



**Survey Report - April 2018**

## **Building Trust with Special Guardian and Adopted Children – Working with Professionals**

## Contents

|   |    |
|---|----|
| Introduction .....  | 3  |
| Background .....  | 3  |
| Methods .....   | 3  |
| Findings .....  | 4  |
| Lack of time and opportunity to build relational trust .....          | 6  |
| The social worker as a trauma trigger .....                           | 7  |
| Difficulties to engage the child .....                                | 7  |
| A fractured support system for the child.....                         | 8  |
| Consideration of findings .....                                       | 10 |
| Summary of findings .....   | 10 |
| Consideration of findings in the light of knowledge about trauma..... | 10 |
| Suggestions and recommendations.....                                  | 10 |
| Authorship of report and contributors .....                           | 11 |

## Introduction

### Background

We conducted a peer led survey in January 2018 to explore parental and care-giver stress, and well-being, of adopters and special guardians, setting out to investigate any issues that we felt might contribute to or ameliorate stress. 403 individuals completed the survey of whom 389 were eligible. An interim report was produced at the beginning of March but at this stage we still had a great deal of qualitative data to consider, in the form of invited comments. We were ambitious in the scope of our survey, which had 72 questions, and decided that a good way to tackle what is rather large project, when we all have work and care commitments, is to look at particular topics of interest, breaking the analysis down into manageable smaller chunks. This is the first report we have done and we hope it will be helpful and of interest, particularly to those who support us. We would greatly welcome any opportunity to be more involved in service planning and development, and seek to work together with professionals and the Department of Education, to improve the lives and futures of our children.

Many adopted and special guardian children have relational and attachment difficulties as a result of their early life experiences and one of the issues we had wanted to consider in our survey was trust building of professionals with our children, and to think about any potential barriers to trust being established with professionals who support our children and families.

Relational safety and trust are such important issues for our children and young people, and if there is a lack of relational trust, and a child's felt sense of safety' are both poor, then assessments and interventions may be problematic, our children may struggle to cope, and our job is made harder. This is because intervention and support may not help our children and because our children may bring their difficulties and frustrations back to the family home. It will be us who must contain, comfort and support the child if they feel upset, distressed or triggered in some way.

### Methods

The survey was conducted anonymously (using Survey Monkey), to enable respondents to feel able to answer questions freely. Email addresses were provided for a prize draw to incentivise participation, and were used solely for this purpose. Data is stored anonymously in accordance with GDPR on Survey Monkey. Qualitative data was extracted from Survey Monkey, and analysed thematically.

We asked our survey respondents whether, from their perspective, social care, CAMHS, school, specialist agency or 'other' professionals who work with our children, had difficulties building trust with them, or no difficulties. We also gave an option of 'Not Applicable' for each category of professional.

