Accessing and Receiving Support

A Research Report from Special Guardians and Adopters Together
May 2019

Authorship and Acknowledgments

This report is authored by Sylvia Schroer PhD and Julie Samuels MPhil

Both Sylvia and Julie are adoptive parents with a background in research. Sylvia's experiences are in mixed methods research and the development of clinical trials for complex health care interventions. Her PhD research was on the treatment of depression with acupuncture and counselling. Her continued research, as an expert by experience, is on parental/carer wellbeing and support. Julie's MPhil was on the transformation of adoption and contact due to the Internet. Her continued research is in the field of social and digital media technologies, adoption, family, kinship, narrative and contact.

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1 Executive Summary

Special Guardians and Adopters Together (SG&AT) are an awareness raising peer support group. Our ethos is one of inclusiveness and support and we pro-actively seek to work together with other organisations and groups to come together, with our different perspectives, in order to create change.

Knowledge gaps and lived experience research

There is a lack of research comparing the needs of adopters, special guardians and kinship carers. SG&AT has been conducting ‘lived experience’ research since the beginning of 2018 to try to fill this knowledge gap. Lived experience research offers a potentially fruitful way to capture the views and experiences of adopters, special guardians and kinship carers, as seen and interpreted through the eyes of experts by experience. Lived experience research has the potential to build bridges of understanding between children and families receiving policy intervention, professionals providing services, and policy makers and service developers.

There is, to date, no policy evaluation of the Adoption Support Fund (ASF) that has explored the accessing and receiving of support by special guardians. With two on-going All-Party Parliamentary Groups (APPGs) considering kinship care and adoption/permanence, we decided to press ahead with a survey, which we felt was much needed, exploring the experiences and views of adopters, special guardians and kinship carers who can and cannot access the fund due to eligibility or other barriers. Such research, comparing the experiences and outcomes of parents and carers who can access the fund with those who can’t, is a way of evaluating the usefulness and perceived value of the fund.

As part of a scoping exercise for the project, we initially explored views and experiences of the ASF through a discussion thread in the POTATO (Parents of Traumatised Adopted Teenagers Organisation), with four barriers to support being identified: *bureaucratic process failings; the child not being willing or able to engage with assessments, services and support; a lack of empathy and sensitivity on the part of professionals who could sometimes take a divisive approach and come between parent and child, and the adopted child/family not being eligible for the fund because of re-entering care and having to leave the family home prematurely*. Concerns were raised by POTATO parents about the role of the post adoption support social worker changing to a gatekeeping and commissioning role that did not facilitate relationships to be developed over time with professionals getting to know a family. There were also frustrations expressed about foster carers replacing adopters as ‘parents’ when a child re-entered care. It is thought that most adopted children re-enter care initially under a voluntary care order – Section 20. Parents would like to continue to support the child in care and ensure they obtain the help they need, which made living in the family home unsafe. A voluntary care order is by far the most common way for a child to enter care according to government statistics. The accuracy and reliability of government statistics in respect of children re-entering care who are under permanence arrangements orders (an Adoption Order, Special Guardianship Order, Residence Order, Child Arrangements Order), is compromised by missing data for almost 3,870 children in the returns provided by local authorities[1]. This means that in terms of policy evaluation, the monitoring of care re-entry, as the outcome the ASF is intended to prevent, is simply not possible, prompting questions of the Children's Minister in the House of Lords in a recent debate on Adoption[2].

Survey design and project aims

A broadly inclusive survey was designed and piloted in our group to ascertain views, without burdening respondents, who were asked seven questions about accessing and receiving support, including the Adoption Support Fund. Respondents were also asked about what improvements they would like to see, and what else they wanted government to hear. The survey had two main aims:

- To provide comparative data on accessing support and services between family carers and adopters who can and cannot access the ASF
- To consider the impact of the ASF from the perspective of people with lived experience of receiving support - past and present

The survey was promoted on social media platforms, and through various peer support groups, and ran from 13th April to 4th May 2019.

Survey analysis and findings

154 respondents took part in our survey: 98 adopters, 51 special guardians and 13 kinship carers without a Special Guardian Order. The report authors analysed the data looking for positive and negative support experiences to provide a balanced account and reported about both types of responses. In this survey sample, negative experiences, were far greater in number than positive experiences. Negative experiences, particularly when many respondents report experiencing similar difficulties, are invaluable to identify systemic problems and failings where policy reform is most required and are of much interest.

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[1] Table C1: SSDA 903. Children who started to be looked after during the years ending 31 March by gender, age on starting, category of need, ethnic origin, legal status and previous. Year ending 31 March 2018

[2] https://hansard.parliament.uk/Lords/2019-05-14/debates/0A844D6C-7339-4ACF-8FA8-6FF1A4C8F0A5/SchoolsAdoptedChildren?fbclid=IwAR2EIqaYN7wDWq2afEvNhP76UE5AEIZmRFV0AqJbg7nYK9V7fYjuK38vGSQ

Adopters and special guardians' eligibility for and accessing of the ASF

In terms of eligibility and access to the ASF we found more than 50% of adopter respondents were able to access the ASF and over 30% of special guardians could access the ASF.

Barriers to accessing and receiving support, including the ASF

More than 50% of adopters reported being unable to access support or finding the process of accessing it extremely stressful. 51% of special guardians and 84% of kinship carers reported being unable to access any support at all. Accessing support in general was experienced as being more straightforward for adopters than other respondent groups, suggesting the ASF has benefited children under this type of order more than others. Support was also considered easier to access since the ASF had been introduced.

For adopters the main barrier to accessing support was professional obstruction and opinion followed by the child re-entering care and location (living in Wales or Scotland). For special guardians the most frequently reported reason for being unable to access the ASF was not knowing about it, followed by professional obstruction and opinion.

Emergent themes in terms of barriers to accessing and receiving support were:

- Adopters
  Help coming too late to prevent a child's mental state deteriorating or re-entering care so no longer eligible for specialist support; professionals lacking in sensitivity and competence; battles and struggles and sometimes a point-blank refusal to provide support or no response to multiple emails requesting help; being unable to access the therapies that parents wanted and not seeing beneficial outcomes to therapies provided instead; cases that were considered too complex - agencies would not take on the case.
- Special guardians and kinship carers
  Lack of information and bureaucratic delays; having bad experiences with children's services previously that were a deterrent to further involvement with the agency; being told to return when children reached adolescence; being unable to access help until there was a crisis. Waiting for therapy, after assessments had been done.

Respondents' views about the support they received

Quality of support and perceived value is an important consideration. In terms of the ASF, it is encouraging that more adopters, who have used ASF providers in greater numbers, had positive views about support than other respondent groups. Nearly 20% of adopters considered the support that was received to have been beneficial to the point of it being lifesaving. 50% of special guardians reported that support was good or adequate but more than 60% of kinship carers had not found support to be helpful.

It is of interest that 10% of survey respondents reported that support received had made things worse and we thought this finding was worth exploring further. The emergent themes were of not being heard/listened to; heavy-handed responses when children made false allegations where parents' accounts were not given credibility and parental/caregiver abuse was assumed; problematic assessments; inaccuracies in reports presented to courts; lack of professional integrity and exaggeration of risk of parental/carer harm.

Perceived consequences of not receiving support

Policy decisions about support provision are arguably best made through rigorous and systematic consideration of future costs if support is not provided. Our respondents' perceptions about the consequences of not receiving support are thus very helpful to start mapping out what costs need to be included in decision algorithms to inform policy decisions. Quite apart from the human cost when a child is separated from loved ones and family (for a second time), the financial costs of children re-entering care are particularly high, along with litigation costs. Separation often occurs during adolescence, which is a critical stage for identity development.

- Adopters
  Twenty-seven children were reported to have re-entered care with a further thirteen children coming close to re-entering care as a result of lack of support. Battles to achieve support for the child continued after the child had re-entered care and relationships between parent and child were not supported and broke down. Adopters reported that support had prevented suicide and self-harm. Violence to siblings was a consequence of not receiving support. In one case a child was jailed for sexual abuse of a sibling. Another theme was loss of health, relationships, marriages, jobs and homes lost or put at risk. Adopters were anxious and worried about the future. A lack of support caused developmental delay, precluded access to support in other areas, prevented children from accessing education, resulted in school exclusions, and necessitated the child being home schooled.
- Special guardians
  Three special guardianship children had re-entered care. Not accessing support put tremendous financial pressure special guardians, which had led in one case to children being separated and carers unable and not supported to take on a child's sibling. Special guardians also expressed feelings of isolation and feared for their own future as well as the child's. Like adopters, the demands of their caring role had put the whole family under great strain, as well as taking its toll on health, relationships and finances - leading in one case to near bankruptcy and the loss of a business. The introduction of the ASF had made a huge difference when it was made available to some special guardians.

- Kinship carers

  Eleven of the thirteen respondents provided comments. None had been able to access any support. One child had re-entered care. The lack of support was felt to have put children and families under great strain with far reaching consequences.

Suggestions for improvement and information for government

Numerous suggestions were proffered in respect of improvements.

- Adopters

  Respondents wanted support to start early, for parents to be listened to and valued, and to not have to wait until the family had reached crisis point for support to be provided[3]**.** There were suggestions for personal budgets and for removing children's services as gatekeepers to the ASF. A critical response service was felt to be needed and better access to respite, which should be via the ASF. Adopters wanted match funding with ASF to be compulsory; to bolster and improve support for post 18 year olds, particularly with respect of housing issues; better support for the parenting from a distance and relationships when children re-enter care; joined up working between agencies/professionals; better education for practitioners and professionals to lead to improved understanding; pre-emptive support to be put in place at transitions and at key developmental stages, particularly puberty onset; better accountability and more transparency; parity with foster carers in terms of social work availability, particularly in times of crisis and a wider range of therapies that allowed adopters to make choices and improved access to CAMHS and educational provision for adopted/traumatised children.
- Special guardians and kinship carers

  Respondents wanted to see support put in place at the making of the order. They wanted support to be given regardless of whether a child was previously looked after and spoke of wanting more respect from professionals (to a greater extent than adopter respondents). Special guardians spoke more of better financial support being needed; they wanted to see an end to benefits caps and stressful means tested assessments. There were suggestions to remove responsibility for the ASF, taking it away from the local authority to an independent body, which would make it more accessible to special guardians wishing to avoid services due to negative experiences. They wanted access to a well-trained social worker and parity with foster carers.

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[3] In the respondent validation exercise conducted within our peer support group, a view was taken that this sentence should be highlighted as a key message for policy makers and legislators to reflect upon in respect of all three respondent groups.

Respondents felt the lack of support seemed futile and wasteful when the result would be ruined lives and children going back into care, where it would be far more costly to care for them. Giving back parents and carers their authority and respecting their knowledge was a predominant theme for respondents. Adopters spoke of emotionally distressing court proceedings where they were blamed in courts. Special Guardians and kinship carers felt they should be much better informed about help and assistance; access should not be the battle that it is for them, and they should not be forced into poverty because of their caring role.

Reflection on the enquiry's findings and their implications

Consideration of findings in the light of other research

Our findings are broadly congruent with the Department for Education commissioned The Tavistock Institute evaluation of 2017, which focused on adopters and professionals, but with lower levels of satisfaction with services/support than this earlier report. This may be a result of our self-selecting survey respondents having more negative experiences of services and/or the survey design providing a space to speak of difficulties and to reflect on the consequences of not being given the support that was felt to be needed. Problems with the gatekeeping/commissioning role taking social workers away from hands on work with families were identified in this earlier report.

Conflation of Section 17 and Section 47 has been identified as a problematic development in respect of policy amendments since the Children Act 1989 by Devine (2015), with two types of outliers at the extreme end of the safeguarding spectrum that the system does not work for. At the one end of the spectrum are systematic child abusers. At the other end are parents/carers who are referred in error. Our survey has suggested that adopters, special guardians and kinship carers who are parenting and caring for children whose trauma related behaviours make them extremely challenging to live with, are experiencing difficulties within a system where the policing role is combined with a welfare role. Professionals allocated to support the child may lack capacity and specialist knowledge and seek compliance from parents and carers who feel their own knowledge of the child is not sufficiently valued or respected. Removing the children, sometimes into environments where there is increasing risk of exposure to social harm, and/ or care provision from professionals with limited trauma knowledge, does not solve their problems and may make things worse if relationships are severed with their families and communities.

Our respondent validation exercise indicated a strong desire for a more holistic family centred service instead of the focus being primarily or solely on a child, especially when children re-entered care.

Further questions

We conclude the report with questions that that we believe warrant further exploration:

- *Could the costs of providing trauma recovery/crisis prevention support be offset against the long term/future costs of support if this prevention support is not provided?*
- *How can safeguarding be improved so that it is not felt to undermine a child's sense of stability and better supports parents and carers, respecting their knowledge?*
- *What sorts of changes are needed to keep our children safer in care and better support relationships with children and young people and their parents and carers if a child cannot live within the family home, and during the transition into adulthood?*
- *Could practice guidance be developed with us that is appropriate for our children and families when our children re-enter care?*
- *Could a yellow card system be introduced for 'never' cases[4], or cases where there have been systemic failings from the perspective of children and families, and children's rights have not been protected according to the UN Convention's Rights of the Child[5]?*
- *Could support be provided for young adults who are open to receiving help when they could not access it as children or during adolescence?*

We believe that experts by experience have a vital role to play in permanence reform and in developing services that meet the needs of children and families. The main question for us as we complete this seventh report is:

- ***How can we, as experts by experience, feed into the reform process to develop helpful policies and models of good practice?***

We would like support to start early, for parents to be listened to and valued, and to not have to wait until our families have reached crisis point for support to be provided

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[4] Professor Fonagy, the SCIE (Social Care Institute for Excellence), project's co-chair, raised the importance of a system being open to 'never' events/cases (Expert Working Group meeting 10th December 2016) and we reflected on this being a systemic shortcoming in our own SCIE consultation in October 2017. https://www.scie.org.uk/children/care/mental-health/findings/adopters-together-summary

[5] https://www.unicef.org.uk/rights-respecting-schools/the-rrsa/introducing-the-crc/

2 Introduction

2.1 Who are Special Guardians and Adopters Together (SG&AT)?

We are a group of adopters and special guardians who come together to try and achieve positive change. We started in 2017 as Adopters Together, being co-founded by two adoptive mothers who were members of the POTATO Group (Parents of Traumatised Adopted Teenagers organisation). Special Guardians were keen to work with us and we joined forces - changing our name to Special Guardians and Adopters Together in March 2018. Currently we have 150 members in England, Scotland and Wales. Our management committee includes three special guardians and three adopters. Our group's purpose is to provide a collective voice for special guardians and adopters to campaign for better understanding of the needs of our children and families, in order to develop services, support and legislation that is designed to meet these needs. Our ethos is one of inclusiveness and support, acknowledging that many of our members are under significant pressure due to their parenting and caring roles. We pro-actively seek to work together with, and alongside, other organisations and groups, to come together, with our different perspectives, to create change.

Coming together as special guardians and adopters, has allowed us to learn from each other and see common elements in our journeys, as well as disparities. Since coming together, we have developed strong working relationships with birth parents of children with disability issues, especially autism, with whom we have much in common[6].

