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## Overview

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*Amid the formation of Regional Adoption Agencies and the separation of adoption services from the mainstream children's services, we may need to remind ourselves about effective ways to manage safeguarding in the context of pre and post placement adoption support.*

*Many adopted children's experiences are complex; embedded with loss, trauma and attachment difficulties; adoption agencies entrust the adoptive parent to provide nurture, consistency and love whilst expecting them to respond therapeutically to difficult behaviours and manage effectively the challenges these children present. These expectations place adoptive families in a vulnerable position and therefore managing safeguarding must balance protecting the child but must not diminish the adoptive family's ability to parent.*

*I work for a national agency that specialises in adoption support for all parties in adoption and we are often challenged with having to navigate our way through the many differing practices of safeguarding children across England and Wales. This paper is seeking to provoke thought and discussion as we seek to manage the ever increasing challenges of safeguarding within this context.*

*Aims of this paper:-*

- 1. To contribute to exploring this important and complex area of practice.*
- 2. To analyse the complexities of balancing safeguarding and adoption support, both Pre and Post Adoption Order.*
- 3. To consider what constitutes 'good practice' when responding to safeguarding issues in adoption support.*

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## About the Author – Helen Williams, Head of Services for Adoption Support

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Helen Graduated in Social Policy and Administration in 1997 and subsequently an MA in Social Work in 2001 from the University of Salford. She began her practice as a residential social worker and moved into working with children with disabilities in 2002 with a complex safeguarding caseload. In 2007 she took on assistant team management for Wigan's Children with Complex Needs with case responsibility for and management of safeguarding. Moving over to managing a fostering service she maintained strong involvement in Safeguarding until 2013 when she moved to After Adoption and became Head of Service for Adoption Support and SafeGuarding Lead.

She has a keen interest in safeguarding and the complexities of balancing safeguarding with support and the Safeguarding Practices she has put in place in After Adoption have been highlighted as Outstanding in numerous OFSTED inspections.

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**Context:**

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After Adoption is a Voluntary Adoption Agency placing 54 children per annum and is the largest independent provider of adoption support services in the UK, providing direct adoption support to over 6,700 people, representing over 4,500 cases, and our adoption support helplines take around 7,000 calls every year.

We have over 27 years' experience of providing support, advice and counselling to birth relatives, adopted adults and adopted children and their families, recognising the lifelong impact of adoption.

We are registered with Ofsted as a Voluntary Adoption Agency and we are commissioned by 72 local authorities across England and Wales to provide adoption support services.

Along with other agencies, we recognise the many significant changes that have taken place in adoption policy and practice over the last 70 years. We have seen adoption shift from a service that was primarily for parents, as 'a solution for infertility (Quinton 2012 p12) where there was no support post Adoption-Order provided for either the child or parents, to a service that strives to meet the needs of children waiting for placement. This has been accompanied by a dramatic decline in the number of adoptions, a widening of those children considered 'adoptable' to Black and minority ethnic, disabled and older children and siblings groups. There has also been a shift from a closed model of adoption to 'greater openness' (Kirtton 2009 p129) which includes contact post adoption with birth family members. Adoption has tended to shift away from baby adoptions, and has become a service primarily for 'looked after' children, many of whom have a complex history of neglect and abuse. Children are often from birth families where there is domestic violence, mental ill-health or drug and alcohol use and social isolation (Selwyn et al. 2010). Often, children being adopted today have a complex range of needs that have a significant (and occasionally traumatising) impact on the families caring for them. There is no such thing as 'goodbye' in adoption any longer and more adopted teenagers are seeking to make contact with birth family members via social media. As highlighted by Hardy (2017), Social media sites, such as Facebook, Twitter and Instagram, have altered the world in a myriad of ways, both positive and negative. Adoption is one area where social networking can have a huge effect, by making it much easier for adopted children and birth family to make contact, sometimes bypassing all safeguarding processes. Some adopted young people experience unsolicited contact via social media from birth family. A growing number of adopted teenagers' under 18 years express a wish to meet birth family members. Safeguarding our adopted young people in these situations is often complex and challenging.

