



# Practice guidance on assessing the support needs of adoptive families

Adoption and  
Children Act 2002



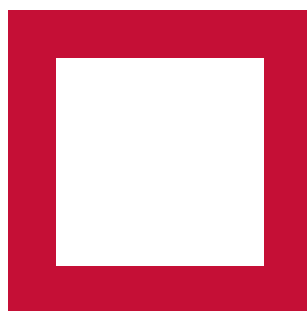
department for  
children, schools and families



**Author's Note**

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# Introduction

This is good practice guidance for frontline practitioners in England who are involved on a day to day basis in assessing the support needs of people affected by adoption. It was originally published on the DFES website in January 2005. This edition has been revised to reflect more recent research and developments on the use of 'holding techniques' and the use of specialist holistic, multi-disciplinary programmes. It is available on the DCSF website at [www.dcsf.gov.uk/adoption](http://www.dcsf.gov.uk/adoption)

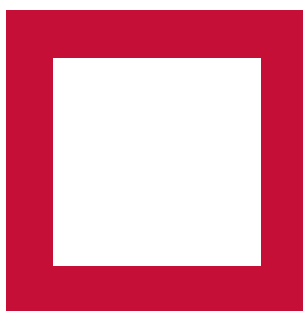
This guidance is based upon the child-centred model set out in the Framework for the Assessment of Children in Need and their Families<sup>1</sup> (*The Assessment Framework*). It is assumed for the purposes of this guidance that practitioners are already familiar with this assessment model or have access to someone who is. Section 1 shows how the underlying principles of the Framework for the Assessment of Children in Need and their Families can be applied to undertaking assessments within the adoption support context. Section 2 works through the domains and dimensions of the Assessment framework, looking at what would need to be considered in each area during an assessment of adoption support needs. Section 3 considers possible responses and interventions to needs identified during the assessment process.

There is a comprehensive bibliography which will be helpful if readers wish to be aware of the extensive research material available to inform this area of work. Lastly, there is a chart which illustrates how different evidence based tools can be used to gather information which can be used in assessments for adoption support. Readers may be familiar with these tools already; they may wish to use these or other tools already developed and in use in their own agencies.

Throughout this document the term 'adoptive child' has been used to allow for the fact that assessments may be made before placement for adoption, after placement but before the order is made, or at any time after adoption.

<sup>1</sup> Department of Health *et al*, 2000

## Section 1

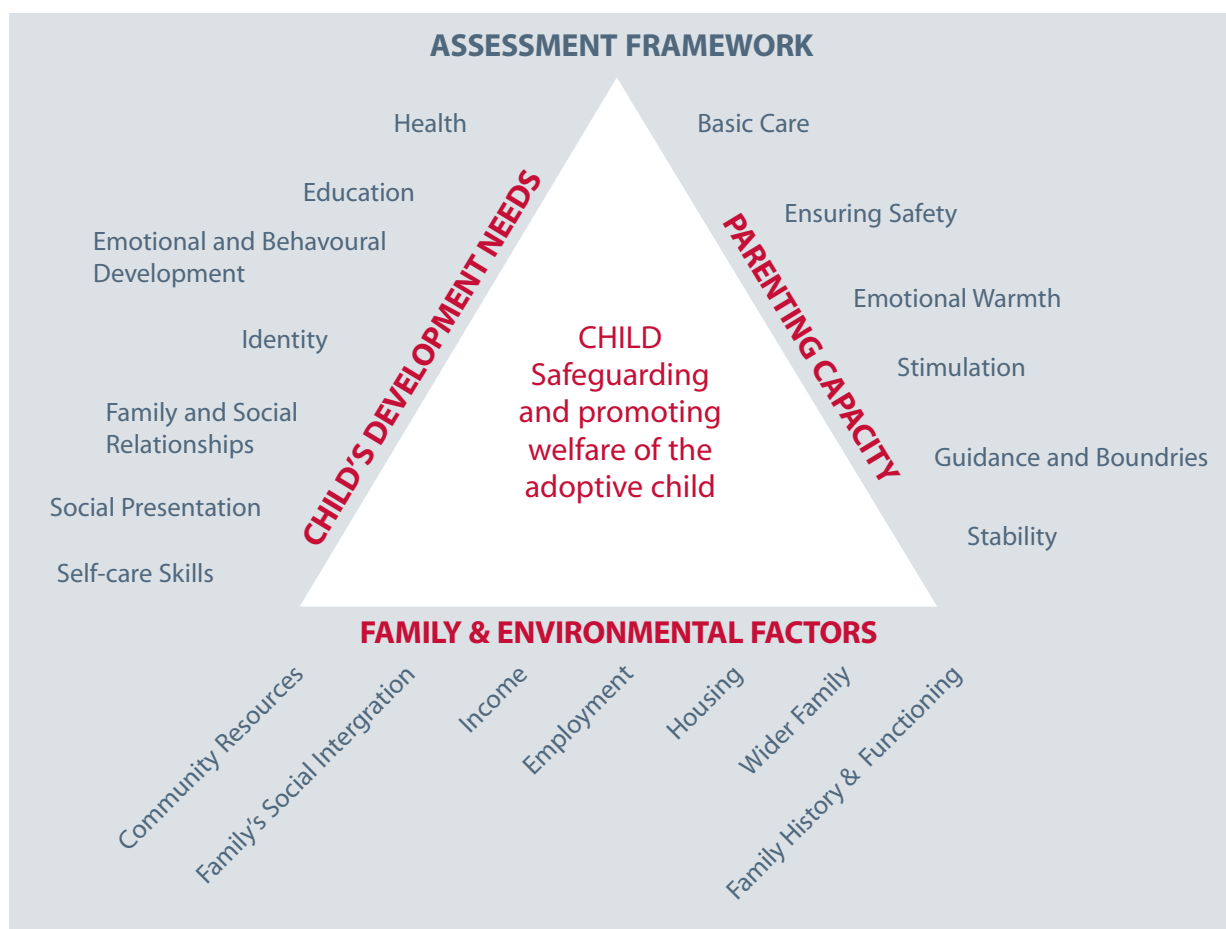


# Using the assessment framework with adoptive families

### **The Assessment Framework**

- The *Assessment Framework* provides a systematic way of analysing, understanding and recording what is happening with children and young people within their families and the wider context within which they live. It focuses on three inter-related systems or domains: the child's developmental needs, the capacity of the parents to respond to the child's needs and the impact of any family or environmental factors on the child's needs or the parenting capacity.
- The *Assessment Framework* and accompanying *Assessing Children in Need and their Families: Practice Guidance*<sup>2</sup> provide advice and guidance about conducting assessments with children in need and their families and should be referred to in conjunction with this practice guidance. This document builds on and adapts the conceptual framework underlying the *Assessment Framework*, to make it relevant for assessing the support needs of adoptive families (rather than birth families) recognising that there are many common elements in family assessment.
- The assessment of needs for support services should take into account the fact that the adoptive child is a member of the adoptive family but also has the heritage of having been born into their birth family. The past and current involvement of members of the birth family in the child's life and their impact on the child has to be incorporated into any assessment of needs for adoption support services.

<sup>2</sup>Department of Health *et al*, 2000



### Assessments should:

- Be child centred
- Be rooted in child development
- Be ecological in their approach
- Ensure equality of opportunity
- Involve working with children and families
- Build on strengths as well as identify difficulties
- Be a continuing process, not a single event
- Be carried out in parallel with other action and service provision
- Be grounded in evidence-based knowledge where possible

### Applying Assessment Framework principles to assessing needs for adoption support services

Application of these principles is important when assessing support needs. This includes:

- Giving adoptive children a voice
- Developing collaborative working partnerships with adoptive families and with relevant members of the child's birth family



- Taking account of the views of the adoptive child and adoptive family
- Considering the impact of diversity and discrimination at all stages of the assessment process
- Using approaches to assessment that engage and have relevance for all family members
- Using a range of approaches, including evidence-based approaches, rather than relying on one approach to ensure the quality and reliability of assessments
- Taking an inter-agency approach to assessment and provision of services

Each of these will be explained more fully in the following paragraphs.

#### *Giving children a voice*

- It is essential that children have a voice in the assessment process as appropriate to their age and understanding. Workers need to use approaches to communicating with children that encourage and enable them to participate in the assessment process<sup>3</sup>. Staff working with adoptive disabled children and their families always need to remember the importance of inclusion and of using age appropriate and adapted approaches for communicating with disabled children<sup>4</sup>.

#### *Developing collaborative working partnerships with adoptive families*

- Approaches to assessing adoption support needs should always focus on identifying and building on strengths in the adoptive family, which will enable them to respond to the needs of the adoptive child. Assessment should also take into account the unique and specific impact which caring for a child with high levels of need can have on family life. Adoptive children's difficulties can continue or emerge for many years after placement. The child's pre-placement experiences can result in behaviour and feelings that can challenge even the most resourceful of adoptive parents.
- Adoptive families have been through a lengthy assessment process before approval and may be apprehensive about a further assessment process. Adoptive parents are chosen for their strengths, resourcefulness and resilience and they may have a clear idea of the support they would like or they may have concerns that they wish to explore further. They may have been trying to deal with challenges relating to caring for their adoptive child for some time and blame themselves, or expect others to blame them, for not being able to resolve difficulties they may have. It is important for professionals to remember that whatever difficulties the adoptive parents report, they will continue to be the parents to the child and critical to the resolution of any problem<sup>5</sup>.

<sup>3</sup> Jones 2003

<sup>4</sup> Stalker and Connors 2003

<sup>5</sup> Archer 2000

- Workers therefore need to build a supportive working partnership with the adoptive parents and work with them to find out together what their child's and their own support needs are in order to plan a support package. It is usually helpful to start working with the adoptive parents by focusing both on their current concerns and the areas in which they feel they are doing well. The assessment can then move forward to assess the current needs of the child and adoptive parents, any relevant family or environmental factors and identify the interventions or support which would help to respond to those needs.

#### *Working with birth families*

- In some cases, an assessment of an adoptive child's support needs may involve working with the birth family. Where this is the case, workers should seek to develop a positive relationship with the birth family so that those concerned can work together in the best interests of the child. This may involve working collaboratively with the independent support worker for the family. The issue of on-going contact between the child and their birth parents (and how this might be supported) will be one of the key considerations in many assessments of support needs.

#### *The views of the adoptive child and adoptive family*

- It is essential to keep the views of the adoptive child and family members central in the assessment and planning process. Adoption support is only valuable if it relates to what the adoptive child and adoptive family want and can use. It is easy to assume that particular needs should be prioritised or that certain interventions would be helpful, without having asked the individuals concerned what they would like to happen and in what order.

#### *Considering the impact of discrimination and diversity*

- The diversity of patterns of family life, the role of friendship groups, of supportive birth family members and of other people who are significant to the child need to be understood. Assessment approaches should also seek to understand the adoptive child within the context of the previous families in which they have lived, considering the impact of any adverse circumstances, including disadvantage and discrimination, on both the child and family.

#### *Using approaches to assessment that engage and have relevance for all family members*

- The *Assessment Framework* focuses on identifying strengths as well as any difficulties. A balanced, evidence-based assessment – one that recognises resilience and resources in adoptive families and birth families, as well as addressing needs or difficulties – forms a sound basis for developing effective strategies for providing support and resources.

### *Taking an inter-agency approach*

- Adoptive children are often involved with a range of agencies. It is important to ensure that assessments of support needs are contributed to by those agencies involved in the development, delivery and review of support plans. Education and health services are central in supporting the specific needs of adoptive children and their early involvement in the assessment of support needs is crucial.

### **The process of assessment for adoption support using the Assessment Framework**

- The *Assessment Framework* provides the conceptual map for structuring assessments of children in need and their families in a variety of circumstances. Effective planning is based on good assessments and the key steps to using the *Assessment Framework* are:
  - collecting information about the needs in each of the dimensions in each domain, i.e. adoptive child's developmental needs, parenting capacity and family and environmental factors
  - analysing the relationship between the dimensions of each domain, e.g. how the different needs of the adoptive child affect each other (see section 3 – analysing information about needs as the basis for planning support)
  - analysing the inter-relationship between the domains, e.g. how adoptive parenting capacity affects how the adoptive child's needs are met, how any relevant family and environmental factors impact upon either the child's needs or the capacity of the parents to respond to those needs
  - analysing and summarising the assessed needs of the adoptive child and family
  - recommending and deciding what services will be most effective in responding to the child's identified needs and those of the family, highlighting the need for any adoption support services
  - identifying any concerns about a child's safety
  - where the request for support is limited to a particular area or problem, then it may be appropriate to collect and analyse information only in relation to that area.