2.2 Background – The need for this research

The stakes are so high when a child has suffered early life traumas and lost the right to live with their birth parents due to risk of harm, negligence or abuse. Further losses of relationship for the child must be avoided. Yet over the last few years, from our lived experience perspective, it seems that more adopters and special guardians are finding themselves having to make heart-wrenching choices, when the children enter puberty, and the child's challenging behaviours, coming from the early life traumas and separations they experienced, are too difficult to contain within the family home. When these traumatised children and young people go back into the care system, often

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[6] Green et al discovered prevalence rates of autism in domestically adopted children that were far higher than population norms and comparable with children raised in institutionalized settings - see Green et al (2016) Autism Spectrum Disorder in children adopted after early care breakdown. J Autism Dev Disord. 2016; 46: 1392–1402. See also, Thorley and Coates (2018), Let's Talk About Child to Parent Violence https://www.academia.edu/37078253/Lets_Talk_About_Child_to_Parent_Violence_2018_Summary

starting this journey back into care with a Section 20 Care Order, they are amongst the most vulnerable in the care system, having lost not one family home, but two.

In 2015 the government introduced the Adoption Support Fund (ASF), to support adoption permanence and prevent children going back into care, broadening the eligibility to include special guardians in April 2016[7]. The fund, which has had various scoping changes since its introduction, enables families to access specialist assessments and therapeutic support. However, not all adopted and special guardianship children and families can access the fund. Children who have re-entered care, as described above, cannot access the fund, and neither can special guardianship children who were not previously looked after. SG&AT have been campaigning for the ASF to include these adopted and special guardianship children since 2017.

In the year 2017-18, 3,820 Adoption Orders were made, and 3,430 Special Guardianship Orders, with 54% of Special Guardianship Orders being granted to a child's former foster carers[8]. Although numbers of children leaving care under Adoption Orders and Special Guardianship Order has been much closer in number over the past two years[9], there is a lack of comparative research on UK adopters, special guardians and kinship carers to guide policy decisions. It is so important to understand whether support needs of children and families are being met, as problems may be more likely to arise during adolescence, when support is/was lacking. SG&AT began to conduct survey research in January 2018 to address this knowledge gap. We identified high levels of disability (35-38% receiving DLA/PIP) and multiple diagnoses amongst special guardianship and adopted children[10]. Parents and carers were confronted with additional challenges, for example, 24% of our Health and Well-being Survey respondents (N=389), reported having to deal with false allegations being made about them or a family member and 43% reported difficulties due to sibling trauma bonds/violent aggressive behaviour towards siblings[11]. We also identified demographic and economic disparities between special guardians and adopters, as well as differences in family composition and the number of previously looked after children who were being cared for within a

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[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/634685/The_Evaluation_of_the_Adoption_Support_Fund.pdf

[8] https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018

[9] In 2016-17 there were 3,720 children leaving care under SGO's compared with 4,370 children leaving under an AO. In 2017-18 3,430 children left care under an SGO compared with 3,820 who left care under an AO.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf

[10] https://campaignforadoptionpermanence.files.wordpress.com/2018/06/ehc-plans-for-adopted-and-special-guardianship-children-an-enquiry.pdf

[11] See Table 12, Page 18 https://campaignforadoptionpermanence.files.wordpress.com/2018/04/special-guardians-and-adopters-together-interim-report-6th-march-2018.pdf

family. Conclusions from small surveys such as these must be cautiously drawn, and further comparative studies are required.

Adopted, special guardianship and kinship cared for children are much affected by social change and the significant technology and social media advances we are seeing. Greater understanding is urgently needed about the support requirements of modern adopters and carers with ‘parental responsibility’ for children, who may need ongoing assistance from health, education and social care professionals throughout their childhood, and into adulthood.

To date, there is no policy evaluation of the ASF that has included special guardians, or research that is designed to investigate the impact of adopted and special guardianship children not being eligible for the fund. One problem in terms of policy evaluation is the outcome the policy is intended to prevent, of a child re-entering care, is not monitored. This lack of monitoring in the context of policy evaluation has prompted a recent question to the Children’s Minister in a parliamentary debate about adoption[12]. Published government statistics are also not reliable when there is a large volume of missing data in the returns provided to the DfE by local authorities[13]. The SSDA 903 figures for 2017-2018 indicate that 180 children under an Adoption Order, 270 children under a Special Guardianship Order, and 110 children under Residence or Child Arrangements Orders re-entered care, however, data on 3,870 children is missing/unknown. The majority of the 32,050 children entering care in the year 2017-2018 did so under a Voluntary Section 20 Care Order (N=15,990).

When we enquired of the DfE about policy evaluation recently, asking for support for this ‘lived experience’ research project, we were informed that there was no budget for external organisations like ours, although there would be interest in our findings. We were directed to DfE funded research published in 2017, where research was conducted by The Tavistock Institute of Human Relations[14]. This evaluation, which does not consider special guardians, provides a useful and informative account of the ASF’s introduction, and scoping changes before the report’s publication. We were informed that further policy evaluation was underway, and being funded by the DfE, and that this included a survey of users. Still today, other than our own endeavours over

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[12] The Earl of Listowel requested that the Children’s Minister write and explain why adoption placement breakdown is not monitored, in a brief debate in parliament on 14/5/19 https://hansard.parliament.uk/Lords/2019-05-14/debates/0A844D6C-7339-4ACF-8FA8-6FF1A4C8F0A5/SchoolsAdoptedChildren?fbclid=IwAR2EIqaYN7wDWq2afEvNhP76UE5AEIZmRFV0AqJbg7nYK9V7fYjuK38vGSQ#contribution-C857B8CD-89CA-450A-B9F6-5DE1A128F62F

[13] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf

[14] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/634685/The_Evaluation_of_the_Adoption_Support_Fund.pdf

the past year[15], there “little focus on the *treatment* of families involved with adoption” (Reitz and Watson v), special guardianship and kinship care, *as seen through the eyes of those that have become experts by experience.* However, The Tavistock Institute researchers evaluating the impact of the Adoption Support Fund consider the lived experience aspect of their research to be an important factor to guide decisions about research approach and methodology.

2.3 What Is lived experience research?

Research conducted by experts by experience potentially points to a more fruitful mode of considering what it means to parent a child through adoption, special guardianship or kinship care when participants/respondents are given an opportunity to communicate about their lives with others who share the same experiences, offering a different level of empathy. Their responses provide an understanding of an experience from those who have lived it. For the authors of this report, in their capacity as researchers by lived experience, “our skills in observing recurrent themes and patterns resemble those of the formal researchers who look for patterns”[16]. The opportunity to contribute in this way, as lived experience researchers, challenges other researchers “to think about how we use our lived experience to facilitate the conversation, how it may affect what is said to us and how we interpret that”[17]. Furthermore, lived experience research opens the door to embrace new technologies and different methods for gathering data and evidence that are not available to government institutions, academics, charities and other organisations.

Baljeet Sandhu offers insightful definitions of lived experience research:

“Lived Experience: ‘The experience(s) of people on whom a social issue, or combination of issues, has had a direct impact’.

Experts by Experience: ‘Social change-makers who seek to use their lived experience to inform the work of social purpose organisations, to drive and lead social change, and/or to drive their social impact work’”[18]

We had undertaken a considerable amount of work over the past year, and it was not our intention to conduct further research immediately, without securing funding and support, or being commissioned. However, with two All-Party Parliamentary Groups (APPGs) currently considering policy reform (one for adoption and permanence, with Adoption UK and Home for Good as joint

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[15] https://specialguardiansandadopterstogether.com/sgat-surveys-research-reports/

[16] Reitz, Miriam, and Kenneth W. Watson. *Adoption And The Family System: Strategies For Treatment*. Guilford Press, 1992. Page v.

[17] https://mcpin.org/lived-experiences-in-research-opportunities-and-problems/

[18] https://thelivedexperience.org/

secretariats, and another for kinship care with Family Rights Group (FRG) as the secretariat), we decided it was quite urgent to proceed. This is because in order to fully contribute and participate in dialogue with these groups and with policy makers, influencers and relevant organisations, we require a collective voice, due to a need for privacy. We cannot, for example, talk openly about the impact of sexual abuse in early life on our children and family life, or discuss cases that are in front of the courts, yet there seems to be nowhere for us to speak about our concerns in such cases. We would very much like to be able to reflect on such difficulties, especially when they have resulted in further traumas for our children, with the APPGs, their secretariats and with the DfE.

One issue for the group is that with working outside academic institutions and infrastructures, and with no financial support, we do the best we can as a group of parents and carers, often under tremendous pressure in our lives with the demands of our parental/caring role. We do however have good working relationships with leading academics in the field and sought their advice on this project at the outset explaining the felt sense of urgency, with the ongoing APPGs. It was their view that the research was much needed.

2.4 First steps – preparatory work

Making use of online social media and social networking, we asked for views and feedback about the ASF in one of our Facebook Support groups (POTATO). The POTATO group has more than 350 members – and support is offered with an ethos of kindness. Positive and negative experiences were asked for in respect of the Adoption Support Fund (ASF), but in the event, POTATO members who contributed to the discussion chose to describe only negative experiences and concerns, exchanging views, rather like a focus group. Considering the comments that were made thematically, with the full consent of discussion participants, who wished for their experiences and views to be given consideration by government, we identified four barriers to accessing the ASF. We also found that for some adopters, the support they received was felt to be better before the ASF was introduced. This was because the role of the post adoption social worker was felt to have radically altered, primarily to one of gatekeeper/commissioner rather than support provider. There was very limited opportunity for relationships to develop, and there could be poor continuity of care with frequent staff and infrastructure changes.

Adopters also expressed concern and frustration about the administration and accessing of the fund not allowing the knowledge and experience of parents of the child's needs to play a central role. The lack of non-talking therapies was considered a failing in this context. Parents felt that local authorities were pre-determining the support that could be accessed through working with certain providers. One significant concern that emerged from the discussion was that by the time help finally arrived it was already too late. Four barriers to accessing the fund were identified: *bureaucratic process failings; the child not being willing or able to engage with assessments, services and support; a lack of empathy and sensitivity on the part of professionals who could* *sometimes take a divisive approach and come between parent and child, and the adopted child/family not being eligible for the fund because of re-entering care and having to leave the family home prematurely*. We were able to present a report about this discussion to the APPG (All-Party Parliamentary Group) on adoption permanence before the deadline of 24th April 2019.

The POTATO group discussion thread provided a useful starting point for this survey. Pragmatic considerations guided the choice of method - we decided that a survey was the quickest and most efficient way to capture a wide range of views and experiences.

2.5 Aims and purpose of the survey

Our survey was designed to provide comparisons between parents/carers who could access the ASF and those who were not eligible, as well as consider the value of the ASF from the perspective of parents/carers who were parenting and caring for children before the ASF's introduction. Thus, the survey had two main aims:

- To provide comparative data on accessing support and services between family carers and adopters who can and cannot access the ASF
- To consider the impact of the ASF from the perspective of people with lived experience of receiving support - past and present

We were aware of other surveys being conducted at the same time and wanted to explore ground that these surveys were not covering. We wished to offer respondents a chance to communicate with government about what could improve support provision, from their lived experience perspectives.

3 Methods

We wished for the survey to offer space for reflection but did not wish for participation to be a heavy burden for respondents in terms of asking numerous questions. The survey was piloted on group members and discussions took place within the group about improvements to survey design. Eventually, we managed to ask only seven questions, which were devised to allow the respondent to draw on their lived experience. The survey was mainly qualitative in that the questions were open ended and where multiple choices were given to respondents we provided a space for further comments to enable respondents to give further explanations.

The seven questions asked were:

1. Are you a (please tick as many as apply)

☐ Adopter

☐ Special Guardian

☐ Kinship/ Family Carer (without a Special Guardianship Order)

2. Eligibility for and access to the Adoption Support Fund - please tell us if you are able to access the Adoption Support Fund and if not please tell us why using the comment box.

○ We are eligible for the ASF and able to access it

○ We are eligible for the ASF but unable to access it - please tell us why in the comment box

○ We are not eligible for the ASF - please tell us why in the comment box

The reasons we are not eligible or unable to access the ASF are because -

3. Accessing the ASF (if eligible), or support (if not).

☐ Accessing the ASF or support has been easy and straight forwards

☐ Accessing the ASF or support has been a bit difficult but we got there in the end

☐ Accessing the ASF or support has extremely difficult and stressful

☐ We have not been able to access the ASF (if eligible) or support (if not)

Please tell us more about accessing the ASF or support

4. Regardless of eligibility for the ASF, please tell us about the help and support you have received as a family, including your views of the FAL - Fair Access Limit and Matchfunding where relevant. Please use the comment box to tell us more

○ The help we have received has been fantastic -a life saver

○ The help and support we have received has been good

○ The help has been adequate

○ The help we received was not the right support/unhelpful

○ The help we received made things worse

Please tell us more about the help and support you have received

5. Please tell us something about the consequences of not receiving the support you needed as a family, if this was the case, and the impact this has had. If you are an adopter or were a special guardian before the ASF started, please tell us what difference the ASF has made for you

6. Please tell us how support for your child(ren), and access to it, could be improved, based on your experiences.

7. What else is important for government to hear?

The survey was launched and put up on our website[19] on 13th April 2019, with information describing what it was about and who we wished to take part, along with an ethics statement, where the Education and Social Research Council framework for research ethics was used as a basis for the consideration of the study's ethics. So our decision, as a group, was that it would not have been ethical to delay this survey and be unable to contribute to the ongoing APPGs with the findings that were emerging from the preliminary discussion within the POTATO group, which needed to be followed up on with further investigation.

The survey was publicised on the social media platforms Twitter and Facebook. We asked peer support groups, relevant charities, and organisations for their support in promoting the survey.

Respondent/participant feedback

A draft report was written and put up within our closed Facebook peer support group for comment and feedback as a form of respondent validation. This was an opportunity for experts by

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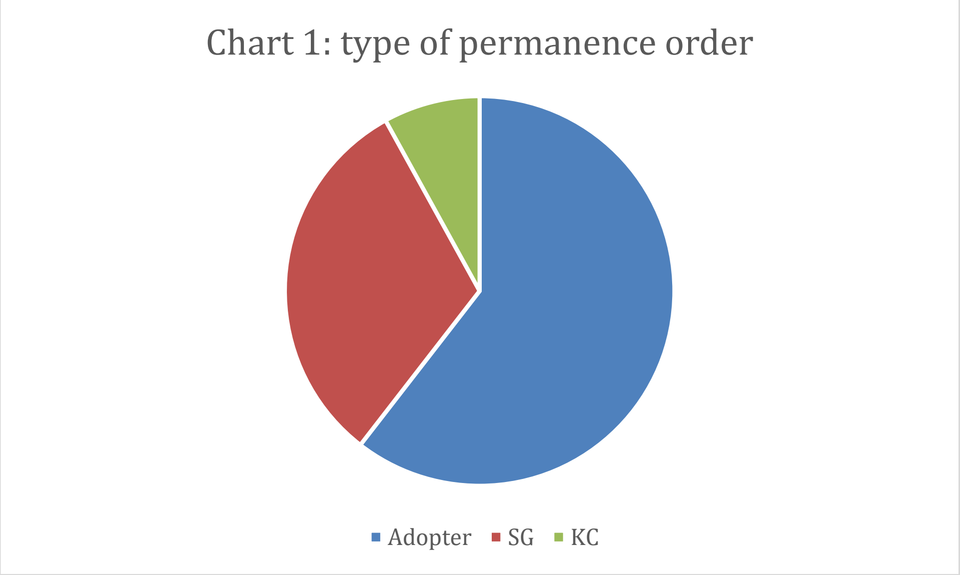
[19] https://specialguardiansandadopterstogether.com/adoption-family-care-permanence-accessing-and-receiving-support/

experience to consider the report’s validity. Since the authors of the report were adopters, we specifically asked special guardians in our group, and on our management committee, if our consideration of special guardianship support was fair and comprehensive.