There is explicit recognition in the legal and policy framework of the possible abuse and neglect of adopted children in placement. The Care Standards Act 2002 introduced a new regulatory framework for adoption services in England and Wales supported by the Adoption and Children Act 2002 and associated regulations which have strengthened adoption policy and practice in safeguarding children placed for adoption in both the assessment process and procedures responding to the possible abuse or neglect of a child (Department of Health 2000). There is now a legal requirement for the safety and welfare of children who are placed for adoption to be promoted and children 'protected' from abuse and other forms of significant harm'.

## **What is adoption support?**

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One of the key challenges in writing this paper has been how to define the scope of adoption support. This is something that has pre-occupied me as there are a number of different views. As an agency we offer support from the initial point of contact, pre placement, post placement and post order until the child reaches 18years of age. Within our agency, adoption support is also offered to adults and to all parties who have been affected by adoption. I have been unable to find a definition that takes into consideration the breadth of the support services that After Adoption offers.

However, within the organisation, there are two golden threads that run through our work with children families; these are adoption support and safeguarding, through from the initial point of enquiry to when an adopted child reaches 18years of age and beyond.

The Adoption and Children Act 2002 (in England and Wales), and the Adoption and Children (Scotland) Act 2007, place a duty on local authorities to maintain an appropriate service for adoption support. However, service provision is at the discretion of the local authority. The Adoption Support Services Regulations 2005 (SI no 691) requires authorities to conduct assessments of adoption services (although not automatically provide them) when requested by an adoptive parent, adoptive child, birth parent and former guardian. The 2002 Act defines adoption support services in England as:

- Financial support
- Services to enable groups of adoptive children, adoptive parents and natural parents or former guardians of an adoptive child to discuss matters relating to adoption
- Assistance, including mediation services, in relation to contact between an adoptive child and a natural parent, natural sibling, former guardian or a related person of the adoptive child
- Therapeutic services for the adopted children
- Assistance for the purpose of ensuring the continuance of the relationship between an adoptive child and his adoptive parent, including training for adoptive parents to meet any special needs of the child; and respite care
- Assistance where disruption of an adoptive placement or adoption arrangement following the making of an adoption order has occurred, or is in danger of occurring, making arrangements for the provision of mediation services and organising and running meetings to discuss disruption

## **Safeguarding and the Importance of the Preparation of Prospective Adopters**

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As Harris (2014) suggests, it is evident that the changes in the profile of children being adopted are mirrored by the changes in the way adoptive parents are recruited, assessed, prepared and supported. Parenting by adoption is no longer synonymous to parenting a biological child. There is a recognition of the lifelong impact of adoption on all parties (DfE 2011), that 'love is not enough' in parenting an adopted child. There is an expectation that both adoptive parents and children will require a range of adoption support services to support them in the parenting task. The capacities we are looking for and assessing in prospective adoptive parents are now clearer, and the assessment process has become

standardised and more robust, as has the matching of prospective parents with children. Adoption support has become a vital component of any adoption service, underpinned by legislation with a range of statutory and independent services being provided (*Harris 2014*).

To ensure robust safeguarding, it is important that safeguarding is a priority from the moment prospective adopters contact the agency. Lessons need to be learnt from the lack of robust preparation of adopters which was an evident factor in the findings of a number of critical case reviews where children have been seriously harmed or died in their adoptive family.

