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The views and experiences of approved adopters in five regional adoption agencies

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Executive summary and implications for practice

This research followed the progress of 41 prospective adopters who had completed their preparation group training in five Regional Adoption Agencies (RAAs) between November 2018 and March 2020. The adopters had been selected as they had indicated at the end of their training that they were willing to adopt a sibling group, an older child, or a child with complex needs. Fifteen of the 41 prospective adopters were interviewed once, 23 interviewed twice, and three adoptive parents were interviewed three times: a total of 70 interviews. Just over half (38) of the interviews took place before the country went into lockdown on the 23rd March 2020 because of COVID-19 and 32 interviews occurred after that date and during periods of restrictions. Our first report on the views of the prospective adopters on the assessment and approval process is available on the Department for Education website¹ and this research is part of a wider evaluation of the regionalisation of adoption services.

In this second report we pick up the journeys of 31 of the 41 interviewees whose application to become an adoptive parent had been approved by an adoption panel; 20 of whom had a child placed. The accounts of social work practice reported may not be typical of practice in other RAAs or indeed within the sample RAAs.

View of the agency

Adopters continued to have predominantly positive views of their RAA, but there was a downward trend with decreased levels of satisfaction at the time of the second or third interview. Good communication and a trusting relationship with their social worker remained important to adopters. Those who had a negative view of the RAA at the time of the first research interview (during their home assessments) continued to have a difficult relationship even if they had had a change of social worker. There continued to be a lack of care of adopters' personal data and some data breaches reported by interviewees.

The approval panel

Nineteen of the 31 adopters who had been approved by a panel spoke positively about their experiences describing the panel as friendly and welcoming. Some adoptive parents had felt intimidated by questions from the panel or had become distressed as they had not been well prepared for questions that could have been anticipated by their worker. Interviewees also commented on the building; a few complained that the building where the panel was held offered no privacy for discussion with their own worker or access to a toilet was difficult. At the time of the last research interview, 20 of the 31 approved as adoptive parents had a child/ren placed with them.

¹ <https://www.gov.uk/government/publications/evaluation-of-regional-adoption-agencies>

Linking and matching

The average wait for linking and matching for the 20 interviewees who had a child placed was 63 days (range 1 day to 305 days). Quick links had occurred when social workers knew about a suitable child before the approval panel and matching processes happened swiftly.

For those who had waited more than three months before being matched or who were still waiting, the delay was difficult. Interviewees reported that communication from the RAA tailed off and the silence could leave adopters feeling anxious and losing confidence in their abilities.

About half of the adoptive parents described being very pro-active searching for a link themselves by looking at profiles of children on the RAA web site or on Link Maker or by attending activity days. They liked the opportunity for their search to be adopter-led but others wanted professionals to take charge and found viewing many children's profiles on their own too upsetting. Some RAAs had policies on showing only one profile at a time, which suited some adoptive parents but not others who wanted to create a "spark" or "connection" with a child. There was also an awkwardness if adopters were being considered for a child alongside other couples who they knew from the preparation groups. Meetings with children's social workers to discuss potential links could also feel uncomfortable, with adopters describing them as yet another assessment or feeling that they were judged because of their religion or social class.

Prospective adopters who already had birth/adopted children or wished to adopt a sibling group or a minority ethnic child were encouraged by their social worker to use Link Maker, as they thought that their RAA was unable to identify a match. Yet despite showing an interest in a child's profile on Link Maker, adopters spoke of either receiving no response or long delays before the child's social worker replied or receiving an email stating they had not been selected without any explanation. None of the 21 children that were placed had been linked through Link Maker. Two matches, that from the information provided by the adopters would probably not otherwise have occurred, happened because adoptive parents attended activity days.

Six of the prospective adopters were of minority ethnicity. Despite the size of RAAs and the urgent need for more minority ethnic adopters, only two of the six had been matched with a child at the time of the research interview. They had waited longer to be matched than the White adopters who were interviewed. Two ethnic minority adopters had put their search on 'hold' due to concerns

about COVID-19 and two who were still waiting felt they had been left to find their own match because the RAA had no children waiting to be placed that matched their ethnicity.

Nine of the 20 adopters were able to see the child they had been linked with before the matching panel. These pre-meets mentioned by interviewees included: observing the child in a nursery or at a park, attending the child's health assessment with the foster carer, and meeting the child and foster carer over a series of visits. Video calls and messages between adopters and foster carers were also common. Adoptive parents felt that pre-meets really helped during the next stage of introductions.

Once the match was agreed, most adoptive parents felt that they had been given information on the child and had the opportunity to talk to the foster carers. Some reported that they had been given helpful advice by health professionals.

Introductions

Introductions ranged in length from four to 14 days. Adopters appreciated being involved in the planning of the introductions especially when the planning had taken account of the needs of other children in their families who they were parenting. Parents highlighted the detrimental effect of delays in linking and matching on their birth children who were expecting a sibling and who did not understand the delays. Adoptive parents wondered about whether they should have waited until the plan for introductions was known before involving their other children in the adoption process.

All the adoptive parents thought the introductions had gone well. However, based on the interview accounts, it is our interpretation using attachment theory that the behaviours that a few adoptive parents described of children easily going to them, sitting on their lap without distress, which adopters perceived as a plus, suggests that their training on attachment theory was not always being applied in practice. There were other reports of older children becoming very anxious and not understanding what was happening when introductions had to take place in rented accommodation. From the information provided by the interviewees, the children did not seem to have been well prepared.

Early Permanence carers

Four of the 20 approved adoptive parents had five children placed with them under Early Permanence arrangements. Four of these were new-borns (including two relinquished babies whose mothers had chosen adoption for their baby) and one was an older sibling of a baby. The experiences of Early Permanence carers were very different to those

whose children had a placement order. The interviewees felt that they had not fully understood the legal and emotional impact of agreeing to an Early Permanence placement. Only one of the four Early Permanence carers had received any written information about the child before placement compared with all of the adoptive parents whose children were placed on a placement order. Early Permanence carers experienced high levels of uncertainty, with birth parents contesting the placement or changing their minds about consenting to adoption. The carers also had to manage contact visits, multiple professionals visiting their home, and one carer was informed that they were unable to access the adoption support provided by the RAA that was available to other adopters. Most of the carers reported that they were well supported by their child's social worker who also kept them informed about the ongoing care proceedings.

Placement

At the time of the final research interview, 21 children had been placed with 20 adopters and one placement had ended before the Adoption Order was granted. Nineteen of the children had been placed by their RAA. Three adoption orders had been granted. Parents with an order felt that they were no longer living with the uncertainty that the child might be removed and felt the order was beneficial for children too. Eleven of the 21 children were placed under a year old (seven of whom had no additional needs identified), six children aged 13- 36 months and four children aged 4-5 years old. Three of the 21 children were of minority ethnicity. Four infants had needed medical interventions in special baby care units after difficult births with uncertainty about the developmental impact. All the older children had identified needs such as speech and language delay, global developmental delay, and specific learning difficulties with education and health care plans being prepared.

Ten of the 20 adopters had expressed a willingness to adopt siblings but only one had siblings placed. Instead, seven of the ten had a single infant under 12 months of age placed. Adopters described how they had changed their mind during the assessment process when the challenges of adopting siblings were highlighted, were discouraged from adopting siblings by social workers or by the adoption panel or were linked with one child by the RAA when they had been approved for siblings.

Interviewees were asked whether birth family contact was occurring. Thirteen of the 20 parents had recorded at the end of their preparation group training that they were willing to consider direct contact with birth parents. However, the majority of plans were for letterbox contact (for those who were not Early Permanence carers) with just one direct contact plan with a birth mother, one face-to-face plan with siblings and one with an extended family member. Nine adoptive parents were dissatisfied with the contact arrangements. Adoptive parents wanted either the agreed contact arrangements to

actually start or for the frequency to be increased or wanted more information on the family.

Delay was a theme that ran through the previous report² and continued to occur during the linking, matching, placement, and adoption order stages. Delays were exacerbated by COVID-19 but there were also examples of delay prior to the start of the pandemic. The average time from being approved by the panel as an adoptive parent and the child/ren being placed for this group of interviewees was 18 weeks (range 2 - 44 weeks). Lengthy delays (pre COVID-19) in the children's social workers responding to enquiries from adopters about waiting children, inadequate and incorrect profiles of children on Link Maker, and the delayed placement of children, especially infants, were of particular concern in this group.

Eleven adopters were still waiting to be matched at the time of their last research interview and they had been waiting on average for 12 weeks (range 4-56 weeks). These adopters felt they were not being linked because of their older age, because they had birth children, or because they were not middle-class professionals and could not offer flexibility in their working patterns.

Adoptive parents were pleased that the adoption process continued during the COVID-19 restrictions. They commented positively on the speed at which RAAs adapted but they had missed the face-to-face interaction with their workers.

Adopters generally reported that placements were going well. Adopters wanted a balance, with social workers able to offer support where needed but also give adopters the space they needed to parent. Whilst most adopters were satisfied with the level of support they received, a minority felt that visits from social workers were superficial, and questions were not asked that would identify parents who might be struggling. Early difficulties were reported when the child would only respond to one of the adoptive parents and would not seek comfort from the other, usually the mother. Not being able to be the 'mother' they had expected to be, was distressing. One adopter had been able to talk about her feeling and had been supported by her adoption worker.

Post-placement support

Thirteen of the 20 adopters had received a written support plan. All had been offered support from RAAs including training sessions, counselling, and therapeutic social work support. Only one adopter was receiving an adoption allowance. Those adopters that had requested support wanted help with understanding challenging behaviour, writing letters for letterbox contact with birth family members and emotional support. Adopters were predominantly satisfied with educational support, but problems arose for two adopters

² <https://www.gov.uk/government/publications/evaluation-of-regional-adoption-agencies>

when children's details were not transferred at the time of placement, so adopters did not get their first choice of school. They reported that support from health services including health visiting and speech and language therapy was not as available as they wanted but recognised that those services were likely to have been reduced by the impact of COVID-19. Two adopters reported that children's health records were also not transferred in a timely way preventing registration with a GP. Adopters were asked what the most useful support had been: eleven mentioned the adoption social worker, four parents thought the foster carer, three thought advice from friends who had previously adopted, one parent identified the training, and another thought that the support from the whole RAA had been excellent.