4 Findings

We had 154 respondents to our survey. 98 were adopters; 51 special guardians (SGs) and 13 kinship carers, without a special guardianship order (KCs). Two adopters were also special guardians. Six special guardians were also kinship carers without a Special Guardianship Order.



- More than 50% of adopter respondents were able to access the ASF. Almost 30% were not eligible for the ASF and nearly 20% were eligible but unable to access it.
- Over 30% of special guardians could access the ASF, nearly 40% described themselves as not eligible and nearly 30% were eligible but couldn't access it.
- Kinship carers without an SGO are not eligible for the ASF with this being reflected in respondent's answers in respect of eligibility.

4.1 Accessing the Adoption Support Fund

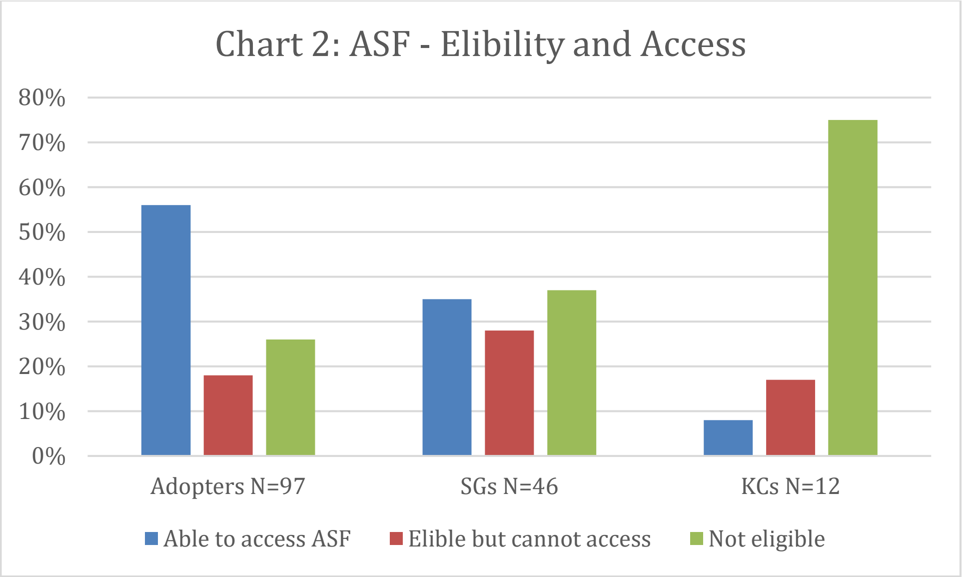
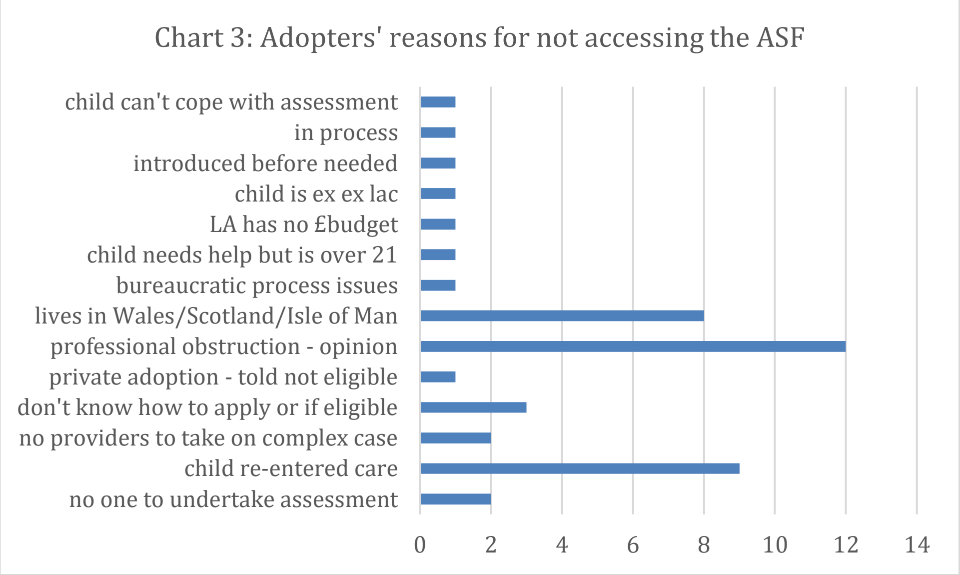


Chart 2: ASF - Elibility and Access

<u>Adopters accessing of the adoption support fund</u>

44 adopters provided additional comments to explain the reasons why they were unable to access the Adoption Support Fund (ASF). The most common reason given was professional opinion that the support was not necessary (N=12), followed by the child re-entering care and no longer being eligible (N=9), or living in Wales/Scotland or the Isle of Man (N=8). Two adopters told us they could not access the fund, as there was no one within the LA to conduct the requisite assessment. Adopters whose children had re-entered care were frustrated that they hadn’t been able to access support to prevent this happening and were unhappy that there was no support for the family after a child had re-entered care:

“Because very sadly our two adopted children are now S20 for their own safety (grooming/CSE etc) and ours (child on parent abuse/violence) , and got no help from professional services, and although I drive over 200 miles a week to see them, and stay overnight near one of them, we are no longer considered worthy of the adoption support fund, even though we are still a family. We all want to stay a family, and we need support in mending. Adoption is for life - in case you didn't know”



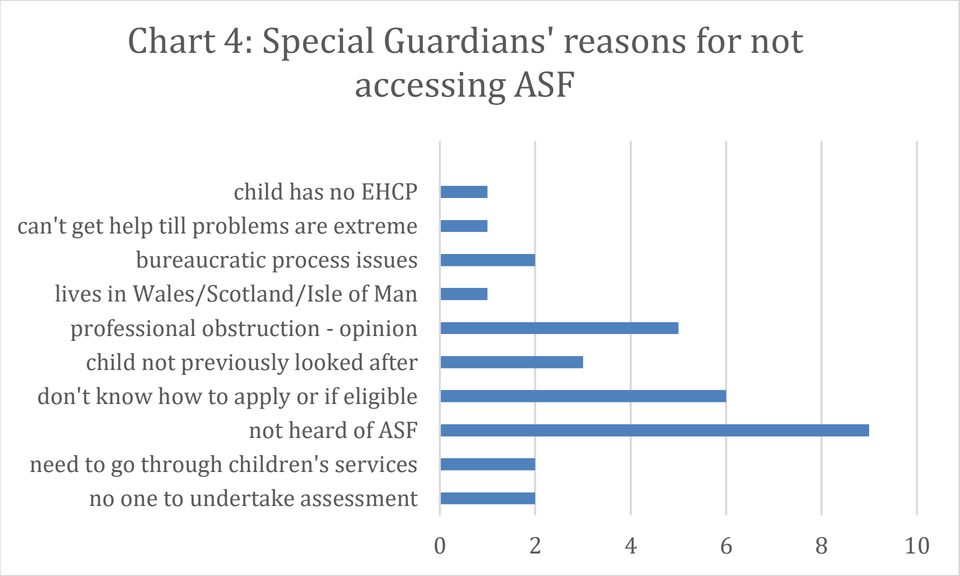
Some adopters taking part in this survey reported that they were parenting children with complex needs who would not tolerate the involvement of professionals even to undertake assessments, or whom education, health and social care professionals could not reach agreement about supporting. This could lead to avoidance on the part of professionals, no support being given to the child/family, and to parents carrying the burden with little or no help, which made the child’s transition to adult life extremely difficult:

“For 11 years CAMHS (and other agencies) all agree my son needs urgent therapy for all his many complex disabilities, but they can't agree what they still can't agree who will take responsibility. It just continually gets between these and social services in a never- ending circle with nobody actually taking ownership or responsibility. He is just too complex, so they avoid at all costs”

“The child is over 21 and unable to access education as no approved educational institution feels able to meet his needs, and he is unable to cope with the pressures arising from any assessment and has never had an EHCP. His previous experiences of social services have been so traumatising over many years that any intervention (interference) by services is unwelcome and rejected even when any assessment may be the only avenue to accessing support”

Special Guardians accessing the adoption support fund

33 Special Guardians provided comments in response to this question.



Special guardians in our respondent sample were not as well served, as adopters in terms of infrastructure and information about support and 9/51 respondents had not heard of the ASF. Four respondents were unable to access support because of bureaucratic problems or there not being a social worker to undertake an assessment (N=2). Special guardian also reported having qualms about accessing the fund through children's services due to negative experiences in the past. Five special guardians had been unable to access the ASF because the local authority had refused to apply or provide support, or support had simply not materialised after requests were made. Special guardians whose children have not ever been in care, who provided the child with a home immediately, cannot access the ASF. Three respondents gave this reason in the comments box provided:

"We have been told our boys don't meet criteria, but both boys have additional needs, and both were LAC (previously looked after) before we had special guardianship orders"

"LA have repeatedly assessed my family over more than a year but have not provided any support whatsoever. We were told we were eligible to access ASF nine months ago, and we are still waiting for DDP to be put in place"

"I've asked numerous times, my children have attachment disorder, trauma, global developmental delay etc. I've had to go to a parenting course via CAMHS"

"Our nephews were not in care before they came to live with us"

Kinship carers accessing the adoption support fund

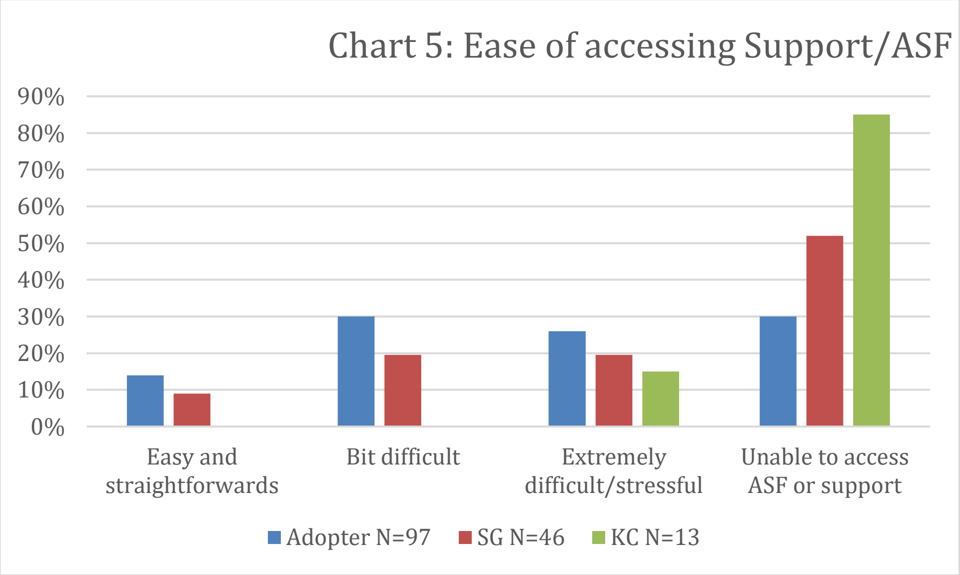
12 respondents provided comments in respect of this question, with most of these respondents also being special guardians. Reasons given included not meeting criteria for support for a child who subsequently re-entered care and battling to get support that was not forthcoming:

"No longer have SGO status but even when I did when I tried for support for therapy for my Grandson who I had on SGO it was refused even though he was previously LAC as they said the criteria was not met by therapist even though the LA already paid for another family with the same therapist badly let down contributing to subsequent removal my Grandson has FASD (Foetal Alcohol Spectrum Disorder). In fact, I received no help whatsoever throughout the course of the SGO"

"I have been trying to access support for my three great nephews who have lived with me under a guardianship order for the past 11years. Council has been non-committal as the boys travelled from ……….. to live with me in ……….. They have been caught up in a battle of budget and gave received no support"

4.2 Ease of accessing support

We asked respondents to describe their ease of accessing support in general for their child or parenting/caring role, with this including the ASF. Accessing support was experienced as being more straightforward for adopters than other respondent groups. However, more than 50% of adopters reported being unable to access support or finding the process of accessing it extremely stressful. The majority of special guardians and kinship carers responding to this question reported being unable to access any support at all.



Adopters accessing of support

55 Adopters provided comments. Of these respondent's, three described wholly positive experiences, and four further respondents described mixed experiences – for example the

professionals and support providers were helpful and was knowledgeable – but there were infrastructure problems, or support provision had arrived too late to prevent a child's mental health deteriorating or crisis being circumvented. Adopters spoke of good professionals in a system where all were let down, where professionals struggled to meet the demands of a heavy caseload:

"We got the help we required, and Post Adoption Support staff were incredibly helpful. If things took a little longer it was only due to staff being very busy with large caseloads. Funding for more Post Adoption staff would be helpful"

"We have accessed the ASF both quickly and easily (fantastic), and also had some issues. Our issue was the change-over of social worker and change of local adoption team to a regional adoption team……..our application did not go in (has taken over 6 months so far) and so we are now in a new financial year and so therefore we will have to use ASF money for assessment now for this year instead of last year. Due to the ASF being capped per child which I do understand the reasons why, if our children need further assessment this year the funding will now not be available"

The remainder of the adopter's responses (N=49), were negative in respect of accessing support. Support was easier for adopters to access with the ASF than it had been before the fund was introduced, but it could still be problematic. The difficulties in accessing support are summarised below in bullet point format:

- Being unable to access support for reunifications when an adopted child had gone into care.
- Help, even though this might be excellent, coming too late to prevent a child's mental state deteriorating or re-entering care.
- Not being able to access help when its needed – by the time the therapy funding comes through the child is not able/willing to engage with it. When the child/young adult is willing to engage with it the support is not available as they are not eligible.
- Professionals lacking in sensitivity.
- A lack of competence and poor understanding on the part of social care professionals, which resulted in poor outcomes for children.
- CAMHS professionals being overly focused on trauma and unwilling to look beyond the adoption label at clinical problems.
- Delays to support provision as identified by assessment work. Accessing an assessment on the ASF was easier than accessing therapy.
- The need for reassessment to access the ASF when the funding was not enough to cover a year's therapy – social care professionals reframed the lack of provision due to inadequate

funding as being a necessary therapy break rather than acknowledge this was not what the child or family actually needed.