### **Initial or Core assessment?**

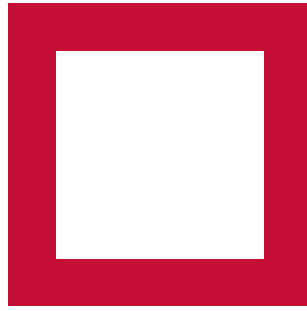
- Although an assessment may appear to centre around a specific issue, it may be helpful for the assessor to remind themselves of the range of other issues identified by the *Assessment Framework*. It may help clarify what support or service is required to respond to the problem or what further information may be needed.

- Alternatively, the assessor may feel they need more in-depth information before recommending a particular service or form of support, in which case they will move onto a core assessment. When using the *Assessment Framework* for a core assessment, the assessor may focus on certain dimensions more than others. Both initial and core assessment must look at the need for adoption support services.

### **Using evidence-based approaches to assessment**

- A chart of information which can be gathered through the use of evidence based assessment tools in assessing adoption support needs can be found at the end of this guidance and the references for all the assessment tools quoted are given in the chart.
- The assessment tools produced to support workers using the *Assessment Framework* provide a range of standardised evidence-based approaches to interviewing children and families and assessing their needs. They are helpful as a resource pack or tool kit in assessing support needs and can be used in various combinations and alongside other assessment approaches. Where agencies have developed their own tools for undertaking assessments they are free to use these.
- It is helpful to use a combination of approaches when making an assessment and this practice guidance recommends the use of evidence-based approaches as part of the process, so that assessments are based on clear and systematic ways of collecting and analysing information. Standardised approaches using assessment tools which are grounded in good practice and empirically validated help to provide results that can be well supported, i.e. the evidence on which professional judgements are based can be clearly communicated.
- Using standardised tools allows the comparison of needs across different contexts – for example, comparing the child's needs in their birth family, with substitute carers, their likely needs when joining an adoptive family and their needs once in placement.
- The assessment tools give information about specific areas of children's and adult's lives. They also give an opportunity to focus on significant areas and open up a discussion about the meaning of the person's responses in the questionnaire or scale being completed. Some include interview schedules to promote exploration of particular aspects of children's and families' experience. Training in the use of the assessment tools combines learning how to understand, score and interpret the findings from each of the assessment tools, as well as how to use them as a spring-board for opening up discussion as part of undertaking an assessment.

- The *Family Pack of Questionnaires and Scales* are particularly useful for opening up discussion with family members to explore particular individual and family issues. They include the *Strengths and Difficulties Questionnaires*, the *Parenting Daily Hassles Scale*, the *Home Conditions Scale*, the *Adult Wellbeing Scale*, the *Adolescent Wellbeing Scale*, the *Recent Life Events Questionnaire*, the *Family Activity Scales* and the *Alcohol Use Questionnaire* and can be used to provide an indication of possible areas of need or difficulty where support may be necessary.
- The *HOME Inventory* is a standardised way of interviewing a parent/main carer with the key child in the home by systematically talking through in detail a typical day for the child. It focuses on exploring and assessing the nature and variety of a child's day to day experiences, the quality of the child's home environment and the parenting capacity of the caregivers from a perspective that is as close as possible to that of the child. The *HOME Inventory* allows the worker to explore key issues about the child's care needs, parental responsiveness to the child and relationships with other family members. It helps to develop a profile of the child's needs within the context of adoption and to predict the level of support required to assist the family to respond to the child's needs.
- The *Family Assessment* provides a flexible approach to understanding children within the family context, which may be used with birth families, substitute carers and with adoptive families. The *Family Assessment* facilitates the exploration of key areas of family life including family organisation (roles and responsibilities, problem solving, decision making, managing conflict and relationships with the wider family and community); parenting (providing stimulation, nature of attachments and guidance, care and management of the children); how family members communicate; how feelings are dealt with; the nature of key relationships in the family and how identity issues are handled. The family history component of the Family Assessment allows for the exploration of the impact of the past experiences of individual family members in their current life.
- Fahlberg's *Observation Checklists* provide a useful guide to assessing both the attachment behaviours and the responses of caregivers for children from infancy to adolescence. Knowledge of Sheridan's Chart illustrating the developmental progress of infants and young children is useful in establishing and tracking how a child is developing and identifying areas where further assessment may be required.



## Section 2

# Understanding and assessing needs in adoption

### Introduction

- This section looks at the key themes in adoption which we have to understand if we are to assess support needs and plan appropriate support effectively.
- It is important to use any assessments that are available from previous contact with social services or other agencies, including any available from the child's records and the assessment of the adoptive parents. These may have used the *Assessment Framework* but in some cases, they may not.
- To date the *Assessment Framework* has been used primarily to assess children in need or children looked after where parental responsibility is held by the birth family (or in conjunction with the local authority). There is limited experience of using it in adoptive family situations. The important differences between birth family and adoptive family life will need to be taken into account when using the *Assessment Framework* to assess adoption support needs.

### **A DEVELOPMENTAL AND LIFESPAN APPROACH TO ADOPTION**

- Adoption has profound developmental and lifespan consequences for all parties in the adoption triangle – adoptive children, adoptive families and birth families. Assessments should take account of the stage of the relevant adoption process for those concerned and the implications of this for possible support needs.

- The adoptive family have developmental tasks alongside those of the adoptive child as outlined in the 'Adoptive Family Life Cycle' chart below<sup>7</sup>. Workers and many adoptive parents may find this useful in the context of assessing support needs.

### **Adoptive Family Life Cycle**

**(remembering that adoption may occur at any point 0-18 and different tasks may be relevant at different stages of the child's development depending on their age at adoption)**

<b>Stage</b>	<b>Adoptive Parent's tasks</b>	<b>Adoptive children's tasks</b>
Pre-adoption	<ul style="list-style-type: none"> <li>• Helping family members accept plan to adopt</li> <li>• Coping, where relevant, with loss, e.g. infertility and letting go dream of being a biological parent</li> <li>• Coping with another assessment</li> <li>• Anxiety re matching</li> <li>• Preparing for social stigma of adopting</li> <li>• Preparing for life-style changes</li> <li>• Coping with feelings about a child who is not the imagined child</li> </ul>	<ul style="list-style-type: none"> <li>• Coping with anxiety about loss of birth parents and uncertainty about future</li> <li>• Coping with anxiety about loss of current carers</li> <li>• Coping with anxiety about future adoptive parents</li> </ul>
Pre-adoption	<ul style="list-style-type: none"> <li>• Taking on identity of adoptive parents and finding acceptable role models</li> <li>• Developing realistic expectations</li> <li>• Integrating child into the family</li> <li>• Persisting with affection and establishing secure attachment even if faced by personal disappointment</li> <li>• Exploring thoughts and feelings about birth family</li> </ul>	<ul style="list-style-type: none"> <li>• Coping with changes to attachments with birth relatives and others</li> <li>• Developing primary attachments to new caregivers and secondary attachments with key members of wider adoptive family</li> </ul>
Preschool	<ul style="list-style-type: none"> <li>• Beginning the telling process</li> <li>• Creating an atmosphere conducive to openness about adoption and talking about birth family</li> </ul>	<ul style="list-style-type: none"> <li>• Learning elements of adoption story</li> <li>• Questioning adoptive parents about adoption</li> </ul>

<sup>7</sup> Adapted from Scott and Lindsey 2003

Stage	Adoptive Parent's tasks	Adoptive children's tasks
Middle childhood	<ul style="list-style-type: none"> <li>• Helping child accept the meaning of adoption, including loss of birth relatives</li> <li>• Coping with possible anger (especially directed towards adoptive mother)</li> <li>• Helping child develop a positive view of birth family</li> <li>• Managing any contact or communication with birth family</li> <li>• Coping with insecurity that 'telling' may engender</li> <li>• Worrying child may want to leave or not love adopters</li> </ul>	<ul style="list-style-type: none"> <li>• Coping with the losses involved in adoption</li> <li>• Exploring feelings about being given up by birth parents</li> <li>• Developing an acceptable 'story' about being adopted</li> <li>• Coping with stigma of being adopted</li> <li>• Validating dual connection to both families</li> </ul>
Adolescence	<ul style="list-style-type: none"> <li>• Helping young person develop own sense of identity</li> <li>• Recognition that traits may come from birth family</li> <li>• Accepting difference from some of their values and style</li> <li>• Supporting search interest and plans</li> <li>• Helping to develop realistic expectations of searching</li> <li>• Coping with feelings that young person may wish to leave home as soon as possible thus rejecting the love they gave</li> <li>• Differentiating typical adolescent behaviours from those attributable to adoption</li> </ul>	<ul style="list-style-type: none"> <li>• Integrating adoption into a secure sense of identity</li> <li>• Exploring feelings about search process</li> <li>• Finding balance between idealisation and vilification of birth parents</li> </ul>

### Birth families and a lifespan approach

- The impact on birth parents and the wider birth family of a plan being made to place a child for adoption is enormous. The traumatic effect of these experiences will continue to make an impact as the plan is put into effect, both pre and post adoption order. Supporting birth parents and families through this process and taking their needs into account in adoption support assessments is very important. While needs change in the course of time, the significance of the experience will never disappear.



## THE ASSESSMENT FRAMEWORK: CHILD'S DEVELOPMENTAL NEEDS DOMAIN

*Assessment of what is happening to a child requires that each aspect of a child's developmental progress be examined, in the context of the child's age and stage of development. Account must be taken of any particular vulnerability, such as a learning disability or a physically impairing condition, and the impact they may have on progress in any of the developmental dimensions. Consideration should also be given to the social and environmentally disabling factors which have an impact on the child's development, such as limited access for those who are disabled and other forms of discrimination. Children who have been maltreated may suffer impairments to their development as a result of injuries sustained and/or the impact of the trauma caused by their abuse. There must be a clear understanding of what a particular child is capable of achieving successfully at each stage of development, in order to ensure that he or she has the opportunity to achieve his or her full potential.*

*The Assessment Framework<sup>8</sup>*

### **Resilience and vulnerabilities**

- When undertaking an assessment of an adoptive child's support needs, it is important to balance their needs and their strengths against their vulnerability.
- Assessments of support needs, whether prior to placement or post-placement, should take into account the child's history and experiences to establish specific vulnerabilities they may have as a result of adverse experience. We also need to know the child's areas of resilience and strength that have resulted from protective factors in their birth family, in subsequent foster care placements or elsewhere. Such an assessment helps to assess the likely support a child will need when placed for adoption and to understand any difficulties post adoption.

### **The adoptive child's history**

- One of the core differences for adoptive families is that the child joining them will have memories, expectations and ways of relating based on their experiences in their birth families or other carers. These experiences may include separation, loss, abuse and neglect and other trauma. They may also include positive relationships, events and circumstances.

<sup>8</sup> Department of Health *et al* 2000

## HEALTH

*Includes growth and development as well as physical and mental well being. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.*

### *The Assessment Framework*

- **Prior to placement, a full holistic assessment of a child's health is required<sup>9</sup>**, in line with statutory guidance, 'Promoting the health of looked after children'<sup>10</sup>. Assessments should be multi-disciplinary and multi-agency to give a full picture of the child's current and anticipated future health needs and the support they are likely to require.
- **Adoptive children and young people should be involved** in discussions and planning regarding their health needs in ways appropriate to their age, stage of development and understanding.
- **Any known pre-birth factors should be taken into account** including exposure to violence (including attempted abortion), maternal illness, poor nutrition and the use of alcohol, tobacco and drugs<sup>11</sup>. Long-lasting negative effects on the child may include learning difficulties, low IQ, poor socialisation skills, poor co-ordination, memory problems and short attention span.
- **It is important to learn in as much detail as possible about any abuse, neglect, trauma, separations and loss a child has suffered**, as this may affect their future health and development<sup>12</sup>. We now know, for example, that children who have been traumatised at a young age may continue to live with strong feelings of fearfulness or aggressiveness as a result of the impact of seriously aversive experiences on their neurological development<sup>13</sup>. Medical and health information is, however, often incomplete and families may benefit from support in managing uncertainties surrounding an adoptive child's health.
- **Awareness of the specific health problems that adoptive black and minority ethnic children may encounter is essential**, for example, sickle-cell anaemia and thalassaemia. The potentially damaging effect of racism, marginalisation and isolation on children's mental health also should be recognised.

<sup>9</sup> Mather 2003

<sup>10</sup> Department of Health 2002

<sup>11</sup> Mather 2003

<sup>12</sup> Department of Health 2002

<sup>13</sup> Glaser 2000

- **Identifying any impairments an adoptive child may have** as early as possible enables effective plans to be made for their health and educational needs. Previous foster carers may be helpful sources of information.
- **The agency medical adviser has a vital role** in co-ordinating the collection of information, assessing health needs and providing advice and counselling to prospective adoptive parents or those with children placed. The family GP will have an even bigger role after the adoption order.

