



The Needs and Challenges of Adoptive and Special Guardianship Families - Working Together to Help Our Children

28th June 2018

Contents

Forward and Acknowledgments by SG&AT's Chair, Dr Sylvia Schroer	3
1. Summary	5
2. Introduction	6
3. Family life and children re-entering care	8
4. Children's disabilities and mental health	11
5. Problems experienced by Adopters and Special Guardians in relation to their children	13
6. Factors that contribute to stress for Adopters and Special Guardians	16
7. Working with professionals	18
8. Contact with Birth Family	25
9. Respite for adopters and special guardianship families	27
10. Understanding the needs and problems of adoptive and special guardianship families	29
11. Suggestions and recommendations	34
12. Appendices	36
12.1. Appendix 1 Cases from EHC Plan Enquiry	36
12.2. Appendix 2: Impact of bad/negative experiences on child/family	40
12.2.1. Adopters – Impact of negative experiences of services on child/family	40
12.2.2. Special Guardians – impact of negative experiences of services on child/family	54
12.3. Appendix 3 Petition to parliament	57

Forward and Acknowledgments by SG&AT's Chair, Dr Sylvia Schroer



Thanks for reading this report. As an adoptive parent since 2007, I can see deep systemic problems that affect adopters, and special guardians, which is why we have joined forces. These same problems seem to impact on families where a child has disabilities and special needs where services are required. Austerity has

made support harder to achieve, and whether it is from health, education or social care, it so much more difficult to obtain from cash strapped local authorities looking to save wherever they can. We, who rely on services, bear the brunt of austerity, and at the same time can find ourselves victimised by a blame culture that makes us, and our children, extremely vulnerable when our children have behavioural problems and anxiety issues. These problems may stem from a legacy of past losses, trauma, abuse and neglect in our cases, but can also arise because of poor mental health, which is on the rise in children and young people, and because of lifelong conditions such as autism or FASD.

My own adoption journey, as a small family, started with setback. I was reliably informed by the funding manager who looked after my award that I was the only person ever to adopt on the prestigious NIHR (National Institute of Health Research) research capacity development fellowship programme. My personal award was worth £200k, which is a significant investment to make in any individual. However, I was matched with my child just before the four-year contract ended and my PhD research was almost done. Instead of support to develop my career and help me to take the clinical trial I had been working on for the PhD to its next stage, I had to face a harrowing redundancy at the same time as becoming a single mother. My child needed me to be strong and hopeful but I subsequently found the contract research system that junior researchers must go through to be totally unsuited to adoptive parenting – I was expected to move around the UK to get a job, when I needed to stay put for my child, and travel was part of the job requirement to attend conferences or meet other academics. There was no way I could do this and meet my child's needs as a mother. The difficulties at the beginning of the adoption journey paled into insignificance compared with the epic struggles I later had as a mother, to achieve understanding and support from those whose job it was to help us. Even when there was understanding, which was not always the case, the support for us as a family was not there. Instead of our needs being met, the organisations and agencies I dealt with would have a three-line whip of workers, managers and senior managers to say no. Agencies did not always work together and agree either but they protected each other speedily enough if needed. It became a scenario of 'us and them' in a way I could never have anticipated or imagined - before I found myself in the situations we were dealing with as a supported family. To make matters worse, the system, through being 'child focused', was incredibly divisive of parent and child. Instead of being seen as a force for good in my child's life, which was how my child saw me, I became viewed as a potential source of harm. When the teenage years began and my child started to push against me, as he needed to do, we were deeply unsafe as a family with the divisive fault seeking approach taken. Our story is private and shall remain so. I have come through it with a mission to use my research skills, and my experiences as an adoptive mother to create change, and to work with others to create a better system. A system where parents and carers of children who provide them with permanent families after they cannot live with their birth mothers and birth fathers can be heard, treated with dignity and respect, valued – and be part of the dialogue about change.

For this next journey I am not so much on my own thank goodness. We have had such great encouragement from Shadow Children's Minister, Emma Lewell-Buck, with whom we met in May, from Isabelle Trowler, the Chief Social Worker for Children and Families at DfE with whom we met in March, from the two social work professors who led the recent BASW enquiry, Professor Anna Gupta and Professor Bridget Featherstone, as well as encouragement from Professor Deborah Christie,

President of the Society for Adolescent Mental Health, Professor Beth Neil (who gave encouragement to publish our work in academic journals), Dr Matt Woolgar, a consultant clinical psychologist with the National Academy for Parenting Research, and from Joy Hasler of the Adoption Support agency Catchpoint. I am deeply grateful to all SG&AT members for the confidence they have given me by my election as Chair, and to the groups who have supported us: POTATO (Parents of Traumatized Adopted Teenagers), which is chaired by June Leat, the Open Nest, founded by Amanda Boorman, and More than Grandparents in Sunderland, which is chaired by Mel Nichols. Thank you so much to my co-founder Janet Barraclough, and to the SG&AT management committee, which includes Janet, Talib Abdulhussein, Dave Bagshaw, and Donna Lee - for their support.

We hope that by bringing light onto what is happening in our families, including when our children must re-enter care, for no fault of theirs or ours, we can start to find better ways to support them to recover, heal from their losses, and hopefully attain their potential in life – through working with together with those responsible for our support provision.

Although we do not shy away from reporting very difficult relationships with professionals, we try, through research, to offer a problem solving ‘blame free’ approach and hope to work with others to develop practice innovation, identifying creative and ethical solutions to extremely complex multi-layered problems. We hope, along with others, to contribute to the Task Force we would like to see set up to consider how families where a child lives apart can be better supported, including models and helpful guidance for maintaining positive relationships and potentially reunifying our children, with the right support, if this is possible, wished for, and felt to be safe.



Our next venture will be a newsletter, edited by special guardian, Donna Lee. We decided as a group to call our newsletter ‘Families Forever’, and plan to launch it within the next three months.

We are entirely reliant on public support, and as yet we receive no support from government or funding bodies. We therefore ask whether you might consider helping us by making a small monthly contribution of £1 per month to help us with our ongoing research programme (this is our 5th report since March 2018), and with the development of our newsletter, which we hope will be a useful resource to our respective communities. We have set up a Just Giving page to take donations and the distribution of all donations we receive will be overseen by the management committee.

<https://www.justgiving.com/crowdfunding/adopters-together>



1. Summary

In this report we look at our needs and challenges as families and reflect on our experiences of working together with professionals.

The information gathering process has involved 500+ adopters and special guardians, parenting and caring for 700+ children and young adults. Two surveys were conducted and four cases were chosen from group members where children had re-entered care to look at children and lives in context.

We have identified, in the children we parent and care for, a high level of disability, numerous complex trauma related mental health problems and life-long conditions such as autism and FASD.

Our children's behavioural issues and anxieties can make family life intense and extremely stressful. Respite was identified as being vital to adopter and special guardian resilience but was often not available or hard to come by.

Working relationships with professionals in various roles were mixed and reflected the different involvement of adopters and special guardians. Bad experiences deterred adopters and special guardians from help seeking and made them feel frightened of social services.

We discuss how injustices are not adequately scrutinised by the Family Courts with limitations as to their remit that do not suffice for our complex cases and leave us in difficult situations where we have limited power and are not able to be used as a resource – courts, which are adversarial and stressful for us, should be able to but cannot 'problem solve' and are restricted to 'persuasion' – unable to direct local authorities who do not allocate professionals with adoption or special guardianship expertise to the support of children and families.

We have identified that there are no models, or good practice guidance to assist the safe rehabilitation and reunification of adopted and special guardianship and provide evidence that this does not seem to be a priority for local authorities.

We suggest more ethical policies can be developed through the proper involvement of those with 'lived experience' at a decision-making level in future. We suggest a Task Force is set up to develop practice guidance for when a child re-enters care to enable relationships between family members to be better supported and develop models for reunification for children where family members are part of the solution rather than part of the problem.

We suggest it may be time to review policy and legal frameworks surrounding adopted and special guardianship children in the modern context, to ensure that ethical social policies are in place, and it is certainly time to have dialogue with those whose lives are affected by legislation when the courts cannot be 'problem solving' as they should be, when problems are very complex.

2. Introduction

Special Guardians and Adopters Together (SG&AT) are a peer-led, peer supported campaigning group. The aim of SG&AT is to provide an authentic collective voice, which is necessary to protect our identities, and to raise awareness of issues that affect our respective communities. We seek to work together with government, researchers and relevant organisations/charities to find workable solutions to extremely complex multi-layered social problems. We believe dialogue with us, with those with 'lived experience' is vital to bring about beneficial change. We seek understanding of problems and underlying reasons for them first and foremost – because solutions to problems will always elude without this.

In order to offer targeted and beneficial support, an understanding of what children and families need, and what creates pressure and stress for them, is first required. In this report we present data about family life, disabilities, the mental health diagnoses our children suffer with and describe the sorts of problems we experience. This data comes from our two surveys and from reflections by group members. Our Health and Wellbeing Survey had 403 respondents of whom 389 were eligible (309 Adopters and 83 Special Guardians). Our School Exclusion Survey had 148 respondents of whom 145 were eligible (96 Adopters and 50 Special Guardians). We present four cases from our group where a child has re-entered care and there have been court proceedings, to consider the impact of current legal frameworks and court processes/outcomes (Pages 35-38).

We are not suggesting that our self-selecting survey populations and cases from group members are representative of the wider adoption and special guardianship communities. What they do facilitate however, is an appreciation of systemic issues, which can arguably be better gained through looking at situations where the system/social policy breaks down - than through its generalised successes or failures. For the latter type of question, one would look to probability sampling methods, and wish to measure improved health, relationship, employment and educational outcomes – as well as negative outcomes such as homelessness, and prison. One might use methods such as the 'interrupted time series', where a number of measures are taken before and after the introduction of a particular policy intervention or legislative change. This latter type of research is well beyond the scope of a small group such as ours and should be part of policy evaluation, so that rhetoric and ideology does not replace knowledge and sound evidence. This is particularly important where the wellbeing of vulnerable children is concerned. Our children are our future.

In the year ending March 2017 there were 4350 Adoption Orders and 3690 Special Guardian Orders according to the DfE (Source SSDA 903). This is 14% and 12% of the children who leave the care system. 32% of children who ceased to be looked after during this period did so because they returned to their families – with this figure being down by 2% from the previous year. It has proved impossible for us to ascertain the exact number of adopted and special guardianship children in the UK. There are however considerably less special guardianship children than adopted children and this may be one reason for the disparity of response rates for our two surveys. Our Health and Wellbeing Survey had 309 adopters and 83 special guardians; our School Exclusion Survey had 96 adopters and 50 special guardians responding (21% and 34% of respondents were special guardians respectively in the two surveys). At the time of the first survey our group was still called Adopters Together, which may have deterred some special guardians from taking part and account for some of the differential. We changed the name of our group to Special Guardians and Adopters Together in February 2018.

One of our suggestions in our March Interim Report of the findings of the Health and Wellbeing Survey, was for the Adoption Leadership Board to include special guardians and change its name. We were

very pleased then to learn that this governing board became the Adoption and Special Guardian Leadership Board shortly after our Interim Report. We hope to be able to contribute to this board and play a more active role in it. It would be good to have some dialogue about how our research is being interpreted and used.

3. Family life and children re-entering care

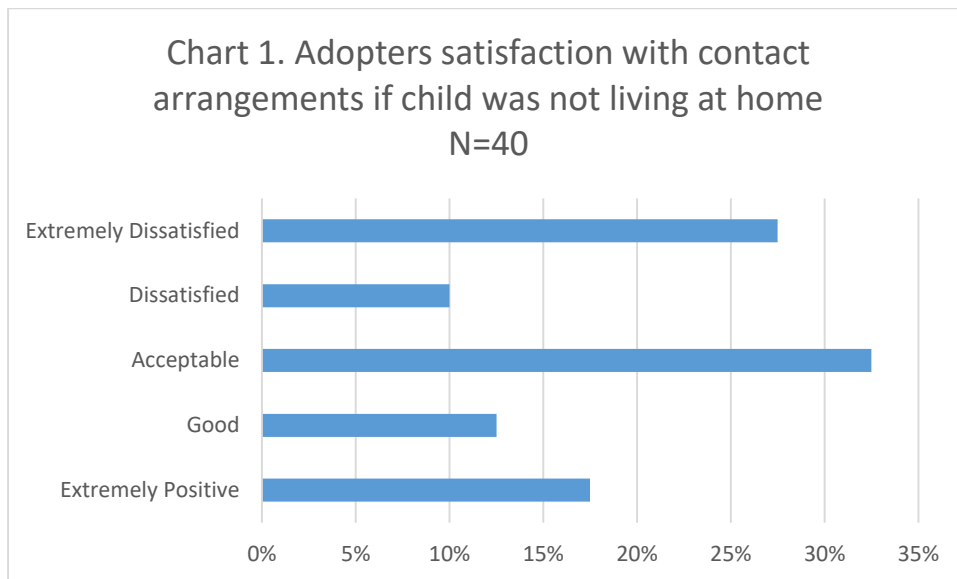
Before looking at the data we draw attention to the different age profile for adopted and special guardianship children in both surveys. This may account for some of the variations and differences found. We would welcome statistical support to help with our analysis to explore the effect of this as a confounding factor. We did not ask about the child's history of abuse and neglect prior to coming into care, which may also account for variance between adopters and special guardians. In the Health and Wellbeing Survey population sample, the numbers of children being parented/cared for by adopters who were 12 years old or older was 265, compared with 23 special guardianship children. In the School Exclusion Survey, we asked the question about age differently so as to be able to draw simple comparisons using the Survey Monkey analytics where significant differences are identifiable provided group size is sufficient ($p=0.05$), not asking about each child but about what age groups the children of each special guardian or adopter fell into. Significant differences were identified with more special guardians caring for children up till the age of 7, no differences in the 8-11 age range and more adopters parenting children over 12 ($N=145$).

It may also be significant that special guardianship children were placed at a younger age, with our Health and Wellbeing Survey population, with 50% placed before they were 18 months old, compared with 34% for adopted children. We did not ask about age at placement in our School Exclusion Survey as we wanted to keep the time to complete the survey down to five minutes and minimise the number of questions.

To summarise findings in regards to family life and re-entering of care, we found:

- Family life was generally a bit easier for SGs than adopters and fewer adopters in our School Exclusion Survey reported that it was 'Positive and Problem Free' than SGs (2% compared with 11%), whilst more adopters reported it was 'Extremely Stressful' (29% compared with 9%) $N=137$ $p=0.05$.
- In both surveys, more adopted children were reported as having re-entered care than SG children. In our Health and Wellbeing Survey we found 16 Adopted children had re-entered care under a Section 20 Care Order and 6 under Section 31, compared to only 1 SG child re-entering care under a Section 20 Care Order ($N=367$). In our School Exclusion Survey, 12 Adopted children were reported to have re-entered care compared with only 1 SG child ($N=164$ children, $p=0.05$). These figures do not represent the total number of children who have re-entered care as young people over the age of 16 that may have left home prematurely could now be living independently, and another box ticked on the survey. The figure for children re-entering care in the Health and Wellbeing Survey seems to be 40 as parents were asked about their satisfaction with contact arrangements if their child was not living at home, with 40 responses and 40 responses to another question about how the child had coped if they had re-entered care.
- 73% - 29/40 reported that their children were de-stabilised after re-entering care.
- Approximately one third, 13/40 (32.5%) found contact arrangements acceptable when a child had re-entered care, but 27.5% were extremely dissatisfied with these arrangements. See Chart 1. In response to a question about 'bad experiences' one adopter reported having 20 Sheriff's Court hearings about contact with their child who had re-entered care.

- Very few adopters received support if their child had re-entered care according to the School Exclusions Survey: 4/90 responded yes, 17/90 reported no, 69/90 responded 'Not Applicable'.