The critical case review into the death of John Smith in 1999 in Brighton and Hove at the hands of his adoptive parents found not only fundamental flaws in the assessment of John's adoptive parents but also that professionals were too ready to accept the adopters' explanation of events, with the result that the possibility of an objective assessment of John's situation became increasingly unlikely (Leslie 2001 p 9). The review suggested that social workers must 'always be thinking the unthinkable, and a key finding was that John's voice was rarely, if ever, heard directly (Leslie 2001 p 7). Leslie recommended that a more thorough, objective and evidenced assessment of John's adoptive parents would have stopped the couple from getting into the system in the first instance. Investigations into the adoptive parent's past experience as a parent would have resulted in the adoption process being immediately terminated. Leslie noted that social services failed to explore "significant gaps" in details of the couple's personal and employment histories, including a description of the adopted father by a former wife as a "Jekyll and Hyde" character and "inconsistencies" in the adopted mother's account of past convictions for deception. Felicity Collier, Chief Executive of British Agencies for Adoption and Fostering, highlighted that too great a reliance was placed on the accounts given by the prospective adopters of their backgrounds without checks being made to verify this.

The recommendations of the Part 8 report completed by Alyson Leslie significantly influenced and changed the way in which assessments are completed for prospective adopters. Recommendations included agencies getting more basic information from prospective adopters including birth certificates, employment status, driving licence, next of kin and addresses for the prior 10 years.

Consideration must also be given into the serious case review (SCR) in 2011, whereby 3 children were abused by their adoptive parents. The abuse began soon after placement and continued over the next 9 years. Within this SCR, as highlighted by Garboden (2011), social workers and other practitioners were intimidated by a couple who adopted three children and then abused them both physically, emotionally and verbally over 10 years. The review found that practitioners failed to challenge the adoptive mother's aggressive and hostile behaviour and that the parents' social class and professional standing – they were pharmaceutical scientists – was another deterrent that allowed the abuse to continue for so long.

The review highlighted:-

*"In this case, many professionals struggled to maintain a child focus when faced with [the adoptive parents'] aggressive behaviour and their disguised compliance, and their approach was affected by perceptions and assumptions made regarding the parents' social class, professional status and high academic qualifications,"*

The review also pointed to shortcomings in the adoption assessment process, which it said focused too much on meeting the applicants' needs, with "insufficient consideration" of the needs of children who might be placed with them. The parents were considered a "rare commodity" because they were willing to take a sibling group of three and the SCR said professionals tried to help their application as much as possible.

The review identified 10 missed opportunities to carry out investigations and help the children. The eldest child contacted social care and other agencies about his adoptive parents' abuse of himself and his siblings. Repeatedly, he and his siblings were sent back to the home, despite their protests.

"The conclusion of this serious case review was that at various stages over the 10 years, the abuse was both predictable and preventable.

Lita Morgan (2016) is an adult adoptee who has spoken publicly about the abuse she suffered at the hands of her adopted mother over a 10 year period. She was able to report the crimes to the police as an adult, and wanted to tell her story so no other child suffers the way she did.

It is important that all agencies learn from such reviews and that practices are updated to better safeguard children, as agencies know and professionals must accept that risk is never 'zero' in family placement and therefore agencies must manage this risk whilst understanding this is the first stage of the adoption safeguarding journey.

In my practice within the agency I work for, we ensure that risk is managed all the way through by the way we recruit families and by the robust processes we have in place within the assessment procedure and preparation of prospective adopters. Examples of this include:- verification of information by a number of different sources, a wider range of references are undertaken, references from 2 family members and 3 friends each (which is over and above the recommended numbers), at least 3 face to face interviews for each applicant, the agency also contacts estranged siblings, as well as siblings, ex-partner checks, references and interviews are completed. All employers where the applicant has worked with children are contacted and a reference sought, all parents of childminder's children in their care (current and previous) are contacted, overseas checks are completed as well as addresses for each applicant checked for the previous 10 years, along with an assessment of financial security. The agency verifies information from a range of sources, both external and internal within and outside the family unit, and is not reliant on self-reporting information.

Although the assessment for prospective adopters is critical, agencies must also consider the matching process and the potential risks that may be present for the child and the adoptive family during placement.