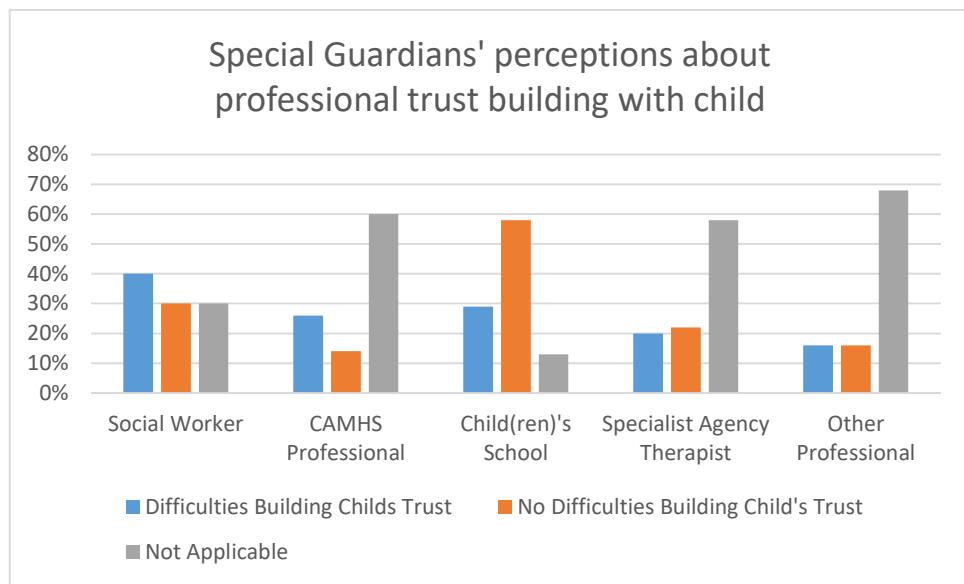
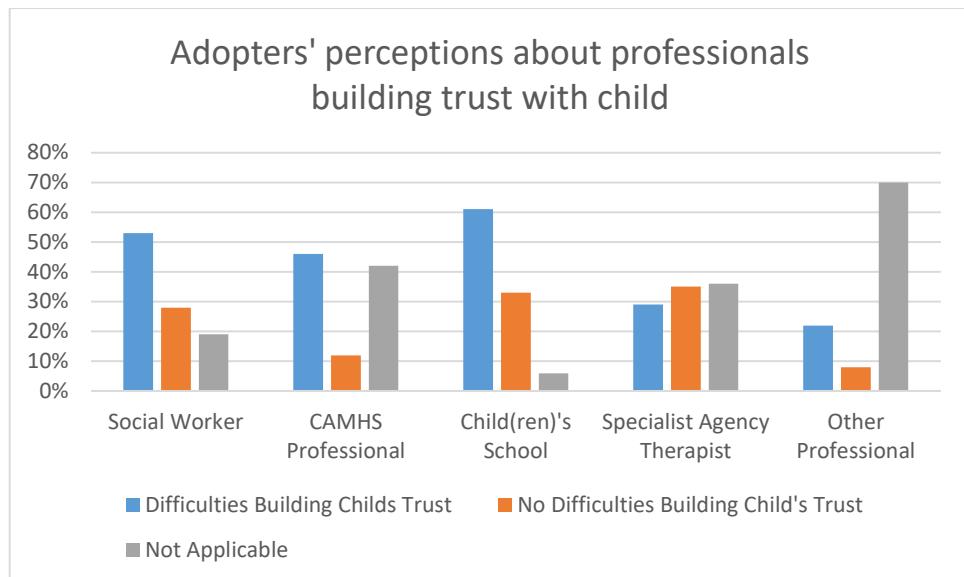
## Findings

344 adopters and special guardians responded to the question about professional trust building.

Percentage figures and numbers of respondents can be seen in the table below. Bar charts graphically display separately the percentages shown in Table 1 for each type of professional, for adopters and special guardians.

**Table1: showing reported frequency of professionals having difficulty building trust with Special Guardian and Adopted children N=344**

| All N=344                          | Yes |     | No  |     | N/A |
|------------------------------------|-----|-----|-----|-----|-----|
| <b>Social Worker</b>               | 50% | 164 | 28% | 93  | 22% |
| <b>CAMHS Professional</b>          | 43% | 130 | 12% | 36  | 45% |
| <b>Child(ren)'s School</b>         | 55% | 179 | 37% | 123 | 8%  |
| <b>Specialist Agency Therapist</b> | 27% | 78  | 33% | 96  | 40% |
| <b>Other</b>                       | 20% | 35  | 10% | 18  | 70% |
| Adopt N=278                        | Yes |     | No  |     | N/A |
| <b>Social Worker</b>               | 53% | 140 | 28% | 73  | 19% |
| <b>CAMHS Professional</b>          | 46% | 117 | 12% | 29  | 42% |
| <b>Child(ren)'s School</b>         | 61% | 160 | 33% | 87  | 6%  |
| <b>Specialist Agency Therapist</b> | 29% | 68  | 35% | 84  | 36% |
| <b>Other</b>                       | 22% | 29  | 8%  | 11  | 70% |
| SGs N=68                           | Yes |     | No  |     | N/A |
| <b>Social Worker</b>               | 40% | 26  | 30% | 20  | 30% |
| <b>CAMHS Professional</b>          | 26% | 14  | 14% | 8   | 60% |
| <b>Child(ren)'s School</b>         | 29% | 19  | 58% | 38  | 13% |
| <b>Specialist Agency Therapist</b> | 20% | 11  | 22% | 12  | 58% |
| <b>Other</b>                       | 16% | 7   | 16% | 7   | 68% |



