopted parents to understand what factors enable placements to achieve the Adoption Order. The views expressed in the workshops highlight that there are improvements to be made which may not only contribute to disruption prevention but will also scaffold the move for each and every child and the adopter as they make the transition to becoming a family.

The research we have conducted on pre-order disruptions highlights the profound complexity of what is happening when a child is matched with and moves in with an adoptive family. It is a dynamic and fluid process in which the child and adopter are central but always in relation to a myriad of practitioners, highlighting a complex web of relationships and connections interdependent on each other for success. The themes we have explored illuminate the fragility of each connection and the fallibility of interdependence when issues came to light that were **not known**, when feelings and concerns were **not said**, when issues were **not challenged**, and when thoughts and realities were **not heard**. Managing the complexity requires the practice of individuals to stay alert to the subtle differences and finer details as they emerge during the transition into placement, and a system that allows flexibility to address the changes that come to matter. This chapter details the key messages and specific recommendations that have been co-produced with adopters (who did reach legal permanence in the timeframe of this research) and with adoption professionals. We thank them for their thoughtful and very helpful engagement in the process.

5.2. Key messages

The key messages reflect fundamental messages shared by adopters and professionals in the workshops. These are the messages they would like shared across the system and relate to the research in its entirety.

- **Centre the child** – The children who come into the English care system and are subsequently considered for adoption will have experienced trauma of varying types and degrees. The reports highlighted that the assessments and information about the child tended to focus on the early period of the child's life before coming into care. However, the reports also demonstrate that less was known about the child's experience when in foster care. Insights into the day-to-day experience of the child was often not captured or used to support the child and adopters during the transition. Applying curiosity and diligence to knowing all aspects of the child's experiences including their current circumstances, with a view to the future, can improve;
 - Successful matching outcomes
 - The preparation needed for the child to understand their emotions and what is happening during the transition phase and onwards
 - Identification of short to long term support for the child, the adopter and the foster carer
- **Invest in all relationships** – The research found that the disruptions are characterised by inadequate communication many resulting from poor, hostile or faltering relationships between key people, whether that is the foster carer and adopter, the social worker and the child, the social worker and the adopter, or within the wider network. Therefore disruptions may be prevented if time is invested in relationship building throughout the adoption process. Relationships do not simply happen, they are built on a series of encounters that facilitate trust, reciprocity and responsibility to and with each other. There was evidence within the reports to show that the UEA Moving to Adoption Model can help facilitate this process. Creating opportunities and ties to build connections across the network will allow:
 - The child to feel more secure in the transition
 - Concerns (by any member of the process) to be aired earlier with opportunities for questions and exploration of possible solutions and potential outcomes
 - Greater trust in the process
- **Rethink the 'who and how' of support** – The research highlighted that the provision of support is complex during the period of transition and in the early days and weeks of the placement. There is not a standard model that can be applied instead support needs to be provided at the right time, in the right way and with flexible and readily available funding. There needs to be a cultural shift in policy and practice that recognises: the importance of early preventative support rather than interventions when problems arise; more direct exposure to parenting a child with additional needs alongside the theoretical aspects of preparation; that support is needed for children, adopters **and** foster carers; and that family networks, adoption peers and professionals

can all contribute to support plans. A funded, flexible, sensitive and person-centred approach would allow:

- A successful transition for the child as they move from foster carer to adopter
 - The adopter increased capacity to cope once the child is living in their home
 - The foster carer increased capacity to cope in supporting the transition.
- **Capture the learning from disruptions more systematically** - Even where all the above is managed, there will inevitably be disruptions, adoption is a human-centred system. The disruption reports we received whilst invaluable for this research highlighted the variability in formats and content. Given the wide variability in the format of reports, it would not be easy to collate learning nationally without the resources we have had as a research team. Greater standardisation of the learning and reporting from disruptions could be beneficial for future learning at a national level. Consideration needs to be given as to how the reports are produced, what is done with them, how the learning is disseminated and what changes as a result of the learning. This would allow:
 - Patterns and themes within RAAs to be identified earlier and for appropriate and timely responses to be implemented
 - The findings from across RAAs to be collated at a national level and patterns or themes identified earlier
 - Accountability in addressing the learning at a local and national level.