Whilst completing research for this paper, I have noted that there is potential for a difference in the way in which fostering agencies complete risk assessments and safer caring policies for foster carers in comparison to adopters. Why is this? Perhaps there is an assumption,

that there is less risk for children being placed in an adoptive family in terms of the likelihood of abuse occurring or needing to manage allegations? As Harris 2004 identifies Safer caring is less likely to be addressed in an adoption assessment with the same rigour that is applied to foster carers.

Although there is little research that links specific elements of risk assessments and matching practice to successful outcomes, there are studies that identify the factors involved in disruption: age, behavioural problems, over activity, attachment problems (Quinton, 2012) and mismatching. There is also general agreement about the parenting characteristics that help to support children and young people: sensitivity, boundary setting, tolerance and resilience (Quinton, 2012). These aspects should be carefully assessed and matched to help to create an optimal and safe outcome for a child (Randall 2013).

The child's emotional, behavioural, attachment and health needs must be balanced with the carers' parenting style and skills. Children look for 'stuff in common with the adoptive parents' and for adoptive parents who will love and accept them as their own (The Care Inquiry, 2013). High value is placed on positive attitudes of openness, honesty and trust (Schofield et al 2006). Biehal et al evidences that children's emotional and behavioural needs are a major factor predictive of placement disruption, and he suggests better use of assessment to identify those children at high risk of placement instability by using the information held in the Strengths and Difficulties Questionnaire or by conducting psychological assessments of attachment status. Adopter's capacity to care for such children must also be rigorously assessed in part by assessing their own attachment styles.

We don't need research to tell us that matching and risk assessments can only be as good as the information on which it is based. There is evidence that information sharing, and indeed the quality of the information itself, is often poor at the matching stage (Quinton, 2012). Poor information and analysis means specific needs are either minimised (Sinclair, 2005) or not identified (Quinton, 2012), which will have an adverse impact on the quality of risk assessments and safer care practices. Children, birth parents, foster carers and adopters commonly complain about a lack of information. All need more information and involvement in the process of matching, risk assessments and decision making (Schofield and Ward, 2010).

A frequent complaint for adopters is the lack of information with regard to children's emotional and behavioural difficulties (Quinton 2012). If adoptive parents are not prepared for difficulties with behaviour or in relation to contact, for example, then the placement is vulnerable and adoptive parents may struggle to respond appropriately to the child's presenting behaviours, which is likely to lead to safeguarding concerns (Quinton, 2012). Placement officers and supervising social workers say they often receive insufficient information from the local authority to inform matching or brief the potential adoptive family adequately (Randall, 2013). Research also shows that omissions and inaccuracies are not unusual in Child Permanence Reports for adoption (Randall, 2013). This can lead to adoptive parents feeling over-whelmed, anxious and in a high state of emotional tension. Adopters begin to feel let down and begin to form distrust with the agency/LA for not sharing all information.

Research suggests that a skilled family placement worker will have detailed and empathic knowledge about an adoptive family and will be able to see where potential conflicts might

arise. They will also have a good idea of the impact on the rest of the family, including any birth children of the adopters, which should inform a risk assessment and support plan for the adoptive parents. After Adoption has learnt from this research and has introduced monthly meetings whereby potential matches are presented and robust support plans are put into place, which also identify vulnerabilities/risks and how these can be safely managed. The agency completes individual support plans and skilled therapeutic social workers will begin to prepare adopters pre-placement for the identified needs of the child and ways to manage these. In order to strengthen this process it may be prudent for the child's safer care plan to be presented at this meeting to manage risk more effectively.

In After Adoption, much thought and assessment is completed into the matching process to support good outcomes, however, to strengthen this, does risk need to become higher on the agenda?

### **Safeguarding Pre-Adoption Order**

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During the pre- Adoption Order stage, the statutory childcare social worker should remain heavily involved, ensuring statutory duties are completed, such as statutory visits and Looked After Children (LAC) reviews. Working in partnership with the local authority within a culture of openness and transparency is critical to safeguarding children throughout this period when both parents and children are in transition.