## EDUCATION

*Covers all areas of a child's cognitive development which begins from birth. This includes opportunities: for play and interaction with other children; to have access to books; the development of skills and interests; to experience success and achievement. This involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.*

*The Assessment Framework*

- **Success at school is a key element in the success of an adoptive placement.** The assessment of a child's cognitive development and educational needs in their adoption plan and gathering information obtained of subsequent progress should form the basis of planning any support.
- **Adoptive children's educational achievement may be affected by their past experiences of care.** School difficulties may be linked to learning or other disabilities, to earlier experiences of abuse, neglect or inconsistent parenting or to having many changes of school (and placement) prior to permanent placement. The primary responsibility for education support lies with the school and the LEA (including the SEN assessment process).
- **If educational difficulties are apparent or predicted, an inter-agency approach is necessary.** This often involves close work between adoption agency staff, education staff in school and the LEA and careful exploration of the links between the child's history, the adoptive process and the child's educational needs. The Adoption Support Services Adviser (ASSA) and other workers may have a role in liaising with the school and the Local Education Authority and for developing collaborative links between the different services involved.
- **Adoptive parents may need help to decide what information about the child's background is appropriate for teachers,** educational psychologists, school nurses and others to have to inform their assessments and develop effective strategies for support<sup>14</sup>. Parents have to be sensitive to their child's wishes and feelings when judging what to disclose, even on a 'need to know' basis, and decisions in this area are often finely balanced<sup>15</sup>.

<sup>14</sup>Department of Health 2002

<sup>15</sup>Prior 2003

- **Having an education advisor in an adoption agency** can be very helpful in providing consultation, liaison and support to all concerned regarding the provision of education for children being placed for adoption.

## EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

*Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes the nature and quality of early attachments, characteristic or temperament, adaptation to change, response to stress and degree of appropriate self-control.*

*The Assessment Framework*

### Attachment

- **Secure attachments form the basis for positive emotional and behavioural development** and are the bedrock of successful family and social relationships. Workers making assessments of support have to be able to recognise attachment difficulties in children and ensure that children and families have access to the advice and support they require, including appropriate specialist help.
- **Attachment, grief and loss are key issues for an adoptive child prior to placement with an adoptive family.** It is essential to assess a child's wishes and feelings about being adopted as part of preparing them for adoption and identifying the support they need to move on and settle into an adoptive family.
- **An adoptive child's attachment history is particularly important in understanding any current attachment difficulties.** Children often repeat their early attachment behaviours when they begin to settle into an adoptive family. Adoptive parents may require help in identifying and understanding an adoptive child's attachment behaviours and patterns in the context of the child's experience of previous significant attachment, so that they can develop strategies for helping a child build more secure attachments.
- **Adoptive children often develop significant attachments to foster carers** which need to be taken into account when planning support for transitions. On the other hand, some insecure attachment behaviours by children towards their foster carers are often mistaken as evidence of more secure attachments.
- **Taking a multi-agency approach to assessment at an early stage is likely to be helpful** if it is clear that a child has serious attachment or other emotional or behavioural problems. Part of the ASSA's role is to provide advice to parents or colleagues in their own or other agencies about the referral of children with more serious difficulties to more specialist therapeutic services, with specifically designed programmes to address these difficulties.

## *Loss*

- **Loss is an integral part of adoption for all parties** and affects adoptive children, birth families and adoptive parents (except perhaps for adoptive parents who have their own birth children). Adoptive children have experienced the loss of their relationship with members of their birth family and their capacity to attach to new caregivers can be affected if they are unable to grieve these and associated losses. Brodzinsky et al (1998) take a developmental or 'family life cycle' perspective on the theme of loss in adoption that can help to identify, understand and respond to a child effectively.

## *Impact of maltreatment*

- **Adoptive children's experiences of abuse, neglect, poor parenting or exposure to domestic violence are likely to affect their emotional and behavioural development.** Assessments for adoption support need to build on earlier assessments of the child and birth family. Adoptive children who have suffered neglect, for example, often recover their physical wellbeing quickly in the context of good care, but they can be the most emotionally damaged and amongst the most difficult children to care for. Children who have suffered maltreatment can show significant mental health problems.<sup>16</sup>
- **Children may show behaviours which provoke distress and even rejection in their new adoptive family.** They may be repeating behaviours which they developed in their birth family to adapt to experiences of family and social relationships which were frightening, unresponsive, abusive or neglectful. These behaviours may also be the result of exposure to risk and danger or to a family climate of high levels of conflict and disruption.
- **Adoptive parents should always be given as accurate, full and detailed information as possible about an adoptive child's background and history.** This should be presented in a way that makes clear the potential implications for a child's emotional and cognitive development and the difficulties they may encounter. Adoptive parents should be advised that this information will never be complete and everyday family life may trigger traumatic memories for an adoptive child.

## *Resilience*

- **Building resilience is key to recovery from adversity<sup>17</sup>.** Resilience comprises a set of qualities that help a person to overcome the effects of adversity. Resiliencies include self-esteem, self-efficacy, self-reflexivity, social empathy and autonomy<sup>18</sup>. Resilience can be greatly enhanced by the quality of the relationships and the environment in which the child grows up.

<sup>16</sup>Quinton & Rutter 1998

<sup>17</sup>Gilligan 2000

<sup>18</sup>Howe et al 1999

- **In order to develop resilience, children need:** (1) a secure base from which to explore (2) to know their story and develop a positive sense of their identity (3) to develop their self-esteem (the sense of how they measure up to their own expectations and those of people close to them) and (4) to develop a sense of self-efficacy (believing that one's efforts make a difference).
- **Resilience can be enhanced by a child's relationship with key people, both within their family and outside.** Resilience is promoted by school experiences that are positive and supportive including, for example, involvement in leisure activities, team and individual pursuits, volunteering, caring for animals, groups and so on.

## IDENTITY

*Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.*

*The Assessment Framework*

- **The development of a positive sense of identity is a key theme for adoptive children.** Children who are permanently separated from their birth families face additional psychological tasks in relation to developing their sense of identity<sup>19</sup>.
- **Identity development encompasses at least two key questions for an adoptive child. The first is to understand 'Who am I?'** This is essentially about knowing one's own history, including the history and characteristics of one's birth family. Life story books, memorabilia and other personal items are a key part of helping an adoptive child develop their sense of identity. Adoptive parents may value support in helping to use a life story book as part of responding to a child's identity needs. For an adoptive child, understanding information about their personal history and birth family is likely to involve incorporating information about difficult events and parental characteristics such as mental illness, substance misuse or abusive behaviour. Consideration should be given to how the adoptive child can be supported in incorporating this type of information into their history without undermining their self-esteem. This issue is primarily one for adoptive parents with their child although they may need help with this.

<sup>19</sup>Triseliotis et al 1997

- **Black and minority ethnic adoptive children and young people may face particular challenges in relation to developing a sense of their ethnic and cultural identity,** as they have to integrate the experience of being a member of two potentially marginalised groups. This is also true for disabled children. Adoptive children from ethnic minorities face potential difficulties in feeling a positive sense of their ethnic identity as a result of experiencing discrimination, marginalisation or the lack of opportunity to mix with people with a similar identity. This may be the case, even when children are in stable adoptions with loving and committed parents<sup>20</sup>. Children and their families may need help in understanding the impact of discrimination and/or racism, as well as adoption.
- **Children and young people who have been adopted by a family with a different cultural or racial identity to their own can feel particularly isolated.** Families may need support with developing parenting strategies, finding out more about the child's ethnic and cultural heritage and making contact with people in the relevant communities.
- **The second central question for an adopted child is 'Why was I adopted?'** This is about the child understanding his or her own history, but also involves questions about birth parents/relatives failing to care for child adequately or relinquishing a child. The child may question his or her own worth or whether he or she can be loved. For some adoptive children, even those placed as small babies, knowledge of their adoption brings about a multifaceted sense of loss and/or rejection.
- For young people under the age of 18, work on their early history and access to written information from their files must be thoroughly discussed with the adoptive parents and the child.

<sup>20</sup> Kirton and Wooger 1998

## FAMILY AND SOCIAL RELATIONSHIPS

*Development of empathy and the capacity to place self in someone else's shoes. This includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.*

*The Assessment Framework*

- **Developing positive family and social relationships is central to an adoptive child's sense of self-worth and their capacity to develop social relationships in later life.** Adoptive families may need support and advice in helping a child to develop friendships at school and elsewhere and develop their interest in other activities and interests.
- **A child's care plan should include accurate information about, and an assessment of, the pattern of family and social relationships,** including significant attachments and those relationships which provided the child with support and protection. Workers can then work in partnership with adoptive parents to develop informed strategies for helping a child with relationship difficulties.
- **Disabled adoptive children and their families can face many barriers in accessing otherwise universally available services or opportunities.** Adoptive parents may need support with ensuring that their children can take part in ordinary activities and opportunities that enhance their sense of identity and self-worth, for example, membership of clubs and school activities, going on school trips, going on holidays, taking part in sports or other hobbies<sup>21,22</sup>.
- Adoptive disabled children or adoptive children from black and minority ethnic groups may particularly wish to meet others in a similar situation, in which case support should be offered to facilitate this.

<sup>21</sup> DoH 2000, Argent 2003

<sup>22</sup> Richards and Ince 2000



## SOCIAL PRESENTATION

*Concerns child's growing understanding of the way in which appearance, behaviour and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and hygiene; and availability of advice from parents or caregivers about presentation in different settings.*

### *The Assessment Framework*

- **Adapting their social presentation to a new family context can be a slow process for a child, depending on their earlier history and needs.** Adoptive children may have lived with several families in the past and have had multiple influences and expectations in terms of appearance, culture, religion and other aspects of social presentation. The child's growing sense of self presentation and how to present socially will be affected by their past experience and we need to understand this in order to assess their support needs effectively. The Adoptive Family Life Cycle chart can help to assess progress and identify potential support needs in relation to social presentation.
- **Adoptive children may have difficulties knowing how to talk about being adopted.** Parents may require support and advice about how to help adoptive children to develop a narrative or 'story' about being adopted and how to deal with the reactions they may encounter. Children may need specialist help if they have serious concerns or problems with acknowledging or managing their adopted status.
- **Children who are 'different' in other ways as well as being adopted may face extra challenges.** For example, children with learning or physical impairments may face difficulties in learning about how to present themselves socially and need support.
- **Adoptive children from black and minority ethnic groups may have specific needs** regarding, for example, their dress, appearance, care of their hair and specific cultural or religious identity. Assessing and tracking their particular needs will be especially important when they are placed with adoptive families from a different cultural or ethnic background. Appropriate support can then be planned for the adoptive child and family where required.

## SELF-CARE SKILLS

*Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire problem-solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting the development of self care skills.*

### *The Assessment Framework*

- **Self-care can be an area where adoptive children need special help.** Some children, when with their birth families, will have had to take inappropriate levels of responsibility for caring for others, for example, their brothers and sisters or birth parents. Others have lived in family contexts where they did not learn self-care skills appropriate to their age and stage of development. It is useful to know this when related support needs arise later on.
- **Assessing a child's vulnerabilities and areas of strength and resilience** in developing self-care skills, based on an understanding of their early history and their response to subsequent care, helps to identify the support they require.
- **Parents may require support and guidance in helping an adoptive child develop the self-care skills and confidence that is appropriate for their age and stage of development.** This might focus, for example, on planning the steps towards greater independence for a particularly dependent child, or, alternatively, helping a child let go of their sense of responsibility for their brothers and sisters.
- **Occasionally adoptive parents' unrealistic expectations of adoptive children may mean they inadvertently support an unhelpful pattern of self-care in a child.** They may encourage them to remain dependent, or support an over-responsible child in caring for younger children. Parents may need help with looking at the impact on the child's development and developing alternative approaches.
- **Adoptive disabled children and their families may require specialist services, financial assistance and equipment to promote the child's self-care skills.** ASSAs have a liaison and co-ordinating role in securing access to appropriate services and resources.
- **Learning life skills may be a challenging developmental task for older adoptive children, because of their early experiences.** Adoptive parents and young people may benefit from advice and access to support groups and other resources to help young people learn how to develop independence skills.

## THE ASSESSMENT FRAMEWORK: PARENTING CAPACITY DOMAIN

*Critically important to a child's health and development is the ability of parents and caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to adapt to his or her changing needs over time.*

*The Assessment Framework*

- **There are many rewards in adoptive parenting** and an important focus of adoption support may be to help adoptive parents appreciate the positives in a child and their achievements, even if at times they seem small.
- **The additional parenting tasks and challenges involved in adoption require enhanced or 'parenting plus' skills, resilience and considerable emotional resources.** Working in partnership with adoptive parents, the primary aim is to identify areas where they may need help and then to identify the type of support or services that will best meet their needs. It is important that adoptive parents understand, from the outset, the high likelihood that their adoptive child will have some additional needs and that the provision of support is not a reflection on their parenting.
- **Three factors that have been associated with predicting breakdown in foster care<sup>23</sup> are likely to be relevant to the adoption context.** These are parental lack of confidence, behavioural problems in the child and the lack of an emotional link with the child. In a small but significant number of cases, the additional needs of an adoptive child will be extreme and adoptive parents may find their skills and energies stretched to the limit.
- **When adoptive parents request support later in placement, it is important to be sensitive to their needs and difficulties.** Parenting a traumatised child can have a serious impact on parental and family relationships and the self-confidence and self-esteem of adoptive parents can be severely undermined<sup>24</sup>. Parents may need help and encouragement to look after their own needs as well as those of their child. An awareness of the long-term impact of early trauma in completing assessments is essential.