Our findings suggested that CAMHS professionals fared better than social care and education professionals, and that specialist agency therapists fared best, in terms of building trust with our children. There were differences between adopters and special guardians however. We consider some of the factors that may explain some of the divergences we found, below:

- i. The demographic profile of special guardian and adoptive families in our population sample (N=389), is fundamentally different, although there is also considerable diversity also within the two groups. More often than not (71% of our sample), special guardians are the child's grandparents, there are more single carers (30% compared with 20% for adopters), and they have lower household incomes (44% had an annual household income of £20k or less, compared with 14% for adopters).
- ii. The children whom special guardians and adopters care for also have a slightly different profile, notably in terms of age, with special guardianship children being younger, because

they are generally placed when younger (19% placed before the age of three compared with 9% for adopters), but also because the Special Guardian Order was introduced only 14 years ago, and these children have not yet reached adolescence (12% of SG children were 12-18 years old compared with 33% of adopted children falling in this age range). Adolescence, the second stage of autonomy, brings new challenges and difficulties for our children, and those who care for them and parent them. There were also slightly lower levels of trauma identified amongst special guardian children in our population sample (2% diagnosed with PTSD compared with 7% for adopters, and 13% diagnosed with complex/developmental trauma compared with 18% for adopters).

- iii. The differential between specialist agency therapists working with special guardianship and adopted children, (58% of special guardians responded 'not applicable', compared with 36% for adopters), may be because fewer special guardians are accessing the Adoption Support Fund, which has been poorly promoted to special guardians. More than 50% of adopters had accessed this fund in our sample, compared with less than 9% of special guardians.

Overall, it appeared that professionals had more difficulty to build trust with adopted children than special guardian children. This is an interesting finding, which may simply be an anomaly of this study, but it is perhaps worthy of further consideration and investigation.

In terms of "other" professionals, a bereavement counselling service (for special guardianship children), and an occupational therapist (for an adopted child), were mentioned as being beneficial, providing a good service, and successful at trust building.

Respondents were invited to give further comments about relational trust if they wished, with 61 Adopters and 12 Special Guardians providing comments. Their responses are considered below thematically.

### [Lack of time and opportunity to build relational trust](#)

A predominant theme to emerge, in regards to professional trust building with special guardianship and adopted children, is that relationships take time, and time is something that professionals do not have.

*"My older daughter is very untrusting and few professionals have spent enough time and effort to break through to her"*

*"Our child is a little mistrustful of social care professionals and turnover has been quick, making it difficult to develop a particularly satisfying relationship"*

Our survey suggested that adoptive and special guardian children needed more time than other children to trust, if trust could be built at all. One respondent spoke of it taking four to five years to build trust, which is far beyond the time period that a professional usually stays involved with a child.

High staff turnover appeared to be a major issue in social care and there was simply a lack of opportunities for relationships to develop. One respondent commented that their child had five social workers in four months and another told us of seven social workers in fifteen months. These may be extreme examples, but the high levels of staff turnover observed by respondents were clearly an impediment to any sort of trusting relationship being able to develop with their children.

When a professional had been able to develop a trusting relationship with a child, this was so much appreciated by respondents. Taking time to make a child feel safe was also considered a good predictor of successful relationship:

:

*“School teacher has done a fantastic job of building trust but it’s been a very a slow process (2 years)”*

*“the professionals that take the time to make my child feel safe have had the most effective relationship with them”*

### [The social worker as a trauma trigger](#)

An anomaly of the social worker’s role is that social care professionals could themselves be a source of fear for children because they represented “*moves and change*” and because of triggering traumatic memories: *“Oldest child was removed from birth family in a social worker’s car, and whenever the social worker turned up at home (or at school, unannounced) he was frightened. The social worker failed to recognise this”*

In contrast to this, a social worker who had worked with an adopted child since birth was observed by an adopter to have built up a very good bond with the child – but her replacement made no attempt to connect with the child.

A special guardian had observed how the relationship with the social worker had been affected by court proceedings, which had been instigated when the child’s father had taken the special guardian to court for custody/ more contact. The child became more reticent and shy of the social worker appointed after court. Although this is just one case it is possible to appreciate the impact of court proceedings on a child or young person may be significant when consequences of court may have previously been life changing for them and involved separations from siblings as well as parents and grandparents.