Respondents were invited to comment further about how their child had coped after re-entering care in the Health and Wellbeing Survey. Only adopters commented except one special guardian to say their child had not re-entered care. All 21 responses were negative except for one who said it was *“the best thing”*. Another respondent described how going into a secure unit had prevented her daughter from being sexually exploited and for this reason the re-entering of care was positive. For one respondent’s child an initial period of being unsettled had been followed by a stable period in a children’s home where the child was *“doing well”*. One respondent described her son being suicidal and self-harming when neither her nor her son wanted the separation. Another parent spoke of her son wishing to return home but being unable to do so – reasons were not given for this. Another described her son being *“accommodated in a hotel with 2 to 1 support workers due to LA unable (or unwilling) to find a suitable place for him to live as he was 17 and 8 months when accommodated from custody”*.

Going back into care could leave the adopted child feeling rejected by the adopter, which was not what they wished for at all but they felt they had little choice because of the risks of living together. The child’s siblings could be negatively affected when a child re-entered care although respondents did not elaborate about this.

Going into care had enabled a young person to achieve therapeutic help that had been identified as being needed many years previously in the family home. But homelessness and in-patient adult psychiatric care were described as outcomes for two adopted children.

One adopter described how foster carers struggled to cope with their child and were described as being ‘traumatised’ by respondent. There were problems described by one respondent in the child’s care home:

“Child 2 had 2 abusive placements and was removed. Child 1...no placement was found and she lived with a second cousin from her birth father where she was abused and raped”.

“Child took full advantage of greater freedom, manipulated social workers, and the police, his involvement in drugs and abusive peers increased, his behaviour became more abusive, his care home was shut down because of illegal activities of both the staff and young people”

One respondent who had worked in adoption and fostering services for the last 15 years was aware of the legal options and was able to use Section 20 to avoid her 17year old son being accommodated under homelessness legislation:

“This (legislation) is NOT appropriate for most adopted children re-entering care as they are emotionally far younger than their chronological age and will need support way into adulthood, and probably throughout their adult lives”.

4. Children's disabilities and mental health

- Numbers of children receiving Disability Living Allowance, or with DLA/PIP applications pending were broadly similar in the larger Health and Wellbeing Survey, at 35% for Special Guardians and 38% for Adopters with 344 respondents answering this question. In the School Exclusion Survey (N=133), 58% of adopters were parenting children on DLA/PIP or with an application pending compared with 22% of Special Guardians. This was a significant difference ($p=.05$).
- There was a different profile in terms of mental health diagnoses of children in our two surveys. In the Health and Wellbeing Survey, which asked about children individually, proportionally higher numbers of adopted children were diagnosed with Depression, PTSD and Complex Trauma and the converse was true for special guardian children in terms of an Anxiety, FASD/AND diagnosis – see Table 1 (N=264). In the School Exclusion Survey, which asked about children in the family as a whole and could look at statistical differences with the Survey Monkey package, adopters parented more children diagnosed with Anxiety and Complex Developmental Trauma ($p=0.05$): 42 adopted children had Complex Developmental Trauma compared with only four special guardian children - see Table 2 (N=111).

Table 1. Mental health Diagnosis of respondent's children: Health and Wellbeing Survey

Total respondents N=264	Number of children with diagnosis	Adopters Respondents N=225	SGs Respondents N=42
ADHD	99	85	15
Autism	76	63	15
Foetal Alcohol Syndrome	41	31	10
Alcohol Related Neurological Disorder	27	21	6
Anxiety	193	156	39
Depression	60	54	7
PTSD	64	61	3
Complex Trauma/Developmental Trauma	182	163	22
Attachment Disorder/Pattern	303	257	47
Total Number of Diagnoses	1045	891	164

Table 2: Mental Health diagnoses of respondent's children – School Exclusion Survey

Answer Choices	All %	All N=111	Adopt N=76	SG N=35
ADHD	28.83%	32	26	6
Autism (ASD)	23.42%	26	19	7
Foetal Alcohol Syndrome/Alcohol Related Neurological Disorder	14.41%	16	13	3
Anxiety*	42.34%	47	38	9
Depression	18.02%	20	16	4
PTSD	13.51%	15	13	2
Complex Trauma/Developmental Trauma*	41.44%	46	42	4
Dissociative Identity Disorder	5.41%	6	5	1
Attachment disorder/pattern	71.17%	79	54	25
Other mental health condition/diagnoses	22.52%	25	18	7
Total diagnoses		312	244	68

*significantly greater for adopted children than Special Guardianship children

5. Problems experienced by Adopters and Special Guardians in relation to their children

In Table 3/Chart 2 we outline the problems experienced by adoptive and special guardians in relation to their children from the Health and Wellbeing Survey. Significant differences are highlighted. Green signifies more adopters and yellow more special guardians reporting problems/concerns. Clearly the age differential of the children may account for some of the differences. In Table 4/Chart 3 we show comparative data for the School Exclusion Survey, with significant differences, where adopters reported more problems than SGs highlighted in green.

Table 3. Problems experienced by Adopters and SGs with their children – Health and Wellbeing Survey			
	All N=321	Adopt N=263	SGs N=60
Emotional Dysregulation*	88%	94%	63%
Anger and Rage Meltdowns*	89%	95%	70%
Child to Parent Violence*	69%	75%	43%
School Refusal/School Anxieties*	65%	71%	43%
Stealing*	45%	51%	21%
Social Anxieties, Agoraphobia	44%	46%	38%
Sibling Trauma Bonds/Aggression and Violence Towards Siblings	43%	45%	37%
Being Bullied at School or On Social Media	33%	37%	2%
False Allegations Made About You, Your Partner or Other Family Members	24%	25%	18%
Suicidal Ideation or Suicide Attempts	24%	27%	10%
Going Missing or Running Away Whilst in Your Care	24%	28%	6%
Problematic Relationships with Birth Family	20%	12%	56%
Sexually Problematic or Harmful Behaviour - Acting Out Their Own Trauma	18%	21%	6%
Drug and Alcohol Problems*	14%	17%	5%
Child Being Arrested*	12%	14%	1%
Targeted by Drug Dealers	10%	12%	1%
Being Groomed for Sex	11%	13%	5%
Going Missing from Care*	8%	10%	3%
Child Being Arrested After Re-Entering Care*	6%	8%	0

Chart 2. Problems experienced - Health and Wellbeing Survey

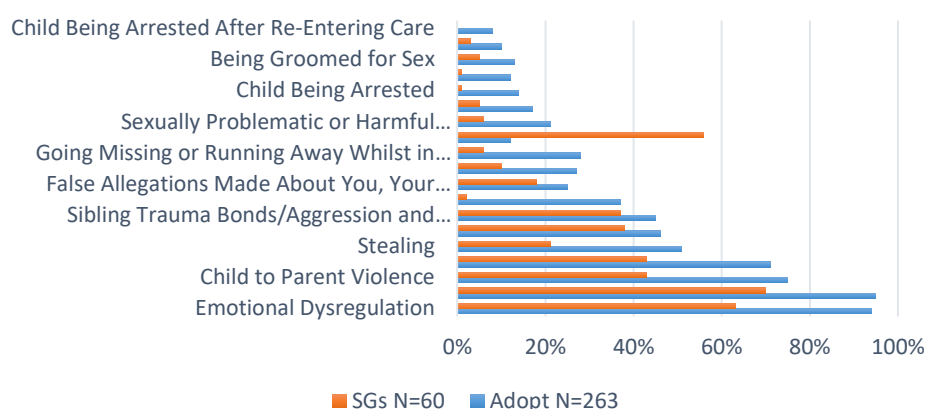
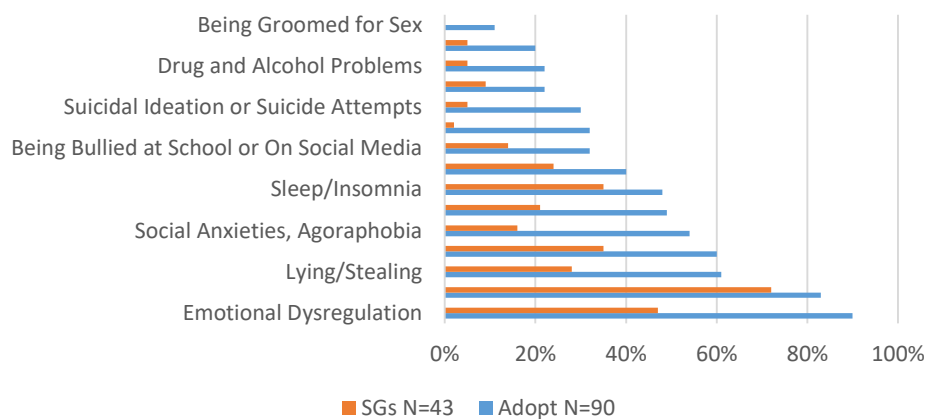


Table 4. Problems Experienced – School Exclusion Survey N=132

Problems Experienced	Adopt N=90	SGs N=43
Emotional Dysregulation	90%	47%
Anger and Rage Meltdowns	83%	72%
Lying/Stealing	61%	28%
Child to Parent/Carer Violence	60%	35%
Social Anxieties, Agoraphobia	54%	16%
Self Harm	49%	21%
Sleep/Insomnia	48%	35%
Sibling Trauma Bonds/ Aggressive towards siblings	40%	24%
Being Bullied at School or On Social Media	32%	14%
Going Missing or Running Away	32%	2%
Suicidal Ideation or Suicide Attempts	30%	5%
False Allegations	22%	9%
Drug and Alcohol Problems	22%	5%
Sexually Problematic/Harmful Behaviour	20%	5%
Being Groomed for Sex	11%	0%

Chart 3. Problems Experienced - School Exclusion Survey



6. Factors that contribute to stress for Adopters and Special Guardians

In Tables 5 and 6 we consider different factors associated with stress for adopters and special guardians, with stress rated as 1= slightly stressful, 2= stressful and 3 = extremely stressful. The only issue where we found a significant difference across all three stress scores was 'Court Proceedings', which are highlighted in yellow, as these were more stressful for Special Guardians, whilst significantly more adopters ticked 'Not Applicable' for this issue/factor.

This data comes from the Health and Wellbeing Survey

Table 5. The stress of the parenting/caring role

	All N=336			Adopt N=270			SGs N=69	
	Total	Answered N/A	Weighted average	Total	Answered N/A	Weighted average	Total	Answered N/A
Supporting Your Child in Family Home	331	9	2.36	265	6	2.44	68	3
Difficulties Parenting from A Distance	279	212	2.48	226	168	2.5	55	45
Coping with Your Child's Issues/ Problems or Challenging Behaviours	331	14	2.5	267	8	2.59	67	6
Impact of Child(ren)'s Challenging Behaviours Upon Their Siblings	319	90	2.45	256	63	2.46	65	28
Dealing with Your Child(ren)'s School	325	49	2.15	262	26	2.2	66	23
Home Schooling	272	243	1.97	225	200	2.08	49	44
Education Health and Care Plan Process*	311	127	2.05	250	102	2.03	63	25
Family Time/Contact Arrangements If Child Is Living Away from You	290	243	2.34	237	196	2.37	55	48
Child's Contact/Meeting with Birth Family*	304	181	2.08	239	177	1.81	67	4
Child's Contact/Meeting with Birth Siblings Who Do Not Live with You*	298	197	1.65	239	159	1.64	61	38
Demands of Multiple Caring Roles (Other Than Your Adopted Or SG Children)	296	191	2.09	237	163	2.14	62	29
Differences with Partner	315	97	1.97	254	76	1.99	63	22
Worries About the Future	333	11	2.3	269	7	2.31	67	4
Financial Worries*	319	50	2.11	254	46	2.04	67	4
Lack of Support and Understanding from Friends/Family/Community	325	37	2.02	260	25	2.03	67	12
Other	115	78	2.57	87	59	2.61	30	20
Other (Please Specify)	33			27			7	

*these aspects of parenting/caring for a child were rated as more stressful by Special Guardians than adopters but did not necessarily reach significance. In terms of significance, 'Child's Contact with Birth Family' was rated as stressful and extremely stressful by more SGs, and more Adopters ticked 'Not Applicable' for this question.

**Table 6. The stress arising as a result of difficulties accessing services and working with professionals
N=329**

	All Respondents N=329			Adopt N=265			SGs N= 67	
	Total	Answered N/A	Weighted average	Total	Answered N/A	Weighted average	Total	Answered N/A
Professional(S) Finding It Hard to Build Trust with Your Child(ren)	313	100	1.89	254	71	1.9	61	29
Professional(s) Not Appreciating Your Child(ren)'s Needs	324	40	2.45	261	22	2.48	66	18
Difficulties and Obstacles in Accessing Provision	317	38	2.56	257	22	2.56	63	16
Being Discriminated Against When Trying to Access Services/ Support	300	194	2.31	242	164	2.35	60	31
Lack of Understanding from Professionals	324	40	2.39	262	24	2.4	65	16
Legal Issues	296	205	2.31	237	181	2.25	61	25
Formal Complaints	295	167	2.41	238	138	2.42	59	30
Court Proceedings	291	213	2.27	233	196	2.32	60	17
Tribunals	268	236	2.44	223	202	2.52	47	35
Other	139	127	2.92	110	100	2.9	30	28
Other (Please Specify)	11			10			2	

11 respondents provided comments about other stress factors. These included: applying for PIP and having to go through mandatory reconsideration and then a tribunal; dealing with schedule 1 offenders, criminals and drug addicts to keep children safe from being groomed and child sexual exploitation; countering misinformation and inaccuracies in reports; dealing with abusive treatment in schools; and feeling judged and blamed. One respondent explained that due to the catalogue of errors the placing local authority had paid their barristers fees for court proceedings.

7. Working with professionals

Being met by services with understanding and empathy when under pressure and asking for help is very important. Respondents in our Health and Wellbeing Survey were asked to tick a box to describe their present experience of treatment by social workers, Independent Reviewing Officers, Cafcass Guardians, CAMHS professionals, SENCOs, independent assessors, non-statutory therapists, legal professionals and court or tribunal judges. Results can be seen in charts 4-12 below. The charts indicate slightly different profiles of working involvement with more adopters engaging with non-statutory therapy providers, SENCOs, IROs – perhaps reflecting the larger numbers of adopters using the Adoption Support Fund, the greater educational needs of their children and the greater numbers of children who have re-entered care in this population sample. More special guardians were engaging with legal professionals, Cafcass Guardians and court and tribunal judges, which reflects their greater degree of involvement with court proceedings compared with adopters.

