FAR, FAR BEYOND THE ADOPTION ORDER:

Lessons From Lives Impacted By Trauma

RESEARCH RESULTS FULL REPORT

JUNE 2025

THE POTATO GROUP

WITH GILLIAN ELAM
INDEPENDENT SOCIAL RESEARCHER

DEDICATION

Far, Far Beyond The Adoption Order

As committed parents, our strength is knowing that we will do whatever it takes to love, support and help our children to become good enough adults and parents of the future.

This research is dedicated to ALL our children who struggle, day in and day out with the lifelong effects of their early trauma.

Some of our children will never be able to reach the hopes and dreams that all parents want for their children. The effects of their struggles with their early trauma meant that they could not continue to live in a world that could not hear or help them.

FOREVER IN OUR HEARTS

Alex, Billy, Charlie, Emz, Jade, Jerral and Marc

Forever aged between 19 and 32 years old.

Thinking too of other POTATO members' children, members and their partners that have also died.

CONTENTS

FOREWORD

As the founding and current Chairs of The Potato Group, we are proud to introduce this research report, which contributes to the evidence base and stands as a powerful testament to the realities faced by families raising traumatised adopted children and young adults.

This report does not present an abstract policy issue or a distant academic concern. It reflects the daily lived experience of our families. Families who have opened not only their homes but their hearts to children who carry the deep and lasting impact of early trauma. The findings are stark, but they are familiar to those of us who live this life. They speak to the exhaustion, isolation and relentless advocacy that characterise the parenting of children and young adults who do not respond to conventional strategies, whose needs are routinely misunderstood, and who too often fall through the gaps in the systems meant to support them.

We hope this report will be read with care, with humility and with a readiness to act. This research is unique, and could not have been carried out to the same effect by a researcher from outside of our group. There are no simple solutions, and the work ahead is substantial. But we believe that meaningful change is possible. More than that, we believe it is essential. Our families, particularly the children and young adults they support, deserve better.

Every day, in our online community 'Spudland', we hear from families who continue to contend with the many issues documented here. We read of constant battles to have our children's needs understood and validated by the very organisations we believed would treat us with care, understanding and expertise.

Adopters do not sleepwalk into adoption. We step forward with eyes open, prepared and committed. We adopt for a broad spectrum of reasons. Many of us have a pre-existing understanding of adverse childhood experiences, trauma and the many complex needs that exist in our children. Some come from professional backgrounds working with children and young adults. Others are already parents. And yet, this experience and knowledge does not prepare us for the reality of family life with children and young adults who have suffered significant early life trauma.

Like all parents, Potato Group members are driven by a lifelong commitment to our children, often, as we will see, to the detriment of wider family relationships, friendships, physical and mental health, physical safety, finances and careers. Our recognition of their suffering kindles a fierce determination to address the injustices they face. We hope that, in reading the results of our research and the insights that stem from it, you will join with us in our determination to do better for our children.

What emerges clearly is that many services remain ill-equipped to support adopted children and young adults. Trauma is frequently overlooked, and families find themselves having to fight for recognition, for access to appropriate help, and sometimes simply to be believed. There is a damaging disconnect between the policies laid out on paper and what families encounter in practice. Too many professionals lack the training to recognise developmental trauma and Foetal Alcohol Spectrum Disorder (FASD), and too many adoptive parents are left feeling blamed, unsupported and alone.

Yet there is physical, emotional, mental and social resilience here. There is commitment. There is knowledge born of lived experience, and a willingness among families not only to survive but to speak up and drive change. This report is part of that effort. It brings forward the voices of those who are too often unheard and offers practical, lived-experience-informed recommendations for improvement.

As parents, we fiercely advocate for our children when the world seems set against them. This document, and the contributions held within, are an expression of exactly that. It is a document rooted in love and in hope: for our children, for our fellow adoptive families, and for the adoptive families of the future.

June Leat
Founding Chair

Euan Preston
Chair

The Potato Group, June 2025

www.thepotatogroup.org.uk

FIGURES AND TABLES

TECHNICAL NOTES ON FIGURES AND TABLES

Base numbers for tables and figures showing percentages of families

438 members of POTATO participated in the survey. Base numbers for tables and figures reporting the percentage of families responding to a question use the total number of POTATO families that replied to individual questions.

Base numbers for tables and figures showing percentages of children

The base numbers for tables and figures showing the percentage of children reported by respondents use an average estimate of the number of children referenced in the survey. Unless otherwise specified, "children" refers to respondents' sons and daughters of all ages, including adult sons and daughters. When asked questions regarding their children, families were able to provide replies for up to three of their children; and some questions permitted multi-choice responses. The base numbers for tables and figures reporting responses to questions about children use an average sample size calculated from the number of children referenced in the three questions regarding age of children. Respondents were asked: the age their children joined their families; current age of their children; and the age their children were first taken into care. Between 586, 690 and 737 children respectively were referenced in responses to these questions, suggesting up to 737 children were represented in responses to the survey questions. The average is calculated as 671 children and is used as the base for all tables and figures reporting the percentage of children. The exceptions are figures and tables reporting the percentage of children with a diagnosis. The base for these figures is 708 children which is the total respondents reporting that their child had a diagnosis of attachment difficulties before adoption, currently or that they suspected.

A note on terminology

'Children' refers to respondents' adopted sons and daughters who have grown up into teenagers, young adults and adults. 'Teenagers' are 13 to 18 years old; 'young adults' are 19 to 25 years old (when they can still access support from: local authority transitional disability or mental health teams; the Adoption and Special Guardianship Support Fund (ASGSF) in England; or an Education, Health and Care Plan (EHCP) in England); and 'adults' are 26 years and over (when they are no longer eligible for support from the ASGSF or from an EHCP). Adult children include all those age 18 and over. 'First family' refers to children's biological parents, siblings and other relatives; also referred to as birth family.

Traumatised adopted teenagers are adopted children who have entered their teenage years adversely affected by the impact of 'developmental trauma'. Bessel van der Kolk developed the concept of developmental trauma to explain the spectrum of presentations in children exposed to interpersonal and repeated trauma and neglect in their early years (van der Kolk 2005). The term was popularised in van der Kolk's book, "The Body Keeps the Score", published in 2014. Developmental trauma is now used to describe the impact of early and in utero repeated trauma, attachment disruption and loss which happens within the child's important relationships early in life (Lyons et al 2020).

Accessibility

This report has been published using InclusiveSans and left justification to aid accessibility.

ACKNOWLEDGEMENTS

This research is the result of a collaboration among members of the POTATO group for our conference “Far, Far Beyond the Adoption Order”, held in May 2024, hosted in partnership with The Belay Foundation.

We are very grateful to: all of our amazing members who revisited some of the most traumatising times of their lives to share their experiences in our survey and in our qualitative interviews; the POTATO Committee and Conference Steering Group for their expert advice, guidance and ethical oversight; our quantitative and qualitative researchers, graphic designer, peer reviewers and proof readers; our founding chair for her constant commitment to the wellbeing of POTATO and to improving outcomes for our families and children; and our wonderful children who keep on going and keep us going.

SUMMARY

Background

POTATO (Parents Of Traumatised Adopted Teenagers Organisation) is an established online peer-to-peer support group for parents of traumatised adopted teenagers and adults in the UK. POTATO carried out research in 2024 into the lived experiences of families caring for traumatised adopted children. 70% of members replied to the survey, representing the experiences of 438 parents caring for over 700 pre-teens, teenagers, young adults and adults. Twenty-three members participated in the qualitative research, producing in-depth insights into adoptive families' experiences.

Results

One in four of families' children are currently or have been parented at a distance while living away from their adoptive families via s20 voluntary accommodation or Care Order. Three-quarters (73%) of all families said they were at risk of having to consider such arrangements now or at some point. At the cusp of a s20, teenagers and families found themselves face-to-face with accumulating needs, extreme behaviours and unfamiliar services that varied in their ability to understand and meet this explosion of challenges. One incident could trigger service involvement, but teenagers were overwhelmed by a cluster of ongoing, long-term events.

Two-thirds (66%) of families with more than one child could not leave siblings together unsupervised due to the risk of violence. 66% of parents of more than one child were refused support for sibling relationships when requested.

One in four children attempted suicide and 59% self-harmed. Five children died prematurely in different circumstances related to their trauma histories. Nearly all children, including adults, were described as hypervigilant and / or anxious. 37% of families were denied assessments by Child and Adolescent Mental Health Services or equivalent; and in 44% of families, assessment requests were unmet by the Adoption and Special Guardianship Support Fund (England only). 65% of all parents agreed that their children's behaviour had been blamed on their parenting.

LESSONS FROM LIVES IMPACTED BY TRAUMA

SURVEY OVERVIEW

70% Response Rate

438 Parents

Representing over 700 pre-teens, teens & adults

1 in 4 Children parented at a distance

This research was conducted by The POTATO Group, among their members

FASD AND NEURODEVELOPMENT

62% Suspected / diagnosed ADHD (only 31% can access medication)

76% Exposed to parental alcohol abuse (first families)

Only 13% diagnosed with FASD post-adoption

SAFETY RISKS IN THE HOME

66% of families with siblings could not leave them unsupervised (risk of violence)

66% of families with siblings were refused sibling relationship support

75% Experienced child-to-parent violence

>50% Called police/locked themselves in a room/left home for safety

MENTAL HEALTH CRISIS

1 in 4 Attempted suicide

59% Self-harmed

37% Rejected by CAMHS

44% Rejected by Adoption Support Fund

5 Children died in circumstances related to their trauma

Nearly all children were hyper-vigilant and/or anxious

EDUCATION & CRIMINAL EXPLOITATION

56% Fixed or permanent school exclusions

36% Victims of criminal exploitation

13% Of our children convicted of a crime

4% Have been imprisoned

IMPACT ON FAMILIES

34% Of parents gave up careers to care

82% Reduced income

>80% Experienced anxiety and fear

Significant secondary trauma, emotional distress and isolation

We love our children

We do not blame them

They have survived trauma & have been failed by services

CHANGE is urgently needed

POTATO is a peer to peer support group - Parents of Traumatised Adopted Teens Organisation

thepotatogroup.org.uk

Nearly two-thirds (62%) of children had suspected or diagnosed Attention Deficit Hyperactivity Disorder, but just 31% received medication. 76% of children came from first families with parental alcohol misuse, but only 3% of children were diagnosed with Foetal Alcohol Spectrum Disorder (FASD) pre-adoption and 13% post.

Over half (56%) of children had experience of fixed or permanent exclusions from school. Over a third (36%) of families reported that their children had experienced criminal exploitation. One in 25 of children have been sentenced to prison. 13% of children have been convicted of a crime. A quarter of those experiencing criminal charges were 13 years or under; a third (33%) were aged 14 and 15 years. Over a third (36%) of children have experienced sexual risk and harm since being adopted.

For the majority of parents, caring for a traumatised teenager and dealing with services had an impact on emotional wellbeing, mental health, secondary trauma and access to life outside the home. Nearly all families experienced verbal abuse and damage to the home from their children. Three out of 4 families experienced child to parent violence and abuse. Over half of families have called the police, locked themselves in another room or left their home for safety. One in 3 gave up careers to care for their children and 82% have reduced income. All parents felt emotionally exhausted and the majority experienced anxiety and fear.

Relationships were maintained with first parents, siblings, grandparents and foster carers, but were limited when the needs of children were high. These relationships were as healthy as they were harmful; and siblings had opposing attitudes to one another about the connections they wanted from their first parents. Professional understanding of the significance of the death of a first family member was poor.

Context

These issues do not just affect children adopted at an older age. Just under half of children (47%) were removed from their first families in their first year of life, with a quarter (24%) removed from first families at birth. POTATO families included those with children adopted as babies: 15% were placed aged one and under and a third were aged one and two years old. POTATO experiences are shared by adoptive families elsewhere in the UK. The 2024 Adoption Barometer (England) reported that 57% of families with children aged 13 to 25 were facing severe challenges or reaching crisis point and less than a quarter of families (23%) felt there was appropriate support for teenagers and young adults (Adoption UK 2024). POTATO experiences represent families and children living in all regions of the UK, and who have adopted from nearly every UK local authority and voluntary adoption agency.

Conclusion

We deeply love our children. Our children have experienced traumas that no child should experience. They have then been let down by education, health and social care systems that should have been there for them. We wish for an end to the underestimation in services of the pervasive and enduring impact of trauma and its interactions with FASD and neurodevelopmental disability. This needs to change. We remain fully committed to supporting our children throughout their teens and adulthood and will continue to be by their side and advocate for them for as long as we, or they, have breath, but we should not be doing so alone.

Further information is available from research@thepotatogroup.org.uk

INTRODUCTION

POTATO (Parents of Traumatised Adopted Teenagers Organisation) is an online, administered, peer-to-peer support group for parents of traumatised adopted teenagers living in the United Kingdom (UK), established by a group of adoptive parents in 2013. Our growing membership currently stands at a little over 780. The vast majority of members are adopters of children from the UK care system, but membership can include international adoptions. Collectively we parent teenagers, young adults and adults who have experienced early, repeated trauma and continue to live with the long lasting impact of trauma, loss and neglect into their adult years. Our purpose is to provide peer based support for families with traumatised teenagers and to help them access information, assistance, resources and friendship from people who are living it and who truly understand.

POTATO, in partnership with The Belay Foundation, hosted a conference for professionals who work with families parenting adopted teenagers, young adults, and adults affected by significant early life and ongoing trauma. "Far, Far Beyond the Adoption Order – Lessons From Lives Impacted by Trauma" was held 17-18 May 2024 in Birmingham (POTATO 2024). The title of the conference refers to Julie Selwyn's seminal study for the Department for Education (DfE), "Beyond the Adoption Order: Challenges, Interventions and Adoption Disruption" (Selwyn et al 2014)[1].

"Beyond the Adoption Order" aimed to identify the number of adoptions that had "disrupted" (when children re-enter care via voluntary accommodation or a Care Order) post adoption order, and to explore the experiences of adoptive families where relationships were fractured. The study results informed the establishment of the Adoption Support Fund (later the Adoption and Special Guardianship Support Fund) in England and identified barriers adoptive families face in accessing services. The research raised awareness of the impact of child to parent violence and abuse (CPVA), reporting that violence to parents and siblings was the main reason (80%) young people had to leave home. The study found that the "disruption" rate was much lower than expected, reporting that *"the reasons for that became obvious when we met the families. The commitment and tenacity of adoptive parents was remarkable. Most parents, even those whose children had left, still saw themselves as the child's parents and were supporting their children from a distance."* (Selwyn et al 2014).

This document reports on the results of a membership survey and qualitative research study that were commissioned by POTATO for their professionals conference. The research was presented at the conference alongside a series of documentary films describing the lived experiences of adopting and caring for traumatised adopted teenagers, young adults and adults. The research was conducted by POTATO members who are independent social researchers, supervised by the Conference Steering Group.

[1] DISCLAIMER: The title of our conference and research report, "Far, Far Beyond the Adoption Order – Lessons From Lives impacted by Trauma" references "Beyond the Adoption Order: Challenges, Interventions and Adoption Disruption" (Selwyn et al 2014). Our work is not connected to this study, nor funded by any government department.

RESEARCH AIMS

Our research aims to describe the lived experiences, learning and needs of families with traumatised adopted teenagers. Specific areas of exploration comprised:

- Long-term impact of developmental trauma on the lives of adopted children
- Experiences of families caring for traumatised adopted teenagers, young adults and adults
- Experiences of families dealing with statutory services
- What helps families support their traumatised children.

A specific focus of our research was experiences of parenting teenagers at a distance when they were living away from their adoptive families under s20[2] voluntary accommodation arrangements or with a Care Order (or a Compulsory Supervision Order in Scotland)[3]. The research explored what had been successful for families and their children, where services fell short, and views on what is needed to better support families and their children now and into the future. We hope our research can contribute to developing a more responsive, understanding, and inclusive system for all traumatised adopted children and families in future.

RESEARCH METHODS

Quantitative research

The online survey was designed collaboratively by reviewing POTATO members' lived experiences, with a focus on under-researched areas and those aspects of caring for traumatised teenagers that contributed to most need and discussion among POTATO members. These included such topics as caring for older adopted children into adulthood, experiences leading up to and following s20 voluntary accommodation and experiences of the criminal justice system.

The online survey was conducted anonymously and emailed to all current 630 members of POTATO at the time. Survey fieldwork was carried out over two weeks in February and March 2024. Internal ethical review and oversight was conducted by the POTATO committee. There was a 70% response rate to the survey, with questionnaires completed by 438 members of POTATO.

The survey asked POTATO members about their family composition, ages of their children, their children's needs, experiences of parenting at a distance, education, caring for adult children, diagnoses, mental health and experiences of the police, criminal justice and custodial systems. POTATO members were also asked about experiences of violence in the home and the steps they needed to take to keep everyone safe. In addition, views on the impact of parenting on employment, health and day-to-day life were sought. Experiences of therapy and support were

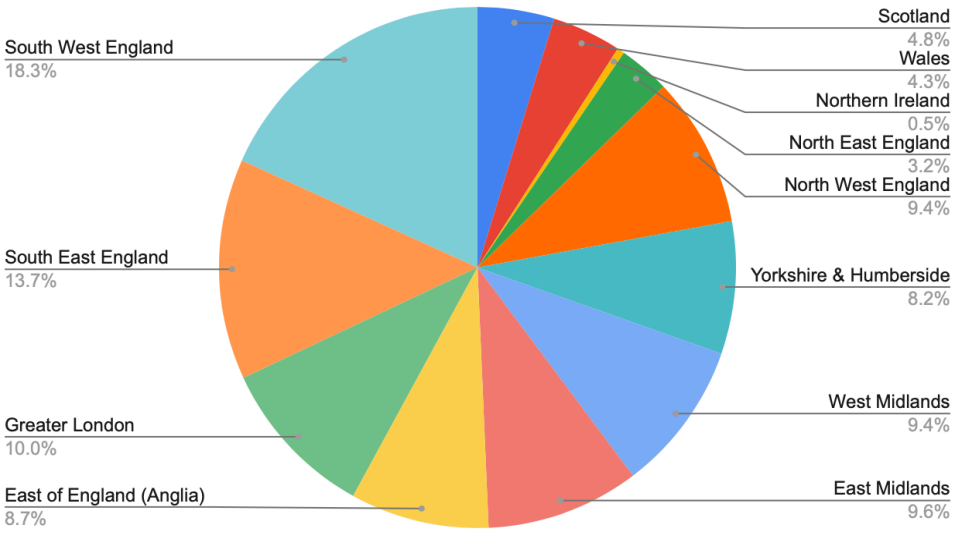
[2] s20 of the Children Act 1989 is used to voluntarily accommodate children in need who cannot live with their parents (Wales s76 and Scotland s25 of equivalent Acts; Northern Ireland (NI) Article 21 of the Children (Northern Ireland) Order 1995.
[3] s31 of the Children Act 1989 England and Wales; Compulsory Supervision Order, Children (Scotland) Act 1995; Article 50 of the Children (Northern Ireland) Order 1995 - places a child in the care of a designated local authority (or Health and Social Care Trust in NI).

collected, along with relationships with their children's first family. Respondents were asked to record experiences for their family as a whole, and where relevant, for each adopted child in the family for up to three children. Limited demographic data was collected to prevent opportunities for disclosure.

An exploratory univariate analysis of the raw data was carried out to produce descriptive frequency distributions of the responses to each question. These were used to quantify key features of the experiences of POTATO families. The results and report were peer reviewed by internal and external reviewers and the results were presented to POTATO members in a series of online webinars over autumn 2024 for feedback prior to publication.

Among those responding to the survey, were families with experiences of caring for over 700 children, aged from 9 to 29 years old. Respondents resided in all regions of the United Kingdom (UK) and represented experiences of services from all regions of England as well as Scotland, Wales and Northern Ireland (Figure 1). Likewise, POTATO members have adopted children from local authorities or voluntary agencies from all over the UK, and two respondents had adopted internationally.

Figure 1 Where POTATO families currently live (% all families)



Base=438

Qualitative research

Twenty-three adoptive parent members of POTATO participated in online face-to-face in-depth interviews between February and April 2024. Parents were purposively selected from the membership to reflect five dimensions of the experience of caring for traumatised adopted teenagers. Our sample included families whose children were:

- Living apart from their families via voluntary accommodation (s20) or a Care Order
- Impacted by harmful sexualised behaviour
- With experience of the criminal justice and custodial system
- Engaged in drug and alcohol misuse
- Who had severe mental health needs, including inpatient stays and suicide attempts.

The interview structure was informed by a topic guide, developed and piloted with the Conference Steering Group. Written informed consent was received from participants. Interviews were 90 to 120 minutes long and audio-recorded onto a password protected device. Following transcription, the recordings were deleted. Internal ethical review and oversight was conducted by the POTATO committee.

Anonymised transcripts were stored on a password-protected computer, secured in a locked room. Inductive thematic analysis of verbatim transcript data was undertaken by the researcher using the principles of grounded theory. Thematic coding was used to organise the data before interrogation to generate insights into, and typologies of, the experiences of POTATO families. The results and report were peer reviewed by internal and external reviewers and presented to POTATO members.

The families taking part in the qualitative interviews were caring for 50 adopted children, teenagers, young adults and adults aged 7 to 29 years. Ages of children among participating families at the time of the interview:

4 children aged 7 to 11 years
13 teenagers age 14 to 18 years
29 young adults age 19 to 25 years
4 adults aged 26 years or more.

Qualitative research participants included 20 dual parent families and three single adopters. All were resident in England. Five respondents adopted one child, eleven respondents adopted two children, five adopted three and two families adopted four or more children. Families had children who were adopted as babies and toddlers as well as adopted as older children age 4 to 9 years:

7 joined their adoptive families age 12 months or less
10 were aged between 1 and under 2 years
11 were age 2 to 3 years
13 were age 4 to 5 years
9 were aged 6 to 9 years at the time of joining their adoptive families.

Contact with statutory services arose for more than one of the reasons listed below, with voluntary accommodation (VA) or Care Orders (CO) being predicated by experiences of harmful sexualised behaviour; the criminal justice system; drug and alcohol misuse; and / or severe mental health crisis. Families also experienced interactions with a range of statutory services for more than one child (Table 1).

Table 1 Interactions with statutory services among qualitative research respondents

	Number of children	Number of families
Living apart from family (VA/CO)	23	18
Harmful sexualised behaviour	14	12
Police, criminal justice and custodial system	9	9
Drug and alcohol misuse; drug dealing	10	8
Severe mental health needs	8	5

Base families=23; Base children=50

RESULTS

1 POTATO families

This chapter describes the characteristics of families responding to the survey, including children's ages now, when adopted and removed from their first families. Additional demographic data was not collected to prevent disclosure. POTATO is aimed at parents of teenage children, but some will have younger children and others remain members as their children enter adulthood with significant needs.

Family composition

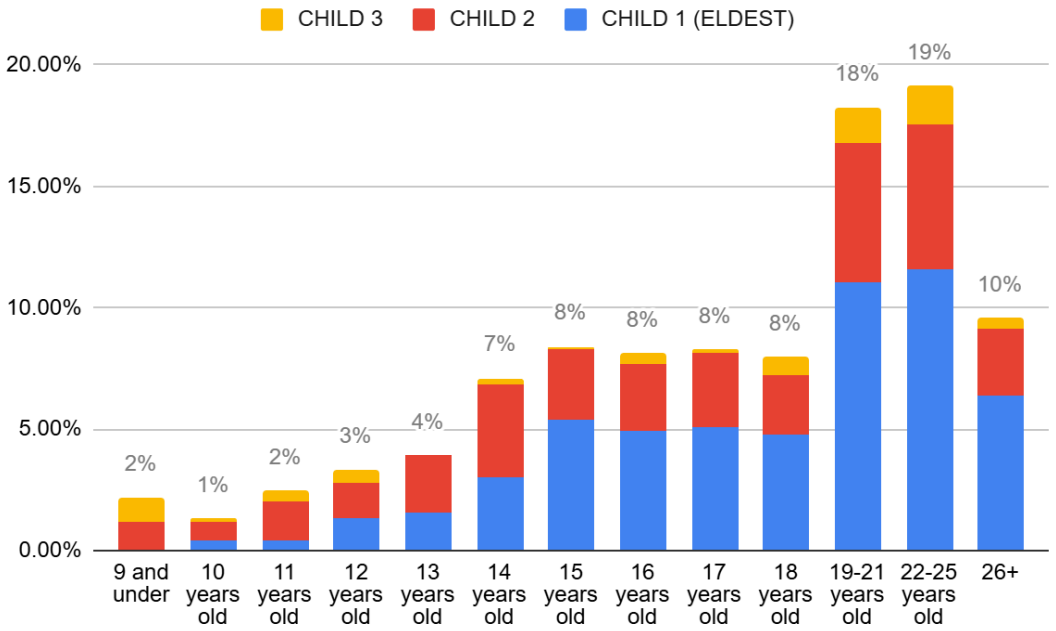
The families taking part in the survey included dual parent (n=319) and single parent (22%, n=88) families. 63% (n=277) of families adopted more than one child and 16% (n=65) also had birth children. Around one in six parents were grandparents and 3% of families had grandchildren living with them, some of whom were kinship carers.

At the time the survey was completed, a quarter (n=168) of POTATO members' children were being or had been parented at a distance when living away from their families via voluntary accommodation (VA) (s20 in England, s25 in Scotland, s76 in Wales or Article 21 in Northern Ireland) or due to a Care Order (CO) (Compulsory Supervision Order Scotland). Other parents had experience of parenting at a distance when their children were serving custodial sentences or were living in secure mental health units.

Age of children now, when the first entered care and when adopted

The survey encompassed the experiences of over 700 POTATO members' children. A quarter (27%) of children in respondents' families were aged 13 to 16 years and 16% were aged 17 and 18 years. POTATO members also cared for young adults aged 19 to 25 years (37%) and adults aged 26 years and over (10%) (Figure 2).

Figure 2 Current age of children in POTATO families (% all children)



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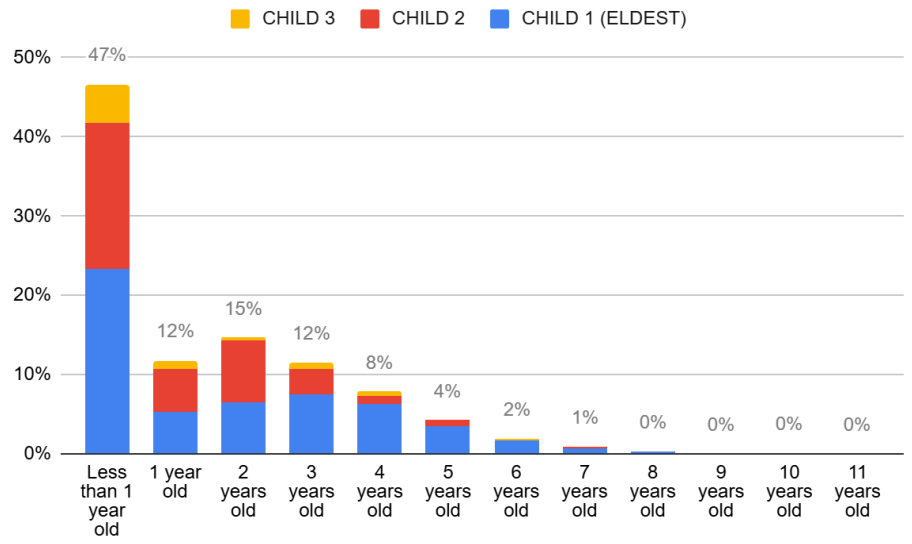
Over two-thirds of families (70% n=310) had adult children (age 18 and over). Nearly half (47%) of families with adult children had their adult children still living in the family home (Table 24).

Just under half of children (47%) were placed in local authority care in their first year of life, with a quarter (24%) removed from first families at birth. The majority of respondents' children (86%) were removed from first families aged three years or under. 7% were first placed in care at primary school age (5 to 11 years) (Figure 3).

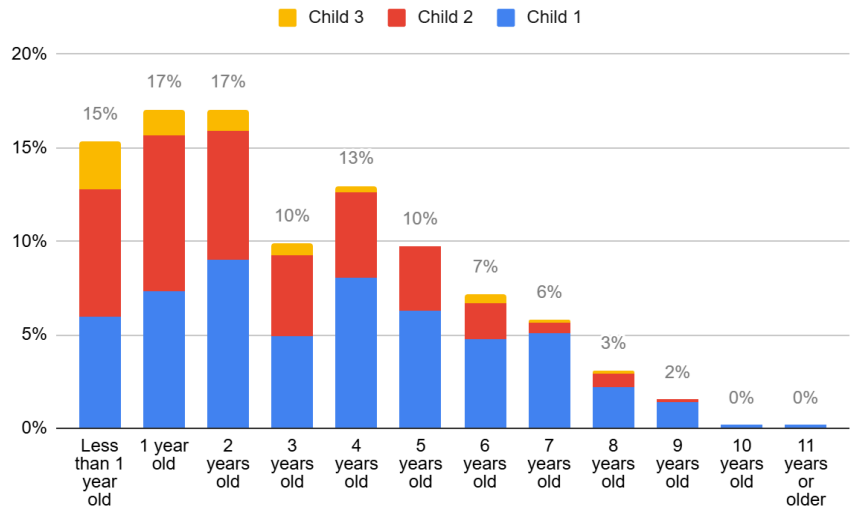
Figure 3 Age child taken into care the first time (% all children)



Base=737

POTATO families included those where children were adopted as babies, 15% came to live with their adoptive families at age one year and under. Altogether, 49% were aged two or younger at the time they moved in with their adoptive families. Just under a quarter (23%) were aged three or four years and just over a quarter (28%) joined their adoptive families at primary school age (five to 11 years) (Figure 4).

Figure 4 Age child joined adoptive family (% all children)



Base=586

When he came to us at nine months (one foster carer), we thought he can do all his milestones with us, there's no problem. We were quite naive about trauma. He came to us as a baby and we had this normal, perfect little life with him. We have since completely changed our parenting to support and understand him. (Parent of 17 year old)

Summary

- The children covered by this research presented with problems severe enough that a high proportion had to be cared for outside of the adoptive family home. Furthermore, many who remained living in the family home needed care and support well into adulthood.
- The survey results imply that whatever their age at adoption or removal from their first families, even when this occurs as babies, POTATO members' children presented with significant needs, as described in the next chapters.

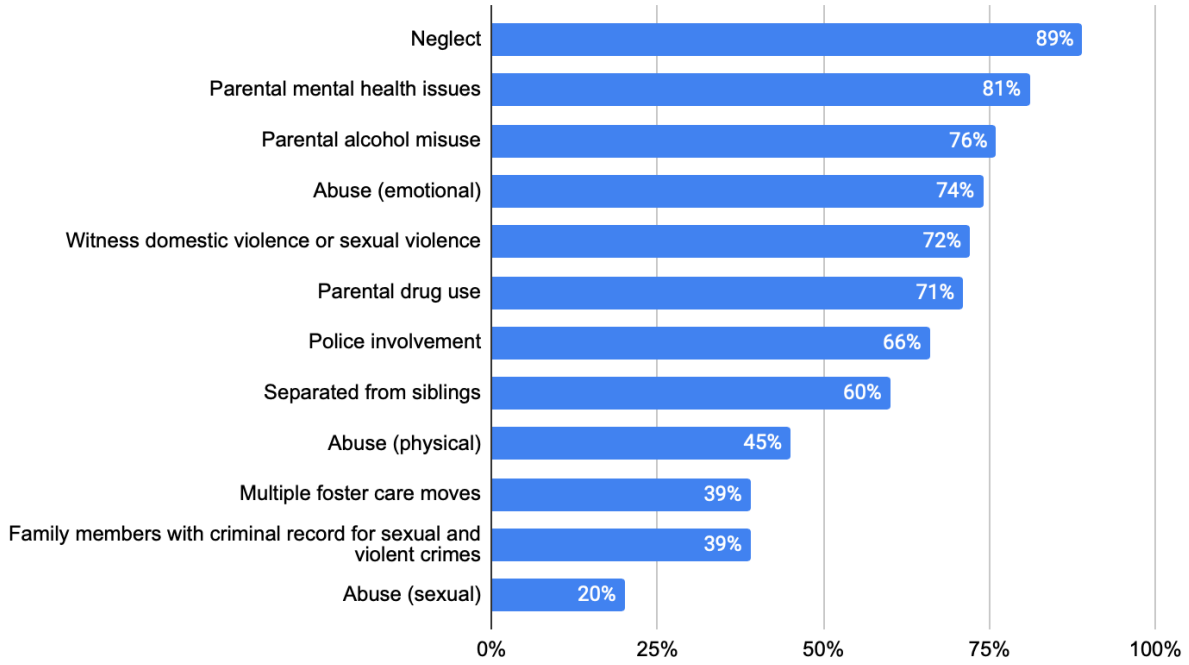
2 Impact of developmental trauma on teenage, young adult and adult lives

In this chapter, children's experiences prior to adoption are described, along with the reasons for their removal from their first family. Adverse childhood experiences (ACEs) such as these during childhood can have an impact on health throughout life (Hughes et al 2017, Danese 2019). Parents' perceptions of the impact of trauma on their adopted children's wellbeing, relationships and subsequent diagnoses of neurodevelopmental, neurological and mental health conditions are described together with the key points in the adoption journey that developmental trauma became noticeable; and when additional trauma was experienced post adoption.

Children's experiences before adoption

Children joined adoptive families having experienced considerable adverse childhood experiences. The majority of children experienced a mix of neglect (89%), parental mental health issues (81%); parental alcohol misuse (76%); and emotional abuse (74%) prior to living with their adoptive families. Witnessing domestic abuse and / or sexual violence (72%) was common along with living in first families with police involvement (66%) (Figure 5).

Figure 5 Child's experience before coming to live with adoptive family (% all children)



Base=671

In addition, children came from families with parental involvement with the criminal justice system (62%), a parent with a criminal record (56%), family members with a criminal record for sexual and violent crimes (39%), and / or a parent in prison (35%). Many adopted children lived with several of these experiences prior to adoption. 37% of children had a first parent with learning difficulties, 18% cared for

siblings, 17% experienced homelessness, 8% experienced bereavement and 7% had a first parent with a chronic or terminal illness.

Children can have clear memories of the neglect and abuse they were subjected to.

I know the first (parental) home was violent and there was physical abuse of our son. He told me he didn't want to go out and leave his sister at home in case they hurt her. The house had holes punched in the wall, the loo didn't flush, and the bath was full of poo. Our son slept on a mattress, he was not fed and over ate, he was dirty at school… Mum took drugs and drank. (Parent of 14 and 18 year olds)

Other families felt the abuse and neglect experienced by their children was downplayed by professionals at the time of the match.

We had very little detail, just he's a bit feisty, sporty, spirited, and likes being outdoors. So that sounded like a good match as we are a sporty outdoors family. His foster carers, who we are still in touch with, were very inexperienced as he was their first child. We have only seen the diaries now, that point to a lot of aggression, if not violence… His attachment disorder, the single most significant aspect, was not even on the radar… I think about 40% of it [the description of the child] was code words that the professionals should have understood and been clearer about… All the signs were there. (Parent of 18 and 23 year olds)

We only heard about developmental trauma in the past five years, [it was] not a term used in junior school. But it made sense and explained a lot of our experiences with our son. (Parent of 18 and 22 year olds)

One in five of children experienced sexual abuse (20%) before living with their adoptive families (Figure 5). The impact of this was evident from our findings (see subsequent chapters for more details). 19% of members had initiated contact with POTATO due to concerns about their children's sexual activity and 16% due to concerns about their child being sexually exploited (Figure 20). Well over a third (36%) of children had experienced sexual risk and harm since being adopted (Figure 6).

The survey data was not analysed to investigate whether or not concerns about sexual activity / exploitation or serious incidents of a sexual nature were more likely among children known to have experienced sexual abuse pre-adoption, or whether there is a general vulnerability to harmful sexualised behaviour in this population. Qualitative accounts indicate that earlier sexual abuse or harmful sexualised behaviour prior to adoption, was one of the factors in harmful sexualised behaviour at a later stage in both boys and girls, but did not explain all such behaviour.

Over three-quarters (76%) of children came from first families where there was alcohol misuse (Figure 5). Consequently, seeking an assessment and obtaining a diagnosis of FASD featured heavily in the accounts of POTATO families.

The most common reason given to adoptive families for their child being removed from their first family was "neglect" (Table 2). However, families then found later when seeking help, that professionals told them not to worry about their children because it was "*just neglect*" that they had experienced.

Table 2 Reasons given for child to enter care from first family

	% all children
Neglect	87%
Family dysfunction	52%
Abuse	42%
Absent parenting	21%
Socially unacceptable behaviour (parents)	20%
Parental illness or disability	10%
Family in acute stress	10%
Child's disability	2%

Base=671

Both mum and dad had mental health problems. Her dad died by suicide in prison when she was four, so that had a huge impact on her. She felt like she wanted to join him, that she didn't get to know him. She would leave suicide notes saying "I want to join you in heaven". The grieving process has been protracted but how do you grieve for someone you don't know? And did she get any help? No... So do you [feel you] deserve help if you didn't have any? So it's been very complex. A huge issue. So every birthday, anniversary of the death, there's been an escalation in behaviour. And I wonder if because of her trauma, her brain doesn't process in the same way. Her early trauma makes these huge events become distorted and bigger. (Parent of 19 and 22 year olds)

Loss and separation

In addition to moves from the first family home, three out of five (60%) children were separated from siblings before adoption and two-fifths (39%) experienced multiple foster care moves prior to adoption (Figure 5). Some children found the move from their foster to adoptive family very traumatic, being very attached to the foster carer and their family or having already experienced multiple moves. Or the move involved not just a move from the foster family, but away from birth siblings who were not being adopted.

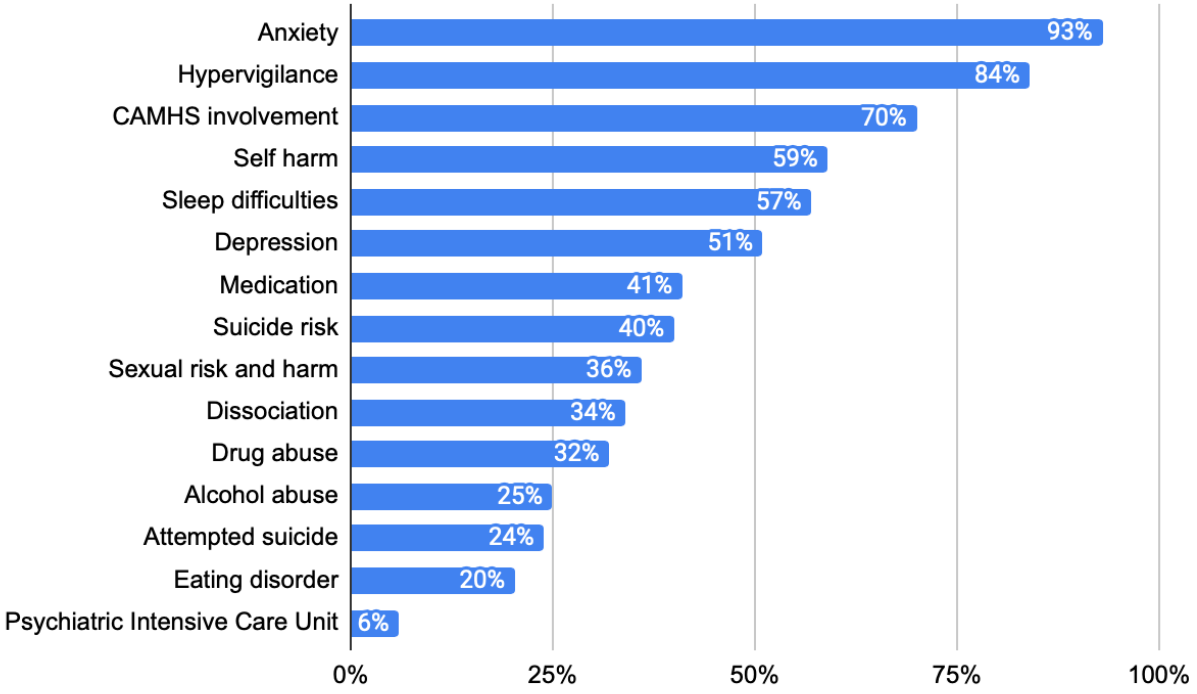
My boy was placed at two years old but had fourteen different carers in the space of six to ten months old. (Parent of 22 and 24 year olds)

He told us "I just said I wanted to be adopted to get out of foster care". He just thought he had to say that to get away. He never thought he would never have contact with his birth family again. (Parent of sibling group age 7 to 18 years old)

Impact of trauma

Trauma, loss, neglect and disrupted attachments in early years impacts children's mental health throughout their lives (Shoshanah 2020). Parents were asked how they viewed the impact of trauma on their teenage and adult children. Nearly all children of all ages were said by parents to experience anxiety (93%) and hypervigilance (84%). Parents had experience of the following concerning behaviours in their children: 59% of children had self-harmed; one in four children had attempted suicide; and two in five (40%) were thought by parents to be at risk of suicide (Figure 6). Five families reported that their children died in a range of different circumstances related to their trauma. The effect of early trauma on children's mental health is further discussed in Chapter 9.

Figure 6 Parent's view of (mental health) impact of trauma on their child (% all children)



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Our son is hypervigilant, so his attention was always drawn to other children in the class. He couldn't focus. He was always distracted by the other children in the class. So [we had] lots of complaints about him being disruptive, not focusing, talking to other children when he should have been listening. (Parent of 19 year old)

As he says, I was raped as a child and the sexual trauma needs to be addressed and the harm needs to be recognised and acknowledged. If someone said to him, "We are really sorry", then he could trust again. The issue is anxiety, trust and trauma. But that won't go if he is treated as a risk of harm perpetrator. (Parent of 24 year old)

He came to us when he was really young and we bonded well because he was more like a baby. But, when I look back now, I can see the issues developing. His high anxiety levels were the reason why he lashed out at times. At primary school he had a diagnosis of severe dyslexia in year three, and [in school] he struggled to have a best friend. (Parent of 21 and 23 year olds)

Parents were asked about additional behaviours and experiences that they thought were the result of early years trauma. Parents reported that as a result of trauma, 89% of children found it difficult to trust others and had difficulties with communication (52%). Parents described how their children were unable to attend mainstream education (59%) or sustain paid employment (35%) due to trauma. Parents also attributed episodes of running away (45%) to trauma (Table 3).