The importance of helping a child to feel safe, in the context of court or previous traumatic events and experiences, should not be underestimated. ‘Rescuing the child’ has far reaching consequences for the child, and for all involved in the child’s life thereafter.

### [Difficulties to engage the child](#)

Adopters and special guardians described how numerous professionals had difficulties to engage with their children at all, but invariably survey respondents and professionals located this ‘problem of engagement’ in the child, rather than with the professionals:

*“Eldest ‘deflects’ and refuses to engage in answering questions to anyone including professionals”.*

*“Too much saying child won’t engage so we can’t help”*

In one case, where an adopted child who struggled to engage had re-entered care, the child was bypassed altogether for assessments, and his mother was not able to support him with these assessments. She was not even spoken to by therapy providers working with her son:

*"At the three year transition to the LA where we live, my son's therapy stopped. This was not what he wanted and a bad time. He would not engage in therapy for several years.....his therapy providers would not speak to me. He would not engage in assessments and these were done without him"*

Other respondents raised concerns about professionals making an effort with the child:

*"Most professionals seem to expect our children to trust them and do not bother to try and build up trust of rapport".*

There was a certain degree of incredulity about the lack of consideration for a child's attachment issues, given the role of various professionals, and the nature of their work:

*"It beggars belief that so many people work with children and are incapable of dealing with kids with attachment issues"*

Perhaps, as a result of the confines of the professional role, and the lack of time, it appeared to caregivers/parents that professionals were not always able appreciate a child's problems, or get beyond the child's survival strategies:

*"The short term nature of their input exacerbates attachment issues. Also had difficulties with Teaching Assistants forgetting the huge impact of trauma and attachment. If they 'let her down' she won't forget that and she will retreat to survival mode and her learning will be compromised"*

The opposite of engagement is where a quiet compliant child appears to be engaged but is in fact disconnected and perhaps dissociative – going under the radar. This may work for the system, where compliance is valued, but not the child, whose problems will not be addressed:

*"Quiet overly compliant children are not noticed by education professionals – so issue of not trusting is not noticed by them. Over compliance can be mistaken for trust"*

*"Child has a real dislike and fear of teacher but head teacher doesn't see it because child is very quiet and doesn't kick off at school, but can't sleep for worrying and won't ask teacher for inhaler etc".*

## A fractured support system for the child

Our children were certainly very different in terms of how they related to the various professionals who enter their lives, with some easy and quick to trust, sometimes in a way that raised concerns, and others completely unreachable as they were distrustful of all professionals.

Using a trusted adult, such as a parent or guardian, to mediate a new relationship, was thought to be a useful method to build relational trust, and might also support the parent or carer. However, we found there were often fractures in a child's support system, especially when problems were severe, and this left parents and carers unsupported, and feeling they were abandoned, judged and blamed:

*"Professionals have been defensive and blaming of parents when children have been distressed by their interventions; apart from specialist adoption therapist"*

*"..... after adoption service which I self-referred to with no social worker assistance, are the first professionals that haven't judged us"*

At the extreme end of the spectrum were parents who felt the child's vulnerabilities could be used against parents - professionals blamed them, and they felt their child was easily able to manipulate professionals against carers/parents:

*As vulnerable (child), easy to get 'trust' from social worker, as blaming parents.*

*"Manipulated them against us. Child 1 ran rings around them"*

When support from professionals ceased; this left parents and carers with nothing:

*"Both my daughters have always found it very difficult to trust or engage with professionals, leading to us constantly being discharged by services despite being in real difficulty"*

*"When my son became intensely challenging from the age of 13 I tried to access help and support from social services, CAMHS, (name of specialist agency), probation, education, youth support services, psychiatrists after suicide attempts, our adoption agency etc. I was left bitterly disappointed as we were given very little support. I had to battle along alone and in danger from my son. I had to protect my daughter, also in danger. I could not keep my son safe but because he did not immediately engage I was told there was nothing services could do to help or support. This is despite my son descending into terrible danger with criminality and despite him being violent and destructive in the home. He was depressed and suicidal but because he admitted to smoking weed, he was turned away from any mental health care. I could write a book, but looking back I can see agencies saw me as a middle class mum who was coping (though I certainly was not) and would not help us or him. Much has happened since, but he is now in prison".*