## BASIC CARE

*Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.*

*The Assessment Framework*

<sup>23</sup> Sinclair 2002

<sup>24</sup> Burnell 2003

- **Providing basic care can provide challenges for some adoptive parents.** The poor quality of basic care some adoptive children received prior to placement may affect both their general health and their response to their new family environment. For others, their previous experiences of abuse may have led them to distrust or reject basic care in their new families.
- **Some adoptive children with attachment difficulties have a desperate need to try to control every aspect of their lives.** Parents may find that despite providing good quality basic care, there are battles over everyday issues, such as dressing, washing, cleaning teeth, food and mealtimes and bedtimes<sup>25</sup>. This may be due to anxiety, mistrust, poor self esteem, the need to feel 'in control' or underlying depression. Managing these struggles can be intense, persistent and exhausting and adoptive parents may not have the capacity to provide the care the child needs without support.
- **If there are difficulties over basic care, adoptive parents may need guidance about how to meet their adoptive child's specific needs.** It is useful to assess how far these needs are being met, the nature of any difficulties, the adoptive parents understanding of them, what the barriers are to the adoptive parents being able to modify their responses and the support they need to be able to do so. Financial support, practical help and short breaks may also be appropriate.
- **For adoptive parents of disabled children,** the amount of time and the physical and emotional energy required for basic care will need to be assessed, along with the range of resources available to the parents.

<sup>25</sup> Hendry 2002

## ENSURING SAFETY

*Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self harm. Recognition of hazards and danger both in the home and elsewhere.*

*The Assessment Framework*

- **Ensuring a child's safety is a universal parenting task but often has particular importance for children who have been maltreated.** Adoptive children who have received poor parenting or been actively abused often have difficulties in recognising dangerous situations and seeking out the care and protection they need. Adoptive parents need detailed information about a child's previous adverse experiences and the pattern of care-giving they have received, to be able to respond appropriately to the child's needs.
- **Considerable parenting skills are required to make sure some adoptive children are safe.** Children who have been sexually abused and/or seriously neglected may have developed patterns of behaviour which potentially place them at risk of harm. This can sometimes include the way they relate to adoptive family members. Some children with attachment difficulties are over-trusting of strangers. Others will have learnt to reject the help they need from their attachment figures when they are in danger or distressed. Assessment of the adoptive parent's understanding of the reasons for extra care needed to keep their child safe may reveal advice and training needs prior to placement or support to develop strategies if difficulties arise at a later stage.
- **Special care has to be taken with some adoptive children with learning disabilities to ensure they are kept safe,** because they do not always recognise physical or other dangers and disabled children are more at risk of being abused. Parents may need and value advice on how to approach issues of safety, while also encouraging independence.
- **Adoptive parents sometimes need support in protecting children from bullying and harassment.** This may be a particularly significant issue for adoptive black and minority ethnic children, disabled children or children who have difficulties in social relationships.

## EMOTIONAL WARMTH

*Ensuring that the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.*

### *The Assessment Framework*

- **All adoptive children have experienced separations and losses and have a particular need for consistent attuned and responsive caregiving from their carers.** Emotional warmth is essential for the development of the adoptive child's capacity to make supportive social relationships.
- **All adoptive parents hope that their adoptive child will respond to the emotional warmth they provide** and, in time, the majority do emotionally 'claim' their adoptive parents as parents. However, some adoptive children may not respond readily, if ever, to the emotional warmth provided by their adoptive parents. Parents may need specialist help or training to be able to provide the particular pattern of emotional responsiveness required to address the complex needs of some adoptive children.
- **Caring for adoptive children who are unable to respond to their adoptive parents' love and affection can prove extremely exhausting, frustrating and depressing for adoptive parents.** Understanding and supporting the parents and child in such circumstances is vital, challenging and urgent and usually requires a specialist resource. It is particularly important to look beyond what is immediately presented in the referral to the development of the problem over time and the impact that this will have had on the family. It is important not to enter into blaming or criticising parents or children in such circumstances. Part of an assessment of support needs involves identifying the level of difficulty the adoptive parents are experiencing to see whether they might benefit from specialist support. Over time, some adoptive parents may react to a child with serious attachment difficulties by becoming cut off or apparently rejecting. This behaviour is sometimes labelled as emotionally abusive before a sufficiently in-depth and 'adoption aware' assessment has been undertaken of the difficulties currently being encountered by the child and family.
- **The experience of caring for an adoptive child may reactivate unresolved emotional issues for adoptive parents.** In these circumstances workers need to be able to recognise the presence of such issues and to help adoptive parents to find the support and/or therapeutic help they need to address them.

## STIMULATION

*Promoting a child's learning and intellectual development through encouragement and cognitive stimulation and providing social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. This enables the child to experience success and ensures school attendance or equivalent opportunity. Facilitating child to meet the challenges of life.*

*The Assessment Framework*

- **Many adoptive children need extra stimulation, support, and encouragement** because they are delayed in their cognitive development or have significant gaps in their social development and experience. Parents may need support with developing skills in providing the specific stimulation, learning, play and social opportunities to help a child overcome barriers presented by the impact of earlier adverse experiences, or in responding to special needs related to physical impairments or learning difficulties.
- **Adoptive parents with a child with developmental delay or disability** may need assistance in understanding and supporting the developmental stage of their adoptive child. This may include parents learning how to communicate in ways that promote their child's cognitive development, following a careful assessment of the child's needs.
- **Adoptive parents may need specialist advice and support where they are caring for an adoptive child with more severe emotional problems, learning difficulties and other disabilities** (for example, a referral to a speech and language specialist may help the adoptive parents promote the child's communication skills). If this is so, then the assessment will need to be comprehensive and multi-agency.

## GUIDANCE AND BOUNDARIES

*Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance, which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable a child to grow up into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.*

### *The Assessment Framework*

- **Children require guidance and boundaries within a stable family environment** if they are to develop into secure, autonomous, independent and responsible adults. Many children adopted from the care system have lived in a context of family instability and inconsistent parenting which has affected their capacity to trust others and make new relationships
- **Parents may need help to set boundaries and provide guidance which supports the emotional and behavioural developmental needs of the child.**
- **There is evidence that parenting skills programmes are effective,** when they are specifically designed to help adoptive parents develop the enhanced parenting skills which their adoptive children may require.
- **Difficulties with face-to-face contact with birth families sometimes relate to the guidance and boundaries provided for adoptive children by their birth relatives** and an assessment of the support needs for those involved may be required.
- **Adoptive children may display behaviour at school or nursery which staff find problematic.** Adoptive parents may value support in liaising with the school (and, if necessary, the Local Education Authority and specialist sources of educational help) so that adoption aware assessments of the child's needs and plans for intervention are made.
- **Adoptive parents may have difficulty in managing guidance and boundaries when their children display aggressive and/or destructive behaviour.** They may require specialist help in containing the behaviour and responding appropriately to the child's needs.



## STABILITY

*Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to the child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.*

*The Assessment Framework*

- **Adoptive parents have the task of providing a stable family environment for adoptive children** who have experienced instability and disrupted attachments so that secure attachments can be developed. Adoption support services can enhance this process.
- **The transition of a child into an adoptive family is often a difficult time** and the adoption support plan should address the support the child and adoptive parents need to manage the child's transition as smoothly as possible.
- **Parents may need support in understanding their adoptive child's history and attachment difficulties** so that they can develop a pattern of parenting and care most likely to help their child settle and make attachments. When planning support, it is helpful to assess how far parents have been able to help the adoptive child to develop an attachment to them and to provide consistent emotional warmth in response to the child's changing needs.

## THE ASSESSMENT FRAMEWORK: FAMILY AND ENVIRONMENTAL FACTORS DOMAIN

*The care and upbringing of children does not take place in a vacuum. All family members are influenced both positively and negatively by the wider family, the neighbourhood and social networks in which they live. The history of the child's family and of the individual family members may have a significant impact on the child and parents. A range of environmental factors can either help or hinder a family's functioning.*

*The Assessment Framework*

- **The factors in the family and environmental domain provide the environment within which the adoptive child and family live.** They are central to the child's wellbeing and development and the adoptive parents' ability to provide effective parenting. Therefore they need to be taken into consideration in making an assessment of adoption support needs.

- **Adoptive families may need help from support services in any one of these areas.** Workers should work in partnership with families to provide or help them to access support. This may include liaising with the relevant agencies or supporting families in obtaining services.

## FAMILY HISTORY AND FAMILY FUNCTIONING

*Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.*

### *The Assessment Framework*

- **Adoptive children have the challenge of becoming a permanent member of an adoptive family** whilst still having a birth family with whom they have a history and which forms part of their identity.
- **Adoptive parents have the task of helping their adoptive child gain a sense of belonging.** They have to adapt family functioning to accommodate the needs of their adoptive child, which will be influenced by their past experience or history, while continuing to meet the needs of other family members.

### *Family history of adoptive family*

- **Sometimes a child's experiences can resonate with an adoptive parent's experiences.** This can affect the way they experience caring for the adoptive child and can make it harder to empathise with their adoptive child<sup>26</sup>. For example, an adoptive child's acute experience of loss can reawaken feelings of loss and grief for the adoptive parents. Adoptive family members may need help to explore troubling issues from their own past history if these surface as a result of aspects of caring for their adoptive child.

### *Family functioning of adoptive family*

- **Parents need to be supported and valued in maintaining their family life and relationships and given access to support if they run into difficulties.** Children may be fighting and arguing, for example, or parent-child relationships may be stressed or marked by arguments or difficulties in communicating. Adults may be having a difficult time as a couple or as parents. Single parents may feel overwhelmed or in need of support if children are particularly challenging or distressed.

<sup>26</sup> Brodzinsky 1987, Howe 1998

- **The support needs of birth children in an adoptive family may need assessment.** The relationship between birth children and adoptive children can be complex, especially if the adoptive child becomes increasingly aware and distressed about the differences in their histories as they grow up and both may benefit from support.
- **Understanding the adoptive child's past experiences, the family history and the functioning of the adoptive family helps to identify strengths on which they can draw and any areas of vulnerability for which they may need support.** There is evidence that hurt children, who import the experience of troubled and distorted family relationships, find the vulnerable aspects of their adoptive mothers and their relationships and expose those vulnerabilities. They do this in ways that the adoptive mothers would be unlikely to face with children who had not had those damaging early experiences in their birth families<sup>27</sup>.
- *There are many forms of adoption support that families may appreciate when their family life or relationships are under pressure, ranging from practical help through to specialist therapeutic help or counselling which may be needed to resolve family relationship difficulties.*
- *It is crucial that professionals offering support or therapeutic help are 'adoption aware' and can understand both the considerable impact on family relationships that a troubled adoptive child can bring and that unresolved issues from the adoptive family's past may be triggered by caring for their adoptive child.*

## WIDER FAMILY

*Who are considered to be members of the wider family by the child and parents? Includes related and non-related persons and absent wider family. What is their role and importance to child and parents and in precisely what way?*

*The Assessment Framework*

### *The wider adoptive family*

- **The wider adoptive family is very important in developing an adoptive child's sense of belonging, being appreciated, valued as a family member** and increasing their skills in social relationships. The wider adoptive family, friends and faith communities can also provide an important network of support for adoptive families.

<sup>27</sup> Steele et al 2003

- **Members of the wider adoptive family or friends can benefit from preparation, and support.** Sometimes family members, including grandparents and others, need help to understand how best they can support the adoptive parents. Good preparation and support can help preserve the family's own support system.

#### *Contact with the child's birth family*

- **Continuity and contact with their birth family can be very beneficial for an adoptive child.** The majority of contact arrangements for adoptive children with members of their birth family involve indirect contact. Only a small proportion of adoptive children are in face-to-face contact with their birth relatives<sup>28</sup> and this is more often with birth brothers and sisters than with birth parents.
- **Contact may serve a number of different functions for the adoptive child** which vary over time<sup>29</sup>. When assessing support needs related to contact, it is important to have a clear idea of the purpose of the contact, i.e. which particular needs of the child it is intended to meet. Children's wishes should be the central consideration when making plans for contact.
- **For contact to be emotionally safe, meaningful and purposeful for the adoptive child,** it has to be supported by an effective three-way relationship between the birth relatives, adoptive parents and the child or young person. Birth and adoptive families may need support in working out plans that most benefit a child and cause the least pressure for all concerned.
- **Birth parents in contact with their children who have been adopted should have their own assessment of support needs in relation to contact and their own worker.** Birth relatives may need support in managing or maintaining contact meetings or sending letters. There is considerable research evidence to suggest that sustaining quality contact with adoptive and looked after children can be very difficult for birth relatives because of practical and emotional barriers<sup>30</sup>.
- **Contact with birth brothers and sisters can be very important for adoptive children and may need to be prioritised.** There is a crucial role for workers in assessing how those concerned can be supported in maintaining and adapting contact arrangements to meet children's changing needs.