Any assessment for adoption support should include any pre-indicators of safe caring needs for the child, however, how do social workers determine these in the context of adoption support? It is important that these assessments are holistic, taking into account the views of all professionals involved, whilst also listening to and placing the child's voice at the centre of adoption support and safeguarding.

Within the pre Adoption Order stage, there is the added complexity of the local authority still holding Parental Responsibility (PR) for the child, as such, any safeguarding concern needs to be responded to as a 'professional' allegation, and therefore a Local Authority Designated Officer (LADO) is involved as well as childcare teams to investigate. This adds further tension, stress and anxiety for the adoptive parents; even more so if the adopter working as a professional in a social care field, as it potentially may impact upon their employment.

However, the involvement and the role of the LADO is vital in terms of safeguarding children. As Birchall (2017) points out, the role of the LADO is too often misunderstood or forgotten. They are responsible for managing and overseeing cases where an allegation is made about a person working with children. They play a vital role and are involved from the initial stage of the allegation through to the conclusion of the case, and have to ensure a robust but fair response to safeguarding concerns. As Holmes (chief executive of Research in Practice) stated "*if we don't have resilient LADOs, we don't have a resilient safeguarding system..... LADOs need to ensure the voices of children are at the heart of what they do*" (Community Care April 13<sup>th</sup> 2017).

It is important that LA's and adoption agencies recognise that during the Pre Adoption Order stage, when a safeguarding concern relates to prospective adopters, the LADO must be involved and it is the LADO who will give clear advice, direction and support in terms of the next steps of safeguarding. To ensure a robust safeguarding system is in place, the role of the LADO should be made clear in the safeguarding policy and included in all staff

safeguarding training. All staff must have a thorough understanding of their own role and responsibilities of responding to a safeguarding concern and how to refer to the LADO.

Within After Adoption, we have strong links with Local Safeguarding Children's Boards (LCSB) and also with the placing and residing local authority's and these relationships are critical to ensuring the safeguarding and well-being of children. Working effectively together, within a culture of openness and transparency will significantly strengthen the welfare of the child. This may pose some difficulties as social workers have different priorities, capacity, thresholds and casework responsibilities, however, although difficult, it is up to us to continue to strengthen relationships with local authorities and ensure effective communication with them.

### **Safeguarding Post-Adoption Order**

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Investigations post Adoption Order are familial, in line with other families who hold Parental Responsibility for their child. Therefore, no LADO is involved during an investigation unless the adoptive parent works in the social care field.

It is important that all agencies are clear in terms of the referral process, who to refer to and why. The residing or placing Local Authority, or both? It is important that there is clear policies and guidance in place and that this is incorporated into all safeguarding training.

### **Complexities in Safeguarding in Adoption Support**

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The complexity of safeguarding and adoption support is recognised by Selwyn et al (2014) who highlights that during early placement and pre adoption order, adoptive parents are in a state of high emotional tension. They can feel under intense pressure feeling that professionals have high expectations of them and may be 'judging' them as parents. All adoptive parents are trying to make a secure attachment and relationship with their child who has experienced loss and trauma and at the same time are mindful of the high expectations that are set upon them as adoptive parents. Adopters can feel watched, judged, monitored, and scrutinised; whilst trying to bond and attach to their children (Selwyn et al 2014). In our practice, it is important that prospective adopters are supported and prepared for this, and the feelings that they are likely to experience at the beginning of their adoption journey, and this preparation is a key theme in our agency. Openness and transparency along with a strong and trusting relationship between the prospective adopters and their social worker is essential. A culture of openness and transparency needs to remain prevalent throughout so that open and relevant support can be given whenever needed