Implications for practice

The following points have been developed directly from the comments of those interviewed and from our assessment as researchers of the implications for practice. It should be remembered that 31 adopters were interviewed who had expressed an interest in adopting a 'harder to place' child.

- Adoptive parents did not always feel supported at key points in their journey such as at the panel, during introductions, or when the child was first placed. These interviews suggest that additional support may need to be planned if social workers are part-time or are unavailable, to ensure that there is always a named person for adopters to contact.
- Attending the panel was viewed positively by most. Some adopters could have been better prepared for difficult questions such as about their weight. Space is also needed for prospective adopters to speak to their social worker in private during and after attending the panel, as outcomes may not always be positive or unexpected issues may arise. There should be a room available for private conversations before and after the panel. Toilets should be easily accessible.
- The Prospective Adopter Report has a dual purpose of being used by the panel in their deliberations and used by social workers and family finders when finding the best link. The Prospective Adopter Report's dual purpose was not always satisfactory from the point of view of the adopters interviewed. Agencies could consider a revised document co-created with the adopters for the linking/matching process.
- The waiting time between approval and linking/matching could be a difficult time for adopters. Interviewees who felt there was little communication from the RAA described lacking confidence in their capacities as time went by. Ways to keep waiting adopters engaged should be considered.
- Approved adopters described the linking and matching as a difficult process. There was a range of views from prospective adopters on whether they wanted to see one child's profile at a time or see lots of profiles. The range of views on how profiles should be shared suggests a blanket policy should be replaced by one based on an individual's preference.
- Interviewees found that using Link Maker to view profiles could be problematic especially if adopters received no feedback on children where they had expressed an interest. There were examples where minority ethnic adopters were advised to use Link Maker because there were no potential matches within the region and were left to do this on their own. Adoptive parents wanted help from social workers to select profiles and manage the system. Interviewees reported frustration with the lack of support. All adopters should be supported when using Link Maker and

given help finding an appropriate match, even when there are no appropriate matches within their own RAA.

- Meetings to set out the plan for introductions were viewed positively when prospective adopters felt fully involved in the discussions. Other adopters felt excluded by professionals and their needs and those of other children already in the household were not considered. Social workers should ensure that prospective adopters are fully included in planning, as we know that having a sense of self-efficacy is important for wellbeing and supports resilience. Workers should also ensure that the correct documentation is completed for the child's move. Delayed transfer documentation affected entry to school and being able to register with a GP. Adoption workers need to also check that children's savings are transferred from the foster carer. Getting a placement off to good start is important.
- The support of the foster carer was important for successful introductions and the transition to a new family. The model developed by UEA to support the move from the carer to the adoptive family is an example of good practice³ and adoptive parents prepared for the emotional impact on themselves and the effects of separation on the child.
- The researcher's assessment was that the preparation group training on attachment theory was not applied by most adoptive parents during the introductions and early days of the placement. They may have misunderstood the child's signals.
- Most of those who had stated they were willing to adopt a sibling group had a single young child placed. Prospective adopters' discussions with panel members, social workers and psychologists had shifted their perception about what was possible. Deciding not to adopt siblings may have been the right decision but may also have been due to feeling that their capacities were being questioned. Parents reported that professionals had told them it would be too difficult to place a sibling group as they were childless and had no experience of parenting. Other parents were told that siblings could not be placed with them as they already had children. RAAs need to examine current practice in relation to sibling placements and be sure that decisions are based on evidence and good assessments and not unconscious bias.
- Early Permanence is an effective way to ensure infants are placed with carers as quickly as possible. However, RAAs need to ensure that Early Permanence carers fully understand the legal ramifications, are provided with the child's permanence record (CPR) and are able to access the same level of support as any other adopter. Early Permanence carers are likely to need more support if there are

³ <https://www.movingtoadoption.co.uk/>

legal challenges. It would be preferable if Early Permanence carers were supported by social workers who are knowledgeable and experienced in Early Permanence arrangements.

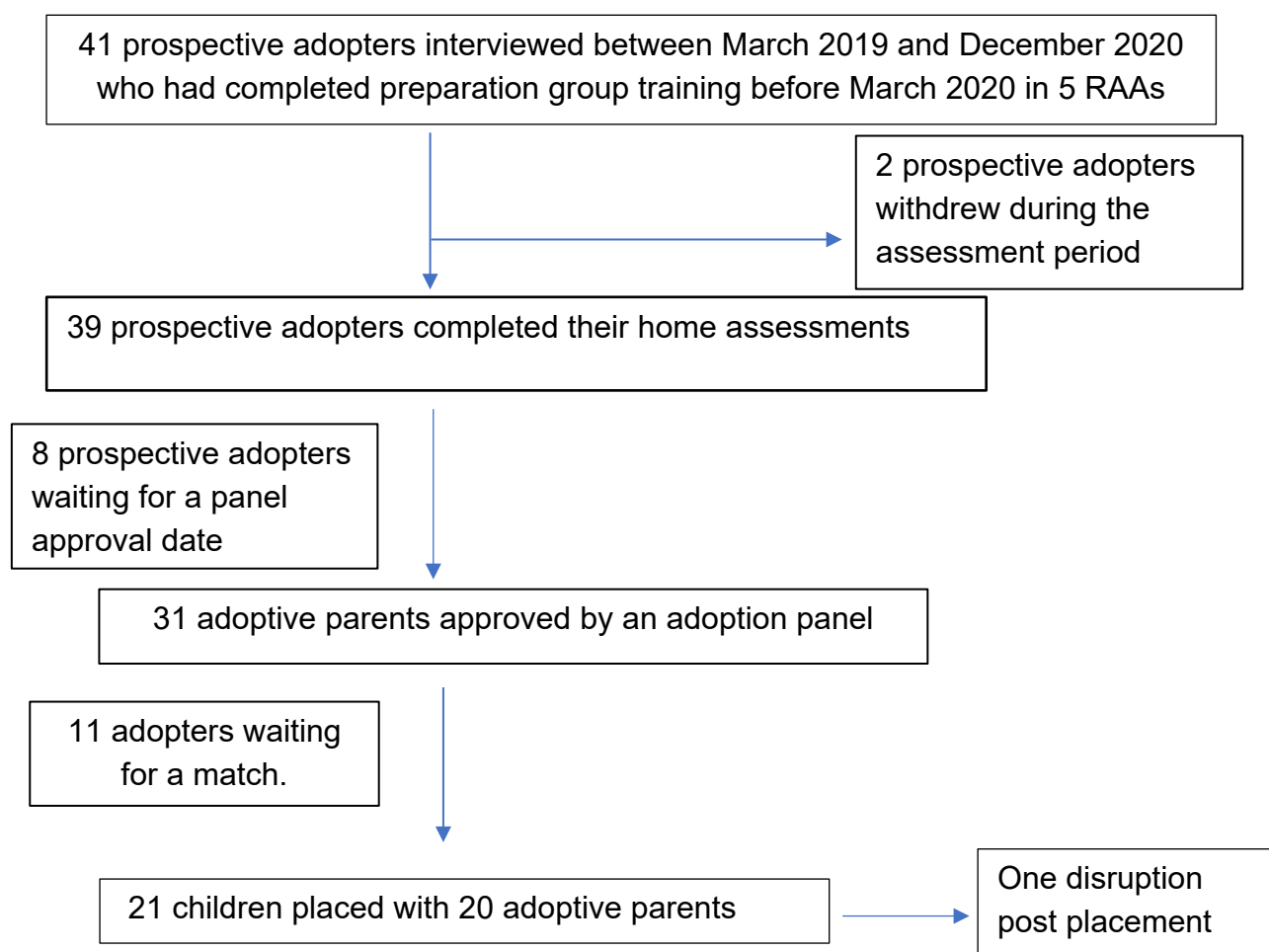
- There was evidence from those interviewed that birth and adopted children already living in the household were rarely included by professionals during the various stages of adoption. Children in the family often had little preparation and their needs were not considered. They had little involvement in the home assessment, the planning of introductions or thought given as to how Early Permanence placements might be understood by an adopted child already living in the household. There was one example of an adoptive parent's birth child being successfully included in introductions because of the COVID-19 restrictions and this approach needs further exploration. We know from disruption research and from research on the important role of birth children growing up in families that foster, that children's role can be crucial in the success of the placement⁴ Adoption practice with families where there are children already in the household is in urgent need of development.
- Social workers need to be skilled at assessing when an adopter might be struggling but also allowing enough space to allow adopters to get on with parenting. Parents found it particularly difficult when the child bonded with one parent and not the other. They found it hard to disclose feelings of rejection and feeling unwanted. Adoption workers should be aware of the possibility and ask during their visits if the child is seeking comfort from both parents and be prepared to offer reassurance and advice on promoting attachments.
- Support from the RAA was generally well received. However, some adopters reported that support and training events were taking place at 7.00pm – bedtime for young children and a very important time for adopters to be with their child. Training and support groups should be accessible and at times that are suitable for families.
- Health visitors also had an important role in supporting placements. RAAs should consider how information on adoption might be provided for health visitors in the region. Some families had not received the usual support from health services during the pandemic. RAAs might consider whether there needs to be additional information given or training sessions for adopters on the topics commonly covered by health visitors such as toilet training, sleep or eating difficulties.