<sup>28</sup> Rushton 2003

<sup>29</sup> BAAF 1999

<sup>30</sup> Masson *et al* 1997, Milham *et al* 1986

- **Contact can be one of the more stressful aspects of adoption for children, adoptive families and birth families and can at times pose a risk to the stability of a placement.** Adoption workers have a key role in assessing changing support needs relating to contact. Mediation and negotiation may be required to reach agreement over new contact plans. Birth relatives may need support in maintaining or relinquishing contact, especially if there is a change of plan. A very useful summary of research<sup>31</sup> on contact issues sets out a transactional model for thinking about contact and making plans that are appropriate in the specific circumstances of every child's case.
- **In the context of a previously abusive relationship, an adoptive child's refusal to have contact,** even indirect contact, must always be taken seriously and the benefits of contact and any additional support needs may need to be reassessed.
- **Contact arrangements will need to be reviewed over time** to take account of the changing developmental needs of the adoptive child or changes in the adoptive or birth family circumstances. The child's needs in relation to contact are paramount but mediation skills may be helpful in implementing the contact plan.

## HOUSING

*Does accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members?*

*Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.*

*The Assessment Framework*

- **Appropriate housing is very important.** Housing may need to be extended or adapted, for example, to accommodate the needs of a large sibling group or adoptive children who need their own bedroom.
- **The housing needs of families in relation to disabled children needs careful assessment.** Adoptive children with mobility impairments may have special needs regarding space.
- **Problems in sibling relationships may have been identified.** Children who have been sexually abused should not usually have to share a room at any age and in cases where there is a high level of concern about this issue it may be appropriate that alarms on bedroom doors are fitted so that children cannot move from room to room undetected.

<sup>31</sup> Neil and Howe 2004

- **It is important to recognise and respect cultural differences where appropriate.** For example, in many Punjabi families, siblings sharing a bedroom is viewed as desirable and such customary practices should be taken into account when assessing support needs.

## EMPLOYMENT

*Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.*

*The Assessment Framework*

- **The time, attention and enhanced parenting skills required** by children with significant emotional difficulties, impairments or learning disabilities can impact on the work pattern of adoptive parents.
- **Preparing adoptive parents to be aware of the possible impact of the adoptive child's ongoing needs** on their employment is part of the process of assessing support needs for the placement plan. Parents have to have enough information about a child's needs to be able to be realistic about how their work patterns may affect their capacity to meet those needs. If changes are required, they may need support in achieving these.
- **Adoptive parents may need financial help or advice if, for example, their adoptive child's care needs change and one parent has to give up work unexpectedly.** Adoptive children may not, for example, adjust readily to ordinary nursery care, childminders, after school clubs or holiday schemes or staff may not be equipped to handle their special care needs. An extended period of care by one or other parent may be required until the child has become secure enough to be able to handle care by others.

## INCOME

*Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to family are used. Are there financial difficulties which affect the child?*

*The Assessment Framework*

- **Making sure adoptive parents have access to information** that helps them access statutory leave and pay arrangements and other allowances and benefits is a vital part of an adoption support service.
- **Financial barriers should not be the sole reason for an adoption failing to go ahead, or to survive.**

- **Caring for adoptive children usually involves extra costs to meet their additional needs.** Some forms of emotional disturbance are costly to manage, for example, bedwetting, soiling and destructive behaviour. If the child needs constant one-to-one care, help with housework tasks may be required to ensure that the child receives the attention needed. Additional therapy or extra activities for a child may be needed.
- **Adoptive children with special needs such as disabled children and their families may be entitled to particular benefits** and adoptive parents should be given any information and advice they may need to access those resources. For instance, it can cost up to three times more to raise child with disabilities than a child without disabilities<sup>32</sup>.
- **It is important to ensure that adoptive families are helped to access benefits to which they are entitled. Local authorities should ensure that adoptive families are aware of and taking advantage of all benefits and tax credits available to them.**

## **FAMILY'S SOCIAL INTEGRATION**

*Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents.*

*Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.*

*The Assessment Framework*

- **Adoptive children may need help to make new friends and feel comfortable in their new surroundings.** Liaison between adoptive parents and school or nursery staff is often important to develop a coherent plan for helping an adoptive child to integrate more successfully and to be able to hold their own at school.
- **New adopters who have not had children of their own can feel marginalised** and different. They may need help making contact with other families with children of the same age in their community and to locate support groups and training with other adoptive parents.
- **Adoptive parents of minority ethnic backgrounds** may need help to access relevant information and services that are sensitive to their ethnic, cultural and linguistic needs.
- **Adoptive parents of children who have a different racial or cultural background from them** may need access to information about relevant local minority ethnic communities and resources or activities for black or minority ethnic children and young people. They or their adoptive children may need support in helping to manage and counter any experience of racism and discrimination.

<sup>32</sup> Argent 2003

## COMMUNITY RESOURCES

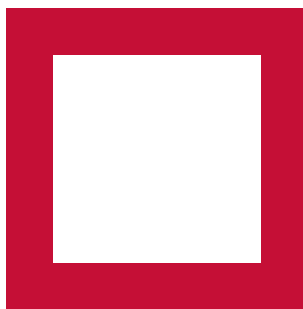
*Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on family, including disabled members.*

*The Assessment Framework*

- **An extensive range of multi-agency community resources are required to support adoptive parents** to help the adoptive children they care for achieve their full potential. More children are being adopted at a later stage and their needs are often more complex than those of younger children.
- **Adoptive parents have to be able to access community resources** on behalf of their adoptive child and may require support to gather information, make contact, advocate for their child or overcome barriers to access services. This is particularly important when adoptive children have special needs, for example, as a result of physical, sensory or intellectual impairment, inter-country adoption or particular health care needs.
- **A thorough knowledge of available local community resources** is needed to ensure that the support needs of adoptive children and families are matched with the appropriate community resources.
- **An effective adoption support service needs to have access to an integrated network of social care, education and health services** working in a co-ordinated and collaborative way.
- **Managers of support services have a responsibility to plan in partnership** with other agencies to ensure that universal, targeted and specialist services are equipped, sufficiently co-ordinated and 'adoption-aware' to be able to respond to the needs of adoptive children and their families.



## Section 3



# Responding to needs

### ANALYSING INFORMATION ABOUT NEEDS AS THE BASIS FOR PLANNING SUPPORT

Planning support for adoptive children and their families should be based on a careful analysis of the information collected about the child's developmental needs, related adoptive parenting capacity and relevant family and environmental factors. In making an analysis and assessment of the needs of the adoptive child and family, the worker will have access to the relevant files, those people that know the child and the future adoptive parents. They will then need to analyse and bring together that information in a comprehensive, balanced and meaningful way. This work should be done in partnership with the child or young person and their adoptive parents. The following questions are helpful in assessing and analysing the needs of the child. Care should be taken not to confuse needs with interventions at this stage and remembering to identify strengths as well as difficulties throughout:

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**What are the needs of the child?**

For example, do they have particular health needs or problems?  
How is their emotional and behavioural development progressing?  
Are they able to manage their self-care appropriate to their age and stage of development?

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**How far are these needs arising from the child's own characteristics and past history?**

Sometimes the needs arise from characteristics of the adoptive children themselves – for example, genetically inherited conditions such as Cystic Fibrosis or any impairments they may have. Adoptive children also import a history of experiences that affect their developmental needs. What needs do they have as a result of their experiences in their birth family or subsequent placements?

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<b>How far do the different needs of the adoptive child inter-relate?</b>	For example, an adoptive child who has attachment difficulties will often have problems with poor concentration, establishing peer relationships at school and may need support in developing family and social relationships successfully.
<b>How is the adoptive parenting the child is receiving contributing to the child's needs being met or not being met?</b>	Adoptive parents need the same core parenting skills as other parents, but they also require enhanced parenting skills to be able to respond to the extra and special needs of adoptive children. Whether an adoptive child's needs are being met may be linked to the way their adoptive parents care for them. For example, whether adoptive parents are able to manage guidance and boundaries effectively in relation to the child's needs, or how issues of ensuring safety or providing stimulation are handled for a child with learning difficulties. The adoptive parents may have support needs of their own which relate to the task of parenting the adoptive child.
<b>Are there any family and environmental factors that are having an impact on the care the adoptive parents can offer and/or on the needs of the adoptive child?</b>	For example, are there factors to do with the adoptive family's history that are relevant to the adoptive child's needs? Is family functioning in the adoptive family affecting the child's needs or the adoptive parents' capacity to meet the needs of the child? What is the nature of the relationships with the wider adoptive family or, if there is contact, with the adoptive child's wider family (including their birth family and others)? Does the family have housing or financial difficulties/issues that are affecting their ability to meet the adoptive child's needs? What are the strengths of the adoptive parents, their wider family and the community in which they are living?

- **On the basis of this analysis**, the worker, in conjunction with the adopters, can develop an understanding of the needs of the child and family (and birth family members where relevant). The next step will be to identify the support or interventions that would help to meet those needs and a support package for the adoptive child and adoptive family can be planned with those concerned. The nature of the support package will in part depend on whether the agency has determined that it will meet the identified needs or the extent to which it will do so and on the support available from other relevant agencies and services.

- **Prior to placement**, in coming to a recommendation about the support or interventions which would assist an adoptive child, their prospective adoptive parents and, where appropriate, their birth relatives, it is important to:
  - draw on assessments which compare the child's responses to parenting in their birth family and in foster care and in particular, if they have responded to improved parenting capacity
  - identify the child's likely needs when placed, including needs for support services
  - identify the support the new adoptive parents are likely to require and whether specific interventions or resources will be needed to develop their parenting capacities to meet the needs of the child (in discussion with them)
  - ascertain whether the new adoptive parents will need support in liaising with other services, for example education or leisure, to ensure the adoptive child's needs are responded to appropriately
  - be clear about the extent to which needs can be met by adoption support services for which the local authority is required to make arrangements or whether wider services from other providers are required
  - if this is the case, ensure that there is a co-ordinated, inter-agency approach to service provision if there is more than one agency likely to be involved with the child.
- **At the post-placement stage and prior to the adoption order**, assessment should:
  - be attentive to the adoptive parents' views and understanding of the child's needs
  - focus on the areas that the adoptive parents (and the child) have identified as problematic, the exact nature of the presenting problem and the underlying needs, the current responses of the adoptive parents and the child, what is working or not working and the impact on the child and the family as a whole
  - take into account the parents' strengths and difficulties in their capacity to meet the needs of the adoptive child
  - assess the impact of relevant family and environmental factors on adoptive child's needs and adoptive parenting capacity before drawing together a plan for support.
- **It is useful to consider adoptive parenting capacity in the light of the adoptive child's history, their current pattern of vulnerabilities, their resilience and to assess:**
  - the adoptive parents' understanding of the adoptive child's needs
  - the ways in which they have been able to provide the parenting the child requires (strengths)
  - the nature of any adoptive parenting difficulties or barriers

- the changes needed to respond to the adoptive child's needs more effectively and the adoptive parents' view of those changes
- the support the adoptive parents require to overcome any difficulties

## PROVIDING SUPPORT

- **Once the adoption order is made, the adoptive family are firmly in the driving seat and this affects the way support is provided.** Adoptive parents see good support as being based on partnership and reciprocity, acknowledgement and empathy, open communication, feeling listened to, believed, commitment, responsiveness and reliability<sup>33</sup>. If adoptive parents seek support, there must also be a full acknowledgement of the family's own strengths and resources. They will need time, reassurance and a knowledgeable social worker to talk things through and consider possible resources.
- **Adoptive children have contact with a range of agencies in the community once they join an adoptive family,** including health visitors, general practitioners, school nurses, nursery staff and teachers. These professionals have an important responsibility in identifying adoptive children and families who may be in need of support and recommending them to request an assessment for support services from social services and other agencies.
- **In a small number of cases, adoption support can take on another layer of complexity.** Some adoptive children, even after many years in placement and a good deal of support, may remain angry and/or detached from the adoptive family. For some adoptive parents, this produces feelings of anger and rejection towards the child who cannot meet their hopes and at the same time, strong feelings of guilt and inadequacy as parents. The importance of a safe and trusting relationship with the support worker cannot be over-stated in such cases and can ultimately be the single most important strand of support in sustaining the placement. Workers in such cases require skilled and regular supervision.

## SOURCES OF SUPPORT

- **Informal support networks (family, friends, community groups) may need to be activated or adjusted to suit the needs of the adoptive child.** Some parents may value help in establishing new sources of informal support through individual links with other adopters or agency led groups or family days. Membership of national and regional groups can be very helpful in providing support, advice, information and local meetings.