- Battles and struggles and sometimes a point-blank refusal to provide support or no response to multiple emails requesting help.
- Issues of residence – the child not living in the family home at 16 meant they were viewed as a care leaver rather than an adopted child, so unable to access the adoption support fund at 19, which continues until 21, to fund much needed therapy at university.
- No help for birth children suffering with PTSD as a result of the problems resulting from the adopted child's trauma related difficulties.
- Not asking for help in the right way – being required to specifically request an 'assessment of need'.
- Being misinformed about the availability of therapies
- Being unable to access the therapies that parents wanted and not seeing beneficial outcomes to therapies provided instead'
- Struggling to cope with the demands of taking a child to therapy and work.
- Cases that were considered too complex and agencies that would not take on the case.
- Frustration that the child can access therapeutic support in foster care that adopters were not able to receive.

"NHS funding board refused to work with us - too complex. CAMHS refused to work with us - too complex. NSPCC refused to work with us - too complex. ……., ……… and a number of other parenting courses all so stated we were too complex. Our only option was to work with ………………….. for children with complex harmful sexual behaviour. They usually work with older children and teenagers. They made a special allowance. Mine were 5 and 6 when they started. Our support costs in access of £30k per year. We have £5k each per child with LA match funding"

"It is absolutely pointless having access to the funds if nobody will take ownership for delivering the therapy. This has been my problem for 11 years. You just hit a brick wall then go around in circles as each agency does their best to get him off their books and onto another and so the cycle continues without any therapy actually ever being delivered"

The ASF had however made accessing specialist support more available:

"Back in the early 2000s the only support we could have was CAMHS, and I had to fight for that. I had an 18 month fight to get our children seen for the first time"

Special Guardians accessing of support

25 Special Guardians provided comments. Of the 25 respondents, four described positive experiences or reported having no difficulties to access support. Foster carer respondents reported having less difficulties in terms of accessing support:

"We have successfully applied for support from the ASF over three consecutive years to fund on-going play therapy. we have had good support from Children's Services who have reviewed our support needs annually and submitted our application"

"I am also a foster carer for the local authority, so my supervising social worker asked the after adoption social worker to visit me and I was assigned a senior social worker assistant who has been very helpful"

21 of the remaining special guardians described the following concerns in respect of accessing support:

- Accessing support could be a lengthy process with bureaucratic delays – lost records had caused a delay in one case.
- Having bad experiences with children's services previously that were a deterrent to further involvement with the agency.
- Being told to return when children reached adolescence.
- Being unable to access help until there was a crisis.
- Finding it easier to access support as a special guardian if also a foster carer.
- Waiting for therapy, after assessments had been done.
- Pre-empting expected challenges by seeking the help of a councillor before help seeking from children's services

"We found the process stressful. It wasn't made available to us, but we knew we were entitled to apply. We requested and had to keep asking. There were attempts to delay but we kept pushing and finally got there"

"Because I knew it was going to be difficult, I went straight to a councillor to approach social services first"

"Before it reached crisis point, I asked for support and none was provided. I continued to ask & refer my family into social care and still was not given support, even with the police making it clear we needed support. My child's school understood the issues, listened to my concerns, and also referred in for support - again this failed but at least they were trying! This was never resolved and eventually, despite support of family/friends/police/school, the placement broke down, and also harmed me emotionally and mentally"

Kinship Carers accessing of support

Six kinship carers provided comments. Only negative experiences were described by the respondents, and frustrations were expressed about being unable to access support at all or having to wait until crisis point or when the placement was at risk.

"Basically, we were at the point where the placement was at risk, we were then offered help"

"As a non-biological father of 10 years for my son. The authority do not class me as a potential support for him. No communication, no advice, passed over as not having the legal right to support the child whom he calls Dad. Authority do not recognise me in any way even though I have had joint residence (parentally agreed), since he was a baby. The child moved in with me permanently nearly a year ago. Ignored in the assessment process with the focus on placing child back with his birth parent as the only option"

4.3 Respondents' views about the support received

We invited respondents to rate the support (in general), they had received and to tell us more about it:

- Nearly 20% of adopters considered the support received to have been beneficial to the point of it being life-saving. A further 35% felt support had been good or adequate. However, nearly 30% had not found support helpful and more than 10% considered it had made things worse
- More than 60% of kinship carers had not found support to be helpful and less than 30% considered it to be adequate.
- 50% of special guardians reported that support was good or adequate but more than 40% said it had not been helpful or had made things worse. Approximately 10% of respondents reported that support had made things worse.

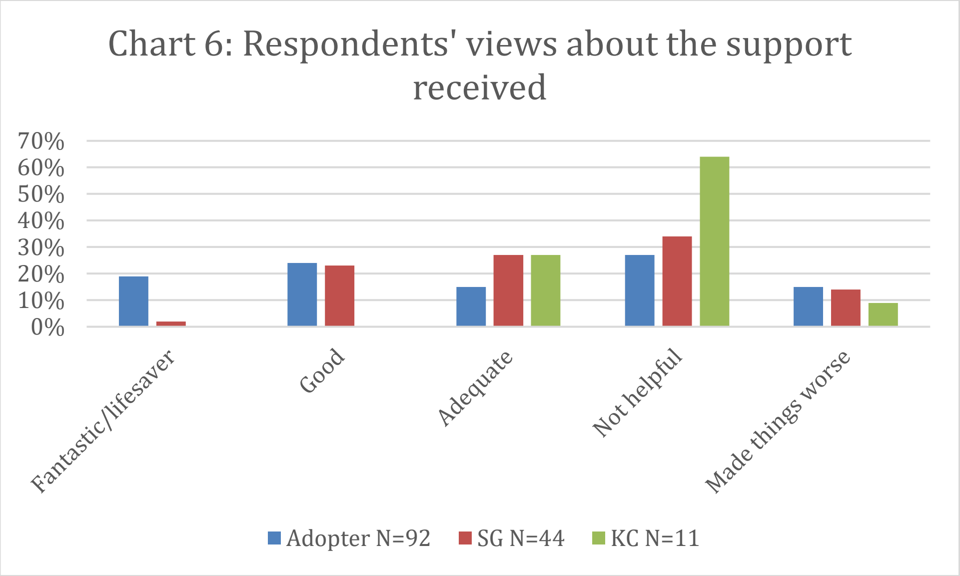


Chart 6: Respondents' views about the support received

Adopters' views of support

71 adopters provided comments about their support. Eleven respondents described wholly positive experiences and found the support they had received to be beneficial and helpful. A further ten respondents had mixed experiences. The remaining 50 respondents described having somewhat negative experiences. Experiences of general support included:

- Therapies such as DDP, NVR, Sensory Integration Therapy, Theraplay and Life Story Work, via the ASF, which were mainly found to be useful. There were cases where no therapies were effective for children.
- Adopters raised concerns about CAMHS. Generic services were considered to be inadequate.
- Complex support packages were put in place in a few cases with children with complex needs. The adopters funded some elements of the package.
- Concerns were raised about support being piecemeal, not holistic and not enough of a team approach when children needed multifaceted support.
- A parents' support group organised by a consortium was found to be helpful in one case along with specialist adoption agencies
- Concerns were raised about therapists being less knowledgeable than parents, able to be manipulated by children, taking a child's false allegations at face value and undermining parents who were put under great strain, and left feeling totally let down.
- There was no work towards reunification on the part of agencies where children had gone back into care, and a child who had been reunified due to the parent's efforts through court

proceedings was then unable to get Pathway Planning support as a care leaver, although support from the ASF provider was good.

- Therapy via the ASF did not cover a whole year, which was frustrating, but the therapy itself was found to be helpful. Social care professionals reframed the gap in provision as ‘therapy break’. The FAL was problematic if the LA would not match fund.
- Not receiving proper help from social services in respect of birth family contact when this was instigated by a child through social media and social networking – there were no examples of good practice around birth family contact mentioned by our respondent sample.

“We have received three years and counting of NVR support. It has made a huge difference. It is not, however, a life saver. One therapy will not do that for our family”

“We have received support for us parents by an excellent clinical psychologist. Without her support we would have fallen apart a long time ago. She is the only "professional" involved with us that "gets it"

“Without the ASF funding a DDP Therapist for our family we would not have a family and our children would probably be back in the care system. However, ASF is not the whole story of support for our family. We are fortunate that we were in a local authority that was highly supportive of us as an adoptive family and we had access to highly experienced social workers and regular training. However, we have used all the money this year for therapy from the DDP therapist for our children and we know without a doubt that the need for therapy will increase over the next few years as our children are engaging well. Both our children are in need of sensory and OT assessments due to their needs which needs to be completed by a therapist who has experience of abuse, trauma, PTSD, neglect. These therapists are not available on the NHS and it would be a complete waste of time going through the NHS and CAMHS for these assessments and further work needed that will arise from the assessment (we have tried this route and it has been a waste of time as the support required by our children is too specialist and lengthy, it cannot be provided by the NHS adequately) so a private therapist is the only way forward for our children to continue in their recovery and for us to be supported and held as we help them recover”

“The actual standard of therapy has been fantastic as we refused to use LA stuff and sourced our own. If the LAs continue to administer the ASF fund they should be charged any payment of a stop gap that has had to funded by the adopters due to LA incompetence and delays. Our PASW simply tells us to stop and use the funding gaps as 'therapeutic breaks' which they are clearly not, and which we and our therapists refuse to do. We have great therapy but have no savings in the bank! The FAL is clearly ludicrous for families with high long- term need”

“There has been a total lack of understanding of childhood trauma issues and our son was labelled and treated appallingly throughout his school life and became totally disenfranchised, leaving school with no qualifications, no confidence or self- esteem and now has mental health and drug issues. Our parenting was undermined all the way through, despite me being extremely pro-active and participating in their education. I felt labelled and not listened to as a parent of two traumatised teenagers. Our daughter made a serious allegation against her brother and, not only did professionals fail to involve the adoption team or therapists in a strategy meeting, there was absolutely no follow-up support for our children or the whole family. I do have an understanding of how things should be conducted as I have worked as a child protection social worker in the past. Our children were offered youth workers but neither had an understanding of childhood trauma and continued to engage in ways which are proven not to work and so were no use at all, often making things worse. Our daughter found her birth mother on Facebook when she was 15. They communicated unbeknown to us for six months before we found out. At the time we were going through very difficult times with her and in our family. When we did find out we immediately requested support including someone assessing the birth mother's situation as we felt there were safeguarding issues. The local adoption team refused to visit her and did nothing to help. When we organised a meeting with her and the adoption social worker, the worker told us she was merely giving us use of the room and was facilitator- telling us all to go off to our home and work out contact! We were left high and dry again. It transpired that the partner was violent to her and our son became embroiled in the situation. In my view, professionals do not know what to do, but they continue to believe they understand our children better than we do. The fault with the system is that adoptive parents are often treated as inadequate or even abusive parents. No-one really listens to our vast experience”

Special guardians’ views of support

34 Special Guardians provided comments to this question. Four special guardians described wholly positive experiences of receiving general support and a further four respondents described mixed experiences with some positive elements. One special guardian said that they were not yet in a position of needing help and another described being satisfied with the privately funded support they had accessed. Special guardians spoke of financial support and this was considered a matter of good fortune if received, with an awareness that other special guardians were struggling to get this. The issue of children’s services being an adversary rather than a source of support also came up for special guardians who may have had negative contact with children’s services at the start of the special guardian journey. Special guardians seemed to have less contact with agencies than adopters – they were left to get on with it to a greater degree and experienced a sense of abandonment. Schools were picking up on the difficulties and children struggling and took the lead to assist in getting special guardians assistance. Discrepancies with foster carer support were keenly felt as unjust. Only one special guardian mentioned the

Supervision Order as being a form of support (this can be how the journey to special guardianship begins). This order was perceived to be in relation to assisting with contact with the child’s birth parents. Special guardians expressed insecurities about the funding of support from the ASF, which was considered beneficial, and highlighted issues with the payment of therapy providers:

“Only recently been able to access the service after 5 years as SGO. Just had therapeutic parenting course (brilliant) and now on the system, so hoping for assessment for our grandson (who we have SGO for”.

“The only help we had was 12 sessions of Life Story Work for our two eldest. This was brilliant”

“We are one of the lucky ones and get an allowance, but I did ask for extra support in training courses for us and therapy for children and we have not been able to access it”

“We had a child Supervision Order for 18 months to help with supervision contact. No financial help or training was available”

“Our child has certainly benefited from an on-going relationship with a trusted adult independent of the family system and has become increasingly confident in expressing difficult and complex emotions. The play therapy was already in place prior to the SGO (thanks to the School our child attends) and its continuation was in our original support plan. I am not convinced that this was necessarily the right or best therapeutic intervention, but it has been extremely valuable to have some expert support, and advice, in place. We are finding it more difficult to gain support for a one-off detailed assessment of attachment needs, which I feel strongly would have been beneficial at an earlier stage of the 'placement'”

“Didn’t try to help just tried to blame me after a malicious referral to SS. Won’t even attempt to access help again as terrified they will try to remove my child”

“We have not accessed support. We didn't want to have anything more to do with children's services. I don't believe ASF should be the responsibility of children's services as it puts people off applying for support because they've usually had a terrible experience with children's services and just want them gone”

“Before it reached crisis point, I asked for support and none was provided, I continued to ask & refer my family into social care and still was not given support, even with police making it clear we needed support. My child’s school understood the issues, listened to my concerns, and also referred in for support - again this failed but at least they were trying! This was never resolved and eventually, despite support of family/friends/police/school, the placement broke down, and also harmed me emotionally and mentally”

"No help. The Foster Care social worker told me "you're on your own ", gave no advice about the ASF and not seen her in six months"

"We requested ongoing support from Social services in SGO for a minimum of year. We got 6 months. We had a good SW who told us about the ASF and helped us, completing and submitting the paperwork for us. We were appointed a family psychologist who has been really good. Our eldest grandson has been described as extremely complex by her and ed psych, school is struggling and he has now been referred to CAMHS for a psychiatrist referral. He may need specialised education for children who have attachment difficulties and have developmental delay due to trauma. The family psychologist/ therapist funded through ASF has submitted paperwork for continuation of funding for new financial year with supporting evidence from all concerned. Still not had a response. Our grandson is only just beginning to feel secure and respond to the therapy. Subsequently the therapist stating that we are at a critical stage in therapy is continuing his sessions, hoping the funding comes through, she isn't currently been paid for these. We are very concerned. She has been an invaluable support for us, when we have seriously not known where to turn. Our experience, which we understand is part for the course, is that some of the worse behaviours start to manifest when the child feels secure and safe. There is no support for the carers"

Kinship carers views of support

Eight kinship carers, some also special guardians, provided comments to this question. One respondent described a mixed experience:

"The support we had was good for one child, however it is needed for the younger one but am unable to get it. The only way we received support for our eldest was because I am very persistent, and shout loud, if I am honest"

The remaining seven comments were described negative experiences or abandonment after the order was made. An almost total lack of support was observed in our small sample. Victimisation was also an experience of kinship carers and receiving support could be a traumatic process for carers and children:

"Once we had SGO we have been totally forgotten about. We are dealing with financial pressures due to having to change our lives to bring up a child that would have went into the care system. No follow up support for the child or us"

"We went for a full assessment, but because we felt it was urgently needed, we went for the one with the shorter list which was less thorough. CAMHS and school don't agree with the recommendations. ASF social worker on maternity leave"