One of the main problems was that professionals only saw a snapshot of the child, and it was felt they were too disconnected from the realities of parenting or caring for a child because of this:

*"Social workers have no idea what it's like to live with these kids day after day & to CAMHS it's a job, they only see it in small chunks. We live it. Listen to us"*

## Consideration of findings

### Summary of findings

We found that time pressures and high staff turnover were barriers to professionals being able to develop trusting relationships with adopted and special guardianship children. The role of the social worker was a problematic one as these professionals were often associated with traumatic memories of separation for our children. Courts proceedings were also problematic and impacted on the child's trust of authority/agencies of the State. Parents, carers and professionals that struggled to build relational trust tended to locate the problems of engagement in the child and not enough consideration was given to the child's attachment and relational difficulties. Problems such as 'over compliance' and a withdrawn child were not given sufficient consideration by professionals and this could create problems and anxieties for the child, which were played out in the family home.

Whilst many professionals were successful at building trusting relationships we found that parents and special guardians could potentially be blamed if the professional was not sufficiently attuned to a child's survival strategies. If behaviours were too challenging and the child was subsequently unreachable for professionals, then parents/caregivers might find themselves under great duress and essentially abandoned, with extremely detrimental outcomes for the child and family. A dissociative and compliant child can be a positive for time poor, hard pressed professionals, but the child's problems will not be resolved, and educational attainment will potentially be much compromised. Systemic problems exist for our children, and a child's vulnerabilities may in fact be a barrier to them, and their caregivers, achieving beneficial support.

### Consideration of findings in the light of knowledge about trauma

Healthy relationships and "connection to family, community and culture"<sup>1</sup>, can potentially buffer the impact of childhood trauma, according to leading trauma experts such as Bruce Perry.

Perry has observed two fundamentally different expressions of a "malfunctioning stress-response system"<sup>2</sup>, of 'acting out' and 'withdrawal/dissociation' within traumatised children, which can challenge the system, and challenge the professionals who must work with children and families. In neither of these instances may the traumatised child get the help that is needed.

### Suggestions and recommendations

We suggest that to address the issue of professionals not being sufficiently motivated to develop trusting relationships with our children, and with us, that relational trust with child and family might be used as a performance indicator. Consideration would need to be given as to how this might

---

<sup>1</sup> Drummond, Jennifer 'Doctor in the House' Interview with Bruce Perry, Children in Scotland, Aug/Sept 2016

<sup>2</sup> Supin, Jeanne. *The Long Shadow: Bruce Perry on the Lingering Effects of Childhood Trauma*. *The Sun* 4-13, Nov., 2016

work, but we suggest that a simple measure of trust might be developed for parents and special guardians and other care-givers to complete on behalf of their child, and themselves. This could perhaps be along the lines of the 'Patient Enablement Instrument'<sup>3</sup>, which was originally developed as a brief (five question) measure of 'enablement' for use in consultations with GPs/doctors, although it has now been widely applied to other professionals, contexts and cultures. Since enablement relies on empathy and empowerment of the patient this process measure goes beyond patient satisfaction and considers the way that doctor and patient come together with shared understanding.

Professionals need to be alert, well informed and well educated about the impact of trauma in order to help our children. To help our children they also need to work with us.

Better collaborative working with parents and carers with a unified team approach, and support for parents and carers, *especially* when a child does not engage with professionals, would be of great benefit to help parents and carers struggling with children with severe difficulties, resulting from their early life adversity.

We suggest that health and social care services, and schools, *work with and through* parents and special guardians to build trust with, and support our children, especially those who are hard to reach and engage. Building the trust of the child in this way will help to prevent a fractured support system developing around the child, which could impair trauma recovery and act as a barrier to healing relationships with permanent families that buffer the impact of trauma.

### Authorship of report and contributors

The report is authored by Sylvia Schroer with support from Donna Lee and Janice Storey. Sylvia and Janice are adopters and Donna is a special guardian

---

<sup>3</sup> Howie JGR, Heaney DJ, Maxwell M: Measuring Quality in General Practice: Pilot study of a needs, process and outcome measure. Occasional paper series, 75 London: The Royal College of General Practitioners; 1997.