<sup>33</sup>O'Neil, 2003

- **Adoptive parents usually obtain support** for health needs through the GP and educational issues are taken up by the adoptive parents through an approach to the school in the first instance. It might be appropriate to refer a child to services that form part of Tier 1 Child and Adolescent Mental Health Services (CAMHS) such as the GP or Health Visitor. The role of the adoption agency may be to support adoptive parents in seeking advice or to help education and health professionals to understand and respond sensitively to the adoptive child's difficulties. The agency medical adviser and education adviser can be helpful mediators.
- **Adoptive parents need access to helpful sources of information.** Adoption agencies should provide a range of leaflets about the sources and types of support available. Specialist therapeutic support services should be available within the local CAMHS.
- **At Tier 1**, the professionals who can make a contribution to the adoptive child's mental health include the GP practice, school nurses, health visitors, school staff including the SENCO and the local social services department. Families should be assisted in the setting up of a local professional network to support them in the care of their child. Professionals need to be appraised of the adopted child's status or their needs, especially if the placement has meant a change of school and residential area. Adoptive children often require assessment and treatment by paediatricians and paramedical professionals, including occupational therapists, physiotherapists and speech and language therapists, within the context of the child development team.
- **Tier 2 CAMHS teams** have staff from a range of multi-disciplinary backgrounds, including social workers, psychologists, occupational therapists and nurses. They undertake short-term work with adopted children and families. In many areas, CAMHS primary mental health workers offer consultation, training and face-to-face support to Tier 1 services within primary care settings, including local authority looked after children's teams, general practices and schools.
- **Tier 3 CAMHS** services are more specialist e.g. specific provision for looked after and adopted children. This ensures that priority is given to these complex, time consuming and multi-agency cases. Families particularly value being seen by professionals in teams who have expertise with adoption issues.
- **Tier 4 CAMHS** services are available for the small number of adoptive children and young people who have such severe difficulties that they may require in-patient assessment and treatment or specialist day services for a period of time. They may also require specialist therapeutic or educational services provided outside local authority provision. Decisions of this kind would need to be made in the context of a multi-agency care plan following an initial referral to Tier 3 services.

## **A CO-ORDINATED APPROACH TO SUPPORT**

- **Liaison between agencies at a strategic level is required** to facilitate a coordinated approach to both service development and delivery to individual adoptive children and families.
- **Local authorities vary in the way in which they provide services for disabled children.** Whether these services are located within children's services or services for disabled people generally, adoptive parents should be given clear information about access to relevant services.

## **FORMS OF SUPPORT**

- **There is a range of areas within which support services might to be required.** These can be grouped under the following headings:
  - Providing information, practical support and financial support
  - The development of an adoptive identity
  - Parenting adoptive children with behavioural and emotional difficulties
  - Support to adoptive parents
  - Support for adoptive children
  - Contact with birth families

Each of these areas will be considered briefly in terms of the types of support and interventions that might be offered.

## **PROVIDING INFORMATION, PRACTICAL SUPPORT AND FINANCIAL SUPPORT**

- **The provision of accurate information to adoptive parents is of vital importance at all levels.** Full and detailed information about the adoptive child and his or her background should be made available in a way that is understandable, at appropriate points in the linking and matching process. This should be written down with an opportunity to fully discuss the possible implications – on more than one occasion if necessary. Where specialist information is included, opportunities should be provided for the medical adviser to explain the significance of any impairments or conditions. Where there is uncertainty about future physical and mental health, parents will need to know who to turn to for further discussion as the child develops.

- **There are a wide range of publications and resources that are relevant to both adoptive parents and children.** Particularly helpful for adoptive parents are books that focus on general adoption issues<sup>34</sup>, parenting troubled children<sup>35</sup> and talking about adoption<sup>36</sup>. For adoptive children, stories connected with adoption<sup>37</sup>, and books and resources that cover 'life story' areas<sup>38</sup> can be helpful as different issues arise through their growing up. Training is a key part of an adoption support service<sup>39</sup>. Adoptive parents also need to be kept informed of local training workshops, groups and social events that they can attend.

#### *Practical support*

- **There are many forms of practical support that may be helpful to adopters and their children at different times throughout the family lifecycle,** including help with administrative tasks that arise in relation to adoption such as completing forms, making telephone calls, writing letters or providing an interpreter. When adoptive children have physical or learning disabilities, a thorough assessment must be carried out of the child's needs and any services they require to support them<sup>40</sup>.
- **Caring for disabled children can be physically and emotionally exhausting as can parenting adoptive children with more severe emotional and behavioural difficulties.** Child sitting and short break schemes can be invaluable. It is important that this sort of support is tailored to individual needs as far as possible<sup>21</sup>.

#### *Financial support*

- **The worker may have identified a number of new forms of expenditure that will be incurred by the adoptive family in relation to the adoptive child who lives with them.** In most situations we expect that an actual service is the best way of meeting an identified need, but financial payments may sometimes be necessary to meet the needs of the child.

#### *Methods of payment*

- **Payments can be made on an on-going basis and/or as a lump sum.** The presumption is that financial support to meet a one-off cost will usually be paid as a lump sum, but the local authority has flexibility to pay financial support as a series of payments, or regular payments, where that is more appropriate.
- Payments must not duplicate financial support available through the tax and benefits system.

<sup>34</sup>Van Gulden and Bartels-Rabb 1995, Salter 2002, Morris 1999

<sup>35</sup>Cairns 2002, Archer 1999 a), Archer 1999 b), Jewett 1995

<sup>36</sup>Chennells and Morrison 1998

<sup>37</sup>Foxon 2001, Byrne and Chambers 1997 a), Byrne and Chambers 1997 b), Byrne and Chambers 1999

<sup>38</sup>Camis 2001, Betts and Ahmad 1998

<sup>39</sup>Argent 2003

<sup>40</sup>Argent 2003

- Some agencies have access to a welfare benefits advisor whom adoptive parents and staff can consult about the statutory rights about leave and pay, benefits and grants benefits and other financial support issues.

## THE DEVELOPMENT OF AN ADOPTIVE IDENTITY

- **Children who are adopted need to develop a positive sense of their identity**, based on realistic understandings of their life story, including that of their family of origin.
- **It is essential that full and detailed background information is recorded and made available about the child's pre-placement experiences.** Background information needs to be balanced and accurate, neither glossing 'difficult' information nor neglecting to include positive information<sup>41</sup>.
- **Adoptive parents have an important role in actively helping** to research the adoptive child's history and/or be supported to keep the life story book up-to-date and age appropriate<sup>42</sup>. It is important to remember that the birth family history will continue to evolve after placement and significant new information may need to be incorporated into the adoptive child's story.
- **Adoptive children need help to develop a positive 'story'** that explains their early life history and their adoption status. Adoptive parents need to support the child so that they feel comfortable in sharing details about their background as they wish.
- **Adopters may need support** and advice from the agency on how best to disclose complex and difficult information to children. The following might be considered<sup>43</sup>:
  - helping the adoptive parents find the words to tell the child their story
  - making sure they have information about the child's history which combines both facts and a feeling about the circumstances and lives of the birth family
  - helping them make sense of that information by explaining the birth parents' behaviour or circumstances in relation to, for example, abuse, substance misuse, mental health difficulties or the birth parents' own history
  - helping them to understand their child's need to be able to express ambivalent feelings about birth family members.
- **Sometimes it is helpful for different members of the family to become involved in providing support when an adoptive child is struggling to integrate difficult information** from the past into their adoptive identity. This could include working with life story books, painting pictorial timelines for a child, therapeutic rituals marking significant events, journal writing and role-playing<sup>44</sup>.

<sup>41</sup>Ryan and Walker 1999

<sup>42</sup>Sykes 2001

<sup>43</sup>Neil 2003

<sup>44</sup>Brodinsky *et al* 1998



- **Some adoptive children need individual counselling or therapy** as they become more aware of the losses that are inherent in adoption.
- **It may be easy to believe that an adoptive child with severe learning difficulties cannot comprehend their own story** but opportunities for telling it should never be overlooked. Sometimes an imaginative approach is needed to help a child understand their background in a way to which they can respond.
- **For children and families from ethnic minorities, support regarding identity issues should include a thorough understanding of racism** and its impact on the psychological wellbeing of some black children, as well as the particular issues of adoption and fostering. Services for black and minority ethnic children should form part of a wider overall agency approach which includes consideration of issues for staffing, languages, resources and skills, community links and a full commitment to inclusion throughout the agency<sup>45</sup>.
- **Therapeutic approaches should be adapted to the specific needs and experience of black and minority ethnic adopted children with identity issues and their families.** This includes involving people from the wider family and social networks who are significant to the adoptive child, when appropriate, and also ensuring that empowerment is a key focus in the approaches used in work with families<sup>46</sup>.
- **Transracially adoptive young people can face particular difficulties**<sup>47</sup>. Group work and individual counselling through specialist organisations may be helpful<sup>48</sup>.

## **PARENTING ADOPTIVE CHILDREN WITH BEHAVIOURAL AND EMOTIONAL DIFFICULTIES**

- **Adoptive parents can find themselves seriously challenged by their adoptive child's behaviour and emotional distress.** It is important to develop working partnerships with adoptive parents and adoptive children that take full account of the impact of the child's history. It will be important to take into account the child's full history and any genetic factors that are relevant eg. a history in the family of an inherited illness. The agency should recognise the pressures that the ensuing difficulties can place on family life and help adoptive parents feel accepted and empowered as 'good enough parents' so that they regain the belief that they have a key role in helping their adoptive child to recover<sup>49</sup>.

<sup>45</sup>Sellick *et al* 2004

<sup>46</sup>Duck, 2003

<sup>47</sup>Harris 2003

<sup>48</sup>Rushton and Dance 2002

<sup>49</sup>Gordon 2003

### *Settling in and creating a new family*

- **The early weeks of placement can be an extremely vulnerable time for new families, with many practical and psychological adjustments to be made.** It is important to offer regular, frequent and sensitive support from a social worker who knows the family well. There is a range of ways in which the family can be supported in helping a child settle.
- **The move to a new school is of great importance.** Agencies should be willing to help in a liaison role where this is needed.

### **SUPPORT TO ADOPTIVE PARENTS**

- **Adoptive parents often need support in understanding their adoptive children's confusing and troubled behaviours and in knowing how to respond constructively and helpfully.** Children who have experienced unresponsive, inconsistent or rejecting care may take a long time to trust adults and some may never do so in a way that leaves adoptive parents feeling that they have a secure and meaningful relationship. Where this is the case, a sensitive, respectful and informed exploration of the issues will need to be undertaken and a plan made to provide support in a way that the adoptive parents experience as helpful.
- **A study of long-term foster carers<sup>50,51</sup> provides a model of sensitive caregiving based in attachment theory<sup>52</sup>** which can be understood as
  - providing availability
  - promoting reflective capacity
  - building self esteem
  - promoting autonomy
  - promoting family membership
- Foster carers who had skills across these dimensions of parenting were able to establish rewarding relationships with their fostered children, even when progress was very slow. These aspects of sensitive caregiving have also been identified as promoting security and good progress in children with severe learning disabilities<sup>53</sup>.

<sup>50</sup>Schofield *et al* 2000

<sup>51</sup>Beek and Schofield 2004

<sup>52</sup>Ainsworth *et al* 1978

<sup>53</sup>Beek and Schofield 2004a

### *Building resilience*

- **Resilience is enhanced when children have a relationship with people who take an active interest in and support them.** Resilience can be promoted by school experiences that maximise the child's potential and by positive involvement in leisure activities, team and individual pursuits, volunteering, caring for animals, groups and so on. Adoptive parents, social workers and other professionals can work together to promote the child's resilience.
- **Making and keeping friends are as important to adoptive children as they are to other children but their skills in doing so may not be well developed<sup>54</sup>.** Adoptive parents will have an important role in helping their child with this, particularly when there are difficulties. This may involve careful supervision and guidance during time spent with peers or negotiation with local leisure and activity groups so that an adoptive child's additional needs can be taken into account.
- **Support groups can provide contact with other children in similar circumstances and fun.**

### *Parenting work*

- **Parenting programmes used in the general population can help adoptive parents enhance their parenting skills and this in itself can reduce stress<sup>55</sup>.** The particular issues associated with parenting children with the emotional and behavioural difficulties associated with maltreatment, separation and loss need to be addressed through more specialised approaches to developing parenting skills.
- **There are specific programmes or interventions for adoptive parents, which focus on building more positive relationships within the family.** Suggested key ingredients for success of such programmes are that they are fairly lengthy (at least 20 hours of input) and that there is an emphasis on learning new practical skills<sup>56</sup>. One programme works with the adoptive parents to make sense of troubled behaviours and to develop effective strategies for the continuing parenting of the adopted child. There is some evidence that the use of Webster-Stratton based training programmes adapted for newly approved adoptive parents helps their confidence and provides them with useful parenting techniques and strategies<sup>57</sup>. Another specific parenting course, delivered by trained adopters, uses an attachment theory framework<sup>58</sup>. An intervention (based in Holland) that aimed to help new adoptive parents respond more sensitively to their babies, showed proof of effectiveness<sup>59,60</sup>.