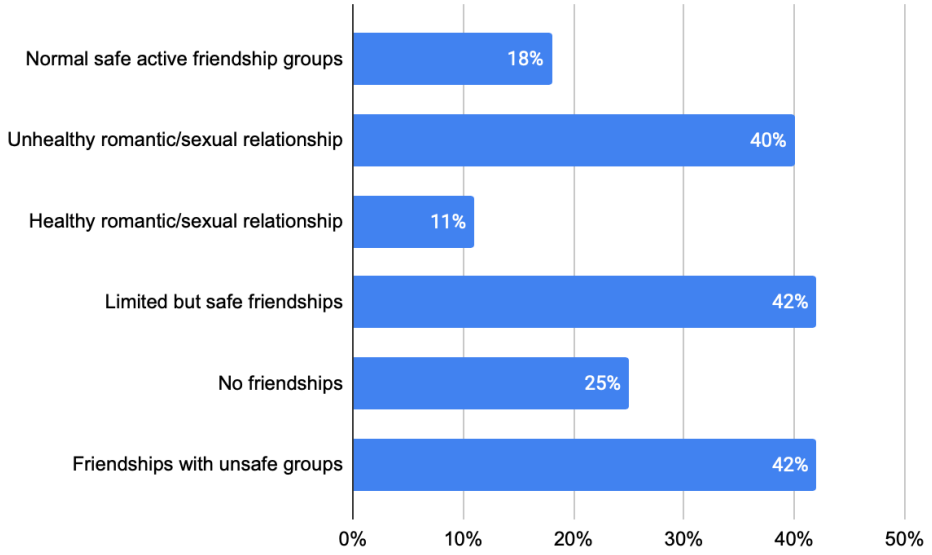
Table 3 Parent's view of additional impact of trauma on their child

	% all children
Trust	89%
Executive functioning difficulties	68%
Unable to engage in mainstream education	59%
Sensory needs	58%
Communication difficulties	52%
Running away	45%
Unable to sustain a job	35%
Unable to access work	28%
Homelessness	15%
Misophonia (extreme reactions to everyday noises)	8%
Chronic pain	7%
Functional gastrointestinal disorder (i.e. IBS)	6%
Gender dysphoria	5%

Base=671

Many teenagers, young adults and adults were socially isolated. Parents described the impact of neurodiversity, anxiety, and being developmentally younger than peers. 95% of families said their children had friendship challenges and 63% of families reported reclusive behaviours in their children (Table 20). Two-fifths of children had limited friendships, unhealthy romantic / sexual relationships, or unsafe friendships. A quarter of teenagers, young adults and adults currently had no friends (Figure 7).

Figure 7 Child's relationships outside the family (% all children)



Base=671

He could never make friends with any of the other residents there because of his post traumatic stress, because of his anxiety, depression and Foetal Alcohol Spectrum Disorder. And the staff, who pride themselves on being trauma-informed, just don't get it... [They don't know] what is needed in order for him to become a social part of that living

environment. He didn't go to anything. He couldn't. Neither of [our children] have one real friend. And I can't see that changing. (Parent of 22 and 24 year olds)

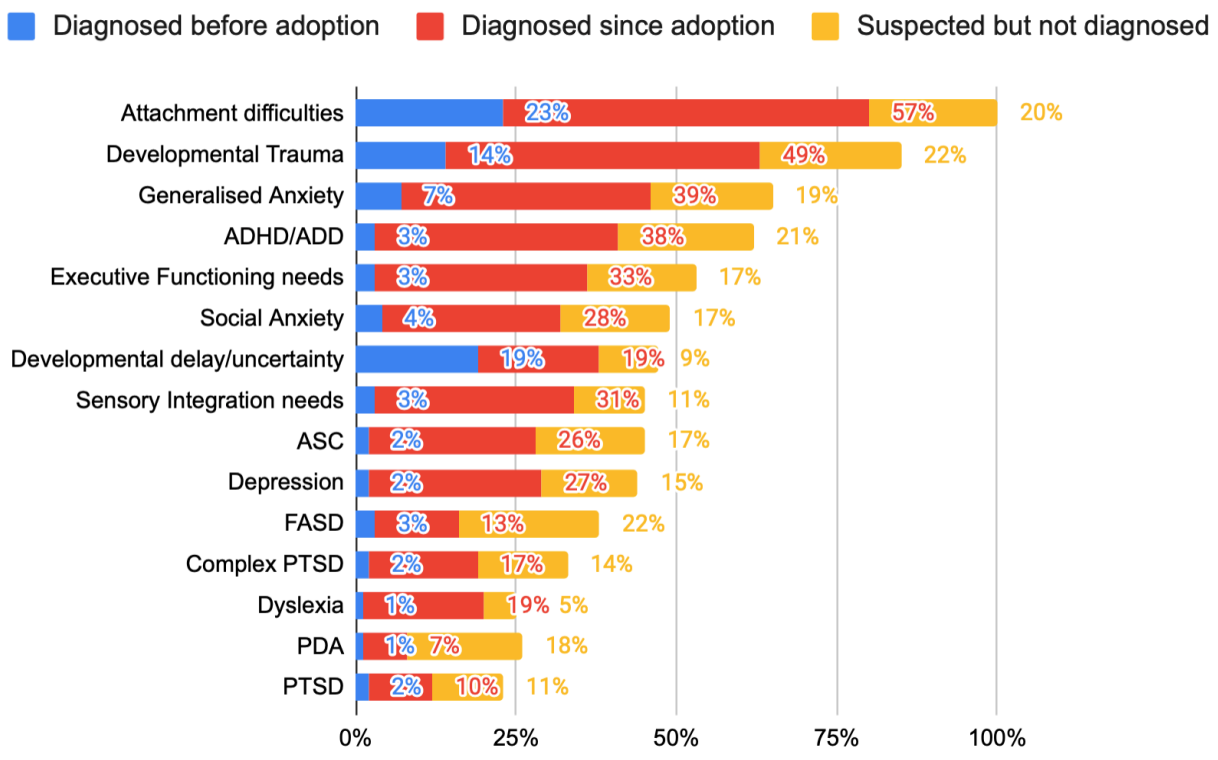
I remember walking past a house of one of his classmates and everyone was going in for a party and he was not invited because they couldn't handle him. (Parent of sibling group age 19 to 23 years old)

A lot of it is anxiety and relationships with people. Like a lot of our young people, she is emotionally less mature than her peer group. She did make some friends, but lives a long way away, so had a lot of conversations online, but I wonder if she would have been able to maintain the relationships had they lived closer. She didn't have any friends and those she has, they all fell out and were very nasty to her, and [there were] lots of nasty incidents at college. She was very down and depressed. After one incident, she took an overdose. (Parent of 18 and 20 year olds)

Diagnosis of medical conditions

The diagnosis of neurodevelopmental, mental health and neurobiological conditions further highlights the long-term impact of developmental trauma. All of the respondents' children were diagnosed with or had suspected attachment difficulties. Developmental trauma is not a diagnosable disorder (it is not in the Diagnostic and Statistical Manual of Mental Disorders (DSM) nor the International Classification of Diseases-11), but the term is widely used to describe the impact of Adverse Childhood Experiences and was reported (diagnosed 63% or suspected 22%) in 85% of children. Generalised Anxiety and Attention Deficit Hyperactivity Disorder (ADHD) / inattentive Attention Deficit Disorder (iADD) were widespread diagnoses (46% and 41% respectively, rising to 65% and 62% respectively including suspected) along with impaired executive functioning (53% diagnosed and suspected) (Figure 8).

Figure 8 Diagnoses (suspected, before and after adoption) received for child (% all children)



Base=708

Nearly half or more parents reported (suspected or diagnosed before or after adoption) social anxiety, developmental delay, autistic spectrum conditions (ASC) and / or depression in their children. Around a quarter or more of children were diagnosed with or had suspected Post Traumatic Stress Disorder (PTSD), dyslexia, Pathological Demand Avoidance (PDA) and / or complex PTSD. 16% had a Foetal Alcohol Spectrum Disorder (FASD) diagnosis, and a further fifth had suspected FASD (Figure 8).

With the exception of developmental delay, diagnoses were more likely to take place post adoption. Over a quarter of children joined their families at primary school age, but across all children, just between 1 and 4% were diagnosed before adoption with conditions such as ADHD, impaired executive functioning, social anxiety, sensory integration needs, ASC, FASD, dyslexia or complex PTSD (Figure 8).

Undiagnosed conditions were widespread. Around two-fifths or more of children were reported by parents to have suspected but undiagnosed ADHD, FASD, attachment difficulties, generalised anxiety, impaired executive functioning, social anxiety, PDA or ASC (Figure 8).

Children who are adopted should be tested for ADHD sooner. It was never discussed at primary school and I wonder, why did nobody say to me, is it worth looking to see if our son has ADHD as he was hyperactive, he was different to the other kids? If our son had been medicated for ADHD at nine or ten years old, we may not have been in the situation we are in now (s20). If we had that bit of knowledge, if we had just known sooner. (Parent of 17 year old)

For our youngest the view has always been that he has attachment issues and nothing else. I would say he has ADHD as well, but he was never diagnosed because of everything else that was happening. He fell through the system because he spiralled out of control more and more. (Parent of 14 and 22 year olds)

We are not getting any help for his severe ADHD. [He's] been on the NHS waiting list for years. So I found a private trauma and ADHD specialist… But they will only do it on zoom which won't work for someone with his communication needs, so stuck again. He needs help as ADHD and addiction go hand in hand and help with ADHD could give him a foundation… But lots of mental health professionals won't help you if you have an addiction, but addiction is a mental health problem. (Parent of sibling group age 19 to 23 years old)

At school we had reports of disruptive behaviour in the classroom and being cheeky to other kids, that sort of thing. School just said he was a typical boy, and it wasn't until he said that all his friends who behave like him have ADHD, that I looked it up and saw it was more than being distracted and all the other stuff as well… Of course I then beat myself up. I should have pushed for a diagnosis when he was younger. (Parent of sibling group age 23 to 25 years old)

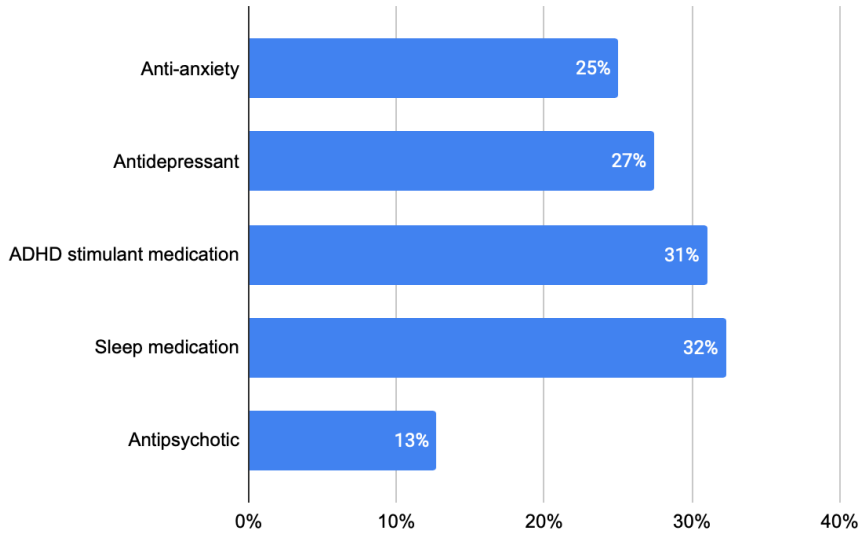
The FASD diagnosis made our son feel better, he didn't feel stupid. And he isn't stupid, he is a kind, loving, beautiful, talented, creative young person, but he just felt he should be able to do more. He didn't feel the impact of the neglect was significant enough to feel this fucked up. (Parent of 25 and 26 year olds)

Medication and treatment

Treatment and medication did not always follow a diagnosis. Nearly half of the children were diagnosed with anxiety (Figure 8), but only a quarter were prescribed

medication (Figure 9). 41% of children had an ADHD diagnosis, and a further 21% had suspected ADHD (Figure 8). Just 31% were prescribed ADHD related medication (Figure 9).

Figure 9 Children prescribed medication (% all children)



Base=671

Once medication was prescribed, parents described the positive impact on their children.

Medication made a difference in the residential home. Once he started on the medication, the whole kind of fight or flight was subdued. It allowed him to not fly off the handle at everything. He recognised that and he is clearer about when he needs help. Even now, he fought to go back on medication as it enabled him when he went to residential school. (Parent of 18 and 22 year olds)

She is now diagnosed and on medication, it is so different now. It took a long time to kick in, but she is there, she is fairly ADHDish, but she can get to her apprenticeship. She is either at work or round her friend's house, so she is coming through. (Parent of sibling group age 19 to 24 years old)

Oldest was finally diagnosed with ADHD while he was in prison and has been coping better since he had medication. (Parent of 14 and 22 year olds)

Delays in diagnosis and treatment

Families described long waits for diagnosis and then again for treatment, with young people entering adulthood without understanding or medication for their ADHD; having been excluded from school, or placed in inappropriate education settings; or involved in the criminal justice system (CJS) because of unmet needs. Some parents wondered whether such challenges could have been avoided with earlier diagnosis and treatment, asking why it has been so hard for services to "*put the resources in now rather than waiting for the kids to go off the rails before doing anything" (Parent of sibling group age 14 to 28 years old).* Furthermore, diagnoses tended to be piecemeal, each condition diagnosed one by one, so a holistic picture of underlying conditions, interactions and the challenges for teenagers and young adults was missed.

Had we been aware [of autism] the way we parented would have been different, what we battled for at school would have been different. Because the way he sees the world is different to how we see the world… He did not sleep, so they put that down to abuse when he was little, but actually he does not produce melatonin, and it's really common in children with autism. So we would have been better prepared and there would have been less fumbling around in the dark. (Parent of 26 year old)

Because she hasn't got a diagnosis, she can't say "I have this and need that". (Parent of 18 and 20 year olds)

We had always been quite structured with him and done lots of activities with him that helped him until he was a teenager. All these things help, so you can parent it [ADHD] to an extent, but not without any medication. We are still on the waiting list. (Parent of 21 and 23 year olds)

It was not as we expected from the start. A very distressed sixteen-month old just standing at the door screaming. He didn't smile for quite a while. Because he is your first child you think maybe this is just normal, or normal trauma for someone who has been ripped from his foster carer of sixteen-months. Just settling in… At school when he was in reception, the SENCo (special education needs coordinator) called me in and said they didn't think his processing skills were the same as other children… She put us in touch with the CAMHS (Child and Adolescent Mental Health Services) department for adopters, and we had therapy… I was always the one at the gate being called over for a chat or having phone calls to ask me to have a word with our son. He was always at the bottom of the rewards ladder, for doing this and that. At age nine, the autism team were involved and from age nine he had a working diagnosis of autism and [not until] he did year 7 [age twelve] at secondary, he then had a full assessment and was diagnosed with autism. (Parent of 18 and 22 year olds)

When conditions such as dyslexia (25% suspected but undiagnosed, Figure 8) were not diagnosed until a child had completed education, parents stated that their children missed out on support or placement in a more appropriate education setting; and that lack of understanding in education impacted on emotional health – "*he never felt safe, he never felt worthy*". Parents attempted to prepare for secondary school, but were hampered by lack of assessments and diagnoses that could have been used to evidence needs and obtain tailored support.

Diagnosis of Foetal Alcohol Spectrum Disorder

Over three-quarters (76%) of children came from first families where there was first parent alcohol misuse (Figure 6). FASD may explain many behaviours in teenagers, young adults and adults, but remains underdiagnosed. Nearly a quarter of parents reported suspected FASD (Figure 8 / Table 4). This was by far the medical condition with one of the highest number of suspected but undiagnosed cases in our survey (Figure 8 / Table 4).

Table 4 Foetal alcohol spectrum disorder diagnosis

	% all children
Diagnosed before adoption	3%
Diagnosed after adoption	13%
Suspected	22%

Base number=708

Those families that achieved a diagnosis of FASD for their children had to fight for it. Parents reported that they were required to obtain documented evidence of first mum drinking alcohol during pregnancy, but this was difficult to access; or when alcohol misuse was documented, it was not always sufficient evidence to obtain an assessment for FASD.

The local authority doctor told us the children were not affected by FASD, although the birth mum was an alcoholic as well as a drug addict. The doctor said "No, their heads are fine, their ears are fine." This went on for a long time, but then I went to a conference and realised it was a completely different thing and it was not about physical features and it affected development. All the symptoms made a lot of sense and it all fitted with the behaviours we saw as well... Social care kept saying "Why do you want it, it doesn't make any difference, there is no treatment, why do you want this label?" (Parent of sibling group age 19 to 23 years old)

Without a chance meeting, we would not have had a diagnosis. At the specialist CAMHS (Child and Adolescent Mental Health Services), he had diagnoses of complex PTSD, anxiety... But only when our consultant had that chance meeting with a FASD expert did they join the dots and until then it was a mess... There was a lack of people who joined the dots. It was a psychiatrist who said "Right we have the insomnia, we have this heart condition, under development"... There should be someone with a bit more awareness, or a multidisciplinary team that does a check-in medical review at pre-secondary, and pre-junior school... checking what is going on and if everyone is seeing everything. The different consultants in different hospitals were not aware of the different issues, so they didn't link things together. We need a more holistic approach. (Parent of 25 and 26 year olds)

Diagnosis in older children

Young adults had left supported accommodation, prison and s20 arrangements, moving into independent accommodation while conditions such as ASC, ADHD and FASD remained undiagnosed and untreated. When teenagers and young adults were moving between different s20 placements and custodial sentences, it was even harder for them and their families to pursue a diagnosis.

The ADHD diagnosis would have been helpful a lot earlier and we had to go private. I didn't appreciate that the private diagnosis did not count for much and I couldn't get into the CAMHS system [for medication]. And when the s20 happened, he was moving placements all the time, living under different authorities... Nothing was joined up across counties, and each time we had to start from the beginning, and then he was in prison. I spoke to the prison [staff] and spoke to the neurological head about it all. I sent them all the forms and documentation, but his ADHD diagnosis was not confirmed and they refused to accept that he had it. So [prison] came and said "well, the prison officers don't think he has got it"... He left prison without an assessment. In ten months they could not get their act together. (Parent of 18 and 23 year olds)

The magistrate just told him to take medication. My husband wanted to stand up and say we can't get any medication. (Parent of 21 and 23 year olds)

Emerging impact of developmental trauma in early years and primary school

The impact of developmental trauma emerged at different times during the adoption journey. Families fell into two groups: those for whom the impact of developmental trauma was evident soon after their child came to live with them, but then dramatically escalated at puberty; and those who saw an explosion of need at

puberty and on entry to secondary school education, but was not evident or as visible before then.

For one group of families, for whom the impact of developmental trauma was evident soon after their child came to live with them, there were experiences at primary school age of child to parent violence and abuse (CPVA), sibling-to-sibling violence (SSV) and self-harm, as well as difficulties attending school, making friends or staying in the classroom. Among families witnessing the impact of developmental trauma from the outset, for some it was obvious "*things were not right*" from the beginning.

We knew they had complex needs the day we met them… I asked the social worker: "I as a parent cannot watch my child try to smash their head on the table, so what do you want me to do to prevent them?" Within the first few weeks my daughter had already thrown me across the room with [me on] the sofa. (Parent of sibling group age 14 to 28 years old)

There was a honeymoon period before our oldest one started pre-school and that's when the dysregulation came out clearly, budging himself behind a radiator if someone raised a voice. (Parent of 22 and 24 year olds)

Quite quickly we began to find things extraordinarily difficult, especially with our son's behaviour. It was most often aimed at his sister…I would say within the first six to twelve months, we hit a real crisis. (Parent of 14 and 18 year olds)

Our son was suicidal from age five, running in front of cars. We suspected undiagnosed sensory processing disorder. Everything was too much and when he couldn't cope, he would just run and would talk about hanging himself, killing himself… Years later we found out he had been abused by an older sibling. (Parent of 25 and 26 year olds)

Less experienced parents felt that at the time they were not able to identify the complexity of their child's needs because they were new parents or parents of just one child. Others were advised by professionals that they were going through a settling in phase or that the issues observed were attachment related so would diminish as attachment strengthened.

He was the boisterous one in his class, and I didn't know any better. We just had one boy, he was just the boisterous one in a class of calm boys… He struggled a little bit because he was domineering and a bit bossy. But he was popular as well. He was very sporty. (Parent of 17 year old)

We started seeing behaviours in our son, after our daughter came as a baby, that we just thought was attachment to begin with, but it was getting more serious. He didn't seem to be able to function at home, eventually he was diagnosed with autism. (Parent of sibling group age 7 to 18 years old)

Families could work through the initial crisis, only for it to re-emerge even more dramatically when a period of calm was disrupted by puberty and starting at secondary school.

Puberty and secondary school

Over and over, regardless of earlier levels of need, families described the tipping point in their children's needs when developmental trauma crashed into the onset of puberty and the demands of secondary school. Sadly, even children who had made

progress in primary school, were then unable to manage secondary education. Teenagers and families suddenly found themselves face-to-face with new and extreme behaviours. These behaviours included: teenagers becoming more verbally aggressive, injuring their parents, damaging their home, going missing, being unable to be left in the family home alone or be on their own with siblings, not attending school, stealing from family and local shops, youth offending, being groomed and joining drug-related peer groups, dealing drugs, substance misuse, mental health crisis or increasingly reclusive behaviours.

It just slowly deteriorated [at home], answering back, shouting, objectionable, then he started to steal money, go out and about. (Parent of 17 year old)

She just massively struggled with PTSD and flashbacks, depression. She was very depressed for a long time, not able to get up. (Parent of sibling group age 19 to 24 years old)

It was dangerous getting him to school, he was reaching for the steering wheel, throwing things out of the window. Most times we got him there, but once he was there, he would throw things, stand on the chairs, under the desk, not completing homework. School eventually said don't worry about homework. He was excluded for behaviours. They were following policy and had to exclude him for some of the things he was doing. He was quite often in isolation, it was a horrible year. It was a terrible year, so by year eight, school [said they] could not meet his needs, he has got to be at home. So he had a tutor at home five hours a week and someone took him out for an hour a week for an activity. This is when we started to look for a special needs residential school. (Parent of 18 and 22 year olds)

The impact of trauma at puberty is discussed further in Chapter 10.

Post-secondary school

Developmental trauma continued to impact on teenagers in post-16 to 18 education and training. For some families, experiences post-16 to 18 were a resurgence of those present during secondary school, demonstrating the ongoing and long lasting impact of developmental trauma. Others described how changing demands, increased responsibilities and expectations of independence in post-16 education triggered challenges for the first time among older teenagers, who had previously had relatively positive and stable secondary school experiences. Change, adverse events, environmental factors and peer relationships were often tipping points during these developmental stages and transition points.

Things improved for a little while. Post school, he started an apprenticeship. We had three months of seeing him do so well, he was happy in himself and he was responding to people around him. And then, he had Covid, so he had to isolate. Then it was Christmas, so after three weeks, he got into bad routines of smoking weed with his friends and he just refused to go back to his job. His mental health tanked and we were living with violence and coercive control. We were ruined by it. He smashed the house, then attacked me and had to be removed from the house by the police as he was trying to fight them in the garden. (Parent of 14 and 18 year olds)

Reclusive teenagers, young adults and adults

In some families there were fewer interactions with services when trauma led to reclusive behaviours. These behaviours included teenagers, young adults and adults who were unable to leave their room or home to attend school, socialise with peers or participate in activities, training or employment. 63% of families had children with experience of reclusive behaviours (Table 20). A quarter of children did not have any

friends and two-fifths had limited friendships (Figure 7). 63% of adult children had experience of periods of not being in education, training or employment (Figure 17).

Additional trauma

The teenagers, young adults and adults represented in this survey have already lived through loss, abuse and neglect in their birth families and more loss and distress through the care system and adoption process. They then continued to live lives further defined by trauma. Interactions with services further exacerbated and added more trauma. New and unfamiliar statutory services varied considerably in their ability to understand the impact of trauma and the explosion of need at puberty. Vulnerable teenagers, already living with anxiety and developmental trauma were exposed to further distress from their sibling relationships, at school and from interactions with services and the criminal justice system:

- Familial
    - Sibling related trauma
    - Loss of key family members
- Education
    - Exclusion from school
    - Multiple education moves
    - Bullying, isolation and lack of friends
- Statutory services
    - Anxiety from home visits by social workers
    - Repeated evictions and moves between carer-supported accommodation
    - Stays in secure mental health facilities without access to parents
    - Moves between mental health facilities
- Crime and criminal justice and custodial system
    - Exploitation by criminal gangs
    - Police restraint and arrest
    - Prison sentence.

These experiences added to developmental trauma - *"It was all rejection, rejection, rejection."*

I think he felt he was going to be removed from the house because that had been his lived experience. Every time we had a visit from the social worker or a looked after child review, they [the children] would be on their best behaviour when they were there, but as soon as they left, it would all come out and it would be carnage for the rest of the day, and we would dread those visits. (Parent of 14 and 18 year olds)

I think at the moment they have had such an abnormal adolescence. They have been exposed to so much you wouldn't want anyone exposed to, such as attempted suicide, watching other people attempt suicide. The violence and aggression from the police has been massive. Definitely trauma on top of everything. And huge gaps in experience of education and peers. That makes her very vulnerable. (Parent of 19 and 22 year olds)

They initially had the trauma they experienced as young children, then the trauma of being removed from their birth family, then the trauma of leaving their foster carer and older brother… then all the trauma of coming here. They saw their brother for a while when they were first with us, then the brother went back to the birth family, so contact became more sporadic, so another loss. Then the trauma of seeing their sister's illness… and then the trauma of being removed from our care into mental health, then the trauma of being removed to a low secure unit… Her whole life has been peppered with trauma. (Parent of sibling group age 23 to 25 years old)

Summary

- Children joined their adoptive families having experienced multiple adverse childhood experiences and loss. Parents reported a dramatic escalation of need at puberty that impacted on all areas of children's lives from trusting others to family relationships, making friends and social communication, attending school, sexual behaviour, risk taking and employment.
- Nearly all children of all ages were thought by parents to experience anxiety and hypervigilance as a result of trauma.
- Diagnoses of neurodevelopmental, mental health and neurobiological conditions further highlighted the long-term impact of developmental trauma. FASD remained underdiagnosed despite alcohol misuse being common in children's first families; and mental health crises were widespread.
- Families described long waits for diagnosis and then again for treatment. Teenagers entered adulthood without understanding or medication, having been excluded from school or involved in the criminal justice system (CJS) because of unmet needs.
- Teenagers, young adults and adults had lived through childhood abuse and neglect, and then continued to live lives further defined by trauma when their needs remained unmet and they experienced additional loss and distress in their interactions with education, health, the CJS and social care.

3 Sibling relationships

This chapter focuses on the relationships and needs of siblings living in adoptive families, including biological and non-biological siblings; and biological siblings who joined their adoptive families together or at different times. The ongoing trauma and loss experienced by siblings is described here, including sibling to sibling violence and abuse. Parents' requests for support and the steps they took to protect and care for siblings are described along with the impact on siblings.

Trauma and loss in sibling relationships

Two-thirds of families adopted more than one child (n=277), some as birth sibling groups, others as non-birth siblings over time; or birth siblings were adopted following their birth after the adoption of their older siblings. Many parents adopted siblings, hoping to help keep families together, believing the advice they were given, that siblings need to stay together. Families' day-to-day experiences suggest that placing siblings together can be problematic for siblings and families. Nearly three-quarters (72%) of families with more than one child reported sibling-to-sibling violence (qualitative accounts indicate this violence is frequent and at dangerous levels); and 66% of these families described not being able to leave siblings alone in the house together due to the risk of violence and harm between them (Table 5).

Table 5 Sibling relationships

	% families with more than one child
Families experiencing sibling-to-sibling violence	72%
Parents cannot leave siblings alone in house together	66%

Base=277

They couldn't be left together as they would fight and wind each other up. Our oldest didn't respect social boundaries so would give the others a clip as she walked by. So it would turn into mayhem. So I had to manage them, not a responsible one among them... We had stealing, sibling niggling, mainly between the youngest and oldest. Youngest would be looking for a reaction, say mean things to the oldest to get an instant reaction. He would say "your grandma died and you didn't meet her"; or do things that were triggering because of autism, that would get a reaction... So that was quite difficult. (Parent of sibling group age 19 to 23 years old)

You had to be hypervigilant on so many different fronts, as there was a big element of sexual risk between them. They couldn't be on their own together. They were so small, tiny for their age, they were four and five, but I had to parent them like toddlers. (Parent of sibling group age 14 to 28 years old)

Sibling relationships were impacted by trauma pre- and post adoption. Post adoption, children often lived with a sibling in crisis who attacked them and / or their parents; engaged in harmful sexualised behaviour with them; or exposed them to their own harmful sexualised behaviour; threatened them; or made them frightened in their home. Siblings witnessed police call outs to keep everyone safe; or witnessed self-harm and suicide attempts in their brothers and sisters. Others lived apart from siblings who were living under s20 arrangements; in secure mental

health units; in prison / youth offending institutes; or who had left for their first family with no further contact.

Our oldest was in foster care… He would phone our youngest, we were told to leave them to it… But I wanted the call on speaker phone or moderated, I was worried about our youngest being abused. You want to follow the advice because you are clueless, it's all new to you. But all I could hear was our youngest saying "you're nuts and I never want to see you again" and our oldest was convincing him to come into foster care with him and get in touch with their birth family. Youngest was adamant, he put the phone down, and said "I never want to see you again". (Parent of 25 and 26 year olds)

There is still a lot of pressure for our daughter to have contact with her younger siblings. They don't want contact with her and social services blame us for influencing them. We asked them what they wanted to do and they didn't want to see her because they are frightened of her because of the things they have told us about… but social services say we are influencing our children. But also there is a lot our children don't know as we have not told them because they are too young. So it is wrong to give them a choice when they are not fully informed and to us she is too dangerous. (Parent of sibling group age 10 to 15 years old)

He started having outbursts at home, from age thirteen, incredibly scary, quite abusive to his sister. From when he was fifteen she suffered a lot of physical abuse from him that we had to report. Only once did he try to go for me, but he never physically assaulted me. But he would get us both in a room and be very verbally aggressive. Once for two hours, with the threat of what he would do if we tried to leave… He pushed his sister around quite a lot, she banged her head… all in anger. Sometimes he would not let us leave. We would try to get out to the car, one time we left and got into the car and he pulled the car door off the hinges and smashed things at the window. (Parent of 25 and 29 year olds)

What we didn't know was that the other two used to bully him. And used to make him sit in the corner and face the wall and not let him play. (Parent of sibling group age 19 to 23 years old)

His siblings are still at home… There was no support for the girls [after brother left], they just had to get on with their lives. There was no support for them, so it all just unravelled with them. One stopped going to school. They all have anxiety. (Parent of sibling group age 7 to 18 years old)

Some lost siblings who died by suicide or drug overdose, often following periods of enforced separation or estrangement.

We were not allowed to see our son in-person to tell him his brother had died. The Imam and chaplain asked for us to tell him in person but the prison governor said no, because of Covid. So it had to be over a video link, in a room with an officer standing next to him. Our son completely lost it and no compassion was shown to him… They let him come to the funeral, but in chains with an officer chained to his side. (Parent of sibling group age 19 to 23 years old)

Asking for help with sibling relationships

66% of parents with more than one child said they needed support with sibling relationships and did not get it (Table 6). Additionally, dual parent households added that siblings with multiple complex needs all required attention, which was beyond the capacity of one parent at a time, so they often needed both parents at home; or single parents had to call on other adults.

Table 6 Families adopting more than one child needing support with sibling relationship

	% families with more than one child
Needed support and did not receive it	66%
Did not feel the need for support	22%
Needed support and received it	12%

Base=277

The three of them, with complex needs, wanted attention, so you were always firefighting the behaviours and that became a problem as the behaviours got worse as they were also fighting for attention, but not getting enough as you have to deal with behaviours. They were going between one adult but needed individual attention. (Parent of sibling group age 19 to 23 years old)

I can remember his social worker saying to me that in order to attach to our oldest child, it was important for me to have one-to-one time with him. So, they paid for our youngest to go to a childminder when he was about eighteen-months. Now looking back I think that was really wrong because his earliest memory is that everything was being done for his older brother and he was disregarded. And he can remember going to a childminder at such an early age, which wasn't good. (Parent of 22 and 24 year olds)

When we asked about this, we were told all children fight, siblings fight. That's what they do. When we had [social worker] visits, the kids were so dysregulated, affected by it, they would both sit in silence and respond when spoken to. The fizz would build especially with our son, who would get fizzier and fizzier and fizzier, and the social worker would say "I'm not really seeing a problem here. They seem fine to me". And the social worker would leave and then I would spend the next five hours dealing with the fall out, furniture being thrown, things damaged, screaming, hitting. (Parent of 14 and 18 year olds)

Keeping siblings safe

Parents described the measures they took to keep siblings safe, which primarily required parents to supervise all sibling interactions to ensure siblings were not alone together at home or during activities outside the home. This was sometimes referred to by respondents as 'parallel parenting', and in this context, referred to a parenting strategy in dual parent households when parents divided care roles and cared for siblings separately.

We had to parallel parent, so opportunities as a family were restricted. Usually one parent and a child went out, usually me taking oldest out or on a separate holiday. Or taking the youngest shopping while the other parent was always with the other child. I would never leave them in the house on their own…We couldn't have them both in the garden at the same time or go to the park… In the house, for many years, we had to keep them in separate rooms. At mealtimes we positioned them so they were not physically near each other, and the same in the car. We would have to take our youngest to his grandparents to get a night's undisturbed sleep. (Parent of 18 and 22 year olds)

So we have rules about not playing in the bedroom without adults about and we had an open space downstairs, so we could hear them easily. We needed to divide them up into different activities so as not to force them into a threesome dynamic. (Parent of sibling group age 19 to 24 years old)

It was very clear from early on, that this was the best way to manage, to parallel parent our time, because time together as a family was awful. We are still jealous of seeing families together, mum, dad, son, daughter, we never had that, why can't we have that? When we did do things together, me and my husband would just spend the whole time feeling sick, it was just awful. (Parent of 14 and 18 year olds)

Impact on siblings

Further down the line, sibling-to-sibling violence and harmful sexualised behaviour lead to allegations, prosecution and siblings having to live apart from each other and their families. Some siblings begged for the other not to come home because they were so afraid and were living with PTSD and anxiety.

Our daughter was terrified of him, he was having what looked like outwardly psychotic episodes. He would go for knives, see people, hear things, put a block of stone through a neighbour's window because he was hallucinating. Several times he targeted our daughter and chased her through the house so mum and her had to barricade themselves in. So she was terrified of him. (Parent of 14 and 18 year olds)

We had no idea, while we were asleep, our daughter had been letting grown men in. The boys knew this and she told them she would kill them if they told us. (Parent of sibling group age 10 to 15 years old)

These experiences led parents to question if siblings would have thrived if they had been living in different homes, partly due to the emotional harm from sibling dynamics and abuse between siblings; and partly due to the level of need and support each individual sibling needed.

It's quite sad that our younger daughter's personality has gone down a route we never expected… Her anxiety is off the scale. And her depression… is a direct consequence of living with her older sister. (Parent of 18 and 20 year olds)

The night before going to court to finalise the adoption, we were in an emergency meeting with a senior practitioner from children's mental health services. She said, if we had known what we know now we would not have placed those two children together. We went great, we are going to court tomorrow… So we went to court and became a family. (Parent of 14 and 18 year olds)

Our youngest witnessed all of our eldest's aggression as well. She will absolutely remember the one time her sister hit her… When I was asking for help with our oldest, they should have flagged that our youngest was there as well. If there had been help at that stage there would have been help for our youngest as well. (Parent of 19 and 22 year olds)

There was also guilt among parents about the impact on siblings.

He has been such an amazing older brother. But all he saw was aggression, irritation, obstinacy. Constant negativity, violence, threat, kicking in doors. He said to me, what happens mum [to you] when I am not there. It's very hard to put yourself in the sibling's shoes. (Parent of 18 and 23 year olds)

The real trigger came when we adopted our daughter and he was three and a half at that point and he basically went ballistic. I remember the preparation course the second time and a couple came to talk about adopting for a second time, and how their first child had been golden, but then turned for three months after the second adoption. So I was waiting for this "three months" but it lasted for over a year. He resented her and still doesn't like

her. It was wrong for him and her, and we didn't realise he was autistic at the time. So knowing he was autistic we wouldn't have done it. It was horrible and I didn't have any support... She needed me, but he did not want me to give anything to her. I had to cut myself in half and I couldn't and I was thinking what have I done, this is the worst thing in the world. It did get better, but to this day he resents her as she came into his life and turned his world up-side-down. (Parent of 17 and 20 year olds)

Summary

- Sibling relationships post adoption continued to be traumatising when there was sibling-to-sibling violence, mental health crisis and harmful sexualised behaviour; often leading to allegations, criminal proceedings or siblings having to live apart from each other.
- Many parents could not leave siblings alone together and needed to supervise sibling interactions with each other in order to keep siblings safe from harm.
- The majority of parents with more than one child said they needed support with sibling relationships and could not get it.

4 First family relationships

This chapter describes the relationships children have with their first families, experiences of loss and separation, variation in attitudes of adopted teenagers and young adults towards relationships with their first parents, experiences of keeping in touch, factors contributing to first family relationships, and experience of the death of a first family member.

Types of relationships with first family

Children had ongoing and varied relationships with their first families. Adoptive families were mainly in touch with first parents via letter when their children were age 18 and under (responses for under 18s include children currently aged under 18, and when older children were 18 in the past). Among families with adult children there was an increase in communication via social media initiated by the child or initiated by the first family (Table 7).

Table 7 Experience of contact with first family for child

Type of contact	% all families	% families with adult child
When child age:	*Under 18*	*Over 18*
Mediated/managed letterbox contact	63%	16%
Unreciprocated letterbox contact with birth parents	45%	9%
Child made contact via social media – first family, siblings	28%	46%
Informal contact with siblings living in other (adopted/foster) family	24%	30%
Organised direct contact with siblings	22%	15%
Social media unsolicited contact by first family, siblings	18%	37%
Unreciprocated letterbox contact with wider first family	16%	9%
Running to first family	14%	15%
Organised direct contact with first family	13%	10%
Contact with first family initiated by adoptive parent	8%	16%
Child returning to first family has subsequently left	8%	9%
Unexpected chance-encounter with first family member	6%	4%
Children's Social Care sanctioned living with first family	2%	1%
Providing financial support to first family to support living costs for child	1%	1%

Base all families=405; Base families with adult child age 18 and over=160

Some parents were able to make direct connections with the first parents, which also helped with their children's life story. Ongoing relationships were also maintained with siblings, grandparents and foster carers.

I speak with his first mum now and she has disclosed more to me. She had a very difficult childhood. We know more now. (Parent of 25 and 29 year olds)

For some, first family members were supportive, sharing information and insights, trying to support their children in crisis. First grandparents and parents could be an important part of the child's life.

Our son has had quite a good understanding of what has happened in his life, and doesn't want to talk about it much, but when we have had conversations they have been quite

insightful, as well as some misunderstanding as he thought we had paid for him. He reflects and asks questions about things that have happened, so he thinks about these things and he is quite spot on and could remember his birth family. He had contact with his mum so had memories of her, and we have kept in contact with his half-brother and paternal grandparents. We have met all along, and they all talk together, so he has always been aware. (Parent of 19 year old)

I met up with their first mum. She has turned her life around and has two children that stayed with her. She has been through trauma as well, her own background has been horrendous and then she had two children taken away from her, so we have both had to be gracious as I have looked after her children. We need to stay in touch as she was the first part of their life. (Parent of 21 and 23 year olds)

And in the next example, as with many children, it was the relationship with the foster carers that was significant.

His relationship with his foster carer was really important to him and we saw them every few months. Then sadly the foster carer got cancer and stopped fostering and was not well enough to keep up visits, so they stopped and our son saw that as a personal rejection. So he didn't want to write or talk with them. I think the last foster carer provided stability… They seemed to genuinely care about him. (Parent of 26 year old)

Even a brief meeting with the first family before adoption could be helpful when positive.

We met their mum just before we adopted, they had been with us for eighteen months. I remember hugging her and telling her I will be there, I will say you loved them, it's just you weren't able to care for them safely, and she admitted that and she just wanted to make sure they both went to school as she never did. Having met her, seen her, hugged her, understood that there was more to her than what was written on paper, I was able to reinforce that to the boys as they grew up. (Parent of 22 and 24 year olds)

Birth family is tricky, but it's an important relationship, part of their identity. When we first met birth mum, we thought she was vulnerable and needed adopting. She was eighteen and very, very vulnerable. (Parent of 21 and 23 year olds)

Siblings' experiences of their first parents varied considerably between them, reflecting the different experiences they each had of abuse and neglect in their family home. Adoptive families reported that their children had very different, opposing relationships to each other with their first families. While one sibling might want a relationship with a first parent, the other might want far less, if any, contact.

Our youngest two found their birth family on Facebook. My daughter has met them successfully and can message them and call in and see her mum and give her a present on Mother's Day and on her birthday… But my son has to be in the right psychological frame of mind. He has arranged to meet them and then they haven't been able to, so that has had a massive psychological effect, especially given his sister has met them, so he feels rejected… She has written a lovely poem about having two sets of parents, but for our son it's added to his trauma. (Parent of sibling group age 19 to 23 years old)

Our son demonised his first parents and our daughter put them on a pedestal. (Parent of 14 and 18 year olds)

First family relationships and older children

As children became young adults, relationships with their first families varied greatly. Many relationships could not be maintained or developed with first family members when the needs of the young adult were still too high (see Figure 16). Often at this time young adults struggled with any relationships. While some first parents were able to develop relationships with their young adult children, when first parents were caring for new young children, they were unable to take on the needs and risks their adopted children's behaviour may bring. Or the young adult did not want to see their first family while receiving mental health care, wanting to recover first.

Our son found his mum via Facebook... So we managed some visits and he had to manage that she had more children she had kept and not him. He had on and off contact, she was keen to have contact with him. After he first went to prison, when he was a drug addict, she decided to intervene and felt she could help him as she had been a drug addict... They came down and made him come with them, and he went along with it, but within three days he left. They stayed in touch, and when he came out of prison a year ago she wanted to help again and he went to stay with her and that lasted about a week and a half... Now he doesn't want to talk to her. (Parent of 25 and 29 year olds)

So our son lived with his birth mum for a long time, but the relationship with his full birth brother deteriorated, so then he lived with his birth grandparents for a time. That relationship deteriorated, so he ended up in supported living. (Parent of 21 and 23 year olds)

Barriers to relationships

For others, the abuse experienced in the first family, especially when sexual, continued to traumatise children and be projected onto new relationships. For some children, the relationship with their first parent remained unresolved when they experienced severe neglect or abuse; if the first parents had not been held accountable for the harm they had done; or if the first parents had been very frightening.

A lot of the projection of his anger about his birth mum went onto me. I think, in the early days, dad had an easier relationship, not as much intensity, as he had never had a dad figure in his life. In tantrums, he would say he hated me because he had hatred towards his birth mum... He feels his mum totally failed him. (Parent of 19 year old)

I wasn't allowed to be called mum for years so as to differentiate from the first parent. (Parent of 24 year old)

So we turn up at the courthouse for the adoption order and our son is terrified so much to the extent that he brought with him toy handcuffs. He took them with him and we had to go through the scanner. He was asked why he had them, and the reason he took them was because he was scared he might bump into his birth family because they had been in prison for a year for child neglect. He was climbing the walls and was under tables. (Parent of 14 and 18 year olds)

Some first families continued to pose a risk of harm, for example their involvement in abduction or their continued participation in drugs and exploitation placed children at huge risk. Sadly, some first parents continued to be emotionally abusive towards their children.

Her birth mum was not consistent and would tell her [our daughter] she would visit and not turn up. And then her grandmother told her that her mum had said "I don't want a nutter in a loony bin." (Parent of sibling group age 23 to 25 years old)

Lack of continuity in services caused difficulties for adoptive families seeking support for their children around first family relationships. When social workers who knew the first family left the adoption authority or agency, they were replaced with new social worker teams with little historical knowledge or understanding of any potential risks. Or the extent of the risk from the first family was not shared or known at adoption.