Charts 4-12 Present assessment of relationship with individual in a professional role

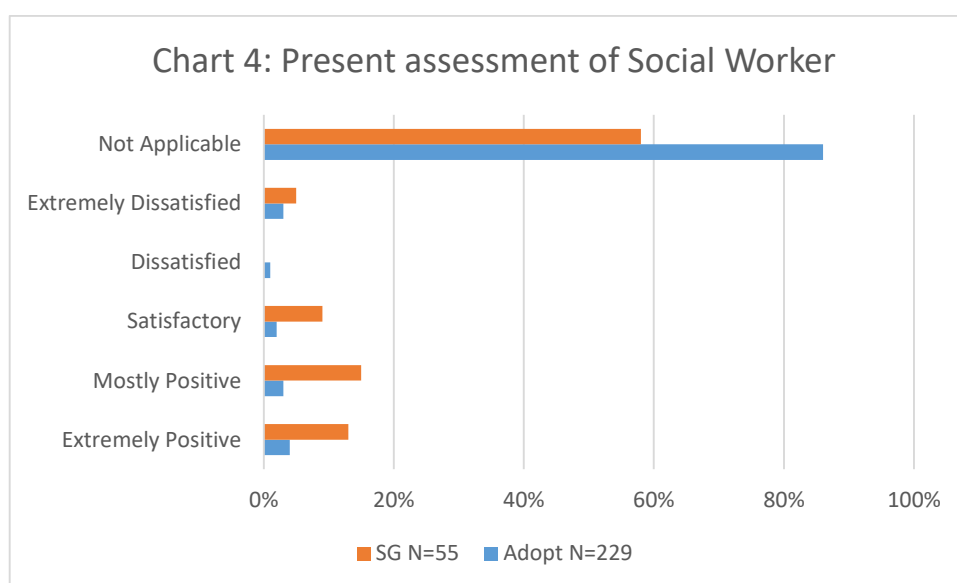


Chart 5: Present assessment of IRO

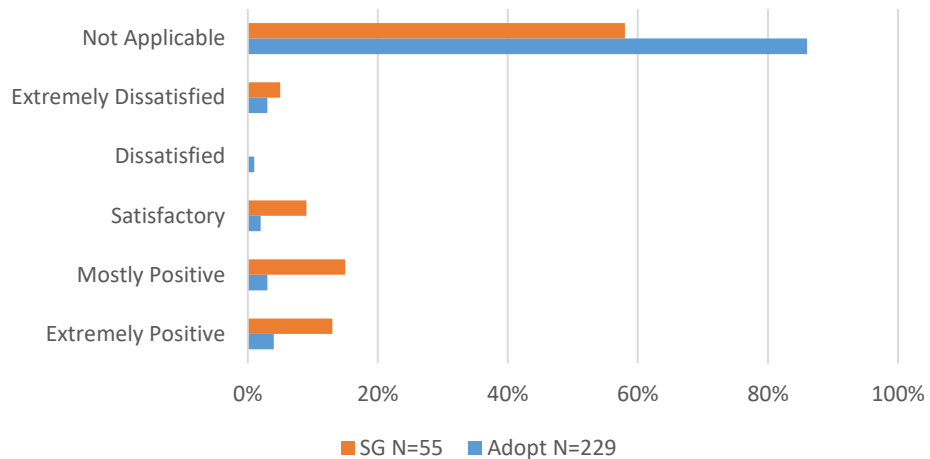


Chart 6: Present assessment of Cafcass Guardian

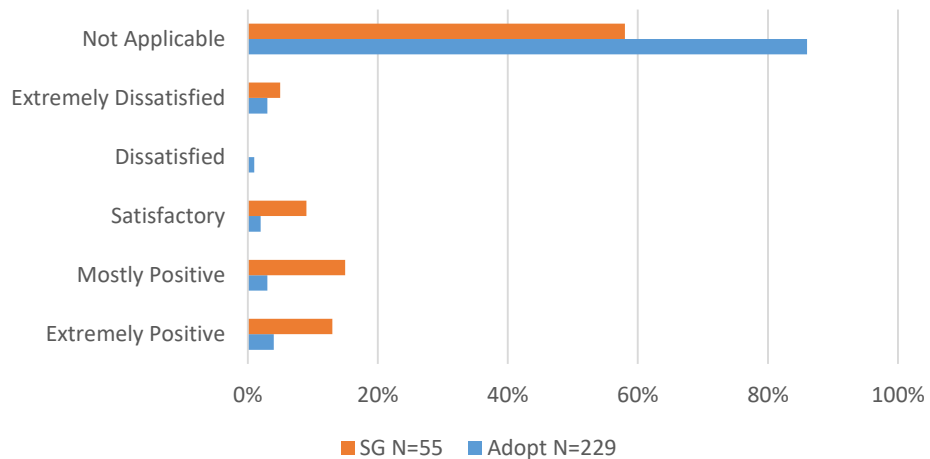


Chart 7: Present assessment of CAMHS professional

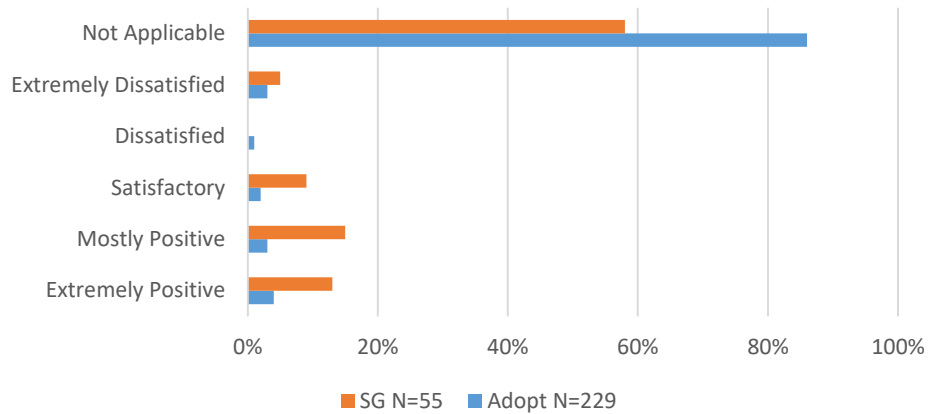


Chart 8: Present assessment of SENCO

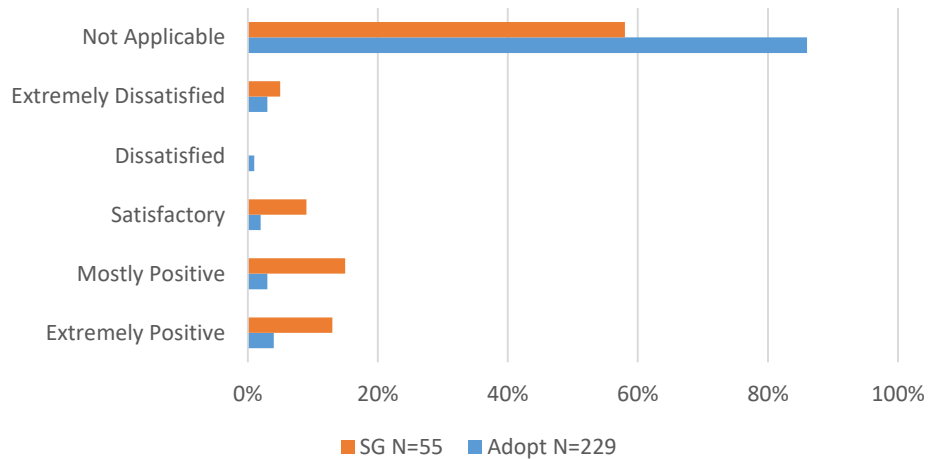


Chart 9: Present assessment of non statutory therapist

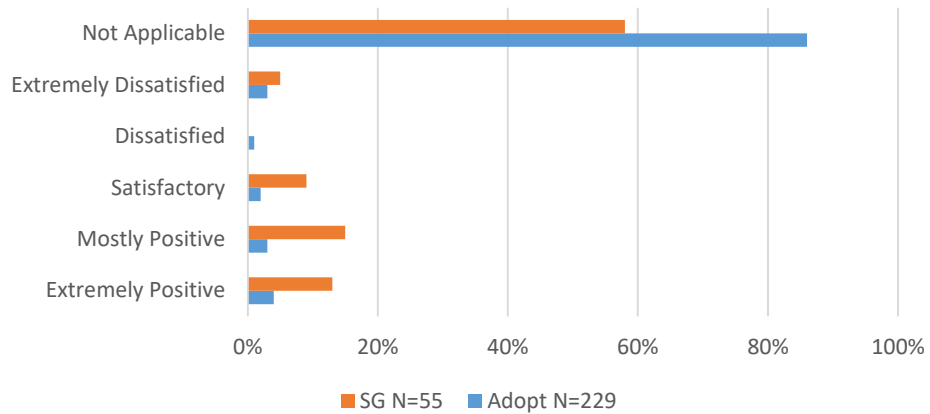


Chart 10: Present assessment of independent assessor

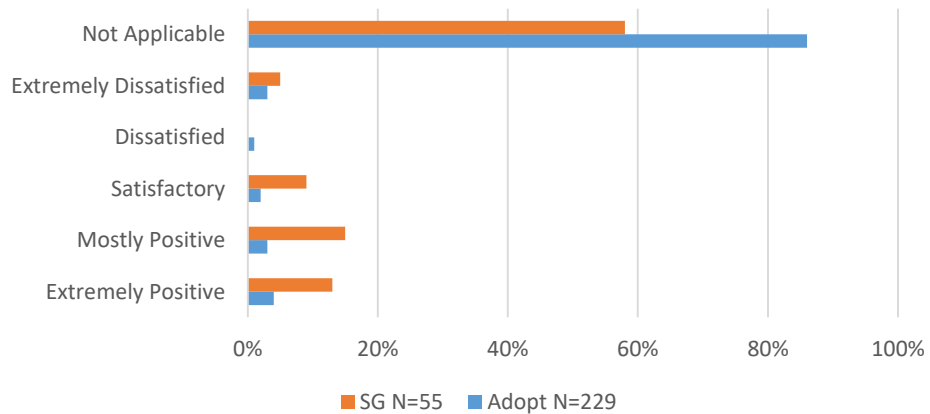
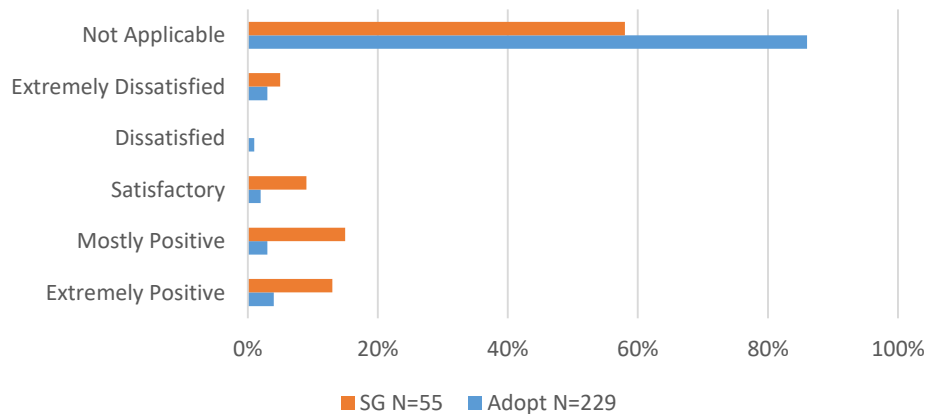
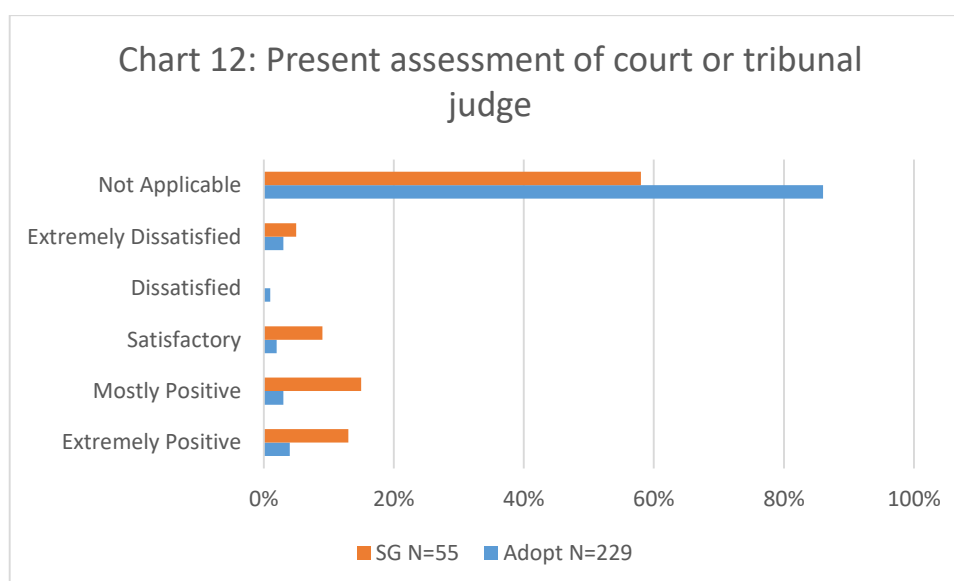


Chart 11: Present assessment of legal professional

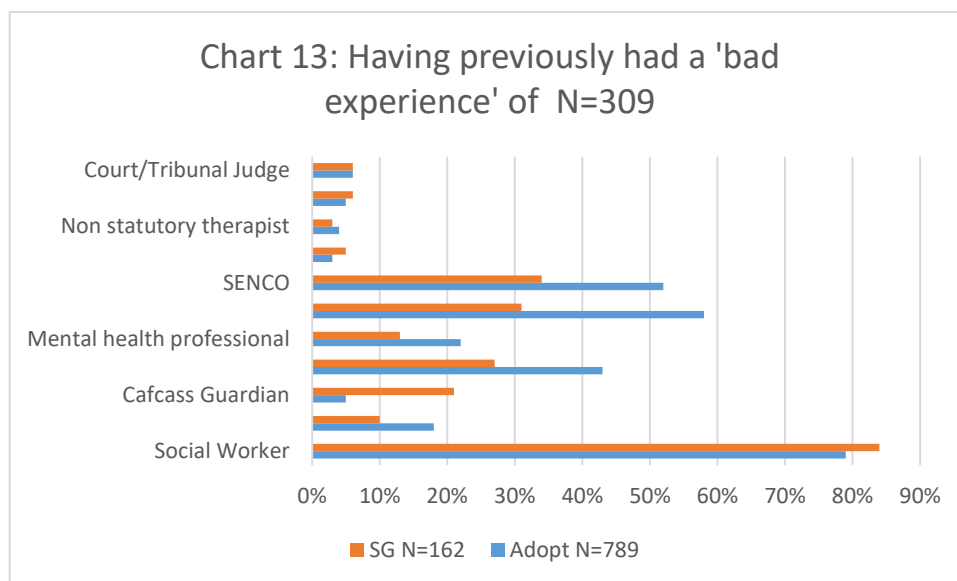




In response to being asked specifically about having a problematic relationship/bad experience involving a particular type of individual within a professional role, we found significantly more special guardians had problems with Cafcass Guardians whilst the converse was true of adopters who reported more problems with CAMHS professionals, education professionals and SENCOs. 309 participants responded to this question with 951 'bad experiences' being reported in total, 789 were from adopters and 162 from special guardians.

Table 6. Previously had a 'bad experience' of N=309

	Adopt N=789	SG N=162
Social Worker	79%	84%
IRO	18%	10%
Cafcass Guardian	5%	21%
CAMHS professional	43%	27%
Mental health professional	22%	13%
Education professional	58%	31%
SENCO	52%	34%
Independent assessor	3%	5%
Non-statutory therapist	4%	3%
Legal professional	5%	6%
Court/Tribunal Judge	6%	6%



We invited respondents to comment on problems and bad experiences of working with professionals and to describe the impact this had on them and their children. Results can be seen in full in Appendix 2 (Pages 39-52) as rather than a thematic analysis we thought it was important to give respondents the opportunity to have their voices heard in this report. These responses should, we feel, speak for themselves. 179 adopters and 43 special guardians provided comments.

One of the main risks of problematic relationships between professionals and those they help is that these negative experiences can deter an individual from seeking help in future. We asked whether adopters and special guardians had ever avoided seeking medical help from their GP about any mental health problems for fear their parenting capacity might be judged. 147 (46%), of respondents disclosed they had avoided help seeking (N=323), 42% of adopters and 60% of special guardians. 42 respondents offered further comments.