⁴ <https://www.gov.uk/government/publications/beyond-the-adoption-order-challenges-intervention-disruption> and <http://www.education.ox.ac.uk/wp-content/uploads/2019/05/285281.pdf>

Background

This research followed the progress of 41 prospective adopters from 41 different households. They had completed their adoption preparation group training in five Regional Adoption Agencies (RAAs) between November 2018 and March 2020 and their views of preparation and assessment has been reported.⁵ Fifteen of the 41 adopters were interviewed once, 23 interviewed twice, and three adoptive parents were interviewed three times: a total of 70 interviews. Just over half (38) of the interviews took place before the country went into lockdown on the 23rd of March 2020 because of COVID-19 and 32 interviews occurred during periods of restrictions. At the time they were last interviewed, the adopters were at different stages of their adoption journey (Figure 1). In this second report we pick up the journeys of 31 of the 41 interviewees whose application to adopt had been approved by an adoption panel.

Figure 1: Interviewees' stage in the adoption process



⁵ <https://www.gov.uk/government/publications/evaluation-of-regional-adoption-agencies>

Limitations

Adoptive parents were selected for interview because at the end of their training, they had indicated that they were willing to adopt a child/ren who wait the longest to be placed (e.g., a sibling group, a child over 4 years of age or of minority ethnicity or with additional needs). However, the parents who were interviewed may not be representative of those willing to adopt children who are described as 'hard to place.' The accounts of social work practice reported may not be typical of practice in other RAAs or indeed within the sample RAAs. Although asked about recent events, interviewees recall may also have been affected by the passing of time or by wanting to give socially desirable answers.

The interview sample.

The 31 parents (age range 28-57 years old) had been approved by five RAAs: 21 were heterosexual couples, eight gay/lesbian couples, and two single parents. Twenty-five interviewees described themselves as being of White ethnicity and six of minority ethnicity. Ten of the 31 parents had children (range 1-3 children) already living in their households who were birth and/or foster children. One parent had previously adopted.

At the end of their preparation group training all the interviewees had expressed a willingness to consider a 'hard to place' child: 21 were willing to adopt a child of a different ethnicity and 17 prospective adopters would consider a sibling group or a child aged between two and eight years old. In respect of children's needs, 22 were willing to adopt a child who had been sexually abused, 18 a child whose parents had a learning disability, and seven a child with a disability. They also expressed an openness to contact with the birth family. All were willing to have letterbox contact, 20 prospective adopters were willing to have direct contact with birth parents, 23 with extended family members and 26 with the child's siblings.

Based on their matching preferences they were a group of adoptive parents who would be in demand for the many children needing an adoptive family.

Findings

The interviews were conducted with 31 adoptive parents (16 males and 15 females) via telephone or on Teams/Zoom calls. Adoptive parents were asked about their experiences of being approved by a panel, of being linked and matched, having a child placed and support post placement.

1. Being approved by the adoption panel as adoptive parents

The 31 interviewees had been approved as adoptive parents by an adoption panel. Nineteen parents spoke positively about their experiences at the panel although they had felt nervous. They described the panel as “welcoming” ... “friendly and professional”, with panel members helping to put them “at ease.” Two interviewees (in different RAAs) commented on the poor quality of the building where the panel meeting was held and a lack of privacy:

“It’s very much a building that’s in much need of repair ... it’s very dated.... If you wanted the bathroom you had to go right out of the building to go round to the other side ... You’re nervous as it is... you just want that accessibility... It’s something that could be easily rectified.”

“I had to sit in the corridor ... there was no privacy... I could see my social worker was getting anxious because we were sitting outside for so long ... She was in there for about 20 minutes ... [and when she] came out she was in a bit of a state ... There was a family there waiting to be matched so they had a baby sitting there in the corner with them. I couldn’t even say to her, ‘What’s going on?’”

A minority were less positive about their experience of the panel meeting. They described it as “intimidating” with “tough questions”. Two were upset by questions about either their own or their partner’s body mass index (BMI). One adopter described how she thought that being over-weight would end in rejection. She said, “The panel was absolutely horrendous... it completely traumatised me ... I was there for 2 hours getting grilled almost.” One of the panels gave applicants a question they would be asked a few minutes in advance, but an interviewee did not find this preparation helpful saying, ““Knowing about that question in advance made the answer no better. We just spent the time thinking about it rather than being in the moment.” Although the interviewees had some worries about the panel process all were approved and were able to focus on the next stage of being linked and matched with a child/ren.

2. Linking and matching

Linking and matching can be led by the adoption social worker, by the adopters, or a combination of worker and adopters. Interviewees in this study described their social workers/family finders sharing one or more children's profiles with them and asking if they would like to proceed. Adopter led matches happened through adopters looking at profiles of children (on the RAA website or externally via Link Maker) and letting their social worker know they were expressing an interest in a child. Adopters also attended activity days or information events to look at profiles. These events were organised by their RAA or sometimes a voluntary adoption agency and covered a wider geographical area.

For some adoptive parents, the link with a child happened very quickly. Others had longer to wait and eleven of the 31 were still waiting at the time they were last interviewed for this research. The average wait for those who had been linked was 63 days (range 1 day to 305 days). Quick links had occurred when social workers knew about a suitable child before the adopters had been approved by the panel. One interviewee explained, "It's classed as a matched child application ... Therefore, no other parents could apply for [our son], and ... we did things a bit quicker than normal." The experiences of adopters who had children placed under Early Permanence arrangements were different and are discussed later.

When links had not occurred quickly, adopters found waiting difficult especially after the flurry of activity leading up to the panel meeting. They described a "silence" and a lack of communication from the agency, and a feeling of abandonment ... "a little bit like you've dropped off a cliff." The waiting also led some interviewees to describe a loss of confidence in their abilities. One interviewee felt unprepared when an Early Permanence placement was suggested after many months of little communication from the RAA. She turned the placement down explaining, "I think because there's been that kind of gap... I panicked." Another adoptive parent said,

"In all honesty I think we've lost a bit of momentum and we need to get back to the swing of it, it's a bit hard when you know that this might not happen for a very long time.... I think that's something the agency need to think about in terms of how to keep you engaged."

One of the documents used by the panel in coming to their decision on approval is the prospective adopter's report (PAR). The PAR is also used by social workers and family finders when finding the best link. The PAR's dual purpose was not always perceived as satisfactory, as an adopter explained,

“As a marketing tool it doesn’t touch close to our capabilities ... We are both working professionals, we’ve got a very high level of education, we are very financially stable, and we’ve got an awful lot of life experiences between us. The social workers have basically seen that [high level of education, life experiences] as all negatives.”

Another interviewee noted that her PAR was discussed by a family finder without her or her social worker present. She felt that details were taken out of context and felt the family finder had misunderstood the length of adoption leave that she was able to take, thus limiting the range of children where a link might be considered.

Most prospective adopters were keen to be pro-active in their search for a suitable match and wanted to register on the Link Maker web site.

Link Maker

Link Maker⁶ is a tool designed to increase placement choice by providing an online placement platform to view children’s and family’s profiles. It is designed to improve collaboration between RAAs, local authorities and voluntary adoption agencies. Adoptive parents can access the platform only with the agreement of their social worker and view children’s profiles and create their own family profile. However, some parents expressed frustration when their access was delayed or refused by their worker. For example, one interviewee’s access was delayed even though she had been told there were no suitable children in the region. Another adopter, who wanted to adopt a sibling group and was willing to accept a child with complex medical needs, stated that she had been told she was “unsuitable” to be registered on the site, as it was for those wanting to adopt a ‘hard to place’ child. There was some inconsistency with interviewees from the same RAA appearing to have been subject to different rules about their use of Link Maker. Some adopters described being given access to Link Maker, whilst other adopters within the same RAA were discouraged by their social worker.

Prospective adopters who had birth children or their preference was for a sibling group or a preference to adopt a minority ethnic child were encouraged by their social worker to use Link Maker. These adopters thought that their RAA was unable to provide a match within the region. Yet, despite showing an interest in a child’s profile on Link Maker they spoke of long delays before receiving a response from the child’s social worker and sometimes no response at all. Adopters also found that sometimes children profiled on Link Maker had been placed within the child’s own RAA. Whilst this would likely be of benefit to the child, it was frustrating and upsetting for adopters who had felt a connection to the child’s profile only to find the child was already matched. One interviewee had

⁶ <https://www.linkmaker.co.uk/>

expressed interest in more than 40 children. He said that he had rarely been given a reason for his interest not being taken up and now felt “disheartened” and “flat”. Another adopter had been rejected for two different sets of siblings and had received no feedback as to why.

At the time of the interviews, none of those interviewed had been successfully matched with children through Link Maker. One adopter had been sent information on a child by Link Maker but had not followed up, as the information stated that a ‘same faith’ match was required. The adopter later met the child at an activity day where they discovered that same faith was not an essential criterion, and they were subsequently matched. Some suitable matches might be being missed if enquiries from adopters are receiving no response.

Adopter-led and agency-led matching

About half the interviewees were very pro-active searching for a link themselves by looking at profiles of children on the RAA website or on Link Maker or by attending activity days. They liked the opportunity for the linking to be adopter-led but being pro-active did not always go smoothly. One interviewee discovered that a baby whose birth mother had chosen adoption was waiting in foster care for a suitable family and had been for over a year. However, the participant felt that the response to his enquiry was “... a little bit lukewarm from our social worker. I don’t think she likes the idea that we’ve found something outside of the process.” At the time of the interview the baby was still in foster care.

Two interviewees (in different RAAs) mentioned that their agency had changed practice from sharing a range of profiles to showing only one profile at a time. Both interviewees expressed a preference to see the range of profiles that might create a “spark” or “connection” with a child. Another adopter attended an RAA exchange day event where she was able to view a range of profiles and was drawn to a child who was slightly outside of her initial matching preferences. She said, “We just fell in love with his profile.”

About half the interviewees wanted professionals to lead and preferred to let their social worker select suitable profiles of children. For example, an adopter found viewing many different profiles upsetting and had asked her social worker, “Could she only come to us with children that are a potential match rather than every single profile that she was putting us forward for?”

