

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwaith dilynol ar Ymchwiliad y Pwyllgor Plant, Pobl Ifanc ac Addysg i Wasanaethau Mabwysiadu yng Nghymru | Follow-up to Children, Young People and Education Committee's Inquiry into Adoption Services in Wales

AS 17

Ymateb gan : Gwasanaeth Seicoleg a Therapiau Plant a Theuluoedd – Bwrdd Iechyd Prifysgol Aneurin Bevan

Response from : Child and Family Psychology and Therapies Service – Aneurin Bevan University Health Board

Overview Question

What are your views in the Welsh Government's progress in respect of the 16 recommendations and the 25 'detailed actions' set out on pages 5–11 of the [Committee's report](#).

The development of the National Adoption Service appears to have been a positive development for both children and adopters. It is proposed more support and training needs to be provided for local authority staff working into both adoption services and also social workers working into more generic child care teams. This training should include a good understanding of child development, the impact of early trauma upon the child's sense of safety and ability to build secure attachment relationships. There needs to be a better understanding that children who have experienced a difficult start in life will often experience some difficulties throughout their lifetime, rather than this being perceived as a failure on behalf of the adoptive parents. Families and young people require psychologically-informed services throughout the journey of adoption delivered in as timely and as non-stigmatising way as possible. In addition, entitlement to further support (recommendation 10) should be a statutory right. Families should not need to go through the referral and assessment intake team in order to establish whether they have met the threshold for services. Many adoptive families report this to be a stigmatising process, where social workers have little understanding about the issues related to adoption and which further compounds their belief that they have failed at the parenting task.

Question 1

What are your views on the recruitment, assessment and preparation of adopter parents?

It is suggested that more consideration needs to be given to the assessment of attachment style of the parent, and how well this might match the attachment needs of a child. In addition, time needs to be spent with adopters exploring issues relating to their journey to adoption, including any losses, grief around being unable to have birth children and the potential impact this might have on their relationship with the child. Whilst I appreciate it is not possible to predict the future, it feels important that adopters are well prepared for the fact that their adoptive child may have difficulties in forming relationships and learning to trust, and this may in turn have an impact on their feelings towards their child. Adoptive parents should be well prepared in understanding the impact of early trauma on the child, including any pre-natal risk factors, the potential impact on the child's brain development/emotional/psychological development and the appropriate support should be made available to help families when and if difficulties emerge later on. Speaking with adoptive families, they have feedback that they feel greater emphasis needs to be placed upon understanding issues related to attachment, the impact of early trauma and therapeutic parenting approaches. Whilst I appreciate there is a view that sharing this level of information with adopters at such early stage may 'put them off', clinical experience suggests that parents and families who are well prepared, and who have a good understanding of the difficulties, feel more able to identify difficulties, seek help at an early stage and experience less of a sense of failure and shame if family life becomes more difficult.

How could this be improved?

More emphasis on attachment, developmental trauma and attachment-focused parenting during preparation training. More training for social workers involved in the recruitment and assessment process into adult attachment styles. Introducing the idea early in the process that adoptive families are expected to need support rather than having failed if they are seeking help if difficulties emerge.

Question 2

What is your experience of and view of the matching process and support for the transition?

My experience of the matching process is that social workers within SEWAS work hard to consider the match between parent and child, although I would suggest staff need greater support/understanding around adult attachment styles and how this might match the needs of the child/children they are considering placing. In terms of the psychological impact for both the parent and the child I have concerns about the speed with which this transition occurs. Whilst for some children a 2 week transitional period may be appropriate, other children with more complex histories, including their level of attachment to their current foster placement, often need longer to adjust to this transition. It therefore seems important that the individual needs of the child are central when considering how long the transition period should be and also what level of support needs to be in place to ensure the greatest possible start to this new relationship and the forming of healthy attachments.

I would also suggest that greater support and training needs to be given to foster carers who are helping to prepare a child for adoption, including how they manage their own feelings of loss and sadness and how they help a child to feel safe enough to move to their adoptive placement and form new relationships. Children need to feel a continuity of care and a safe handing over from one secure attachment to another. If this process is not managed well, children can be left with a sense of displacement and an incoherent narrative around why they were moved, which we know can influence the way the child views themselves, but also the degree to which they are able to trust the adults around them

How could this be improved?

Further training/support and supervision for social workers who are involved in the matching process, with a particular emphasis on matching attachment styles. The length of time given to the transition period needs to be based on the needs of the child, allowing time for the appropriate support to be put in place, to ensure the best possible start for both the child and the adoptive family. Training and support needs to be given to foster carers, in terms of how they cope with their own feelings of loss, and allows the child to feel that there is continuity between their foster placement and new adoptive family and that they are psychologically safe to leave.

Question 3

Do you think there is sufficient information and support for children and young people including access to quality life-story work?

It is proposed that it is the process of completing life story work, rather than the end-product of a life story book which is the most significant element for the children who have been adopted and also the adults around them. Experience suggests that there is a huge amount of variation in how life-story work is carried out with children and young people. In some circumstances a book is compiled about a child's history and past over to the parents to share with their children, with little or no support in how or when to share this information or how to help the child with their emotional responses to this information. In other instances life-story work is far more a therapeutic process, based on a safe and trusting relationship between the child and the worker, allowing the child to ask any questions they would like to, express feelings about their history and clarifying some of the confusion they may feel. Allowing them to make sense of their life journey in a way which does not appropriate blame/shame for the child.

It should also be stated that life-story work should not be viewed as a one-off event which is finished once completed. Clinical experience suggests that children will need this information shared with them on many different occasions as they pass through developmental stages and their understanding changes. It does not feel that there is sufficient information for both parents in terms of how they share this information, but also for children if they wish to access this support at any point.

It is also suggested that adoptive families have limited access to psychological support and advice, particularly when understanding the impact of early trauma and loss and how this might affect the child, particularly in their primary relationships. There is limited support that children and families can access in a timely way, before difficulties become entrenched.

How could this be improved?

Supervision and training around the completion of life-story work, a greater emphasis on this being an evolving process rather than an end product. Great supporter for parents to understand the role of life-story work and how to support their children in this.

More timely access to specialist psychological therapies, with an understanding of the impact of trauma and neglect.

Question 4

What post-adoption support for children, young people and families (including from social services, education, health and mental health services) is available and what more could be done in this area?

Post-adoption support is limited in Wales. Evaluations of our input into adoption services thus far suggests that families feel that they require more support to understand the impact of complex trauma upon a child's functioning and also support around using attachment focused parenting approaches, in order to help a child to heal. Families have reported that in seeking adoption support they often are made to feel that they have failed or that there are not capable parents. Clinical experience also suggests that adoptive families who are coping with the task of parenting often highly traumatised children have limited access to Specialist Child and adolescent Mental Health Services. It is my understanding that in some local authorities in England there are specially designed multi-disciplinary teams for adoption support, incorporating social workers, occupational therapy, art and play therapy and clinical psychology. For example Rotherham adoption services, alongside Oxford Attach services and Cornwall adoption services.

How could this be improved?

Adoption support and access to psychologically informed services should be provided as routine for these families, creating a culture where difficulties should be expected rather than seen as a sign of failure. It is proposed that providing support as early as possible in the journey of adoption, would serve to pre-empt those feelings of failure and shame, when and if difficulties arise. Families should be able to access professionals with specialist knowledge around the impact of early developmental trauma. Access to specialist occupational therapies with an understanding of the impact of early trauma on the child's sensory profile and ways for families to help children to manage this difficulty.

Question 5

Are there any other issues you wish to draw to the Committee's attention?