We include a range of comments below to capture the essence of what was behind the avoidance, and also include several positive comments:

Special Guardians

- *"I HAVE to care for my grandsons. There isn't anyone else. Ergo I cannot be seen to be unwell/not coping"*
- *"I held back from going to my GP about stress & depression for fear of how social services would use that information"*
- *"Am probably entitled to PIP in my own rights but feel unable to answer questions in case they say I can't care for my SGO son"*
- *"When we were going through the Special Guardian assessment - it was very stressful - but I would not go to my GP as it would have come out through the assessment"*
- *"Yes whilst going through proceedings"*
- *"I have an amazing GP"*

Adopters

- *"See question previous, comments made by SWs in the assessment and fostering phases made me feel unable to seek help as mention had been made about removing the child"*
- *"The GP noted in my medical file that my problems were in the past, rather than on-going, even though I do still get flare-ups"*
- *"Since the report from a therapist accused us of being responsible I have not accessed my GP with regard to my stresses or worries about my children"*
- *"It's not really about being judged about caring for our son. But if we return to fostering in the future"*
- *"I have been very scared to go to the doctor following the care process"*
- *"I can never get an appointment to see my GP so I never bothered it was too much to cope with when I was at my lowest. I just about managed to get anti-depressants with my sisters support"*
- *"Yes, also wary of contacting police when needed to, as my work requires a DBS check"*
- *"I have avoided GP just because of time constraints and a fear that it could open a flood gate if I admit I have mental health problems myself"*
- *"Haven't formally discussed other than when seeing GP about injuries caused by children"*
- *"But Social Care have tried to use it as a weapon against me"*
- *"Never been able to make time to speak to any re my needs to busy trying to get support for my daughter"*
- *"Feel unable to disclose my own mental health difficulties as need to focus on my child's"*
- *"GP documented stress related disorder instead of depression"*
- *"Worried about security of employment"*
- *"And not wanting anything on my medical records that may affect future employment or anything else. Plus, feeling a failure".*
- *"Waited until after Adoption order was granted"*
- *"Mentioned CPV to GP and notes were made in my records about my ability to manage child's behaviour. Have not mentioned it since as I felt that I was being blamed for being a victim of violence"*
- *"Initially, but needed to seek help in the end"*
- *"When a victim of C2P violence, could not disclose to GP for fear they would consider a Safeguarding issue"*
- *"When I went to my GP over CPV, he was embarrassed, did not know what to say and made me feel awful"*
- *"I've not explained it in the context of my daughter's difficulties"*
- *"Not my GP, but definitely social workers"*

In terms of feeling able to disclose, much seemed to depend on whether the relationship with the GP was positive and on what stage the parent or carer was in the adoption or special guardianship journey – whether the order was yet made. We did find evidence that previous involvement in care proceedings and experiences of being blamed/held responsible for problems acted as a deterrent for adopters and special guardians, and they felt unable to be open about their difficulties with their GP, sometimes because of the potential impact on their employment – not just their caring role. These were parents and guardians under great pressure, being physically hurt by their children in some cases, and struggling to cope.

8. Contact with Birth Family

We report our findings in regards to on birth family contact below:

- Special Guardians in the Health and Wellbeing Survey were asked about whether Contact Orders were in place for meeting with the child's birth parents. 69% responded that there was a Contact Order in place and 29% said there was no Order made (N=77).
- In regards to the supervision arrangements for meeting with birth parents, in 52 cases (72%) this was done by the Special Guardian, in 5 cases by the support agency, in 4 cases by social services, in 7 cases by other family, in 6 cases there was no supervision as the birth parents were not deemed to be a risk (N=80).
- The degree of contact with the child's brothers and sisters who lived apart was approximately the same for special guardianship and adopted children: 48% and 49% respectively with 31% of special guardians reporting no contact and 41% of adopters (N=159). This lack of contact was keenly felt by special guardians, especially when they were related to the child's siblings, for obvious reasons. One respondent commented in block capitals to emphasise, that despite repeatedly asking for contact, this request was disregarded. Another reported repeatedly asking for promised letter box contact that never materialised, and another commented that contact was not as *'regular as it should be'*. For adopters, a range of view were expressed, which indicated polarised experiences. Several adopters had grave concerns about contact and had found it to be destabilising: *"Absolute nightmare. Destabilising. Looks idyllic to adoption support professionals but reality is too many layers of complexity"* Others felt it was extremely positive: *"We have contact with two of our son's sisters and it's one of the most positive aspects of family life. Unfortunately, we have no contact at all with one. We're trying to establish letterbox contact with the other living sibling (two died)"*. Responses indicated that adoptive parents were organising contact themselves with services being over stretched and not responding to requests for assistance with this. Parents were instigating it through Facebook, as were children. A number of adopters reported writing through letter box contact but never receiving responses so they did not share this with their children. One adopter had tried to initiate contact with her daughter's sister but the sister's special guardian grandmother had refused this. Where children had made contact themselves through social media adopters reported that they tried to be supportive and respect their child's wishes.

We report further on findings in regards to birth family contact below:

There were relatively few comments made about contact supervision, which makes it hard to draw conclusions, but three special guardians indicated they did not wish to supervise birth family contact. One special guardian reported feeling pressured to supervise the contact herself, which was currently supervised by social services. Another reported the contact was supervised by friends after false allegations were made by the child's birth father. Another responded as follows:

"My grandsons have contact with the Birth Parents when they bother to turn up. It is awful when they don't turn up as the boys go into meltdown. It is even worse when they do turn up as they appear to believe they are the best parents in the world. I SHOULD NOT be supervising contact EVER"

In another case the birth parents did not attend contact and were informed to seek legal advice to see their children in future.

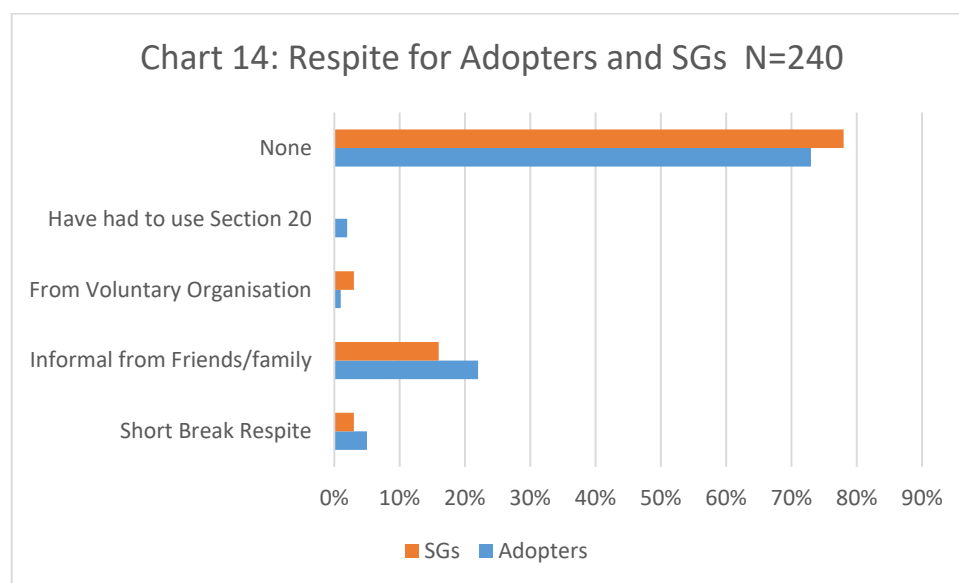
Special guardians, who are often related to the child, offered comments about birth family members in the context of being asked about having difficulties with family, friends and the community - making judgements about them or not understanding their problems. There was a wide variation in response and reports were offered about having difficulties at first, which had improved in terms of birth family relationships; difficulties that had become entrenched and were a source of conflict and tension; family relationships having broken down and also having no problems at all with the child's birth relatives. Having problematic relationships with a child's birth parents was a source of stress for special guardians who were grandparents and thought about their children's future:

"Whilst we are doing a great deal to secure a stable and sustainable future we have difficult relationships with birth parents and it is difficult to see how to repair these. As a consequence, we are carrying all the risk. We also have no idea how our child will develop and respond as she grows older and, particularly, when she reaches adolescence. We have been warned that her teenage years may be challenging and, again, although we are doing what we can to keep her securely attached, it is a concern"

For adopters, their children having contact had usually happened through social media instigated by children or birth parents, although one respondent reported having a single contact session with a birth mother arranged and supported by a social worker.

9. Respite for adopters and special guardianship families

When adopters and special guardians are the lynchpin for a child's support and their child/children are extremely demanding, and have complex needs that few who are outside the family can appreciate, respite is vital – especially for the growing numbers of single parent adopters and special guardian carers. 20% of adopters and 30% of special guardians reported being single parents/carers in our Health and Wellbeing Survey. As one adopter put it: *"It's probably the biggest issue for our resilience"*. However, respite is not available through the Adoption Support Fund, unless there is a therapeutic component for the child. We have reported on the Adoption Support Fund already in our March Interim Report and here we describe respondent's views about respite provision from the invited comments in the Health and Wellbeing Survey. Respite provision is shown in Chart 14.



Special Guardians reflected on respite provision and commented that it was not sufficient, with one respondents simply writing *"Ha ha ha ha ha"* in response to this question. Other respondents reported being able to access hospice care for a very physically disabled child and being in no doubt that the child would have re-entered care without this. One couple reported how they gave each other respite but had not had an evening out together for six months. Special guardian reported they did not know how to access respite. One got respite through caring for the children of friends who in turn cared for hers. Another got respite when their child was away with scouts or beavers. Another reported that respite was very occasional and for one night only from friends.

Adopters also reported difficulties to access respite. In Scotland, a respondent explained there was no formal respite for adopters. This is also what some adopters in England were informed although some had managed to receive a modicum of help. One respondent wrote *"This is a thing?"*. Many adopters reported they ended up paying for respite themselves or used money from their statutory benefits and allowances to pay for it.

As with special guardians, adopters had little opportunity to go out as a couple:

Had lunch together once; been out together in evening about three times in past four and a half years.

One issue was that it wasn't a break, it was stressful. and there were repercussions afterwards:

- *"The short break respite we eventually got lasted only two weekends and we were called out for both of them, they ended up causing more problems".*
- *"Respite care would be detrimental to our children I believe however we do need a break. We try to leave them with a babysitter once every 2-3 weeks just for a few hours but this can prove stressful"*

A number of adopters could not access respite as there was no one able to provide it. The only alternative was to put their child in care under Section 20:

- *"None for child 2. She's too disruptive for the respite centre. too disruptive to go to friends or family. Too disruptive at school. So I have her. All the time. I am having a breakdown".*
- *"I have had to fight for 4 hours a week direct payments. The carer cannot take my daughter out alone due to her complex medical needs but does enable us to go somewhere as a family. Social services will not offer any support for my younger son or carry out a carers assessment"*
- *"We did have respite provided whilst our girls were with us but they eventually refused to look after child 1"*
- *"We have had weekend respite but due to aggression there this is no longer an option"*
- *"Since Child 1's overdoses, we have very few opportunities for respite"*
- *"No respite available. Family and friends could not manage providing respite. Have asked LA for respite but told this needs to be S20".*
- *"No one has been willing to offer any more than an odd hour looking after our youngest as she has always been very demanding"*

Being honest about feelings for one's child, which might be understandable in the context of exhaustion, secondary trauma, compassion fatigue or burn out, carried a risk that adopters had not anticipated

- *"Social Worker suggested I apply for respite. Was refused. They wanted to see if there were other ways to help us. They asked me if I loved my son and I said no, but I admire him very much. They then wrote to say they would investigate us for cruelty"*

One respondent reported the charity 'The Open Nest' as being very supportive in terms of respite support.

10. Understanding the needs and problems of adoptive and special guardianship families

In the discussion below, we outline a number of problems that we feel need to be given thoughtful consideration. Some, but not all of our difficulties, are shared with birth families where there are children with disabilities, learning difficulties, conditions such as autism, and special educational needs. Some problems are unique to the adoptive and special guardianship context.

For this discussion we have drawn on four cases where children have re-entered care, which we also drew on for the EHC Plan Enquiry. In one case, that of Liam, the child is reunified. The cases can be seen in Appendix 1 (Pages 35-38). The common feature in all the cases is that general social workers rather than specialists were allocated to the child. Adopters and special guardians were/are left in a situation of being unable to protect or support their children and there was/is fractured communication.

- Parenting and caring for our children can be incredibly stressful but this is not always factored in by those who develop support and services - who may, depending on who is allocated to the family, take a child focused/child protection approach, rather than a family centred one that is fully supportive of adoptive parents, special guardians and a child's siblings. When our children re-enter care, the Adoption Support Fund is no longer accessible if there is no intention to reunify – this means we may be supported by general 'looked after child' teams, who have no special training in adoption or special guardianship issues after a care separation (see all four cases in Appendix 1). Sometimes, depending on how the local authority is structured, we cannot achieve specialist support when we initially seek help. Serious problems can result from a lack of understanding of the long term and developmental impact of trauma and early life abuse/neglect, autism (research has shown there are far higher rates of autism and autistic traits in UK adopted children than the general population), or attachment problems.
- We are often forced onto statutory benefits and allowances because of our parental/caring role and the commitment this involves. Significantly greater numbers of SGs reported 'giving up work', 'reduced hours', 'changed to lower paid less stressful job' and 'struggled financially' than adopters in our Health and Wellbeing Survey (N=294). In our School Exclusion Survey 76% of SGs reported that they 'struggled financially' compared with 41% adopters (p=0.05). We may have to home school our children when they cannot cope with school or get excluded because of behavioural problems that are no fault of theirs or ours. The repercussions of school exclusions seem to be very serious indeed with suggestive links discovered with school exclusion and children's suicidal thoughts and attempts, and also with parental cancer by our survey analysis¹. We would welcome statistical support to establish whether we have correctly analysed the data and these serious findings constitute sound evidence of a failing approach that harms the health of those it is intended to serve.
- The state does not provide for us as it should in terms of financial assistance and respite, neither of which are covered by the Adoption Support Fund, and we are told to make formal

¹ <https://specialguardiansandadopterstogether.com/report-on-school-exclusion/>

complaints if we feel we are not being fairly treated. Recently the Local Government Ombudsman said that too many complaints had to be investigated and 70% of special guardian complaints were being upheld.

- For special guardians in particular the relationship and contact with the child's birth family, can be fraught and stressful² - (see tables 5 and 6). The permanent removal of a child to be adopted is a very drastic measure. We are hearing reports of special guardians being pressurised into caring for family members to avoid the outcome of adoption. However, the Special Guardian Order is not permanent in the same way an Adoption Order is. It ends at 18 and can be revoked if birth parents contest it and wish to resume care of their children. This can leave special guardianship families living with a degree of uncertainty and insecurity, which adoptive families do not have to cope with. Adopters do not have the same problems with difficult contact and relationships with birth relatives of the child, but social media has enabled contact to be made between birth family members and adopted and special guardianship children, bringing new problems (as well as benefits), for our children and families. Smart phones also bring new challenges for adoptive families, which are not always appreciated by professionals³. Modern adoption and special guardianship have many challenges.
- Research commissioned by BASW has highlighted how we are not being supported by those with a duty of care when adopters (and special guardians), are viewed through a 'prism of risk' and constructed as 'part of the problem' when help is sought⁴. We are often at crisis point by this stage - but there are no crisis prevention or crisis management models. Understanding about what to do in order to help can be so poor that our children are put under child protection plans - this effectively means in asking for help we are put under investigation as a source of potential harm. The child protection approach, which can be fault seeking towards parents and special guardians, has arguably led considerable numbers of adopters and special guardians to avoid seeking help from their GP for stress related mental health concerns, for fear of the consequences⁵.
- The information provided to the child if they re-enter care comes from professionals and carers who may not fully appreciate the family's problems and look at the child in isolation from the family - from parents, special guardians, and siblings. Parents of children with autism and SEN, as well as adopters and special guardians have felt victimised by a 'blame culture' in the UK, which sees organisations and agencies deflect blame away from themselves and onto parents and carers when there are failings. In social media groups, adopters in particular, are getting understandably upset with the haste that can be made to arrange contact with birth parents when a child re-enters care, in the light of the young person being de-stabilised and possibly feeling rejected, when this is not the case at all. It can become very hard to advocate

² <https://specialguardiansandadopterstogether.com/interim-report-of-a-peer-led-survey-on-stress-health-and-wellbeing-of-special-guardians-and-adopters-march-2018/>

³ <https://specialguardiansandadopterstogether.com/our-daughter-has-a-right-to-family-life-not-to-a-smart-phone/>

⁴ <https://www.basw.co.uk/resources/role-social-worker-adoption-%E2%80%93-ethics-and-human-rights-enquiry>

⁵ <https://specialguardiansandadopterstogether.com/interim-report-of-a-peer-led-survey-on-stress-health-and-wellbeing-of-special-guardians-and-adopters-march-2018/> Table 34

for our children, to help them achieve the support they need and help them transition to adult life when they re-enter care.