Our children weren't just exposed to domestic violence and drugs, it was sexual abuse to the highest level. The social worker knew, but what [adoptive] family in their right mind would have adopted children from a really dangerous gang. We have had to have protection and markers on the house. We are frightened to go to bed. (Parent of sibling group age 10 to 15 years old)

We were encouraged to keep contact with the first mum and grandma, but actually, they were the two that abused him and we were not told that... We kept letterbox with them until our son asked us not to. (Parent of 26 year old)

As with many aspects of their lives, experiences of first family relationships were very varied, but throughout children and their adoptive and first families were left unsupported trying to navigate attempts at positive connections or cope with complex and distressing relationships.

She was in touch with her birth family on Facebook. She starts self-harming and CAMHS (Child and Adolescent Mental Health Services) aren't interested... Her birth family got in touch and told her we are not her real family. She is being sent money, train tickets, told we were monsters. She can do anything she wants with them. So that's when social services came on board and started blaming us for everything... I totally understand her need to reconnect with her birth family and was willing to do that safely, but in our situation, it was tricky to be safe. (Parent of sibling group age 10 to 15 years old)

We wrote letters to each other about everything that had happened, the first family wrote a lovely letter back, a few months later he was living there, with no preparation or discussion or support. No discussion with us apart from asking us after it had been organised. Post adoption repeated that mum had said she was not ready, the social worker denied she said that. Our son had to cope with children's social services, school and foster care all saying different things. So he could not trust anyone. We felt it was a forced open adoption in the end. We've never seen our son again. We don't know where they live. (Parent of sibling group age 7 to 18 years old)

The initial meeting was supported by post adoption support in the city they lived in and that was great. Our son then took it on himself to visit his birth family a lot more often. We were warned there is an attraction that can happen to siblings of a similar age and this is exactly what happened. Our son became fixed on a sister who was two years older. There were things he said and suggested that have alienated him against the whole of the birth family. They have said "no we don't want you in our family" which is very sad for our son. (Parent of 18 and 22 year olds)

Relationships with birth siblings

Children with birth siblings experienced loss and separation from them. Three out of five (60%) children were separated from birth siblings before adoption (Figure 5).

One in four adoptive families kept in touch with siblings informally and a fifth had organised contact with siblings (Table 7). As with all aspects of adoption, relationships with birth siblings varied greatly. When there was regular contact: siblings found it hard to comprehend why some siblings seemed to manage better; older siblings could be supportive during times of crisis; others continued to share a debilitating trauma bond or entered into exploitative relationships.

We would see a half-sibling twice a year. The paternal grandparents were extremely supportive and have always been supportive. They have given insight into the life of the birth family and have been very understanding of what has been going on for us. Sad because the younger sibling had a more stable time. They went from first family to birth grandparents and are doing so much better at school, they are less affected by early experiences because they had less of them. Our son finds it hard to see that. (Parent of 19 year old)

Our son reached out and asked his older birth sibling for money, saying we are not feeding him. I connected with him, I reached out and we ended up having a very sensible conversation with his half-sibling who had been in prison and came out. That was who our son went to live with for a while. We went up there and met them a few times. This was a really damaged young man, but trying to do the right things. He was staying away from the side of the family still involved in criminality. (Parent of 18 and 23 year olds)

When we had face-to-face contact with the other adoptive family [of our son's older brother], there was such a trauma bond between these two boys, they would physically attack each other. They saw each other and literally flew at each other; tried to kick the crap out of each other. The last time our son saw his older brother, he was sixteen and his older brother said cruel and unkind things on purpose to upset him, so our son never wanted to see him again. Why did they ever think adopting them together or face-to-face contact would work? They were applying general principles to the kids without ever looking at them individually. We should have stopped the contact, but we were told we should do it, but it was more traumatising. (Parent of 26 year old)

Death of first family members

32% (n=127) of families reported that their children had experienced the death of a first family member since adoption. Half (51% n=64)) of these parents were informed by a social worker, 30% (n=38) by a first family member, 10% (n=12) discovered the news in the press or social media and 9% (n=11) by word of mouth. This was an experience that was hard to navigate, and there was little support or understanding around the significance of such losses, with parents having to battle with social care for further information or support. For half of these families (n=63), death of a birth family member was a negative experience for their child. 77% (n=100) of parents were not supported by services to share information with their children.

Our oldest never wanted to meet his birth mum but he was heartbroken when his grandma died as she used to send him birthday money. He felt he lost that connection. We could have made it happen as she lived near but we had to follow the rules so never got a chance to meet her. He has written his mum a letter… but I don't think they know her whereabouts at the moment. (Parent of sibling group age 19 to 23 years old)

Other children entered adoption with a sibling or parent having already died.

His attachment issues were centred around mum, we always felt that was a result of the loss of the non-relationship with the first mum, which was so damaging. His birth mum

died, just before he came to live with us, of a drug overdose. So his attachment to his mum was so difficult. We got support early on, but professionals couldn't get close. We had people with the most experience, but they lacked the tools to get close to a boy with that much rage who couldn't let people get close to him. (Parent of 18 and 23 year olds)

Summary

- When children were aged under 18 years old, communication with first parents was mainly via letter. Relationships were also maintained with siblings, grandparents and foster carers, and these were more likely to be face to face.
- Many children had birth siblings and experienced loss and separation from them before and post adoption. Relationships with separated birth siblings post adoption varied greatly, from supportive to distressing.
- When children experienced the death of a first family member post adoption, there was little professional understanding of the significance of such loss.
- As children became young adults, relationships could not be developed or were limited with first parents when the needs of the young adult were still too high.
- Relationships with the first family were complex, and could be as healthy as they were harmful. The abuse experienced in the first family, especially when sexual, continued to traumatise children; and some first families continued to be rejecting or pose a risk of harm.
- Within a sibling group, different, opposing needs and feelings towards first parents were present. One sibling may want a relationship, while the other, having had a different experience of abuse, will not want any type of contact.

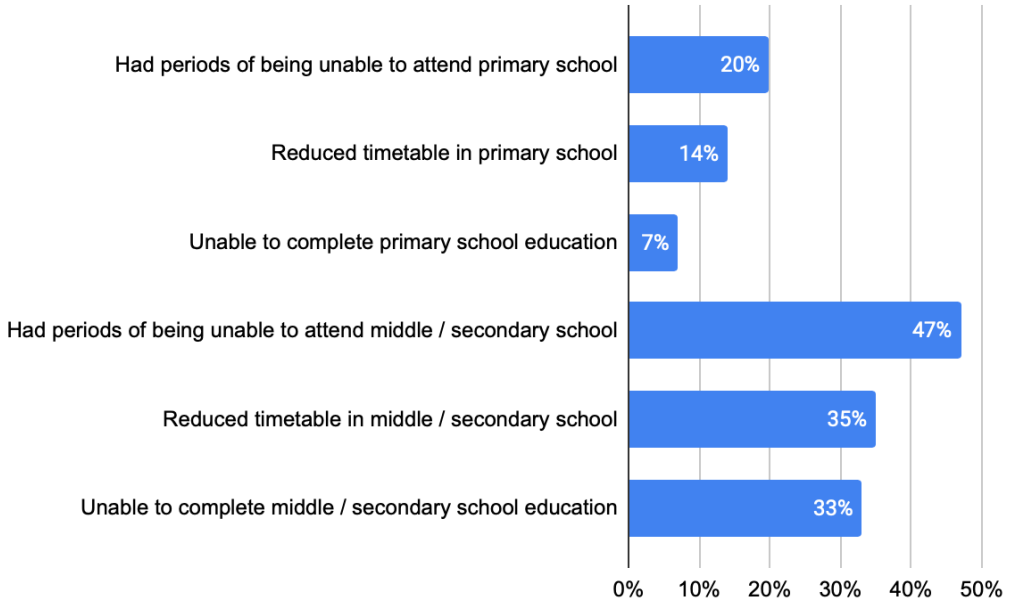
5 Education

This chapter describes the challenges children experienced in school-based settings, including starting primary school soon after being placed with an adoptive family. The transition to secondary school is described, along with the explosion in need at this time and how the education system responded, including experiences of specialist schools, securing an Education, Health and Care Plan (EHCP)[4] and exclusion from school. The chapter ends with examples of positive education experiences and views on improvements.

Attendance at school

Education was a significant challenge in the lives of traumatised adopted children. One in five children (20%) had periods of being unable to attend primary school, and nearly half (47%) had periods of being unable to attend middle / secondary school (Figure 10).

Figure 10 Child's experience in relation to school while in mainstream education (% all children)



Base=671

Thirty five children attended university (it is unknown if they completed or not). These children stood out in a population of children, many of whom were unable to participate in key stages of education or acquire qualifications in school. Of the 436 teenagers, young adults and adults aged seventeen years and over, 126 had experience of post-16 further education and 205 had gained GCSEs.

79% of parents reported constant interactions with school; 45% sought involvement of the virtual school; 56% of families said their children were bullied in school; and a third of families had educational welfare concerns (Table 8).

[4] Individual Development Plan (Wales), Co-ordinated Support Plan (Scotland) or Statement of Special Education Needs (Northern Ireland)

Table 8 Experiences in education

	% all families
Constant interactions with school	79%
Sought involvement of the virtual school	45%
Children bullied in school	56%
Educational welfare concerns	34%
Online schooling	23%

Base=416

Education prioritised over building relationship with new parents

Parents described how children joining their adoptive families at primary school age were encouraged to start a new school as soon as possible. This left insufficient time for parents and children to get to know each other and build relationships, especially compared to preschool children whose parents were urged to take time from work and spend dedicated time with their children for several months following arrival.

Primary school was particularly challenging when young children were encouraged to start school within a few weeks of moving in with their new adoptive family. Parents wanted longer with their children, but children's social workers pushed for an early start at school. The first example is from a parent of a child who was five years old when he came to live with his adoptive family.

We were told, when he moved in on Saturday, he could start school on Monday, but he should have stayed at home for at least a month. But you do what you are told. We were told to keep his routine, sign him up for school. Like he was in foster care. As an adult he has said to me "I just felt it was foster care mum, I didn't feel like it was my home. It was just somewhere I lived and then would move on". When he moved from infant to junior school, he asked his teachers if he was getting a new mummy and daddy as well as a new school... I remember saying to the social worker "Shouldn't he stay at home and we do mummy stuff, like baking and playing games?" The social worker said "It's more important he keeps his routine, he needs to go to school on Monday". (Parent of 26 year old)

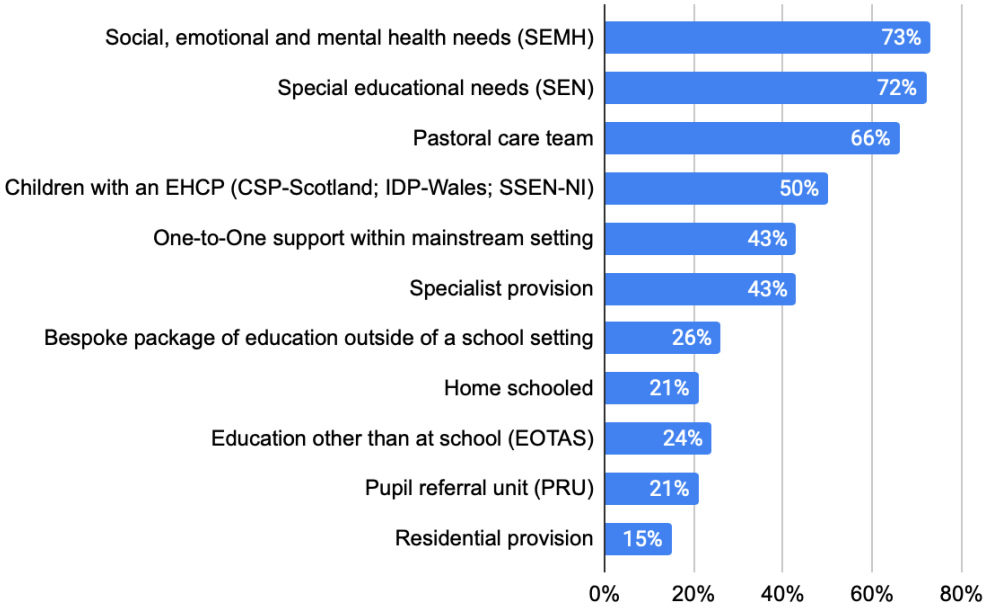
In hindsight we should not have put them in school or nursery, we should have taken more time... They started school two weeks after coming to live with us. (Parent of sibling group age 7 to 18 years old)

We had a summer of love from April to September, just playing in the garden, it was really critical for them. (Parent of sibling group age 14 to 28 years old)

Additional education needs

The level of additional needs among traumatised children was evident with 72% of families having children with special educational needs; nearly a quarter (24%) of families had children who were educated otherwise than at school (EOTAS); and fifth of families (21%) had experience of a child in a pupil referral unit (PRU) (Figure 11).

Figure 11 Experiences in education (% all families)



Base=416

Undiagnosed additional education needs were a key factor in poor education experiences. Late or undiagnosed Attention Deficit Hyperactivity Disorder (ADHD) Autism Spectrum Condition (ASC) and dyslexia (Figure 8) made it harder for parents to obtain appropriate support and for teenagers' needs to be understood in school.

We were flagged up to pastoral care, who came to all the meetings. We had frequent conversations about what was happening to her and how distraught she was [such as] sitting outside school in the well of the car not wanting to go in. I would get pastoral to come and talk with her, so I was engaging, but things were not put together, and what seems shocking is that those things were missed... Only once she was admitted to hospital, was she diagnosed with dyslexia... The whole year was overwhelming. She didn't feel any good at anything, she felt she was no good at English, so there was all the bullying, getting and drinking alcohol, shoplifting for other people to get alcohol. So all this comes out now (several years later) in tiny bits. (Parent of 19 and 22 year olds)

Secondary - all the rules, regulations, changes between classes, and he has ADHD, which was undiagnosed at that point. There was a lot going on in his brain so he couldn't cope. He was getting detentions for not doing homework. (Parent of 17 year old)

If we had known about the alcohol in first mum's pregnancy, we would have been more on it, but the SENDCo referred to me as over protective and our son didn't get a dyslexia diagnosis until he was fifteen, as the SENDCo said it was me having unrealistic expectations... If you have that awareness then you can aim for a school setting that is more appropriate. (Parent of 25 and 26 year olds)

No one looked at the children's needs and diagnosis before middle school. Problems in school were a trigger for diagnosis. (Parent of 14 and 18 year olds)

Experiences in primary school

Parents had more choice in finding suitable environments at early stages of their children's education, describing primary schools as small, local and nurturing. For some children, primary school was the only constant prior to adoption. However,

additional needs were not always apparent as they were more easily met or masked in these settings.

School had been the only safe place before he was removed from his birth family as it had food and routine, so that had embedded itself in him, so he did really well in early school as at that stage school was a really positive experience. (Parent of 14 and 18 year olds)

Within a few days of the new children coming, we needed school within a few days. They didn't have experience of living in a family and we later found out the experience of living in foster care was horrendous. School was the only place they knew where to exist. (Parent of sibling group age 14 to 28 years old)

He was in a nurturing, one form entry primary school, where he knew everyone and they all knew him. (Parent of 17 year old)

When needs clearly emerged in primary school, education services' slow response left children starting secondary school with long-term unmet needs, lack of diagnosis or understanding. Lack of information and delayed diagnosis led to children ending up in inappropriate educational settings. Behaviour was responded to by schools repeatedly sending the child home. For some children, internal and external exclusions began in primary school. Despite having therapy while in primary school, schools were at the same time enacting seclusions or sending children home.

In primary school it was very difficult to manage the day-to-day staying in the classroom with all the feelings and complex issues… he was always made to feel that he was the problem. (Parent of 14 and 22 year olds)

He started getting excluded in year one (age five to six) of primary school. He was all but permanently excluded by the end of year three (age seven to eight), so then we were looking at a statement of special education needs. But he had no diagnosis at that point and had been under CAMHS (Child and Adolescent Mental Health Services) since he was seven years old. CAMHS were saying it's just disorganised attachment disorder and ADHD so [he was] on medication for ADHD at age eight. (Parent of 22 and 24 year olds)

All through primary I felt teachers didn't understand he was as complex as he was, saying to me in year five, he did not need an EHCP. Yet two years later, secondary was saying they can't meet his needs. Secondary realised there was something but they didn't really get it. The Adoption CAMHS (Child and Adolescent Mental Health Services) group came into school and talked to staff about attachment, but [school] were not ready to hear it. (Parent of 18 and 22 year olds)

Transition to secondary school

Parents described the challenges when children moved from primary to secondary school. In terms of choosing secondary schools, parents had fewer options or lacked guidance on what secondary school might feel like for a traumatised teenager. Children had to cope with the challenges of larger schools, change from single to multiple teachers, timetable management and organisation and an increase in demands, relationships, expectations and transitions between classes.

During the transition to secondary school, over two-thirds of children had problems with homework and over half experienced detentions or sanctions. At least half of children had problems with changes in peer group, unstructured breaks, social media, smartphones, behaviour of other children, peer pressure and bullying.

Table 9 Challenges with the move from primary to secondary school

	% all children
Homework	66%
Larger school	63%
Change from single to multiple teachers	59%
Timetable management / organisation	58%
Change in peer group	57%
Unstructured lunchtime and breaks	57%
Social media / smartphones	56%
Transition between classes	55%
Higher expectations	54%
Detention / sanctions	53%
Behaviour of other children	52%
Peer pressure	51%
Bullying	49%
Standing out as different	44%
Vaping / smoking / alcohol	38%
Noise / smell or classrooms / canteen	31%
School uniform	29%
Longer travel	18%
Earlier start	18%
Being the youngest in school	16%

Base=671

A third or more had problems with standing out as different due to support needs, issues with vaping, smoking or alcohol, or sensory needs due to the noise or smell of classrooms or canteens and with wearing school uniform. Around a fifth had problems with longer travel, earlier start times or being the youngest at school (Table 9). These issues affected children who previously managed primary school to varying degrees.

Explosion of need in secondary school

Regardless of primary school experiences, secondary school demarcated a significant deterioration in experiences of education. Even when parents tried new secondary schools, the same problems emerged. During secondary school, nearly half of children had periods of being unable to attend and 35% needed a reduced timetable. One third of children were unable to complete middle or secondary school education (Figure 10).

We were having a meeting a week at secondary, because the children had so many needs. If one of them was in detention, they were all in detention. The eldest was very intelligent, but always in trouble through being literal or distracted, or saying inappropriate things. My daughter has additional emotional needs, and my younger son withdrew from school because he was struggling. At one point I had one having detentions and the two younger ones, their ability to remain in school broke down around the same time and they just withdrew from school. (Parent of sibling group age 19 to 23 years old)

Children in secondary school, already shouldering the day-to-day impact of trauma, found themselves in settings where they felt overwhelmed, isolated, found it hard to relate to their peers, were shunned or badly treated by peers, or had no friends.

Then he went to secondary school and it all went tits up. Well trained and informed staff would have gone some way, but not being physically abused by the staff, not being excluded on a whim because he had sworn at someone. It was horrible. At the time there was no choice of schools, he wasn't ready for residential as that would have been a long way away. (Parent of 22 and 24 year olds)

These were children with impaired executive functioning (68%) and significant sensory needs (Table 3), yet they began secondary school with little support. The work in school was often too demanding or confusing; and the environment was a constant sensory overload. Secondary school was also a place of increased risk, with fewer boundaries, more unknowns, the ability to leave the site, access to online devices, and more time unsupervised.

The confidence got less, anxiety and school refusal grew, she got more anxious about her football team, so got dropped off the team. She was really upset about that, so things got worse. By the end of year seven, she took an overdose. (Parent of 19 and 22 year olds)

[Mainstream school] was too busy, that's part of the problem, too many kids, too much noise. And that's why she should have had an EHCP (Education, Health and Care Plan) earlier… If she had the support from the outset… but she went to somewhere where she was totally out of control, to her it was like a massive big playground. Virtual School tried to help, they did try a few things, but they were long-term strategies and she wasn't there long enough. (Parent of 18 and 20 year olds)

Primary was perfect and nurturing and he enjoyed it and had a good group of friends and it just clicked for him. The school had a lot of one to one interventions and he went to a lot of those and got on well in those small groups all the way through and school worked out OK… Secondary was a bigger school. It took a few terms for us to realise he was struggling and putting a lot of effort into masking and trying to get on with things. Teachers were complaining about his forgetfulness, not being ready for a lesson, or he would give pens away if others asked for them. Then he would get into trouble… The teachers were always nit-picky about minor things… They expected the same behaviour from every child regardless of whether or not they could do those things. (Parent of 19 year old)

His teachers liked him, and tried to understand and met with me. They did try and work with us, but they didn't try and understand why and school was rigid with their rules… By November or December of the first term of year seven, he was starting to get a lot of detentions, he was not coping… The problems really started then. (Parent of 17 year old)

Parents observed their children finding the experience of secondary school challenging in three key domains:

- Environment
    - Feeling overwhelmed by number of people and transitions
    - Exposed to unsupervised internet and social media
    - Large school sites that were difficult to navigate, so easier to be lost, late or hidden
- Expectations and rules
    - Unable to do homework
    - Demands of school rules
    - Unable to work in classroom setting or keep up with peers
- Peer relationships
    - Linking with vulnerable students or peers who provide identity, even if negative
    - Primary school relationships not maintained as in different schools
    - Difficulty developing consistent and multiple peer relationships
    - Social communication difficulties
    - Bullied e.g. around identity, sexuality, adoption and first family.

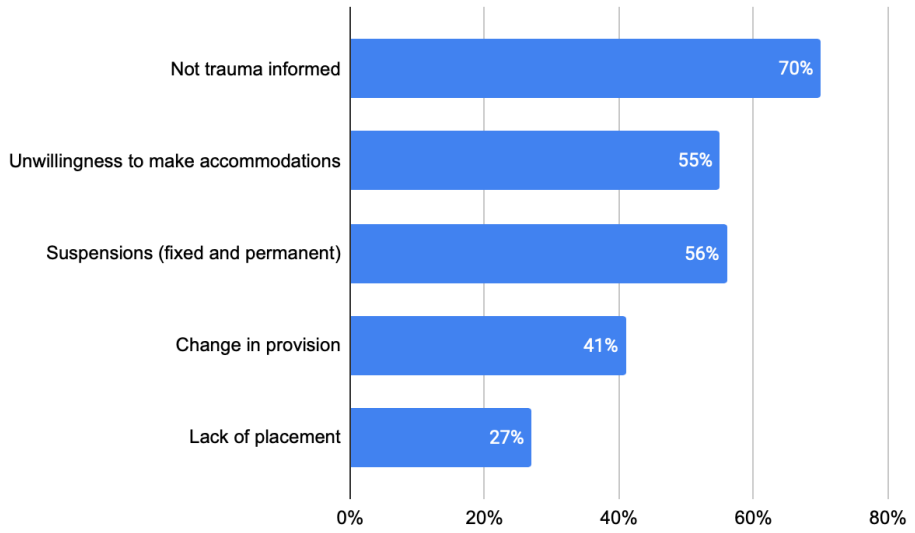
This led to changes in day-to-day life at home and school:

- Negative emotional impact
  - Feeling isolated and lonely
  - Increased anxiety
  - Insecure and unsure of identity
  - Unconfident
  - Exhausted and overwhelmed
- Reduced inclusion
  - Attendance
    - Running out of school
    - Absent from school for extended periods
    - Regularly unable to attend school
  - Participation in classroom lessons, tests and exams
    - Unable to work in classroom-based lessons
    - Crisis during GCSE years 10 and 11 (age 15 to 16 years old), unable to take exams
    - Falling behind with work; unable to do homework
  - School initiated exclusions
    - Internal seclusions, detentions, being sent home early
    - Removed from school teams, fixtures or activities
    - Fixed and permanent exclusions
  - Deterioration in interests outside of school
    - Ceasing extra-curricular activities, groups and hobbies had strengths in
- Exposure to harm
  - Groomed and involved in drug dealing
  - Missing outside of school
  - Increasingly reclusive and unable to leave bedroom or home
  - Overdoses and self-harm.

Poor responses to need from the education system

While there were examples of schools working hard to support pupils, many families encountered a degree of inflexibility and lack of understanding in education. 70% of parents said schools were not trauma-informed, and over half found schools unwilling to make accommodations (55%) or were suspending pupils (56%) (Figure 12).

Figure 12 Families' experiences of education (% all families)



Base=416

Adopted children have already experienced repeated loss, change and trauma, and then went on to experience more in the education system, with two out of five children experiencing repeated changes in education placement (Figure 12).

The secondary school was too strict, not appropriate and would rather not deal with special needs. By Christmas of year ten they called us in and said it is deteriorating so badly, we want to try a managed move to another school. So we did this. He was clearly extremely anxious… He started going missing and mixing with people he identified with internally, who had all experienced trauma… And he is with them, basically, kids that are excluded from school. So that school broke down. He was sent back to the previous school and they got him to sign a contract to make sure he obeys the rules… So then he was excluded to an alternative provision and involved with drug people. (Parent of 21 and 23 year olds)

The post adoption social worker tried to educate the school about trauma, and looked at limited timetables, and they tried to help our son. But the head wanted him out immediately and didn't want him. (Parent of 17 year old)

He started secondary school and during year seven we felt things were changing. There was the hugest degeneration ever. Within a short while he was really verbally abusive at home, he was involved in graffiti, all over houses and in bizarre places… He was very difficult at school and had huge breakdowns and outbursts and they had to hold him down to keep him safe. He was quickly involved in local gang culture at the time. He was quickly pulled into that in year seven (age 11 to 12). Started smoking weed… So we started a parenting course, trying to do this and that. Referred to CAMHS (Child and Adolescent Mental Health Services), started some courses and we were told it's not for us as [our situation was] too extreme. We were exploring how to support him better, but things were just escalating so at school he got his first exclusion. Then another and another. We had a post adoption support social worker by then, so we went into school, and the headteacher said I don't think there is anything more we can do for him. I said "he's thirteen, what do you mean?" That was how bad it was. He was smoking in school, running out of school, got involved with a group involved in bullying, although that wasn't really him. Looking back on it now, I think school should have tried much harder to keep him in school and contained. We had referred ourselves all over the place to get help, but they wanted to exclude far too quickly and put him into a PRU (pupil referral unit). (Parent of 25 and 29 year olds)

Despite the high level of need, the Education, Health and Care Plan (EHCP) system (CSP in Scotland, IDP in Wales or SSEN in NI)[5] did not appear to be meeting the needs of traumatised adopted school children. 71% of children had applied for an EHCP or equivalent. Around a third (31%) of children had an EHCP or equivalent application that failed to be assessed or did not win an EHCP or equivalent. Just two out of five (40%) of children had an EHCP or equivalent (Table 10).

Table 10 Experiences of Education, Health and Care Plans or equivalent

	% all children
Failed to assess	26%
Applied but not won	5%
Awarded EHCP/CSP/IDP/SSEN	40%

Base=671

[5] Co-ordinated Support Plan (CSP) in Scotland, Individual Development Plan (IDP) in Wales, Statement of Special Education Needs in Northern Ireland (SSEN)

He needs an EHCP because he is like a bottle of pop, but he hasn't got a diagnosis and I worry he won't manage mainstream secondary and we will lose him the same way we lost our daughter. The SENDCo is helping, but we don't have enough evidence. We've been on the waiting list for three years for an autism assessment and then we will have to be told it's not that and wait again for a different pathway. We were told you can have FASD (foetal alcohol spectrum disorder) assessments through the company we have therapy with but the Adoption Support Fund won't fund it - which is crazy as so many adopted kids have FASD. So we are waiting for an autism assessment. But all the forms are about his early development and I don't know about that. (Parent of sibling group age 10 to 15 years old)

I have boxes and boxes of paperwork from trying to get an EHCP and trying to get secondary to understand FASD (foetal alcohol spectrum disorder), what it stood for and why he couldn't do what he couldn't do. But then in the later stages he was excluded from secondary, and then went to a specialist secondary for a while and then went to a new school, for sixteen to nineteen year olds. (Parent of 22 and 24 year olds)

I think if she had an EHCP in the first place, had been in a smaller school, perhaps where people could help her a bit more... We could have had a different approach to her education. (Parent of 18 and 20 year olds)

Parents identified further challenges when they sought help with education:

- (Non)Assessment
    - Difficulty getting assessments
    - School unwilling to assess, not seeing need or not starting process until have diagnosis
    - Parents having to lead on EHCP or equivalent assessment requests and drafting EHCPs or equivalents during crisis
    - Undiagnosed dyslexia, autism, Attention Deficit Hyperactivity Disorder, anxiety and depression
- School rules
    - Rigidity in school rules and behaviour policy
- Trauma (un)informed
    - Challenge to persuade all school staff to engage in and act on trauma-informed training
    - Lack of support from senior leadership when other staff are trying to support the teenager
    - Low tolerance and poor understanding of needs
    - Child is pathologised with focus on behaviour change rather than schools reflecting on the impact of environmental factors
- Communication
    - Schools not sharing changes in behaviour in school with parents, other professionals or at professional meetings
    - Parents and their child not listened to
    - Number of staff that need communicating to about child's needs in secondary
    - Teenagers unable to explain what is happening to them at the time
    - Suspected grooming, but unable to find proof or be taken seriously
- Education support services not publicised
    - Not heard of virtual school for adoptive families or SEN services such as the Information, Advice and Support Service for parents of children with special educational needs (IASS / SENDIASS)
    - No interaction with the Special Education Needs Coordinator (SENDCo) or awareness of how they could help.

No one really listened to us or our son. They just thought he was trouble. (Parent of 17 year old)

He also has dyslexia which we had to get a private diagnosis for. I am sure that also contributed to his issues in school. (Parent of 14 and 22 year olds)

There was a SENDCo there who really talked the talk, but it took me a year to realise that was all she did and she never took any action. She talked about trauma and attachment, nurture groups, but nothing ever happened. I tried to get an EHCP and that took forever and I ended up doing it myself. (Parent of sibling group age 19 to 23 years old)

School exclusion

Over half of families (56%) reported that their children had experience of fixed or permanent suspension from school (Figure 12). These could be internal exclusions from lessons or external exclusions from school. These exclusions occurred at a time when children were emotionally vulnerable or risky behaviours were increasing outside of school. Teenagers were also excluded from activities that helped them, for example not allowed to represent school on sports teams as a behaviour sanction. As a result, traumatised teenagers experienced a very disruptive teenagehood, unable to put down roots, nurture strengths or make lasting relationships, as they moved from school to school.

A boy was really insulting and nasty to him, used to say your (first) mum is a slag, she sleeps around, that was why you were taken away. You are trash, no one wants you. The red mist just exploded. He was excluded for three days… And that's when it kicked off… He started to feel insecure in terms of his own identity. (Parent of 17 year old)

He was excluded from the school and then bouncing around the system. He had long periods of time with no education before another place was found and then that place was not the right fit either as the local authority did not have the right places available. So he was excluded from special provisions, then excluded from another special provision. So throughout his educational life there was no consistency. He dissociated completely and felt he was a failure. (Parent of 14 and 22 year olds)

Children were also vulnerable, being unable to narrate what had happened to them, so internal exclusions could take place without parents being fully informed.

I was never clear what actually happened in these isolations. I got the impression that he was supposed to work on his own, but if he had been told to go to isolation, he would leave the class without his work. I think he was probably staring at a wall, but I was always asking and I don't think teachers wanted to admit it. So what did our son do in that isolation? They couldn't answer me, was it because no one was there, or was he sat staring at a wall? No one ever answered me. He couldn't tell me, he said sometimes he stared at a wall. (Parent of 19 year old)

Specialist provision

43% of parents tried specialist provision for their child (Figure 11), including Special Education Needs (SEN), Social, Emotional and Mental Health (SEMH), therapeutic and residential schools. Parents found it hard to identify appropriate education settings for their children and had to fight hard for EHCPs or equivalents, diagnosis and support for a change in placement from mainstream to specialist provision.

Information about what these schools are about [is vague]. When they say they are trauma-informed, what does that mean? What do they understand by that? We looked at about four primary schools, but it was clear on entering the gates, this one just felt right.

But it paved the way for me to believe that the [specialist] secondary school would be as good and it wasn't. (Parent of 22 and 24 year olds)

He really, really struggled, and at secondary school the boys were getting more sophisticated and turning into young men, but he was still younger, often having arguments with his friendship group, being excluded from friendship groups, finding it harder and harder. Eventually, around age fifteen, he went to a PRU (pupil referral unit). He liked it a bit more there, but then was truanting a bit more. The PRU was attached to a massive SEN school, but it didn't cater to his special needs, so that didn't work. He was really struggling and I don't think he was getting anywhere academically, even though the classes were small, there were disruptive students so that was no good for him. (Parent of sibling group age 19 to 23 years old)

At school, our son was in a group for children with additional learning needs. It was so inappropriate, they were emotionally mature and securely attached children within families. [They were] robust characters who just needed learning support. Whereas our son could not speak, was not attached and really struggling. The Education Welfare Officer said they needed a different school with in-house speech and language and different SEN support and they needed therapy. She was like a goddess and I practically fell at her feet. (Parent of 25 and 26 year olds)

Finding a residential school [was hard]... Trying to find the right fit and our understanding wasn't great at what a SEN school offered. They all said no as his behaviour was too challenging and one we went to which was for boys with behaviour issues, said he wouldn't fit. So where would he fit? So we did go for a school that was more for behavioural issues but our son was too anxious to go into the classroom. In residential, that's where he first got into drugs as he was just allowed to wander the town centre where he went to find more exciting people. So he came back home, as that was not safe. Then we found this school that was small and safe. Very small and nurturing, an autism school. The head teacher says he doesn't really fit here but they managed him really well. In the absence of anything else, social care and education agreed to a few years funding for him. He looks back on it fondly and had a fantastic English teacher. He loves books and words and they really nurtured that with him; and he had lots of outdoor activities. (Parent of 18 and 22 year olds)

We moved to be near the special school. The social worker would not let us move for a year, but two places became available, so we drove the children a ninety mile round trip to school for eighteen months. With separate therapy twice a week in between. (Parent of 25 and 26 year olds)

The psychiatrist felt our son should go to specialist trauma-informed residential school and we were shocked as he was only nine years old. The post adoption support social worker came to see us and said look, you are trying to parent a child who can't be parented, you need to send him to this school, you will get excellent help, so we agreed we would do that... So once we said yes and started sorting out the EHCP, the same social worker said no, "no borough has ever placed a child outside the borough". That was horrendous, as I thought you were on our side and now you have said no. Obviously his manager had come down on him and said we are not funding that. (Parent of sibling group age 19 to 23 years old)

For some, specialist provision made a huge difference.

You didn't ever have to explain yourself or justify anything, they understood where we were coming from. They were interested in his siblings and you would have whole family days, family therapy sessions, a family photo, you could meet other parents and you could visit when you wanted to and they understood about attachment. When he was struggling, they

asked me to send in some clothes and they were very nurturing to us as well… I have never seen anywhere like that since. (Parent of sibling group age 19 to 23 years old)

However, poor experiences in mainstream settings could also continue in specialist settings, and secondary specialist settings could be especially challenging.

It was his birthday and we took him out, and afterwards he was very distressed and said he wanted to come home now and the staff member wouldn't allow it. [Staff said] we stick to the boundaries etc and our son was in bits and I was heartbroken… I was worried about bullying, but the school reassured me, but it didn't work for him being in a bedroom with another kid with complex needs. So, he left and I said it was because of bullying. They said he could come back and try a single room, but our son did not want to go back. (Parent of sibling group age 19 to 23 years old)

We found a lovely SEMH (Social, Emotional and Mental Health) [primary] school at that stage. Nurturing and understanding for the final three years of primary school. All the staff in the SEMH primary school were at that point nurture and understanding, and not punishment, punishment, punishment, it was all nurture, nurture, nurture. Communication with us was excellent. We had a communication book written daily and nothing negative in it. They would phone and discuss anything negative separately. They made a huge difference to our son. They were trauma-informed, but didn't know they were, there wasn't one member of staff that wasn't nurturing in the way they cared for them, exemplary in every way. They were positive every day and noticed even the tiniest thing. They would document tiny little things, like acts of kindness and highlight anything our son did that was good. He still talks very fondly of his time there. He was eight, nine and ten years old. They were trauma-informed without knowing it. Sadly it went completely opposite in secondary. His SEMH secondary school was horrendous, awful, from the sublime to the horrendous. (Parent of 22 and 24 year olds)

He needed a special school, rather than a nurture unit in a mainstream school, where he never felt safe, he never felt worthy, there was never enough time. (Parent of 25 and 26 year olds)

Further education

Teenagers and young adults in further education needed considerable support to remain in education, with earlier school-based needs continuing into further education:

- Motivating to attend and help getting up and ready
- Transport to college
- Parents need to be available when college call about concerns or when an adult child needs collecting or has gone missing
- Help finding courses and funding
- Classroom support
- Support to pass functional and entry level exams.

It was a real struggle to get her to attend [the course she chose]… Making sure she was doing it, trying to jolly her along… Telling her she could do it. (Parent of 18 and 20 year olds)

He started college, but couldn't cope… There was too much sexualised banter on the course, so he could not cope at all. Sex and relationships are really difficult topics for him, so he just didn't go, despite doing really well [in lessons]. His anxiety was too much. (Parent of 25 and 26 year olds)

School was very strict, but at college they have more freedom, which I don't think is great. She wants freedom and I think she feels more vulnerable as she has too much freedom. So

her phone is set up with parental controls, time limits and this continued in foster care and school. She had to hand the phone in and had a contract with them that she had to hand the phone in at night, and they could check it if there was a problem etc. At college, she can have her phone in her room, and finds ways round things, so will be on her phone all night. She is older, so needs more allowances, but it's not great… She has done all the safeguarding courses and if you sit with her, she says all the right things, but in the moment, she can't think of any of that and still does it. (Parent of 17 and 20 year olds)

The EHCP was in place from the beginning, but we soon found that the EHCP was interpreted at the lowest level, that our son "will have access to"… So instead of actually having someone to support him, there was just someone in the room for children who asked for help, and of course our son never asked for help. So from the word go, it wasn't working as our son was not asking for help and college didn't understand his profile as a child with early trauma. They were very much geared up for children who had autism and that became very apparent when he struggled in an English lesson. They said he can't be overwhelmed, there are only three people in the room. He hasn't got autism, he is overwhelmed by your expectations in that situation and the project subject [homelessness] was quite triggering. Why pick such a contentious project? Of course he didn't want to be working on that. The SEN provision wasn't trauma-informed. (Parent of 19 year old)

The last college for our son… seemed like a really good fit. But as he hit adolescence, they seemed unconfident about dealing with an urban teenager… He then ran rings around them and was leaving classes and wandering around the countryside. He was drinking, sexual activity in a mixed house, they were unsupervised and there was not a waking night staff member on site so God knows what happened. So he was excluded from there due to drinking, but really they didn't know what to do… They could have been a lot more robust about the residential, having a waking staff member. I did ask them and said he is wandering at night and I have been phoning to say he isn't safe… They would say it's a one-off or are you sure? They need a lot more training around teenagers who are not neurotypical, but of average intelligence and capable in other ways. (Parent of sibling group age 19 to 23 years old)

Parents wanted more flexibility in further education for their children, for example: funding permitted to be transferred when a change in setting was required; being able to stay in alternative provision beyond 18; or recognition that a young traumatised person needs more time, especially when education has been disrupted in years 10 and 11 (KS4 / GCSE years).

Need for a different approach in education

Parents' suggestions for improvements in education included: providing EHCPs at adoption; EHCPs to be better informed by the long lasting impact of trauma; earlier diagnosis and treatment of neurodevelopmental and learning disabilities; a different approach to education at primary and secondary level, for example a focus on nurturing relationships, emotional development and more hands-on, non-digital and practical learning; and alternatives to large secondary schools and classroom-based learning.

What would have made a difference would be if EHCPs come with adoption orders. And it gets reviewed. (Parent of 22 and 24 year olds)

The outward behaviour would be very reactive according to him being pushed, but he needed somewhere more nurturing as the schools were all behaviour schools then. There were more children with more behaviour issues and that made it worse in many ways because they made it more complicated for one another. (Parent of 14 and 22 year olds)

The focus needed to be less on let's get you into education and more on understanding identity or how things work in the world a bit better so we can navigate the world without getting cross. (Parent of 18 and 20 year olds)

Our son is now working in an apprenticeship. It has transformed him completely, not being at school. School was a disaster from age 11. Leaving school was the best thing that happened to him. (Parent of 17 year old)

I think schools need to be better informed and more empathetic to the needs of these children… Our youngest's issues were a lot to do with stealing and aggression, and he was excluded from school. The more you exclude the worse it gets… I would still say a more therapeutic placement would be better rather than fitting into a system when they can't fit in. (Parent of 14 and 22 year olds)

Students appear to not engage in help, but the school environment is just too much, no matter what is in place. Some traumatised teenagers are just not ready or able to participate in a traditional education system and instead need a system that is flexible enough for them to pursue accreditations or training when they are ready; and provide positive and useful experiences in the meantime. (Parent of 18 and 20 year olds)

It's understanding that the trauma is there… So all we can do really is do our very, very best to get them functional skills in a less competitive environment. Emphasis on them being good citizens, because emotionally they were not at the same level as their peers… You need to give them things that they enjoy learning and that's not possible in the traditional setting… They need practical things to help them when they are older… It's a bit like telling an eleven year old to do a GCSE, and they can't because they are not emotionally equipped to do it, and it's like that for our kids because they have been so damaged, they are not able… and we can't change them. (Parent of 18 and 20 year olds)

Positive interactions made a huge difference, such as a teacher that listened and adapted their approach; pastoral care; focusing on strengths instead of withdrawing opportunities as a sanction.

He did get into trouble, accused of bullying. Eventually, the police came into school and did a three-point action plan and told him to focus on his strengths, so he got into basketball and that did it for him, he had that to focus on. There are still ongoing issues emotionally, but he is doing well now… I remember having an hour's chat with his English teacher and she was very understanding, I don't think he realised how much I was doing in the background to help him in his lesson. From that day forward she treated him differently and he managed. So you have exceptional people you meet but not everyone is like that or will do that for you. She made a difference. (Parent of 21 and 23 year olds)

There was a new SENDCo who was delightful and he would end up sitting in her office all day. She came round once to see him at home when he was struggling to get into school and he was hitting me with his coat, and she came in and talked to him. (Parent of sibling group age 19 to 23 years old)

Summary

- Education was a significant challenge in the lives of adopted, traumatised children, the majority of whom had special education needs. Children had periods of being unable to attend school or needed to attend alternative or specialist provision.

- When challenges were clearly emerging in primary school, educational services were slow or unwilling to respond, leaving children starting secondary school with unmet needs.
- The transition to secondary school demarcated a significant deterioration in experiences of education. Children, already shouldering the day-to-day impact of trauma, found themselves in secondary school environments where expectations, rules and demands impacted on children's emotional wellbeing, school inclusion and vulnerability to risk.
- Teenagers and young adults in further education continued to require support.
- Late or undiagnosed ADHD, ASC and dyslexia were a key factor in poor education experiences.
- Parents reported that schools were not trauma-informed and were unwilling to make accommodations.
- Exclusions were commonplace, occurring at a time when children were vulnerable. Children had already experienced repeated loss, change and trauma, and then went on to experience more in the education system, with repeated changes in education placement.
- Despite the high level of need, many traumatised adopted school children were refused assessments for an Education, Health and Care Plan (CSP in Scotland, IDP in Wales or SSEN in Northern Ireland).