<sup>54</sup>Scott and Lindsey 2003

<sup>55</sup>Scott 2001

<sup>56</sup>Pallett *et al* 2002

<sup>57</sup>Gilkes and Klimes 2003

<sup>58</sup>Adoption UK 2000

<sup>59</sup>Juffer *et al* 1997

<sup>60</sup>Stams *et al* 2001

- **Specialist, holistic, multi-disciplinary programmes** Some adoptive children have had early adverse or traumatic experiences including abuse, neglect, ill health, several carers and/or multiple separations and losses and have particular difficulties in forming secure attachments and relinquishing control. Such children and their adoptive parents face a complex set of challenges and may require specialist, holistic, multi-disciplinary programmes. These are likely to include a range of approaches to help the child recover from the impact of earlier trauma, and their adoptive parents to develop parenting strategies which foster trust and the building of new secure attachments.<sup>61</sup>
- **Holding Techniques.** A number of radical and controversial approaches have developed in recent years for treating attachment disorders. Some of these approaches include the use of 'holding' techniques which involve close enforced physical contact between the therapist or adoptive parent and adoptive child, with touch and eye contact being encouraged. When the child avoids eye contact then the child is physically held so that the eye contact is maintained. Practitioners who use these approaches view them as being effective in helping some children whose emotional and behavioural difficulties are particularly challenging for their adoptive parents<sup>62</sup>. However, other practitioners have expressed concerns that, even when practised to the highest professional standards, 'holding' therapy is an inappropriate form of restraint (although intended to be therapeutic). The child protection concerns centre on the likelihood of the adoptive child experiencing 'holding' as abusive and non-therapeutic and on the risk of 'holding' techniques re-traumatising the child, particularly when he or she has previously been physically or sexually abused.
- There is considerable controversy about the theoretical basis for using such techniques to build attachments and concern about the lack of evidence to support their use, given their potentially harmful impact on the child<sup>63</sup>. The British Association for Adoption and Fostering has published a position statement that argues against the use of such techniques, which complements the position taken by the American Academy of Child and Adolescent Psychiatry and which is underpinned by a comprehensive review of the evidence base by Prior and Glaser (2006)<sup>64</sup>.
- There are no short cuts in the painstaking and prolonged process of developing new secure attachments for children whose early life experiences have been marked by trauma, disruption and maltreatment. Where these problems arise, adoptive parents and adopted children need comprehensive, holistic assessments and a range of services which are evidence-based and provide both immediate support as well as a long term solution. Given the level of concern and the absence of evidence about the beneficial effectiveness of the intervention, its' use is not recommended.

<sup>61</sup>Kenrick *et al* (2006), Burnell & Vaughan (2003), Duck (2003)

<sup>62</sup>Howe D and Fearnley S (2003)

<sup>63</sup>Rushton A (2004)

<sup>64</sup>BAAF (2006), American Psychiatry Association (2000); Prior V and Glaser D (2006)

### *Behavioural treatments*

- **Specific behavioural treatments can be effective for particular behaviours** (for example, bed wetting and soiling, specific fears and phobias) especially if they are part of a wide package of support to the family<sup>65</sup>. Progress in such defined areas can help adoptive parents to feel more effective, adoptive children to feel more successful and can result in general improvements in relationships. There is also evidence that cognitive behavioural and dynamic approaches can help to ameliorate the effects of trauma. These approaches help children to develop coping strategies to deal with emotional responses. This is done by talking through negative events and developing understanding and alternative ways of explaining what happened<sup>66</sup>.

### *Family therapy*

- **The focus of intervention in family therapy is the relationships between family members, rather than individual difficulties.** When applied to adoptive families, it is important that adoptive parents do not feel themselves 'blamed' for the difficulties they are experiencing. The adoptive child's behaviour should be viewed in the context of earlier harmful life experiences and it should be acknowledged that family relations are often put under stress by the troubled behaviours that the adoptive child has brought into the family.

### *Peer support*

- **Adoptive parents can feel de-skilled and rejected when adoptive children do not allow them to get close or when troubled behaviours persist over time.** Peer support can be invaluable in helping adoptive parents to realise that they are not alone and that their experiences are 'normal' in the broad context of adoption<sup>67</sup>. Individual links with adoptive parents in similar situations can also be productive.
- **Gaining support from other adoptive parents via national and international internet communication has been found to be helpful<sup>68</sup>.** In inter-country adoption the internet offers the possibility of being in contact with a worldwide peer group of adoptive children and adoptive parents.

### *Personal support*

- **Adoptive children with emotional and behavioural difficulties can sometimes have the effect of reactivating past emotional issues in their caregivers.** Adoption support services should be able to identify sources of counselling or therapy for adoptive parents if it is felt to be necessary.

<sup>65</sup>Scott and Lindsey 2003

<sup>66</sup>Bentovim 2004

<sup>67</sup>Chamberlain and Horne 2003

<sup>68</sup>Rushton and Dance 2003, O'Connor and Zeannah 2003

## SUPPORT FOR ADOPTIVE CHILDREN

- **Adoptive children of all ages can benefit from a safe space in which to talk or play** and, in doing so, can be helped to process and let go of frightening or painful memories and associations with the past through individual play therapy, psychotherapy or group therapy. Therapeutic work should always occur in the context of partnership and ongoing work with the adoptive parents and with attention to other aspects of the adoptive child's life, especially school<sup>69</sup>.

### *Recognising and naming feelings*

- **Children with a history of abuse and neglect can be re-alerted to sensations of touch, taste, smell and sight through therapeutic games and exercises.** A growing awareness of feelings and associated memories allows children to make more sense of difficult relationship experiences and to handle current relationships in a more balanced and constructive way.

### *Cognitive behavioural therapy*

- **A cognitive behavioural approach can be effective in helping adolescent children to manage their anger more effectively.** They can learn to identify the triggers and circumstances that generate anger and to plan responses that are less conflictual. They can also learn relaxation techniques to use at these times.

## CONTACT WITH BIRTH FAMILIES

- **Maintaining indirect and face-to-face contact arrangements is a complex task that children, adoptive and birth families may need support to manage.** Voluntary agreements can provide a useful basis for planning and reviewing contact arrangements. If appropriate, a family mediation model can be helpful in negotiating a new agreement.
- **Indirect contact is increasingly built into plans for adoptive children** and in many cases it is a successful means of keeping the door open between the adoptive family and the birth family. An efficient, highly confidential, user friendly and well-monitored 'post box' service is necessary to facilitate satisfactory indirect contact. Letterbox contact is not always a simpler form of contact to manage than face to face contact and the agency needs to keep a watching brief on the progress and effectiveness of such arrangements.
- **Both adoptive and birth families may need support in planning and maintaining indirect contact**<sup>70</sup> as a range of difficulties can occur. Written communication can sometimes provide opportunities for people to misinterpret each other<sup>71</sup> and the agency may need to provide careful mediation in order to smooth out misunderstandings.

<sup>69</sup>Scott and Lindsey 2003

<sup>70</sup>Milham *et al* 1986a

<sup>71</sup>Grovetant and McRoy 1998, Sykes 2001

### *Contact venue*

- **A good quality venue is essential as this will convey positive messages to children and adults about the value of the contact.** Venues should also be suitable for the child's age, interests and wishes and suitable for the level of monitoring and confidentiality. Adoptive children's needs and wishes regarding venue will change as they grow older<sup>72</sup>.

### *Making the arrangements*

- **For younger adoptive children where contact is relatively straightforward, on the whole, self-sustaining arrangements appear to be more robust and satisfying for all concerned.** Research indicates that agencies should aim to support adoptive and birth families where desired and/or necessary, but should be mindful of the need not to undermine people's confidence in taking control of arrangements themselves where they want to and feel able.
- **However, families of later placed adoptive children have underlined the critical importance of a professional support service underpinning contact arrangements.** In these cases, contact could involve intricate and highly charged relationships and the potential for conflict was high. Families greatly welcomed the availability of an intermediary who made it more likely that the contact would continue when there were difficulties.

### *Supporting adoptive children*

- **The support children need changes as they grow older.** For younger adoptive children, it is generally felt preferable for the adoptive parents to support the child during meetings, providing security and a clear message about who is the primary parent. However, teenagers who are settled in their placements have expressed the preference of having a more neutral person to accompany them. Many find the emotional turmoil of being in the presence of both families to be very disturbing. Adoptive parents may require help to develop strategies for reducing the impact of the contact arrangements, or the arrangements themselves may need adjustment.

### *Supporting adopters*

- **A study of 76 families with 106 adoptive children showed that contact could generate considerable emotional turmoil in the adults.** Adoptive families wished for a proactive rather than a reactive service. When contact is an area of concern for adoptive parents, where it is presenting difficulties for the adoptive child or the birth family, or when the courts have ordered contact but the contact arrangements are proving problematic, further mediation and negotiation may be required. Potentially difficult contact needs to be firmly controlled to prevent adoptive children experiencing further harm, and there will be situations where it is beneficial to the child to cease contact<sup>73</sup>.

<sup>72</sup>Macaskill 2002

<sup>73</sup>Macaskill 2002, Sinclair and Wilson 2003



### *Financial support*

- **There may be considerable resource implications in some face-to-face contact arrangements** and there is a risk that inadequate contact arrangements are made because an adoptive family's finances are limited. Agencies should consider underpinning contact plans with financial support wherever needed and possible.

### *Contact with birth siblings*

- **Face-to-face contact with birth siblings forms a significant proportion of face-to-face contact arrangements, and research suggests that the majority of such arrangements work well<sup>74</sup>.** However, complexities can arise and careful planning is therefore required. A third party appointed to provide ongoing mediation and adjustments may be helpful, along with a review system to ensure that the plan is updated and satisfactory.

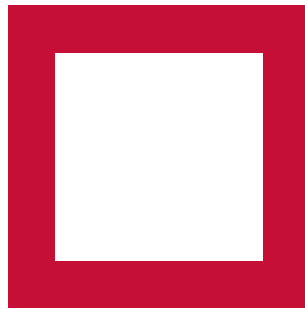
### *Search and reunion with older adoptive children and young people*

- **For young people who have not had face-to-face contact with their birth relatives over the years, the desire to make personal contact can become very strong.** Agencies must not support a young person under the age of 18 in searching for birth relatives without the consent of their parents and the child or young person's welfare must be the paramount consideration in any decision or arrangement regarding contact. Each case must be considered on its own merits.
- **If a search is pursued, careful counselling and support is required for all parties, including the birth relatives.** If the social worker is able to act as an intermediary, all parties can be better prepared for the realities of the situation prior to a meeting.
- It also has to be remembered that young people may act independently in making contact and further support may be required by all parties to deal with the impact of this.
- **In a small number of cases adoptive parents may not have shared background information appropriately and a young person's knowledge may be very limited.** The young person might seek information independently, with or without a view to searching for relatives. Agencies should have a clearly defined policy for such cases and some agencies have an Ethical Advisory Forum where dilemmas can be discussed and a decision reached within a broad range of expertise and advice<sup>75</sup>.