"No support by LA just persecution and lack of understanding knowledge and training resulting in a blame culture for things that happened prior to placement with us, a lack of recognition of

diagnoses and possible diagnoses and a draconian attitude towards us causing placement breakdown and unneeded stress and trauma to us all - adults and children"

Understanding why support was felt to make things worse by respondents

9/14 Adopters provided comments about this. The emergent themes were of not being heard/listened to; heavy-handed responses when children made false allegations where parents were not believed, and parental abuse was assumed; problematic assessments; inaccuracies in reports presented to courts; lack of professional integrity and exaggeration of risk of parental harm:

"Nobody listened when we tried to raise concerns about our adopted eldest son. Kept getting told we were doing a grand job. At 5 years in and as transition to secondary school got nearer, his behaviour got more and more extreme. He made a false allegation about us hitting him (we don't), locking him in his room (no locks) and not loving him (we do) and immediate response from Social Services was to tell me to leave the house due to the allegations (which we didn't know what they were at the time) and despite us asking them to speak to his weekly in-home play therapist who had warned us something may happen due to increased anxiety. All three children had to be medically examined at local hospital the next day and when nothing found (obviously!) they then decided it must be emotional abuse and tried to build evidence. Was later told that if there had been available foster care the children would have been taken! It destroyed us and despite us saying our son needed help and being promised an urgent referral to CAMHS, nothing happened. We had a lawyer friend who came to a meeting and I had a video of our son having a meltdown and only then did the penny drop that they had it totally wrong and received a token apology. We raised Autistic Spectrum and had a checklist which ticked most of the boxes. Consequence of this was we then retreated and tried to deal with our son by ourselves. Long (ever so sad) story later, son subsequently (+2 years after this experience) diagnosed with ASD, ADHD and ODD. Now currently residing in residential "care" - with cliched alcohol, drugs, criminal behaviour, etc, etc whilst we try (and fail) to get SS to keep him safe"

"In addition, we have had great difficulty with the way staff at our children's' primary and secondary schools handled issues. There has been a total lack of understanding of childhood trauma issues and our son was labelled and treated appallingly throughout his school life and became totally disenfranchised, leaving school with no qualifications, no confidence or self- esteem and now has mental health and drug issues. Our parenting was undermined all the way through, despite me being extremely pro-active and participating in their education. I felt labelled and not listened to as a parent of two traumatised teenagers. Our daughter made a serious allegation against her brother and, not only did professionals fail to involve the adoption team or therapists in a strategy meeting, there was absolutely no follow-up support for our children or the whole family. I do have an understanding of how things should be conducted as I have worked as a child protection social worker in the past. Our children were offered youth workers but neither had an understanding of

childhood trauma and continued to engage in ways which are proven not to work and so were no use at all, often making things worse"

"Sadly, our son left us a year ago. Life with him became so unsafe. We had a therapist through ASF and an adoption sw. However, once our local authority took over the support was not the same. We feel social workers and managers should be trained in early childhood trauma and adoption before they are allowed to deal with families like ours. ……….LA have failed our son and us. We would like to speak with someone who is able to help our case. We did not want our son to leave our family but were given no other option. We were treated so badly as parents. The LA did a single assessment of us after only three visits and none with us and our son. He made false allegations about us, LA investigated none of them but felt it ok to put this on the assessment and present to court. We are now in the middle of a complaint with the LA for wrongly assessing our family. We are also awaiting feedback to see if the court order that was granted is legal as it was granted on an assessment that was not properly followed and is filled with false allegations"

"……….. children's service has been a failing service for many years, seemingly incapable of making improvements. The poor and unprofessional attitude of our social worker and his inaccurate reporting of the facts created an adversarial environment. We were blatantly lied to on many occasions about support that we could access and what the repercussions of accepting Child in Need status. These reports have since been used by other social workers, who have been misdirected by the lies contained within the reports. Furthermore, when we offered to pay, and arranged for a counsellor and private tutor to support our son until he could come home to us, the social worker refused it. Now I know the social worker did not have the authority to refuse this saying that the LA would provide the support. The support never came, which left our son floundering about hurting me so badly and it demonstrated further to our son that we were powerless to be his parents. Essentially, we felt that we had to accept that we had been abusing our child, failing him or emotionally remote parents, which was not true. Our child was born addicted to drugs and was, aged just 13 years, dabbling with drugs while in school, which caused the rapid destruction of his behaviour at home and in school. In all reports, drugs were denied as being a problem and we were presented as liars"

"When we declined what was offered by an assessing clinical psychologist we were reported to all sorts of people as a concern! i.e. education, SS, placing L.A., our adoption agency... None of these people actually shared the child protection concerns & all was well but the fact that this was done was absolutely shocking and this in itself could've caused placement breakdown had anyone taken her concerns seriously. Her letter of concern was based on just three meetings with us as parents, littered with inaccuracies and misinterpretations of other paperwork. We seriously felt that she raised concerns purely to try & secure the funds that she would've gained herself from the ASF had we gone ahead with the (unnecessary & inappropriate) recommendations she had made"

“Reunification is not supported and no effect for it but continue LA continues to fund carer after carer and changing schools. Children grow up fast and it seems our children are let down through no fault of their own”

6/6 special guardians who responded that support had made things worse provided comments. Three comments were about not receiving support and three were about being subjected to harrowing safeguarding investigations:

“Didn’t try to help just tried to blame me after a malicious referral to SS. Won’t even attempt to access help again as terrified they will try to remove my child”

“We just feel judged & under threat of removal by the LA”

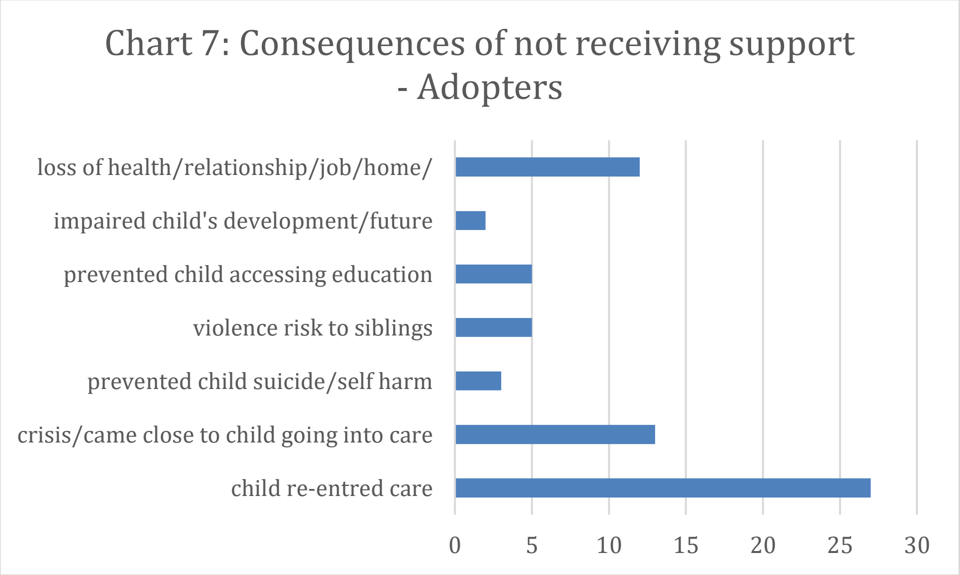
“We haven't received help or support. I’ve never heard of match funding or FAL. When we asked for support from Social Services they nearly tore our family apart”

Only one kinship carer had reported that support had made things worse but did not provide any additional comments. This respondent said they were not eligible for support in response to another question.

4.4 Consequences of not receiving support

Respondents were invited to tell us about the consequences of not receiving support and consider the impact of the ASF, if they had parented children before its introduction.

Consequences of not receiving support - adopters



85 Adopters provided comments about the consequences of not receiving support and considered whether the ASF had improved their lives and the support they received. Within these comments,

27 children were reported to have re-entered care with a further thirteen children coming close to re-entering care as a result of lack of support. Battles to achieve support for the child continued after the child had re-entered care and relationships between parent and child were not supported and broke down. Three adopters reported that support had prevented suicide and self-harm or been put in place only after attempts were made. Violence to siblings was a significant factor. In one case a child was jailed for sexual abuse of a sibling. Adopters described violent assaults on siblings and were frustrated by the length of time that it took to provide support.

Another theme was loss of health, relationships, marriages, jobs and homes lost or put at risk. Adopters were anxious and worried about the future and felt guilty about adopting children when this had reduced the support entitlement – with an adopter receiving less support than a special guardian due to it being a private adoption and therefore unable to access services/support. A lack of support caused developmental delay, precluded access to support in other areas, prevented children from accessing education, resulted in school exclusions, and necessitated the child being home schooled. A lack of support or delays to provision meant family members and a child’s future was put at risk.

“I worry for my son's future and whether he will be able to access help as and when he needs it as he grows up and begins to come to terms with his life story in his own way. Whilst I believe the Adoption Order has given him some security, I caused him (us) a loss by losing special guardianship allowance. He has since been diagnosed with a disability and SEN and this has had an impact on my work and I have had to massively reduce my hours (and income). I am an older single mum and constantly worry that I have done my boy an injustice by adopting him when I already had a special guardian order. I didn't realise until afterwards that I would be removing his access to PAS or the ASF, but I think we are in the minority of adoptive families - I hope other children and families can continue to access and be supported by the ASF”

“The impact on our day to day life and mental health is huge. I suffered a breakdown and a collapse with very high blood pressure. And my husband has had to take early retirement. We live in fear of our life as our son is back in contact with birth family. His mental health is very complex. One day he wants to see us and the next wants to cause serious harm. We feel our adoption social worker should have been the one doing the assessment of our family along with the therapist. This would have given the court a true picture of us. We also feel that the ASF could then have been assessed to support us more and it not led to a breakdown. To say our hears are broken is an understatement. Sadly, we are of many families. It’s time this became public and LA’s take responsibility”

Fourteen adopters who had responded to the previous question that support had ‘made things worse’ provided comments about their views of support. The emergent themes were:

- Children/siblings coming to serious harm

- Being viewed through a prism of risk when help was requested, and safeguarding concerns reported
- The break-up of the family unit when a parent had no choice but to put the child in care under Section 20
- Living in fear following the child's contact with the child's birth family who were perceived as a danger to adopters
- Inaccurate assessments by professionals with limited knowledge; vilification in the context of court proceedings by social care professionals
- The ASF being unavailable as it had not been introduced

"Child had to be put back into the care system. No support from anywhere and in the end the person was jailed for sexual abuse towards his sister"

"We believe we should have received hands on support from the beginning. Our children are siblings and both came to us at four months, one after the other. We have struggled from the early years and both my husband and I have secondary trauma. I had to leave my job as a social worker as juggling work and home was impacting on my mental health and the family. We have consequently suffered financial hardship and became dependent on benefits for some years. Financial struggles meant we had very little quality of life…….. There was no-one to support me in dealing with the ignorance of school staff and this was my greatest stress. I felt powerless in the face of school decisions and both my children missed out. We never received any support or advice about the Pupil Payment premium or ECHP, so my children missed out on those. There are medical issues- my son (nearly 20) has always been enuretic at night and because of his trauma issues is unable/unwilling to access support. This has a massive detrimental effect on his life. At least for the time we have had the therapy for our son it has given us a faint ray of hope, but we worry that it has been too late, and we are not sure what we will do once the funding is withdrawn. At least the therapist is on our wavelength and our son does seem to benefit when he sees her. It is a long-term thing though"

"Disruption. wider family breakdown - blamed by parents. social group breakdown - blamed by friends. vilified by social workers in court. disregarded by social workers as irrelevant despite shared care agreement. I have still not received any 'psychological support' for disruption after four years. I am depressed and agoraphobic"

"The impact on our day to day life and mental health is huge. I suffered a breakdown and a collapse with very high Blood pressure. And my husband has had to take early retirement. We live in fear of our life as our son is back in contact with birth family. His mental health is very complex. One day he wants to see us and the next wants to cause serious harm. We feel our adoption social worker should have been the one doing the assessment of our family along with the

therapist. This would have given the court a true picture of us. We also feel that the ASF could then have been assessed to support us more and it not led to a breakdown. To say our hears are broken is an understatement. Sadly, we are one of many families. It's time this became public and LA take responsibility"

"The unsupported time that elapsed from our son being looked after under S.20 resulted in our relationship being destroyed. A small window of respite and common-sense approach from social workers, in supporting our family values, our intolerance to drugs, inappropriate conduct, etc could have changed many outcomes for our son. We do not understand why social workers had the attitude they did. It was very aggressive and shaming with no real concept of any of the issues. They were ignorant of names of drugs young people use, what dangers there are to teenagers or the impact our son's behaviour was having on our ability to even go work regularly. Our other children have been badly affected and our eldest son now suffers severe anxiety, which he believes is as a direct result of the stress caused by the disruption by his two adopted brothers. Our daughter also suffers anxiety which manifests itself in psoriasis. She has also had her education affected by the trauma of having a violent presence in the home and sadly has had to help pull her brother off of me when I was attacked by him. Living day to day in this environment of violent chaos, missing person, police, etc is totally unacceptable, so being undermined, belittled and accused of being the perpetrator of child abuse by a social worker was intolerable. We were even told that if we refused to have our son home immediately that social services would need to take our daughter into care too!"

"We had to ask for a Section 20 to keep our other children safe from their sibling. It has destroyed our family unit"

"Unfortunately, we never received ASF and I do believe it would have better outcomes had we received for our son as we as parents were getting support too. it was clear our son needed addition al help and so did we but were blamed as bad parents and the correct help deprived for our son and it becomes too late in their growing years"

In terms of support before and after the ASF there were three main views expressed: no difference; better with the ASF, which was a lifeline of support; better before its introduction. Some respondents considered the fund to have made little impact, as there was mismanagement of services before and after the introduction of the ASF. Some adopters considered the ASF to have offered the possibility of help that could have prevented children needing to leave the family home prematurely or help that would not be accessible previously, albeit within a new postcode lottery. The also ASF meant that statutory agencies, whose assistance was generally perceived to be of limited value, or not helpful, did not have to be relied on. However, other respondents experienced support as being better before the fund in terms of having support from an individual within the local authority who developed a personal relationship with the child and family and had good understanding. Relationships with social care professionals had potentially been eroded by the infrastructure changes following the ASF, with the social care professionals becoming little more than gatekeepers. Therapy could also mean relational conflict for parents and children if the therapist did not communicate effectively with children and parents.