6 Child to parent violence

This chapter describes the extent of child to parent violence and abuse (CPVA) in families and experiences of living with CPVA. CPVA describes patterns of behaviour, instigated by a child, using verbal, physical, psychological or financial means to gain power and control over a parent or carer (Bonnick 2006-2025). Families described how they try to keep their children and families safe, including reactions from the police and services and the training undertaken by parents to help their families. Families described wider behaviours in the home and experiences of false allegations.

Experiences of child to parent violence and abuse

Few families are unaffected by CPVA. Three out of four families experienced CPVA, threats of violence or physical violence; nearly all families experienced damage to property at home (Table 11).

Table 11 Behaviours parents experienced from their child

	% all families
Property damage at home	88%
Persistent defiance of parental authority	79%
Threats of violence	76%
CPVA (to person and property)	75%
Physical violence	74%
Extreme inability to manage family boundaries	72%
Coercive control of parents	61%
False allegations	43%

Base = 419

Parents described experiences of CPVA in both younger and teenage children.

Between coming home from school and bedtime, he would beat the hell out of us, smack us, hit us over the head with things, spit at us, smash the house. Social services were aware of it. Every time there was an incident we reported it to post adoption support. They said it's early days, all children get angry. (Parent of 26 year old)

One night I was black and blue because I asked her to talk to me instead of looking at her phone. (Parent of 18 and 20 year olds)

Very aggressive behaviour carried on until [our daughter was] age eight. She would run across the room and jump on me; pulled a knife on me. I could see the triggers, but it was very in the moment. I would lock myself in the toilet and she would be banging a chair on the door. I would sit and hold her until she stopped hitting me as she would follow me around the house hitting me. (Parent of 19 and 22 year olds)

Our house was like a bomb site. Holes in walls, he was hitting us… Mealtimes were awful with the table being stabbed and forks being held to people's faces. (Parent of 18 and 22 year olds)

He was dragging me around the room, punching, spitting, calling us names, trashed his room, smashed walls and windows. (Parent of 17 year old)

The violence escalated, hurting us, kicking in doors. Stealing, [smashing] car windows, [throwing] rocks in windows of our house. About six to nine months of hell on earth. He would barricade himself in his room, he was stealing our credit cards, everything. We had safes. We could not leave anything [out], he had stolen cash, cards, from family members. He sold his dad's bike, took cameras. (Parent of 18 and 23 year olds)

At that point he was suffering with hallucinations, he was suicidal, he was having psychotic episodes and at this point, just so aggressive, no boundaries. There was coercive control with threat of suicide if he didn't get his own way, violence in the house, threats in the house, just awful. (Parent of 14 and 18 year olds)

In addition, the majority of families (88%) experienced extensive and regular property damage at home (Table 11 and Table 12).

Table 12 Types of property damage encountered

	% families with experience of property damage
Furniture broken	66%
Mobile phones / computers / laptops broken	63%
Broken internal plaster / walls	61%
Food and drink emptied onto floor	60%
Internal doors broken or off hinges	59%
Crockery smashed	54%
Clothes ripped	45%
Pictures smashed	44%
Windows broken	34%
Cars / vehicle / bike damaged	33%
TV broken	32%
Spectacles broken	28%
Garden plants / furniture broken	27%
Light fittings broken	23%

Base=378

Around three-fifths of parents (61% n=257) experienced coercive control, mostly in the form of verbal and emotional abuse (Table 11 and 13).

Table 13 Aspects of coercive control encountered by families

	% families with experience of coercive control
Verbal abuse	88%
Emotional	77%
Threats	71%
Physical abuse	65%
False allegations	39%
Isolation	36%
Financial	33%
Sexualised behaviour towards adults / siblings	10%

Base = 338[6]

[6] Note: the base number for Table 13 is higher than the number of families reporting coercive control in Table 11. We assume that once coercive control was defined, more families identified with this experience.

In the midst of living with CPVA, families experienced false allegations. Two in five families had experience of false allegations (Table 11) and a third (34% n=137) of all families had experience of false allegations that were investigated.

False allegations came from reliving trauma during flashbacks which felt very real to children at the time; or from projecting past trauma onto adoptive families. False allegations were also a feature of child to parent coercive control (Table 13).

Our son made false allegations and we were investigated. We had a social worker rock up at our door unannounced to assess him, we had to sit separately with the doors shut. She stripped him down to his pants, and got him to explain every bruise. He was always throwing himself on the floor, he used to hit himself and head bump the wall, we had told the GP. She asked him to draw a picture of daddy, and he did, and drew this awful picture of a monster and he stamped on it and scribbled all over. She asked us to come in and showed us the picture and I asked which daddy is that, and our son said his birth dad, and then he drew a picture of my husband holding hands with him. I just looked at this social worker and printed off a POTATO leaflet about allegations and I said the next time you come out to an adoptive family you need to do your research. And she went away, the allegation was dropped. (Parent of 26 year old)

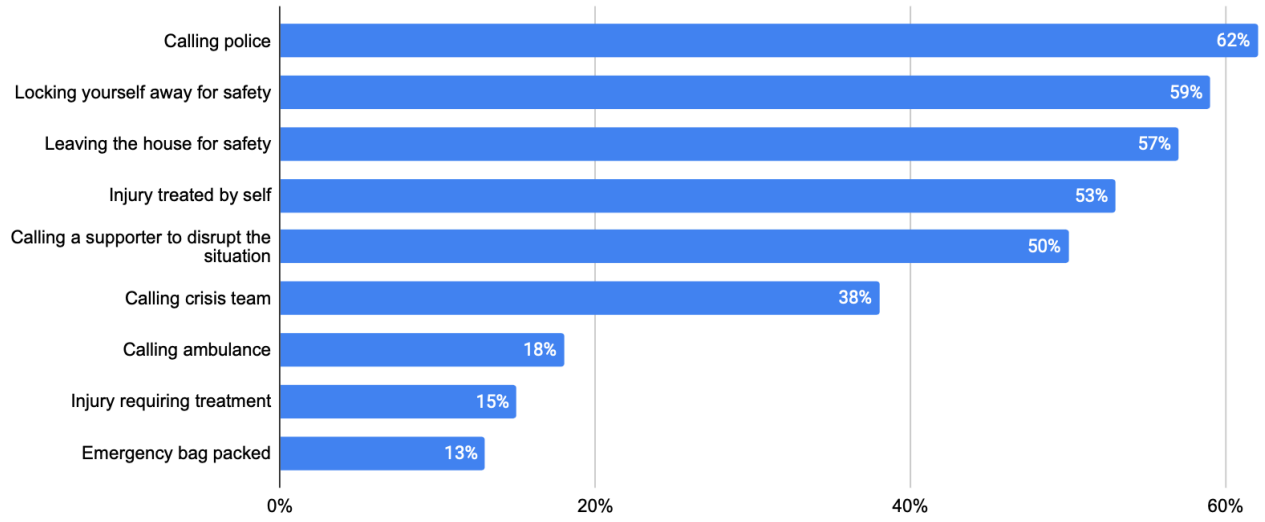
Our daughter went into school and made horrific allegations about my dad, who was arrested. The safeguarding team decided it must be true and we went through hell… My dad was on remand for four months… She has made an allegation of a sexual nature pretty much in every place she has stayed. No action was taken, but they arrested my dad. We have since got full disclosure and have discovered she was sexually abused by her birth grandad. Which is why it has been deflected to my dad; it is so obvious but social services won't see it. (Parent of sibling group age 10 to 15 years old)

Then an allegation was made by him to a teacher that we had hit him which had to be investigated. That was horrible, really distressing as I recall our son saying you are going to get into trouble because of something I said to school today. We received a letter in the post from the police with a stop abuse watermark. I opened it and it said they needed to talk to us. I didn't keep it as it was horrible. He had said to this nice SEN (special education needs) teacher that we had hit him. We were interviewed and asked if we had ever hit him… I showed them bruises all over me from him… Our son was interviewed on his own with a social worker. We had to sign something to say we would not hit him again. I don't think our son even understood what it meant and that was on our record. Our son did admit later we had not hit him. (Parent of 18 and 22 year olds)

Family responses to child to parent violence and abuse

Families described the actions they took in response to CPVA. Around three out of five families who had experienced CPVA had called the police (62%) or locked themselves away for safety (59%). More than half had to leave their home for safety (57%) (Figure 13).

Figure 13 Actions taken by families in response to child to parent violence and abuse (% families with experience of CPVA)



Base=331

It is scary calling the police, you wonder what they will be like, will they make an arrest, what will neighbours think. [You don't have much time to] ask the police to disarm your daughter, but also explain dissociation, mental health and vulnerability. It's difficult, you don't want them arrested, but that hadn't entered my head until the police asked me. Now that I have done it a few times, I know what to ask for. I feel more in control. You start to learn, as you go along… Had a few hairy situations, one with a knife and she completely dissociated and did not respond for hours. We had four policemen in two cars, with tasers, it was quite heavy, they were there a long time, and the police learnt a lot more as we had time to talk. The police come in to make the situation safe and act quickly, so not gentle. (Parent of 19 and 22 year olds)

When he reached puberty, he became very aggressive. Even the respite foster carers could not manage. One was very experienced, having worked in adult psychiatric care, her husband was a foster carer, and they had to bring in another carer to cope with one small boy for one night. We were increasingly concerned that he might kill himself or one of us, he was that aggressive. He pushed me in front of a bus, down the stairs. They were deliberate things to do harm. And then we had an incident when my husband was bringing him home from school, and our son kicked him in the head, causing brain damage… He had short term memory problems for a long time. It also triggered a complete breakdown. (Parent of 26 year old)

Parents had set up a range of routines and measures to maintain safety in the home. Three out of five (64%) carried a phone and house keys on their person at all times. Locking items away such as knives, medication, alcohol or cleaning products was commonplace in family homes, as was putting locks on internal doors or installing a safe (Table 14).

Alongside these practical actions, nearly half (47% n=190) of families had training in nonviolent resistance (NVR) in response to CPVA, a fifth (19% n=77) had de-escalation training and 7% (n=29) had training in safe restraint / Team Teach (Table 39).

Table 14 Actions parents follow in order to maintain safety in the home

	% all families
Keep your keys and phone on you at all times	64%
Lock away knives	63%
Lock away medication	56%
Install a safe	47%
Lock away alcohol	45%
Put locks on internal doors	45%
Leave the house to escape violence	43%
Lock yourself in a room	40%
Plan multiple escape routes from your house	22%
Written safety plan	22%
Lock away cleaning products	20%
Put a flag on your property with services	20%
Install a panic alarm	3%

Base=405

*NVR (*nonviolent resistance*) is a parenting course with trauma in mind that teaches you how to understand trauma better and how to manage it in more positive ways. I became more aware of how to manage trauma with my post adoption social worker, who arranged a NVR course. Through that course I got a bit more understanding and perspective and talked to people who were in a similar position themselves. We were dealing with similar behaviours and traits due to our children's trauma. (Parent of 14 and 18 year olds)*

Families asked for help with CPVA, but many did not receive any. Support with CPVA was one of the main reasons parents approached POTATO for help (Table 20). Families did not become aware of NVR until they were in crisis and despite nearly all families experiencing violence in the home, over half have not accessed NVR (Table 39).

We had a couple of incidents, one when I was injured after we crashed the car on the motorway. He was eight then and I was off work for several weeks with injuries and I remember asking for respite and we had it refused. I asked for a support package and we had that refused. (Parent of 26 year old)

I would call the emergency social worker at the weekend. Although I am at risk from my daughter, my daughter is not at risk from us. Therefore, it's not a priority, so that was very hard and very frustrating. (Parent of 17 and 20 year olds)

Summary

- The majority of families experienced CPVA, including injuries requiring treatment, damage to the home and coercive control. False allegations were widespread.
- Families repeatedly asked for help with CPVA, but many did not receive any with experiences of CPVA being repeated over many months or years.
- In order to protect themselves and other children in the home, parents called the police, locked themselves away or left the home for safety.
- To maintain safety in the home, parents carried a phone and house keys on them at all times, locked items away such as knives, medication, alcohol or cleaning products or had locks on internal doors.
- Alongside these practical actions families accessed nonviolent resistance (NVR) training in response to CPVA, but over half of families have not had NVR training.

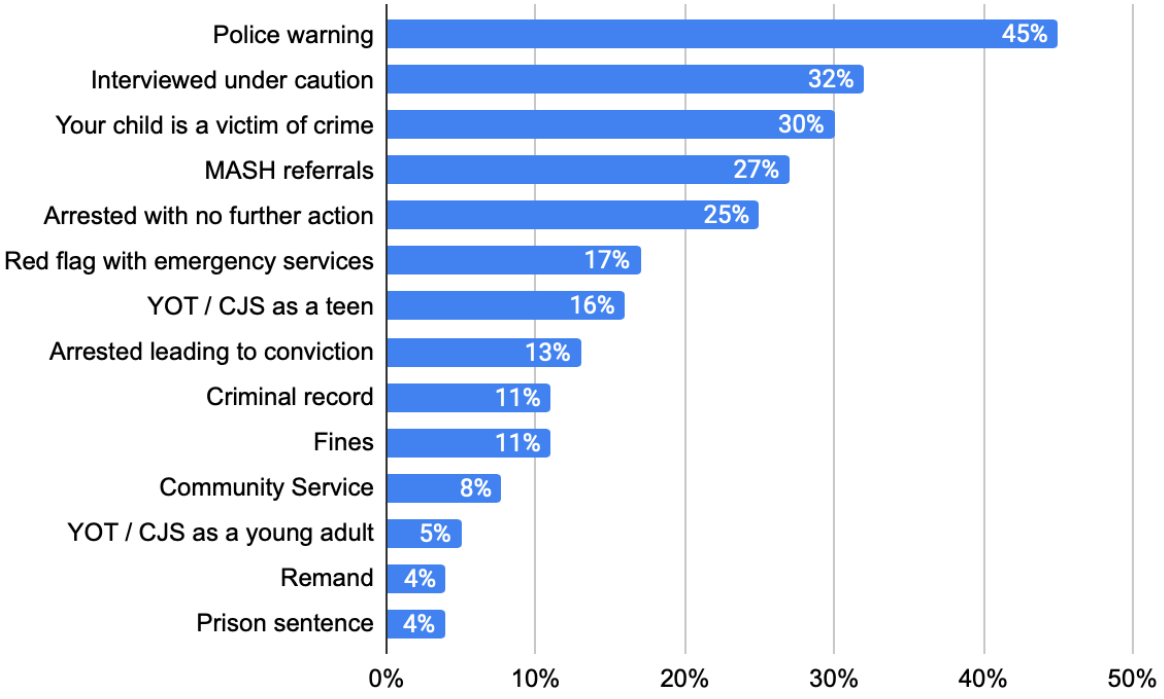
7 Police and the criminal justice system

This chapter describes children's experiences of crime, the criminal justice system (CJS) and custodial sentences, at what age they become involved and the types of crime; and experiences of families trying to secure support for their children facing remand, court, convictions or custodial sentences.

Children's interactions with police and criminal justice system

Nearly half (45%) of children have had a police warning. One third (32%) had been interviewed under caution. One quarter (25%) had been arrested without further action. 13% had been convicted of a crime. One in 25 (4%) of children had been sentenced to prison and one in 20 (4%) had been held on remand. Children were also highly vulnerable; nearly a third (30%) of children were victims of crime (Figure 14). Parents reported that only 24% of children did not commit any crime or have experience of the CJS.

Figure 14 Children's experiences of crime and the criminal justice system (% all children)



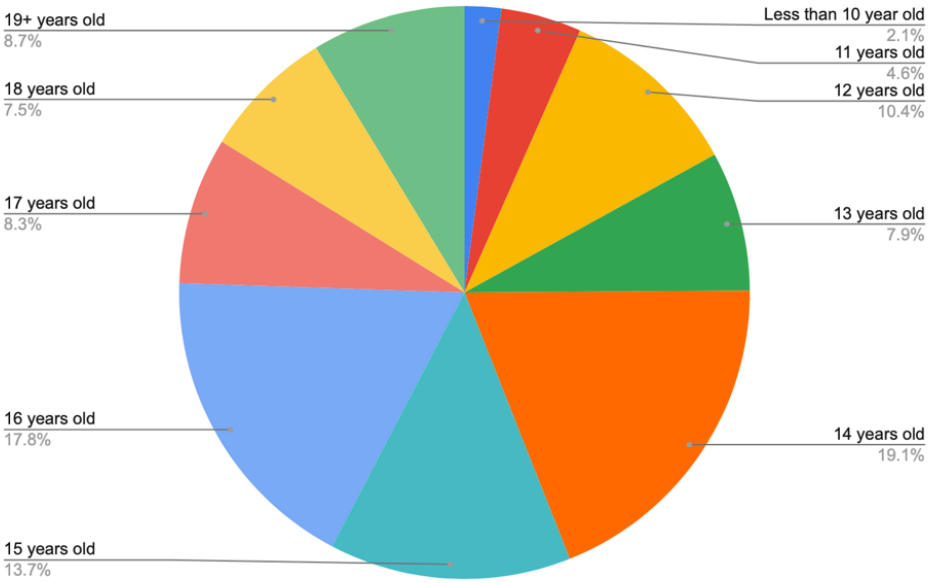
Base=671

16% of children were involved with youth offending teams (YOT) or the CJS as teenagers and 5% as young adults. Just over a quarter were referred to a multi-agency safeguarding hub (MASH) as a result of criminal or police involvement.

Age when children first in contact with the criminal justice system

Children first came into contact with the CJS at a young age. A quarter were aged thirteen or under when they first experienced criminal charges and a third were aged fourteen and fifteen years old (Figure 15). Parents described the experiences of children of all ages, some of whom are now adults, but experienced the CJS when they were younger, or may have current experiences of the CJS.

Figure 15 Age child first involved in the criminal justice system as someone charged with a criminal offence (% all children charged with a criminal offence)



Base=241

Vulnerability and exploitation

Traumatised adopted children were extremely vulnerable in the criminal system to criminal manipulation and being groomed, with over a third of families reporting that their children had experience of exploitation and / or drug related crime. Between 13% and 10% of families reported that their children had involvement with gangs or county lines (Table 15).

Table 15 Criminal activities children involved in

	% all families
Theft (from home)	43%
Theft (outside the home)	41%
Assault	39%
Criminal damage (in the home)	37%
Exploitation (as victim)	36%
Drugs	35%
Sexually harmful behaviour	26%
Fare evasion	24%
Criminal damage (outside the home)	23%
Gangs	13%
County lines	10%
Arson	9%
Exploitation (as perpetrator)	9%
Driving under the influence	5%
Anti-social or criminal behaviour order (ASBO/CBO)	6%

Base=384

School would have been alright, but then from there he gets involved with people that, whether they knew or not he was one bob short of a pound, but got him involved in all sorts of stuff to do with computer misuse so he was arrested. (Parent of 22 and 24 year olds)

He had friends at primary and secondary. He was a sociable boy, but starting from scratch at college was hard so he would leave college to find people to hang around with… College noticed he was getting texts and leaving immediately. The police came and spoke to us about our son threatening someone on the bus. One of the parents brought him back from a sleepover, he had been beaten up and had a bag stolen and then we found drugs in his room, a knife, balaclavas… So I looked through online and found messages that signalled he was selling drugs. (Parent of 19 year old)

Lack of appropriate support in the criminal justice system

Once involved with the CJS there was lack of appropriate support for children, such as access to mental health services, rehabilitation programmes, and other interventions designed to address their trauma rather than merely punish criminal or socially unacceptable behaviour.

Prison is seen as a punishment, but people come out and their mental health issues have not been addressed at all. Nothing has changed. You can't just stop internet access, if the person's addiction is online issues, then you need to help them with their addiction, not just put them out there and say you are fine because we have kept you off for two years. You need to help them with the addiction. (Parent of 14 and 22 year olds)

He is supposed to be doing community service and we are trying to go to court and change it as he is not managing it… I am worried he will have this hanging over him for years as he can't manage to do the punishment. That's as if the punishment is going to prevent him from doing anything because actually he has stopped. He doesn't want anything to do with it anymore, he just needs help getting on with his life. He doesn't need punishment. He's had enough punishment. What more can there be than almost losing your family. (Parent of 19 year old)

Supporting children in the CJS was a further source of stress and trauma in adoptive families. Families had to work very hard to keep all aspects of the CJS informed of their children's needs.

He is on remand now, he doesn't have his ADHD medication… And has lots of responsibility pushed onto him, which he just can't manage. He has never managed to complete his clothes form, so he has never managed to have his own clothes in prison. They say he is an adult so he has to manage. They will give him forms, but won't sit down with him. (Parent of 14 and 22 year olds)

I always write a letter to the magistrate, listing the symptoms, the police are often not so understanding. The arresting police are usually understanding, but then something happens in custody. They get very rigid again and decide he doesn't need a mental health assessment, that he is fine. It changes in custody. He has never had a mental health assessment in custody. (Parent of sibling group age 19 to 23 years old)

The starkest one, was when our son was released from prison, he couldn't go back to his supported living accommodation. So it was "oh well he can't go back there", and then we had to go through the whole homelessness assessment with the local authority. He was 22, so had to go for an appointment with probation, then present himself at the local authority housing department as homeless. This young man has just been released from prison, his first prison sentence, and then expected to answer all these questions about why he is

homeless. If we hadn't been here [for him] he couldn't have managed, he wouldn't have been able to even get a train. There was a total lack of planning despite me being very proactive and talking to everyone in prison. Their response is, "well he's an adult". It took a lot of intervention for me to get the 18 to 25 disability team involved. (Parent of 22 and 24 year olds)

Further trauma was added when investigations took years to resolve.

For youngest, it just takes too long. For him to be under investigation four years later, nothing will go away, for an offence that should have been dealt with years ago. So the criminal justice system has not helped. We need a different way of dealing with it. If he ends up in prison, he will get more involved in drugs. (Parent of 14 and 22 year olds)

Involvement with the police also arose for teenagers who were living in carer-supported accommodation or were mental health inpatients.

She has had a lot of police involvement while an inpatient. Because of violence, aggression and threats. If you threaten staff with any object as a weapon, staff will call the police. The police come in, if there is a group of girls involved, they come in with riot shields. We have made formal complaints as she has been kicked or spoken to really appallingly... It's like she is just a naughty person on the street but the police know she has mental health needs. (Parent of 19 and 22 year olds)

Summary

- Many children were victims of crime and the majority of children had experience of interactions with the police and criminal justice system (CJS), including a police warning, interview under caution, arrest or conviction of a crime.
- Traumatised, adopted children had been sentenced to prison or had been on remand.
- Children first came into contact with the CJS from a young age, many aged thirteen to fifteen years old.
- Adopted children were extremely vulnerable to criminal manipulation and being groomed.
- Once involved with the CJS there was lack of appropriate support for children, such as access to mental health services, assessments, medication, rehabilitation programmes, and other interventions designed to address their trauma.
- Supporting children in the CJS and keeping the CJS informed of their children's needs was a further source of stress in adoptive families.
- Additional trauma arose when investigations took years to resolve or when involvement with the police occurred for teenagers who were mental health inpatients or living in carer-supported accommodation.

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8 Harmful sexualised behaviour

In this chapter the presence of harmful sexualised behaviour (HSB) among teenagers, young adults and adults is discussed along with the different types of HSB present, knowledge of HSB pre-adoption, the responses of services, sibling-to-sibling sexualised behaviour and the lack of support for families and their children.

Types of harmful sexualised behaviour

Harmful sexualised behaviour occurred in a range of circumstances:

- Harm to the child before adoption from familial sexual abuse
- Sexualised behaviour between siblings prior to and post adoption
- Transference of historical sexual abuse to adoptive family members, including filial abuse or false allegations towards adoptive parents and grandparents
- Sexual abuse towards sibling post adoption
- Sexual abuse towards younger people outside the immediate family post adoption
- Sexual assault from a peer
- Access to or sharing inappropriate sexual images online and in social media.

One in five (20%) children in POTATO members' families experienced sexual abuse before adoption (Figure 5). Over a third (36%) experienced sexual risk and harm after being adopted (Figure 6). The survey data was not analysed to investigate whether prior sexual abuse was more likely among children with subsequent HSB or whether there is a vulnerability to harmful sexualised behaviour in this population. Qualitative accounts indicate that earlier sexual abuse or HSB prior to adoption, was one of the factors in HSB at a later stage in both boys and girls, but did not explain all such behaviour. A key feature of the onset of s20 living arrangements was the presence of HSB among teenagers.

One in four of families reported that their children were involved in criminalised sexually harmful behaviour (Table 15). 44% of families reported that their children were involved in sexting and 37% reported that their children had underage sex (Table 20). A fifth of members joined POTATO due to concerns about their child's sexual activity and 16% got in touch with POTATO due to concerns about their child being sexually exploited (Figure 20). 34 of those families reporting coercive control experienced sexualised forms towards parents or siblings (Table 13). While not necessarily involving HSB, two-fifths of teenagers, young adults and adults had unhealthy romantic / sexual relationships (Figure 7).

HSB was also triggered in secondary school by: use of digital resources in school; access to unsupervised social media; or from trying to make friends.

He has always found it difficult to make friends, so he would enter into inappropriate friendships and relationships and then he moved to online risky behaviour. When it came to trial, lots of things were found on his computer and his devices that he had kept secret. I think openness would be far more helpful than blaming young people. (Parent of 14 and 22 year olds)

Awareness of historic harmful sexualised behaviour

Sometimes HSB was known prior to adoption, sometimes unknown, or professional knowledge of HSB was not shared with adopters. A key challenge for adopters was not having awareness of past sexual abuse until it was too late.

It was only when it came to trial and they asked his birth mum for further information that she said it was likely he had been sexually abused as a child. But none of this was dealt with or followed up. Even before he first came to live with us. The foster carer would say he is very insular and spends an hour on the toilet, but no one asked why. But he shut it away completely so he can't address it in his head. So he ended up becoming a sex offender when he had been assaulted himself at a very young age. (Parent of 14 and 22 year olds)

After the mental health hospital admission, she disclosed historic sexual assaults from peers when much younger, but she was so unstable with her mental health, she just could not discuss it with them, so it's still not addressed. No one has sat down with her. She definitely has PTSD (post traumatic stress disorder) from that and has flashbacks but until they can cope with that and can have a conversation without self-harming, it's been parked as "you are safe now". (Parent of 19 and 22 year olds)

In terms of the trauma they had experienced, it was very glossed over, the sexual element was very glossed over. Because the neglect was so severe, we knew there was sexual abuse… They all shared a bedroom when in foster care, so shared a bedroom here… This lasted a few weeks when we realised another one was inviting another into bed. I remember asking the social worker direct questions about it, and we were told there wasn't anything. By this time we worked out that one of the dads was a registered sex offender and had abused older siblings, so once you have that in a family of such rampant neglect, no social worker can say hand on heart they can't see where it came from. (Parent of sibling group age 14 to 28 years old)

They had a shared bedroom and had a separate playroom, like they had in foster care. The therapist suggested the boys might cope better in separate bedrooms. It felt directive, but the therapist did not mention abuse. Our son has never slept through and I always had to sleep with him from 2am and now we know why. In our other son's case, if someone had eyes on and joined the dots, with the stealing, he used to smear, the levels of violence… We might have discovered the sexual behaviour earlier… Our oldest was fifteen when he was arrested and went back into care. (Parent of 25 and 26 year olds)

Eventually through the counselling it was disclosed, but then they were left high and dry and I wish it had been disclosed to us, because we would have known what was going on and we could have helped them but instead we were treated as witnesses. There was… a sexual abuse conference and apparently there are quite high levels of sexual abuse in adopted children and this is not something I was aware of. When you are at home, you would be checking who is fighting who, but not who is sexually abusing who, because you don't have experience of it in your own household. I learnt from the conference we had quite a few of the risk factors that lead to risk of sexual abuse. So surely, that would have been useful to know at the time [of adoption]. (Parent of sibling group age 19 to 23 years old)

So my son sexually assaulted me because that's the relationship he had with his mother. The social worker said he had never spoken about his abuse and had always said his sibling was wrong. The very first time he spoke about the abuse was in the very first therapy session [post adoption]. He was in foster care for years, but not in therapy, gets adopted, has therapy and talks about his abuse. I didn't know what to expect. He was asked to draw a house and the names of his birth parents and asked what happened in that house and he wrote the word sex. He couldn't say it. (Parent of 24 year old)

If parents had been informed about their children's background, the sexual abuse children had been exposed to and the possible impact, they could have been more vigilant or sought help sooner.

If we knew he was sexually abused, then you help the child where they are at the time, and I don't think that happened. You see all these behaviours and where the behaviour is coming from and how to get to the bottom of it in a way that is not shaming them. (Parent of 14 and 22 year olds)

If you know there has been sexual abuse in a foster carer's home you need that extra level of vigilance, going into it with our eyes open. Melatonin made it worse, made our son panic when he took it, because of being abused at night. But we did not know, so anxiety increased… [We didn't know] that the first family didn't feel safe, his foster carer's family didn't feel safe and we were unaware of how much abuse there was at home. School was not safe. So although we were perceived to be safe, we were not. (Parent of 25 and 26 year olds)

When parents did raise concerns, they were downplayed.

There was a mention of our daughter having sexualised behaviour in a report and we questioned this and the social worker said it's nothing to worry about. (Parent of sibling group age 10 to 15 years old)

Service responses to harmful sexualised behaviour

When HSB was open knowledge at adoption there was an expectation that adoption could resolve any related needs. Parents experienced services that seemed to find it difficult to identify interventions that addressed underlying issues; and parents discovered that few therapists were experienced in HSB.

We knew a fair amount and we knew there was sexual abuse in the birth family… We were not given any training as such, we were talked to about safe ways to have them in the house and how to talk to them, if anything came up. It was very much, this is OK now, these parents are going to love them and show them safe stable ways to be parented, so it's going to go away. But it didn't. (Parent of sibling group age 19 to 24 years old)

Social services did not give us any advice after the sexual behaviour disclosure – we ended up insisting that we had supervision. It has been ongoing with the same person for the past eight years, we have a monthly meeting with a child psychologist. I needed a space to say how I felt about my children. (Parent of sibling group age 14 to 28 years old)

Parents did not know where to go for support and social services were also uncertain what to do. Even with agreement for therapy, parents were left sourcing an experienced therapist while still in shock; but therapists confident in HSB were rare.

The social worker was very experienced, but seemed to be floundering and kept asking me for reports from the children's past. She didn't really have a clue despite her massive experience. She was very decisive and clear speaking, but kept asking "what shall we do about that?" (Parent of sibling group age 19 to 24 years old)

There is a huge taboo about harmful sexualised behaviour… It is too easy to judge people, but it is born out of ignorance, sensory needs, social isolation, self-hatred, self-loathing, all these things which we should not be judging as criminal, but we are as it's wrong. (Parent of sibling group age 14 to 28 years old)

Parent's concerns were not heeded and children were unsupported.

At the beginning, our daughter's behaviour was very sexualised. We would go to a soft play centre, play dates, and parents kept saying things. She knew things an eight year old should not know. She kept touching PE teachers' bottoms. We kept saying to the children's and to our adoption social worker this isn't right and we were told to go away. We were ignored, and it went on for four years of "help us, help us, help us.!" Until our daughter was twelve and in secondary school. The school head teacher was amazing and got us in touch with a therapist who we paid for. We had no [other] help from anybody. We approached our regional adoption agency and they were as useful as a chocolate teapot. (Parent of sibling group age 10 to 15 years old)

Mum had reassured our daughter it would be treated sensitively… They [social services] said we are sending a social worker and the police to her school now and I said you can't do that as we promised her it would be done sensitively… Our daughter is pulled out of class and in an empty classroom she is questioned by police. (Parent of 14 and 18 year olds)

School responses included seclusion, exclusion from trips, restricted internet use and telling off. While some settings increased pastoral support, others provided little support.

Social services decided to involve the police in terms of coming into school and giving him a wake-up call, telling him that "you do know how serious this is". They did not prosecute but did give him a telling off in school in a private room and made it very clear how the world works and you can't behave like that. (Parent of sibling group age 19 to 24 years old)

He was posting nude photos of himself, so safeguarding were involved. This was the first one. I had a call from school and there was an issue they had to look into and talk to him about, which they did. It was not until six months later the police turned up to talk to him about the photos and ask if our son had taken them, he said of course he did, who else could have taken them. I said it had been discussed with school at the time and they were not aware that the school knew. Then there was an investigation in the school as to whether it had been investigated. But no additional support or guidance [for our son]. (Parent of 18 and 22 year olds)

Following arrest or allegations, there was lack of support for teenagers and their families.

After arrest he returned home. I didn't feel remotely safe, I just thought, who is he going to kill first? What should I do to save my youngest? I called the therapist and she said I think it would be safer for you all if he was accommodated. I said what does that mean? How does that work? I can't abandon my son, because I feel terrible… So a team around the child meeting was held for our son, and the social worker decided we were not a risk to our son, so our son should stay with us. So I had a lawyer to defend our son in the sexual abuse case; and then another to sue the local authority for the s20 as they kept saying no. We had months of abuse. It was horrendous. Daily violence and emotional abuse. My husband had to stop work to look after the oldest. (Parent of 25 and 26 year olds)

My son was traumatised in the children's home, and he was assessed by an assessor, without meeting him; CAMHS (Child and Adolescent Mental Health Services) made a terrible error, and then said my son should never come home, and it was like they were writing us off as a family. What about what he wants? He refused to go into foster care. So he was kept in the home and luckily it was near so I could see him every day. I was the only parent there, he was so different from the other children in the home and I applied for the Care

Order to be overturned. They used assessment after assessment being passed on, full of errors, such as he had tried to rape me. He never did that and he apologised straight away. He accepted responsibility and was really sorry. They needed to move on and deal with the trauma, but they shamed and humiliated him. It was three and a half years from age thirteen to sixteen years, for committing a crime he didn't do, but it was learnt behaviour from his abusers. They should have prosecuted his birth family but they have never been brought to justice. (Parent of 24 year old)

Families had to pay privately for their own therapy, "*a place I could go and there was no judgement",* as few friends could know and relationships with family were destroyed. There was no support for parents while they continued to support their children at home, in s20 accommodation, in prison and on release. Parents were expected to be the experts. Nor was there support for teenagers, young adults and adults living with the lifelong consequences of HSB, but also having been sexually abused as children.

We had to write the school a safeguarding plan, which looking back was ridiculous. So they were not putting the kids at risk at school. So there was a lot of onus on the parent. I just took it on, "I can do it, I'm a parent". You do it, but it's bloody hard work. (Parent of sibling group age 19 to 24 years old)

I have not come across any useful resources on how to manage that kind of sexual behaviour and work through it as a family. Because the expectations are that within that family it is the parents that are driving it, but it isn't on this occasion. I have not come across anyone who has provided anything useful apart from saying "thank God it's not me!". You have to work out these things and come out the other side, but you are expecting a little lad or girl to do all this work that most adults never do. (Parent of sibling group age 14 to 28 years old)

There was a period of over two years before it went to trial so it was very difficult and in that time our son went to school but without much access to the internet or other people. In therapy, the therapist was not allowed to explore it with him as it was under investigation. In prison he was offered workshops, but they were groups, so he would not have coped because of the shame. He has not had any help since then, so it is very difficult to look after him at home and keep him safe… When you have a child who has been sexually abused, there has to be support to help them reach adulthood. (Parent of 14 and 22 year olds)

His behaviour completely deteriorated as well… I think he was living in fear because of this process and none of the children were allowed to talk to anyone and after the disclosure they withdrew all the counsellors. Because the children made the disclosure to the counsellors, the counsellors became witnesses as well; teachers were not allowed to talk with them; so basically [there was a] gap in support. The children were desperate, and had no support and we could not support them as we were not allowed to talk to them about it, so we all became disconnected, all struggling. (Parent of sibling group age 19 to 23 years old)

He is considered high risk, so has no contact with his son which is heartbreaking for him, simply because he is considered on paper high risk but no one has really managed it. I don't think he is, certainly not to any child in a supervised setting. I just wish someone would look at it in detail. He would love to do a night class, but no, he can't go into a college in the evening as he might have a pass that can enable him to access the college in the day. There is no harmful sexual behaviour apart from images. He accessed and saved images that were there, so he doesn't understand, but was worried enough to tell the police, so he is now criminalised and restricted. (Parent of 18 and 22 year olds)

Sibling-to-sibling harmful sexualised behaviour

The discovery of sibling-to-sibling HSB was shocking and distressing for parents and impacted on all aspects of family life.

It just came out of the blue, I found photos on their phone of something else, after getting advice, I checked the phone and I discovered a video of them and their sibling. It was horrible… It was so difficult to comprehend that anything like that could have gone on in the house. (Parent of sibling group age 19 to 24 years old)

After our daughter made the disclosure about her brother, she started to react to me as an abuser, she would not allow me to be close to her. Whenever I tried to set a boundary, her behaviour would slip to seeing me as an abuser. What we realised quite quickly, was that she had an attachment to mum, but when our son left, I was the threat, the threat to her relationship with mum. It was her brain stem telling her, it was not intellectual. So I had to work with the therapist to work out how to adjust my behaviour in order to prevent my behaviour from making it worse. (Parent of 14 and 18 year olds)

Following the discovery of HSB between siblings, some families were expected by services to manage the situation themselves at home.

Social services and the police came to the house that evening. They talked to both children separately and took their phones. I naively thought, with the age difference, we can't live together. It's so extreme and so off the radar, we thought there would be a temporary placement so we could figure out what was going on, but there was no way on earth they were going to do that. We were told "you will have to manage it here… you will figure out how to live together". We didn't know how to manage this as we didn't know. I was in the house and I wasn't at work, but it had still gone on. We had to work it out on our own. (Parent of sibling group age 19 to 24 years old)

They said they can't be in each other's space and what you need to do is take one of them somewhere else. We had those conversations we had in the past with the social worker when they asked if we had any family that could take our son. I am sorry but our elderly parents have watched him destroy our mental health, they are terrified of him and of what he might do to us, they live in fear of getting a phone call about us. They can't have him in their home. So my wife had to take our daughter to her parents for the weekend. We concocted a story as we were really worried about what might happen if our son got wind of what had happened and my wife was scared to leave me on own in the house with him. (Parent of 14 and 18 year olds)

So, only one child is allowed upstairs at a time, not allowed in bedrooms, CCTV in communal areas; door alarms. We are wise now to certain states that are more prone to that behaviour. We have an internet dry house for one and limited internet for the other two. (Parent of sibling group age 14 to 28 years old)

In other cases, families were blamed for harmful sexualised behaviour between siblings.

I have been through two criminal and family cases which were harrowing. And been through the threat of losing our home, lost our family, jobs, so much loss and trauma as a result of something that was not at my hand. But I couldn't have seen it as no one told me anything. So I feel devastated for our children and feel angry at the way we have been treated. (Parent of sibling group age 19 to 23 years old)

In families where the potential for HSB between siblings was a known risk at adoption, families worked hard to put in place systems to prevent this from happening. Despite consistent, rigorous procedures, HSB still occurred.

My talking to the school DSL (designated safeguarding lead) resulted in us being [assigned as] Child in Need, but they did not know what to do, as we already have clinical oversight, EHCPs, therapy, one-to-one at school, paid carer in the house. The response would be to separate the siblings from one another, but it won't do anything. The outrage does not serve any purpose. I spent a long time talking to the social worker from safeguarding. We have a risk assessment, but can't watch them all the time. The only way to stop it is to put them in separate placements, but because of their shared identity and co-dependence, that is like taking a chainsaw to them. What are you going to do? This type of sexual behaviour is not acceptable, but I am good at managing risk, and you have to have optimism that this will pass and you will come out of the other side of it. (Parent of sibling group age 14 to 28 years old)

Summary

- Harmful sexualised behaviour occurred in a range of circumstances, for example: before and post adoption; between siblings; as transference of historical abuse to adoptive family members; outside the immediate family; via sexting or sharing sexualised images. HSB could also be triggered in secondary school by: use of digital resources in school; access to unsupervised social media; or from trying to make friends.
- A key challenge for adopters was not having awareness of past sexual abuse until it was too late; and when their concerns were not heeded.
- When HSB was open knowledge at adoption there was an expectation that adoption could resolve related needs and families had the capacity for the high levels of supervision required.
- Following the discovery of HSB post adoption, responses varied from initiation of legal proceedings to families being expected to continue to manage the situation at home. In some cases parents were blamed for HSB.
- Following arrest or allegations, there was lack of support for teenagers and their families while they continued to support their children at home, in prison and on release.
- Services found it difficult to find responses that addressed underlying issues; and therapists were not experienced. Nor was there support for teenagers, young adults and adults living with the lifelong consequences of HSB.

9 Mental health

This chapter describes the types of mental health issues experienced by teenagers, young adults and adults, interactions with mental health services, diagnosis and medication.

Mental health needs in traumatised children

The majority of children experienced a mix of neglect (89%) and emotional abuse (74%) prior to living with their adoptive families. Witnessing domestic and / or sexual violence (72%) was also common (Figure 5). The long-term impact of these traumatic early life experiences presented as mental health needs and crises in POTATO families' children.

Nearly all children were reported by parents to have anxiety (Table 16). Our study refers to respondents' children of all ages, so families were also observing anxiety in young adults and adults in their mid to late twenties who have lived with their adoptive families for decades. Two out of five children were reported by parents to experience suicidal ideation and one in four (24%) children were reported by parents to have attempted suicide. Self-harm was reported in 59% of children and depression among one in two children (Table 16). Five families' children have died since adoption in a range of different circumstances related to their trauma.

Table 16 Mental health of teenagers, young adults and adults (reported by parents)

	% all children
Anxiety	93%
Self-harm	59%
Sleep difficulties	57%
Depression	51%
Suicidal ideation	42%
Dissociation	34%
Attempted suicide	24%
Eating disorder	20%

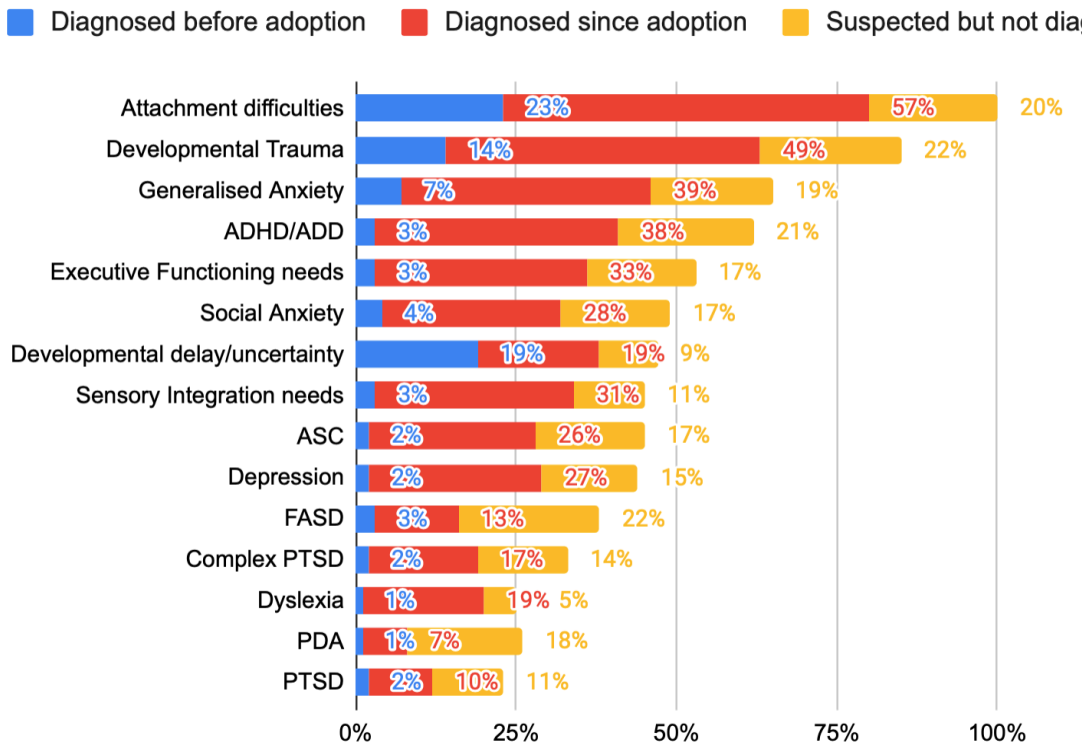
Base = 671

Mental health diagnosis and medication

How trauma impacted on children's mental health is discussed in Chapter 2, which highlights the seriousness of mental health needs in teenagers, young adults and adults. The majority of children (81%) came from first families with parental mental health issues (Figure 5). Chapter 2 presents data on diagnoses in children, which included anxiety, depression and complex post traumatic stress disorder (cPTSD) (Figure 8). In addition, parents reported diagnosis of personality disorders, psychosis and dissociative identity disorder in their children.