In the early transition to family life, tensions and emotions can be heightened and both parents and children can experience times of stress. In safeguarding terms we need to ensure that children are safe, that their welfare is paramount and understanding changing family dynamics and support needs. Sensitive management of potential risks remains important, building on a foundation of educating adoptive parents about safeguarding practice. Research suggests that in adoptive placements, professionals may be hesitant to believe children who make allegations. This idea of disbelief was developed by Shleez and Roz. Shleez felt her black middle-class adoptive parents were protected by their good social standing in the Black church and community. Roz, equally, spoke of the protection that being

white, middle class and educated offered her transracial adopters, compounded by the accolades that accompany adopting a Black child (cited in Harris 2014).

Research also suggests that adoption social workers may also get into a 'defensive' position when concerns or allegations are raised which can sometimes prevent managing safeguarding concerns appropriately and can potentially place a child at risk Harris (2004).

We recognise that it is important that adoption support practitioners, managers, and other professionals who come into contact with adopted children, should be open to the possibility that abuse and/or neglect may happen in adoptive families irrespective of their social status, class, race or ethnicity. It is important that social workers have the time to build relationships with looked after and adopted children based on a genuine interest, warmth and empathy and make time to talk or play with each child alone. All professionals should listen to the child, seek to understand the child's perspective, accept any disclosure of abuse unconditionally and, immediately following a disclosure, take steps to assess the situation and safeguard the child.

After Adoption recognises the importance of group work and individual support to young adopted children and young people.

For younger children, the agency hold regular 'bus stop and play zone' days where children and their adopted family come together to participate in a range of therapeutic activities. For older children, the agency has a well-established TALKAdoption group, which enables adopted young people to come together and engage in discussion and a range of activities.

Group work activities for adopted children and young people may strengthen the relationship with adoption support social workers, providing an opportunity to get to know the child outside the family environment and to develop a relationship that is separate from the child's relationship with their adoptive family. Activities about family relationships, sense of self, identity and self-esteem, provide an opportunity to identify if something is not quite right as well as an opportunity for the child to disclose to someone outside the family if they are unhappy. Mullender et al 2002 observes that group work can address issues around secrecy, help children to feel less alone, provide a sense of belonging and build relationships with peers. Adopters need a safe space where they can play, interact with their child, other children and other adopters, which enables them to feel secure and that they have a safe base in which to explore their feelings and relationships without fear of judgement and misunderstanding.

Along with the child, agencies need to accept that parenting is stressful and adoptive parenting even more so. Some adopters have to manage violent and aggressive behaviour from their children. Julie Selwyn et al (2014) completed the first national study of adoption breakdowns. The study found that teenagers (11-16 years old) were ten times more likely to have a disruption compared with children younger than four years of age. Children who were aged four or older at placement were about 13 times more likely to have a disruption compared with those who were infants at placement. Nearly two-thirds occurred during the secondary school years; children were on average 12.7 years when they left their families.

Selwyn's research strengthens previous research which evidences that children who have multiple placements in care are more likely to experience disruptions compared with those who had experienced few moves. As a Voluntary Adoption Agency focusing on harder to

place children, it is clear that, often, the children we place are more vulnerable; most children are over 4 years of age and the majority have experienced multiple placement moves prior to adoption and significant loss and trauma.

Selwyn's study highlights that the impact of children's needs and presenting behaviours on their families was significant such as, self-harm, night terrors, soiling, manipulation and control. Anger and aggression during adolescence was a major challenge for adoptive families. Parents also described difficulties in coping with teenage children who were oppositional and who showed inappropriate sexualised and attention seeking behaviour. Eleven children (16 per cent) had engaged in serious criminal activity - all but one had left home. Parents described their difficulties in coping with incredibly angry and volatile young children who were unable to regulate their emotions. Tantrums could escalate quickly and last for several hours and young boys in particular showed serious levels of physical aggression, which was often directed towards their adoptive mothers.