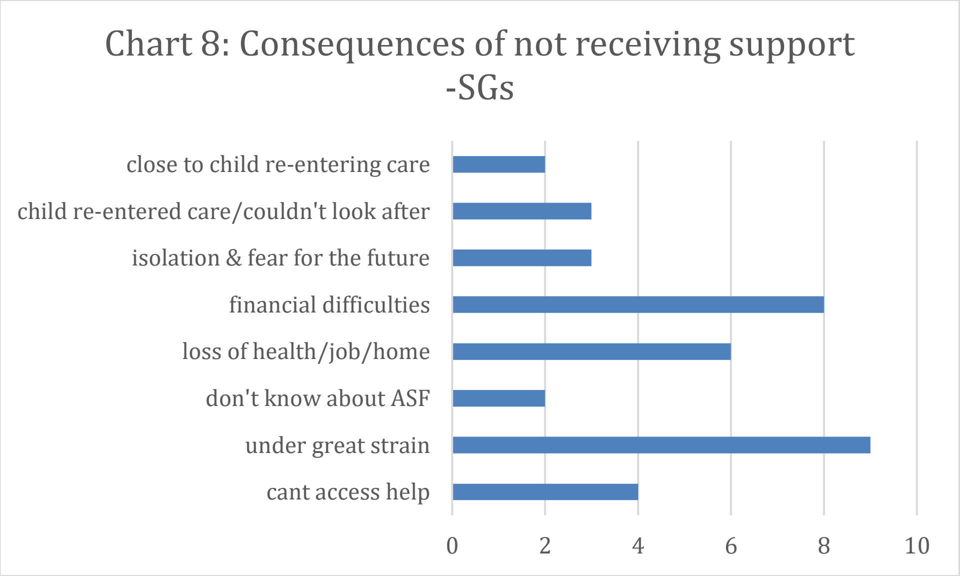
“It has paid about 65% of our cost so far so it is indispensable. But its administration by our LA is very poor. Our therapist says our LA is the worst of the many he deals with and so others must have a better and more efficient system with this. So, handing allocation to the LAs makes it yet another postcode lottery and that will worsen too as their cuts bite. Now our savings have run out and as we took early retirement, we are down to re-mortgaging the house to pay and gaps, so long term need and the end of ASF could mean selling our house ultimately”

“I do not believe the ASF has benefitted us as a family. It was helpful in part for our youngest teen, but had not helped him to understand how the experiences of trauma that his older (birth) brother affected them both…... His understanding of his difficulties due to maternal alcohol misuse was also inadequate and thus has meant that when we have tried to explain those things him, he said. “well, if that is true why didn't [therapist] tell me that”.' Re our older son, the previous post adoption social worker understood the complex trauma that he suffered. She offered us much personal support at especially difficult times (when he was assaulted by a senior staff member of his special school, when our relationship with CCG/LA broke down after refusing to fund private attachment therapy re child to parent violence for example). I am fairly sure that that level of support would be possible in the ASF era”

“Without the support we received directly in relation to ASF we would not have survived as a family. It has kept us afloat when we were drowning- literally! It helped us as parents to understand and deal with the secondary trauma and blocked care that we had struggled with for years, exacerbated massively by the teen years”

Consequences of not receiving support – special guardians

Special guardians commented more than adopters about the financial pressure of their caring role, which had led in one case to children being separated and carers unable and not supported to take on a child’s sibling. Lower numbers of special guardian re-entered care in our respondent sample or were thought to be at risk of needing to go back into care with the lack of support. There were frustrations expressed about the difficulties of accessing support, which some special guardians could not access at all.



Special guardians also expressed feelings of isolation and feared for their own future as well as the child's. Like adopters, the demands of their caring role had put the whole family under great strain, as well as taking its toll on health, relationships and finances - leading in one case to near bankruptcy and the loss of a business. The introduction of the ASF had made a huge difference when it was made available to some special guardians:

"Our extreme difficulties started three years before we were able to access ASF. Prior to this, I had repeated visits to my GP asking for referral to CAMHS. There was no SGO team in our LA either at the time. For two years I struggled with extreme, challenging behaviour with no support. I had a further year with LA SGO team from 2014/15 which was pretty useless. I requested the ASF as soon as the legislation changed. It was an absolute godsend. Within 30 minutes of our first meeting, the psychologist was suggesting ASD/PDA (Pathological Demand Avoidance). Prior to this, I had made numerous suggestions to further assess for other issues; CAMHS and others, argued against this. The behaviours escalated, police were called, and I struggled on. SGO are the lowest of the bunch according to children's services. I'm now in a situation where behaviours are increasing in risk for my granddaughter, myself and others and hey ho, we are now entering the phase of 'blame'. Things don't improve"

"I have four grandchildren in my care. When the twins were placed with us as newborns, we already had a three-year old and a 14month old. My husband and I worked full time, my husband with his retail business and myself as a probation officer. My husband had to close the family business whilst I continued to work to keep our heads above water, but we almost went bankrupt. My health deteriorated as a result of working full time and looking after four children under three years old and doing multiple night feeds. In the end I was diagnosed with fibromyalgia and as a result had to give up working. I asked for help with a nursery place to ease the burden, but this was denied. We are now dependant on benefits after working hard all of our lives. I have lost the career I had worked hard for. The twins who are now being assessed for ADHD and autism and my

seven-year old is extremely angry and aggressive. They have been referred to children's services but I suspect they will say its attachment issues so they can then close the case which often happens within my special guardian community. We had such a terrible time with social workers my husband doesn't want to ask children's services for help. I feel we are between a rock and hard place"

"Due to no financial assistance. We were only able to take on one of two children. ASF is not accessible"

Six special guardians who reported that support had made things worse in response to the previous question provided comments about the consequences of the lack of support. Special guardians commented that the support, or lack of it, had impaired mental and emotional wellbeing, which had an impact on employment. In one case a special guardian described a child needing to re-enter care and subsequently coming to social harm (Child Sexual Exploitation):

"This has nearly broken my family"

"Now, myself and my husband are both ill and our health is suffering as well as this having an effect on our employment"

"Placement breakdown- child placed in care and CSE risks due to behaviours; and my emotional and mental health suffered"

Consequences of lack of support - kinship carers

Eleven kinship carers provided comments. One child had re-entered care. None of the respondents had been able to access support. The lack of support had put children and families under great strain with far reaching consequences:

"Lack of support has resulted in stress heartache and destruction of our family unity with far reaching consequences and a blame culture by professionals, if you can call them that given the actions they have used, and placed the blame on the wrong people - given the lack of support from the start"

4.5 How can support be improved?

Adopters views and ideas about improving support

89 adopters provided ideas and thoughts about improvement to support. The essence of these ideas are summarised in a quote below and outlined in bullet point format:

"Start early listen to what is needed and don't wait until crisis"

- Put adoption support in place at the outset.
- Get rid of the three-year rule – continuity of care

- Listen to parents. Parents know their children. Value parental knowledge. Treat parents as equals. Tackle parental blame
- Put parents in control of personal budgets.
- Remove children's services as gatekeepers of the ASF
- Allow adopters to self-refer to the ASF
- Offer a critical response service – crisis prevention/support families in crisis
- Respite provision
- Better preventative support and outreach work
- Make match funding compulsory
- Bolster and improve support for post 18 year olds, particularly with respect of housing issues
- Support parenting from a distance and relationships when children re-enter care
- Recognise the importance of relationships with professionals - Have a named allocated post adoption social worker
- Better access to respite – funded through ASF
- Joined up working between agencies/professionals. Joined up agency working – holistic support
- Much better education for practitioners and professionals to lead to better understanding
- Pre-emptive support to be put in place at transitions and at key developmental stages, particularly puberty onset – times of risk
- Better accountability and more transparency – concerns were raised about a lack of professional integrity
- Parity with foster carers in terms of social work availability, particularly in times of crisis
- Voluntary Adoption Agencies to be able to put in ASF applications. Better support for birth and adopted siblings
- Therapy not needing to be discontinued due to annual funding issues/Fair Access Limit
- Develop a national centre for Foetal Alcohol Spectrum Disorder
- Offer a wider range of therapies – allow adopters to make choices – they know their child/ren

- Better information – professionals to provide information about a child's past, and make it easier to access
- Create a tiered support system depending on child's needs, allowing immediate access to support.
- Improved access to CAMHS and educational provision for adopted/traumatised children.

Some adopters wanted more control for parents and less involvement on the part of social care, particularly in terms of accessing support, whilst others wanted a higher level of professional involvement, and for this to include proactive support and the availability of critical response support. The need for support for children suffering abuse and neglect should be assumed:

"Support should be provided by trauma specialists who understand the needs of adoptive families. Accessing these specialists should not be through local authority professionals as gatekeepers. This makes post adoption support a post code lottery. The whole approach must change and there needs to be a critical response for families like ours for when trauma related difficulties emerge"

"There needs to be more support for adopters as soon as they adopt their child - we struggled on for years and were in crisis before we received any help and support. It was a battle to get any support at all"

"Having someone allocated to the family from the start who can identify what help we need and when it is needed, rather than relying on us to get to desperation point"

"We need respite, a few hours during the day a few times a week, and regular overnight in an environment which will not further traumatise the children. Only options being offered are occasional overnights in a residential care home, which will likely do more harm than good"

"I think adoptive parents need to have much more control over support etc. At the moment it is a battle to receive support from school, SS, CAMHS etc. Parents need to be equal partners and that means a redistribution of power. I would like to see parents having access to personal budgets for educational support (I.e. pupil premium plus) to be the decision makers on spending it working in partnership with schools; current system is a conflict of interest for head and our children are not benefiting from money to specifically address their needs whilst in education. Likewise, for SS and ASF support - personal budget in the hands of parents who can use it to purchase the support that would benefit their families e.g. therapy assessments and treatment, respite arrangements visa kids clubs, education or training courses for parents etc. Serious mental health issues could result in a health personal budget allowing parents to purchase diagnosis and therapeutic support in a timely and child centered way"

Special guardian's views and ideas about improving support

It was clear that with relatively few exceptions special guardians had greater struggles to access support than adopters. They were also, in many cases, less prepared for their caring role – although some special guardians had experience of caring as foster carers. Their ideas for improvement were very similar to those of adopters.

44 special guardians provided comments and ideas about the improvement of support. These ideas and suggestions are summarised below:

- Support packages to be put in place at the time of granting the Special Guardianship Order or before
- Therapy for traumatised children from Day 1 of placement
- Make funding of support more accessible to all
- Support to be given regardless of whether a child had never entered care
- Remove responsibility for the ASF away from the local authority to an independent body, which would make it more accessible to special guardians wishing to avoid services due to negative experiences
- Stop having means tested support with stressful assessments
- Better connection with local special guardians
- An 'attachment' assessment to be done on every child at placement
- Removal of benefits caps
- Access to a well-trained social worker
- Nationwide support provision
- Listening to carers
- Parity with foster carers
- More respect for carers – social workers needed to get out of their 'you chose to do this head'
- Better information especially about the ASF – booklets to be offered
- Better respite provision, with respite being accessible through the ASF
- Better training for professionals
- Access to therapy that continued throughout the year

"The process needs to be easy and quick. We are having to travel an hour each way to access appropriate therapy which we don't mind but it would be better for us if there were therapists closer to home. The therapist is coming to us at times but this eats into the funding"

"Early intervention plays a huge part in helping our children, implementing specialist support to facilitate change. SS / ICS need to listen to our concerns, not use tick box exercises all the while, the situation is deteriorating further. SS / SW need to take off their, "you chose to do this head" , start to listen, treat us with respect and follow statutory guidelines for early intervention and support"

Kinship carers' views and ideas about improving support

12 kinship carers provided responses to this question. According to kinship carer's comments there seems to be an element of subterfuge on the part of services to prevent access to services, through poor information sharing, which left kinship carers unable to access support. One of the respondents spoke from the perspective of a group of grandparent kinship carers and provided an example whereby a kinship carer might take on an SGO for a child they had cared for over a three year period, being unaware of the SGO allowance, only to be told they could not have the allowance because they hadn't asked for it – when they had not been aware of its existence. Another concerning case was where support was not provided because a non-biological parent, (a woman who was raising the child of her ex-partner), was caring for and parenting the children and the social care professionals would not assist in helping the woman to obtain parental responsibility:

"Actually being considered because I do not have parental responsibility, nor will they offer advice to get it. Told they do not agree with a non-biological parent obtaining parental responsibility"

Kinship carers felt that support could be improved by offering:

- More consideration and respect
- Timely swift responses when needed
- Individualised needs-based support
- Ease of accessibility of support

4.6 What else would you like government to know?

Adopters

Asking this question of adopters opened the floodgates for impassioned pleas for better post adoption support and services from 89 adoptive parents. The message however was loud and clear: adoption saves money and improves the life chances of children who have suffered abuse and neglect, and whose families cannot care for them. In this context it was beyond comprehension that a child would receive better support through going into care than through remaining in the family home – yet examples were provided where this proved to be the case. Adopters raised concerns about being blamed rather than helped, and battling for support that was not forthcoming, or having to cope with child protection investigations that resulted from help seeking, or court proceedings where they felt greatly disadvantaged. Adopters wished specifically for legislation change around Section 20 and for no-fault court proceedings. Most of all they wished to see the blaming of adopters stopped. Suggestions were put forward about focusing on families rather than children and giving back authority to parents, which were felt to have been lost. Birth families too needed much better support. The need for respite was raised again within the comments as a matter of concern.

Adopters also raised specific concerns pertinent to their own situation. Scottish adopters were dubious about the Scottish government listening whilst the English government would, they believed, say it was a devolution issue. Muslim adopters, who were also kinship adopters (caring for and adopting a child within the family is common in the Muslim faith and in many other cultures and societies around the world), raised concerns about the shortage of Muslim foster carers, which impacted on children who re-entered care, and more serious concerns about Islamophobia within agencies. Adopters also wanted access to files and background information about the child, which had not been provided.

In respect of the ASF, there were views expressed about the high overheads of a nationally administered fund, which might be cut, and administration devolved to the Regional Adoption Authorities (RAA), who would know best about local services. Other adopters took the opposite view, that it could not possibly be cost effective for providers to have to have separate contracts with local agencies, and it would be better to have support provision contracts centralised.