One in ten of children were diagnosed (5%) or had suspected (5%) psychosis, and similarly, with dissociative identity disorder (4% diagnosed and 5% suspected). A fifth were diagnosed (or suspected) as adults with a personality disorder (9% diagnosed and 11% suspected).

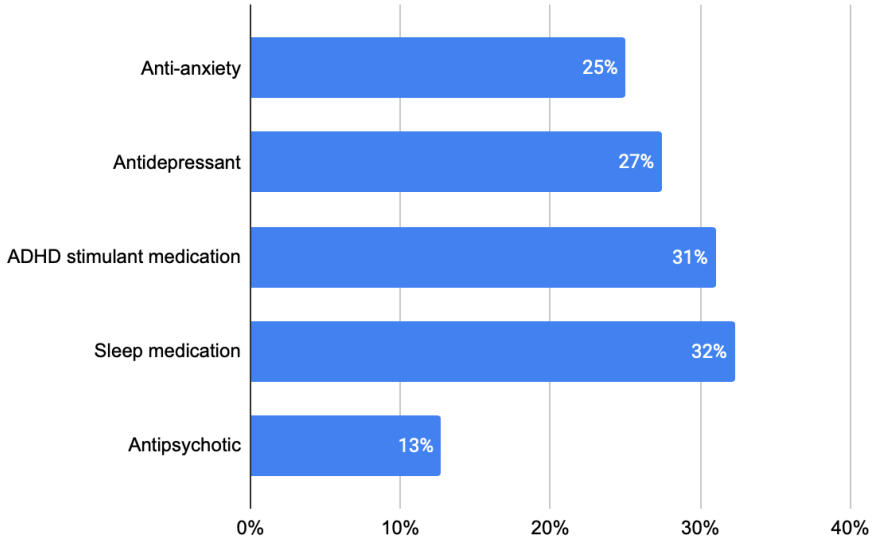
Figure 8 Diagnoses (before and after adoption and suspected) received for child (% all children)



Base = 708

Over a quarter of children were prescribed antidepressant (27%) or anti-anxiety (25%) medication; and 13% were prescribed antipsychotic medication (Figure 9). Just a fifth (22%) of children had not been prescribed medication for issues related to their mental health.

Figure 9 Medication prescribed (% all children)



Base=671

The process of accessing medication was slow. Teenagers transitioned into adulthood, still waiting for medication or diagnosis. The process needed time to treat complex multiple diagnoses, but this was being done at a time of crisis or

years after the onset of high levels of need. Medication for one condition was trialled, and then twelve to eighteen months later, a new medication was considered.

Interactions with mental health services

A very high proportion of children, 70%, had interactions with Child and Adolescent Mental Health Services (CAMHS) or equivalent Child and Young Person Services (CYPS) (Figure 6). Access to CAMHS or CYPS was hampered by waiting times and availability of therapists. Over a third of families were denied an assessment and had to make repeated attempts to access mental health services (Table 17).

Table 17 Access to Child and Adolescent Mental Health Services or equivalent Child and Young Person Services

	% all families
Lengthy wait list	65%
Access issues	62%
Unable to find therapist who could meet child's needs	52%
Inability of agencies to work together	52%
Therapist not experienced in developmental trauma	48%
Failure to assess on request	37%
Child unable to attend therapy	32%
On waiting list for therapist	17%

Base=412

Parents described the lack of response after a first overdose or serious incident; no response from CAMHS / CYPS after referral; or having to seek private diagnosis.

We were referred to CAMHS, but there was no input. We were asking to be seen, pushing and pushing, but nothing. I wanted him in the system, so he was recognised as needing support. We were floundering about. It was all well and good getting a private psychiatric diagnosis, but I wanted it formally recognised and to see what they could provide for him. I wanted to get him into the system to get the medication prescribed and get some support. (Parent of 17 year old)

If someone has tried to die by suicide, why is that not a diagnosis for mental health support… unequivocally? When do the criteria meet their needs? Does she need to be dead first? Our children just don't feel heard or listened to. (Parent of 18 and 20 year olds)

CAMHS said we can't give you what you want before the assessment, and then another woman came into the house and said I have looked at the file and there is nothing very bad there. Are you nuts! She did the assessment and downplayed the incident… It was five months after the incident that I got the needs assessment back. (Parent of 24 year old)

We were seen by CAMHS within three months of the overdose and then had to stop the DDP (Dyadic Developmental Psychotherapy) as we couldn't do both. So CAMHS took over care, I wouldn't say they did anything, within six months my daughter had taken six overdoses. That took her to her thirteenth birthday and two weeks later she was admitted as an inpatient. I just couldn't keep her safe at home. I didn't know how it all worked, I was really scared for her, then she was getting aggressive with me, cutting as well and overdosing and not being honest with me and I couldn't get to the bottom of it. (Parent of 19 and 22 year olds)

Families did not feel the right treatment was offered.

So our son was seeing the psychiatrist, and he says to our son that we are looking at one of three diagnoses, either unipolar depression, bipolar disorder or trauma, and he said we will start with the first one and see how you respond to being treated for unipolar depression. So that was the pattern and obviously the treatment didn't make a bit of a difference… What the psychiatrist should have started with was developmental trauma, from all the things we said. So we went on for a very long period of not getting the right treatment for our son. (Parent of 14 and 18 year olds)

They [CAMHS] were fixated on DBT [dialectical behaviour therapy]. So they made her do that and she didn't want to do that, and they wanted her to do mindfulness, but there is research to show it's not very good for people with personality disorder. I printed a paper off [about risks of mindfulness] and gave it to them. (Parent of sibling group age 23 to 25 years old)

CAMHS advised our son, "on the days when you have been suicidal, why don't you tell your mum and get on the floor and have a plank off [balancing on toes and forearms as you hold the rest of your body off the ground to help emotional regulation]"… Or "just get an elastic band and ping it on your wrist"… Just the most unhelpful advice for someone in the midst of significant mental breakdown! It's just shit advice. He is not able to regulate himself to think "I am about to harm myself, I best go get an ice cube out the freezer". "Or get me a red pen and draw on my arm so it looks like blood the next time I want to jump off a platform". (Parent of 14 and 18 year olds)

My son went to see the woman at CAMHS, and it was all cuddly toys, and he said "I have done this before, I am done with this". So he refused the therapy. (Parent of 24 year old)

Treatment could also involve many inpatient stays, moves and associated challenges gaining access, or organising care on discharge from a mental health hospital stay.

Within nine weeks she was admitted to a PICU (paediatric intensive care unit) further away; then transferred to a low secure unit for eighteen months; she was transferred to another low secure unit; then we managed to get her discharged into the community. She is now on her fourth placement in the community. Feels like we have been everywhere, unregistered placements; three to one solo placements; several short admittances to hospital; and DoLS (deprivation of liberty safeguarding) has been in place since she was discharged. (Parent of 19 and 22 year olds)

They continued this pattern of telling us there was nowhere for our daughter, twenty-four hours later they repeated there is nowhere… So we agreed we would have two carers in the house at all times and they would manage our interactions with our daughter, so for two months we had twenty-four hour live-in support… Eventually social services found a placement that is wonderful, we love it, our daughter loves it but it is exceptionally expensive, so a few months in, the local authority are looking for something cheaper. We made it really clear we would fight them and make a legal challenge. (Parent of 14 and 18 year olds)

She was admitted to hospital, a really horrible experience because I was in A&E waiting and then followed her in the ambulance to the children's adolescent unit. Followed her onto a site dark and unlit, wondering where on earth are they taking her? They took her to the unit… I expected to stay with her, but they said no and that we couldn't visit except Wednesdays and weekends. We were advised not to come for a few days because families need respite and I said we don't and kicked up about that. Made a fuss. It was the start of many battles with mental health services. (Parent of sibling group age 23 to 25 years old)

7% of children experienced being mental health inpatients as adults (Figure 17); and 6% of children of any age had spent time in a psychiatric intensive care unit (Table 3).

The move was a huge shock to our daughter as she was then with girls who were really unwell and she started to learn extreme forms of self-harm. It was a terrible place and her behaviour escalated and she was in a room on her own with a mattress on the floor and no TV. I was worried about complaining and thought I would make it worse… Then she was moved to a unit two hours away, for three years… Then they were in such a rush to get her out and settled before she was 17. One of the big issues for her is loss and abandonment, as she has had so many losses in her life. Every time she moved on she lost people, she had really strong connections with staff at the unit. So moving was scary and tinged with sadness and losing people. Eventually she was readmitted to a hospital miles away. Suddenly she became a safeguarding risk to her peers because she was suddenly 18. So she was moved to a PICU (paediatric intensive care unit) as that was the only bed available. We asked to have her moved closer, but the new region was now her area. But she was only there because they couldn't find anywhere closer. I then complained to the local mental health trust… She was sent to a unit, the first day she was there a member of staff punched a patient in the face so I went mad and complained and the next day a senior psychiatrist went up and took her back to our local trust. (Parent of sibling group age 23 to 25 years old)

Parents' accounts described the impact of mental health needs on their children, for example witnessing mental health crises in their siblings; or repeated admissions to mental health services for inpatient care. As traumatised teenagers became young adults, having experienced even more trauma, they still could not access mental health services due to lack of understanding in adult services of the support young adults required to voice their needs and interact with mental health services; and due to adult mental health services not heeding parents.

He went to the GP and expressed several times what his mental health needs were, they put him on antidepressants, which he reacted to so they made things worse. Then they said if you need more help, you have to self-refer to somewhere else. But that does not happen with him as he can't cope with that. He needs some help as otherwise it is just a broken system and it continues to be broken. I can see him going to prison again, but what would help him is having mental health support to support addiction and heal the trauma that has gone on before. Prison isn't going to do that. (Parent of 14 and 22 year olds)

I asked the consultant to section him as he was on a huge amount of drugs and will discharge himself, he's done it before, but the consultant wouldn't listen, so our son discharged himself. The man he was with gave him money to drive back to London, but he was hallucinating. So the man agreed to let him into his flat for the night, and he died that night. He got into bed and died. They found him. The judge was disgusted with this guy, but couldn't find anything to charge him with. Our son has lots of difficulties, but if he hadn't met this guy, he might not have died. But he was terrified of ending up in prison, he just wanted it over. I was so angry; the consultant should have sectioned him. (Parent of sibling group age 19 to 23 years old)

Summary

- Traumatised adopted teenagers and young adults had critical mental health needs, nearly all of whom were reported by parents to have anxiety. Self-harm and depression were widespread among teenagers and young adults who were also reported by parents to experience suicidal ideation and attempted suicide.

- Five families reported that their children died in a range of different circumstances related to their trauma and mental health.
- Mental health diagnoses in teenagers and young adults included anxiety, depression, complex PTSD, personality disorders, psychosis and dissociative identity disorder.
- A very high proportion of teenagers and young adults had interactions with mental health services. Access to CAMHS or CYPS was hampered by waiting times, availability of therapists, families being refused an assessment or lack of response following self-harm and attendance at A&E.
- Teenagers, young adults and adults were prescribed medication for ADHD as well as antidepressant, anti-anxiety or antipsychotic medication, however the process of accessing life changing medication was slow.
- Families did not feel the right treatment was offered, and that mental health services underestimated the depth and complexity of need.
- When treatment involved inpatient stays, then visiting and advocating, repeated moves and organising care on discharge from a mental health hospital stay were a challenge for families.
- As traumatised teenagers became young adults, they still could not access mental health services due to lack of understanding in adult services of the support young adults required to communicate their needs.

10 Parenting at a distance

This chapter describes the experiences of families when their children have been parented at a distance at a time when their children are accommodated by the local authority (LA) via voluntary accommodation arrangements[7] or have a Care Order (Compulsory Supervision Order (CSO) in Scotland). Parenting at a distance refers to families whose child is living in separate local authority provision and the parents continue to provide love and care through practical, financial and emotional support, connection, communication and advocacy (POTATO 2021). Legally parents retain parental responsibility following s20 voluntary accommodation (VA)[8].

Circumstances of voluntary accommodation, ages of children, and how parents supported their children are presented here. The accumulation of complex and multiple needs experienced by teenagers and their families at the time, the responses of statutory services, pathways to parenting at a distance and factors contributing to delays in support and poor experiences are also described. In addition, this chapter covers experiences of and barriers to parenting at a distance, outcomes following a s20 and experiences when children return home.

Local authority accommodation post adoption order

One in four children were parented at a distance (currently or in the past). Of these, the majority of children (73%) accommodated by the local authority (LA) lived under a voluntary accommodation (VA) arrangement (s20 or equivalent). 15% of children were looked after by the local authority on an interim or full Care Order (CO). 12% had their status changed from voluntary accommodation to a Care Order (Table 18). Families also fought to have Care Orders reverted to voluntary accommodation arrangements, an example of which is provided later in this chapter.

Table 18 Legal route followed when accommodated by local authority post adoption order

	% children accommodated by LA
Voluntary Accommodation	73%
Care Order (CSO Scotland)	15%
Changed from VA to CO / CSO	12%

Base=168

Nearly three-quarters (73%, n=294) of all families (including those currently or previously parenting a child at a distance) said they felt at risk of needing to consider parenting at a distance now or at some point.

Re-entry into care generally occurred from age 13 and older, although could occur in children as young as 11 or 12 years (reflecting that POTATO membership is for parents of teenagers). Over two-thirds (37%) of moves happened at 13 and 14 years and over half (56%) took place at age 15 and 16 years (Table 19).

[7] s20 in England, s25 in Scotland, s76 in Wales or Article 21 of the Children (Northern Ireland) Order 1995.
[8] Parents retain parental responsibility when children are accommodated under s20 voluntary accommodation and local authorities do not share parental responsibility with parents. A local authority only acquires shared parental responsibility when a Care Order or (Compulsory Supervision Order (CSO) in Scotland) is made.

Table 19 Age of child when accommodated by the local authority post adoption order

	% children accommodated by LA
11 years	2%
12 years	6%
13 years	18%
14 years	19%
15 years	25%
16 years	31%

Base=158

Context of voluntary accommodation and Care Orders

At the cusp of voluntary accommodation or a Care Order, teenagers and families found themselves face-to-face with accumulating complex and multiple challenges, extreme behaviours and unfamiliar statutory services that varied in their ability to understand and meet this explosion of need.

While one incident triggered service involvement, teenagers were overwhelmed by a cluster of events ongoing for months or years: school exclusion, undiagnosed neurodiverse and mental health conditions, criminal activity and involvement with the police and criminal justice system (CJS), going missing, substance misuse, mental health crisis, harmful sexualised behavior (HSB), child to parent violence and abuse (CPVA), sibling-to-sibling violence (SSV), and allegations (Figure 16).

Figure 16 Context of voluntary accommodation and Care Orders

Initial concerns at secondary school rapidly escalated into dangerous and risky situations for teenagers outside of school. These behaviours included teenagers becoming more verbally and physically aggressive, injuring family members, damaging their home, going missing, being unable to be left in the family home alone or be on their own with siblings, not attending school, stealing from family and local shops, youth offending, joining drug related peer groups, smoking weed, taking cars, increased police involvement, harmful sexualised behaviour or drawn into county lines, gangs, drug related crimes, robbery, being groomed or exploited.

He started not going to school and his behaviour at home was unbelievable. He would go missing all the time, go out and say he would be back, but not come back until midnight, or be brought back by police at 3am in the morning. In February of [school] year eight [age twelve to thirteen years old], we reported him missing about fifteen times. (Parent of 17 year old)

Our son went missing quite a bit and it got worse and worse and the missing episodes went to two or three nights a week. Or five nights a week. We took turns calling emergency services as it was so traumatic and too much timewise. It would eat into bedtime, and then you would be woken up at night by police returning him… I would not know if he was going to be returned as a missing person or arrested. So it was a race to get him returned as a missing person, before he got into trouble. [We were] putting in these reports to protect him, to make the police know when he was arrested that he was missing, and to try and get hold of him before he was arrested. (Parent of 19 year old)

He began selling things for drugs, his behaviour changed, he will tell me now he was trying MDMA, speed, cocaine, cannabis. He is now cannabis dependent and can't live without it. He burgled a pub to steal alcohol, his behaviour was crazy, it came to a point when we had the s20. (Parent of 21 and 23 year olds)

These were traumatising experiences for teenagers, not understanding what was happening to them.

We will have this complete explosion, she will go to pieces, then she will say I don't know why I did that I am really sorry. (Parent of 18 and 20 year olds)

[He was] trying to get a grip on his identity. Linking back to being adopted… identity, transitions and what was going on with these peers, the peers make you feel safe, welcome, part of a family, a bro… I think his poor mental health was linked to his identity. (Parent of 17 year old)

At age twelve or thirteen he said "I just don't want to live here. You are nice people, but I don't want to live here". (Parent of sibling group age 7 to 18 years old)

Parents witnessed a range of behaviours in their children over months or years (Table 20). 80% of children had been involved in stealing, and two-fifths (59%) had episodes of running away. Well over a third were involved in drug (40%) and / or alcohol misuse (35%).

Table 20 Behaviours and issues parents experienced from their child or child experienced

	% all families
Friendship challenges	95%
Lying / confabulation	93%
Stealing	80%
Smoking / vaping	71%
Reclusive behaviours	63%
Emotional abuse	61%
Running away	59%
Sibling-to-sibling violence	48%
Sexting	44%
Drug misuse	40%
Criminal damage	38%
Underage sex	37%
Alcohol misuse	35%
Gang involvement	12%

Base=419

Children entered voluntary accommodation agreements with high levels of need, experiencing trauma on top of trauma and mental health crisis. Families were at the centre of an interplay of needs arising from trauma, attachment, identity, mental health, neurodiversity and undiagnosed or unmedicated conditions such as Attention Deficit Hyperactivity Disorder, autism, Pathological Demand Avoidance or Foetal Alcohol Spectrum Disorder. At this point, a huge number of agencies could be involved, for example education, police, the criminal justice system, post adoption, mental health services, children's social care, and safeguarding.

There needs to be acknowledgement that this is not just a teenager out of control, it goes so far beyond that. (Parent of 25 and 29 year olds)

Pathways to s20 voluntary accommodation or Care Orders

Pathways to s20 voluntary accommodation or Care Orders ranged from families who sued their local authority in order to obtain a s20 to keep their children safe to those that made repeated requests, had never heard of a s20, or had a Care Order imposed when they just wanted support with their child's needs. Safety of the child and family was often a key driver in families seeking help.

Voluntary accommodation or Care Order could follow:

- Request for residential education or therapeutic placement
- Request for respite or assessment of need
- Request for help following
    - Extended periods of aggression
    - Missing episodes
    - Police involvement
    - Or to keep the child, siblings or the parents safe
- Allegation made by child
- Discharge from secure mental health inpatient stay
- Harmful sexualised behaviour from child towards family member
- Serious injury towards parent.

The point when we felt unsafe was when we heard a sound in our son's room and we came face-to-face with a complete stranger on the landing. We told him to leave. He went and I called the police. A few days later he was there again, and I discovered our son had broken the lock on his window to let him in, so I called the police. I thought, if our son is breaking things to let people in, we are not safe anymore. Our son was so drawn to these people. We used to lock up every night and he was trying to prise open the door with a screwdriver. He said he had to go and see these people and started sobbing. I said he didn't have to go, but he said he didn't trust adults and had to be with these people, telling me "if I don't go, I'm going to smash the house up". (Parent of 19 year old)

Risky and dangerous behaviours were often present for months or years, but it took an extreme incident to trigger a response from children's services, for example:

- Stealing a car, driving illegally or heavy police involvement during search
- Repeated episodes going missing
- Criminal / drug related activity
- Overdose
- Attacking a sibling
- Moving out of the home
- Physical injury to parent
- Sexual abuse
- Allegation
- Police attendance and arrest.

We cannot keep him safe. He was out every night, the police were involved, he's going to get killed in a car crash or stabbed, we just can't do it… We were desperate. There was violence, jumping out of windows, disregard for rules and boundaries, he had stopped speaking to us. He locked himself in his room, barricaded himself, jumping out of his window, lots of missing episodes, and then getting into criminal behaviour… Lots of police involvement. (Parent of 18 and 23 year olds)

Our son went into emergency foster care, but they didn't have anywhere for him, so they gave him a train ticket and told him to come back to our house… So I let him in, and a social worker calls here the next day, asking where he stayed the night, so they say he is obviously safe here… So we got a solicitor to make sure the s20 stuck. They found a placement for him, but we had to get him there, and we had a few days of our son being here and not wanting to go. The last evening before he left, the two lads he had been hanging out with came to the house to get him to come out with them, and our son then realised how serious things were. These two lads did not just knock on the door, they were hammering on doors and windows, climbing over the fence. So our son says "I want to go to the placement". (Parent of 19 year old)

Securing a s20 was described as an uphill struggle. Parents said that situations had to become high risk, damaging, dangerous and unmanageable before support was offered. Families felt they had to keep asking for help and wait for things to "*hit rock bottom*" before any assistance was forthcoming.

He was arrested a few times, caught for possession of cannabis. It escalated beyond belief. He was arrested and taken from our home a couple of times, and stayed overnight in a cell. Every time he came home the violence would start up again within half an hour or he would be out until 3am… Once police sniffer dogs found him, he went up on the roof, and threw roof tiles down. One time we had fire engines and a police helicopter when he was up on the roof. (Parent of 17 year old)

Following an incident, the police came and they said… our daughter was not allowed to return to school. So we had a month of her in the house 24-7. DoLS [deprivation of liberty safeguarding] by another name. The police and school were very worried about our safety. Our daughter's behaviour and wellbeing deteriorated… Things deteriorated at home, our daughter would constantly self-harm, so we would hide everything, but she pulled things apart to make sharps… She overdosed. She was prescribed sertraline, and she overdosed on them. (Parent of 14 and 18 year olds)

Preceding the s20 was a history of requests for support. Families asked for help and respite; but were refused. Or the help offered was not appropriate or effective. Unmet requests for respite segued into a s20.

When he was younger, we asked for play therapy, equine therapy, anything other than talk therapy. Because he has autism, he would not talk and we were told CAMHS (Child and Adolescent Mental Health Services) would only fund talking therapy. There was nothing else. And other families we knew in different areas, did get these therapies for their children. They still have issues, but as a family they stayed together. (Parent of 26 year old)

The therapist was concerned that our son was trying to do something to sabotage, so he had to leave. Then the worst stuff started to happen, and we had to get MASH (multi-agency safeguarding hub) involved. He was meeting up with other vulnerable people at school or online. New phones appeared, money stolen, messages, videos. MASH was no help at all. They took ages to get back to us and the post adoption social worker had to chase them up. MASH discussed a guy doing some work with him, about safe sex and consenting, but our son refused, so MASH told us they would not do anything as our son would not engage. Our son did not have a grasp of what he was saying, doing, sharing and he did not understand consequences. We had a worker do PACE (Playfulness, Acceptance, Curiosity and Empathy) with us all, and even he came out squirming and doubting himself. Months later we found disturbing videos and the police were involved by then and they took the phone. Within an hour he had got another phone. He was more and more aggressive and his sisters were crying and scared. (Parent of sibling group age 7 to 18 years old)

Parents wondered if a s20 could have been avoided with better support or earlier diagnosis of neurodevelopmental conditions. Other parents felt that the s20 process was not the right tool for families where parenting or safeguarding risk were not the issue; and assessing a child as "beyond parental control" was not appropriate when their behaviour was part of far more complex developmental trauma, anxiety, identity, undiagnosed neurodevelopmental conditions or mental health crisis.

I don't think the criteria for a s20 works for us, the s20 is not fit for purpose for us. We need a new piece of legislation that fits more… You do feel as if they are trying to get you to jump through hoops and do parenting courses. We didn't need a parenting course, that wasn't the issue. (Parent of 17 year old)

The clinical psychologist explained the holistic approach and that a son like ours could not live at home, that somewhere Monday to Friday might help. But for social services it was you stay at home or go into care. Our son was not listened to and a s20 had been refused. (Parent of sibling group age 7 to 18 years old)

If social services had identified that she needed a single placement, she would have been alright, she would have had all the attention she needed and there would have been no conflict with a sibling. She would have had undivided attention and it's possible the attachment disorder would not have manifested. The other thing is, there should be regular check-ups as soon as you adopt a child, someone could pop in and see how things are

going and identify any problems soon, a therapy check-in. So if she had started therapy much younger, it could have made more of a difference. But that didn't happen so a s20 was the only option. (Parent of 17 and 20 year olds)

He phoned up and said he wanted to come back, and said can we talk to social services about his needs. So we talked to them… I found out it cost twelve thousand pounds per month, they could have spent that to support us to care for him. They spent over two hundred thousand plus and made no difference. (Parent of 21 and 23 year olds)

For some families, voluntary accommodation was not a desired outcome, they were desperate for support to help their child stay at home.

We kept calling the police when he went missing and they said we need to look for him, and I said we can't as there are other children in the house who need looking after. They said it's your responsibility, you are the parents, and on it went, so we had to make him s20, but we always wanted him to come home. It was just layers of trauma on top of layers of trauma. (Parent of sibling group age 19 to 23 years old)

Parents and children also experienced a great deal of harm to get this far, with high costs to their mental and physical health to reach this point. Parents were devastated to have to make the decision to seek a s20.

We were in court for twenty-three days over a year and it just went on and on, and the mental health of the children deteriorated and our son was bouncing around foster carers. He had twenty-one placements, he was never in one place long enough to be settled. (Parent of sibling group age 19 to 23 years old)

It felt very cruel but we were between a rock and a hard place. We couldn't keep it together at home and the older children were suffering as everything revolved around trying to keep our youngest calm and stopping him trashing everything. He had to go there and it was the best possible place he could go, but it was very hard on all of us. (Parent of sibling group age 19 to 23 years old)

That was the hardest time, making that decision, which was heartbreaking… At no point have I felt I have done the wrong thing, and at no point have I felt guilty. All I felt was sadness. I knew I had to do that, but I was broken, I cannot keep her safe or my family… I think because of our resilience and family support… without that she would have been back in care a lot earlier, without all my battling, she could have been with the police. But because of our extended network and because I battled and battled and battled, we have kept her safe… but at a huge cost to me. (Parent of 17 and 20 year olds)

It's awful you have to come to that point as you feel guilty that you've failed this child. I'll regret it for the rest of my life… but you're at a point when you haven't got anything that can help. (Parent of 21 and 23 year olds)

Delay to voluntary accommodation

Voluntary accommodation arrangements were often too late to prevent custodial sentences; serious allegations that harmed families; or life changing physical injuries. During this time, families were doing all they could to keep everyone safe, with repeated calls to the police, to friends for help, to crisis teams, and getting injured along the way.

I think the s20 should have happened earlier. When he attacked me, knocked me out and I was off with concussion. (Parent of 26 year old)

Factors contributing to delays in voluntary accommodation included:

- Attitudes towards s20 voluntary accommodation
    - Negative attitudes of social workers towards families seeking support and / or requesting s20
    - Parents felt they were letting their children down and tried to keep going
    - Conflict among professionals
- Lack of needs assessment
    - Refusal / inability of services to recognise or understand the depth of need and crisis in the teenager and their family
    - Refusal of services to assess the family and teenager
    - Lengthy assessment time
    - Delays securing an Education, Health and Care Plan
- Suitable provision unavailable
    - Parents told there were not any placements to accommodate their child
    - Social care returned the child to adoptive family
    - Difficulty finding a suitable placement
    - Parents told to ask friends or family to accommodate their child
- Lack of knowledge among families
    - Parents have not heard of s20 voluntary accommodation or residential options
    - The level or complexity of need was not recognised early enough by new parents
    - Parents did not know what help to ask for.

I had phoned social services sobbing on the phone saying I can't do this anymore, and they sent us a lovely caseworker, lovely lady. She came and worked with us, but actually, it made life more difficult as we not only had a busy schedule with everything going on, but we then had to accommodate those meetings as well. She was really helpful and we got on well... [but] when she submitted her report, late, she said it was normal teenage behaviours and lack of boundaries. It was not normal teenage behaviours. As soon as the sexual abuse was disclosed, it was all down to sexual abuse and not normal teenager behaviour so which one was it? So I had all these professionals working with us, teachers, medical staff, post adoption support, support worker, and none of them could see it and as soon as the allegation was made, it was clear to see. How could we not have seen? But none of these other professionals had seen it. (Parent of sibling group age 19 to 23 years old)

She could not tolerate hearing or seeing the sibling who abused her, so we stopped functioning as a family. Eventually eighteen months after the abuse took place, I had a meltdown and said we can't go on with this and spoke to the therapist and they said "have you heard of supported living?" (Parent of sibling group age 19 to 24 years old)

I did not know about s20, NVR (nonviolent resistance) or POTATO. I was very much on my own trying to navigate my own way. If I knew what I know now, that might have helped. I did refer to these people that should have known, but they didn't say anything, nothing about respite or s20 or anything at all... I self-referred to social services a few times and said I can't keep myself safe, my daughter safe, or him safe. I need your help and I need you to come in and say what we can do here. (Parent of 25 and 29 year olds)

I had one child accused of sexual offences staying with family, which was not very acceptable as they are elderly; I had a younger child threatening to stab us, damage our property. I was told to find a family member for them to stay with, and I said hang on, "I already have one child staying with a family member accused of sexual offences, now how can I ring someone else up saying my son is threatening to stab us, has slashed all our tyres, can he stay with you?" (Parent of sibling group age 19 to 23 years old)

By the time we had already requested she go back into care, a social worker came from the adolescent team, and a social worker represented us linked to post adoption support. The

social worker sat there and seemed to think we had a bad weekend, we would have a pat on the back and we would be alright. I explained all the interventions, and the social worker said you have done everything. My husband was ready before me but I knew I could not live with my conscience unless I tried everything. I thought, what am I waiting for? One day she is going to burn the house down. (Parent of 17 and 20 year olds)

Parents tried to keep going and felt a s20 was letting their child down, giving up and not being committed enough. Parents felt unable to consider alternatives to caring for their child at home because they had made a commitment to their children and felt conflicted by the idea of their children not being at home. Parents talked about desperately wanting a family and to be parents; and wanting to keep going.

You don't adopt a child to put them back into the care system. It's horrific. (Parent of 17 year old)

We had made a commitment to our kids, I had made a commitment to our kids that I could not back away from. We had made a legal commitment to be our kids parents for the rest of their lives and that was one of the most excruciating things I have been through because of the internal conflict I was experiencing and the shame through the fact that I was feeling that I can't do this, that my relationship is so complicated with these two young people when it should be pure and simple... We were constantly motoring on, thinking that's not worked, let's do this. At that stage of our journey, you could have told us everything that was going to happen and we would have still gone ahead because we were so determined and desperate to be parents. (Parent of 14 and 18 year olds)

They were amazed it had not broken down yet... They were saying wow you are still here... It was a kind of validation of our nightmare, but by then you are too far down the line to throw in the towel... You want to survive and you want to make it work. We have a mindset when you don't fail at things and we made a commitment to him and it was really difficult recognising when we needed help, partly because in the past the professional that had come in had not been that effective. (Parent of 18 and 23 year olds)

There was difficulty recognising the gravity of the situation from the outset when families were unsure what to expect as new parents, or what help to ask for.

Because we were new parents, and all this stuff is flying at you, you don't recognise what is happening, but we just weren't coping at all. (Parent of 14 and 18 year olds)

However, the primary cause of delay occurred when social care refused to recognise need or provide an assessment for a s20. Further delay occurred when social care opposed views of other professionals; or did not listen to parents until other professionals supported them; or when other professionals disagreed.

It was the respite foster carer who stood up in this meeting and said "Right, I'm gonna tell you that every time their son comes to stay, we have to restrain him. You have never taught his parents to restrain him, so they get injured. The three of us foster carers have to restrain him every night otherwise he is out of control every night". He hits us, gropes us and does this, but it had to be another professional that said this. [She said] "I heard first-hand the very challenging situation that his parents are living under... [they] have tried so hard to give him a family life." (Parent of 26 year old)

Post adoption were quite firm with children's social services, saying this is a couple who are experienced, have a lot of knowledge, they're doing all these things to help. But children's social services blocked us every way... We had three girls to think of... So we called school to say our son is not getting on the school bus as social services are going to pick him up. We

called social services back, it was the hardest phone call and said to pick our son up from school. I was sobbing and it went on for two hours with them saying "you are abandoning him, we will call the police as you can't abandon him". Then the social worker turned up, crying, with the form for a s20. (Parent of sibling group age 7 to 18 years old)

The crisis team said she cannot come home from hospital after the suicide attempt and we are going to find a placement for her. Days and days went by with our daughter in hospital and they could not find anything. The care coordinator then started saying our daughter should come home. Another psychologist who hadn't met her then said of course she should be home. What this psychologist did was undermine me. My motivation is to keep my daughter safe. We had two suicide attempts in three days and constant self-harm and being told by professionals around us that she and us are at risk. It completely destroyed my belief in myself and my ability to make a decision. (Parent of 14 and 18 year olds)

Securing a s20 could take a number of attempts, for example social care: terminated initial placements days after they began, leaving families in very difficult situations; said placements were not available; or social care forced parents to take children home.

Social services said they would tell us on Monday about a placement that our child would have to go to while the investigation [into sibling abuse] takes place, but on Monday we didn't get a phone call. I am at work, our child is at home, the sibling they abused is at school, about to come home, so the clock is ticking down. And they say they don't have a placement. So we are lying to them about why we are keeping them separate from their sibling. I kept this lie going for two days and then I lost my temper with the social worker as they had told us they would have a placement two days ago. We were concerned about the consequences and they said they would come out with the police and tell our child. I said then what? They asked if I was worried for my safety? And I said yes. They said they would put a flag on the house in case anything happens the police will know there is the potential for problems. My wife was terrified of what might happen. What they told them was that someone had made an accusation and because it was an accusation of a sexual nature they were not allowed to be in the presence of anyone under the age of eighteen and that was why their sibling and mum were living elsewhere and that went on for two weeks. Their behaviour went off the rails. During that period there had been an option for a placement but the social worker said it would cost five thousand pounds a week and… It turned out that was the only place they could go. (Parent of 14 and 18 year olds)

The assessment process added to the delays families experienced.

The violence carried on, so I decided I wanted him to get into some sort of supported accommodation before he was eighteen so he would be in the system and get support when he was older. So I got in touch with the housing charities and they said I need to make him homeless. But I needed some accommodation for him, but he can't be at home as drug dealers are coming round, [he'd] thrown a brick through the window, all sorts of dangerous things. Still s20 not being mentioned. So I said I need him in supported accommodation. First of all they said we needed reconciliation meetings, so they visited us at home and he just started ranting. So that didn't work, and they agreed to it, and that was one of the worst days. I had to say to him you have to go and find somewhere else to stay. He was young still. So he wasn't on the streets. He was incensed with us for six months, another rejection for him. But it has got him into services he would not have got. (Parent of 25 and 29 year olds)

We had been approved for a s20 twenty-eight day assessment to assess him and give us a break and have him back with a better support package. We were told there was an

eighteen month wait for that... But then this incident happened and they found somewhere very appropriate the following day. (Parent of 26 year old)

We called in post adoption and social services when our son was twelve as we started to find stuff that was very risky online. We asked social services for help, and after eight months of phone calls they agreed to a multidisciplinary assessment. We finally got a clinical psychologist involved but he was on the fence about attachment and autism as they were so interlinked, but we received DDP (Dyadic Developmental Psychotherapy) therapy which we did start. (Parent of sibling group age 7 to 18 years old)

Parents explained how social care services were unable to accept the level of need in their child.

I was saying to them, I cannot keep him safe. And every time, all I got was "I think you are trying your utmost to keep him safe, and we don't see an issue here". And that happened three times and they said we had it under control. It wasn't safe enough. (Parent of 25 and 29 year olds)

We were dealing with post adoption, police, Child in Need and children's social services, social workers... We had up to twelve professionals in a meeting. The children's social services manager said we are here for you, you know your child best. And we said, we just need a break now, but children's social services kept saying we are doing fine. So we had professionals arguing. Before the s20 she was running away and we were told she was old enough to make her own choices. (Parent of sibling group age 10 to 15 years old)

Sometimes another team had to report the need before children's social services accepted it.

It was the safeguarding referral after my husband was injured that got us on the radar of the disability team. It was them who did a carer's assessment of us, and an assessment of need for our son and a referral for respite and it was them that supported us through the s20... They had a different attitude towards us. (Parent of 26 year old)

Parent blame

65% (n=270) of all parents reported that their children's behaviour had been blamed on their parenting. This was a common dimension of the experience of seeking a s20. Parents were told the situation was their responsibility, blamed and made to feel guilty about seeking voluntary accommodation to keep their child and family safe.

I remember having discussions with the social worker and they didn't have a clue. They knew all the stuff we had been dealing with and it's like, "oh, if you put him in the care system you will destroy him for life". (Parent of 21 and 23 year olds)

We had the first let down from social services where they threw me under the bus, suggesting I was making it up, something we will never forget and will never forgive, that social services had concerns about my perceptions of events. So if it's not bad enough that social services can't understand the severity of the children's problems, but for them to then turn around and say you are making it up, it's not as bad as you think, it was just a kick in the teeth... You think what's the point, what's the point in coming to you for help when you don't believe us and think we are making it all up. It's interesting when we were at panel, as one of the questions was "what if everything is going wrong, what would you do?". And we said "we would ask for help" and they were like, tick, tick, tick, right answer. So we do that

and then they say it's all bollocks you are just imagining things. This is what you told us to do but now you have said it's our problem. (Parent of 14 and 18 year olds)

I had supervised contact with him in a contact centre, like I was his abusive first parent. They suggested my sexual boundaries were inappropriate. These people were nuts. And then the psychological assessment began, it was about what personality disorder did I have and what treatment did I need. Why was I so difficult to deal with, what can be done about my sexual boundaries. It was miserable. So the judge threw it out and said no, we need to know what this mother needs to support her son. (Parent of 24 year old).

I called the police and said I can't keep him at home, I can't keep him safe. My other two [children] were begging me not to let him home because they were so scared… Anyway, the duty social worker the night he was arrested was really nasty to us and said do you know what you are doing to him, his attachment, you need to have him home, he is quite calm. I said it's not a one-off, this is not just because we can't be bothered, it's a safeguarding situation. The police were unpleasant to us when we went to drop off his stuff, they wouldn't let him say goodbye. (Parent of sibling group age 19 to 23 years old)

The social worker said you have parental responsibility, you have to take him home. They left us no option. And so we had a really difficult situation in that we were going to take our son home, then we were going to pick up our daughter and then explain to her that the brother she is terrified of is home without any warning. (Parent of 14 and 18 year olds)

Others experienced criticism from services for seeking a s20.

The trauma-informed social worker who was assessing us was horrified we were going to un-adopt him, abandon him. (Parent of 26 year old)

The social worker looked like we had just slapped her when we said we could not continue with our son. At this point he is regularly violent with my wife, he was manipulative, chucking knives at me, it was constant and intolerable. They treated us like they had been betrayed by us and we were betraying our children and they literally sat on our sofa and said, but this is supposed to be their forever home. We just felt like failures. (Parent of 14 and 18 year olds)

We were told there was no respite. One duty manager, after my husband phoned in tears saying we need help, the duty social worker just said, "if they were your birth child you wouldn't be asking this". (Parent of sibling group age 7 to 18 years old)

How parents were perceived made a big difference to the process.

I think we are seen as temporary parents, we are seen as caretakers almost. (Parent of sibling group age 10 to 15 years old)

The social worker… was also very trauma-informed, and she was a huge help because she understood we (parents) were not culpable. We were not the ones creating the problem. They knew it was not us and anything we had done. So that was one of the things I was very relieved about because they talked about going through the court order process… That would have killed me after spending so many years, emails, emails, emails, conferences, meetings, you spend so much time trying to advocate for your child and then are blamed. (Parent of 18 and 20 year olds)

I contacted my old social worker and she just looked at me, and said, this is no life, you can't live like this, and that really helped me and she really supported me. (Parent of 17 and 20 year olds)

Parenting at a distance

Following voluntary accommodation or a Care Order, teenagers were either accommodated in residential care (41%), with a foster carer (36%), at a residential school (12%), in secure care (8%) or with a kinship (generally extended adoptive family) carer (3%) (Table 21).

Table 21 Type of placement following voluntary accommodation or Care Order

	% children accommodated by Local Authority
Residential care	41%
Foster care	36%
Residential school	12%
Secure care	8%
Kinship placement	3%
Estranged, don't know	1%

Base = 197[9]

Few were accommodated in appropriate trauma-informed therapeutic settings.

They can't do family because if they could they would still be at home. But local authorities think foster care is some kind of miracle because you can't cope with them! Their stance is we won't fork out for them to go to a good residential or therapeutic placement, we will stick them in foster care. There is a lack of understanding of the complex needs of our young people because the powers that be [believe] once they are adopted they are fine, they just need to be rescued from nasty dangerous people and need to go into loving caring homes that is all you need, but we know that is not true. (Parent of 22 and 24 year olds)

He went to an emergency foster care placement, then was going missing from all those placements, he was probably involved in county lines, because it was early days of that being recognised. He then got shipped off to a children's home two and a half hours drive away... It was supposedly a therapeutic children's home. I question that... I was surprised the workers didn't seem to be trained in trauma. I had to explain to them about it. I am thinking you are supposed to be a therapeutic children's home but you have no idea about trauma, but that's why they are there. (Parent of 21 and 23 year olds)

46% of children who were parented at a distance had been so for two years or more (Table 22).

Table 22 Length of time since re-entering care

	% children accommodated by LA
Less than year	38%
Under a year	17%
2 years	17%
3 years	10%
4 years plus	19%

Base=90

[9] We estimated that 168 of respondents' children re-entered care. The higher base number in Table 21 is due to children having more than one placement.

62% of those whose child had been accommodated by the local authority had a positive relationship with their child. 86% of parents whose child had re-entered care were in contact with their child (Table 23). POTATO families parent at a distance. POTATO families did not describe their circumstances as "*adoption breakdowns*" or "*disrupted adoptions*". They remained their children's parents, caring and advocating for them, and loving them.

All the time I felt very strongly that we were his parents. (Parent of 17 year old)

Table 23 Relationship with child when parenting at a distance

	% all families
Positive and healthy relationship with regular contact	42%
Strained relationship with minimal contact	24%
Positive relationship with minimal contact	20%
No relationship / no contact	14%

Base=93

Relationships fluctuated between parents and children as children navigated feelings about identity and shame or were unable to maintain contact due to substance misuse or difficulties maintaining relationships in general. Periods of no contact could be temporary, and parents tried to find ways to maintain connections.