<sup>74</sup>Rushton *et al* 2001, Macaskill 2002

<sup>75</sup>Feast 2003





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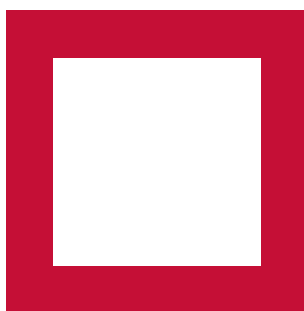
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## CHART OF INFORMATION GATHERED BY USE OF EVIDENCE-BASED ASSESSMENT TOOLS IN ASSESSING ADOPTION SUPPORT NEEDS

NB For references for assessment tools see end of charts. See below for guide about use<sup>1</sup>

CHILD'S DEVELOPMENTAL NEEDS	Health Physical & mental wellbeing of child	Education Cognitive development and educational needs	Emotional & Behavioural Development Feelings and responses of child towards others	Identity Child's sense of self and self-esteem	Family & Social Relationships Development of relationships and empathy	Social Presentation Child's understanding of how to present self in outside world	Selfcare Skills Child's practical, emotional and communication skills
<b>Assessment tools</b>							
Strengths and Difficulties Questionnaires**	Gives screening information about emotional & behavioural problems & needs in children and young people from 3-16. Can show how problems affecting child's schooling are impacting on & impacted by child's health. D	Gives information about the child's adjustment at school and difficulties in learning. It indicates whether there is a need for a specialist assessment. D	For children and young people 3-16 screens for prosocial behaviour, hyperactivity, emotional, conduct (behavioural) and peer relationship problems at home and at school. D	Look at the child's relationships with peers, their friendships, and leisure activities and how they are perceived at home and at school. D	Looks at the child's relationships with peers, their friendships, and leisure activities and how they are perceived at home and at school. D	Impact of strengths and difficulties on learning, relationships and what impacts on this aspect of child development. D	

O = information that may be revealed by observation when using assessment tools

R = information that is explored in interview schedules

D = information that may be revealed by discussion of specific items in assessment tools. Discussion focuses on the meaning of particular scores or items to person, and explores how that factor affects, or is affected by, aspects of child's developmental needs, parenting capacity and/or family and environmental factors

\*\* = key tool for assessing dimensions in the domain

<i>Parenting Daily Hassles Scale</i>			May provide cues to emotional & behavioural difficulties & description of strengths & problems encountered. D	Quality of relationships between child and brothers and sisters D			
<i>Home Conditions Scale</i>						State of child's own room and belongings O	
<i>Adult Wellbeing Scale</i>			D		D		
<i>Adolescent Wellbeing Scale**</i>			Screens for depression. Impact of difficulties encountered by a young person on their friendships, home life and leisure activities D		Helps identify adopted young person's own perceptions of family & social relationships & impact of adolescent's emotional state. D		
<i>Recent Life Events Questionnaire</i>	Illness and recent hospitalisation of child D	Change of school or home D	Impact of recent life events on child's development D	Discussion of impact of recent life events on child's development D	Impact of recent life events on child's development D	Impact of recent life events on child's development D	Impact of recent life events on child's development D
<i>Family Activity Scale</i>	Impact of illness or disability on family activity D	D	D	Picks up on involvement in independent activities D	Child's participation in child-centred family activity & child's independent activities. D	How child manages selfpresentation in independent activities D	

<i>Alcohol Scale</i>	Discussion may reveal neglect, lack of supervision that is leading to child's impairment D	D	D					
<i>Sheridan Charts**</i>	Maps developmental progress of infants and young children & helps indicate need for assessment of child's cognitive development when placed & in tracking their progress during placement. D	D	Maps developmental progress of infants & young children & helps establish need for assessment of cognitive development when placed & in tracking progress during placement. D					
<i>Home Inventory</i>	Through the exploration of events of the day a good picture emerges of the child's physical and mental wellbeing and their development. Contacts with Medical services. O + R	Assesses the learning environment provide for the child at home and how they are responding and, with older children, how they are responding at school. O + R	Child's responses to care giving by caregivers and to daily events. Observation of emotional states, how distress is managed and the presence of anxiety, mood difficulties and oppositional/ defiance problems. O + R	Child's assertiveness and confidence in interactions at home. Allows observation of the environment of encouragement, individuality and a sense of belonging and the child's responses. O + R	Gathers information about the nature and quality of parentchild interactions & involvement & the child's contact with other family members & extended family. O + R	How child is responding to opportunities for social contact and leisure opportunities available for the child. Observed social skills. O + R	Systematically explores range of self-care skills, eg washing, dressing, mealtimes, getting to school, & encouragement given to develop self-care skills & adaptation to child's specific needs. O + R	

<i>Family Assessment</i>	Through observation of a child during a Family Assessment a good picture emerges of the child's physical and mental wellbeing and their development  O + R	Explores key factors affecting the child's cognitive development, education, including stimulation and encouragement, parent-child relationships and communication in the family.  O + R	Looks at nature of attachments in family, including pattern of careseeking behaviour of the adopted child, how emotions are expressed/ responded to and difficulties in child's emotional and behavioural development O + R	Family Identity can help assess how adopted child is developing as an individual, their self-assertiveness and autonomy, the degree of emotional involvement & sense of 'togetherness' as an adoptive family.  O + R	Strengths and difficulties in child's relationships with family, including with parents, brothers and sisters, and extended family and birth and foster families  O + R	Helps identify how the child is adapting to the family as he or she settles in and becomes a member of the family and the emergence of self presentation and the nature of social relationships  O + R	Through observation and in the evaluation of parenting a picture of the development of the child's self care skills emerges.  O + R
<i>Fahlberg's Observation Checklists</i>			Provide a useful guide to assessing attachment behaviours (and caregivers' responses) for children from infancy to adolescence.				



<b>PARENTING CAPACITY</b>	<b>Basic Care</b> Providing for child's physical needs	<b>Ensuring Safety</b> Ensuring child protected from harm and danger	<b>Emotional Warmth</b> Ensuring child's emotional needs are met	<b>Stimulation</b> Promoting child's learning & intellectual development	<b>Guidance &amp; Boundaries</b> Enabling child to regulate their own emotions & behaviour	<b>Stability</b> Providing stable environment for developing attachments
<b>Assessment tools</b>						
<i>Strengths and Difficulties Questionnaires</i>	D	D	D	D	D	D
<i>Parenting Daily Hassles Scale**</i>	Discussion of PDH Scale may reveal strengths and difficulties in all areas of parenting including basic care D	Discussion may raise issues regarding ensuring safety D	Strengths and difficulties in relation to emotional warmth may arise from discussion. D	Allows for discussion of how to provide learning opportunities for child & encouragement, reassurance and praise	Looks at current areas of difficulty parents may be facing in managing a children's behaviour D	Discussion of PDH Scale can focus whether parents need support in providing a stable environment for the child D
<i>Home Conditions Scale**</i>	Hygiene relevant to health	Tour of home may identify dangers or risks to child's safety O				
<i>Adult Wellbeing Scale</i>	Discussion of impact parental state on all aspects of parenting D	Impact of parental outwards directed hostility on ensuring safety D	Impact of parental outwards directed hostility or depression on emotional warmth D	Parental depression may be relevant due to impact on stimulation D	Parental depression and anxiety may impact on guidance and boundaries D	Impact of parental hostility, anxiety and/or depression on stability D
<i>Adolescent Wellbeing Scale</i>		Discussion of parental response to what is reported by young person D	Discussion of parental response to what is reported by young person D			Discussion of parental response to what is reported by young person D

<i>Recent Life Events Questionnaire</i>	Discussion of impact on child care D	Discussion of impact on child care D	Discussion of impact on child care D	Discussion of impact on child care D	Discussion of impact on child care D	Discussion of impact on child care D
<i>Family Activity Scale</i>		Can explore whether there is adequate supervision D	Identifies childcentred family activities and support for independent activity. D	Identifies childcentred family activities and support for independent activity. D		
<i>Alcohol Scale</i>	Discussion of impact of alcohol misuse on basic care D	Discussion of impact of alcohol misuse on ensuring safety D	Looking at effect of alcohol misuse on providing emotional warmth D	Exploring if alcohol misuse affects parents' capacity to offer child learning opportunities, praise etc. D	Discussion of impact of alcohol misuse on giving children appropriate guidance and boundaries D	Discussion of impact of alcohol misuse stability of the home environment and care-giving offered D
<i>Sheridan Charts</i>	Discussion of parental response to what is reported about child's health and development D	Discussion of parental response about child's social behaviour D	Information given about by parents about play and social behaviour D	Discussion about parents report on children's physical and social development D	Discussion about how parents manage child's developing social behaviour and play D	Discussion of parents' response to child's relationships with them and other family members D
<i>Home Inventory**</i>	Gives an opportunity to assess in detail whether a child's basic care needs are being met and to identify any difficulties adoptive parents may be having in adapting to a child's extra needs. O + R	Looks at issues of safety in the child's home environment. O + R	Specifically addresses emotional sensitivity and responsiveness of the care-giver towards the child and helps to locate the exact nature of any difficulties parents are experiencing in day to day care O + R	Covers adoptive parents' provision of stimulation, support, and opportunities for play & learning that support cognitive development of adopted child. Includes provision of play & learning materials, language, academic stimulation & encouragement of play and learning. O + R	Specifically addresses modelling by parents, the use of boundaries in parent-child relationships, how parents set limits for children and discipline them, how they encourage the development of socially responsible and mature behaviour O + R	Provides information about changes child's circumstances and relationships; and about parental responsiveness and acceptance of child & the emotional climate. O + R

<i>Family Assessment**</i>	Parenting component explores the way the family manages basic care tasks and responds to the changing needs of the child.  O + R	Parenting helps to highlight strengths and difficulties in ensuring safety, looking at the nature of attachments and the protection, care and management of children.  O + R	Helps to assess nature of attachments, parent/child and other family relationships, how feelings are expressed and responded to, whether relationships are supportive and appreciative and the level of emotional involvement.  O + R	Explores how adoptive parents promote a child's development through stimulation, emotional warmth and praise.  O + R	Looks at strengths and difficulties parents have in providing guidance, boundary setting, protection & their expectations of the children, and associated aspects of family life, including decision-making, problem solving and the management of conflicts.  O + R	Explores care giving and the nature of the attachments and the parent-child relationship and how feelings are expressed and responded to in the family.  O + R
<i>Fahlberg's Observation Checklists</i>		Gives information about parent's sensitivity to child's needs for ensuring safety  O + D	Useful guide to child's attachment behaviours level of responsiveness and sensitivity shown by the caregiver  O + D	Provides information about stimulation and parents' responsiveness towards child  O + D		Explores level of responsiveness & sensitivity of caregiver, helps identify strengths and areas where support may be useful.  O + D

<b>FAMILY &amp; ENVIRONMENTAL FACTORS</b>	<b>Family History &amp; Functioning</b> Significant family history, individual wellbeing and family functioning	<b>Wider Family</b> Role and importance of wider family; including adopted child's birth family	<b>Housing</b> Appropriateness of accommodation to needs of child, family and other resident members	<b>Employment</b> Pattern of employment and impact on child and family members' relationship with child	<b>Income</b> Sufficiency of income to meet family needs and available resources	<b>Family's Social Integration</b> Integration with neighbourhood & community; peer groups, friendships & social networks	<b>Community resources</b> Availability, accessibility & standard of facilities & services available in community
<b>Assessment tools</b>							
<i>Strengths and Difficulties Questionnaires</i>	Discussion may reveal parental mental health issues or difficulties in family functioning D						
<i>Home Conditions Scale**</i>			Addresses standards of cleanliness				
<i>Parenting Daily Hassles Scale</i>	Helpful in identifying aspects of care that may put extra strain on adoptive parents D	Helpful in identifying aspects of contact with wider family that may be difficult D					
<i>Adult Wellbeing Scale**</i>	Explores how an adult is feeling in terms of depression, anxiety and irritability & can indicate when professional help may be beneficial D						

<i>Adolescent Wellbeing Scale</i>									
<i>Recent Life Events Questionnaire**</i>	Impact of illness and death on family functioning D	Impact of illness and death, recent life events on wider family D	Effect of recent house moves; can be a major life event for family members D	Impact of employment difficulties on parents and children D	Effect of financial difficulties family members D	Support or conflicts with neighbours D			
<i>Family Activity Scale</i>	Social activities of family explored D		Discussion may reveal effects of housing on joint activities families can do together D	May reveal adverse effects of employment problems on joint family activities D	Impact of financial difficulties on joint family activities D	Explores family's child-centred use of community facilities and resources in terms of leisure. D			
<i>Alcohol Scale**</i>	Impact on health. Valuable way of exploring any potential difficulties with alcohol use D			Impact on employment D	Impact on income D	Social use of alcohol & family's social integration. Impact of any mis-use on relationships with neighbours & friends. D			
<i>Sheridan Charts</i>									
<i>Home Inventory**</i>	Information on parental mental health and family functioning may be observed or reported O + R	Looks at the child's contact and relationship with members of the wider family O + R	Provides information on housing as part of an assessment of the adopted child's home environment. Includes context of home in neighbourhood O + R	A Home Inventory conducted with birth parent or foster carer can help predict levels of care adopted child likely to need & the potential impact on the employment pattern of the adoptive parents. O + R		Family's contact with friends and neighbours O + R	Family's use of community resources or need for access to additional resources or facilities may be reported O + R		

<b>Family Assessment**</b>	Looks at crucial everyday interactions with which families may need support, including decision-making, problem solving, managing conflict, family communication and how feelings are expressed and responded to, family alliances and family identity.  Family history systematically explores the meaning and impact of past significant events and relationships and can help identify unresolved issues from the past. O + R	Explores the family's relationships with the wider family. Mapping the Problem helps identify resources and areas of difficulty in wider adopted family, and regarding contact with birth family and significant others.	Observation and discussion of housing needs possible as part of Family Assessment carried out in home.	Information may be revealed during discussion in Family Assessment	Information may be revealed during discussion in Family Assessment	Family's relationships with the wider family and community gives picture of strengths and difficulties in family's relationships with the wider family and community, including whether the adoptive parents have been able to maintain their friendships and support networks.	Family's use of community resources or need for access to additional resources or facilities may be reported
<b>Fahlberg's Observation Checklists</b>		O + R	O + D	O + D	O + D	R	R

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