*She's always been violent with me, I'd got this black eye and we'd been to CAMHS and we sat talking about it. Do you know what annoys me more than anything.....I turn up to CAMHS with a black eye and all they say to Claire is 'oh that's not very nice'. If she'd turned up with a black eye, the authorities would be on us like a ton of bricks, but because it's a child perpetrating the violence it's accepted. She is stronger and I am weaker and I am at the end of my tether"*

Selwyn's study evidenced that boys were significantly more likely to engage in physical violence and parents explained how the aggression became more difficult to manage as the young people become stronger and taller than their parents; the physical balance of power shifted. Aggression left parents injured, vulnerable and frightened, whilst some parents suffered injuries such as broken bones, black eyes and extensive bruising.

The most striking feature was the extraordinarily high level of social, emotional, and behavioural difficulties of the children placed. Parents were questioned using a screening tool for post-traumatic stress disorder (PTSD). Thirteen parents had scores suggesting that they had PTSD and 11 other parents had some symptoms. Only nine parents were symptom free.

Al Coates strengthens Selwyn et al's research by arguing that within current discourse there is a repeated acknowledgement that a heightened recognition for CPV is fundamental to providing support for those families living with and experiencing CPV. Furthermore, Thorley and Coates (2017) highlight that CPV is a concern to a myriad of families that appears to be more predominantly so in adoptive families as suggested by Selwyn and Meakins (2016).

Coates et al study named Child Parent Violence (CPV): Grappling with an Enigma, made a number of recommendations in relation to CPV and within this, adoptive families noted the need for agencies to address CPV in order to support not only the family members but the children and young people themselves. The study highlighted that families require non-judgemental support, being believed and listened to and respected as a parent who is seeking help not a parent who 'can't cope' with 'normative behaviour. Families identified that other people's perception of them as suitable parents or effective parents is the biggest barrier to gaining support in that professionals dismiss their concerns as 'normative' behaviour.

Respondents in the study indicated that open discussion may also help address the stigma associated with seeking support for CPV so that a true indicator of incidence may evolve to inform a range of suitable strategies and interventions families benefit from. One of the overriding recommendations proposed by adopters is to include the possibility of CPV within adoption preparation programmes, not to deter those who seek to adopt rather this will enable them to recognise indicators of behaviour that is outside of 'normative' expectations for the age of the child, allow them to raise this as a concern and allow professionals to instigate early intervention and in this way reduce the risk of adoption breakdown, which Selwyn et al (2014) indicated could be instrumental for a third of families.

After Adoption has been involved with section 47 enquiries at different stages of the adoption journey. Although the agency provided significant support, the family felt very let down by the Local Authority and consistently felt that they were being blamed for inadequate parenting. They felt angry and extremely upset that there was no recognition of the continued commitment that they had shown (and continued to show) to their children, nor given any recognition of the level of violence and stress that they had endured. Sadly the themes of this particular case are probably all too familiar to you. We need to have an understanding that trauma casts a long shadow in children's lives that can impact on their capacity to feel secure and safe in their adoptive families. We need also to have an understanding of the impact of secondary trauma on adoptive parents and how blocked care can impact on caregiving. We also have to have an understanding of how a child sees the world and how they make sense of relationships and the intentions of adults who are caring for them. These different perspectives will help us understand what is going on and to come to a conclusion as to whether a family needs support or a child needs protection. The two are not necessarily mutually exclusive.

In relation to young people, there is a further dimension that relates to safeguarding and how agencies help to keep young people safe in cyber space where birth family members may try to contact them. All agencies should have clear training available for all adopters that relates specifically to internet safety. Adoptive parents need to have a thorough understanding of how to use the internet and parental controls available along with an understanding and knowledge of internet safety that will help to keep their children safe. To strengthen this, it is important that professionals supporting families also have a good understanding themselves of the internet and how to protect children through robust training. The agency should have clear advice and guidance on this, along with helping children safe and recognising the signs of possible child sexual exploitation.