The links that were suggested by either the adopter or the social worker did not always proceed. Adopters felt troubled when they turned children down suggested by their worker because of a lack of ‘fit’. An interviewee said, “Having waited and tried so hard to have a child and then say, ‘I don’t want this one.’ - just tough. The social worker helped

us be strong enough to make that call.” More frequently, adopters were not selected for a child when they had expressed an interest.

There was also an awkwardness if adopters were being considered for a child alongside other couples who they knew from the preparation groups. The competitive element felt uncomfortable, and interviewees talked about managing their own expectations, “It felt better for us to know that we didn’t get our hearts set as they were just going to say, ‘No, the other couple is better’”. Multiple rejections were felt keenly by adopters, and they needed clear communication and support from their social workers. An interviewee said, “[Our social worker] reassures us that there’s nothing fundamentally wrong with us.” Nevertheless, prospective adopters who receive no feedback or guidance are likely to either give up or lose confidence and not be in a positive frame of mind if eventually matched.⁷

Attending activity days

Prospective adopters attended activity days both before and after they had been approved at the panel. The conversations that took place at activity days led to two matches that would probably not otherwise have occurred. In one example, an adopter had been alerted via Link Maker about a possible link but declined because the information provided suggested the match was unsuitable. The adopter later met the same child and his social worker by chance during an activity day, where more information was exchanged leading to the placement eventually going ahead. Another adopter described how seeing and speaking to the foster carers at the activity day had made a real difference, “We could just see ... if she fits in that family she could fit in our family. We really connected with the foster carers.”

However, whilst attending activity days led to matches, interviewees had mixed feelings about the events and seeing so many children needing a new family. Prospective adopters also felt that activity days could be improved by the agency sharing more information prior to the event. Information in advance would avoid adopters expressing an interest in a child where specific criteria would exclude them (e.g., emphasis on location or only sibling groups attending).

From linking to matching

Once a prospective adopter is linked with a child and the match is being considered, the usual practice is for the prospective adopters to meet with the child’s social worker and/or

⁷ Quinton D. (2012) Rethinking matching in adoptions from care, London BAAF

family finder. Interviewees spoke about these meetings and the support that was needed from their social worker before, during, and after the meeting:

“Our social worker was still sending details ... an hour before they all turned up. We were nervous as hell and the family finder asked us about therapeutic parenting and we stumbled [in our answer] as we were focusing on the child. Our social worker didn't jump in and help us at all...”

These meetings were perceived by some interviewees as yet another assessment of the adopter's capabilities. One interviewee said, “I think one thing we probably didn't realise, is even though it was going to be like an informal chat ... it felt like an assessment.... We felt the real assessment was [what happened in the meeting].” Adopters also spoke of bias and feeling they were judged because of their faith, age, or social class by children's social workers. One interviewee talking about her faith said, “That's the only time I felt like, if I say the wrong thing here, they aren't going to like it.”

Interviewees were given more information on the child as the link became a match. Parents were provided with the child's permanence report (CPR) and additional health assessments. Parents were also given the opportunity to talk to the child's foster carers and health professionals and raise concerns or questions:

“I felt that there was a lot of times where we were being asked, ‘Are you ok do you still want to continue?’”

“I felt like I could raise a concern in any part of the process.”

“We met with the health visitor, the [child's] social worker ... We heard first-hand about ... the reason why the children were removed and specifically about [his] background and how he was with his foster carers.”

Another interviewee who had been matched with an older child received helpful information from a child psychologist and said,

“It was very insightful because we watched a video for about an hour of him playing with the psychologist.... She was pausing the video at certain parts and adding narrative.”

When decisions about matching were being made by adopters, their understanding of attachment theory⁸ was an important factor in selecting their age preference. For example, an adopter said, “If a baby comes into the family at an early stage and he has that... attachment to us ... I think that’s going to be more beneficial to the baby.” Similarly, parents wanted to know how many placements the child had experienced, as one parent said, “She’s only been in one foster placement, which is a big positive from our point of view.”

Pre-meets

Nine of the 20 adopters were able to see the child they had been linked with before the matching panel. These pre-meets included: observing the child in a nursery or at a park, attending the child’s health assessment with the foster carer, and meeting the child and foster carer over a series of visits. Video calls and messages between adopters and foster carers were also common. Interviewees felt that pre-meets really helped during the next stage of introductions. One interviewee had a lot of contact prior to introductions and spoke about the positive impact saying, “[The child] could see that her foster carer... trusted us ... I think then it was easier for her to [trust us] The relationship with the foster carer is surprisingly critical for the introductions.”

Pre-meets gave adopters confidence that the match was ‘right’, and small moments took on a lot of significance. One interviewee said, “It was quite sweet in a sense that he made a beeline for us, kept staring at us, and wedged himself between us ... emotions started to go at that point.” Another adopter explained how meeting their son helped to confirm that they wanted to go ahead with the match, “When we first saw the profile we didn’t go, ‘This is definitely right’... we’re not people who are like that... but when we saw him, yeah it felt good... We definitely knew we wanted to go ahead with it.” Similarity of looks was also commented on by some adopters; “He has my husband’s eye colour, but he has my hair colour, so it’s a really good match in the sense of looks.... I think there’s a sense of identity... because we can see similarities there as well.”

Once the match had been formally ratified at a matching panel and by the adoption decision maker (ADM) there was a period of introductions before the child moved in.

Introductions

Planning meetings were held at the beginning of introductions. There were mixed views on whether the adoptive parents felt included in the planning with some feeling involved in the planning and others feeling that all the decisions were made by the professionals.

⁸ Forslund et al (2020) Attachment goes to court: child protection and custody issues. *Attachment and Human development* <https://doi.org/10.1080/14616734.2020.1840762>

There were also a few comments about a lack of consideration for adopters in the planning. For example, one interviewee was pleased when the foster carer highlighted in the meeting just how much travel was involved for the adopters and that the planned days were too long. The adopter appreciated the thoughtfulness and said, “We weren’t thinking of what the commute would be like for us or how tired we would be.”

Interviewees who already had a child/ren found that their children’s needs were not always considered. One interviewee described how the arrangements for her older child were set out by the family finder:

“She presented us with a timetable of our life for 10 days, and not just our life but our eldest daughter’s life as well. She [said], ‘Somebody else will pick her up from school that day’, I was like, ‘Hang on a minute! I’m her mother. I’ll tell you if somebody else is picking her up from school that day.’”

The interviewee felt that introductions should have been more collaborative and, with the support of the foster carer, argued for the acknowledgement of the other child’s needs. She said:

“It’s about the child that’s being adopted, but for the adopted child to be happy ... there’s got to be a good relationship between the child being adopted and the child that’s already in the home. And if it starts off by making the child that’s already in the home second place ... then that’s not a good place to start that relationship.”

In contrast, in a change of procedure due to lockdown, another interviewee was pleased that his older son was involved fully in the introductions and that it had been beneficial for everyone. He said,

“Having my son there from the beginning... I think ... might’ve helped ... in the evening you could curl up in front of the TV and discuss bits and pieces ... and my older son then felt a lot more involved.”

Parents highlighted the detrimental effect of delays in linking and matching on their birth children and wondered about what the best time was to involve them in the adoption process. One interviewee stated, “He’s been looking around saying, ‘Where’s my sister?’, for almost a year now and he’s getting quite frustrated and irritated by that. My general feedback is we engaged him too early.” Introductions were thought by adopters to be a good time to involve older children.

Most interviewees were happy with the length of introductions which ranged from four to fourteen days. Introductions that occurred in November were described as “rushed” in an

attempt to avoid the Christmas period while a few felt their introductions had been dragged out by adding several “mini-meets”.

Most parents spoke about how well they thought their child, particularly younger pre-verbal children, had handled the introductions. They spoke positively about how easily the child had gone to them, held their hand, and the child’s lack of distress during visits to the foster home. Interviewees did not appear to have *applied* their preparation group training and understand that most children under five years of age who have developed a secure attachment exhibit a healthy fear and do not readily interact with strangers.

A minority of adoptive parents were able to reflect on the impact of the introductions on the child. One interviewee spoke about how his own need to be viewed in a positive light by the foster carer led to the infant being constantly picked up rather than following the infant’s sleep/wake patterns. He said:

“During the introductory period he was always being handled. I don’t think either of us [adopters] had the guts to say, ‘Shall we just put him down on the rug and sit on the sofa and just see what he does by himself?’.... I thought it might sound ungrateful not to be holding him.”

Similarly, another interviewee felt that introductions were very tiring for his daughter; “It was tiring for her because there was a lot of ... high intensity play.” Another interviewee, who had an older child placed, felt that introductions had been confusing for the child, as they took place in a holiday cottage, “[The child said], ‘Where’s my room? What’s going on?’ ... and we had to do a lot of explaining and reminding him that this was a holiday cottage.”

3. Placements

Once introductions had been completed children moved into their new home. At the time of the last research interview, 21 children (13 boys and 8 girls) had been placed with 20 adoptive parents and had been in placement from a few weeks to nine months. One of those placements had disrupted after a few months, after the couple separated. The children were on average aged 18 months old when they moved into their new families (placed shortly after birth up to 5 years old).

Eleven of the 21 children were placed under a year old, six children aged 13- 36 months and four children aged 4-5 years old. One of the infants was placed with an older sibling – the only sibling group placement in this sample of adopters. Three of the 21 children were of minority ethnicity: one Asian child had been placed with a couple of the same ethnicity, another child placed where one of the adopters was of minority ethnicity but not

the same ethnicity as the child's, and the third child's parentage was uncertain and was placed with a White couple.

Seven of those placed under a year old had no additional needs identified. In contrast, four infants had needed medical interventions in special baby care units after difficult births with uncertainty about the developmental impact. All the older children had identified needs such as speech and language delay, global developmental delay, and specific learning difficulties with education and health care plans being prepared.