Even when we are away, he messages us, and I text him at 10pm every night. He knows his mum will always be there for him. (Parent of 21 and 23 year olds)

During that time, our son didn't want to talk to us. We would go and see him, but gradually he started to talk to us. We would go over there and we would cook him a meal and he would eat and leave, but over time he stayed and chatted and then we would go into the living room and watch TV together. We eventually got to the point where we would go out together to the cinema, have meals, go and see family. (Parent of 19 year old)

Even when he was declared missing, he would still meet us. No matter what had happened we were always there to see him. He phoned one time as he was in the back of a police van... He needed someone to sign him out... Even now, the neediness is always there, the minute we get back home he is on the phone, [asking] "can you do some shopping with me?"... the need for us to be the anchor in his life. (Parent of 21 and 23 year olds)

Whilst their children were accommodated via a s20, families continued to provide care and practical support for their children. Support was provided with maintaining family and social relationships, meeting executive function needs, safety and working with services. Providing support was not always easy. In meetings parents felt that people could forget *"you are mum and treat you as a professional, which shows we knew what we were talking about, but meant they did not understand the emotional impact on parents of what we were saying." (Parent of 26 year old)*

Support provided by parents to their child while living under s20 arrangements included:

- Social relationships
    - Maintain and nurture family relationship
    - Provide family time e.g. meals, outings, family gatherings

- Executive function
    - Manage benefits and related appointments and paperwork
    - Self-care e.g. washing, cleaning, shopping, cooking
    - Finances, budgeting or debt management
    - Digital connections e.g. set-up WiFi arrangements
    - Keeping health appointments, supporting access to medical treatment
- Safety
    - Safeguarding
    - Search when missing
    - Mental health welfare checks
    - Appropriate adult, organise legal help
- Working with services
    - Finding new accommodation
    - Education e.g. school places, Education, Health and Care Plan or equivalent
    - Training and courses
    - Advice to care team on responses to behaviour
    - Share information, ensure continuity
    - Mental health needs met
    - Diagnosis, medication and therapy
    - Planning for the future.

In each placement, some better than others, there has always been someone on the staff team that appears to have an understanding that I am the parent. I have never felt dismissed or rejected as a parent, at all. I went to every meeting, invariably I was the one orchestrating it. I have had a very strong presence no matter what and have not felt pushed out. (Parent of 19 and 22 year olds)

Bearing in mind he is in the care system still, our involvement with him was massive. We did food shops, gave him food, he had £20 a week. We got him registered for exams. The night before the exam, he phoned and said he couldn't do it. So I went to the placement in the morning, got him up and sat outside the exam room. He vaped weed, that's how he got through it, and he got a grade 3 English. Bearing in mind all the crap [he is going through], that's amazing. He's naturally good at maths, and he had learnt enough and got a level 5… But it took me two hours to get him out of bed and he got there within just a few minutes of the deadline. (Parent of 21 and 23 year olds)

He is our son and we want to stick by him… A lot of the time I was contacting people and seeing they got this and that form, or contacting so and so. If I had not been on it and chasing them up, seeing if he had been to the dentist, all those things, I don't think anyone was taking on responsibility. I had good relationships, but the standard of what was acceptable was very mixed and his needs would not have been met unless we had been there pushing. (Parent of 18 and 23 year olds)

Barriers to parenting at a distance

Parents' attempts to care for their children and maintain relationships while they were voluntarily accommodated were hampered by attitudes of the provision, social care, their child's attachment and mental health, and consent processes. Parents felt they were completely excluded by a system set-up for dysfunctional parents; or that lacked mechanisms to allow a child to be supported when the child was unable to accept help.

The social worker said it was the first time she had worked with a family when you were not trying to separate the child from the family. She had never worked with parents in that context and there was quite a learning curve… but it is frightening really that you have social

workers who are working at a senior level who have our type of children [and don't understand that] you have parents who want to be involved and there are no safeguarding concerns from the parent, only from the child's behaviour. (Parent of 19 and 22 year olds)

In the following example, the social worker helped staff involve parents:

We had a fab social worker who was also advocating to the team, and would say to the residential team that you need to involve mum, so really fortunate and she would contact the residential team and tell them to involve me. She saw the importance of us being involved as a family and importance to our daughter's relationship. She recognised what we were doing for our daughter was in her best interests and had no reason to fear us. Me being persistent, arranging to meet the team [helped], but the social worker supporting me helped enormously and helped me with my daughter not speaking [to me] as she explained she is angry with me but also angry with her first mum and taking it out on me. (Parent of sibling group age 23 to 25 years old)

Parenting at a distance and the criminal justice system

Parents caring for a child on remand or serving a custodial sentence also continued to parent at a distance. In particular to help their child access support and mental health services.

We were there on the phone, we tried to advocate and speak to mental health teams and wrote to governors. It is very limited in terms of the difference you are making. (Parent of 14 and 22 year olds)

The range of support parents of children in the criminal justice system provided included:

- Support and information during proceedings for their child; background letters to court personnel; appropriate adult; and securing / briefing legal advice and representation for their child
- Raising awareness and seeking treatment for mental health needs in prison / youth offending institute
- Access to diagnosis and medication in prison / youth offending institute
- Completion of forms for visits and clothes etc
- Liaising with services to prepare for release
    - Meet on release
    - Arrange accommodation
    - Access to benefits
    - Medication
    - Drug withdrawal support.

In addition, parents provided support on release from prison.

The main need now is making sure I can support and advocate for them with the DWP (Department for Work and Pensions) and criminal justice system, police, courts and that sort of thing, probation. (Parent of 24 year old)

I provide him with clothes and money in his account and let him know I am working with probation and housing so I can get him somewhere to live. (Parent of 29 year old)

Parenting at a distance and the mental health system

Similarly, parents provided care and advocacy when their child was a mental health inpatient, ensuring their needs were understood and met.

Initially in the first low secure unit, things were pretty bad, there was that shame cycle, she didn't want me to worry about incidents. So she decided she didn't want to share information with me and I found that very difficult, I still do. In my work I would never dream of not involving parents, we actively get children to participate in making decisions. I couldn't believe that in the mental health service, when you have a child who is completely distressed and behaving so challengingly, that they can say the child is competent enough to make those decisions but then you don't know what's going on as a parent. Children don't have any experience; they don't know if it is right to not share information with parents and the long-term impact of that. (Parent of 19 and 22 year olds)

I asked for a therapeutic community and they said I would need a s20. Which was horrendous for us. She ended up in a residential setting and did loads of outwards bound type things, which she loved, but she kept absconding and they couldn't deal with her behaviour. Then a move to another therapeutic house, but it took a while to establish a good working relationship with them. For a while, every week, we drove over two hours to see one child and then drove over three hours to see the other [who was in a mental health inpatient setting]. Our son had just started secondary, but instead of going out seeing his friends, he had to come with us. It had a huge impact on everybody. (Parent of sibling group age 23 to 25 years old)

He was on a mental health ward, but while he was there, his home closed. So he was homeless. The hospital knew that he is a vulnerable young adult with autism but they discharged him on new year's eve at midnight. And we didn't know. We tracked him down and put him in a hotel until they found another home to take him. Social care paid for a few nights and we paid for the rest. He presented as homeless but they would not take him as he was so complex and vulnerable. No one would take responsibility. We did welfare checks every day as social care would not do that. (Parent of 26 year old)

Outcomes following s20 voluntary accommodation or equivalent

Voluntary accommodation outside the family home via a s20 or equivalent could be long-term and had a range of outcomes:

- Living in s20 accommodation and seeing parents regularly
- Moving to supported or social housing with parental support
- Living with a foster carer
- Place in a specialist residential school
- Living in temporary accommodation organised by parents
- Police removal from family home following unsupported move home and return to supported housing
- Homelessness
- Return home
- Return to birth family
- Pressure to convert to a Care Order with less parental responsibility.

Parents described the impact that a positive s20 placement had on the relationship with their child:

- More time to just be a parent
- Removal of secondary trauma created capacity to parent
- Improved relationship
- Increased opportunities for positive interactions e.g. weekly phone calls, visits home for lunch, family celebrations.

They had one place in the house so it was just our son living there and encouraging him to use a washing machine and cook the odd meal. And I do think it worked well because we could still see him as we wanted to. Our son was quite interested in having his own place, he

was not happy at home, and could still see his friend. So it did work out better for him. (Parent of sibling group age 19 to 24 years old)

Since he has left home, him not being here, the secondary trauma has stopped. The hypervigilance was second nature; the total sense of despair and hopelessness was pervading my life while he was at home. Just not having him here, just released me from so much pain. Allowed me to regain myself and remember who I was. There was so much anger in me, the loss of the family I wanted, what we ended up with and the pain we were causing our eldest son… He came to us for his birthday and is asking for help sorting out his next place. He would ask me about cooking and food. That means a lot, he needs me for something. (Parent of 18 and 23 year olds)

We have had Mothers' Day out, lunch with his nan, we talk most days. I manage all his benefits for him. We are very much mum and dad. (Parent of 26 year old)

She is also maturing, she has more insight into her behaviours. Our daughter comes home most weekends, and we had a week away [together]. We have a really good relationship, I feel like I know her well. She speaks to me several times a day, will ring me first if she needs help or has hurt herself. So we have a good mother daughter relationship. Better than it was, not aggressive now. She still needs a lot of scaffolding and support. (Parent of 19 and 22 year olds)

Our relationship is better than it has ever been, it's giving her the best chance to get to adulthood. Our son is in a good place too, has a support worker, but very hands off, but he is at college after refusing for a long time. We see him three to four times a week, we helped him redecorate so he could put his mark on it and he is settled in the area, so it's great. (Parent of 14 and 18 year olds)

I think the s20 was vital for saving our relationship with our son, we needed to put some distance between ourselves, we were on our knees physically as we had no sleep and you can't connect with someone when things are that bad. This way, it's a managed process of making sure he was safe, and we could be the parents he needed us to be, which we couldn't be when there was so much crisis and chaos going on. (Parent of 19 year old)

We want to bring him home and nurture him, but he wouldn't be able to tolerate the boundaries. We wouldn't be able to manage, so we are in a better place to support him and he can come here every day for tea if he wants and he can manage a few hours and it's a positive experience. He knows we are here. (Parent of sibling group age 19 to 23 years old)

The foster carers are amazing and we work really well together with the school and social worker… stayed at school until 6th form… Foster care has gone really well, she can speak and facetime (video call} us any time, and we see her once a month… Done a few overnights in a bed and breakfast, and she came and celebrated mum's 80th. We all went away together, so we can do a night away. She has never been back to our house as it doesn't feel right, but goes to grandma's house… Much better than it was. She calls me mum and she says she loves me at the end of a phone call which she hasn't said for years. And phones me for advice which she never did, and she accepted help with an application and called me to say thank you. All positive. (Parent of 17 and 20 year olds)

Other positives were identified, such as removing a teenager from a place of danger to a location out of reach of gangs or groomers or recovery from drug addiction.

I think he needed it, or we would have all been destroyed. He would have ended up in youth offending and my husband would have ended up dead. We needed it. Without a doubt. The only other thing that could have saved us, is moving house. If we had moved, maybe, but

not sure it would have fixed my husband's mental health; and maybe our son would have just got on a train and gone back. I think the s20 was essential, but I regret it. (Parent of 17 year old)

And most importantly, teenagers and young adults were able to recover and live a healthier, safer, more positive life.

The outcomes for our son, from being on drugs, homeless, in prison, at risk of suicide, where we find ourselves today is him being clean from drugs, not smoking, not drinking, at college having a really solid friendship with a guy he has known for years, a girlfriend, career aspirations and making bloody good progress... It gives us both hope for the future. (Parent of 14 and 18 year olds)

Others had less positive outcomes: the issues leading to the s20 were not addressed; parents were not guided or supported in rebuilding relationships and what was permitted in terms of home visits; staff lacked understanding or expertise; or drug addiction and exposure to harm continued.

Then children's social services and the IRO (independent reviewing officer) started talking about reunification, and we said you are not addressing the issues that led to this, how can there be reunification when nothing has been addressed. Nothing was addressed or resolved... Social services sent us the NSPCC (National Society for Prevention of Cruelty to Children) reunification document, and it asked if the child had been neglected or abused. I said this is not relevant to us, have you got anyone with s20 expertise. Post adoption (support) were pulling their hair out, saying we will help social services and guide you through this. Social services would just not link with post adoption, or would just disappear and I would not know that was going on. We were hopeful that with a shared care plan, our son could come back here and have a relationship with us... They found a foster carer who dealt with teenage boys, she had a very light touch and it really suited our son and he was relieved to go to the foster carer. He liked it there and stayed. But the foster carer could not understand why he was in care, so she started to say to our son "why are you here"?... Instead social services railroaded our son into returning to his birth mum. (Parent of sibling group age 7 to 18 years old)

We are brought up to believe that social services and the police are there to protect us and truth will win. When that is broken, it is so unjust and so unfair, it just wrecks your thought process. You just think, everything you grow up believing is wrong. You are supposed to be the good guys. I have a lot of friends that think there is no smoke without fire. Now when people say "have you got kids?", I say just the boys because it is too complicated, it's awful, but just easier. (Parent of sibling group age 10 to 15 years old)

In some cases, families were pressured to change the status of a voluntary accommodation arrangement to a Care Order, which meant a shift in balance of parental responsibility to the local authority.

Five months after the s20, this social worker says you need a Care Order, I say what's that, and she says it's just the next stage, I ask why, she says it's just what you need to do. So I took it as that is what must happen. I mentioned it on POTATO and everyone said no, actually my child has been on a s20 for years, so I went back to the social worker and said no thanks, I am happy to stick with what we have got. Then late on a Friday I am served with a Care Order... [seeks legal advice]... Our barrister was really good but could see the judge wasn't confident in rejecting the Care Order, and was saying he can see parents want to be involved and not comfortable decisions will be made without them... When my daughter found out we were not successful, she self-harmed, and I said [to her] I am still

here, I will always battle in the background... [we appealed]... The first thing the Judge said was there is no time limit on a s20. We were classed as exemplary parents by the local authority, which was good, and I had used the phrase parenting at a distance and the Judge used it in court... So, we went back from a Care Order to a s20, and I was so relieved because of all the battles with the Education, Health and Care Plan, I would not have been able to do it. At the local authority, they use the word shared parental responsibility [with a Care Order], but 51% is in the local authority's favour so it is not shared [with a Care Order]. And I made the point that I am always here, and social workers change, it's a job, they come and go. (Parent of 17 and 20 year olds)

Return home

The return home was not easy, but with genuine collaboration and preparation, some families could achieve this.

Parents still needed to provide considerable support with other siblings, school, anxiety and emotional regulation; they needed school to be flexible and understanding; or needed supportive work placements with understanding of Attention Deficit Hyperactivity Disorder. Without any of these, the return home was very fragile.

He was very worried that things would revert to how they had been, he did not want to come home. He got himself settled, found local friends, smoked weed with them, things were calm, no one was putting him under any pressure where he was, he was left to do what he wanted to do. He was in year ten, fifteen years old, when he came home... He used to come home every weekend with us and the staff would bring him. We built it up twice a week so he was here during the week and we took him to school the next day. We managed that with the home, no support from social services, although they knew about it. (Parent of 17 year old)

However, for others little work or preparation took place to ensure safety when their children returned home. Factors in unsuccessful returns home included:

- Lack of preparation and support for the family and the child
- Unplanned returns home due to termination of placement
- Parent's concerns about the risks of a return home unheeded
- Reunification pushed for before issues leading to the s20 have been addressed, such as harmful sexualised behaviour.

Social Services said he has to come home, we were with him at the time, and they were telling me on the phone, he has to come home as there is nowhere else for him to go. But our daughter is at home and she is terrified of him. There is no risk assessment in place, no support for us, he was aggressive, threatening, he was drinking... It was just a failure from social services that they made our child come home without any perspective on what that would mean for all of us... They didn't see the severity of the problems. (Parent of 14 and 18 year olds)

And nobody listened to her or me, or to our daughter [when we said we needed some work with her before she came home]. So she did come home and she ended up hurting her sister. Damaging her sister emotionally, damaging herself emotionally, and ending up on bail. (Parent of 18 and 20 year olds)

Summary

- Voluntary accommodation or a Care Order generally occurred from age 13 and upwards, although could occur when children were as young as 11 or 12 years (this reflects that POTATO membership is for parents of teenagers).

- While one incident could trigger service involvement, teenagers were overwhelmed by a cluster of events: school exclusion, undiagnosed neurodiverse, neurobiological and mental health conditions, criminal activity and involvement with the police and criminal justice system, going missing, substance misuse, mental health crisis, harmful sexualised behavior, child to parent violence and abuse, sibling-to-sibling violence, and allegations.
- Pathways to voluntary accommodation or a Care Order ranged from families who made repeated requests for help to keep their children and families safe; or had a s20 imposed when they just wanted support with their family's needs; alongside a residential therapeutic placement; or following allegations from a child towards parents or siblings. Parents said that situations had to become dangerous, high risk, damaging and unmanageable before support was forthcoming. The majority of POTATO families felt at risk of needing to move to parenting at a distance.
- The primary cause of delay occurred when social care refused to recognise need or opposed the views of other professionals. While some parents did not feel blamed, others found children's social services highly obstructive and critical of them, accusing parents of abandonment.
- When children were living away from home via voluntary accommodation or a Care Order, they continued to be parented at a distance. The majority of parents kept in touch with their children and provided support with maintaining family and social relationships, meeting executive function needs (particularly around benefits, healthcare and finances), safety and working with services. Parents' attempts to care for their children and maintain relationships were hampered by attitudes of the provision, social care, their child's attachment and mental health and consent processes.
- Parents wondered if a s20 could have been avoided with earlier support or treatment of conditions such as Attention Deficit Hyperactivity Disorder.
- Parents felt that the s20 process was not the right tool for families where parenting or safeguarding risk were not the issue; and it was not appropriate for a child to be assessed as "*beyond parental control*" when the child's behaviour was part of far more complex developmental trauma, anxiety, identity and mental health crisis.

11 Carer-supported accommodation

This chapter focuses on experiences of teenagers, young adults and adults living in carer-supported accommodation, either accommodated as teenagers under a s20 arrangement or as young adults or adults post s20. This chapter describes the challenges for teenagers, young adults and adults, the type of support available and factors leading to repeated moves between accommodation settings.

Carer-supported accommodation varies considerably. In this study, examples included teenagers, young adults and adults no longer living in their family home and receiving support from paid carers funded by local authorities, the Department for Work and Pensions or charities. Some lived in single occupancy or shared residential care homes, others in rented homes. Care staff can live on-site, or be present on site, or make home visits. Carers provide varying levels of support, supervision and care depending on assessed needs and the funded care package.

Challenges of carer-supported accommodation

Two-fifths (41% n=81) of children with s20 or equivalent placements at some point lived in residential settings, generally carer-supported accommodation (Table 21). And 9% of families with adult children (n=28) reported that their children lived in carer-supported accommodation (Table 24).

Carer-supported accommodation had a range of challenges for vulnerable teenagers, young adults and adults:

- Inconsistency in provision
    - Staff turnover, shifts, role and training
    - Unsettled by changes in residents
    - Unplanned returns home
    - Multiple changes in accommodation
- Unmet need
    - Needs underplayed; provider misinformed by commissioning authority
    - Initial disbelief of care home staff at level of care needed
    - Needs are beyond capacity of staff
    - Being ‘lovely staff’ is not enough to meet complex need
    - Staff are not trained in SEN, therapeutic or trauma-informed care
    - Unsupervised staff
    - Teenagers and young adults unable to access Adoption and Special Guardianship Support Fund (England); and adult adoptees are not eligible
    - Lack of support following remand or custodial sentence
    - Inappropriate setting or provision
    - Lack of appropriate level of activity e.g. overly restrictive vs unboundaried access to external activities or internet
- Staff can’t keep teenagers and young adults safe
    - Behaviour too difficult for staff
    - Repeated missing episodes
    - Criminal activity
    - Unsafe location of home
    - Resident relationships, influence and vulnerability
- Parents excluded
    - Not allowed into provision or child’s room
    - Not listened to
    - Interactions with child restricted or unsupported
    - Home located far away from parents

- Inflexibility of home
    - Eviction if rules broken
    - Have to move at age 18
    - Housing sold or closed
    - Reductions in care packages impact on funding arrangements of rented accommodation
    - Place in home lost when mental health needs require inpatient stays.

One of the common challenges to teenagers and young adults settling in carer-supported accommodation, was that homes were often not fully informed of the young person's needs; or unless the young person remained in a home within the same group or company, no information followed them when they moved homes; or it took time for the home to appreciate parents' advice and knowledge.

He lived in the next home until age 17. The new manager tried really hard. The local authority played down a lot of his behaviours on the invitation to homes to tender, so what the local authority circulated was someone with a low IQ and learning difficulty who had a few behaviours because he was frustrated. What the home actually got was an over sexualised, aggressive, internet obsessed angry teenager and they were not expecting that at all. The local authority did not give the full story. (Parent of 26 year old)

The manager didn't want to work with me and thought it was outrageous our son didn't have full independence at fourteen and [thought our son] should be able to go out whenever he wanted and wherever he wanted. I was trying to explain, he is emotionally younger than that and vulnerable. So he got in with older kids who introduced him to weed and alcohol, took him to parties. Being inducted to that at a very young fourteen was horrendous to see. (Parent of sibling group age 19 to 23 years old)

Carer-supported provision was at times unregulated, or inappropriate, for example a women's refuge. There was a lack of support beyond housekeeping reminders or absence of consistent one-to-one staffing. There was little emotional support for residents and attached school settings were under-used.

There was no one-to-one support worker, just people who happened to be on duty. *(Parent of 18 and 20 year olds)*

There's just someone sitting downstairs on their phone while he is upstairs. And that's the majority, the first few they tried, but I would not say any were therapeutic, I would say that word is thrown around. Because they think that is the word they have to say, but even with the good placement, with the lads, they were lovely, but it was not therapeutic. They were nice guys and it was all about positivity and motivation. That's not understanding trauma. (Parent of 18 and 23 year olds)

There was someone there twenty-four hours a day, but our son did not ask for activities and help, he wasn't in the right place, didn't like strangers and there was a turnover of staff, some familiar, but they would change. So it was hard [for him] to build a relationship with [staff]. (Parent of 19 year old)

It was just adults being present and pushing him towards going into education or a job. The family support worker just didn't do any work with him apart from ask him how his week has been or has he done his breathing exercises. They were looking into a route into therapy at that time, but three or four months on there was no progress so he stopped engaging and stayed in bed when she came to visit and would not answer calls... We were not even aware of the Adoption Support Fund. (Parent of 14 and 18 year olds)

He lost the first placement and second and then he was in a hotel for a while. Wherever he went he would find drug dealers or they would find him… They [staff] could be more supportive. You have these places where you send young people and they say they have staff here, but there is not a lot of support or relationship building. He was put in a house, in a room, but there was nothing else in the room, a kettle and a TV. That's it. They will say do you want to go out with me and that's it. There needs to be something that captures their interest and makes it worthwhile enough for them to be engaging. (Parent of 14 and 22 year olds)

The provision could also be located in an area that put young residents at risk:

- Unable to avoid drug dealers
- Escalation in drug use
- Transport links made it too easy to disappear
- Isolated and alone with support workers
- Placed hundreds of miles away from family.

Teenagers and young adults found other residents made a huge difference. Other residents come and go, so teenagers and young adults have to manage loss, change, uncertainty and changing dynamics when residents leave and arrive. Residents with similar needs also found it hard to live together.

At the first one, they made the mistake of placing him with another younger child. Our son stole a car to impress him and drove down a dual carriageway to impress him with the other kid in the car. Then they smashed all the windows, just crazy, crazy shit. So he had to move on from there. And he was doing crimes in the local area, so people then came to the door of the placement; so he would be driven at night to a new placement. (Parent of 18 and 23 year olds)

It was like a family home, a younger child had lived there a long time, who he would lead astray, the home backs onto a school playing field. (Parent of 26 year old)

Consistent care for teenagers and young adults was difficult to maintain with staff turnover, shift patterns or when staff had a behaviourist approach and were not trauma-informed. The homes could be very restrictive or controlling, forcing residents into group activities they could not manage or preventing them from joining activities if there were safeguarding concerns.

We found that a home he was in was using the DoLS (deprivation of liberty safeguarding) punitively… So telling him he's not allowed out because you are a danger to society rather than [saying] yes you can go out, but you need support and we will come with you. (Parent of 26 year old)

They said to us they don't know what the problem is. But then, there was a change in residents and that unsettled him and all hell broke loose there and at school. So he got excluded from school, not officially, just funded home schooling for him until he reached the age of school leaver. He didn't get any qualifications and the home gave notice and this was a specialist home. Then he had a succession of children's homes. Each home would start with perfect behaviour, and then all hell would break out, they couldn't cope, the police would be involved and then he went through four or five or six… Which just reinforced that small child who had seventeen foster carer moves… Because he is articulate, the staff think he is more able than he is. And then they don't understand why he has bizarre and over the top reactions to things, for example, if there is a change in the timetable and he can't do what he normally does, he explodes. (Parent of 26 year old)

In homes where he was the only child looked after by four people 24-7, they still could not keep him safe. (Parent of 18 and 23 year olds)

When the level of care was appropriate it made a major difference.

The staff were fantastic, they were really good with him and got him and liked him…They were great with him and kept him safe. They never challenged him. They just let him be. They didn't stop him from going out, he went out. They were just chilled about stuff and did not get stressed… They did care about him and spoke and chatted with him and tried to build a relationship with him. They were kind and had a laugh with him. (Parent of 17 year old)

For some homes, the level of need was too high, but at the same time, outside mental health interventions were absent.

It was semi-independent living, with round the clock carers in a house of his own. He moved there and they had a six-week honeymoon period. I visited regularly, three to four times a week… I got to know the carers really well. So we had a good working relationship. They really looked forward to working with him but after six weeks things started to go wrong. He started to push boundaries and take control of things, to the degree that the carers started to refuse to work with him and we would get phone calls… Our son started misusing MDMA and he was misusing it every day. The mental health impact is enormous as it is a very, very powerful drug. It caused a rapid deterioration in mental health and he was hitting it as hard as he could, he broke into the safe in the house to steal money; held up a newsagent's with a knife; for a period of four to five months, he was barely having any care, misusing drugs every day. (Parent of 14 and 18 year olds)

Any children that re-enter care are carrying so much trauma, and they are often waiting for counselling, but not stable enough to access it, but at sixteen [he was] pushed out into the community and not able to manage. They say they have got capacity but they don't have the maturity to appreciate risks, so set up to fail and then pushed further and further into drugs and alcohol and self-harm and maladaptive behaviour. Our younger son's psychiatric help was withdrawn so he uses drugs to self-medicate, because that's the only thing that can help him. (Parent of sibling group age 19 to 23 years old)

Moves between carer-supported placements

Teenagers and young adults experienced many moves between carer-supported provision; or evictions leading to homelessness. Factors in repeated moves included:

- Lack of provision post 18; or have to move at 18
- Evictions and terminations in response to behaviour and lack of support with behaviour, for example managing money
- Reduction in care package provision
- Inflexibility of rules if a resident wants to attempt a relationship or independent living
- Breaking rules e.g. smoking, seeing friends, drug use, aggression
- Fighting among residents
- Involvement in criminal activities
- Extreme events (arson; attack staff)
- Arrest, remand or custody
- Inpatient stays
- Complaints from neighbours
- Allegations towards staff
- Sale of home.

Our daughter's supported accommodation did have two carers 24-7 but they are just reducing her care and looking at supported living which fills me with fear. I don't think it will be successful. If she is successful and can reduce her care, then she can't afford the care package so she will have to move. We thought she was secure until she was 25, and I know she will not manage supported living. But no one is interested in our opinions because they are adults, but we know them. (Parent of sibling group age 19 to 23 years old)

Our son was unsettled, bouncing in and out of psychiatric hospital and did have two carers 24-7 but because he spends so much time in hospital his care company pulled out. The local authority put in place three knock-on-the-door visits a day which were not sufficient and he would not answer the door as he didn't know the carers; plus he was up all night and slept all day, so not up when they visited… It's in a rubbish area with no shops or services nearby. He's renting a three-bed house so he can have the carers, but he doesn't have any carers now and so he can't afford the house, so he is running up debt. (Parent of sibling group age 19 to 23 years old)

He was 18, so the placement had to end which was a shame as the placement was working in the sense that he had support and we could go there and support him and he was still seeing a therapist. She was good as he would reach out to her for help to go to court when he was too anxious to go there… And the placement didn't evict him despite the multiple arrests because the placement was for children who were being exploited. (Parent of 19 year old)

Often, breaking rules led to eviction, but if residents could manage rules, then they might not have needed carer-supported accommodation in the first place

He was kicked out of placements because of the rules and his ODD (oppositional defiant disorder). They say you can't smoke, so he does. They say you can't bring a girl back, so he does. He was bringing friends back to the placement when he was not allowed to. (Parent of 18 and 23 year olds)

He wasn't allowed to bring anyone back without consent, and not a girl. So he did it behind their back, started stealing. So very quickly, the carer ran out of patience. (Parent of sibling group age 19 to 24 years old)

Need for more therapeutic settings

For many, carer-supported homes were provided when teenagers and young adults really needed a more therapeutic setting. When the right support was in place it made a life changing impact.

The activities are fantastic, it's a big farm, lots of space inside and out. Farm related and mainstream education. She is doing things we would never imagine her doing, healthy and thriving and started looking at some therapy for the trauma. (Parent of 14 and 18 year olds)

Barriers to parental support in carer-supported accommodation

Parents found it hard to be involved in their child's life when the home was too far away, or staff were unused to parents of adopted children who were involved and not a safeguarding risk. Parents were prevented from having natural interactions due to home rules, for example if visitors were not allowed in the resident's room.

We couldn't go into their room, which I thought was bonkers. I think anyone that is supporting a young person should be able to go into their room, help them tidy it. It's a big rule, I understand not having friends in there, but a very odd and archaic rule not to let people in that are supporting the young person. (Parent of 18 and 20 year olds)

The [post-18 hostel] don't allow anyone, including us in the hostel so we couldn't go here and cook for him and nurture him in the way we had been doing, so the only way we could see him was to take him out, but he was going missing a lot of the time, we would turn up and he wasn't there. But in the old place we could wait and chat with the support worker and our son would turn up, but we couldn't do that at the hostel, it was a different thing to wait outside in the rain, it wasn't very good. (Parent of 19 year old)

Post-18 carer-supported living

Post 18, young adults had to change provision or support was reduced. The cut-off of support could be inflexible and ignored the young adult's developmental age, leaving young adults vulnerable, unsettled and uncared for.

When she is 18, they are looking at supported living, so she can live independently. She can't make a GP appointment, she can't do it, she can't manage money at all. So that's the battle, she is frightened about her future. (Parent of 17 and 20 year olds)

What our daughter needed was post-18 support and these care homes don't do that. Our children don't become adults overnight, there is no magic wand, and kids that need that much support, need that amount of support for a bit longer. Our daughter knew she was going to have to move when she arrived there, she knew she had to move on five months after arriving. She said "mum you don't know what it's like to know you have to move". So she didn't feel safe and secure and that's what people need to understand... If you're going to send a sixteen year old somewhere and it's obvious they have long-term issues, they really need to be there longer term so they can be supported. (Parent of 18 and 20 year olds)

The next placement, he was placed in a hostel. It was a hostel in the centre of town so a short walk to the worst culprit he had been hanging around with and nothing to keep him in the hostel as there was no WIFI. So he couldn't use a phone or TV, so there was no reason for him to be there as he had nothing to do. (Parent of 19 year old)

He was handed over to different social workers and their view is he is eighteen and an adult. Everything should be OK and they should be managing and surprise, surprise things turned to the worst... He lost his placement, was homeless for a few months and we found a bed and breakfast for him, until he could get another supported housing. He was evicted again and in a homeless hostel. So a lot of evictions. But he had a very good leaving care PA (personal assistant) who was very supportive, so eventually he moved into his own place. (Parent of 14 and 22 year olds)

He is at high, high risk of being homeless every day as he doesn't follow rules, smokes in his room despite being told he could lose the placement. (Parent of 18 and 22 year olds)

Summary

- Teenagers with a s20 or equivalent placement were generally provided carer-supported accommodation. Carer-supported accommodation also featured in the lives of adult children.
- Carer-supported accommodation had a range of challenges for vulnerable teenagers, young adults and the families that cared for them: inconsistency in provision and staffing; unmet needs; lack of therapeutic input; staff were not fully informed of child's needs, lacked expertise or were unable to keep children safe; dynamics of other residents; location in a risky area; exclusion of parents; inflexibility of accommodation rules and policies; turnover of placements; and lack of consistency post-18.

- Teenagers experienced many moves between carer-supported provision due to eviction, change in placement, mental health needs, involvement in the criminal justice system, allegations and unmet needs.
- For many, carer-supported homes were provided when the teenager really needed a more therapeutic setting. When the right therapeutic support was in place it could make a huge impact.
- Post 18, young adults had to change provision or had reduced support. The cut-off of support was inflexible and ignored the young adult's developmental age, leaving young adults vulnerable, unsettled and uncared for.

12 Care needs of traumatised teenagers into adulthood

This chapter describes the needs of traumatised teenagers as they enter adulthood, including their education, employment and housing circumstances, independent living and experiences of the benefit system. This chapter also describes the care and advocacy roles of parents, the impact on families providing care into adulthood and the experiences of grandparents.

Circumstances of adult children

Over half (55% n=379) of children in respondents' families were age 18 or over (Figure 2). Over three-quarters of families had adult children either living with them (47%) or were regularly supporting their adult children (28%). 21% of families reported that their adult sons and daughters were unable to launch into adulthood and independence (Table 24).

Table 24 Living circumstances of adult children

	% families with adult children
Living in family home	47%
Living independently but supported by parents on a regular basis	28%
Unable to launch to independence	21%
Living with partner / friends / other family	17%
Living independently without support	10%
Supported housing	9%
Living independently with support for daily living	8%
Homeless	5%
Living with first family	1%

Base=310

Despite such vulnerability and need, 38% of adult children left home prematurely post-16 (Figure 17). Other teenagers spent considerable time in carer-supported accommodation and other s20 arrangements, but then on adulthood moved into semi-independent accommodation or social housing with far less support.

Our son has a personal assistant through the "transition to independence" team, but they have said because he has his own flat, that's it and he will only be eligible for support for another year until he is twenty-five. (Parent of 22 and 24 year olds)

The social worker asked if we could have her for the weekend, and we said you had a whole team of people there that can't keep her safe. How do you think we can keep her safe? It sounds harsh but we said no. So they rented a flat with three workers until they found supported living, and then we would get phone calls that she was lying in the road, drunk, friends would call saying she was about to jump off a balcony… There's no support… just to say the flat is supported living. She had a social worker, a leaving-care worker but not much help. (Parent of sibling group age 23 to 25 years old)

The local authority deemed they didn't have any duty to house him as he'd made himself intentionally homeless. Of course he didn't! He spat at a support worker when he was very

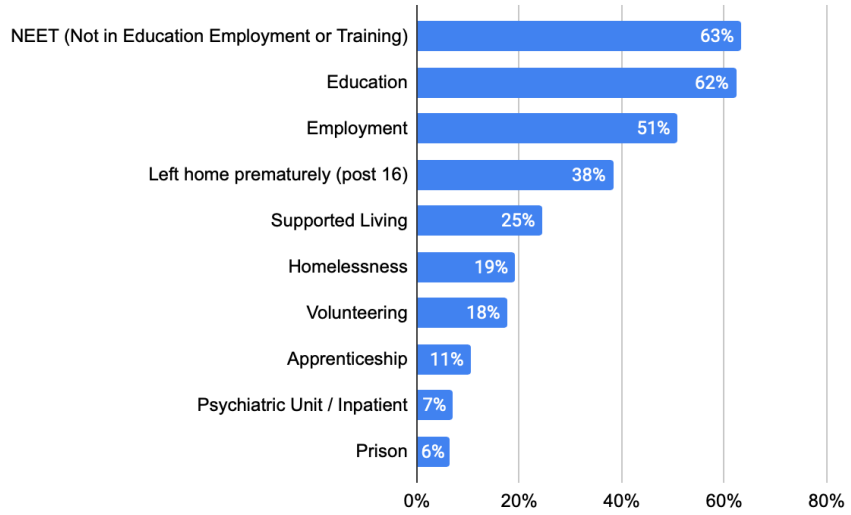
emotionally dysregulated. Had he been properly regulated at a supported placement he would have never gone to prison in the first place. But the law is on their side. But being homeless, he can be housed in temporary accommodation until something suitable becomes available because of his care leaver status. (Parent of 22 and 24 year olds)

Of those considered an adult, 63% had experience of being not in education, employment or training (NEET) (Figure 17).

He managed to stay at school and then went to college, but didn't manage the second year. And has been NEET ever since [now age 23]. (Parent of 22 and 24 year olds)

Only 51% of adult children had at one time or another been in any employment; 19% had experience of homelessness; 6% were in or had been in prison; and 7% were or had been a psychiatric inpatient (Figure 17).

Figure 17 Experiences in adulthood (% adult children)[10]



Base=379

Support needs of adult children

In response to these needs, parents of adult children provided considerable support and advocacy into adulthood, often in the absence of any or proactive involvement from services for vulnerable adults. Parents provided support and advocacy in all areas including finances, housing, health, clothes, food, digital access, relationships, employment and social life:

- Health and social care
    - Support with alcohol or drug addiction
    - Access to health services, appointments and care
    - Advocating for diagnosis, treatment and medication
    - Support with self care and hygiene
    - Support with food shopping, cooking, nutrition and meals
- Education and employment
    - Access to education courses and training, maintaining an Education, Health and Care Plan or equivalent
    - Communication with employers
    - Educating college to understand needs; advocating, preventing loss of college place

[10] Table 17 is based on children in our sample age 18 and over. In Scotland children aged 16 and over are adults.

    - Motivating and getting up for college or work
    - Picking up; searching when missing; responding to calls from college
- Housing
    - Finding and keeping accommodation
    - Transition between care packages, criminal justice system, supported housing, social housing, mental health inpatient
    - Furnishing, cleaning and maintenance
- Financial
    - Appointee for benefits
    - Support with budgeting, debt, shopping and paying bills
- Social interactions
    - Providing social relationships and social life
    - Supporting contact with their children
    - Organising and maintaining digital access
- Working with professionals and services
    - Communication with multiple professionals; keeping appointments
    - Providing support during meetings, reviews and assessments
    - Finding, transporting to and attending therapy.

It's practical things and emotional support or to help navigate the health service. Because they don't know how to do it. They are so consumed with anxiety, they can't make that phone call. So they need someone to go with them when they make that call, or go with them to their appointments. (Parent of 18 and 20 year olds)

The number of meetings we had to enable our nineteen year old to meet with friends from hospital. They need a lot of supervision, you have to help her experience it in a safe way. (Parent of 19 and 22 year olds)

We asked for numerous capacity assessments and they keep repeating he has got capacity but he is running up massive debts. He can't manage a house. (Parent of sibling group age 19 to 23 years old)

He can't maintain relationships, but will meet people online and go and move in with them. Just a random stranger for a week, very vulnerable, and has no friends either, very alone. And his birth brother is bringing people to the flat, using it and staying out overnight, it's wrong and I can't stop it. They are very vulnerable. (Parent of 21 and 23 year olds)

They can't cope with money, they will spend it all at once. They live with us, wouldn't manage to live on their own, and we feed them. They always need money so they need financial support, although we are trying not to do that all the time. (Parent of sibling group age 23 to 25 years old)

Worried about his drug debt, and dealers coming for him. (Parent of sibling group age 19 to 23 years old)

All these professional silos need to know and understand that our children cannot do these things for themselves. Therefore, if there is a loving, caring parent supporting our children, they need to speak to them... At the end of the day, we are their executive function until they can do it themselves. (Parent of 22 and 24 year olds)

Over the years, people expect things to get better the more years your children live with you and that is still the mindset that people have. I think family members still struggle to understand the amount of support our youngest needs and he will probably need it for life. (Parent of 21 and 23 year olds)

Support continued whether adult children lived with parents or not. When adult children lived outside the home, parents continued to help their children register with a GP (General Practitioner), explain their needs, claim benefits, manage affairs and maintain their accommodation.

Our oldest has his own flat… He has no one apart from me and my husband… He has no friends, I am an appointee for all his benefits. I do all the discussions with housing regarding his flat, so I might take him out for the day so he can have checks on his boiler and flat by the housing authority… as he can't manage that. (Parent of 22 and 24 year olds)

His room was a health hazard, rotting food and they wouldn't help him tidy up because he has to ask for help. So I managed to get in one evening and said can I talk to the support worker with our son present and then said our son agrees he would like you to help him tidy up, and then I ask our son if he agrees… he says yes… It required me to be with the support worker for our son to get help. (Parent of 19 year old)

I have to advocate and say when she is not talking to you she is at her most ill and you need to support her, and even then, when I am advocating for her when she is unable, they keep saying we want her to talk - "we want to hear from her". And our daughter is in the room and got up and left. We are trying to build trust, and if I am saying anything that is not right, she will say. She needs to trust you will listen and she has told me to tell you these things, and eventually they were apologetic. (Parent of sibling group age 23 to 25 years old)

Parents needed to be vigilant in case meetings were arranged with the vulnerable adult child on their own.

This meeting was initially him on his own, but I got it changed so I can be there. It's inappropriate for someone like him, but he would not know how to say he needs me there. (Parent of 21 year old)

For those with adult children living at home, for some, considerable care and advocacy needs continued, requiring parents to always be available, not having holidays or trips away; or needing an experienced care coordinator to support their child.

We have not been away in ten years because every night we are away, it is too much to come back to. They can't cope with holidays. It hasn't been living as you expect it to be… On a bad day they can't do anything, they can't get dressed or eat. They won't take medication. If we don't stay with them and prompt them, they might self-harm. They can't come to a shop as they are still very sensory aware. So on a bad day, we have to do everything for them. (Parent of 25 and 26 year olds)

Adult children in work or education still needed considerable support to remain in work or education.

When she was at college that was a real effort as I had to get her up in the morning; or I would have to collect her as I would get a phone call to say she was coming home or a phone call from college to say they were having issues, she had gone off campus… If I had left her to her own devices she would have been a refuser. (Parent of 18 and 20 year olds)

Advocating for adult children continued to be an essential, ongoing and relentless role of parents, needing a huge time commitment from parents.