### **Safeguarding in adoption support for Adults:**

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Adopted adults may seek adoption support services in relation to their abusive experiences, to access their adoption records, or access tracing and intermediary services.

Adoption support should encompass (or refer to) a range of key services including: historical abuse workers, legal advice, counselling, psychotherapy, group support and linking with other service users. As Harris 2014 concludes *"In offering support, we also need to empower a hitherto disempowered group to make their own choices and find their own coping and healing mechanisms"*.

In terms of safeguarding within adult adoption support, a complexity that needs to be considered is where an adopted adult may pose a threat to a birth family member or vice versa. After Adoption has had cases where an adopted adult's motivation to contact birth family members has been extremely negative. The service user engaged in counselling with the agency, however, throughout this, it was clear that his motivation remained negative; he continued to have unresolved loss and high levels of anger relating to his birth family. It was at this point that After Adoption supported him with further counselling to help him to begin resolve and heal from his loss, however, the agency also had a duty to report this to the LA who referred him across and also had to give clear reasons as to why the agency would not support him with an intermediary service. Another example is where a birth family member had been traced, however, the agency discovered that the birth relative posed a risk to children. To ensure effective safeguarding, all agencies must have clear policies and procedures in relation to what can and cannot be shared, along with written guidance on working together with LA's and LCSBs to safeguard children. In this instance, After Adoption worked closely with the LA and the LCSB to reach a shared understanding on what would be shared. Risk assessment remains an integral part of this process and it is important to have a clear understanding of assessed risk and actions that need to be taken as a result.

Research findings by Harris (2014) suggest adopted children being abused, like many non-adopted children, may not disclose or seek help from others. However, as adults, they may seek adoption support services regarding their abusive experiences or to access their adoption records, tracing and intermediary services. Support provision tailored to meet the specific needs of this group of abused adopted adults, therefore, is vital, underpinned by an acknowledgment that some adoptees would have been abused by their adoptive parents/adoptive family members. Adoption support should encompass (or refer to) a range of key services, including historical abuse workers, legal advice, counselling, psychotherapy, group support and linking with others (Harris 2014).

## **Conclusion**

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All agencies will have had experience of managing the complexities of supporting parents and safeguarding children and it is the formation of early support, strong relationships and openness which are effective in managing the intricate balance of support and safeguarding. Agencies need very clear safeguarding policies in place, supported with written guidance and a culture of transparency and honesty. Regular and robust safeguarding training is needed, that relates to your specific agency and includes agency expectations, responsibilities and processes that are in place. This safeguarding should not shy away from the complexities between support and safeguarding and clear thresholds should be explored and understood by all staff.

In order to effectively manage the intricate balance between support and safeguarding, child parent violence and the complex needs of children being placed for adoption need to be recognised. It is critical that adopters are prepared from the onset of their journey for a range of complex behaviours and how these will make them feel, think and what they will do. Adopters need a safe space where they can explore their feelings and where they can be open about the level of behaviour that their child is presenting and should be able to ask for support to meet these needs without feeling judged. However, children's welfare must always remain paramount and close working relationships with the placing and residing local

authority are vital to safeguard children effectively. Adopters will need to be prepared for the potential of a child making allegations and being subject to a section 47 investigation.

Safer care assessments should be in place, identifying children's individual needs and how these will be met by adopters, this is to help to protect the child as well as the adopters and should be intertwined with the preparation of adopters. Alongside safer care, risk assessments would help to strengthen safeguarding and protect our vulnerable children and adopters alike. Training, support groups, a safe space for adopters and children are also recognised as a positive step to support and safeguard children.

A lead safeguarding officer who has a clear focus and overview of safeguarding would help to strengthen safeguarding and also explore and give advice on the complexities between support and safeguarding children and their families.

There is no doubt that this area of work is vastly complex, however, the need of the child must always remain paramount and their voice must be heard.

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