Early Permanence

Early Permanence carers have children (often but not exclusively newborn babies) placed where there is a plan for adoption that has not yet been ratified by the court. Early Permanence placements therefore by their very nature are less certain to continue compared with children placed with a placement order. Adopters described being left out of pocket for clothes they had bought when a change of plan led to the child not arriving. Several adopters (including those who went on to adopt children on placement orders) reflected on the emotional impact of preparing for a child that never came, especially when they had been given information on the child's background saying,

“In those few days we had incredible sadness in our house because we were all so invested in this little girl's plight.”

Four of the 20 adopters had five children placed under Early Permanence arrangements. Four of these were new-borns (two relinquished babies) and one was an older sibling of a baby. The experiences of Early Permanence carers were very different to those adopters whose children had a placement order. The Early Permanence adopters felt that they had not fully understand the legal and emotional impact of agreeing to an EP placement and one adopter said,

“Something that I think [the RAA] need to improve is their Early Permanence training ... It would've been ... really helpful for us to have more of an understanding of the legal process I feel we probably didn't consider it carefully enough.”

Interviewees felt that matching criteria was less stringently applied in Early Permanence. Links to babies that had recently been born and placements happened very quickly. One interviewee went to stay in the hospital with her son the day after she first heard about him:

“[My social worker] said ... ‘A little boy has been relinquished at the hospital ... would you like to be put forward for it?’ I said, ‘We would, Yes please.’ She said, ‘I'm not holding out much hope here’

Twenty minutes later ... I get another phone call to say, '[the child's social worker] picked you... and she will be interviewing you at 5 o'clock tonight'.... It was a life changing moment... she told us a little bit about him ... 'I'll meet you at the hospital at 9 am and I'll take you to meet him'."

Another interviewee was informed of a sibling group where an Early Permanence placement was wanted. She met the social worker, had a matching meeting the next day and saw the baby the day after that. Because placements happened so quickly, adopters could feel that once they were set in motion it was difficult to raise concerns or change their mind. One interviewee continued with the placement despite having reservations; "[We] kept going because it didn't seem possible to stop... I suppose you emotionally invest."

All the Early Permanence interviewees went to the hospital to see the babies. One interviewee first met the baby in hospital with the birth mother and attended a discharge meeting where she described feeling like a "rabbit in the headlights". It was not until the couple were able to spend some time alone with the baby that they felt able to start to bond. Two interviewees had to spend more time in hospitals because the babies needed intensive medical care. Staying by the baby's bed was extremely emotional and adopters were unsure of their role as they had no legal status in relation to the baby. One adopter described "staff at the hospital asking me for permission and I thought, Well I'm not technically anything until the placement starts, and even when it starts, I don't have any legal parental rights." Another Early Permanence carer spent two weeks in the hospital with a very sickly baby and at the same time the birth mother oscillated between giving consent and then withdrawing it. The situation was extremely challenging for the adopter who felt unsupported by her social worker and by the RAA.

As placements had happened quickly new information sometimes came to light, and this caused problems when workers were part-time, and adopters were unable to get support:

"There were a few things that came out of the woodwork.... Because our time at the hospital with her was over the weekend, we didn't have anyone to ask. The day we met her because it was a Friday and the child's social worker doesn't work and our social worker doesn't work [on Fridays] there was actually no-one to speak to until the Monday, which was the day that we took her home anyway."

The situation did not always get easier for adopters once they took the infants home. Adopters were juggling learning how to care for a new-born, multiple visits from professionals and in some cases contact with the birth family.

“Suddenly you bring home this little bundle...and you’re just so exhausted and nobody knows what time of day it is. All you know is that you’ve got this appointment.... There was a health visitor that came once a week... the special care baby unit ... [came] once a week, there was his social worker, my social worker... that’s already 4 visits in a week... I want this time with my baby... it was totally overwhelming.”

One adoptive parent described how she had to prepare the baby for contact with the birth mother less than 24 hours after taking the baby home from hospital,

“She came home in the afternoon, the next morning we had to have her at contact ... looking good and with our changing bag ... I don’t really know how we did it but somehow we did.”

Three of the four Early Permanence placements involved direct contact with a birth parent weekly or twice weekly. The contact could be challenging for adopters but also had benefits:

“It was hard work ... to drive across the city with the baby not sleeping... but I wouldn’t have wanted anybody else doing that either... I think I have so much story I can tell her when she’s older about all these contacts I’ve had with mum.”

Three of the four Early Permanence carers lacked written information on the child’s history and developmental/medical needs. One interviewee was informed that she was prohibited from reading the CPR until the court had made a placement order, another did not receive the information until the morning of the matching panel and the third had received no written information about the child six months after placement.

Early Permanence carers had to manage uncertainty, and most did so with the support of their social workers. For example, one parent said, “He just left us to get on with the parenting side of things, but I think he’s been quite good at lowering my anxieties around the whole foster to adopt situation He put things into perspective for me.”

Legal challenges from the birth parents heightened tension. One interviewee felt that the legal arguments did not consider the needs of the child saying, “None of it feels as though it is about him.” and that her perspective was ignored, “You’re like nothing... all of the uncertainty and none of the power.” Throughout some very difficult experiences, the adopter felt unsupported and unable to approach the RAA for help, “We can’t say we need help as then they might think we are not managing.” The interviewee also saw the trainers who had led her preparation group regularly in the street but felt unable to

approach them for support as they were not her worker. It is the researcher's view that the relationships built during the preparation groups between trainers and prospective adopters could be much better utilised. Another interviewee stated that she was told that she was unable to access the same level of support as other adopters because she was still a foster carer. There was an incongruity between Early Permanence carers' status of foster carers and their own strong feelings of being a parent; "Doing this foster to adopt I thought ... 'I can be professional about this'.... I don't see her as anybody else's child other than my own."

Adopter Matching Preferences

The interviewees had been selected because they had stated they were willing to adopt a 'hard to place child'. Their willingness to be flexible was also seen in their responses to questions on whether they would be open to contact with the birth family. Each of these aspects will now be examined in terms of how they worked out in practice.

Considering sibling groups

Ten of the 20 adopters who had a child placed had expressed a willingness to adopt siblings but only one had a sibling group placed with them. Instead, seven of the ten had a single infant under 12 months of age placed. An interviewee approved for siblings was matched by the RAA family finder with a baby. He stated, "It was strange because we had hoped for siblings, but as soon as we heard about [our child] we just felt it was the right thing, ... and she's been just wonderful, so it was absolutely the right match for us."

The adopters said they had considered a sibling placement because they had grown up with siblings or conversely had grown up as an only child and did not want to repeat that for their own children. Some of the older adopters wanted more than one child so that they did not have to go through the adoption application, preparation, and assessment again. Some of those interviewed had changed their minds about adopting siblings following conversations with social workers or psychologists. One interviewee described how the discussions "brought reality" allowing him and his partner to consider whether they could really manage siblings. Another interviewee felt conversations with the social worker and psychologist helped her to recognise that a sibling placement might have a negative impact on her older child.

The shift in perception about what was the best match may have been the right decision but may also have been a lack of confidence if professionals conveyed their concerns about the risks of sibling placements to parents. These concerns were conveyed to one interviewee during the panel meeting to approve them as adoptive parents. The adoptive parent said, "I think they [the panel] felt that going from no children to going to two is quite a big leap. I think they had some reservations about that, but they did eventually approve us for two." Following the panel, the couple changed their matching preference

to one child. Another interviewee also wanted to adopt siblings but was prevented as a psychologist's assessment concluded that the couple should only adopt one child due to previous experiences. The interviewee felt that the decision to prevent adoption of siblings was not well handled:

“Nobody had ever ... explained to us that having siblings wouldn't be a possibility... and then all of a sudden it was ... ripped away from us. It was done in quite a matter-of-fact manner. I don't think she understood the true impact that that was having on us.”

Another adopter whose preference was a sibling group had tried Link Maker and his own RAA but without success. He said, “[Our agency] have had quite a few sets of siblings but we were ruled out because where we live is regarded as too close.... So there haven't been a lot of siblings that our agency was able to put us forward for.” These responses suggest that RAAs need to consider how practice can be improved in the matching of adoptive parents with sibling groups. It is especially the case as at the time of our interviews in England there were at least 1,057 children waiting and recruitment campaigns had focused on finding families for sibling groups.⁹

Considering older children

Ten of the 20 adoptive parents had stated they were willing to adopt a child aged four years or older: four of the ten did have an older child placed while the others had children placed aged 0-2 years. The parents who did have an older child placed were less concerned with ensuring the child was as young as possible or had experienced fewer placement changes and were instead keener to ensure they knew as much as possible about the child's needs. This group of adopters thought that professionals would know much more about the needs of an older child. For example, an interviewee who stated her preference for an older child said, “We've not ruled out medical and learning issues altogether ... but we want to know what they are before we make that decision.” Other interviewees were drawn towards older children for reasons such as their work patterns, not wanting to experience broken nights or not feeling 'drawn' to babies.

Considering a child of minority ethnicity

Six of the prospective adopters were of minority ethnicity. Despite the size of RAAs and the urgent need for more minority ethnic adopters, only two of the six had been matched with a child at the time of the research interview. The two had been matched at the panel 213 and 272 days after the panel approved them as adoptive parents (average time 120 days for White adopters not seeking an Early Permanence placement). Two of the ethnic minority adopters had chosen to delay due to COVID-19 concerns and two had not been

⁹ <https://coram-i.org.uk/asqlb/data/>

matched locally by the RAA, one due to fear of being identified by the birth family. One interviewee said, “My family ... is very well established in this area ... there would be no anonymity around the whole process.” He was encouraged to use Link Maker but felt he was searching on his own without the support of his social worker and said,

“The family finding manager ... only looks at local kids. We feel as though we’ve fallen through the cracks a little bit. We’ve just been told to be patient, and something will come up eventually.... We were given access to Link Maker almost straight away after we were approved, and [told], ‘This is the main way you’re going to find a child’ ... We haven’t been offered any additional support ... I think from the chat forums ... a lot of people from ethnic minority background get a similar kind of, I don’t want to say treatment, but ... it perhaps takes a bit longer than for a White couple.”