Generally speaking, the ASF was considered to be both positive and necessary, but there were many serious problems to be tackled in modern adoption support, with austerity affecting our vulnerable children and families, who are reliant on services, more than others:

“Give parents back their authority. Stop blaming parents for all of their children's poor behaviours, as we are not the only input in their lives, and we have had our power to parent our children severely diminished. Reduce the power of social services, retrain the service to counsel, support and empathise with parents. The approach has to be helpful, not detrimental. The service should be called 'family' services not children. This way the whole ethos can be supportive to the whole family first, addressing the needs of the family, which in turn will support the needs of the child in need. Adopted children often flounder in big schools and are at particular risk during their teen years as they already feel somewhat unrooted. The only support I have received has been from other adoptive parents who are struggling or who have struggled, we are the only ones that know the real story and the real impact! I would have liked to offer short-term respite, particularly for

adopters because sometimes it can be as simple as needing a rest from the mayhem that could save the family unit"

"I don't think the Scottish Government want to listen and the UK Government just say it's a devolved issue. The Scottish Government needs to understand that placing children for adoption is not the end of the story - the underlying issues do not go away"

"Stop treating the adoptive parents like they are the 'problem'. Change the law for Section 20 so that it doesn't say "parent can't cope" when in fact it's the needs of the children that are so great……………….. Enable adoptive parents to see the files of the children placed with them. All information is helpful, in understanding the trauma that our adoptive children have experienced. Too often access to these files is refused"

"It is a false economy on an enormous scale to restrict and refuse support up front to keep adoptive families together as the costs involved, when children re-enter care, quickly spiral. Add to that the emotional cost of a child losing their "forever" family and the argument for expanding ASF is obvious"

"These children are part of our future and they deserve to have the best possible chance to recover from their trauma and be able to take part in society and have the opportunity be productive as adults. If we don't support them and provide all they need as children in the way of support, therapy, family support and providing adoptive parents with all the tools and support they need to survive adoption positively we are setting some of these children up for repetitive cycles of trauma and abuse down generations to come. We also need to support the birth families who have been the perpetrators of the trauma, abuse and neglect, I have come across only one or two birth parents (in my many years of fostering and now adoption) whom I have not understood where the abuse and neglect of their child has stemmed from and I am sure it stems from somewhere. The majority of parents I have come across who have children in care and/or adoption have suffered themselves, have not had support or live in cycles of abuse/alcohol and/or drug abuse within their own families"

"The system is broken and if a child has to be removed due to absconding, violence to adopters and other children in the household, the local authorities attack the adopters and place them through a stressful court proceeding trying to pass the blame onto the adopters. The adopters even get a court record after a verdict has been given of beyond parental control. Other children in the house are also put under stress by the local authorities and placed at risk. It is a blame culture that has to change, and the authorities are not governed or watched. It is a closed system that needs to be opened up to stop corruption. The independent reviewing officers and guardians are not independent but controlled by social services. This leads to corruption. In our case they falsely accused us as adopters making up stories and lying in court. The judge came down on our side

and rebuked the authority. It did however cause serious strain on us and the other adopted children"

"More research into all issues relating to modern adoption, the whole process needs a thorough overhaul, including the fostering system, therapies other than talking therapies need developing and researching, e.g. equine therapies, New adopters should be told the truth of the reality of modern adoption! ALL SWs should be trained in developmental trauma and the "blame-the-adopter- game" needs to stop! Adoptive parents should be respected as experts and not viewed as cheap foster carers Extra support should be available for parents of adopted teens as without fail problems become worse during this time Raise awareness of developmental trauma in the general population e.g. media campaigns to educate about the damage caused and consequences of child trauma and neglect More joined up working between HEALTH, EDUCATION and SOCIAL care in tackling the problem Social media should be regulated - confidentiality is blown out of the water and further undermines adoptive parents in keeping their children safe. All adoptive children are emotionally developmentally delayed, and the laws of the land should reflect this"

Special Guardians

43 special guardians also put forward powerful heartfelt pleas for support. Special guardians talked of wanting to be treated in the same way as adopters and foster carers, feeling they were the least well supported of these. The issue of choice was raised as special guardians they felt they had no choice but to take on the children, who were mostly family members. Special guardians also pointed out the savings made through special guardianship. There was anger about being pushed into poverty and losing benefits when they had to give up so much to care for children. They wanted better recognition of the fact that caring for traumatised children requires a different parenting approach. They needed time, space and support to learn new parenting skills:

"Guardians need to placed on a level playing field to fosterers and adopters, especially with allowances and access to support and therapy. After all is said and done, fosterers and adopters choose to do so, as a special guardian to family members we have no real choice, the alternative being care. Yet we are penalised in every way"

"SGOs face the same difficulties as Foster carers and adoptive parents, often dealing with very traumatised behaviours from their children, with the support needed. The children have the same needs as others that are fostered or adopted. As SGOs we are stepping in to give the child security long term, and in many cases keep the child in the family. we need adequate support and training. Financially SGOs save the government millions (in comparison to a child being in foster care). SGO allowance is a postcode lottery, many report that theirs has been stopped suddenly or only paid for one-two years. SGOs report having to give up work or sell their home in order to cope. It is time this was properly funded, and adequate support given"

“The ASF must continue and must not be made harder to access or increase waiting times for therapy. There is a crisis in mental health and accessing support elsewhere is impossible. Without the ASF families will be in crisis and sadly family breakdown will be the result”

“Government needs to realise that SG / KC have a significant role in protecting, nurturing and supporting our children. We often make life changing decisions to take on this role. Financial support is not consistent across all LA thus, there are many who can’t afford to seek therapy for their child. To remove the ASF is criminal. All children who are with SG / KC should have access to ASF irrelevant of LAC stays prior to the order. These children have experienced varying levels of early trauma, these children also have a right to access appropriate, specialist intervention to promote the best possible life chances. Stop failing our children!”

“We as a group of carers are being ignored and treated disgustingly by a broken system. The children are suffering and living in poverty as most of us are either grandparents who are retired or have been made to give up or reduce our hours of work and therefore go on benefits which is, in itself a degrading experience. The benefits are not easy to navigate”

“Children should not be made the subject of a Special guardianship order to save money. Their needs do not disappear when their legal status changes. Children should not live in poverty when they are under a SGO”

Kinship Carers

Ten kinship carers provided responses to this question that were very much in line with other respondents – emphatically wishing to let government know that help and support was not as it should be, and children and those who care for them, deserved better. Better information was a must, as was better financial support and non-discriminatory support. Children had the same level of need regardless of whether they had been in care or not, and statutory services were not able to cope. Comparisons were drawn with foster carers to a degree not seen in the comments of adopters, who did not compare themselves with foster carers – except in terms of money/cost for foster care being vastly greater than for adoption. There was a sense that kinship carers felt they were exploited:

“Government informs everyone. In public areas. Should be mandatory. Government can do this, and after care services. GP surgeries, information hubs, social services (social workers & assessment teams). All too often people hear about help and support too late. Should be promoted from the highest level, not just be seen to, but actually promote children not going into care. Too many miss out. Many families end up living below poverty line because info was not available. Help and support is vital at the earliest possible opportunity. Children are our future; they deserve the best possible care and support. In Wales, the Welsh Government has published a SGO code of practice for public services. There is still so much more to be done. Local Authorities do not

always follow policy and procedure. There is a cavalier attitude towards kinship carers. This needs to be addressed. Carers and children miss out on entitlements"

"Special Guardians must be valued, and supported, according to the role now being taken on. That includes, financial support, carer breaks, training at the beginning, mixed support groups with foster carers."

"We are victimised because we are bringing up our own family. How are we different to foster carers? The job role is the same, but they receive a liveable amount while we are left begging every year to the LA. Why is it means tested? Do they realise the pressure we are put under? No wonder so many of us suffer from mental illnesses. We are just left to struggle"

"When a person is offering a lifeline and stable environment for a child whom has been significant to the ongoing care - To be taken seriously"

5 Discussion

We begin this discussion with a reflection on the response rate to the survey and consideration of what the findings might mean.

Reflection on the response rate to the survey

As with our previous surveys, the peer support groups that our members belong to were very supportive of this survey and encouraged participation. The response rate to our survey (N=154), is comparable with a survey we conducted in August 2018 on adopters, special guardians and kinship carers, which achieved 171 responses. The relatively small differential in numbers can be accounted for by higher numbers of adopters (98 compared with 78), and lower numbers of special guardians (51 compared with 89) and kinship carers (13 compared with 18). This may reflect a higher level of interest on the part of adopters particularly from POTATO group members who took part in the discussion thread that identified a priori themes described in the report's introduction. It may also be that this survey was of lower interest to special guardians than our previous survey, which was about the reasons for children being taken into care and the impact this has on the child, siblings and other family members – from the perspective of adopters and carers. Another factor may be that respondents suffered survey fatigue and felt that they had been able to contribute to the APPGs as desired, through the other surveys that preceded or ran consecutively with ours.

Respondent bias - consideration of what the findings of this survey might mean

This was a self-selecting survey and respondents may have been drawn to taking part because of negative experiences and a wish for change. However, all experiences of accessing and receiving support provide an opportunity for learning and the fact that this survey has only 154 respondents, many of whom reported difficulties, does not invalidate its findings or mean they are unimportant. Any self-selecting study will have an element of respondent bias. However, when consequences of policy and practice prove serious and children are being harmed, these should, arguably, be considered 'adverse events' worthy of consideration by government, for which remedial action may be needed. Although this was a small respondent sample, large numbers surely matter less when young lives and futures are at risk? Furthermore, when one child is failed it is also likely that others will also be affected in the same way.

SG&AT group members, who were given the opportunity to provide feedback and make suggestions about additions and amendments as a form of respondent validation, took the view that the survey accurately reflects the situations many of us find ourselves in. One sentence, which is highlighted in the Executive Summary of the report, was thought to be extremely important for policy makers and legislators to reflect upon for all three respondent groups. Our respondent validation exercise also indicated a strong desire for a more holistic family centred service instead of the focus being primarily or solely on a child, especially when children re-entered care.

5.1 Summary of findings

We set out to explore the experiences of parents and carers of children under permanence arrangements/orders about the ASF, and the support that is accessible to them and provided for them and their children.

We have found that respondents who are eligible for the ASF and are aware that they are eligible for this fund, and able to access it, do receive much valued support in comparison with parents/carers who cannot access this fund. The ASF has made a positive difference to those who receive this support and it is enabling parents and carers to access help that they would not have received before its introduction.

Other findings include:

- 'Not having heard of the ASF' was the most common reason for special guardians not accessing support through the fund.
- Professional obstruction and opinion is the most common reason for adopters being unable to access the ASF and the second most common reason for special guardians
- Not living in England; the child re-entering care and the child being 'Lack of LAC' status were all barriers to eligibility for respondents.
- There was little guidance available for special guardians and kinship carers about support and local authorities were not proactive in support provision. Infrastructure was problematic and special guardians did not know who to go to for support. Some were reluctant to re-engage with children's services as confidence in professionals/agencies was low due to bad experiences.
- Special guardians and kinship carers spoke of abandonment, battles for support that continued for years, and poor communication.
- Being a local authority foster carer at the same time appears to be a protective factor for a special guardian in the context of support provision.
- Whilst accessing support was a smooth process for a few survey respondents the majority reported difficulties and delays.
- Adopters spoke of complex children where professionals did not know what to do and the child/family could be caught up is a cycle of assessments that did not lead to any support.
- Parents and carers are being put under tremendous pressure, often on the verge of crisis, and by the time help comes it can be too late.

- Sibling harm was a major factor in children re-entering care. We identified five cases of sibling harm as being considered a consequence of not receiving timely or adequate support. The cases included rape and violent assaults.
- Parental/carer illness, loss of employment and loss of relationships with a partner were consequences of not receiving support or support making things worse.
- Twenty-one respondents reported that the support they received had made things worse. Their comments described being blamed and victimised by professionals who too readily assumed abuse on the part of parents/carers and did not take a trauma informed approach.
- Adoption support has improved with the introduction of the ASF, however the current infrastructure and workload pressures do not always support the development of relationships with service users.
- The role of the post adoption social worker has altered with the introduction of the ASF to an assessment and commissioning role and this has disadvantages for the establishment of working relationships, which develop over time and with knowledge of the family and their support needs.
- Support could be a start, stop process with the Fair Access Limit
- Parental/caregiver knowledge of a child was not felt to be valued as it should be by professionals.
- Satisfaction with the support that was received from specialist providers was high.
- Difficulties arose for respondents when safeguarding teams became involved and when cases went to court. In these cases, respondents felt very badly let down.
- We identified a lack of effort made to support relationships and families when children go back into care and cannot access to the ASF. This left adopters and special guardians demoralised and frustrated, prompting one of the respondents to say *“Adoption is for life, in case you didn’t know”.*

In terms of improvements, respondents wished to see the issue of parental/carer blame being tackled. Respondents wanted the ASF to be more accessible and for there to be other ways to access the fund than through children’s services. They wanted to be able to self-refer to the fund and suggested that putting parents in control of personal budgets could be beneficial. There was a desire to see support start early, for plans for support to be made before a child was placed, and for the need for support to be assumed. Respondents also wanted better support for post 18year olds especially in respect of housing issues. There were calls for the three-year rule to be abolished to achieve better continuity of care. A critical response service was felt to be needed. Respondents wanted respite to be available via the ASF and match funding to be made compulsory. There was a desire to see better support for the parenting/caring from a distance role, and family relationships when children re-enter care, and for support to be given regardless of whether a child had never entered care. Respondents wanted better accountability and more transparency. They wanted to feel listened to and valued. There was felt to be a need for a national centre for Foetal Alcohol Spectrum Disorder. In terms of the ASF, respondents wished to see a wider range of choices of therapies and they also wanted improved access to CAMHS and educational provision for adopted/traumatised children. They wished to see more joined up agency working – holistic support.

Special guardians and kinship carers spoke more of financial improvements being needed than adopters. They wanted to see an end to benefits caps and stressful means tested assessments. There were suggestions to remove responsibility for the ASF, taking it away from the local authority to an independent body, which would make it more accessible to special guardians wishing to avoid services due to negative experiences. They wanted access to a well-trained social worker and parity with foster carers.

The final question we asked, about what else did respondents wish government to hear, opened the floodgates for impassioned pleas for systemic change and an end to a blame culture. 142 respondents spoke of the manifold benefits of improving support for families. The lack of support seemed futile and wasteful when the result would be ruined lives and children going back into care, where it would be far more costly to care for them. Giving back parents and carers their authority and respecting their knowledge was a predominant theme for respondents. Adopters spoke of emotionally distressing court proceedings where they were blamed, when they had asked for help. Special Guardians and kinship carers felt they should be much better informed about help and assistance; access should not be the battle that it is for them, and they should not be forced into poverty because of their caring role.

5.2 Consideration of findings in the light of other research

Many of the concerns our respondents have raised through this survey are also described by research the commissioned by the Department of Education. This more comprehensive considerably larger evaluation, which was conducted by the Tavistock Institute for Human Relations, involved a mixed methods research programme. The Tavistock Institute's evaluation was solely focused on adopters and did not include special guardians. Professionals were included in Tavistock Institute's research (conducted by King et al), and it is of interest that they spoke of their changing role in adoption support to one of gatekeeper/commissioner (see page 44 of The Tavistock Institute's report[20]):

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[20] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/634685/The_Evaluation_of_the_Adoption_Support_Fund.pdf

"For us as workers it has changed the nature of what we do. I am having to deal with financial decisions on a daily basis and I feel more like a broker for services rather than a social worker" (Social Worker).

"We now do less direct work with children and families, so there is less chance to practise the work we most enjoy and get job satisfaction from (…) We have become commissioners and we have had to stop providing our parenting course as we don't have the resources to cover it" (Team Leader).

Apart from our adopter sample showing higher levels of dissatisfaction than The Tavistock Institute evaluation's adopter respondents/participants, there were few disparities between our reports in terms of emergent themes. However, several divergences are of interest. Firstly, The Tavistock Institute evaluation suggests that poor parental self-awareness, (parents not realising they need help early enough), is a main barrier to accessing support – see page 97, which outlines the two Key Findings in respect of barriers to accessing support. We have not found poor self-awareness amongst adopters to be a barrier to accessing it. We have found evidence to suggest parents and carers are seeking help and being turned away *unless* problems are extreme or things have reached crisis point, by which stage it is already too late. Secondly, The Tavistock Institute evaluation did not consider what happened to children if they re-entered care and were no longer eligible for the ASF. Narratives and information about these children ended when the child went back into care.

It is of interest, in the light of our respondents suggesting that the ASF is used for respite provision, that only 1% of ASF applications were for short breaks according to the Tavistock report. Respite is hugely important for parents and carers to be able to support their resilience.