Still battling, after all these years, trying to get people to understand what the issue is, let alone get any help. And to agree to work with me as part of the team, twenty years later. And that's one child. (Parent of sibling group age 19 to 23 years old)

She has got capacity, but she hasn't got the capacity to explain what her problems are as she hasn't got the words for it. (Parent of 18 and 20 year olds)

When they were classed as adults, social services would hide behind that and say they hadn't given consent. (Parent of sibling group age 19 to 23 years old)

The social worker will meet with them, listen to their point of view, repeat their views about restrictions, so I have to remind them what's on file. They meet and have a chat at home, so they come over as rational and straightforward. They don't see them in college or with peers in the settings where they really struggle… She dresses like any other seventeen year old, dresses sexually which makes her more vulnerable, but inside she is like an eight year old, and no one sees that. The staff get it, not to start with, but I worked very collaboratively and they got it in the end…The social worker starts off in the beginning saying it's adolescence, you need to give her freedom, but I say have you read the files as when she has been given freedom she has been involved with the police as she shares inappropriate sexual images etc. when unsupported. (Parent of 17 and 20 year olds)

At the moment, I let him know I am here, I write to him regularly, I visit him regularly, I provide him with clothes and money in their account and let him know I am working with probation and housing so I can get him somewhere to live. (Parent of 25 and 29 year olds)

The way we support our children is a hell of a lot of work. I think professionals don't realise how much work that is and they are paid to do it. We are doing it because we love our children and they would be sunk without us. Things would be much worse without us. (Parent of 19 year old)

I said I am his advocate and supporter, it's my number and I asked you to call me. She said he has got capacity, then he needs to call me. I said you need to work with me as I am always going to be part of this. (Parent of sibling group age 19 to 23 years old)

Conditions such as Attention Deficit Hyperactivity Disorder remained undiagnosed and young adults and adults were on long waiting lists, unable to access support or medication. When an adult child was not living with their parents, parents were often dealing with unfamiliar services, outside the parents' locality, requiring additional travel.

There was no support to help him manage and build positive relationships. With no practical support, he had to fend for himself, so we continued to support him e.g. help him with the Universal Credit claim, find and register with a GP, communicate with GP, do shopping, picking up medication and advocating on his behalf. (Parent of 14 and 22 year olds)

Parents of adult children had many additional roles that went above and beyond expectations for adult children, with advocating for their children being one of the most common roles (Table 25). Another role was safeguarding vulnerable adults, including:

- Searching when missing
- Carrying out mental health welfare checks
- Being an appropriate adult / organising legal help
- Providing support to reduce substance misuse
- Support with drug debts and associated threat of harm.

Table 25 Additional parental roles above and beyond parents' expectations for adult children of their age

	% families with adult children
Advocate	80%
Parent	77%
Manage their emotional and mental health	77%
Personal Assistant (life admin)	70%
Provide transportation (due to needs)	64%
Carer	56%
Appointee for benefits	49%
Friend	46%
Cook	45%
Therapist	42%
Teacher	24%
Appropriate adult within criminal justice system	21%

Base=250

If young adults and adults were out of education, training or employment, they did not have access to support associated with these settings such as pastoral care, mentoring, supervision, help with CVs and applications, life skills training, extracurricular activities or work experience. Parents agreed that adult mentor schemes would make a huge difference.

They're not in education or training, so haven't got anybody to say today we're going to have a look at this and see what they like or have a look to see what it looks like to work here… I would love for ours to have a mentor… Someone young, not too old, so they are not too distant. Someone who our child got on with and who understood their erratic behaviour and difficulties keeping appointments. Who could connect and try and encourage. (Parent of 18 and 20 year olds)

If he had a mentorship that would make a huge difference, having someone outside your parents to discuss things with, who shows you that you are a person and you are not just your crime and help you in a positive way, into employment, rather than being judgemental. It's great saying to him you would be much better working, but no good if there is not any help for you and not giving you any confidence and all you see is obstacles and you can't move on from there. (Parent of 14 and 22 year olds)

Having a job makes all the difference as he will be busy and get satisfaction… If he could find a job with someone who kind of gets him… If someone pulls him up or criticises him, he finds he can't do it and will stop going. If he was working with someone who got that and was patient. (Parent of sibling group age 23 to 25 years old)

He has a care coordinator, so if he has not got up, she would just come in with a chair and sit with him. At first he was shocked, but the care coordinator gets them, and he allows the care coordinator to see him. She just comes in. She is an occupational therapist, but strong, gets the long-term impact of trauma… often he is frozen, and she does not go at it with a chisel, but sits until there is a thaw. (Parent of 25 and 26 year olds)

Parents were understandably worried for the future of their adult adopted children with concerns about future threats of homelessness, addiction, suicide and prison; or worries about who would provide day-to-day practical, social and financial support and care when they were no longer able to.

Benefit related support for adult adopted children

Two-fifths (42%) of families with adult children had children in receipt of Personal Independence Payments (PIP) and 28% had adult children in receipt of Universal Credit (UC) (Table 26), with many parents being their adult children's appointee with the Department for Work and Pensions (DWP).

Table 26 Financial support either paid to parents, paid to young adult, or managed by parents when child is age 18 and over

	% families with adult children
PIP	42%
Universal Credit	28%
Carers Allowance	10%
Education loan or bursary	10%
Adoption allowance	7%
Child's salary	2%

Base=324

43% of families were making regular payments to support day-to-day living of their children (Table 32). Many adult children needed specific support to claim benefits:

- Application for UC in general and on leaving prison
- Help to manage all benefits
- Attending UC interviews
- Appointees for benefits
- Maintaining copies / originals of key documents for proof of identity or address
- Support with attending job interviews and fulfilling UC job search requirements
- Access to mobile phone and internet
- Access to a bank account and management of account
- Support managing spending and debt.

Because the local authority, who were his corporate parent (along with me), they were the ones who chose to move him, into care of private support providers and it is private support providers who have moved him from house to house and flat to flat. Seven to eight moves in the last five years. So you are not going to have his addresses as they were never his addresses but addresses he was put into…. It looks like he moved every three to four months, but none of those moves were down to him, they were due to the provider." (Parent of 24 year old)

Parents could not be an appointee until their adult child agreed, but an adult child could initially reject help; or take time to accept help. Such situations then left the adult child without any financial support. An adult child could also change their mind and reject help at a later stage, usually at a time they most needed it. If a young adult is living in carer-supported accommodation, benefit services cannot assume that carer support is regular, consistent, sufficient or has benefit expertise.

The difficulty was that he was older when came out [of prison], he initially said he wanted no contact with us at all, but that changed as he needed help just in getting a phone for example, and realised he could not manage on his own. So we make weekly visits to help him. (Parent of 24 year old)

Parents were providing support with Universal Credit alongside support with other care needs, including caring for siblings or grandchildren, so were very time limited.

If parent / carer support was limited to a weekly visit or support session, then official letters or emails with deadlines and appointment times sent by services need to bear this in mind when setting lead times for actions to be completed by. For example the lead times for updating Universal Credit claims with proof of income and expenses. Universal Credit claims were terminated when young vulnerable adults were not given time or support to provide evidence or deal with queries.

You anticipate a problem and it takes six to nine months to get help, by which point you have moved on and the things you are asking for are about ten times worse and the thing you did ask for won't work now. We have asked for quite a few things, but he is not engaging. His Universal Credit claim was closed. He has a current sick note and I had to work hard to get him to the GP and get an up to date sick note, there is quite a lot going on behind the scenes to get it and Universal Credit took no notice of it. (Parent of 19 year old)

Our son has a personal assistant… and he got him an Universal Credit interview, but he doesn't seem very effective and meeting with our son every six weeks is not enough. (Parent of 19 year old)

Parents created savings for their children to help them with housing, transport etc, but these savings could then be a barrier to claiming Universal Credit. Universal Credit could be useful as it was a smaller, manageable amount of money, but dependency on savings created other problems due to the larger sums of money involved.

When he was 18, we had savings for him, and he needed to claim Universal Credit, but he couldn't as he had savings. So suddenly he had access to a lot of money, so used the money to buy drugs and cars without a licence, so immediately he lost his housing placement and was homeless. (Parent of 22 year old)

Wider vulnerability of benefit claimants

Young adults and adults found it hard to access the benefits system and manage day-to-day demands as they were living with diagnoses such as Autism, Foetal Alcohol Spectrum Disorder, anxiety, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Emotionally Unstable Personality Disorder alongside slower processing, poor memory and impaired executive function and poor emotional regulation.

His needs are daily and then he disappears for a few weeks. I have to talk to him in a certain way due to his ODD (oppositional defiant disorder). His initial reaction is to sound like he is against the idea, and then we talk to him and he will come round to the idea the next day. So he needs someone to help him see sense. (Parent of 21 year old)

Because they don't know how to do it. They are so consumed with anxiety; they can't make that phone call. So they need someone to go with them when they make that call, or go with them to their appointment. (Parent of 20 year old)

She can't make an appointment, she just can't do it. She can't manage money at all. So that's the battle. She is frightened about her future. (Parent of 17 year old)

Unplanned (eviction or impulsive) moves between local authorities disrupted job centre location, housing, access to paperwork and access to support networks.

The need for Universal Credit could also be linked to being on probation; recently released from prison; leaving carer-supported accommodation, eviction, hospital discharge or living unsupported away from home. So the vulnerable adult was dealing with multiple and unfamiliar agencies, demands and instructions, having recently lost support, and with no backup resources or savings.

He has so many appointments, probation, Universal Credit, tutor, work towards getting a job, talking to housing. There are all these people he needs to be talking to and he is not. (Parent of 19 year old)

Once in receipt of benefits, young adults and adults needed protection from exploitation, debt and running out of money.

We have raised it with police and social services that our son is being exploited. Son is adamant his mate is a good bloke, but the mate is already there when the PIP arrives and at the bank. We have done everything in our power to do: we raised safeguarding concerns, told the police and there is nothing we can do. (Parent of 23 year old)

I see my daughter coping with life, but only just coping and I really worry how they will live independently. The fines build up, they are not a detail person, they don't take time to look at things carefully. They would say they don't have any needs. I worry about keeping an eye on finances, they are not aware of what they are spending money on as they are generous and living for the moment. That motivates them to work, but it's the executive functioning they don't have, the planning and organising. (Parent of 22 year old)

She cannot manage her money and is buying weed all the time. (Parent of 20 year old)

He can't cope with money and will spend it all at once. He lives with us, wouldn't manage to live on his own, and we feed him. He is always needing money so needs financial support, although we are trying not to do that all the time. It's hard, as we want him to be able to go out with his friends. (Parent of 23 year old)

I have a standing order to give her money so she does spend it all at once, and her partner will let me know if she is struggling. (Parent of 25 year old)

Wider needs to access employment and alternatives to Universal Credit

Young adults and adults needed wider support to address issues that left them unemployed, reliant on Universal Credit or unable to navigate services and systems. Parents were concerned that access to limited funds, boredom, loneliness and lack of structure created vulnerability to involvement in crime, drug misuse and alcohol dependency, and worked hard to prevent this. And for those in work, earnings needed careful management and protection.

It's great saying to him you would be much better working, but no good if there is not any help for you and not giving you any confidence and all you see is obstacles and you can't move on from there... I can see him going to prison again, but what would help him is having mental health support to support addiction and heal the trauma that has gone on before. Prison isn't going to do that. (Parent of 24 year old)

I think he could have more support in careers, access to Universal Credit. Job Centres are not set up to cope with young people like him. I would go with him and he would be aggressive, grumpy and rude and I would have to advocate for him. Which is an essential role of those of us who understand why our young people are the way they are. (Parent of 18 year old)

We need people to do what we do, be consistent, always turn up for him and don't say he hasn't engaged so let's not bother anymore. That's what you get from a lot of services, they don't want to try and engage with him. They always say our son needs to reach out to us, but that is not going to happen. The only reason we have the relationship we do is because we go back and check that he is OK all the time, we are continually making that connection. They need to reach out and engage with him. (Parent of 19 year old)

They do have jobs you can engage in, but because of social anxieties, he could not manage that. If there are too many people seeing him, he could not manage. Needs some help as otherwise it is just a broken system and it continues to be broken. (Parent of 24 year old)

He is still involved in crime to get money for drugs. He wants to develop his art and use his art in some way, make a go of things and get work. He knows if he can turn things around I am there to support him. He needs intensive mental health input. He's nearly thirty. Is he going to survive? (Parent of 29 year old)

He was being exploited… involved in drug dealing as it was exciting, risky, and he was worried about not having money. (Parent of 19 year old)

Care roles of grandparents

Of the POTATO members that were grandparents (n=70), support was provided to their adult children and grandchildren: emotionally, with administration, practically, financially and with considerable childcare (Table 27). 3% (n=15) of all members (21% of grandparents) had grandchildren living with them, some of whom were kinship carers or special guardians. 3% of all members (a fifth of grandparents) had grandchildren who had been adopted or placed away from their parents (Table 27).

Table 27 Experiences of grandparents

	% of grandparents
Providing financial support for grandchildren	43%
Provide a higher than normal level of support in caring for grandchildren	40%
High levels of advocacy for adult child's child(ren) e.g. social care, school	24%
Grandchild(ren) adopted / placed permanently away from their parent(s)	20%
Acting as emergency foster carer for their grandchild(ren)	7%
Responsible for child(ren) under a SGO (or KCO in Scotland)	6%
Child arrangement orders	4%
Kinship care of grandchildren	4%

Base=70

Support also extended to their adult child's partner and supporting their adult child with contact arrangements.

Our son has a child with a girl he met in supported accommodation… She still has huge issues dealing with all sorts of things, so we try to support her, but they are not together. The arrangement is that he will see grandson once a week. Our grandson stays overnight and our son sees him in the afternoon. (Parent of 14 and 22 year olds)

He loves his daughter, but we scaffold it for him and always invite him when she is here. We arranged it with his ex-girlfriend. When the Child in Need plan finished, the ex-girlfriend said we couldn't see her [granddaughter], but we were part of the safety net, so I was quite

concerned. But once she was in labour with her second child, she asked our son to have her, she realised she needed help, so we got past that. (Parent of 21 and 23 year olds)

Summary

- For those with adult children living at home, considerable care needs continued, requiring parents to always be available, reduce working hours, and not have holidays or trips away.
- Parents provided support in all areas from finances, housing, clothes, food, digital access, relationships, professional / service interactions, safeguarding and mental wellbeing checks, education and training, employment and social life.
- Adult children shared experiences of not being in education, employment or training (NEET), homelessness and a smaller proportion were in or had been in prison or a psychiatric inpatient.
- Conditions such as ADHD remain undiagnosed. Young adults and adults were on long waiting lists, unable to access support or medication.
- Many adult children received benefit payments, with parents often being their adult child's appointee with the Department for Work and Pensions. Young adults and adults found it hard to access the benefits system and manage day-to-day demands of claiming benefits. Parents could not be an appointee until their adult child agreed. Such situations left adult children without any financial support.
- The need for Universal Credit could also be linked to being on probation, recently released from prison, leaving carer-supported accommodation, eviction, hospital discharge or living unsupported away from home. Vulnerable adults were dealing with multiple and unfamiliar agencies, demands and instructions, having recently lost support, and with no backup resources or savings.
- Limited funds, loneliness and lack of structure created vulnerability to involvement in crime, drug misuse and alcohol dependency. And for those in work, earnings needed careful management and protection.
- Of POTATO members that were grandparents, considerable support was provided to their adult children and grandchildren, including having their grandchildren live with them.
- Parents were understandably worried for the future of their adult adopted children with concerns about future threats of homelessness, addiction, suicide and prison; or worries about who could provide day-to-day practical, social and financial support and care when they were no longer able to.

13 Impact on parents caring for traumatised teenagers, young adults and adults

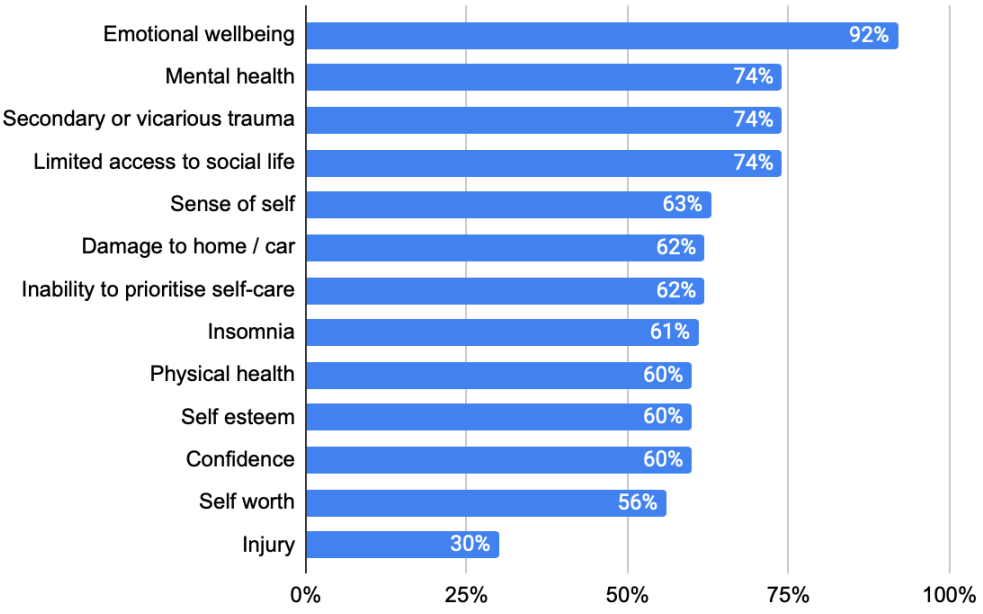
This chapter describes the consequences of caring and advocating for traumatised teenagers, young adults and adults on the mental health and financial circumstances of parents, as well as the impact on their employment, wider relationships, home and social life.

Emotional impact of parenting

Caring and advocating for their traumatised children dramatically impacted on all aspects of the lives of adoptive parents. Parents described the combined effect of living with child-to-parent violence and abuse, supporting their child in mental health crisis, dealing with statutory services, advocating for children, and filling in the gaps in poor provision and unmet needs. Parents talked of becoming hypervigilant and fearful; deterioration in their own mental health; damage to their home, business and social and family networks; health problems; little time to do anything else apart from meet needs of child; restricted social lives; being unable to work at all or only part time; financial insecurity; or having to uproot and relocate. A mirror of the lives of their children.

Caring for traumatised teens (and the associated poor support) had an impact on the emotional wellbeing of nearly every parent (92%). Three-quarters (74%) of parents said that parenting impacted on their mental health, the presence of secondary or vicarious trauma or access to a social life. Over half said the experience had an impact on their self-esteem, confidence or self-worth (Figure 18).

Figure 18 Impact of parenting (% all families)



Base=413

I had never seen my wife so unwell... Our son made repeated threats from the placement, telling my wife he was going to kill himself and it would be her fault. (Parent of 14 and 18 year olds)

It's taken us to places we never thought we would go, it has tested us. I can't imagine ever, apart from the death of a child, being in a worse place than I was. (Parent of 18 and 23 year olds)

There is a toll on your own mental health and belief system... the worst things that could have happened in your life, we were dealing with daily. So you become resilient to that. So things that should actually anger, disappoint, shock and frustrate, those feelings are sort of not there. The values you hold are changed to a huge extent... We have lost so much. (Parent of 18 and 20 year olds)

Parents described a range of emotional states in response to caring for a traumatised teenager, with most experiencing emotional or physical exhaustion, feeling worried, anxious and overwhelmed and feelings of fear and hopelessness. Over a third experienced feelings of terror (Table 28).

Table 28 Emotional states experienced in relation to parenting

	% all families
Emotional exhaustion	99%
Overwhelm	93%
Walking on eggshells	93%
Worried	91%
Physical exhaustion	91%
Anxiety	90%
Tense	84%
Fear	84%
Hopelessness	84%
Hypervigilance	69%
Threat	68%
Agitated	67%
Nervous	64%
Terror	36%

Base=417

The extremes of the situation, the amount of work needed to care, advocate and keep teenagers safe and alive left parents exhausted, powerless and feeling unsafe in their homes.

The fourteen to eighteen year old bit was the most worrying and traumatic part for us as parents. The most stressed, anxious and deflated as parents we felt. We felt totally helpless, impotent. And we were starting to worry people will think it's something we are doing. (Parent of 18 and 20 year olds)

I think the hardest thing for me was how it affected my husband as he was mentally strong, but he just disintegrated into someone that could not get out of bed. (Parent of 17 year old)

We do feel quite jumpy and for a while even after our son left, our house was still being targeted... for many months after, I hated being in the house on my own, I startled at every noise, jumped at every ping on my phone. I can hear my phone ping and I'm over there in a flash. I was used to being interrupted, so it took an awful long time to feel safe at home. For a while we avoided home after the s20... It didn't feel safe. It was good being out of the house, it felt really safe, very odd, feeling outside is safe. (Parent of 19 year old)

Sadly, these negative emotional states impacted on self-care, with 70% (n=290) of parents only sometimes able to prioritise self-care. Over one in ten (12% n=50) said they were unable to prioritise self-care.

Physical impact of parenting

In addition, parenting experiences impacted on parents' physical health. 60% of parents reported poor physical health and 30% of parents have been injured in their caring roles (Figure 18). Among those parents experiencing CPVA, half (53%) of parents received an injury they treated themselves and 15% of parents had an injury needing treatment by medical professionals (Figure 13).

Impact on employment and finances

Parents described the multiple roles they needed to fulfil in order to meet their children's needs. The majority of parents supported their child's emotional and mental health. In addition, over two-thirds of parents fulfilled the practical tasks their teenagers were unable to manage due to anxiety or impaired executive functioning. Around half of parents found themselves fulfilling roles in the absence of educational or therapeutic services. Nearly half supported their child's friendship needs, for example when teenagers did not have friends or required support with relationships (Table 29).

Table 29 Additional roles parents fulfil when their teenagers are legally children

	% all families
Manage their emotional and mental health	91%
Advocate	88%
Parent	81%
Carer	72%
Provide transportation (due to needs)	69%
Personal assistant (life administration)	68%
Cook	68%
Therapist	60%
Teacher	53%
Friend	47%
Appointee for benefits	43%
Appropriate adult within criminal justice system	23%

Base=408

Parents were performing all of these tasks, alongside living with aggression and violence.

I was at breaking point. I had to find the energy to parent, run a business, be a wife and facilitate every meeting I had been in. I was always the one that had to get all the professionals, link people in, remind them to send in paperwork. I would turn up to a meeting and they would turn it over to me and ask what do you want us to do? I would say – you are meant to be telling me what is available! I was constantly trying to describe to people what I was going through, but it was hard to describe, it was passive aggressive abuse. How do you say it when they're a child? I would call my husband and say, please come home as our son has just punched me and I have a black eye… I felt like I was going crazy. (Parent of sibling group age 7 to 18 years old)

Parents described the amount of time they needed to find for meetings, training, parallel parenting and keeping children safe in the home (Table 30).

Table 30 Time related impact of parenting a traumatised teenager

	% all families
Time spent in meeting / emails / appointments / phone calls	91%
Time spent on training courses / reading / self-educating	75%
Unable to leave older teen / adult child in house on own	69%
Cannot leave siblings alone in house together	45%
Have needed both parents or multiple adults in house	44%

Base=411

The combined impact of these demands on parents' time and emotional capacity severely limited their ability to sustain employment. Two-fifths of parents (40%) reduced employment hours. A third gave up their career and one in ten became unemployed following adoption (Table 31).

Table 31 Parents' employment history and experience

	% all families
Employed (at adoption and now)	45%
Had to reduce hours	40%
Had to give up career	34%
Had to change career	18%
Self-employed	17%
Not employed (since adoption)	11%
Not employed (at adoption and now)	3%

Base=418

We went through three years of extremely difficult times with our two young people and that impacted on our wellbeing in every way, our mental health, our physical health, in every way. I had been turning down jobs for three years as it was not safe to be away from home. (Parent of 14 and 18 year olds)

I took time off when the children were placed and then only went to work two days a week. By the time the children were in secondary, there was an expectation they would be more independent, travel to school themselves, let themselves in when they got home. But that wasn't our reality, we couldn't leave them at home unsupervised together. My husband took a five year career break as childcare stops at eleven, there are no after school clubs. (Parent of sibling group age 19 to 23 years old)

The wheels came off the bus in a spectacular way, so I stopped work to get the wheels back on the bus, but failed... So basically trying to keep us all alive. I was immersed and drowning in stuff at home. (Parent of 17 year old)

I didn't work for seventeen years due to the massive impact that adoption had... I think it's unrealistic, with the children I adopted, to work in order to deal with millions of meetings and professionals and then the children. They need a different kind of parenting, they need a consistent person in their lives in a way that is quite extreme. (Parent of 21 and 23 year olds)

I lost my job because of what was happening with the children... I probably won't get a job now after what happened. [I feel] really bitter as I now work longer hours at a fraction of the pay, and because of longer hours, I am not as available for the children and there is less income for the children. The LADO (Local Authority Designated Safeguarding Officer) ensured I got sacked but they don't realise the long-term impact of that on the children and on the financial support they will need throughout their lives. It makes me really angry. (Parent of sibling group age 19 to 23 years old)

Parents reduced or stopped employment for a combination of reasons:

- To meet day-to-day needs of child
    - Attend a child's or multiple children's therapy sessions; and transport them to their own sessions; often a significant distance from home
    - Support and advocate for a child / act as an appropriate adult / attend meetings
    - Visit and support child living away from home, often far away
    - Support home education
    - Attending appointments with child
- In response to repeated crisis episodes
    - Collection from school at short notice
    - Exclusion or deregistration from school
    - Repeated episodes of child going missing
    - In response to mental health crisis in child
    - Emergency situations in supported housing
- Following allegation, LADO (local authority designated officer safeguarding) referral or Care Order impacting disclosure and barring service certification (DBS) and / or employment conditions
- Unable to leave child unattended
    - Unable to leave older teenagers unattended at home
    - Parallel parenting siblings who could not be left unattended together e.g following allegations; history of harmful sexualised behaviour; or due to aggression
- Impact on parent's health
    - Toll on parent's mental health made both working and caring alongside living with child to parent violence and abuse (CPVA) too stressful
    - When partners were unable to be involved in care due to work, injury or mental health, parents gave up work to care for their partners whose mental health needs or catastrophic injuries were a direct result of CPVA or stress of childcare.

As a result of changes in employment alongside care related costs, financially, parents found themselves with reduced incomes and in difficult circumstances. They also financially supported their children, often paying off debts. Older parents put on hold plans to retire in order to replace lost income and savings and so they could continue to financially support their children and grandchildren. Four out of five (82%) parents had a reduced family income due to the needs of their children and nearly three-quarters had a reduced pension income (Table 32).

Table 32 Financial impact on family

	% all families
Reduced family income	82%
Reduced pension	73%
Reduced savings	55%
Additional support related costs (therapy, support worker, respite care etc)	53%
Regular payments to support child with day-to-day living	43%
Regular payments to support child with debts	21%

Base=409

On a financial basis we're catastrophically nowhere near where we expected… We're using our savings to pay rent… We're not where we ever imagined we would be. It feels like we are right at the bottom of the ladder. When we should be slowing down, we need to be speeding up. We have gone through all this stress and we should be gearing down now, but we can't as we have got to work. (Parent of 18 and 20 year olds)

Despite the impact on household incomes of caring for traumatised teenagers, only 45% of all families had ever received an adoption allowance. A quarter of families received means tested Carers Allowance, 19% received Working Families Tax Credits and 11% Universal Credit (currently or when they had a child under 18) (Table 33).

Table 33 Allowances and benefits received when child under 18, aside from child benefit

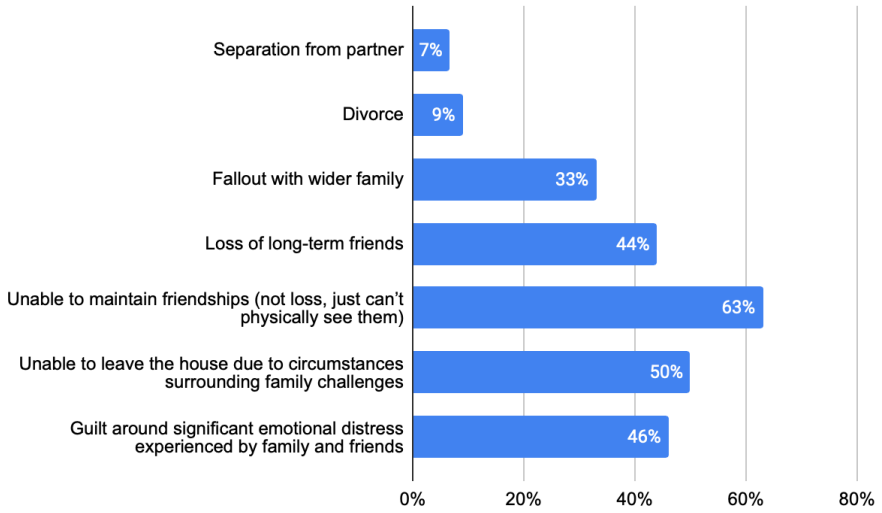
	% all families
Disability Living Allowance	54%
Adoption allowance	45%
Personal Independence Payments	28%
Carers Allowance	26%
Working Families Tax Credit	19%
Universal Credit	11%
Housing Benefit	4%

Base=401

Impact on relationships

Caring for traumatised teenagers impacted on wider relationships. Previously supportive, close family, could not comprehend the situation, turning away from the family or the teenager, especially following a s20. Extended family were angry with the parents for not having their child at home anymore or being unable to change the child's behaviour; others were angry at the child for the impact on parents. Friends withdrew as they did not want to be associated with extreme behaviour. Parents felt guilt about the emotional distress experienced by family and friends.

Figure 19 Impact of being an adoptive parent on primary relationships (% all families)



Base=409

Three out of five families (63%) were unable to maintain friendships, two-fifths (44%) lost long-term friends and half were unable to leave the house. 16% were separated or divorced from their partner (Figure 19).

My mum and dad sold up to be near us here so they could help. It was a huge thing for them to do and I feel like I have ruined their life, they are both shadows of themselves and my dad has had to retire because of what happened. He is suffering so badly with mental health. (Parent of sibling group age 10 to 15 years old)

When parents had to move home, they could be further isolated and without supportive or social networks. Families moved home to distance themselves from risks for their children (harmful people, drug use, criminal behaviour, grooming, gangs and opportunities for unsafe behaviour); for a fresh start for their child; to find a home with a safer layout; following divorce; or because they could no longer afford their home, having had to give up or reduce paid employment. Moves also occurred to be nearer a child's supported living, or to keep children safe from older siblings when HSB had occurred.

Impact on home life

The challenges of parenting a traumatised child were very different to expectations of adoption. Families made considerable adaptations to their lives in response to their children's needs. Some of the most common experiences that were beyond what parents envisaged when beginning this journey with their children included verbal abuse, having to de-escalate violent situations and keeping items locked away (Table 34).

Table 34 How challenges of parenting a traumatised teenager are different to parents expectations when adopting

	% all families
Being shouted at / called names / verbal abuse / threats	86%
De-escalating violent situations	75%
Items kept out of sight / locked away	74%
Living with damage to home	63%
Allowing significant gaming and screen time	62%
Need to keep keys and phone on me for emergency	57%
Living in fear	55%
Using a safe for storage	46%
Keeping arms-length to avoid injury	44%
Calming tools and materials / foods always accessible	38%
Lock on parent's bedroom door	36%
Keeping rooms free of objects that can be thrown	32%
Acting as expert peer support for other adopters on POTATO	22%
Separate calm space for child	19%
Have an emergency escape bag with essentials in	11%
Using plastic tableware	7%
Don't wear glasses in case knocked off face / broken	6%

Base=411

The tricky thing is when you have to hide everything at home... it is very difficult to live with that person when you don't have the trust and when you give them what they need but it is never enough. There is always more they could be having. There was acknowledgement that

it came from early childhood and having to find clever ways to look after themselves. (Parent of 14 and 22 year olds)

I had a lock on the bedroom door, stopped having money out, she took my bras into school. I had lock boxes as I had to lock away every knife. I locked all the sugar away as she would bake at night and leave the oven and gas on. I had to check her room, I would find envelopes full of matches and she had been burning paper. I had to change my whole style of parenting. (Parent of 17 and 20 year olds)

Commitment of parents to their children

Throughout parents' accounts, what stands out is the everlasting commitment of families to their children.

There is such a kind, funny, lovely person there. I could never give up on him as he is just wonderful. That version of him is worth fighting for. You hope you can do just enough [for him] to just live a good enough life, that makes you carry on. (Parent of 18 and 22 year olds)

Nearly three-quarters of parents described themselves as having a positive relationship with their child, despite nearly all parents experiencing verbal abuse, violence and poor mental health. However, this also takes its toll on parents, with one in five reporting negative relationships and over two-fifths experiencing episodes of blocked care or compassion fatigue (Table 35).

Table 35 Current relationship with child

	% all families
Positive relationship	73%
Reciprocal loving relationship	47%
Blocked care / compassion fatigue	46%
Negative relationship	21%

Base=384

Summary

- Living with a traumatised teenager had a far-reaching impact on the emotional wellbeing and mental health of families.
- Most parents of traumatised teenagers experienced a range of negative emotional states from emotional or physical exhaustion to feelings of fear, hopelessness and terror.
- The combined impact of demands on parents' time and emotional capacity severely limited their ability to sustain employment, leading to: reduced employment hours, giving up career or becoming unemployed following adoption, and reduced earnings. Ongoing care costs and financial support for children and grandchildren left parents in difficult financial circumstances. Few families received an adoption allowance or Carers Allowance.
- Caring for traumatised teenagers left families socially isolated. Relationships with wider family and friends diminished when they found it hard to understand the situation, blamed parents for the child's behaviour, or were angry at the child for the impact on the parents. Or parents could simply be unable to leave the house in order to maintain relationships.
- Throughout parents' accounts, what stood out was the everlasting commitment of parents to their children.

14 Experiences of support services

This chapter describes experiences of support services, including preparation for adoption. It includes examples of good practice experienced by families and areas where services fail adoptive families and their children. It describes why interventions are ineffective, poor pre-adoption preparation, use of the Adoption and Special Guardianship Support Fund (ASGSF) in England and lack of understanding of the needs of traumatised teenagers in statutory health, education, disability and social care services. Experiences of specific mental health services are discussed in chapter 9.

Adoption preparation for parents

The first experiences of adoption support for families were the adoption preparation programmes parents were required to participate in. The experiences of families showed a significant gap between the ideal of adoption as a loving solution for children in need and the reality of systemic challenges that can hinder the wellbeing of adoptive families. Whilst there were clear benefits in preparation for adoption, preparation alone was not sufficient. Even well prepared families couldn't cope if they were not fully informed or did not have access to ongoing support.

They absolutely laid it on the line that these were traumatised children and they needed new families, because of the trauma they were exposed to, because of abuse and neglect. But sometimes it was laid on the line a bit too much that love would be enough. (Parent of 22 and 24 year olds)

A lot of implications that all they needed was a roof over their head and lots of love and it would all be fine. (Parent of sibling group age 19 to 23 years old)

Misconceptions and gaps in preparation and training arose from:

- Superficial knowledge of trauma
    - Unprepared for what developmental trauma really looks and feels like
    - Not prepared for the extreme impact
    - Unexpected and persistent levels of violence and aggression
- Not fully informed of child's needs or history
- Information provided by inexperienced foster carers
- New parents were not provided with information about typical developmental milestones; so were unconfident in how different their children's development and presentation was to other children
- Inappropriate expectations of parenting e.g. love is all you need; underdeveloped therapeutic parenting skills; an emphasis on parenting skills providing all the solutions; focus on attachment
- Parents expected services would have similar knowledge of the trauma-informed approaches they acquired at preparation stage
- When preparation and support was good, there was inconsistency in the transition to local adoption services.

At the assessment stage, adopters were asked if they could cope with certain conditions such as autism. This part of the preparation process created an expectation that conditions such as Attention Deficit Hyperactivity Disorder (ADHD), Foetal Alcohol Spectrum Disorder (FASD) or autism, would be known in advance or could be avoided. But, this stage also avoided asking about coping with violence.

They ask you in preparation to tick the form about what special needs you can manage, but they all have special needs. The things we ticked we didn't want, we got and obviously you get unexpected things with birth children but with adopted children the trauma is always there isn't it. (Parent of 21 and 23 year olds)

At no point do they ask you [during preparation training] where would you stand if your child was going to be physically violent to your partner. But they won't ask you that because it is terrifying. Where would you stand if there was sexual violence between siblings. That's a question they need to ask, but they are not going to because they are scared. (Parent of 14 and 18 year olds)

Parents were given advice from their children's social worker that was not trauma-informed, with an emphasis on strong boundaries and love. Some parents were not familiar with developmental trauma until they were in crisis or were only offered training once children were past being able to benefit.

We hadn't been aware of in utero trauma. (Parent of 17 year old)

We had a lot of idealism entering adoption, thinking we would be fine. I wish we had been less worried about what other people thought, less punitive and more therapeutic. (Parent of 14 and 22 year olds)

In the training, they said stand on this side of the room if you think you can take on a child with learning difficulties, stand on this side if you can take on a child with physical disabilities. So we were "yeah we can do that!" Because we were told that love is all they need and it would be firing their brain cells and they will love us and we would be a happy family. (Parent of 14 and 18 year olds)

Some of the idealism around adoption also came from services. Consequently the impact of developmental trauma was underestimated.

There seems to be quite a lot [of belief] that adoption is the answer, it's going to put everything to bed and these kids are going to be able to move on. But it [trauma] just doesn't go away. (Parent of sibling group age 19 to 24 years old)

Other parents were aware of trauma, but not its far reaching impact. Parents needed support to process and understand information about developmental trauma.

So in the early days you have expectations about what a family looks like and how it behaves, so we were going to create a lovely loving environment and the children were going to thrive in it. That model, traumatised children can't cope with as it's where the trauma took place. Lots of things we would have done in a radically different way if we had the knowledge we have now… I didn't know what developmental trauma meant. Until I read Bessel van der Kolk, I didn't realise how much of an impact trauma makes at a brain structure level. (Parent of 14 and 18 year olds)

Before I adopted, I remember vividly looking at some of the Adoption UK forums and it looked dreadful and I decided I am not going to look anymore as it's making me depressed and I won't adopt… So I chose not to look at it anymore. So it's come full circle, as what I was dreading has happened. We came out of one of the training sessions pre-adoption and we wished they would give us good news, as it's so depressing and it's all about the bad stuff. They haven't given us positive stories about positive outcomes… But that still didn't stop us. (Parent of 18 and 20 year olds)

Even families with knowledge of trauma and the challenges ahead, were not prepared for just how extreme and long-term their children's needs would be. The expectation that things will "get better" was misleading.

The adopter told us in the training how her son banged his head on the wall and how hard it was, but we just thought if that happened to us, we would just manage to deal with it. But you are just not prepared. No parent is prepared, but this is another level of not prepared. (Parent of 21 and 23 year olds)

We were very, very ready to be parents. We figured if we adopted at age four or five years old, we would know what we were getting, from my experience of working with children. That was a joke. We were ready for life to change, but the level to which it changed, was not at all anything we were prepared for. (Parent of 25 and 26 year olds)

I was reasonably prepared for all sorts of things, like antisocial behaviour, but not the aggression. It is the constantness of that, day in and day out. (Parent of 19 and 22 year olds)

[Preparation] is not in-depth enough on the actual psychological, neurodevelopmental impact of trauma. It's too broad brush… it doesn't say this is what that behaviour can look like. We felt like we were experienced parents and strong together, but you can't imagine this stuff. (Parent of 18 and 23 year olds)

Lack of knowledge and confidence also made seeking support difficult, parents could not ask about things they knew nothing about. You don't know what you don't know.

It's really hard to explain and evidence to professionals when you are not clear yourself and just getting to grips with it. It's harder having to explain to a professional who doesn't know and argue your case and fight for it if you are not confident and just learning it as well. (Parent of 19 and 22 year olds)

Parents wished they had known more about therapeutic parenting from the beginning of their adoption journey; and that their children had been better prepared for what adoption would involve and the separation from their foster and first family members.

I wish I had known about therapeutic parenting from the outset… As it's been really helpful looking at and understanding things differently… My traditional view of parenting, let's provide a loving home and clear boundaries, was not working at all. I thought this can't go on forever. I sought advice about trauma at a one-off appointment with a psychologist. That was an early introduction to PACE (Playfulness, Acceptance, Curiosity and Empathy), and the beginning of a long journey to pick up information to manage that… [But I] felt, people would judge my parenting at the outset. I made this decision to adopt on my own, so I wanted to be seen to be coping and managing. And there was a phase where I was not coping and managing and you have to change the style of your parenting. You need to have the confidence once you have decided to change your approach, regardless of all the comments and input you get from everybody. (Parent of 19 and 22 year olds).

The children were not prepared at all for adoption… The foster carers were a big stable family, so the children did not have the high stakes pressure (from a smaller family) and the foster carers didn't see the behaviour because they were very hands-off, and not doing the level of parenting that is expected of adopters. We introduced ourselves as the new mum and dad and what they must have thought after all they had lived through! It must have been terrifying. The lived experience for our son was that he was abducted by two people he was terrified of. (Parent of 14 and 18 year olds)

When the pre-adoption process did work well, families were then later let down when local post adoption services did not match the experience pre-adoption order.

His social worker made a lot of effort to tell me exactly what was going on, and it was unusual to have a support package in place with therapy. His social worker knew a lot about trauma, and said supernanny isn't going to work with this child... His social worker was brilliant and I thought all social workers were like that, she really cared about him and came to the adoption ceremony. (Parent of 24 year old)

Types of support used by families

Post adoption support encompassed different mechanisms to meet the needs of children and their families: guidance for parents from peers, social workers and therapeutic professionals; practical support for parents (respite, phone calls, finding service providers, attending meetings); training and therapeutic support for parents; support for children such as carers, personal assistants, care coordinators, mentors, support with independent living, educational, residential or therapeutic provision, life story work or trauma-informed therapy.

At the time of the research, parents living in England could apply to the Adoption and Special Guardianship Support Fund (ASGSF) for therapeutic interventions. Interventions could also be sourced in-house by adoption agencies or commissioned. Of all the interventions provided to families as a whole, or specifically to children or just parents, the focus was on support from social workers, therapeutic parenting and training for parents (Tables 36a). Despite widespread child to parent violence and abuse, just 38% of families have had the support of a nonviolent resistance (NVR) practitioner (Table 36a).

Developmental trauma was reported (diagnosed 63% or suspected 22%) in 85% of children (Figure 8). Less than a third of families have had experience of family therapy or Dyadic Developmental Psychotherapy (DDP). Far fewer families benefited from more trauma specific interventions such as Eye Movement Desensitization and Reprocessing (EMDR) (15%), sensory integration occupational therapy (20%), BUSS® (Building Underdeveloped Sensorimotor Systems) (12%) or equine therapy (14%) (Tables 36a and 36b).

Table 36a Types of therapeutic support / interventions experienced as a family

	% all families
Post adoption support worker	80%
Social worker support (child or adult social care)	63%
Therapeutic parenting	58%
Online support	56%
Training courses	55%
Counselling	45%
Theraplay	42%
Therapy / counselling for parents	41%
Life story work	40%
Support from NVR practitioner	38%
Group support	36%
Counselling for child	35%
Music / art / drama therapy for child	31%

Base=417

Table 36b Types of therapeutic support / interventions experienced as a family

	% all families
Dyadic developmental psychotherapy (DDP)	29%
Family therapy	29%
Trauma therapy	26%
Psychotherapy for child	25%
Speech and language therapy	25%
Individual package	21%
Family support worker	20%
Sensory integration occupational therapy	20%
Psychotherapeutic	16%
Mentoring	16%
Eye movement desensitization and reprocessing	15%
Equine therapy	14%
Cognitive behavioural therapy (CBT)	12%
Sensory integration therapy / BUSS® therapy	12%
Residential placement	12%
Psychiatric	10%
Dialectical behaviour therapy (DBT)	6%
Multidisciplinary therapy	6%
Filial therapy	2%
Mentalisation based therapy	<1%

Base=417

Parents sought out help from different sources, mainly online groups (Table 37). Families had to rebuild support networks as these changed post adoption for the majority of families.