Another minority adopter had a more positive experience. He also had to look outside of the region but was supported in his search by his adoption worker. The worker arranged for the couple to attend an activity day for minority ethnic children where they met the child that was eventually placed.

Three White adopters wanted to be seriously considered for a child of a different ethnicity to themselves. None had a child of minority ethnicity placed with them. One interviewee had spent time living abroad and this experience made him open to considering a child with a different ethnicity. He was later matched with a White British child. Another interviewee expressed an interest in a baby with a different ethnicity and felt frustrated when that baby was still waiting for a match after several months:

“A couple of children, who we’ve been keen to be put forward for, have got a different ethnic background to ourselves. We feel we haven’t been considered because of that.... There was a baby ... we showed interest in ... and our social worker came back and said, ‘They’re aware of you but they’re trying to find someone who will raise this child in their religion and is the same ethnic background,’.... Three months on and that baby’s still in foster care.”

Contact with the birth family

Interviewees were asked whether birth family contact was occurring. Thirteen of the 20 parents had recorded at the end of their preparation group training that they were willing to consider direct contact with birth parents. However, the majority of plans were for letterbox contact (for those who were not EP carers) with just one direct contact plan with

a birth mother, one face-to-face plan with siblings and one with an extended family member. Six of the children had also seen their previous foster carer since placement.

Nine adoptive parents were dissatisfied with the contact arrangements. Adoptive parents wanted either the agreed contact arrangements to actually start or for the frequency to be increased or wanted more information on the family. One adopter, who had very limited information about her children's siblings, said, "It's hard to know how much information we're entitled to know about them." Another adopter would have liked a face-to-face meeting with the birth mother but was trying to arrange the agreed letterbox contact with relatives saying, "We'd love letterbox contact... for [our child's] sake." One adopter was unhappy because letterbox contact had been agreed but had not taken place because of social work delays, "My comment would be that if they say that they're going to implement something by a particular date that it is done." Another felt that letterbox was an outdated method saying, "Who writes letters these days, especially young people? ... I don't know what the answer is... my gut feeling is probably more contact is a good thing in the long run, but I don't know what form that could take." Adopters were also concerned about the impact of letterbox contact on their children, particularly if the birth parents did not reply. Some adopters asked for support with writing letterbox contact and found the support provided helpful.

Adopters who had met a birth parent found this helpful saying, "It was a positive experience... We left with some things we weren't expecting, and it helped put a lot of things in context in how she wasn't able to look after him. We felt an element of sorrow for her." However, direct contact was also perceived as risky by the adopters interviewed. One Early Permanence carer facilitated direct contact with the birth mother, which then moved to video contact because of COVID-19 restrictions. The video contact was helpful but on one video call the adopter noticed another person in the background. She suspected that this was the child's birth father who was prohibited from contact with the baby due to the risk he presented. Another adopter had concerns about having a video call with the child's birth mother:

"The [social workers] keep trying to get us to do a video call, but if she's doing a video call by herself, she can easily take a photo of like me and my hubby.... That's our biggest issue. We want to do it face-to-face, but obviously at the minute with lockdown it's not happening."

The adoptive parent had a difficult relationship with the social worker and had not been reassured that the call could happen safely and would benefit her child.

4. Adoptive family life and social work support

Thirteen of the 20 parents could have made an application to the court for an adoption order as their child had been with them for longer than ten weeks. Most of those interviewed were keen to apply as soon as possible but also did not want to be pressurised to apply before the family were ready. Three adoption orders had been made. Parents with an order felt that they were no longer living with the uncertainty that the child might be removed and felt the order was beneficial for children too. An adoptive parent explained the difference it had made to her son, “He just seemed very proud and almost happy, I think he feels that he’s got a sense of belonging.”

Five parents had made an application, but their court hearings were delayed due to COVID-19 and a further five had not made the application, as they had been advised by their social worker of the backlog at court.

Two of the three interviewees with an adoption order had received a life story book for their children as had one other adoptive parent. None had received later life letters. One interviewee highlighted how the life story book had been helpful, “I do feel like it’s been good for [my daughter], it felt like she was really well settled before but, and it could just be coincidence ... I do feel like it gave her a little bit more grounding.”

Social work support before placement

Interviewees were asked about their satisfaction with social work support during introductions, matching, and during the child’s transition from foster care to their adoptive family. Most described social workers as providing the right level of support during these key stages although there were concerns expressed about the levels of support provided by part-time or inexperienced social workers.

During introductions, adopters liked workers who took a step back but maintained contact with adopters through texts, or ‘checking in’ so that adopters knew that they were there if needed. One interviewee felt well supported because, “We communicated with [our social worker] every day at the end of the day.” Another described the support from his social worker during introductions as “outstanding”. A minority of interviewees did not receive this level of support either because their social worker was called away to deal with a crisis or their worker was part-time. One interviewee described how, during introductions, an informal meeting was set up with extended birth family relatives at the weekend when no social work support was available. The adopter reflected that, “It could’ve been a bit of a risky situation.”

A few felt uncomfortable when it was time for the child to move from living with the foster carer to live with them. One interviewee commented, “It was quite emotional you know ...it’s almost like you’re taking a child away from them.” It was felt by this adoptive parent

that more training on the emotional impact of introductions would be beneficial. Adoptive parents were again very positive about the support from their adoption social worker during the child's transition from foster care to their home. Interviewees stated, "It wasn't the case we were doing this part on our own. There were lots of touchpoints with our social worker." ... "I feel like she's there for us."

There were however concerns that children's social workers had not completed transfer documentation in a timely way. The consequences were a delay to a child's entry at the start of the school term, delays in being able to register with a GP, and children's savings not going with them. One parent said, "As a foster child [she] was given a weekly allowance which we've not received... I think it's about £150 that we'd like to go in her bank account."

Most of those interviewed thought they had been well prepared for the child joining their family. They spoke about the importance of their earlier training but also that any training could only go so far. For example, an interviewee said, "You're prepared for it as much as you can be, but I don't think you're equipped enough emotionally to deal with it, and to take into consideration exactly what the first two weeks will be like." Adjusting to parenthood took time as interviewees commented:

"At first I think we did find the adjusting to ... having a little one ... in our house suddenly quite difficult. We both had little wobbles at times and got a bit emotional about it."

"I think mentally it's difficult, isn't it? You just don't know what's going to happen. "

Interviewees could feel unsupported when their social worker was part-time. The feelings of lack of support may have been exacerbated due to COVID-19 restrictions but one interviewee said,

"We have been feeling on our own in the second half of the week... they say we can ring any time but in general I don't think we've ever felt like we could ring.... I rang the office Friday 3 or 4 times, and it just went to voicemail every time... Then I emailed our social worker's manager... but I got her out of office, and I needed really to speak to someone before this morning."

Three interviewees reported difficult relationships with their social workers and felt the workers' lack of experience left them unsupported. One interviewee said, "We have a joke now between us ... If she rings us, what situation does she need help with? Which

is not a good situation to be in.” Another interviewee felt that the social worker’s visits were rather superficial as the questions and conversation were not designed to probe:

“I don’t think they’ve got a clear strategy on how to pick up on people who are struggling... I don’t think they’d have any idea if you wanted to keep it a secret - that you were finding this difficult.... Nobody ever has asked me a challenging question. No-one’s asked me a question like you’ve asked me today during the post adoption stage. They’re all just happy to see her smiling and that’s as far as it goes.”

The researchers found that social workers need to be skilled at assessing in a non-judgemental way when an adopter might be struggling, and to balance that with promoting confidence in parenting capacity yet allowing enough space to allow adopters to get on with parenting. One interviewee who felt well supported stated, “I think the social workers just used their common sense in terms of supporting us when we particularly needed it.”

Support from the child’s social worker was more variable. In some instances, good quality support from the child’s worker replaced what was lacking from the adoption social worker. Describing the support from children’s social workers, interviewees said, “She’s been in regular contact with us, and she’s been very good at kind of explaining where we are in the process and what’s next.” ... “Down to earth... quite relaxed ... I don’t have to worry if my child (he’s trying to walk) is going to fall down and hit his head or whatever ... She is just, ‘It’s normal, don’t worry it’s fine’.

Other interviewees reported that the child’s social worker was “less available” compared with their own social worker or was unsupportive. For example, attending meetings but staying only for a short time. One interviewee who had an older child placed explained that the child’s social worker was not working due to sickness and that the child had not received any statutory visits: “We felt supported by our social worker, but from [our son’s] perspective we felt that it wasn’t fair. We had to call the duty manager... to say, ‘Nobody’s come out to see him. Nobody knows how he’s feeling or what we’re doing.’” Older children had also not been well prepared for the move from foster care to their adoptive family. For example, an interviewee said, “There have been times when [he] got confused ... there was a period of time when he seemed to think that one of us [parents] was his brother, which we’ve had to explain to him.”

The turnover of social workers affected the infant placements. Two of the placed babies had already had five or six changes of social worker in their short lives. New social workers did not know the child and one adopter said, “I feel like I know more ... one of the social workers asked us to go through ... [from] the beginning of where she was born.”

Adopters who reported early challenges had children placed who were older than two years old. Parents found it particularly difficult when the child would only respond to one parent and not the other – suggesting that the training on attachment had not prepared them for a common behaviour. An adoptive mother described how she was struggling emotionally because the child was avoidant and rebuffed all her attempts to get close. She felt unsupported and misunderstood, particularly by the child’s social worker, but then described how her own social worker stepped in,

“There was one day I broke down in tears ... I said, ‘He won’t come anywhere near me’ so it did hurt... [Our social worker] did help us out quite a bit with that.”

Ten of the 31 interviewees had children living in their households before the adopted child was placed. Interviewees appreciated social workers who considered the needs of their older children and how they might be affected by another child joining the family. Parents were concerned that their children were easily forgotten, as all the focus was on the child being placed. There were examples of good practice as a parent said, “They’ve been really good about making sure she’s Number One.” Another example of good practice was an interviewee who had a primary school aged birth child. This child was given opportunity to speak to the social worker and a different worker at school. The parent said, “He’s got another outlet other than us as parents. He can talk to our social worker ... but also then he’s got the access at school.”