- There are no models for getting our children home if they must go back into care. This may mean no work is done towards this end. So, for us it is a major decision to put our child into care under a voluntary Section 20 Care Order, which may be the only way we can access a respite break, when the knowledge of how to reunify our families (or maintain relationships), does not exist in the team we are allocated to (see page 35, for example, Lucy's story – from our EHC Plan Enquiry). Refusing the Section 20 because of fears it may re-evolve earlier traumas and destabilise the child, may lead directly to care proceedings anyway so it is hard to see how this Order can be described as voluntary (see Liam's story).
- The right to family life, the birth right of every child, is compromised when our children's problems and difficulties are misunderstood and they are moved to foster carers and residential children's homes with their problems remaining, but poorly understood, discounted or no help given (see all four cases, as exemplars). They may also be moved to homes and places of residence that are far away to enter into secure accommodation where staff do not treat the adoptive parent with empathy or consideration (see Case 2, from our submission to the SCIE project on the mental health and wellbeing of children in care⁶). Researchers (Selwyn 2014), were alarmed to find conditions such as autism not recognised by local authorities, when children were adopted. We found the similar findings in our recent Enquiry about Education Health and Care Plans.
- The 'parenting from a distance' role we may need to play is not protected by legislation and there are legal inequities that exist in our courts that can mean we have no legal support or representation. Anyone would find such court proceedings stressful. We may be up against barristers and solicitors when we don't understand the law. Negative views about our character and our parenting/care can be entertained in our courts, in ways that leave us feeling persecuted. Statements that distort and opinions that potentially mislead are presented to courts, which leave us feeling unable to trust. The experts that the court relies on have no need to undertake specialist training in adoption and special guardianship issues (see Ali's story page 37).
- We need problem solving courts but we don't have them. From Sir James Mumby's Eleanor Rathbone Social Justice Public Lecture may 30th 2018 *"We should be treating such families holistically, but, too often, far too little time is spent identifying the underlying problem or, more typically, problems and then setting out to find a solution for the problem(s). In a sentence: family courts ought to be but usually are not problem-solving courts. This is particularly important in cases where the court, whether the family court or a criminal court, is struggling to deal with a disturbed teenager. In these uniquely complex cases, the children have themselves become part of the problem, so a problem-solving court must grapple with the underlying problems and difficulties not just of the parent but also of the child, in short, with the underlying problems and difficulties of the whole family. So, what we need is a problem-solving court for the whole family"*.

⁶ <https://specialguardiansandadopterstogether.com/cases-for-scie-project-on-mental-health-and-well-being-of-children-in-care/> see table 34

- One major problem that may hamper problem solving is the courts can only “*persuade*” - they cannot tell Local Authorities what to do in terms of care planning or allocation of resources or staff to support the family⁷. We have found, from our experiences, the remit of the Family Court may be too narrow to allow children and families recourse to justice. The focus can, particularly in applications for discharge of public law orders, sway towards parental capacity, due to thresholds that must be, or have been, proven for a child to re-enter care under a Section 31 Care Order. With the adversarial nature of proceedings and legal inequities it is very difficult to correct errors and misunderstandings in the light of new information. This can deflect from the local authority’s support failings for a looked after child and instances where the relationship has been eroded between parent or carer and child cannot be given sufficient consideration because of the child’s positive feelings being influenced by the negative views of professionals and carers. The parent/carer may find themselves labelled by professionals who do not work with them in true partnership. Parental responsibility, we are finding, can be shared in an autocratic manner that crushes the spirit, stigmatises, shames, and crushes also a child’s hopes if they wish to return home. Children may also lose their faith when it cannot be properly supported in care. When the DfE will not deal with individual cases there can be no learning from them if there is court involvement. We can find ourselves stymied and silenced in this scenario, because of our own need to protect our child’s right of privacy – this is why a collective voice is so important.
- We can find we are powerless to expedite help for our children once 'back in the system'. We may struggle with contact arrangements that impede relationships, we cannot self-fund support as agencies and providers won't speak to us (see Lucy’s story page 35), and there is only one way - the 'Looked After Child' route with its six-monthly meetings, to allow us input. We are finding that reunification is very rarely considered and almost impossible to discuss - despite it being a recommendation of the Selwyn Report (2014), that reunification is never ruled out.
- Once our children re-enter care, we have little control over what information they receive about us from carers and professionals. Any misunderstandings about us can be magnified, impossible to correct – and harm is potentially done with children, who have poor mental health, growing up estranged from their special guardians and parents (See Roberts, Lucy and Ali’s cases). Adoptive parents describe feeling they were eradicated from their child’s life after the re-entry to care.
- In terms of the wider context, there is a systemic problem of those who rely on services being 'done to', which was helpfully highlighted in the recent Carer Crisis Review. Researchers do not involve us in their research at the planning stages and despite our best efforts, we are not included at a decision-making level by the DfE or with the Adoption and Special Guardianship Leadership Board (A&SGLB), by Regionalisation boards or by organisations appointed to collate evidence about 'what works for children'⁸. We are unable to contribute to major projects⁹ or reviews¹⁰ in such a way as to influence their methodology, which may see us

⁷ <https://www.judiciary.uk/wp-content/uploads/2018/05/speech-by-pfd-what-is-family-law.pdf>

⁸ <https://www.nesta.org.uk/project/what-works-for-children/>

⁹ <https://www.scie.org.uk/children/care/mental-health>

¹⁰ http://www.frg.org.uk/images/Care_Crisis/Summary-of-the-Options-for-Change-FINAL.pdf

included together with other families that are quite different to ours in terms of need - and where we are trying to break the cycle of abuse and neglect - not actually part of it.

11. Suggestions and recommendations

We had been waiting for the Care Crisis Review to be completed to see if its recommendations would be likely to solve some, or any of our problems. Whilst there is much to commend in this important review, the review has arguably not given sufficient consideration to the different needs of families like ours, where the problems of children arise as a consequence of their early life abuse and neglect. For example, the review has not identified the lack of models and good practice guidance for when previously looked after children re-enter care, or where children with disabilities enter care – to enable them to be rehabilitated and reunified in a way that is safe for all family members (Option 13). The NSPCC model/framework that is highlighted by the review's authors, is not appropriate for the adoption or special guardianship context, and there is no other. When a child leaves home prematurely, - this is a very complex situation for a child and for a second family. Although it appears that more adopted children than special guardian children are re-entering care from our surveys, this does not reflect the statistics from the DfE, which show that nationally there are more special guardianship children re-entering care – 240 children under SGOs, compared with 200 adopted children (source SSDO 903 pg. 11)¹¹. Unfortunately, due to 'missing data' from local authorities completing the returns, these figures are unreliable, when data on nearly 4000 children entering care was missing for the period (April 2016- March 31st 2017).

The problems of our children are not actually resolved, although they may be avoided, through containment measures. There is a risk however that problems may also be worsened if the relationships between our children and us are not well supported by professionals with adequate knowledge and training. When a child's needs are poorly understood and attributed wrongly to poor parenting instead of disabilities or conditions such as autism or attachment disorder - then the child is not helped, and harm may be done. Such an approach may be storing up problems for the future, which subsequently become more intractable and are passed onto adult services instead of being resolved.

With the Family Court needing to be 'future focused' as well as 'past focused'¹², what is needed, going forwards in these complex cases, to enable just decisions about a child's future, is a better understanding of what makes relationships work well between our children. We also need to consider whether it is possible, with the current infrastructure and legal frameworks, to effectively support the 'parenting/caring from a distance role' – or whether legal reform is needed. We have made a Petition to Parliament, to consider Section 20 and also the threshold for a Section 31 care order of 'beyond parental control' as a way of enabling and facilitating positive dialogue about the difficulties we are experiencing (see Appendix 3). However, we should not have to wait to see if the petition obtains enough signatures for there to be discussion about better supporting our families with a more family centred approach.

¹¹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf

¹² <https://www.judiciary.uk/wp-content/uploads/2018/05/speech-by-pfd-what-is-family-law.pdf>

Below we offer some suggestions and recommendations, which we would welcome the opportunity to discuss with the DfE at the earliest opportunity. We envisage significant cost savings deriving from our suggestions as well as the incalculable human costs, in terms of suffering, which might be avoided, were our suggestions to be acted upon.

- In order to develop ethical needs driven services and policies, we, those with 'lived experience', need to be properly involved at a decision-making level with planning research, developing the methodology for projects and reviews, and with developing and shaping legislation and policy.
- Policy and legislation change should be evaluated with appropriate methodologies. Returns from local authorities, with a large volume of data missing about vulnerable children in the care of the state, are not acceptable.
- Consideration should be given as to whether primary legislation is needed to protect birthparents, adopters and special guardians and avoid the problems of inadequate support impacting on families under great pressure when the remit of the Family Court may be inadequate to 'problem solve'. This a priority need - or adoption and special guardianship risk becoming exploitative and harmful social policies - when there are no opportunities to be heard and influence beneficial change.
- A Task Force should be set up to develop good practice guidance for when our children must re-enter care, most commonly in adolescence to maintain positive relationships between parents, special guardians and their children, and identify models for safe, potentially successful rehabilitation and reunifications, where this is possible. This Task Force must involve those with lived experience from the outset and could include the birth parents of autistic children who struggle with similar problems.

Most of all what we feel is required is a shared understanding of our needs, and dialogue about how to resolve complex problems that includes us. This is why we have conducted our surveys and produced reports where we ask questions that are not being asked by others, and where the answers given can help shape a more ethical approach to the care of children who cannot live with their birth parents and need permanent families in which they can grow and thrive.

12. Appendices

12.1 Appendix 1 Cases from EHC Plan Enquiry

Lucy's Story

Lucy is 14. She was taken into care under Section 20, when she was 9. Family life had become too intense due to child to parent violence, for which her mother could not access the right support and a respite break was required. Her mother, who had previously been on the Local Authority's safeguarding committee, battled for therapy for her in care under Section 20 to no avail. No suitable foster carers could be identified to care for Lucy and she was sent to live in a children's home. The case drifted with many social worker changes. **No adoption specialists are allocated to the case.** No effort was made to support Lucy to be reunified and she was then sent to live with foster carers originally deemed unsuitable. She has lived there for three years. Lucy does not wish to see her mother and the Local Authority, who do not allocate specialist social workers to the case, misunderstand the reasons why there is rejection, and do nothing to support a positive relationship. Lucy's mother's solicitor wrote to the Local Authority about concerns under the Section 20 Care Order. The local Authority instigated care proceedings and a Section 31 Care Order was made. Since then Lucy's mother is marginalised, increasingly estranged from her daughter, and unable to attend LAC reviews when her daughter does not wish for her to be there. The social worker visits her at her home and reports that Lucy is not doing well at the moment. Lucy's mother has offered to fund therapy herself. The Social Worker agrees it is needed but will not fund. No therapy providers will deal with Lucy's mother because of the Care Order, and with no 'intention to reunify' there is no possibility to access the Adoption Support Fund. The family are in a stuck place with a divisive approach taken even though Lucy's mother is a loving committed parent desperate to help her daughter. Lucy is statemented and attends a special school but her mother has not been invited to an education meeting for many years and has no idea if Lucy has an EHC plan or not

Robert's Story

Robert is 8 years old and lives in residential care. His Special Guardians are not consulted about the placement and are unable to discuss their grandson's care needs. Robert's behaviours were too difficult for a mainstream school setting to cope with. An EHC plan was finally achieved in February 2018 after many years of struggle to get there by his grandparents. The application process began when Robert was in Key Stage 1, but it was initially declined by the panel because of the 'wording' of the title. This application was put forward by a 'Nurture Group' providing Robert's education alongside mainstream school. The Nurture Group claimed they never excluded children but excluded Robert on numerous occasions. Robert's grandfather explains what happened with the EHC plan:

"When we first applied for the EHCP it was turned down as the title did not meet the criteria for panel, we then had to reword the document and obtain a new panel date and extra evidence was required from the Nurture Group, which we got in time for the panel date - but we also needed evidence from social care. This was provided late so we missed the panel date we then had to apply for a new date which took a couple of weeks. In the meantime, my Grandson was due to go from Key stage 1 to Key stage 2 and the Nurture Group would no longer be able to have him - it was for Key stage 1 only, so a link school was looked at while the plan process continued, but he was turned down for the link school leaving us with no education provision for the next academic year with only 1 week left before the summer break"

The EHC plan was finally achieved in February 2018 but Robert re-entered care in March 2018 and the plan is now side lined. Robert's grandfather, who had asked for help and support to care for him, described how he '*faced persecution*', in court at the hands of those with a duty of care for the family. **No adoption/special guardianship specialists are allocated to the case, which went straight to the frontline social workers.** He is very shaken by the blaming approach taken when his grandson has a lifelong medical condition that cannot be cured and requires environmental support. Although a diagnosis of FASD was made at the beginning of March and it appears from his physical appearance and features that Robert has FASD, the Local Authority do not accept this diagnosis. It appears to his grandfather that Robert, an extremely vulnerable boy, is being deprived of his right to family life by the State and he feels very concerned about this when Robert's FASD, a condition which benefits from environmental support, means that he is likely to require care and support long after the Special Guardian order ends at 18. Robert's Special Guardian Grandfather feels the Special Guardian Order has not been properly thought through by legislators and policy makers. *"I think this Order needs extending particularly when most SGO's are because of removal from parents so those children are damaged in some way physically or mentally- in our case FASD which does not end when he turns 18 - it is a life-long condition that will require some form of support for his lifetime. You have to draw the line somewhere but it (the SGO), should be increased from 18 to at least 21 and there should also be a case by case approach as those with disability/lifelong condition need longer term looking after and support"*

Ali's Story

Ali is 14. He is diagnosed with complex trauma and his mother, who suffers from epilepsy, took harmful medication during pregnancy in Ali's country of origin. He is a kinship adoptee. He came to the UK the year he turned six having been cared for by wider family because of our immigration laws making it too hard for him to come earlier. Ali was adopted in February 2013 after a harrowing 2year removal from his family, and he re-entered care again in 2015. He received Disability Living Allowance but his disabilities are not recognised by the 'family friendly' Local Authority and all attempts to get the Local Authority to work in partnership with his Muslim parents have failed. **No adoption specialists are allocated to the case.** Unable to make any progress for Ali, an application for discharge of the Care Order was put in by his parents in June 2017 when Ali wished to go home. But in March 2018, when care proceedings had concluded, the Local Authority and Cafcass Guardian had successfully undermined a positive outcome two of reunification as Ali no longer wished to come home and also rejected his faith, which has been unsupported by the State. The 'system goal' had been to replace his family with foster carers, who offered a different 'parenting style' to his loving committed adoptive parents. No foster carers of Ali's faith or nationality could be found so this was an inter-racial placement. His parents' attempts to support their child's faith was considered to be 'backdoor contact' and the psychologist in charge did not realise Ali was adopted due to poor communication. He believed the adopters were birth parents. A month before care proceedings concluded, a sixth foster carer who the 'system' had rallied to support instead of his adoptive parents, handed in her notice. Not informing Ali of this, the Cafcass Guardian used the child's contact time with his parents to visit the boy and ascertained he wished to remain in a foster care placement, where he had struck up friendships, but had to shortly leave. The LA and Cafcass Guardian successfully thwarted all attempts to involve a Muslim psychologist and an adoption expert to consider the complex case when Ali's parents had no legal representation. This independent assessment done for court would have been funded by Ali's mosque who remain deeply concerned about the case and the impact of all this on Ali who grows up estranged from family and community. Ali who is now addicted to tobacco, in residential care as no foster carers can be identified to care for him. The Independent Reviewing Officer obstructs Ali's parents continually and says it would not be in the child's 'best interests', whatever it is they suggest.