5.3. Recommendations

The following are specific recommendations for different target audiences. We recognise in writing the recommendations that the adoption system is not one coherent system, and that practice will naturally have regional variations, and that it is important that practice reflects local demands and capacity. Therefore, some of what we suggest may already be happening in some places, and where we were aware of the good practice, we have highlighted this as part of the recommendation. If there are further initiatives that address the recommendations, we would suggest these should be shared with Adoption England for wider dissemination. We also recognise that some of what we are proposing is not 'new' but needs re-emphasising because either it is not happening, or it is not happening consistently, or it has been misunderstood in the application.

5.3.1. For managers and practitioners

Recommendation 1

Approach assessments for children as dynamic pieces of work that should be regularly reflected upon and evidenced. Considerations should be given to:

- The current day to day experiences of the child – capturing their day-to-day activities, likes, dislikes etc and what works in successfully parenting the child.
- The timing of Together or Apart assessments – has an assessment been completed, when was it completed, is there a need for an updated assessment?
- Having multi-disciplinary assessments as standard before placement – utilising the experience of different professionals and practitioners to ensure a holistic picture of the child and their experiences, and what support they may need for the future.
- The preparation of the child and how well they respond to the transition activities – utilising social worker and foster carer for preparation, understanding how the child is feeling at each stage and assessing the child's reactions to each stage of the process.

Recommendation 2

Approach the assessment of adopters as fluid in which assumptions are regularly tested and evidenced.

This is not just the opportunity for practitioners to test their assumptions and conclusions about the adopters but also for the adopters to test and evidence their own thoughts, assumptions and conclusions about adoption. Particular considerations should be given to:

- Parenting capacity – how will professional experience translate into parenting capacity (how do we know)?
- Overcoming adversity – what evidence is there that recovery from difficulties is stable and that support is available should circumstances change?
- Family dynamics- work with any existing children in the family, and exploring how the adopters feel about the potential impact on them?
- Matching consideration changing – what evidence is there for capacity to meet the needs of the change in match?
- When new information e.g. the adopter holding a large amount of debt is discovered after approval, a key factor in moving forward is to consider the willingness of the adopter to work with you in an open and honest way.

- Adopter preparation activities to include opportunities to interact with other current adopters providing a safer space in which to ask questions, voice concerns and to explore successful strategies for parenting.
- Provision of experiential opportunities for prospective adopters to observe and experience therapeutic parenting strategies. Examples given were a video that showed the therapeutic parenting in action and an activity day in which prospective adopters could join adoptive families and observe the strategies being used.

Recommendation 3

There is a need for more consistent and robust early support through transition and into the placement.

It should be noted that we recognise that this is already a requirement, but we observed gaps which left families without support at vital points. To avoid this gap, there needs to be a pro-active approach to planning that anticipates support **will** be needed. Considerations should include:

- An understanding of the child's current and potential future therapeutic/medical needs informed by a multi-disciplinary assessment.
- The growing recognition within adoption communities that informal support is important for the adopter. This expands on the requirement in regulation that the adopter is considered within the support plan. This research adds weight to these requirements. We recommend listening to the needs of the adopter so that support is tailored to the adopter and their existing networks and preferences for support.
- Recognition that therapeutic support may need to start during the transition.
- Where specialist support is needed e.g. therapeutic input, that it should be provided by practitioners with adoption knowledge.
- All adopters and foster carers to have more than one named social worker available to support them during the transition and early placement.
- Provide local opportunities for peer support e.g. groups for both adopters and prospective adopters to attend or experienced adopters to mentor prospective adopters.

Recommendation 4

Support the implementation of best practice guidance on managing transitions using the UEA Moving to Adoption Model.

Building on this good practice necessitates the need for:

- Training for foster carers and fostering social workers.
- Training for children social workers.
- Training for second-time adopters (where the model was not used first time).
- Specific attention to be paid to the relationship between the adopter and foster carer as well as the adopter and the child.
- Early 'troubleshooting' when problems arise in the relationship between adopters and foster carers.

Recommendation 5

Ensure support for adoptive parents when a placement disrupts.

Where a placement does break down, the reports show that adopters can feel bereft and abandoned. Therefore continue to provide support for the adopter as it is needed.