Post-placement support

The 20 adoptive parents who had a child placed were asked if they had received a written support plan. The majority (13) could recall receiving a plan but had to be reminded in the research interview of what a support plan was. Those who had received a plan were generally content, but some felt it was too generic and not based on the needs of individual children. A parent said, “There was a thing with boxes on it... It was really obvious things. There was no kind of detailed plan.... It was as basic as, ‘Register with the dentist’.... There was nothing specific for [our daughter] really.”

Interviewees had been visited by their social worker and commonly offered additional training, which moved online after March 2020. Adopters were positive about the offer but wanted RAAs to be mindful of the timing as a parent said, “I think they start at 7.00pm which is kind of bedtime... but it’s good to know that they’re there.” Some interviewees were offered counselling. One adopter explained; “We have talked about how post adoption depression is a thing.... We were offered some counselling... but we didn’t feel we needed to take it up.”

Since placement, a few parents had requested help with paperwork or support to understand and manage behavioural issues or support with letterbox contact. Most interviewees (14) were satisfied with the level of support provided by the RAA during the

early days of placement. For example, one interviewee praised the support she had received from the RAA on understanding the triggers for her son's difficult behaviour.

However, there was also room for improvement. One interviewee had struggled with a toddler during lockdown and felt that more social work visits would have been helpful. Another felt that the information received about the child before placement did not fully prepare him for his child's needs; "I think you anticipate how each child will be based on the information presented but in reality, it can be on a very different scale ... If anything, I would say sometimes you're not given the full picture." Another wanted more help with letterbox contact saying, "How do you write a letter to somebody who's said, 'Do not ever write to me'?"

Interviewees who had not yet requested additional support were confident that support would be available if needed. A parent said, "They've talked a lot about the post adoption support ... I feel very positive that it will be good, because of our experience of [our social worker] and the family finder." However, another interviewee in a different RAA felt that whilst support was available it was limited due to resource constraints saying, "I think sometimes it comes down to financial costs and whether its deemed... worthwhile for the child... I think the support is there I just think its limited at times."

Health services

Health advice and services appeared to be less available, partly because of the COVID-19 restrictions. Some interviewees were unable to have visits from their health visitor stating, "[The health visitors] aren't yet doing face to face visits, but we have had contact from the health visitor in our local area and I've got contact details for them if there's any issues that come up." There was evidence that some children who had been in foster care did not move to their new families with their 'Red Books' (Personal Child Health Record). The lack of a record detrimentally affected the service health visitors could provide. Parents said that they were unable to have a health visitor until the book had been received by community health services. Similarly, parents had difficulties when transfers were not completed correctly by the child's social worker and a child could not be registered with the family's GP. Limited support from health services concerned some parents; one was considering paying for a private appointment and another was disappointed with the one session of speech and language therapy offered for her child,

"He's had one session ... We got a little bit annoyed with that element of support.... We waited a long time for that assessment... and they said, 'We'll be in contact with you in about 4 months' ... and they sent a little pack to forward onto his nursery but of course COVID kicked in, so we've been doing it ourselves effectively."

There were also positive examples of support. One interviewee described how the health visitor provided support for her child but also for her; “We had the healthcare worker visit a couple of times just to see how we were doing and if there were any health issues that I wanted to talk about, or even anything that I wanted to talk about becoming a new mum.”

Education services

Most children were too young to attend school, but adopters were aware of the 15 hours of free childcare that was available once their adopted child was two years old. One interviewee commented that the 15 hours had not been entered onto the child’s adoption support plan, but they had been alerted to the provision by the child’s social worker and independent reviewing officer. She felt that the childcare provision was beneficial as it gave her “a little bit of head space.” COVID-19 restrictions did have an impact on educational support for one child as the adopter described how his son’s 1:1 support at nursery was stopped during the first lockdown, and the application for an education health and care plan (EHCP) had been delayed.

Getting a school place was problematic for two adopters. The correct transfers had not been completed by the child’s social worker and it took time and energy for the adopters to resolve. One interviewee expressed her concerns, “They had no idea he was a child in care, which makes me worry with his EHCP going to school. Will he be recognised as a child in care?” Another interviewee also struggled to get his child into his first choice of school due to area boundaries and conflicting information between authorities. With the help of the virtual school head the school place was obtained. Once children were in school, two adopters were positive about the educational support their child received such as support provided through the EHCP and advice from the educational psychologist to support the adopters with the child’s toilet training.

Financial support

Adopters were asked if they received any financial support such as funding from the Adoption Support Fund, a settling in grant, or an adoption allowance. The Early Permanence carers had all received fostering payments, although one had not received any payments for the first seven weeks of the placement. Adopters were aware of the Adoption Support Fund, but none had applied to it. None had received a settling in grant and just one was receiving an adoption allowance enabling the mother to take more time off work. One other application for short-term funding had been made but not yet agreed at the time of the research interview.

Informal support

Interviewees were asked whether they had kept in touch with the other parents they had met during their preparation training. Some interviewees had remained in touch, via WhatsApp or with individuals where friendships had developed saying for example,

“We’ve just been sharing our journeys, meeting up with the idea [our children] will have an adopted pal.” The majority felt it was difficult to keep relationships going as people were at different stages of the adoption process. There could also be tensions if people were “in competition” for the same child during the linking and matching stage.

Ongoing support from the child’s previous foster carers was praised. For example, an adopter said, “They’ve been amazing just in terms of encouraging us and reassuring us that we knew everything that they could physically possibly tell us about [our child], they’ve probably been the best source of support.”

Adopters were asked what the most useful support had been: eleven mentioned the adoption social worker, four parents thought the foster carer, three thought advice from friends who had previously adopted, one parent identified the training, and another the whole adoption agency.

5. Context and overview

Eight first interviews and 23 follow-up interviews took place between April and December 2020. Parents commented on the impact that COVID-19 had on their adoption experiences and their perceptions of how the RAAs managed during the pandemic.

COVID-19

The interviewees were living in five English regions that had different levels and lengths of restrictions. Comments about how RAAs handled the impact of COVID-19 were predominantly positive, with interviewees commenting on the speed at which RAAs adapted and their appreciation of being able to continue with the adoption process. Comments included:

“Within days [our social worker] said, ‘We’re going to do it on Teams. Do you know how it works? We’re learning as we go.’ ... We were so pleased that they kept things going. We were delighted.”

Although pleased to be continuing, parents also felt that it was more difficult to develop a relationship with their social worker when meetings moved online. For example, saying, “There’s a lot that you miss out on just in terms of the personal interaction... just a simple thing ... to offer someone a cup of tea and a biscuit ... It’s just very, very transactional.” Interviewees also struggled when software didn’t work properly, “It was difficult to talk... I had issues with Teams and that was the only means that we could use unfortunately.” One prospective adopter felt that use of video interviews had a negative impact on how their birth children could be involved in the assessment process:

“We left [our children] on Teams with the social worker for about ten minutes one day as she wanted to speak to them. And then they were given homework [by the social worker] to write up their views on adopting a sibling... After they’d sent that into the social worker, I think they were on Teams for about 5 minutes each. That was the level of interaction that they’ve had.”

The previous report highlighted the lack of preparation of existing children during the assessment stage so it is unclear whether the experience would have been different if the decisions on matching had been face-to-face. Given how difficult adults found it to form relationships over video calls, further consideration should be given on how best to work with children using this format.

Interviewees who were approved after the start of the pandemic were pleased that they were still able to attend panel. There were some benefits as attending a panel on Teams could be less daunting than attending in person, as one person explained: “I was nervous, but I think I may be found it a bit less daunting on Teams than going into a room with all those people.”

There was a perception by some interviewees that the matching process was taking longer due to court delays and a reduction in the number of placement orders being made. Some adopters attended online ‘adoption picnics’, which involved access to a secure website to allow adopters to view profiles and videos of children. These were perceived to be helpful but not the same as being able to meet the child and foster carers in person. After approval, two adopters decided to delay linking with a child because of the pandemic saying, “We had a bit of a hiatus during lockdown because we said with a four-year-old at home we didn’t think it was right to take another child in. It wouldn’t be fair on him.”

Matching and introductions did go ahead, although some interviewees experienced delay due to family finding meetings and matching panels being delayed (particularly if they were planned at the beginning of lockdown), or foster carers being nervous about having adopters visit their homes.

There were delays in adoption medicals, as one interviewee explained, “He hadn’t been seen by a doctor because of lockdown.... The medical advisers weren’t seeing children. Their reasons were that because they were wearing full PPE, they couldn’t do proper assessments Then it completely totally turned around and the paediatrician did see him.”

Interviewees whose introductions took place during the pandemic recognised that they were being undertaken in difficult circumstances; “When we knew that we were going to have to basically just sit in the foster carers house ... I was a bit concerned that that

might be intense.... But it was the best they could do in the circumstances... it was totally fine once we got to it.” There were also unexpected positives for some interviewees, for example the adopter who found it helpful that his older child was fully involved in introductions. One interviewee had an extremely challenging set of introductions; the introductions took place at the RAA offices, and the adopter had to remain physically distanced from the child. Whilst the adopter understood the reasons she said, “I found it very difficult to interact with the child without touching him.” The pandemic also appeared to have an impact on whether the adoptive family and foster carers met after placement. Restrictions, the rule of six and foster carers’ nervousness about meeting-up affected contact. Best practice suggests that continuity of foster family relationships can help children to manage loss and build trust in the adoptive family¹⁰, and this research suggests that the impact of COVID-19 prevented some of this continuity.

Once children were placed some social workers continued with face-to-face visits that often took place in the garden. Other ‘visits’ moved to video calls and were less frequent. Children’s social workers more frequently continued with face-to-face visits than the adopter’s social worker. Some adopters wanted more visits, particularly if they were struggling; “I quite like the visits because if you end up being at home on your own you get lonely. Maybe that’s because I can’t get to the [toddler] groups, so that’s why I’m saying that.”