In terms of education, a statement of special educational was discussed first in a Child In Need meeting in 2013 but dismissed as it would 'label' the child. Ali's father raised the matter again in November 2014 but Ali was deemed as 'not meeting the criteria'. A referral was made for him to see an educational psychologist but he was then considered 'not stable' enough to proceed in February 2015, shortly before he was removed from the family home. An EHC plan was discussed in numerous LAC reviews since care re-entry, as Ali was so often getting excluded from school in years 7-8, but an EHC plan was always considered 'not necessary'. Parents are unable to attend PEP meetings or education meetings about their child. In the most recent LAC review on 6/6/18 the Local Authority appear to have altered their intransigent position on the EHC plan. They have said the father will be sent a form to complete and an education meeting will happen in August. Ali's parents are informed it will be a 26week process. Ali receives education in a PRU.

Liam's Story

Liam is 18 and reunified for 2 years. His mother refused Section 20 because of fears that re-entering care as means to access respite would de-stabilise her son. Care proceedings were instigated as a result of the refusal. The police, who issued an Emergency Protection Order, were misinformed by the social worker and head of safeguarding that Liam's mother was mentally abusing him, and causing the problems she had reported to the LA's senior managers, who were adjudicating on a Formal Complaint made by the Liam's mother. The instigation of care proceedings meant the LGO would not investigate the case after it went to court. Care proceedings began with unfounded allegations that Liam's mother was mentally ill. Liam was completely traumatised by events and being taken into care, and began self-harming by cutting himself as the care proceedings started. A Care Order was given in 2013, when Liam was 13, due to him meeting threshold for Beyond Parental Control as a result of school refusal, which was anxiety related. The Care Order was finally discharged in 2016 when an adoption specialist was instructed by the court to re-assess the case. No dialogue was achievable about reunification and the DCS gave no alternative but court to Liam's mother and has stonewalled her since October 2014 along with the borough's Chief Executive. Liam, who wished to go home for the entire time, attempted suicide twice in care. He is diagnosed with ADHD; PTSD; Reactive Attachment Disorder; Depression; Anxiety, Dissociative identity Disorder and Complex Trauma. A Supervision order was sought by the Local Authority when the Care Order was discharged. In order to expedite a swift much longed for reunification and avoid a costly contested hearing where she would have no legal help, Liam's mother agreed to this. Thus, Liam came home with no rehabilitation plan and funding for support was refused until it could be accessed via the Adoption Support Fund some months later. **No adoption specialists were allocated to the case from 2012 (transition of responsibility 3 years after the Adoption Order was made), until Liam was reunified in 2016.** The Supervision Order was discharged before it expired with the Local Authority not meeting its statutory obligations in respect of Pathway Planning. Liam's mother is directed to the Formal Complaints team by the Deputy DCS in respect of the approach taken, which saw Liam's rights of a child violated, but the Complaints Team refuse to discuss a complaint because the matter went to court. The remit of the court was too narrow to properly consider the impact of negligence in terms of early risk assessment, missed opportunities to help, and the human rights violations of this case. Liam has been in receipt of Disability Living Allowance/PIP since 2007 but his disabilities are not recognised by the Local Authority and Liam's mother could not get him assessed as having special educational needs in 2012 or 2013 before he re-entered care. The Local Authority has decided to put in for a post 18 EHC plan. Liam's mother was asked to request the plan. Liam is a Care Leaver as he was in care on his 16th birthday, and the leaving care team are able to be contacted if needed. If Liam is successful to achieve the EHC plan he will be able to access therapy until he is 25 through the Adoption Support Fund and avoid becoming NEET. He struggles to leave the house due to anxiety issues being quite severe, possibly exacerbated by the approach taken of 'rescuing him' from his adoptive mother to whom he was securely attached, instead of supporting the family. The educational psychologist informed Liam's mother that the Local Authority are currently re drafting the criteria for social, emotional and behavioural problems as they had placed too much emphasis on children who 'acted out' through behaviour and not enough on those who shut down, became anxious, and withdrew, of which Liam was a good example.

12.2 Appendix 2: Impact of bad/negative experiences on child/family

We asked participants in the Health and Wellbeing Survey about having had a bad experience of working with professionals and invited them to tell us more if this has been the case (see page 23).

We have listed the responses we received below:

12.2.1 Adopters – Impact of negative experiences of services on child/family

1. *Had a breakdown trying to access support for my daughter, LA said they could find no specific need/ evidence of daughter's trauma - MP intervened - clinical psychologist through ASF said complex trauma/ development/attachment problems.*
2. *Increased stress levels, feeling of isolation, pressure on relationships, highlighting lack of support*
3. *Our SW is amazing! Our boys' social worker was very hit and miss in most things. From arriving on time to meetings, providing general information to making us wait months and months for his life story book, which our social worker had to complete in the end. Both social workers are from different authorities.*
4. *During introductions and for the first several months of placement, foster carer caused terrible problems and upset to our new family, trying to force ongoing contact, sending huge amounts of presents, inappropriate cards, and eventually contacting a solicitor to try to demand a contact order. It was extremely stressful, undermined us as new parents, overshadowed our attempts at bonding and contributed to my post adoption depression*
5. *Difficulties in getting school to acknowledge effects of early developmental trauma / attachment issues on child's social and emotional wellbeing and attainment. Struggling to make school a safe/stable place for child. This increases meltdowns and anger at home.*
6. *SW- requested peer support when in a very dark place, said she'd put us in contact, didn't happen, awful 9 months. Head teacher - exclusions, rejection, shame spiral. LA head of service - wouldn't pay for legal fees so that we had access before dining a financial agreement. SW went over his head to get it paid, else adoption 3 wouldn't have happened. Incredibly impersonal and we felt like a means to an end.*
7. *It has been the worst experience you could possible imagine. My hope was to keep him alive and for him not to kill anyone. I had hoped to keep him out of prison. That proved impossible. But I am currently very bitter and angry at a system that never supported him and which drove him away from me. While I was working and trying to be a therapeutic mum, respite careers and foster careers were paid to look after him until they gave up after a few months. They even paid for him to go abroad with two school staff. It would have nice to have been a family experience. No thought is put into what is best for the child and his family.*

8. *Too much to write about to be honest. The continual battles fought for both children over a period of 10yrs re-education, seeking therapeutic services that were helpful up to the dire state of CP teams understanding of trauma and how that plays out in the day to day lives of our children and families cannot ever be over emphasised. Both myself and my husband have dealt with cancer diagnoses over the last 8yrs - my husband's particularly was almost definitely due to stress (a rare hormonal tumour) which medical science has yet to be able to be linked categorically to cortisol levels.*
9. *The main impact was the extended period it took to conclude the adoption order. The Judge was reluctant to grant the order at every opportunity, even when BPs did not turn up to court. As there were no professionals who had met our child there was no one to advocate for their needs. This caused frustration and annoyance. I know this isn't much in the scheme of things but at the time all the uncertainty was very difficult to manage.*
10. *Helped quicken our family breakdown. Both children entered s20 and I didn't leave the house for over 6 weeks.*
11. *Struggle to get replies to issues now have adoption order*
12. *My partner feels that social services simply want to avoid paying for anything that helps keep us together as a family. They are more interested in blaming us for poor parenting than seeing two vulnerable children in need of help that we simply are not equipped to give without support.*
13. *Head teacher /SENCO at old school was extremely confrontational and aggressive and unsupportive. If we hadn't found a new school, we feel the placement may have disrupted as it was before the order was granted.*
14. *Our social worker has been terrible from start to finish. She has been ill informed, unreliable and untrustworthy. She has not helped, she has hindered. As soon as the AO was granted we declined any further contact with her as no experience we had was positive. In addition, the children's' social work team have been increasingly unreliable. They have not delivered a LSB or LLL in the 8 months since our AO went through and still have after nearly 12 months several valuable and one-off photos of ours from the children's foster care placement. I have been working my way through contacts and line management at the County Council to no avail as yet.*
15. *We have terrible support from SWs from the start of our adoption experience. There is one PASW for the whole county so she has no time to give practical support to any of us. I had to move my children's school as their lack of understanding was damaging the children. However individual teachers have been just as bad at this school, refusing to accept there are issues. I have had to fight every step of the way. We had an appalling experience with Theraplay at CAMHs which damaged my eldest daughter's relationship with me. Other psychologists have since agreed that it wasn't acceptable practise.*
16. *Delayed help*
17. *We feel totally alone & try & work in our own to get things sorted*
18. *A school unable and unwilling to try to help our daughter led us the brink of disrupting the placement. The head teacher did not care, and despite the teacher and assistant wanting to help they had no support or knowledge of what to do.*
19. *The teacher could not understand how early life experiences impacted on my daughter.*

20. *A feeling of isolation and helplessness. It felt very dark and as though the only option we had was drastic, i.e. AS re-entering care*
21. *Not being supportive pushing child 2 back into family not listening to me say this was not working, child 2 being offered unsuitable accommodation. Had to fight to get what she needed. May now contribute to society with the help*
22. *16year old was thrown out of college and lies around in bed all day. Each day is aimless for him.*
23. *CAMHS were worse than useless. Children's social care weren't fit for purpose, as all they wanted to blame the parents & but the child's background before they came to us.*
24. *Completely traumatised us all*
25. *Lack of understanding re attachment in schools has caused huge problems e.g. threats to not allow my child to attend a Christmas party if she did not change the behaviour which results from her disorder. This caused anxiety and aggression at home.*
26. *Exhausted with having to fight for help for our vulnerable son. Lack of understanding from educational professionals, dealing with escalating out of control behaviour, SS not listening to us. We became more and more isolated, unable to have a normal life. Constant dramas and melt downs, stealing and running away finally stealing my car and being accommodated! I feel a shadow of myself. Having had to give up hobbies and interests as I feel unable to cope with anything other than day to day tasks!*
27. *Ultimately, we have been really damaged by our child going on child protection, despite acknowledgement that we posed absolutely no risk to our child. Social care and our initial IRO would not listen and seemed to be working to a predetermined outcome in the child protection conference, and the local authority were determined to not fund therapeutic school (despite a psychiatrist report recommending it.)*
28. *Bad experience ringing Duty Social Services as advised by my post adoption social worker. They were rude and had no understanding of my situation*
29. *Devastating. When you're struggling & you have to fight with the people who are supposed to help you, it's devastating. We have a marvellous head teacher who phones professionals who just won't do their jobs. Without her we'd be unable to carry on.*
30. *Not applicable*
31. *Eldest didn't trust or like social worker. Teacher/SENCO lack of communication to parent doesn't help child*
32. *It was stressful to feel like our social worker was judging us rather than supporting us.*
33. *Emotional and stressful, tempers sometimes short which is upsetting and doesn't help any of the five of us. Siblings struggling to understand the issues that they each have.*
34. *Very stressful the whole family in state of stress has made me personally feel ill*
35. *It was like being in a nightmare. I could not get anyone to believe me and I was blamed for causing the problems I reported. I was taken to court and my child was removed. I faced false allegations that I was mentally ill - and my son and I were completely traumatised. Errors were made but could not be admitted to. It took 3 care proceedings to get all public law orders discharged. I felt we were both totally let down by the system. My son self-harmed and made two suicide attempts which were described as 'self harm' and I was in a very desperate state.*

36. *A therapist was asked to assess Child 1, she met with us and child 1 under extremely stressful circumstances, she went onto write that we were absolutely responsible for our child's problems, she stated that we had mental health/medical problems that were the cause, she didn't talk to us on our own and did not look at our medical records and we actually did not suffer with the problems she stated, we think she was confusing us with the birth parents! We asked a solicitor about this report but were told it wasn't worth pursuing, but this report follows our child even though even the therapist's recommendations have been rubbished as totally unworkable. I have been extremely distressed by this.*
37. *I regret, it is too traumatic to get into*
38. *Led to a breakdown*
39. *Was blamed for issues of child, then charged after malicious allegations were made. Default was child was believed and adults lie - assumed we knew nothing when in reality professionals had poor if any knowledge of attachment/trauma issues*
40. *made my life hell with regard child 3 fighting for everything and no understanding of her issues*
41. *The last year can only be described as a living nightmare. There have been times when I've felt I can't cope any longer and have thought would it be easier to disappear or end my life. Its changed us as people and as a family. We worry about the impact this has all had on our daughter. We have difficulty sleeping. I especially suffer with more headaches and feeling sick. We try and be as positions be as we can. There have been days when I don't want to get out of bed. In some ways it's brought my husband, myself and daughter closer. Our son who's no longer living with us can't understand the worries we have. When we see him, we try to be positive. I fell out with my parents as they couldn't understand why I was so upset when our son was placed in care after making an allegation about my husband.*
42. *The failure to address bullying over three years had a huge impact on the relationships within our family and with our friends. Two years after my daughter moved school she is still getting some threatening messages and my younger daughter has been approached by older pupils at her school spreading vicious rumours about her older sister.*
43. *I cannot even begin to comment on this. There have been medical problems, e.g. my husband ended up losing teeth due to chewing through stress, my eldest daughter had to have a heart survey because of problems that again were stress related. My dad died without seeing his granddaughter as she had just been readmitted to care problematically, this was very stressful for us all. I could go on and on. It is a daily wound, even now.*
44. *Social Worker - delayed adoption assessment process Education - judgemental about looked-after child and impact on school's OFSTED (governors were trying to block access to school place). Chose another school as a result.*
45. *I have developed depression which impacts on my relationship with friends and family*
46. *We had to move schools as the head teacher was so appalling.*
47. *it is horrific when you go to those you expect to help and they can't (lack of experience) or wont (cost) and then try and cover their inadequacies by blaming the parent, or worse, the child and find a way of washing their hands of the problem. It is isolating and makes me very angry too. This is not about their job but about my son's future.*

48. *Delay with assessments for dyslexia, slow progress overlooked, not taken seriously, lack of understanding*
49. *It was extremely stressful and consumed a lot of energy. Very detrimental for mental health*
50. *This actually had more of a traumatising effect than the severe behaviour of the child and put things even more at jeopardy -when at the end of your resources one should not have to defend and educate these professionals who don't know what they don't know and are ignorant enough to behave otherwise*
51. *Difficulty with social worker returning calls whilst trying to be considered for child 2. Child 2 spent 2-three months longer in care than needed.*
52. *My original SW was amazing but I still had to fight for help/support. Our family was at breaking point before help was put in place. I developed post adoption depression. We adopted two young siblings and I think support needs to be put in place earlier before stress/difficulties become too big. I also felt very misunderstood by SW as kept being told my toddler was just displaying toddler behaviour but not until we were referred to adoption plus that our therapeutic SW told us that he was displaying severe signs of developmental trauma. After my SW then went on mat leave I have had v poor experience with being swapped between different SWs and having to repeatedly chase them for replies to queries and had to end up formally complaint to get any resolution this put extra stress on our family. It seems a real lottery as to how effective/supportive the SW is.*
53. *It nearly broke us, social workers who would not believe that my children were traumatised by their time in care and felt it was my 'anxiety' exacerbating their behaviour.*
54. *School think my son has challenging behaviour and sexualised behaviour*
55. *In the early days we were lectured by the primary school SENCO. No one thought to ask us what we had tried they just made condescending comments about approaches that were totally obvious that we had tried with no success. The head told us she had never known a child like our second child but refused to offer any support asking us condescending questions about whether we knew what parenting would involve - this was after writing to say that he was at risk of exclusion aged 4. CAMHS professionals seemed to only understand their role in terms of safeguarding. So, when we tried to get help with CPV they did not ask how we safeguarded our other child but suggested the only intervention would be a safeguarding assessment rather than any assessment or intervention for our child exhibiting the aggressive behaviours. We said no thanks and got a private psychiatric assessment and within weeks our son was much improved on medication for ADHD. CAMHS were not prepared to use the reports we already had from our post adoption SW, OT and 2 play therapists. They insisted they had to start from scratch with their own assessments. We felt this was a waste of public money as the reports we had were from people with the same professional registrations as their professionals. We also felt this put our child at risk because of the delay. We are so glad we had the insight and resources to get help privately. The Deputy Head at our child's secondary school interviewed our first child about an incident without another adult present. He had no previous relationship with our child and he did not understand his developmental delay. His approach was quite inappropriate - he treated him like an aggressive older teenager when he was just a naive little boy.*