Recommendation 6

Give greater consideration and support to the role of the foster carer.

There are gaps in utilising foster carer knowledge of the child, understanding the emotions the foster carer will experience, and the support they could provide post placement. The UEA Moving to Adoption model provides guidance on this.

- The fostering social worker/support worker to support the foster carer to contribute to the ongoing assessment of the child, utilising:
 - Use of secure base checklists as standard to gain understanding of what is happening in foster placement
 - Greater involvement in capturing the experience of the child within the foster placement and in planning for the transition
 - The foster carer skills in preparing the child for the transition.
- Involving the foster carer in planning meetings and identifying the timing and nature of support that the foster carer can provide post placement to support the child settling into their new home.
- Acknowledge and address issues where foster carer wanted to continue to care for the child and was unable to or prevented from doing so.

5.3.2. For policy makers and professional bodies

Recommendation 7

Social Work England and/or Adoption England to consider how to develop and support the capacity of children's social workers in adoption work.

- Develop and evaluate programmes that skill-up social workers in adoption work.
- Provide expertise and guidance to children's social workers.
- Develop systems whereby adoption social workers can work alongside the child's social worker.

Recommendation 8

Ensure parity across agencies in terms of availability and access to early assessment and support services.

The professionals we spoke to highlighted different levels of support and access to monies. It is apparent that different agencies are making different decisions about where to place funding support. Adoption England should work with local and national government to assure parity and accessibility of funding for support.

Recommendation 9

Annual thematic overviews such as the example given by East Midlands Adoption Agency should be conducted as a matter of course.

Mindful that some regions may have minimal disruptions, it may be useful to partner organisations into larger geographical areas for the overviews. Adoption England to provide guidance as to what this work should encompass and how it should be completed.

Recommendation 10

A national dissemination plan with accountability for embedding learning from the disruption overview reports should be developed by the Department for Education and implemented by Adoption England and the RAAs.

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Appendix II – Vignettes

Adopter experiencing sudden mental health crisis

Baby L is 18 months old. They were placed as a new-born with foster carers. They have had consistent, good quality care since this point.

Couple B and C have applied to adopt after being married for four years, and a couple for eight. They feel now is the right time to move forward with their plan for a family. Their childcare experience is mostly around babysitting their nieces and nephews. Adopter B was also able to do some volunteering in their local primary school. Adopter C has experienced anxiety in the past but sought support and has worked through these issues. The couple are described in their PAR as mutually supportive, and able to communicate well with each other. They were described as strong participants during the training course, who absorbed the messages that they were being given.

The match with Baby L was an in-house placement, and the couple were told about the possible match before their approval. Introductions were over two weeks and went smoothly. There were no concerns raised during any of the review meetings during the transition. Baby L was placed on a Saturday. By Tuesday, adopters B & C had their first visit from their social worker and reported the following issues. They said that C had been feeling high levels of anxiety over the weekend, which was manifesting tearfulness and panic attacks. B said that they were trying to support them, but also talked about not being able to sleep, and being very tired after introductions. They are clear that Baby L is not difficult to care for, and that they are surprised by the strength of the reaction that they are having to looking after her. Advice was given about post-adoption depression, and C was advised to see their GP. They had daily phone calls with social worker. B described that they did not feel that they were bonding with Baby L. On Friday, C sees their doctor. GP suggests medication, and counselling, but warns that there is a waiting list for counselling. Adopters make decision to end placement, and L is returned to previous foster carer over the weekend.

This is more than we expected: managing unanticipated needs in the child

Adopters G & H have been in a relationship for twelve years. They presented as open and honest during their assessment period and had a good relationship with their social worker. One has extensive work experience linked to childcare. At panel they were approved for ages 0-3, one or two children.

Children D & E have been in foster care for nearly two years, due to extended care proceedings. There were extensive concerns about neglect within the family home, and that their elder sibling was providing some care to them. Sibling D was removed at seven months old, and sibling E was two years and four months old. Their older sibling is in the same foster placement, with a plan for a separate adoption. Together and apart sibling

assessments were undertaken at early point in care proceedings when three siblings first placed. This recommended that the younger two were placed together. All the children had unsettled distressed behaviour with some aggression from the older two on placement, but foster carer was able to establish good routines and the children soon settled. The CPR described this early behaviour but emphasised the progress the children have made over time. The majority of CPR was written by a previous social worker. There has also been a new team manager in this period. A new children's social worker took over at final hearing. This placement was their first adoption case.