Adopters missed the opportunity to mix with other adoptive families at social events hosted by the RAA saying, “I would have liked to have met other adopters in an adoption café style thing where I could go on playdates... but as soon as [my son] hit 3 months we were locked down.” Adopters would have liked more visits and more communication but recognised that RAAs were working in very challenging circumstances.

Face-to-face visits are important given the comments by some adopters that it would be easy to hide if they were having problems. The section on support has also highlighted the impact that COVID-19 had on receiving health care and education.

Delay

Delay was a theme that ran through the previous report¹¹ and continued to occur during the linking, matching, placement, and adoption order stages. Delays were exacerbated by COVID-19 but there were also examples of delay prior to the start of the pandemic. The average time from being approved as an adoptive parent and the child/ren being placed was 17 weeks (range 2 - 41 weeks). Ten adopters were still waiting to be

¹⁰ See <https://www.movingtoadoption.co.uk/>

¹¹ <https://www.gov.uk/government/publications/evaluation-of-regional-adoption-agencies>

matched at the time of their last research interview and they had been waiting on average for 12 weeks (range 4-56 weeks).

Five of the 31 approved adopters reported that their panel had been delayed. For some interviewees, this was a short delay due to requests for more information or staff illness. One interviewee felt that panel delays were unacceptable when she knew children were waiting to be placed and said, "Why on earth just not do another panel date in this month ... if you have all these children and the delay?" Two adopters experienced longer delays of three and five months due in one case to more information being requested and in the other their paperwork being lost.

There were also delays between being linked and the date of the matching panel. One interviewee was linked with an eight-month-old baby, but introductions were delayed as there were no matching panels over the Christmas/New Year holiday period. The interviewee felt frustrated about and said, "It felt like it was dragging on a bit, because obviously the sooner you get the child the better for attachment reasons, and the longer they stay with foster family they get more attached to them." This frustration was echoed by other interviewees who felt the child's timescales were not being considered:

"We actually had the agreement that we were going to the matching panel in the first week of March but went to panel on the last day of April. I will definitely say that that waiting was super unnecessary... From the social worker's point of view, they have to produce a document, but ... for that little child that two months is really a lot for their development."

"She's a relinquished baby and she's been in care for over a year... I feel they need to move her quickly... whether it's us or someone else she needs to get on with the rest of her life."

Adopters were also concerned about the impact of delays in matching panels on school aged children saying, "Any delay in him coming to us then obviously knocks back any school start." Another interviewee described how there were delays due to another child within the fostering household being placed for adoption at a similar time.

There were also delays in children being placed. One interviewee was linked with a twelve-month old baby, but the infant was not placed until 18 months old. The interviewee was told that this delay was due to COVID-19, but he also felt that his social worker contributed to the delay saying, "Our social worker... hasn't worked in adoption before. She's learning as she goes." Another interviewee experienced delays which were more stressful because of a lack of communication from the social worker, "There were

three or four weeks of silence, and then we heard that the foster carer wanted to adopt. That went on for three weeks before the foster carer withdrew.” Whilst these delays were small on their own, they added up to a significant period of development for the young child. RAAs need to be mindful that small periods of delay at the linking and matching stage, which may in some instances be unavoidable or seem insignificant, can add up to a significant amount of time.

However, some adopters appreciated short delays. One interviewee noted that she had been linked very quickly after being approved, and whilst the wait had seemed frustrating at the time, she had needed that time to prepare saying, “There was ... 2 weeks for them to prepare the paperwork for panel and then 2 weeks for panel so that was a slight delay, but in a way we kind of needed ... to get ready and leave work, things like that.”

Overall view of the RAAs

Most interviewees had a positive view of the agency. As we found in our first report on adopters’ experiences before they went to the approval panel, the quality of relationships with social workers was extremely important in informing the adopter’s view of the agency. However, levels of satisfaction with the RAA had decreased by the second interview, with 12 adoptive parents giving a positive rating of the agency compared with 16 who had a positive experience at the time of the first interview. Dissatisfaction increased as adopters moved through the adoption process, but the decline may also have been because of the pandemic and changes in the way services were being delivered. Meetings with the family finder and perceptions on how ‘fairly’ RAAs undertook the matching process had an impact on adopter’ views. Good communication and a trusting relationship with their social worker remained very important to adopters. Interviewees commented:

“[She was] ... contactable, really approachable, if we had any questions, we could talk to her about anything ... easy to get hold of.”

“Very good at communicating and has established a really good relationship with us.”

“We trust her judgement... and we felt happy and secure.”

Concerns arose when communication was difficult, such as social workers who were hard to get hold of or who did not reply promptly to messages. Poor communication was particularly significant during key times such as matching or when children had been placed, particularly if their adoption worker was employed part-time.

For three interviewees, a negative experience of the RAA during the assessment process continued to affect their view post-approval even after a change of social worker. One interviewee said, “I’m afraid after we had that horrible experience. I haven’t needed any [support], but you know I won’t until I complete it [the adoption], I’m not doing it yet because I’m afraid.” Likewise, another adopter found it difficult to move past the extremely negative experience of the assessment process and had multiple criticisms of the RAA:

“...The social workers and the agency need to be unbiased in terms of their perceptions of adopters ... We just didn’t have a great experience.”

Like the previous report, interviewees felt that difficult information was not always shared with adopters at the best time or in the best manner. One interviewee described how she received an email at 5pm advising that the application for the adoption order was being delayed. The email made the adopter feel anxious, “We were up all-night thinking, ‘Hang on, what’s wrong?’ But we couldn’t get in touch with anyone to ease us or anything like that.” An Early Permanence carer described how she was informed of the birth mother’s wish for her relinquished baby to be returned by text message. The social worker told her she had used a text, as she not been trained to have difficult conversations with adopters. Another adopter felt unsupported as his social worker was not experienced in adoption work, and he was left with uncertainty about how the process worked particularly when the link was delayed.

There were still several adopters who felt that the RAA did not yet feel like one agency. One interviewee commented, “It’s a massive shift bringing ... different LAs under one umbrella. I’m not saying it needs to happen overnight, but I think it probably needs to happen a little bit quicker than it is happening.” He gave the example that RAA workers were still using their old local authority identification cards. RAAs could also have different procedures in their region:

“It’s still very clear that it’s several agencies come together.... It’s what two and a half years in, so you expect them to be one body by now.... Some of the social workers want to shortlist before the adopters have seen the [profile] of the children, whereas others want to give you the [profile] before, so it’s all very confusing for us... We’re literally sat here going, ‘Which way are we doing it this time?’”

Whilst this suggests that there are still some practice issues that RAAs need to address to ensure consistency, there were fewer comments on this issue than in the previous report. One interviewee, who had friends who had previously adopted through a local authority, commented; “I quite like the fact that it works across the whole of the [area]...”

our friends have definitely commented on how much more quickly and how joined up it seems since it's been [the RAA].”

The previous report highlighted a small number of data breaches and adopters feeling that they were discriminated against during their assessment. There were also two data breaches in the period after approval. One adopter described how she met the child's paediatrician during matching, but the paediatrician had mixed up the questions they sent about the child with another couple and answered a different set of questions. More seriously, one Early Permanence carer reported how her contact details were sent to the birth mother. This led to a series of events which destabilised the placement.

There were also instances of interviewees experiencing bias and discrimination. One interviewee described how the meetings and reviews were helpful, but the jargon used was not. Looked after child reviews were referred to as 'LAC' reviews and the adopter said, "I think the LAC meetings were incredibly useful but just such a horrible name, it's like they're lacking something." Another adopter experienced homophobia during a looked after child review but felt unable to challenge this for fear of being perceived as an "aggressive lesbian." Two prospective adopters in different RAAs who had not been linked were concerned about whether they were being rejected for matches due to their age. Another two adopters, also in different RAAs, felt that the process was geared towards middle class adopters. One interviewee noted that the process assumed that adopters had flexibility within their jobs, "I think it's quite geared towards people of a middle-class background with that flexibility in their jobs, if you're working class you often have a lot less flexibility... it was quite restrictive... trying to juggle work, children and then volunteering."

6. Conclusion

This research followed the progress of 41 prospective adoptive parents in five RAAs from the point at which they ended their preparation training and as RAAs were forming into new agencies. The sample was selected based on the responses to a questionnaire completed at the end of training where prospective adopters indicated their willingness to adopt a child who was 'harder to place'. The parents may not be representative of those willing to adopt children who are older or from an ethnic minority or need placing as a sibling group. The social work practice they reported may also not be typical of practice by RAAs.

Those interviewed were mainly positive about their experience of adoption social workers and of the RAA. Since our last report, the problems associated with the transition to RAAs had decreased but there was still a lack of consistency reported in practice between and within the RAA teams. During the evaluation, RAAs also had to contend

with the challenges of COVID-19. Adopters were overwhelmingly positive about how RAAs had managed and responded to the unexpected and difficult situation.

Adoptive parents also had a lot to say about how adoption practice could be improved. Some of the areas that adoptive parents highlighted were not the responsibility of the RAA but the responsibility of the local authority and children's social workers. Lengthy delays [pre COVID-19] in children's social workers responding to enquiries from adopters about waiting children, inadequate and incorrect profiles of children on Link Maker, and the delayed placement of children, especially infants, were of particular concern. In this small sample there were two infants who had been in foster care for 12 months or more before being placed with their adoptive family. The interface between the local authority children's social workers and the RAA teams needs to be further clarified and the point at which the RAA takes case responsibility for the child should be reconsidered. A key finding was that in a group of adoptive parents who had been selected to be followed through their adoption journey, because of their expressed wish to adopt a hard to place child, only three had done so. Four of the six ethnic minority prospective adopters were still waiting to be linked, only one of the ten couples who felt they could adopt siblings had done so and most had had a single child under 2 years of age placed.



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