56. *Makes you feel inadequate & that child's issues are not real*
57. *As above (reference to response to previous question): we get mixed messages from school which adds to our stress; not being able to access CAMHS leads to a feeling of despair because we don't know how to get the help our son needs - or even find out what would help.*
58. *Means no support. Left to manage child alone*
59. *Totally isolated us. No idea who can really help us.*
60. *It directly contributed towards my divorce. My ex-husband refused to believe there was anything wrong with our daughter, despite numerous diagnoses, and refused to engage with problems at school. I was told by the SENCO at school that I should get psychological counselling as I was creating my daughter's difficulties and our current school head has told me that I am (and I quote) a s*** Stirrer because I don't just sit back and allow them to ignore my daughter's issues. It has made me very ill. I worry all the time and would remove her from this school and home educate her if I could manage financially*
61. *Traumatising; felt frightened, bullied and powerless; trapped in a Kafkaesque nightmare in which I was accused of my children's trauma and unable to be heard or believed. Professionals were aggressive and insensitive. Their interactions with our children caused them to self-harm. We were blamed for our children's anxiety. Our children are fearful and have panic attacks now and are afraid of social care professionals.*
62. *Increased stress significantly. One teacher considered our daughter to be "just a very naughty girl" and we spent an academic year having to negotiate continually with the head teacher to get her fair treatment.*
63. *We became extremely anxious about how long final order proceedings were taking*
64. *Our son regressed, suicidal ideation, violence towards us, low self-esteem, school refusal, shouting, swearing at us, wanting to return to birth parents*
65. *The overwhelming impact has been the feeling of shame, fear and isolation. Our fairly recent treatment at the hand of safeguarding SWs was more traumatic than the trauma we experienced from Child 1 over the years and led to sick leave due to depression, flashbacks & insomnia*
66. *I expected professionals to be helpful, understanding & supportive. Instead my son's previous school blamed me for his behaviour in school. They really demoralised me & I could easily have had a breakdown if I hadn't have moved my son to a different school. It impacted our whole lives all of the time. I got phone calls at work every day. It was such a dreadful time adding to our trauma.*
67. *Taken to court just as settling. Cannot explain negative impact on self-esteem /progress within family. More trauma for son and me too exhausted to even explain*
68. *Things not communicated properly leading child being told something was going to definitely happen it might not*
69. *Very frustrating had we not been in a position to access private support my son would have attempted suicide*
70. *Judgemental attitude and lack of understanding of adoption issues by school ed psych and CAHMS put huge pressure on our family. Not least because it's so wearing to fight systems.*

71. *When professionals are rude it upsets me and that does make it harder for me to support my children. They rely on me to keep them emotionally grounded, which I can only do if I am ok.*
72. *We have had significant issues with early identification and support - have had play therapy for 12 months and have a statement of educational need in place now with 32.5 direct hours following parental request and late identification of issues*
73. *Delays in getting information - thankfully resolved by a superb relationship with our IRO. Lack of understanding about our family's needs - still without formal mental health support for us or the children.*
74. *Our child's social worker did not understand our children or the fear he instilled in them as the person who removed them from BF. Our social worker told lies about us to IRO and birth mum, leading to her contesting the adoption. Legal guardian was appointed and she was brilliant. School have been and continue to be very supportive*
75. *We lost trust in social services completely, and so have no confidence in asking for help from them.*
76. *Preadoption order the placing authority fought tooth and nail to avoid paying for therapy for the children. I refused to put in for the adoption order until an agreed support plan was signed. They threatened me with taking the children away from me (they'd been with me for 3 years at this point). This was extremely stressful for me. I was also ignored when I emailed social services one Christmas saying we were a family in crisis. They didn't even answer. I made a formal complaint and of the (about) 14 different issues I raised, 12 were upheld, one refused and one no longer could be dealt with (social worker had left). Our current post adoption support worker is not supportive. when she recommended that a referral to CAHMS was made (instead of continuing with the private therapist) she then failed to make the referral and eventually told me (after 6 months) that she was too busy and that I should do it. I do not trust her and have no desire whatsoever to have any dealings with her.*
77. *The reality of incompetence when organising meetings by social services is eye watering. We get missed off invitations then they'd realise the day before the meeting, then get invited. Often the rooms were entirely unsuitable, meetings not minuted at all, rarely any agenda. Social workers have often met privately prior to seeing you but if you meet another professional without inviting social services that is very much a black mark against you. The social worker is very tick box orientated often or think they are some sort of guardian angel. This is massively unhelpful to attachment disordered children who use this to split the parents off. In our experience social workers often lie and try and cover up their incompetence and that of their colleagues. They do lie. Social workers, educational specialist and CAMHS really cannot seem to see parents as co-professionals This needs to change.*
78. *Christmas and New Year, and birthday times are exceptionally stressful for our son to the point where I literally DREAD these times of year*
79. *Lack of understanding and support for child really struggling in nursery and reception, made to feel it was my fault and nothing different about my child despite a diagnosis*
80. *Too much to say in detail. Some good SWs but one in particular allocated to my eldest at her most turbulent did not grasp at all the complexity of the situation and blamed our parenting.*

For youngest pastoral lead at school also unsupportive and undermining and it felt as if she was trying to rid the school of my daughter rather than trying to find a way to support her

81. *We live from day to day at the mercy of his moods and aggression. This results in a very stressful family life. He is extremely controlling most of the time and I live in dread of what the future holds. Husband really struggles to accept the situation and family and friends have distanced themselves as they cannot understand son's behaviour and blame our parenting!!!*
82. *Lack of support in school. School refused to access FASD training for 18 months. Only got them to have it after son left school. Viewed son's differences as bad behaviour not disability. He was restrained in unsafe way. Ended up with escalating sensory processing diffs to extent that couldn't cope with school. Spent his days pacing the playground. Denied access to trips. School said had applied for additional funding but no evidence in SEN file and LA didn't receive it. After leaving school spent 2 months at home with symptoms like PTSD - terrified to go out, thinking cameras were watching him everywhere, convinced bridges would collapse.... Very anxious time - while at school Often called to collect early, several illegal exclusions where told to keep him home while school thought of a plan. It's taken 6 months to get our lovely boy settled again. At one point, violence at home linked to school stress was so bad he had 10hour meltdown.*
83. *Lack of support in school has shocked us. We have been open with school and wish to work in partnership. We do not particularly challenge school, we do not find this easy. It has knocked our confidence.*
84. *We have had a real lack of support from our child's social worker which has led to unnecessary anxiety and stress*
85. *Lack of understanding and insistence by social worker that attachment disorder was likely to be the primary issue (with no evidence to support this) caused huge delays with a proper diagnosis (FASD/ADHD)*
86. *Terrible. SENCO at primary had him labelled as 'naughty' and just didn't acknowledge attachment as a disability. CAMHS didn't want to know as soon as we said he was adopted, after a 6 month wait to see them.*
87. *Due to the attitude of the school to my son, I have had 2 weeks off my own teaching job due to the stress they are causing. Josh is currently in the process of moving schools but present school suggests everything is my fault, not theirs and refuse to take responsibility for educating him*
88. *My partner and I were supported by the adoption support officer. It was stressful but we are ok*
89. *I have experienced incompetence before which has made me reluctant to ask for post adoption support through my LA. However, the PAS team actually turned out to be quite good, which was a relief.*
90. *It hurt, we are stronger*
91. *Adoption worker saying if we didn't put adoption order in asap, the children may be returned to birth parents if they had sorted themselves out.*
92. *When I sought help, I was blamed and my child's complex behaviours attributed to inadequate /poor parenting. I felt judged and this made me angry in response only after a battle and ensuring that those who judged were correctly informed have things settled. Education is*

necessary to those professionals working with adoptive families to avoid blaming parents who are struggling and to be more empathetic and supportive.

93. *Extremely stressful for me and affected my ability to parent therapeutically*
94. *Having to wait for vital treatment, having to use loans / overdraft to access vital treatment, stress, having to ring numerous times to chase, sensitive information going missing or being sent to the wrong place (complete flouting of Data Protection Laws), lack of clear guidelines or systems*
95. *Exasperating as it was mainly a school problem but due to mismanagement the problems escalated at home*
96. *Poor 1st experience with social worker's' very poor attitude when looking to adopt. We went back to have 2 more rounds of IVF and when this failed went back at looking to adopt but went with different LA*
97. *I have received therapy for ongoing unjust criminalisation and vilification. Intervention made our home life worse as we were not believed and all profs/SWs sided with Child 2 and initially Child 1. CAMHS therapist was useless. PASW was airy fairy. First IRO was appallingly behaved towards us as parents. No prof listened to us. They all believed Child 2 then after two years started to realise that we were not at fault nor the cause. By which time the emotional toll had impacted physically on the adoptive mother. No one could advise us.*
98. *Son finds professionals scary and is reluctant to engage with them.*
99. *Whilst social services generally understand our family needs; they have no resources to provide support e.g. we would like activity-based respite/mentoring for the kids. School SENCO don't understand needs despite training and meetings and are reluctant to treat our daughter differently from other pupils.*
100. *Lack of sympathy/empathy/understanding, no help or support forthcoming, pretty much left with a traumatised child experiencing complex needs and told to get on with it. Only been offered parenting courses which are unhelpful. Very disillusioned trying to parent a damaged child spiralling out of control*
101. *Depression*
102. *With my son having several exclusions from school I have lost over a thousand pounds in wages. Now my boss has cut my Oart time hours more. My relationship with my children can be very stressful. With no help from its adoption.*
103. *When you are not sure exactly what support you need it be very difficult to access the right support for your child. I was very traumatised by waiting a very long time for support from CAMHS, and then was turned away, as the child's problems were not serious enough! PASW only believed that we needed support once the situation had severely deteriorated, and the children became CIN and police became involved.*
104. *the girls don't trust social workers due to their inability to be honest and keep to their word and all the failures that have repeated over the years. we feel let down and upset after 4 allegations over the years and the last one resulting in a full court case and we nearly lost everything and even though it was proved to be totally no case still feel sad and angry about the injustice and lack of true support and false info still held on files about us that have no fact but all opinion*

from 'professionals' that don't know us. We now want nothing to do with the system as trust is totally lost and we have to deal with the girls' issues alone.

- 105. Bad relationship with head teacher (and SENCO) in first primary school, received daily behaviour phone calls, marched across the School yard in front of parents, regularly spoken to in front of parents and peers. This obviously had a knock-on effect at home, whilst we would try to leave the issue at school it still leaked into our family Home. This was so much easier when we moved primary schools and looked at best secondary school when time arose rather than sending to local academy which head stated in her opening speech selling the school how proud she was to hold the record for the highest number of excluded children! Followed by SENCO reiterating and adding that they sent previous adopted children to the naughty boy and girl School so that's what would happen if he didn't follow the rules!!*
- 106. The greatest threat to permanence in our family (apart from the children's behaviour) is a referral to duty for safeguarding and the subsequent treatment of us as parents due to lack of understanding around the impact of trauma*
- 107. As previous, bullying by SWs at time child 1 became S20. Led to even greater stress at a very traumatic time. IRO agreed to us being kept in the dark about child 1's drug taking during review. We thought he was doing well in placement when he was actually on a warning. This caused a lot of distress to us when we found out when he was asked to leave.*
- 108. We have had sporadic contact with many social workers who have made poor assessments and jumped to conclusions. The main problem has been total inability to sort out practical support in a reasonable timeframe. We've had delays of nearly a year in accessing services like therapy and respite. Everything takes so long to access and seems to require you to fight when you barely have the energy to get up. It is all so hard. No one gives you support unless there is a crisis.*
- 109. Lots of blaming the parents. Not listening to the person who knows the child best. Not believing the level of violence displayed by the child. Saying things like mum alleged child hit her pulled her hair bit her. As if I was telling lies*
- 110. Soul destroying, makes life a constant battle and vastly increases stress in the home, children felt let down again*
- 111. Years of asking for help and told it's our parenting skills!! Several times left floundering after Social Services lack of contact and staff on sick or left.*
- 112. Just another situation or person to fight against again!*
- 113. Having to fight to get any support when you are struggling with your child is exhausting. You feel isolated and your whole life is consumed with dealing with the chaotic behaviour of your child. Lack of understanding with professionals especially in education pushed our situation over the edge and ended up in section 20.*
- 114. PAS continues to refuse ASF assessment despite acknowledging my child has serious issues and I have worked tirelessly to support him. He is exhausting and aggressive they aren't interested.*
- 115. Lack of understanding resulted in lack of support and therapy for our children. Also resulted in CP investigations of us*

116. *It has forced us into poverty, we may lose our home, my SGO daughter is forced to see a man who raped her, kicking and screaming because CAFCASS sat one thing then do another. I honestly don't know if I can keep this family together.*
117. *Comments made by CAMHS therapist came close to breaking any relationship between our youngest daughter and the rest of the family.*
118. *One social worker was suggesting that we were creating the problems with our son. That when we called the police and sent him to emergency respite we were damaging him and didn't understand the emotional impact this was having on him. When we took this action, it was absolutely as a last resort because we couldn't cope any longer.*
119. *Children had 4 Social Workers (3 of which throughout our first 6 months after placement). They hadn't a clue how to support us with these very traumatised children who moved to a new family, county and school.*
120. *Still working through recovery from an allegation made which was unfounded and later withdrawn. Both ourselves and the child (who is still living with us) received no support during the investigation and following. The child still feels incredibly guilty and we feel very much at risk if the situation were to repeat.*
121. *It delays processes to help get things in place*
122. *Stressful impact*
123. *CAMHS professionals who listened to us talk about the amount of violence and rage we had from our AS6, then had a conversation about our child in front of us and decided it was nothing out of the ordinary for adopted families.*
124. *I feel like I am black listed. School kept asking if my son was being hurt. Due to his attention seeking behaviour attachment son said I threw a chair at him. I didn't then a detective and Social worker turned up regarding me assaulting my son. I feel that my good character and personality have been tarnished*
125. *CAMHS therapist sat and watched while my daughter attacked me, which was traumatic for me and I refused to go back. Useless front-line social worker continues to fail to answer my questions, send me reports or basically do anything useful. Mainstream primary school could not understand my daughter at all and destroyed her self-confidence while also not teaching her anything.*
126. *Unable to access CAMHS as told not severe enough needs but there was nowhere else recommended or suggested for help/ support.*
127. *Lack of understanding from SENCO for my daughter when she was having difficulties in attending school on time.*
128. *Problems dismissed, child to parent violence and anxiety issues not believed*
129. *Social worker being dismissive of our worries about the children*
130. *It feels like I am battling for my son's needs to be recognised and for him to receive the support he needs in school. Things that have been said to me by the teacher and SENCO have made me question my ability as a parent, to the point where I have thought it might have been better for my son if he had been placed with another family (although this really upsets me as I can't imagine life without him.) lack of support has caused arguments between myself and my parents*

as they seemed to think I wasn't trying hard enough to get support despite me trying everything I could.