The problem of sibling harm has been identified in this report, with serious consequences resulting from delayed or inadequate intervention/support. High levels of sibling aggression were also identified in our Health and Wellbeing Survey[21], and in the work undertaken by Thorley and Coates (2018), who raise concerns about policy, practice and legislation potentially not benefiting families in the "real world" – a situation requiring immediate attention[22]

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[21] See Table 12, Page 18 https://campaignforadoptionpermanence.files.wordpress.com/2018/04/special-guardians-and-adopters-together-interim-report-6th-march-2018.pdf

[22] See section 5 – Thorley and Coates (2018), Let's Talk About Child to Parent Violence https://www.academia.edu/37078253/Lets_Talk_About_Child_to_Parent_Violence_2018_Summary

The finding in this latest SG&AT survey that many special guardians are not aware of the ASF, suggests little progress is made since our previous survey of January 2018 (N=389)[23]. Our suggestion of a name change for the fund, in March 2018, was not acted on.

Findings of our survey, particularly in respect of 'support making things worse', offers supportive evidence for Devine's (2015)[24] research, which has highlighted the conflation of Section 17 (Child in Need), with Section 47 resulting from progressive policy amendments since the Children Act 1989. Devine questions whether we currently have a system that offers the *"worst of both worlds*" with a policing model within a welfare framework. Two types of 'outliers' at the extreme ends of the spectrum of safeguarding social work were identified as problematic. Type A are those who have been referred in error and have no difficulty meeting their children's needs (or, we suggest, children with very difficult needs to meet for the state as well as parents and carers); Type B are those referred for good reason because they are deliberately and systematically abusing their children. Both Type A and Type B parents/carers will fail to engage for different reasons: *"Models of social work in such circumstances become methods to create an environment of compliance where 'insight into problems' and 'showing capacity to change' are key - Failure to do those things can cause escalation into the litigation states of the Public Law Outline . A "referred in error' outlier is at risk of unwarranted interventions until they demonstrate the characteristics of the model social work client; conversely a 'referred for good reason' outlier may be missed as a serious case of actual abuse as time is spent 'working with' them to encourage them to demonstrate the characteristics of the model social work client.*

5.3 Reflections on the project's strengths and limitations

Judgments about the validity and quality of qualitative research, although not without controversy, can be made on the basis of triangulation; respondent validation; clear exposition of methods of data collection and analysis; attention to negative cases, researcher reflexivity and sensitivity, and fair dealing[25].

A strength of this survey design and analysis was that as experts by experience we sought to reflect on this situation of a child re-entering care, in a way that previous evaluations of the ASF

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[23] See page 31 https://campaignforadoptionpermanence.files.wordpress.com/2018/04/special-guardians-and-adopters-together-interim-report-6th-march-2018.pdf

[24] See presentation by Professor Lauren Devine at the Transparency Project Conference (2016), and relevant articles http://eprints.uwe.ac.uk/29033/1/Transparency%20Project%20Conference%20%202%20-%203rd%20June%202016%20-%20Lauren%20Devine.pdf

[25] See for example, Mays, N and Pope, C (2006), Quality in qualitative health research. In Mays N and Pope, C (Eds) Qualitative Research in Health Care. Third Edition Blackwell Publishing, BMJ Books

have not done with an understanding that living apart from our children brings new challenges for us as parents and carers. As parents and carers, when a child re-enters care, we know this is not the end for the family or for our relationship with a family member. We also know our children's difficulties do not stem from our desire to provide them with a loving home and family but from the traumas and separations of their early life. Moving them out of the family home does not heal their trauma and it may cause further difficulties if their challenging behaviours are not understood in the context of the trauma they have experienced in their early life.

This survey was essentially qualitative and with the adopters and special guardians it did seem thematic saturation was reached with no newly emergent themes. However, with only thirteen kinship carers taking part, half of whom were also special guardians, we do not have enough cases to draw on to make sound conclusions and provide explanations about barriers to accessing support, and quality of support provision in kinship care. Nevertheless, we do know that generic statutory services are highly variable depending on location, and many adopters and special guardians were struggling before they had access to the ASF. We have identified that the support the ASF provides is much appreciated if it can be accessed.

A further strength of the research was the opportunity for respondents to reflect on a draft report within SG&AT's closed peer support group, where special guardians and adopters come together to consider what sort of changes might improve the lives of children and families. Amendments and additions were made in a transparent way to include the views of SG&AT group members about the report. We have reflected on positive and negative cases, giving attention to negative cases as these cases can be more revealing in respect of unmet need and policy failure.

The lived experience of the researchers in this project, who were able to draw on the experiences and views of the SG&AT community, has enabled us to design a survey to collect evidence about accessing and receiving support that we hope is of value and use, with strong validity.

5.4 Going forwards – some concerns and questions

The next section of the discussion also draws on our experiences as a group. We were very pleased to have been able to highlight some of the concerns raised in this report in a consultation with SCIE (Social Care Institute for Excellence) in 2017[26], as part of the project on the mental health and wellbeing of children in care, chaired by Professor Fonagy and Dame Christine Lenehan. This project had good transparency but at the late stage we became involved, as experts by experience, the final report had already been written so we could not influence the recommendations. Going forwards we would like, as experts by experience, to be able to

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[26] https://www.scie.org.uk/children/care/mental-health/findings/adopters-together-summary

contribute more meaningfully to discussions about policy implementation and reform affecting our children and families. Currently there is no transparency about how policy is determined. We have no direct influence at higher levels of decision-making, or in the design, development and commissioning of research about us.

On the ground we hear that post permanence arrangement order social workers have unrealistic workloads and cannot manage to undertake the job as it is, never mind including children who have re-entered care or live with families under permanence arrangement orders other than Adoption Orders. Responses from MPs when we raise concerns about our difficulties have indicated, in the case of conservative ministers, a level of agreement with the Children's Minister and there seems to be a view taken that children who were not previously looked after have a lower level of need. There appears to be no evidence to substantiate this assumption on which policy decisions are made about ASF eligibility. Policy decisions about support provision are arguably best made through rigorous and systematic consideration of future costs, if support is not provided. Our respondents' perceptions about the consequences of not receiving support are thus very helpful to start mapping out what costs need to be included in decision algorithms to inform policy decisions. Quite apart from the human cost when a child is separated from loved ones and family (for a second time), the financial costs of children re-entering care are particularly high, along with litigation costs. Separation often occurs during adolescence, which is a critical stage for identity development, and which can make transitioning to adulthood even harder for our children.

Assumptions are made that once a child re-enters care they will achieve support through the local authority's statutory provision, and that there is partnership working with parents and carers. However, our research and experiences suggest that this does not happen, and there is much conflict between parents/carers and local authorities once a child re-enters care, which can be to the detriment of our children. A case of an adopted child under Section 20 committing suicide just short of his 18th birthday, with fractious relationships with his adoptive parents and the local authority[27], should have been a wake-up call, especially when SG&AT have been flagging up to the Department of Education that this is by no means an isolated case of problematic relationships when children re-enter care. This does not help our children transition into adulthood. The source of the frustration for us is a lack of agreement about the child's support needs and the fact we must push so hard for everything. Accessing support for our children as they grow up into young adults is a battle that it should not be, regardless of where they live.

A further problem is that there are no models or frameworks for rehabilitation of our children with their families. In the absence of guidance, SG&AT are finding that local authorities use the NSPCC

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[27] https://www.bbc.co.uk/news/uk-wales-mid-wales-43049144

Framework[28], which is not appropriate for families where the problems occurred in the past, before the child was placed in a new family or with birth relatives who were considered safe, by a panel or court. Professionals and therapy providers allocated to the child in such cases may have limited experience of working with adopted and special guardianship children/families and successful reunifications seem rare, from what we see in our peer support groups. There can be poor scrutiny in these cases with concerns raised in our groups and forums about the independence of Independent Reviewing Officers and the adoption knowledge of Cafcass Guardians, which can be variable and inconsistent. The Local Government Ombudsman may not investigate when certain aspects of the case have been heard by the court (the court's remit is too narrow to consider many important aspects of our complex cases), and organisations receiving complaints may vigorously defend their opinions, which are out of the Local Government Ombudsman's remit of investigation. The making of a complaint can lead to entrenched conflict.

SG&AT are also finding that little effort is made towards achieving reunification as the long-term goal, even when this is what the child or young person wishes for. Cases may drift with the child not accessing the therapy that is required. The result is that extremely vulnerable traumatised children can end up leaving care having been safeguarded in ways that are not helpful and become disconnected from their families and communities – especially when 19% of all children in care and 41% of children in residential care live more than 20 miles away from their home[29].

We conclude this discussion with pressing questions arising from our experiences that we feel need further exploration.

What are the cost implications of not providing specialist support/ASF support?

When so many of us are on the verge of crisis or recovering from one, and not eligible for the ASF, or struggling to access it in a timely manner, we would like to know what the cost implications of this are. The stakes are so high for our children who may be at risk from each other, with sibling harm identified as a factor in decisions about whether a child can safely remain at home. Perhaps economic modelling research could help guide evidence-based policy decisions?

Could the costs of providing trauma recovery/crisis prevention support be offset against the long term/future costs of support if this prevention support is not provided?

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[28] https://learning.nspcc.org.uk/research-resources/2015/reunification-practice-framework/

[29] These are the latest figures for 2017-18, Source SSDA 903 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf

Can safeguarding be improved?

Respondents in our surveys, and within our on-line groups have raised concerns, that safeguarding has been a harrowing and harmful experience. We are seeing far too many examples of help seeking leading to safeguarding investigations that make everyone in the family feel completely unsafe, and destabilise and undermine our children's sense of permanence, which we, and other professionals working with us before, have worked so hard to establish and maintain.

How can safeguarding be improved so that it is not felt to undermine a child's sense of stability and better supports parents and carers, respecting their knowledge?

How can we keep our children safe and support them when they cannot live in the family home?

In our groups there is much discussion about the difficulties of keeping our children safe if they re-enter care, where they may be exposed to social harm and at the same time cut off from their families and communities at a crucial stage of identity development. Recent statistics have shown that a care leaver is more likely to go to prison than university and there have been tragic deaths in the secure accommodation that is sometimes needed for our children, to contain their challenging behaviour and keep them safe[30].

What sorts of changes are needed to keep our children safer in care and better support relationships with children and young people and their parents and carers if a child cannot live within the family home, and during the transition into adulthood?

Models and frameworks for parenting/caring at a distance and safe reunifications where possible

We have cases in our group where children who wish to be re-unified are effectively trapped in residential care when no foster carers are willing or able to care for the child. Support costs in the region of £3-5k per week in residential care for the accommodation alone, and far more in secure accommodation. If just a fraction of this money was spent on rehabilitation work and specialist therapies for our children, who were willing to work together with us, we believe much better outcomes could be achieved for children and young people.

Could practice guidance be developed with us that is appropriate for our children and families when our children re-enter care?

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[30] A birth mother was ordered to contribute to legal costs for an inquest into her daughter's death in care https://www.theguardian.com/law/2019/may/24/woman-told-to-pay-towards-inquest-into-daughters-death-in-care

Introduction of a yellow card system for 'never' cases where a child and family are failed

The importance of a system being open to 'never' cases was raised by Professor Fonagy in the SCIE project on the mental health of children in care[31]. Many complaints are made by parents and carers [32] but making a complaint can be difficult for a parent/carer or child for a number of reasons: it can be emotionally hard to revisit the trauma the complaint is about; there may be too many other ongoing problems/crises to allow a parent carer to deal with the complaints process due to mental load and duress; the complaints process does not resolve the complaint from the perspective of the complainant[33] or the Local Government Ombudsman may refuse to accept complaints from children and families after a case has gone to court. When there are no judgments to publish, as parties reach agreement about a way forwards, or when the Local Government Ombudsman refuses to investigate a case because it has been to court, or conducts a partial investigation that does not consider historical problems that led to the current situation, there can be no learning from cases in a way that protects a child's and family's right of privacy.

Could a yellow card system be introduced for 'never' cases, or cases where there have been systemic failings from the perspective of children and families, and children's rights have not been protected according to the UN Convention's Rights of the Child[34]?

Accessing support in later life for young adults who were too complex to access services as children

We would like government to appreciate that many of us find ourselves parenting or caring for young adults, sometimes living with us, sometimes having left home, who need help and are perhaps willing to engage with therapeutic support or education in a way that they could not do when younger – only now it is not available. So many of our children fall through gaps because their needs were too complex. Agencies were not able to help them/us, professionals could not cope or did not know what to do. Some of these young people end up criminalised, often with

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[31] Peter Fonagy, the SCIE project's co-chair, discussed the importance of a system being open to 'never' events/cases (Expert Working Group meeting 10th December 2016). https://www.scie.org.uk/children/care/mental-health/findings/adopters-together-summary

[32] A finding that surprised even us was the sheer number of formal complaints that adoptive parents and special guardians are making – 146/389 respondents in our Health and Wellbeing Survey had made a formal complaint – see page 41 https://campaignforadoptionpermanence.files.wordpress.com/2018/04/special-guardians-and-adopters-together-interim-report-6th-march-2018.pdf

[33] The complaints process for the ASF does not always resolve complaints. The funding may eventually be given without consideration about the impact of inaccurate assessments on a parent/carer or on future support. We have raised concerns that inaccurate reports from a local authority are accepted by the funders in favour of reports conducted by jointly instructed court experts in adoption, which delays support provision

[34] https://www.unicef.org.uk/rights-respecting-schools/the-rrsa/introducing-the-crc/

undiagnosed conditions within the care system[35]. As these young people mature, they become more open to accessing therapy and education, but they/we may find it is now not available to them. These young adults require specialist help from professionals who understand the challenges of being adopted or growing up separated from their birth families and birth parents (54% of Special Guardianship Orders were granted to a child's former foster carers in 2017-18).

Could support be provided for young adults who are open to receiving help when they could not access it as children or during adolescence?

6 Concluding thoughts and hopes for the future

We have conducted a survey that suggests the ASF is proving to be of real benefit to those who can access it in a timely manner. We have highlighted serious problems when access to the fund is delayed, obstructed or when children and families are not eligible for this support and considered potential barriers to accessing support. We have identified that sibling harm can be a devastating consequence of being unable to access support. Special guardianship and kinship care families where children have a high level of need describe feeling abandoned. When things go wrong there is felt to be too much parental and carer blame, which worsens an already emotionally fraught situation when a family is on the verge of crisis. Children going back into care are still family members and the current status quo is resulting in fractured families where the efforts made by parents and carers to support children from a distance are not supported by the state. There are no models or guidelines for rehabilitation or the maintenance of positive relationships in this situation and we suggest the development of good practice guidance is an area of research to be prioritised and explored with us.

We believe that experts by experience have a vital role to play in permanence reform and in developing services that meet the needs of children and families. The question for us as we complete this seventh report is: **how can we, as experts by experience, feed into the reform process to develop helpful policies and models of good practice?**

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[35] A Freedom of Information request suggested a high level of undiagnosed autism in the care system and unexplained regional variations http://acornsnetwork.org.uk/2018/02/findings-looked-children-autism-released/