The foster carer is experienced at moving children on to adoption. She prides herself on being able to help children settle into her care, she has very clear boundaries and rules, so that the children have clear expectations. A placement has not yet been found for the older sibling, so this child is still living with them. The children's social worker provides a book for foster carer to read to explain moving to adoption. None of the children have had any life story work, or had their social worker explain to them what the plan is for their future. There are some concerns around developmental delay for D, however he is too young for any formal diagnosis yet.

They were matched after the adopters felt drawn to them at a linking event. The couple had several potential matches that had not gone forward. E is slightly outside their age range as she just turned 4 years old. However, the progress she has made in foster care, makes them feel positive about moving forward with this placement. They are aware that she might regress and need younger care due to the neglectful experiences in her younger years. They feel able to do this and are looking forward to the time they will have with her before she goes to school in the autumn.

The introductions took place over three weeks. The adopters found the initial 'Getting to know you' stage difficult as D & E's older sibling was always present. This made it challenging for them to find one on one time with D & E in the foster home. This eases once they can take the children out alone. They also feel the foster carers approach is overly strict with child, and they wish to do therapeutic parenting. Foster carer is unsure about the adopters, as she feels they are letting the children take too much control, and there is a situation where she feels she had to step in to set a boundary when the adopters don't stop child jumping on sofa. However, these issues are not raised at the review meetings and the plan for placement continues.

Soon after placement, adopters were reporting aggression from E. They were struggling to manage a child who seemed very angry. E was biting and hitting. She doesn't seem to understand where foster carer or her older sibling have gone. The adoptive mother described herself as being covered in bruises from E. The adopters are also concerned about D's developmental presentation, which they describe as much more severe than they were given information on. They asked whether it was possible to have an autism assessment for him.

Their support network has not been as available as they hoped. They followed the advice to not introduce the children too early to any other family members, and now don't feel

able to leave the children with anyone else. No one in their network knows the children well enough for them to be able to manage them.

Appendix II – Workshop questions

Workshop questions for adoptive parents

NOT SAID

Honesty about feelings

- How do you think we can help adopters share their concerns?
- How do we help adopters be vulnerable?
- How do you think adoptive parents can be helped to have a conversation about all the different feelings that come up during the process?

Active Concealment

- Is there something social workers could do that would allow them to get the hidden information?

NOT KNOWN

Adopter reaction to placement

- How do we help adopters when their circumstances change?
- How do we help them with their emotional reaction to that?

NOT HEARD

Adopter expectations:

- How do we help adopters recognise what will it feel like to live with this child?
- How can we make professional terminology more meaningful to adopters?

NOT CHALLENGED

Communication breakdown

- How do we support adopters who are not listening to expert advice or taking available support?
- How do you rebuild relationships where they have broken down?
- How do you think adoptive parents can be helped to build and manage relationships with foster carers?

Contrast in environment

- How do we help adopters to support the child in managing a different home?

Workshop Questions for Adoption Professionals

NOT SAID

Honesty about feelings

- How do you think we can help adopters share their concerns?
- How do we help adopters be vulnerable?

Active Concealment

- Is there something we could do that would allow us to get the hidden information or do we accept that this will always be a challenge?

NOT HEARD

Professional optimism:

- How do we ensure assessments are robust?
- How do we work with adopters when matching to balance a change in considerations with adopter capacity?

Adopter expectations:

- How do we help adopters recognise what will it feel like to live with this child?

NOT CHALLENGED

Adopter knows best

- How do we manage adopters who don't want to listen to expert advice or take available support?

Communication breakdown

- How do we recognise when relationships have broken down?
- How do you rebuild relationships where they have broken down?

Contrast in environment

- How do we understand the child's experience in the foster carer's home?
- How do we help adopters to understand the child's world whilst negotiating adult experiences?

NOT KNOWN

Needs of the children:

- How do we support children's social workers?
- How do we gather all information and know that it is up to date?

Adopter reaction to placement

- How do we help adopters when their circumstances change?
- How do we help them with their emotional reaction to that?