- 131. Delays with child 2 being placed with us. Not being honest about her health problems and impact on her/our future. Refusal for consideration for an adoption allowance (wales)*
- 132. Our daughter has a strong distrust of Social Workers after insensitive treatment by her then Social Worker pre-placement on placement and until Adoption order was granted 18 months later*
- 133. Added stress to me as a parent. Feeling that child was being failed by the system again.*
- 134. We feel really let down by both SS & CAMHS. CAMHS have basically said they can't force therapy but don't even offer to review at home as my child refuses to go to the clinic. She was in a mental health unit, communication was awful as was understanding of the wider issues about what would happen on discharge. The lack of support & services offered by SS is appalling*
- 135. It has been an extremely tough 2 years where we have had to fight the system as well as coping with 2 traumatised young children*
- 136. Almost tore us apart and caused the adoption to disrupt. Daughter spiralled into drugs and drink, didn't sit any GCSEs and was exploited for sex - because the help I asked for was not given. There were a lot of meetings, but never any action.*
- 137. The difficulties with my son have destroyed the family we had completely and traumatised myself, his adoptive father and our daughter, his adopted sister. We are rebuilding our lives but his severe problems are ongoing and will continue through adulthood. We received minimal help through his adolescence, despite scouring the country and trying to get the support he needed. It has been a living nightmare, and it continues. My AD had survived and is doing very well but suffers from very low self-confidence and image. I hope that the work you are doing will bring the right support for families and traumatized teenagers, so that no one else has to go through even the smallest amount of what we (and he) have suffered.*
- 138. Mostly frustration in knowing our situation has not been understood*
- 139. Child tried everything, gets bored, has a child, including relationships, now in same sex relationship*
- 140. lady came about 6 times and didn't engage with the child just ticked boxes i.e. I have completed the volcano experiment with H but gave H no clues as to what the experiment was for. Her report included 12 errors and I asked for parts of it to be corrected. This totally undermine our self-esteem and confidence.*
- 141. It feels like your knees are being taken from you. All you want is support and it just isn't there. So, you fight again and again and eventually they agree, but then you know that when it comes to the next time you'll have the same fight on your hands which is totally exhausting*
- 142. Frustration and feeling lost depressed not helped us at all*
- 143. Just very stressful. Although some professionals have been better than others the main issues have been lack of continuity and the number of changes resulting in me having to go over the issues multiple times.*
- 144. It was devastating at the time, as his inaccurate assessment of our medical needs meant that we wouldn't have been approved, but as I am also a medical professional I was able to challenge*

his belief and get him to revise his opinion resulting in our application being supported. Our concerns are that other adopters may not have felt able to challenge his view and would have had to accept that they would be unable to adopt.

145. *The SENCO at my son's mainstream school had no idea what an attachment disorder was!!*
146. *It's very frightening and stressful when 'professionals' appear to have an opinion and desired outcome in mind before they have even met you. It's frightening and unfair when despite being told a professional is independent - like an IRO or Guardian - they simply swallow whole whatever the social worker says or writes in a report, and do not appear to be able to be independent or impartial. Social workers appear to feel themselves to be above the law and unaccountable -they can write whatever they like and there appears to be no consequence for them whether it is true or untrue. Our experience has included social workers making up scenarios involving our children and re-telling events so that we look bad and they appear to be beyond reproach. Such experiences make it hard to ever trust professionals. We feel abused by social services, including a CAMHS psychiatrist and psychotherapist*
147. *Social Workers made assumptions, advised wrongly how to parent (at odds with advice from after adoption workers) ignored child to parent violence, refused to find desperately needed respite-had respite been offered I truly believe my son would still be at home*
148. *Total devastation when being blamed/judged for doing your best in an extreme situation. The extent of the children's trauma is hard for professionals to acknowledge as in doing so they acknowledge their own failure. We have come close to disruption as support has been withheld/not financed. The professional relationships are harder to cope with than the children!*
149. *Distrust and dear of engaging with professionals in the future.*
150. *Very negative, put lots of extra pressure on. Affected relationships negatively with child and partner*
151. *Really struggling with stress at present*
152. *Not being believed has a huge impact emotionally*
153. *We have had 2 Sandiast 3 high court hearings, numerous children's panel hearings and 20 Sheriff's court hearings re contact*
154. *Not want to engage again*
155. *We are very wary and sceptical of professionals.*
156. *Social worker not doing assessment when requested by us, lack of ASF application and receiving adequate support, including post adoption support, contributed to daughter's suicide attempt, mental health ward admission and now living away from us because she/us/brother cannot cope. Son now also has depression and receives no support. Lack of support at school led to very poor GCSE results and continues to be an issue for both in higher education where staff do not 'get it'.*
157. *Stress caused by headmaster criminalising a young child with known complex mental health needs whilst SENCO & educational psychologist etc. look on to maintain their jobs is horrendous. Parents are helpless. Ofsted aren't interested. Education professionals are simply exaggerating & lying to get the outcome they want, which is our child out of their school before Y6 SATs are affected.*

158. *When second child refused school after first few days in secondary, we were referred to Social Care. This meant that school wouldn't communicate with us until we'd had "proper parent training" from a woman who couldn't get through the door to said child's room to speak with them, due to her own health problems. As it didn't work, we had to do another 3 months of training with the same lady, who admitted that she knew nothing about therapeutic parenting or children with early developmental trauma ... Her visits completely disrupted our family routines and further traumatised the school-refuser. Have recently discovered that "sending in Social Care" is a convenient ruse used routinely by our LA to delay appropriate interventions - with other SEN children, not just adopted children.*
159. *It has made me doubt my abilities as a good parent and contributed towards my breakdown.*
160. *Sadly, ongoing stress due to lack of their understanding and repeating information*
161. *I tried to speak up at tribunal at how my child was discriminated against (listed in EHCP he swore school 5 exclusions for swearing then expelled him) the school employed a specialist solicitor and barrister to rip my case apart. I couldn't get legal aid was on my own and didn't stand a chance I'm not legally trained*
162. *Complete loss of trust*
163. *Social services played the blame game. It made us physically ill with stress. They entered things on their paperwork that were untrue*
164. *Horrendous, felt unheard, anxious, depression developed, felt blamed and no consequence for their negligence*
165. *Reception teacher blamed our parenting after our child bit another child at a time of transition and would not listen that the transition into another class was the issue causing anxiety. Spoke to me like I had no idea about my child and his needs. I felt powerless to help him as school would not listen on several occasions. School also held an NSPCC assembly without prior notice and re-traumatised the children and it was a struggle to get them to school afterwards. However, they did apologise to the children afterwards. It caused stress to not be understood and for the children to be so anxious.*
166. *Lack of training, experience and knowledge in social workers (as well as high staff turnovers) made first year or two of placement much harder than it should have been. We felt judged and ill-advised rather than supported or given any insight into our daughter's Challenges*
167. *Added stress to an already challenging situation*
168. *Post adoption support worker appeared completely clueless about attachment and trauma, increased our stress massively and had absolutely no useful input.*
169. *My child has had 3 different teachers in the past year and their class has had 12 different teaching assistants*
170. *No support when needing it the most.*
171. *Alienating. Exhausting combining advocacy with parenting. Impact on my mental and physical health. Expensive - buying in independent assessments to access diagnoses slow to be delivered within statutory services*
172. *Son made false allegation to headmaster. Social services never even asked about background and demanded I left house immediately. Son had history of lying and sabotaging family life. SS*

decided, without speaking to us, that I was controlling and 'emotionally unstable' (!) and after 5 years they would have expected any adoption issues to have stopped so "must be mum". Son subsequently diagnosed with Asperger's, ADHD and ODD!

- 173. Previous school's attitude so stressful making an already fraught situation so much worse*
- 174. Added to frustration and isolation*
- 175. Our 11year old's violence and meltdowns has had a massive effect on us all as a family. He's attacked me my wife and his 2 sisters, we have to hide knives cos he just grabs anything and lunges at u. I've had 2 mental breakdowns which caused me to distance myself from everyone and that emotionally affected my wife and girls. We felt broken as a family. I lost my hair due to stress and still I felt guilty for the breakdown of our family.*
- 176. Being very one sided aggressive complete not understand the situation no insight considering they deal with these matters on a daily basis*
- 177. Horrendous impact from SW. When we complained - to attempt to get positive action - they lied & denied. Our life was made hell in 2017 because of this.*
- 178. Too awful to put in to words*
- 179. It has been so traumatising that it has led to a severe deterioration in my mental health which in turn has led to them suspending all contact.*

12.2.2 Special Guardians – impact of negative experiences of services on child/family

- 1. Scared to say how bad it is!*
- 2. Has caused tremendous stress and now lack of trust to professionals*
- 3. Awful*
- 4. Just complete lies from them. Being told one thing then them changing things to suit themselves. No help when kids came to live with clothing. They told me to buy a bed and they would refund me, they refused and I had to appeal for payment. I had never been in touch with social services before and I can say something needs to change. You get bullied and talked into things because you literally have no experience and you're like a rabbit caught in headlights because you are trying to do the right thing for kids*
- 5. Social worker and Cafcass took birth parents word over ours resulting in a failed reunification between children and birth mother which has had lasting emotional affects upon the children resulting in anxiety and behavioural issues*
- 6. My husband was in last year of social work degree first day of placement he had to attend court due to legal not listening to social worker 're sibling nip lost his placement started another 3 months later but has accepted health social care degree as we feel he was judged by his lecturer at the university no matter what he did it came back for him to do something else on his portfolio to send out to agency's*
- 7. Increased stress and anxiety*

8. *I think that her birth mother creates difficulties for her. She considers the child as 'Hers' (I am just a temporary minder, even though she's been with me for 11 years and she calls me Mum, which is her choice) she lived with her for only the first year of her life. Child lived with approximately 3 different foster carers in the following year and then came to live with me at age 2. Birth mother was vile and abusive in the beginning, even though she asked me to take her daughter to prevent her being adopted. She is better now, married and has 3 more children, but has recently refused to allow daughter to go to stay with them in accordance with arrangements I proposed. Told her that she was 'not her priority'! Words fail me some times, but I try to maintain an amicable relationship for the sake of the child.*
9. *Caused anxiety within the family. Made to feel belittled and stupid by the professional.*
10. *Can't get any help. No one listens.*
11. *Social worker unsupportive and ignores emails*
12. *loss of earnings, frustration lack of understanding of proceedings, anger & resentment at times*
13. *Endless impact as we still don't seem to be in a great place just making the best out of a bad situation*
14. *Upsetting distressful*
15. *Very wary never sure anxious*
16. *social workers just wanted kids off their books, we did manage to get SGO payments and a settling in allowance but it didn't cover all the expenses incurred or cover the lost income from having to reduce hours*
17. *I've had to home school due to lack of understanding and training from schools*
18. *I lost my home, my career and my income. I have not been treated fairly. I have been blamed for the children's problems and also their parent's problems when I have tried very hard to get help for all. I do not have a voice. School has made things worse and delayed DLA for child 1 by making an incorrect statement about them. The LA altered the SGO allowances after the children were placed and I am now at risk of homelessness having already moved 4x in 5 years.*
19. *No support when issues arises with contact even with a supervision order and support worker*
20. *Very stressful*
21. *The bad Social Worker experience was 23 years ago and 9 years ago - it left me with deep trauma which I am only really now recovering from. The EHCP process we went through in 2017 was extremely stressful and very traumatic*
22. *social worker expecting me to just dire a guard my feelings for my son and he wasn't included in any of the decisions even thou he wasn't at fault at all it was birth mum being assessed and her family that failed to meet basic needs for their own child let alone a new baby this wasn't followed up either a child who slipped through the net was covered up*
23. *We had arguments about it as we were frustrated at the lies and blatant prejudice the assessor had/3/2018 5:50 AM Categorize as... – View respondent's answers*
24. *Child spent 9 months in FC unnecessarily IMO*
25. *Very bad experience with safeguarding social worker has left us very mistrustful of other social workers.*

26. *Negative experience with social workers when being assessed for kinship care of my granddaughter. Also, first assessor, not completely independent of LA. This was devastating for me and my family as adoption was the permanency plan for my granddaughter.*
27. *The ISW who assessed us for SGO was horrendous and took us along time to recover psychologically from the process. It was like interrogation not assessment. She was very judgemental. We were going to make a formal complaint but were overtaken by a traumatic bereavement soon after SGO granted and so did not pursue, Child spent 9 months in FC unnecessarily IMO*
28. *Problematic relationships with so called professionals cause great anxiety. These so-called professionals HAVE to realise that we live these lives day after day and we are NOT in the text books. WE are indeed the experts and it is about time they actually listened, heard and took action. Instead of nodding and ignoring ALL with SGO's.*
29. *Grandson father my son has another baby to new girlfriend and been going very well but social services trying to split family up because of father past with grandson mother*
30. *It took over 12 months to get to court. Initially said we would have no financial help*
31. *We really didn't understand SGO and were pressured into it. After fighting to get help for birth mother who eventually died and support for the children over three years we were told that because we didn't agree to SGO Immediately we weren't committed!*
32. *We have had recently a very bad experience with child 2 birth father making false allegations about us to the duty social worker in where we live. As we are both childcare professionals we also had to report this to OFSTED and the LADO in It was very worrying and stressful and this is the second false allegation that has been made against us.*
33. *AS the only person from all the families involved who stepped up to the plate of safeguarding the LO, you would expect the SW & other professionals to treat you with some respect. That is dependent upon which social worker you are allocated...*
34. *Court guardian did not understand impact of attachment issues or developmental trauma neither did early years educational psychologist*
35. *7 plus social workers in 3 years. Too many changes...*
36. *It has forced us into poverty, we may lose our home, my SGO daughter is forced to see a man who raped her, kicking and screaming because CAFCASS say one thing then do another. I honestly don't know if I can keep this family together.*
37. *Stitched up by social worker into so called private arrangement when I was asked to take care of child*
38. *Social worker didn't read file passed from our local authority (mum moved when assessment decided when born baby would come to us). Social worker made plans for adoption but failed to consult us, we had to push to be assessed - we travelled from to London many times for this (not an easy thing to arrange with other children in foster placement)*
39. *Social services let us down soon as we were granted SGO they never turned up for the meeting. We told them plenty of times we were at breaking point and the other children were being affected. Got told we were doing fine and not entitled to respite*

40. *Child 1s behaviour is getting worse and becoming more withdrawn and anxious and I feel if professionals would listen and provide the services needed things would be better*
41. *Social worker- failed to follow advice and arrange respite to prevent placement breakdown. They underestimate the seriousness of my situation. CAMHS focus on AD and don't look at the bigger picture i.e. ASD, PDA/ODD. GP failed to listen and refer to CAMHS. ICS waiting too long for ASD assessment and no help forthcoming*
42. *Undermined our belief in our parenting e.g. CAMHS said in a report to LA that I have a drink and/or drug problem when I do not (I don't take drugs and I am almost teetotal)*
43. *Devastating – social services attempted to remove the child from our care.*

12.3 Appendix 3 Petition to parliament

Changes to Children's Act 1989

Urgent action is required to give more rights & protection to parents/carers & also vulnerable children in care

Sections 20 & 31 of Children Act are currently unworkable, resulting in a care crisis. We call on government to take urgent action to make changes to legislation & guidance to protect the parenting/caring role from a distance by:

- A more humane ethical family centred approach where birth & adoptive parents & special guardians can be seen as part of the solution & not part of the problem, in striving to do their best caring for their children.
- Safeguarding vulnerable children with new legislation & legal frameworks that also supports parents/carers when children are 'beyond parental control' which may be related to poor mental health, disabilities, early life trauma, abuse or neglect.

The Needs and Challenges of Adoptive and Special Guardianship Families - Working Together to Help Our Children – 28 June 2018 – Revised

© Special Guardians and Adopters Together