Table 37 Types of support experienced

	% all families
I have used online support groups	82%
My support networks are different now from time of adoption order	72%
Post adoption support worker	76%
I have actively used friends and family	68%
I have accessed local support groups	56%

Base=417

Therapy for children and families

Appropriate therapy for children and families was immensely valuable: helping children become more confident, trust their parents, build attachment; providing a safe space for families to repair and build positive relationships; assisting parents to understand their children's behaviour; supporting families living with child to parent violence and abuse (CPV/CPVA); and helping children process what had happened to them in early years.

The boys are coming out the other end, and have just finished the first batch of therapy with the most amazing company, after asking for adoption support for five years. It's been amazing and they are just starting to be themselves and feel confident now. (Parent of sibling group age 10 to 15 years old)

Our son's therapists were all trained in Theraplay, and psychotherapists, not just do-gooders who did a bit of play therapy. The way they did it was very much along lines of attunement and attachment and allowing that dysregulated violent child to come out in the safety of the therapy room, and [see that] I am still here. He knew when we had really severe CPV (child to parent violence), as we had always had CPV, but very severe stuff from age thirteen to fourteen, but he knew I would be there as we had similar things, albeit, in the therapy room with another person. So that laid the foundation for him to know, no matter how vile, vicious, verbally violent he was, I wouldn't be going anywhere so that was the best foundation. (Parent of 22 and 24 year olds)

What it did do was for the four of us to interact together with someone else present, and if someone else was present, our son was better behaved, so it allowed us to do something positive together. (Parent of 18 and 22 year olds)

We were existing in a state of permanent rage… In therapy, they used the cuddly toys as judge and jury and played it out to make things right for him and it was very good. (Parent of 24 year old)

If I asked her not to do something dangerous, she would get upset, and as she got older that turned to anger. The therapist explained, she was afraid of losing me and was trying to stay in control. She started to defy me on everything and it just built and built. But that was really interesting, if she hurt herself, she just took herself away and I hadn't realised. The therapist explained, for the first month of her life she was in pain and discomfort, but in a plastic box withdrawing from drugs so she had to learn to look after herself. She doesn't want anyone else, from such a young age, and can't unravel that as she needs the mental ability to look at that and realise why you are doing such things, but she hasn't the capability or desire to do that now. (Parent of 17 and 20 year olds)

29% of families used a Dyadic Developmental Psychotherapy (DDP) Therapist. The effectiveness of this support varied, while for some families DDP was very helpful; for those families in crisis, the mental health needs of children and practical needs for parents remained unmet.

When we started the DDP, we were in a really bad place and he was the first person that just explained everything and gave it a different perspective, so whatever our son was doing, it was not to do with me. It was his brain, and helped us put some strategies in place. (Parent of sibling group age 7 to 18 years old)

DDP and my support were instrumental in us being able to keep my son at home until he was 17. He would have re-entered care a lot sooner otherwise. (Parent of 22 and 24 year olds)

The DDP did seem quite helpful, we were told everything you are doing, you are doing right. Everything's fine, you are doing a great job, I would explain this and this happened and they would ask how we dealt with things… [the therapist would say] you are doing the right thing, you are helping them, helping fire the neural pathways that will help them love their parents. Bollocks, it was like "there, there everything is fine, you are doing great, keep up the work". But it wasn't, it was just putting a plaster on a broken leg… It felt at the time as if it was helping, but as someone who is no longer naive, as far as parenting adopted children goes, it wasn't helpful, apart from taking up a lot of time and saying you are doing everything right and not believing the significance of what it was like living in that environment. (Parent of 14 and 18 year olds)

Families described how therapy was not a magic wand or a quick fix, that families needed long-term commitment to funding and support over many months and years; and interruptions in therapy needed to be avoided.

The boys got accepted into therapy, eight years of weekly therapy (six years for oldest). Every time we had a breakthrough, something else would come up… There was a sense, they are in therapy, so they should be fine. It's seen as a miracle fix-it. (Parent of 25 and 26 year olds)

It makes such a difference to have someone trained like this. In my son it was very subtle and in all the time, he never talked about his trauma. He would hang a toy, his father, out of the window every week. He was very upset when it ended, and it had to end as she was retiring. She made recommendations for more therapy, including a specialist clinic as she thought there was a possibility of trauma re-enactment… The therapist recommended foster care respite, a male mentor for him, therapy for me, a clinic referral and they were all ignored. (Parent of 24 year old)

Then we met the consultant and they said our daughter has complex PTSD and that is what they are going to treat. That was the first time anyone did that and started work with her. They were going to do EMDR (Eye Movement Desensitization and Reprocessing), and then she left, and then our daughter wouldn't really engage with the next person that came along and then when she did, they left. It's just so inconsistent, and people do leave their jobs, but there is no continuity of handover. (Parent of sibling group age 23 to 25 years old)

From age eight we were having therapy. My husband took her to play therapy once a week, and then we had a separate weekly parent's session and that went on for eighteen months until [the therapist] left and we couldn't get anyone else. And when things got bad again, we got someone else, but by then it was too late and she couldn't engage so it was more for us. (Parent of 17 and 20 year olds)

Providing appropriate trauma and attachment informed therapy was also important for it to succeed.

He had a creative art therapist with completely no awareness, the therapist was the same age as his first mum, and had no idea, to the extent I was not included in those sessions at all. So a very frightened five year old without me with him as his safe person. (Parent of 22 and 24 year olds)

Life story work for children

Life story work was regarded as one of the key interventions for adopted children, but just two out of five (40%) families have had life story work for their children and teenagers (Table 36a). Life story work tended to be undertaken when children were younger, half were aged nine years or less (Table 38) at the time.

He knew he was adopted so he asked about his life story and wanted to know who looked after him. (Parent of 25 and 29 year olds)

Of those families with experience of life story work, 40% regarded life story as helpful, 40% unhelpful and 20% said it exacerbated the situation for their child (base=210). Life story work was delivered in different ways: with a post adoption social worker; as training for parents; with a therapeutic life story practitioner; or via a life story book written when children were in care. Parents said that life story work was beneficial when it helped their children ask more questions; know who cared for them and that they were cared for in local authority care; or provided an

understanding of the circumstances of why they could not live with their first families, for example the harm and risks present.

Our son did therapeutic life story work with a therapist that he liked. It was exceedingly difficult for him, but it did uncover some truths, busted a few myths he had. (Parent of 17 year old)

We did a lot of life story work. Very thoroughly went through everything. Been pretty clear the first parents are not just dysfunctional, but harmful and the kids have not wanted to reunite with them. (Parent of sibling group age 19 to 24 years old)

So we got some funding from the Adoption Support Fund for life story work for our daughter. But it wasn't just life story work looking at your family, here's what happened and so on. The idea of it was to look at where she was, where she had been, where she was now, where you are now compared to when you first turned up. (Parent of 18 and 20 year olds)

Table 38 Age of child when life story work happened

	% families whose child received life story work
9 years and under	50%
10 years old	14%
11 years old	10%
12 years old	10%
13 years old	9%
14 years old	11%
15 years old	5%
16 years and over	15%

Base=226

Life story work had not been completed (58% n=160) in over half of families who had experience of life story work. Reasons for incomplete life story work included:

- Too overwhelming for the child
- Lack of therapists
- Other issues take over such as mental health or behaviour
- Inexperienced therapists or poor / childish life story books
- Moving local authorities.

Sometimes a social worker supporting a family was responsible for supporting parents and providing life story work, so there were long gaps between life story sessions and insufficient time. Teenagers in crisis were unable to access life story work, but they benefited from having access to therapy as young adults. For others, access to life story work more suitable for a teenager might have prevented crisis deepening.

When he was in his placement, he was living in trauma, using drugs and alcohol, he was not in the right place for life story work… he is now engaging in trauma therapy, and it's taken a long time for him to be able, but now he is finding it really helpful and he likes his therapist as well. (Parent of 14 and 18 year olds)

Our daughter wanted to know why she couldn't go back to her family, but the life story work was rubbish, written for a young child. Her social worker tried to get the files from the placing authority but it was all restricted. (Parent of sibling group age 10 to 15 years old)

Other direct support for children

16% of families have had the support of a mentor for their child (Table 36b). Parents also spoke of the value of care coordinators and support workers for their children.

Our son never felt safe in school, he never felt worthy. He had such anxiety and couldn't go out on his own. He [now] has a care coordinator and support worker who are unbelievable and he is learning to drive. (Parent of 25 and 26 year olds)

Support for parents

Parents gave examples of positive interactions and interventions from statutory and therapeutic services that contributed to positive experiences and outcomes for families and their children. These included:

- Timely help
    - Thorough preparation, including training and information about the children
    - Timely practical and therapeutic interventions at early stages and milestones
    - In person support from a carer or nanny from the outset
    - Training offered to families much earlier when children younger
- Relational factors
    - Consistency of support over time
    - Being believed
    - Not being blamed
    - Trust
    - Recognition of the severity and complexity of the issues families are experiencing
- Expertise in developmental trauma, neurodevelopment and Foetal Alcohol Spectrum Disorder (FASD)
    - Education about trauma and FASD from the outset of the adoption journey
    - Working with trauma and FASD informed post adoption social workers
    - Relevant training such as nonviolent resistance; and social workers using the same strategies
    - Knowledge of developmental trauma, child to parent violence, harmful sexualised behaviour and FASD for parents pre-adoption
    - Post adoption and social care social workers offering the same consistent trauma-informed advice
    - Trauma-informed signposting and support to access mental health and education support for children and assessments for ADHD, ASC and FASD
    - Trauma-informed advocates to support parents in meetings and with other services such as education.

I did all the reading of the books and research. We had a very thorough social worker when we did our training and she was very much on the therapeutic training model. We knew about developmental trauma from the beginning. We had very thorough reports. My social worker got me some counselling. (Parent of 18 and 20 year olds)

We had parent support sessions with CAMHS, so we had someone we were able to talk through [issues and concerns], and a good approving agency who were very supportive and we could contact them if we needed anything. (Parent of sibling group age 19 to 24 years old)

We said there needs to be more adults, so you can buy me out of work and I stay at home, but that's not such a good idea as I will go bonkers and I don't have the skills, or you can get someone in, which is what they did. We have this lady who has worked for us for eight or nine years, the third parent, a special needs nanny. (Parent of sibling group age 14 to 28 years old)

It was useful later in secondary when the therapist could go into school and train staff. You would feel on your own with really huge issues. So to have people speak for you for a change rather than have to do all of it yourself was incredibly helpful and supportive. (Parent of sibling group age 19 to 24 years old)

The therapist said to me, go and have a coffee and it was the nicest thing, she just knew what I needed. There had never been that tolerance and understanding of what we were going through until this therapist, that was a turning point in understanding me and my responses to things. (Parent of 14 and 18 year olds)

We had a social worker and the social worker came out, she was brilliant, she thought outside the box… So we would tell her things, she would go away and think about it and come back with ideas for things we could try. She is the only person who has ever done that… she wasn't just thinking of the normal things. She helped us in thinking about it… Then we went on to the next worker. She stayed for six years and taught us about therapeutic parenting. The boys didn't really want to interact, but she said things in their hearing. Oldest son then chose to have some counselling with her in later years. She helped us see what was going on underneath. (Parent of 21 and 23 year olds)

We had an independent social worker for a few years who was amazing. She met our son a few times but was mainly there for us… We talked through the endless lows of parenting him and she would give strategies, explain why, about his brain. Gave us some context, hope and tools and was without judgement. She was incredibly helpful. (Parent of 18 and 23 year olds)

Sadly, parents felt *lucky* to have received good support rather than expecting it to be readily available. Practical support and respite was very rare.

What would have worked would have been for him to get used to the same foster carer, to get used to him and have a break with them once a month. It had to be a foster carer, because of the sexual abuse it had to be someone who would understand that and keep him safe, as I didn't want to talk about that in the community. So [there was] a lot of pressure on me to find people to look after him and keep him safe. (Parent of 24 year old)

There is still no funding stream for respite… Need trained support in the family home, but it needs to be support in the family home, controlled by adopters, alongside whatever CAMHS or post adoption support can give to help you continue to parent these very traumatised young people. (Parent of 22 and 24 year olds)

Our survey results indicated patchy access to training and support for parents. Therapeutic parenting was used by just over half of families (58%) (Table 36a).

Support for parents was useful, but parents were concerned when this was the only intervention provided, without direct support for complex mental health needs in their children. The support provided was not always tailored to need and often focused on the parents rather than the child's needs or the situation for the family as a whole.

So very quickly, we asked for help. We were given DDP courses, we tried reading these books, went on parenting courses, someone came in to spend time with us from CAMHS, we had parent therapy for how we were managing the situation. But they just didn't help or really see the extent of the issues [for our children]. (Parent of 14 and 18 year olds)

Parents needed significant expert mental health and safeguarding support for their children, but were often offered parenting courses instead. 73% (n=305) of parents had been invited to attend a parenting course. Of those attending parenting courses, two-thirds (n=168) said it had been unhelpful.

All those parenting courses were… just words. And yes they give you tools and techniques, and yes you can use them, and yes they can work, but with traumatised children they don't work forever. They work once and then… you use it for a bit and then it stops working. Trauma-informed parenting isn't about using the same techniques all the time, because it doesn't work and depends on what is going on for them at the moment. (Parent of 14 and 18 year olds)

I think within the first six months we noticed things: toilet training was very delayed; friendships were very difficult for the two older boys; school and nursery seemed tricky for them; and lots of fights between them. It was clear there was more to this than having a good schedule. I don't think I understood there would be something lifelong and neuro-based for a while. The social worker at that time, the post adoption support social worker was very nice but just sent me on lots of parenting courses. Which just made me feel as if I couldn't get it right. (Parent of sibling group age 19 to 23 years old)

Training for parents

Parents sought out training and support for themselves and their children. Half of parents have had training on using therapeutic parenting approaches such as PACE (Playfulness, Acceptance, Curiosity and Empathy) (Table 39).

Table 39 Training parents have accessed

	% all families
PACE (Playfulness, Acceptance, Curiosity and Empathy)	53%
NVR (Nonviolent Resistance)	47%
Attachment Training	44%
Mainstream parenting course (e.g. Incredible years / Webster Stratton)	34%
Member of Therapeutic Parenting group	30%
Play therapy	26%
De-escalation	19%
Member of NVR (Nonviolent Resistance) group	14%
Great Behaviour Breakdown	11%
Team Teach / restraint	7%
Mentor	4%

Base=403

Training provided families with useful tools, but application of these tools in extreme situations was not easy and needed ongoing support.

In a rational place I would understand that, this is because of his early years, because he is terrified of situations. I would understand it is because of the fear. But when you are living in that state of fear and terror yourself, it's not as easy to have that thought, [that] he is doing this because he is scared. Because I was scared too. (Parent of 14 and 18 year olds)

Nonviolent resistance training

Nonviolent resistance (NVR) training is one of the cornerstones of provision for adoptive families. The majority of families experienced property damage, violence in the home, child to parent violence and abuse (CPVA) and threats (Table 11). Yet less than half of families (47%) have had training in nonviolent resistance (Table 39).

Experiences of NVR varied greatly, depending on timeliness, quality of training and flexibility to family circumstances. When delivered well, and before crisis, NVR made a huge difference to families. However, families more often did not become aware of NVR until they were in crisis and only 14% had ongoing support from NVR groups (Table 39).

"Doing the course, something clicked my realisation. I couldn't deal with it (trauma) until I did the NVR and it changed my expectations of the kids and my own behaviour. (Parent of 14 and 18 year olds)

We were offered NVR, but again, it was done in a lame way. It was delivered by our social worker. She eventually asked not to be our social worker anymore, she was lacking in emotional intelligence, zero connection, lacked technical understanding, she read the stuff we gave her, but she lacked any depth of understanding. We did NVR in a classroom; it was just us going through a booklet. You felt you had to take up these things... It's all about de-escalation. We want to know... when that has failed, what else do you do? NVR is all about what you do to stop it escalating. It does work for lots of people, but for us, our son's behaviours were just off the scale in terms of his armour plating, attachment issues and ability to shut down. (Parent of 18 and 23 year olds)

We had some NVR... It relied on having a support network and that was just not available, and it was only online training. We would have preferred in person training. And [NVR] expected a lot from our wider family when they were not available for support. So it didn't really happen, but I did take [some strategies from it]. It would have been fantastic if that had been available much earlier. (Parent of 14 and 22 year olds)

We did do NVR. I had known about it, but had not really thought about how to apply it and how to put it into practice. The way of speaking to your child and trying to engage with your child and not sweating the small stuff... let it go. He was self-medicating with weed for three or four years. But I was, "well my child isn't going to smoke weed!"... I suppose, I was surrounded by a very middle class bubble of high achieving parents and children and all of a sudden your child doesn't fit the mold and [and you're thinking] "oh my god what have we done wrong!"... "How have we failed him?"... "What could we have done differently?". The non-blame culture [of NVR] helped, don't blame yourself or be so hard on yourself but also, don't tackle every single incident and let stuff go. We have let stuff go, the way our son speaks to us, every week he will swear at us and tell us to F- off. And I know if my friends were to hear that, their children would be grounded, phone removed, and that will be that and it will be dealt with. But that kind of regimented approach does not work with these children and that is what I have learnt the most. How to parent for the best outcome for everybody. (Parent of 17 year old)

Accessing the Adoption and Special Guardianship Support Fund (England)

In England, when therapy was supported by the Adoption and Special Guardianship Support Fund (ASGSF), parents spoke very highly of the positive impact on their families' and children's wellbeing. ASGSF therapy could also be a gateway to securing an Education, Health and Care Plan (EHCP) or an Attention Deficit Hyperactivity Disorder (ADHD) diagnosis (for example from the assessment report,

raising awareness in parents, or from encouragement or advocacy from the therapist).

We did have support from the Adoption Support Fund in year eight. The post adoption support social worker came to see us a few times and suggested a peer support group and therapeutic life story work. She talked to us about trauma and introduced trauma to us in a way more than we had known before. (Parent of 17 year old)

It's been amazing and our sons are just starting to be themselves and feel confident now. (Parent of sibling group age 10 to 15 years old)

We used the Adoption Support Fund and applied. Initially very good. The first person we worked with was very experienced, we had months of DDP (Dyadic Developmental Psychotherapy), and I really believe in it as a way to talk to kids like our son. It gave us a lot of tools to work with and helped us get to where we got to, and helped us understand him. (Parent of 18 and 23 year olds)

We were all in therapy, separate sessions with each of the children, so it was a very intensive year. Without the Adoption Support Fund I'm not sure what we would have done, as therapy kept the door open so we could talk about things and support each other. (Parent of sibling group age 19 to 24 years old)

My mum told us about the Adoption Support Fund, so we got in touch with our regional adoption agency. So as a result, in touch with a specialist service, they carried out a very long thorough assessment of our daughter, and it came back very detailed and she was diagnosed with post traumatic stress disorder, obsessive compulsive disorder and autism. And that started access to the therapist she has now. (Parent of 14 and 18 year olds)

So she has come through it. She went back to another different therapist, when struggling with self-injury and suicidal thoughts. And when the baby was on the cards, it was a catalyst for her to talk more in therapy, so did some good work. But now it's finished and we know we can go back if she is struggling again. So the Adoption Support Fund is really necessary. (Parent of sibling group age 19 to 24 years old)

Our child has had equine assisted support therapy provided by the Adoption Support Fund and the equine assisted support looked at his files, and only then we found out that an older sibling, in separate foster care, had abused our child. (Parent of 25 and 26 year olds)

We asked for a multidisciplinary assessment and that was funded via the Adoption Support Fund... We then saw a clinical psychologist once a week. Just us, and she was very helpful and she also gave us practical pointers to help us, for example how to get EHCP (Education, Health and Care Plan). It was so helpful for us to have someone say, this is really shit, that you have got two children who are just really becoming beyond manageable and it is hard, and just having someone acknowledge it as you are there just living it. It was helpful for us. (Parent of 17 and 20 year olds)

I took both of them back to the Adoption Support Fund for support as our daughter was also causing lots of concern, lots of anxiety and controlling behaviour. Both children were assessed by a psychologist and identified with attachment disorder and we had some input from that. The plan was to start with therapy and then try DDP (Dyadic Developmental Psychotherapy). So our older daughter had some therapy, and then our other daughter had therapy... One of the things [that was] most helpful was the drive there and back for the therapy. And that was the longest I spent with my daughter as she spent so much time in her room. So we talked a lot. Our daughter was very compliant. As they have got older, they

have developed more insight into themselves and looked at themselves, and are talking to friends. (Parent of 19 and 22 year olds)

We applied to the Adoption Support Fund and started with a therapist and our son did engage with her, and did that for about two years. The therapist has been very good at keeping him in mind and keeping him engaged. He would have times when he found it hard to attend, but she kept on coming and kept on coming, and would call up the stairs to say she was here or when she was going, and kept on coming. It's been a very good and fruitful relationship and been another adult for our son to turn to. (Parent of 19 year old)

Over two-fifths (44%) of families had requests for ASGSF assessments rejected. Those that were offered funding or interventions from the ASGSF or Child and Adolescent Mental Health Services (CAMHS), could not find therapists with appropriate experience or ability to meet their child's needs (Table 40). A further one in ten families (Table 40) reported that the "fair access limits" on the ASGSF prevented appropriate support. The ASGSF was widely mentioned in relation to accessing life story work, however the proportion of families rejected for ASGSF assessments suggests that there were major barriers to this type of support.

The ASGSF was only available to families who live in England. Parents were also concerned at the variations across regions in using the ASGSF to fund Foetal Alcohol Spectrum Disorder assessments. For teenagers, young adults and adults living away from home, therapy was even harder to access due to restrictions in accessing therapeutic support for children who were parented at a distance; and because of the cut-off in ASGSF support for adopted adults age 21 and over (or age 25 and over with an Education, Health and Care Plan).

I just want my daughter, age twenty-three now, to talk to somebody... I don't think the Adoption Support Fund should stop at age twenty-one, the EHCP goes up to twenty-five, I think the Adoption Support Fund should go up to age thirty. There is a lot of focus on younger families, but the older ones need support, it's the least the state can do. (Parent of 18 and 23 year olds)

I think we need to work together, one frustration for me is we have never accessed the Adoption Support Fund. That has not been possible because from age fifteen he has been under the Care Order. Although I suggested it would be beneficial to have this therapy or that, the professionals never got themselves together enough to agree what would be of most benefit to him and didn't make it happen and now he is twenty-two. It's a missed opportunity as far as I am concerned. He needed tailored therapy. (Parent of 18 and 22 year olds)

Post adoption support

80% of families accessed support via a post adoption support worker (Table 36a). Parents in crisis needed more than someone who told them they were doing everything right, or told them they "*will get through it*". Families needed a post adoption social worker who could offer practical help obtaining appropriate services for their children.

Post adoption support drove me mad. All I got was someone to talk to and was told, "you are doing a great job and you will get through this". I said we have a child here who is committing really serious crimes, he is really difficult at home, not going to school, started taking drugs, I have tried everything. I can't ground him, he's gone out of the bedroom

window and came back again. Everything we tried, every boundary he smashed through it, but post adoption support just said you will get through it. Very frustrated. (Parent of 25 and 29 year olds)

I was just given another person to talk to. We didn't need anything, our son needed help. (Parent of 19 year old)

The [post adoption] social worker was really helpful in getting us the Adoption Support Fund. She was someone who did not blame us and I sat on the sofa and cried and she gave me a hug. She was the first social worker to get us what we needed and instrumental in us having that good therapist, helping with phone calls to social services in terms of our daughter having a placement. She couldn't have a say, but joined the calls as an advocate. She would listen. (Parent of 14 and 18 year olds)

Barriers to accessing therapeutic support

Accessing valuable therapeutic support was far from easy, often hard won after repeated requests for funding, delays and long searches for appropriate therapy. 44% of families were turned down for ASGSF assessments and 38% of parents struggled with therapists without experience of developmental trauma (Table 40). When families were referred to social care or disability teams, they did not meet the criteria for support. Others had therapy provided for their children that then ended with no continuity or follow-up. For some families, access was delayed because they were unaware of post adoption support.

Table 40 Challenges parents experience in accessing therapeutic interventions

	% all families
Access issues	44%
Failure to assess on request	44%
Therapists without experience of developmental trauma	38%
Unable to find therapist who could meet child's needs	37%
Inappropriate individual therapist	32%
Child unable to attend therapy	32%
Assessment of need led to a decision not to fund	24%
On waiting list for therapist	19%
Fair access limit of ASGSF prevents appropriate support	12%

Base=402

The play therapy would have been better if it continued and started earlier. I got it via post adoption support, and had gone there for my son's secondary school certificate [to prove previous looked after status] and then I had asked them about help for my daughter. I didn't know about post adoption support and only found out because I was asking about the certificate. (Parent of 17 and 20 year olds)

The very first social worker understood our son and us and tried to be helpful. But the route to getting anything over and above someone to listen to you, and just that doesn't really help at all, was very cumbersome. The way the system is set up, you have to hit rock bottom before they put in an intervention. It would be better for service users to say, these guys are showing indicators of being on the way down, let's put something in place before they get there. But you have to hit rock bottom. And then, things were hit and miss in terms of what professionals saw as they were duped by a lovely seven year old who looks very smart in his school uniform and presents what he thinks you want to hear. So I would question how

much time, capacity or training these people have. Some were fantastic, some did not understand. (Parent of 18 and 23 year olds)

So we ended up pretty close to pulling the plug as the local authority needed to commit to therapy for the next ten years if the kids were going to get what they needed. The local authority then threatened to pull the children out, so we [had to] go to court to apply for the adoption order, but said we cannot meet their needs, you need to appoint a guardian. The guardian wrote the post adoption support plan and through that we had consistent therapeutic input for our children. (Parent of sibling group age 14 to 28 years old)

Post adoption support linked us up with an early help referral. So we had this young girl come and visit us… She was nice enough and would sit in the garden with our daughter, writing a letter about how she felt. But with all due respect, this is not helping and you are not equipped to deal with this, so we had our six sessions. Then we were referred again to the disability team and they came round and told me we didn't meet the criteria. (Parent of 17 and 20 year olds)

But I had to find the therapist. I think there is something missing in those post adoption support social workers as they don't know how to advise what is best for you as a family. (Parent of sibling group age 19 to 24 years old)

I asked CAMHS (Child and Adolescent Mental Health Services) and they said they didn't have experience of this. The local authority then agreed to fund therapy again. But they didn't have space for four months. So we faced a summer with no help or support… So I found another therapist, described my son falling out of bed and she understood it was dissociative collapses. You know what they are! At last! And she was an accredited psychotherapist. (Parent of 24 year old)

You need to keep going until you find a team, but it should not be this bloody hard. (Parent of 25 and 26 year olds)

But even the very, very experienced therapist got to a point where they did not know what to do with him. (Parent of 18 and 23 year olds)

Disagreements among professionals were a key factor in delays to support.

The therapist wanted our daughter to see a psychiatrist [for medication] because she couldn't start therapy until her anxiety was under control. The therapist referred her to a psychiatrist, but they gave us a care coordinator who disagreed with the Adoption Support Fund assessment and said we need to go back to the beginning and carry out another assessment. So having met our daughter once or twice, they disagreed with all these professionals. We kept seeing this, they would see our daughter and it would take a while for them to get it. So that really delayed medication. (Parent of 14 and 18 year olds)

Another significant issue was lack of information about the child's background, this made it hard for families to ask for appropriate support.

Everything escalated even though we had all this support because we did not have the right information. (Parent of sibling group age 7 to 18 years old)

Another key factor was that parents felt services were unable to appreciate what they could see were the needs of their children:

- Parents were not believed
- The extreme nature of the situation was not recognised

- Parents were told 'all children do that'
- Parents were told 'it's just neglect' that their children experienced in the past, so unlikely to lead to significant issues
- Children's needs were not seen in context of the long-term impact of trauma.

Statutory services not heeding the experience and knowledge of parents and their children further contributed to poor outcomes.

We have to go through so many hoops to explain where you are at, but you have to tell it to one person, and then another person. [Our daughter] just didn't feel heard or listened to. She was quite vocal and tried to explain how she felt, but she didn't have the words to try to explain how she felt because she didn't have the education... But she was very cross and said nobody would listen to me or is interested in what I want. (Parent of 18 and 20 year olds)

We were still being condemned and I felt suicidal as I was made to feel it was all my fault. I should have saved her, especially what I do for a living, why can't I make this work... Our story has been, we have been saying "help us!" If you don't this is going to happen, [but] we are told we are overreacting and being daft. And then it happens. That's been our journey. Post adoption support said the parents have been right in their predictions. (Parent of sibling group age 10 to 15 years old)

Parents were not aware of what support could be provided.

People say, "what help do you want?" but you've no experience of this before, so don't know what help is on offer and they don't say what's on offer... They don't want to suggest having a carer two nights a week because that's expensive. And they don't have any experience of it themselves, they are learning as well, so it's the blind leading the blind. (Parent of 19 and 22 year olds)

Lack of understanding in statutory services of developmental trauma and Foetal Alcohol Spectrum Disorder

The single, biggest issue adopters were unprepared for was the sheer lack of support or understanding in statutory services of the impact of developmental trauma or Foetal Alcohol Spectrum Disorder (FASD).

Our viewpoint was that any children that we adopted were going to have difficulties, but we thought those difficulties would be well managed by services. I was wrong. I always knew I would have to advocate for them, I just didn't know it would be so much hard work to be able to do so. (Parent of 22 and 24 year olds)

As part of the detox programme, he had online daily group therapy at home. He wasn't allowed to vape in the sessions, only drink water, but he has FASD, ADHD (Attention Deficit Hyperactivity Disorder), a high ACEs (Adverse Childhood Experiences) score, he has depression and anxiety. [I asked] "Can't you make allowances for his disabilities so he can take part in the group therapy?" And they said no, those are the rules. So he was doing the detox with no support. (Parent of sibling group age 19 to 23 years old)

I described the incident with the matches and the social worker was saying, "oh tell her she can do it in the garden", but with our daughter's impulsivity, and FASD, she'll do it again. She won't think of consequences all the time. It was pointless. (Parent of 17 and 20 year olds)

There was also a lack of awareness of the impact of living with trauma on parents and siblings.

No support for us as parents, no suggestion that we might be suffering from trauma. The number of times we have arrived at hospital and seen her physically unwell from head banging or ligature, we just get told "oh don't worry she is fine". But we have never seen this before and we have a loving relationship with her. That's shocking, there is no warning or preparation and they forget we haven't seen the things they see and that it's alarming and traumatising. And the same for her sister. When I ask for support for her sister after she has witnessed the other sister's mental health, the unit will say the sister is not our patient, so she has to see the GP, but the GP says there is nothing they can do. (Parent of sibling group age 23 to 25 years old)

Knowledge of developmental trauma equipped parents with the ability to see signs of distress and need in their children, but when they highlighted such needs to other professionals, parents were not listened to. All the preparation and knowledge did not help parents access appropriate and timely support when there was a lack of resources and understanding. Accepting just how challenging and extreme things might be was difficult for parents; but even if they had this acceptance, its usefulness was limited when parents then did not have well sign-posted pathways to access interventions and support for their children.

We had all these hoops (to jump through) to prove we were engaging with services. But they didn't really have any idea, they just said every time he goes missing, report it to the police. Every time he is violent, report it to the police. (Parent of 17 year old)

I saw a psychologist for what I thought was the start of help, but I was told it was just an assessment and that it was not severe enough, so we would not qualify for help and would have to pay privately. As a single parent, that was impossible to do. I was told it was just typical attachment behaviour... When I was being hurt... I was so disappointed when I had that assessment, and was told there is no funding. By the time you ask for help, life is tough, and then you have to fight, and you are not confident in what you are talking about. (Parent of 19 and 22 year olds)

Impact of delays to obtaining support

Delays in accessing therapy made such interventions less effective or meant a child had to live with distressing experiences for far longer; or that parents were unaware of helpful strategies until they were in crisis.

We had a wonderful woman come in from the Child in Need team, but it was just too late. He couldn't engage. (Parent of 18 and 23 year olds)

Not until he was fourteen or fifteen years old did I get the therapeutic parenting approach. (Parent of 14 and 18 year olds)

Information about PACE (Playfulness, acceptance, curiosity and empathy) would have been better many years before, when we adopted the boys. It would have really helped to deal with things differently, so we would have been more informed and we could have informed other people differently. I think at the point we did do the workshops, both boys were not willing to engage with us at that stage, so it did not turn things around for us in the way it did for families with younger children. It would have been great if that had been available ten years before. (Parent of 14 and 22 year olds)

If he had the support we asked for when he was eight, that may have made a difference but I don't think I can allow myself to think that could've helped, given where we are now, and think of how we've been failed by children services. I'm already pissed off with them and it just makes it worse. So I try not to think about what could've been. At that time,

having belief [in us] from social services would have gone a long way. (Parent of 14 and 18 year olds)

Summary

- Adoption preparation experiences showed a significant gap between the ideal of adoption as a loving solution for traumatised children and the reality of systemic challenges that hindered the wellbeing of adoptive families. Parents did not feel fully informed of their child's history or prepared for what developmental trauma would really feel like.
- Of the interventions experienced by families (provided to families as a whole or individually to children or parents), there was a focus on support from social workers or training for parents. Far fewer had family therapy, life story work, trauma specific interventions, or practical support.
- The majority of families had experience of child to parent violence and abuse, yet less than half of families had training in nonviolent resistance.
- Appropriate therapy for children and families was immensely valuable, helping children become more confident, trust their parents, build attachment, provide a safe space for families to repair and build positive relationships, help parents understand their children's behaviour and help children process what happened to them in early years.
- Interventions that contributed to positive outcomes for families and their children included: positive, non-judgemental and trust based relationships; expertise in developmental trauma, neurodevelopmental conditions and Foetal Alcohol Spectrum Disorder; funding for months and years, delivery by consistent expert therapists without interruption; and timely help available before crisis and at key developmental stages.
- Accessing valuable therapeutic support was hard won after repeated refusals in response to requests for assessments, delays and long searches for trauma-informed therapy. Families were also rejected for support by social care or disability teams. Therapy could end with no continuity or follow-up. Some families were unaware of post adoption support, or did not know what to ask for. Delays in accessing therapy made such interventions less effective or meant the child had to live with distressing experiences for far longer; or that parents were unaware of helpful strategies until they were in crisis.
- The single, biggest issue adopters were unprepared for, and that impacted significantly on accessing support, was the sheer lack of understanding of trauma or Foetal Alcohol Spectrum Disorder (FASD) in statutory services.
- When therapy was supported by the Adoption and Special Guardianship Support Fund (ASGSF) in England, parents spoke very highly of the positive impact on their families' and children's wellbeing.
- While support via a post adoption support worker could be hugely beneficial, parents in crisis needed more than someone who told them they were doing everything right, or that they would "*get through it*". Families needed a post adoption social worker who could offer practical help obtaining appropriate services for their children.

15 POTATO Group

In this chapter members' experiences of the POTATO group are described. POTATO (Parents of Traumatised Adopted Teenagers Organisation) is an online, peer-to-peer, administered support group for parents of traumatised adopted teenagers, established by a group of parents in 2013. Collectively we parent teenagers, young adults and adults who have experienced early, repeated trauma and continue to live with the long lasting impact of trauma and neglect into adulthood. Our ethos starts from a shared understanding of therapeutic parenting, that early life experiences will have affected the way the brain wires up and contribute to neurodiversity, neurobiological conditions, sensory issues, learning and executive functioning difficulties (van der Kolk 2014); and that all behaviour is communication.

Our purpose is to provide peer based support for families with traumatised teenagers and help them access support, information, resources and friendship from people who are living it and who truly understand. Support is provided via discussions in the members only Facebook group where members can post questions, share experiences and leave comments offering practical and emotional support in discussion threads with the Facebook group. In addition POTATO hosts regular online meetings for specific subgroups of members (e.g. single adopters, grandparents, dads, and families whose children are involved in any part of the criminal justice system), shares online written guidance, holds an annual general meeting, distributes kindness gifts and members organise in-person wellbeing and social meet-ups. We provide a space that is guided by kindness, honesty, empathy, respect and the value of lived experience.

Reasons for joining POTATO

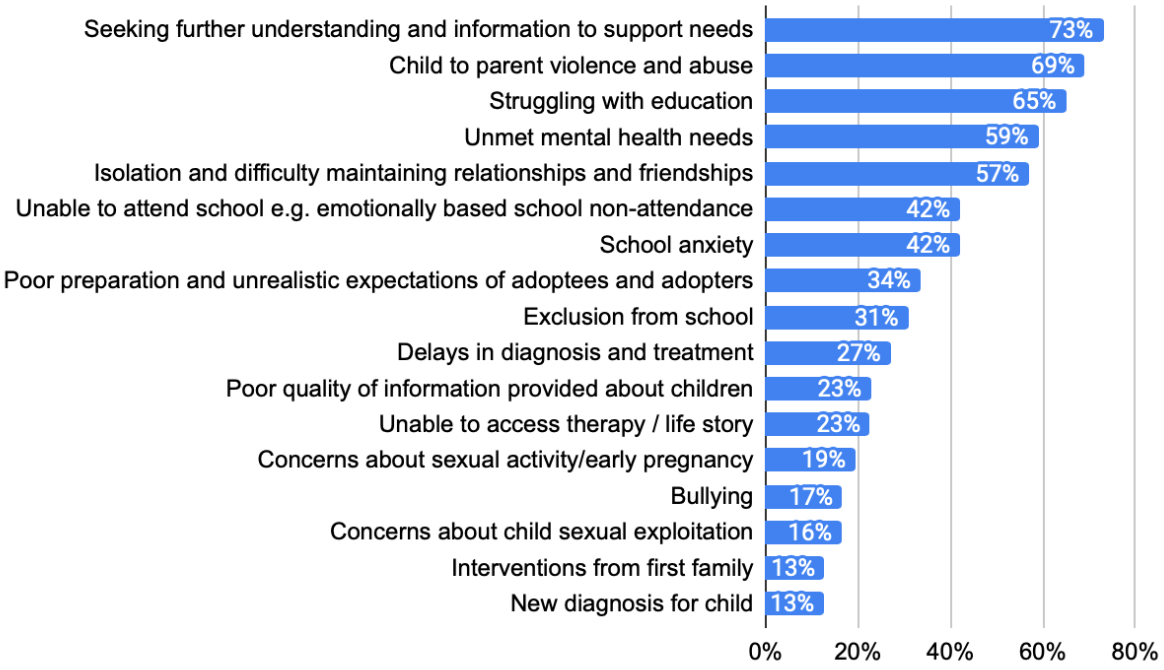
Around three-quarters of families (73%) joined POTATO to seek further understanding so they could better support their children; and over two-thirds (69%) wanted specific support about child to parent violence and abuse (CPVA).

Wanting support around education related issues was common (65%), for example around difficulties attending school, anxiety, exclusion and bullying. Three out of five families sought advice about unmet mental health needs (59%) or around their child's isolation, relationships and friendships (57%). Around a fifth of families (23%) came to POTATO having been unable to access therapy or life story work for their child (Figure 20).

Parents joined POTATO for practical and emotional support:

- At a crisis point
- When searching for explanations or ideas to support their teenagers
- On recommendation of another member with circumstances in common
- Following a serious incident such as s20, allegation, repeated CPVA or arrest of a child.

Figure 20 Needs contributing to seeking support from POTATO (% all families)



Base=431

Impact of POTATO on members

Parents described a huge sense of relief when they joined POTATO: an overwhelming feeling of finally not feeling alone; being with parents experiencing the same challenges, fears and crises; and being able to access practical, appropriate advice and support from parents with lived experience.

I would say it was a life saver, as all of a sudden, I read all these things, and I have been there, and I know that one and that one, just reading all of this stuff and it was remarkable. It was just astonishing support. I could not get over that we were not the only ones because you just feel as if you are the only ones, especially as I had friends who adopted who just seemed to be sailing through life with no issues. I just felt isolated that this was happening to us, and how could this have possibly happened to us. All of a sudden, I had my eyes opened to all of these issues we were facing and that we were not alone anymore. It was incredible support. (Parent of 17 year old)

The members were really helpful and helped me with child care reviews. They were such a support and talked [with me] for hours and understood the issues and problems with services. They advocated for my son, they were a rock for me. (Parent of 24 year old)

One in five (21% n=90) members acted as expert peer supporters for other members of POTATO.

Benefits of POTATO membership

On joining POTATO, members benefited from:

- Information and signposting about such topics as therapeutic parenting, nonviolent resistance (NVR), s20 process, contact with first family members or dealing with the criminal justice system
- Knowledgeable advice from parents with lived experience of specific aspects of caring for traumatised teenagers, young adults and adults.

- Encouragement to persevere
- Reassurance they are not doing something wrong
- Feeling less isolated
    - Not alone in their issues
    - Peer-to-peer support
    - Understanding and care.

People kept you going by saying you are not doing anything wrong, keep on going, don't worry and it's not just us. People gave sound advice. (Parent of 18 and 20 year olds)
It's just such a non-judgemental space that provides incredible support that you don't get anywhere else. All the knowledge that people have got and the amount of incredibly knowledgeable, mainly women, who are on the site is remarkable. (Parent of 17 year old)

It's that acceptance, that you are not the only one, when so many things have happened. There was another POTATO member whose son had also offended against a friend's child, so she was prepared to talk to me, which helped. (Parent of 22 and 14 year olds)

I was looking for advice about the violence and how to deal with it, and as a result did the NVR course, as I found out about it there. (Parent of 18 and 20 year olds)

Having people who have had similar experiences with these sorts of behaviours. Not just that but other difficulties, that other people can totally relate to and point you in the right direction. Or when I was looking for the therapist, I found others that had used the same therapist. Being able to meet up and know you don't have to explain everything or feel embarrassed. Knowing you are with people who have had similar experiences or difficulties. (Parent of sibling group age 19 to 24 years old)

Reading others' stories and recognising it's not just us. That the challenges we face are consistent and it is not our failure. (Parent of 14 and 18 year olds)

So, for me it's being forewarned by learning from other people's experiences. (Parent of 19 and 22 year olds)

Most professional aspects are covered by someone that can give you basic information and put you in the right direction; and some people who have trodden very similar paths. And that's very useful as you will meet them, and they are prepared to talk with you. Just talking and listening, sharing perspectives so you learn to look at situations differently or pick up different things. (Parent of sibling group age 14 to 28 years old)

Engulfed in a hug of warmth, safety and understanding. (Parent of 14 and 18 year olds)

POTATO has helped us enormously, fantastic as a resource, people who have experienced the same things, and how they have managed to negotiate that and find their way forward through difficulties. It is a good place to have feelings validated, and understand what it is, [with people] who speak the same language. I have never had any mum friends at the school gates as it is a different world so it's nice to be with people who understand the same world as us. (Parent of 19 year old)

POTATO was a positive experience for members, but for every positive, there was a deficit in statutory support. Parents were in touch with so many services, such as virtual school, education, Child in Need or post adoption social workers. Why was the level and consistency of understanding and practical support that is found in POTATO not present in these services?

Summary

- Parents joined POTATO at a crisis point or after a serious incident such as CPVA, s20, allegation, or arrest of a child.
- Parents sought further understanding so they could better support their children and for specific support about topics such as CPVA, criminal justice system or first family relationships. Requests for support around education related issues were common, for example around difficulties attending school, anxiety, exclusion and bullying.
- Parents described a huge sense of relief when they joined POTATO: an overwhelming feeling of finally not feeling alone; being with parents experiencing the same challenges, fears and crises; and being able to access practical, appropriate advice and support from parents with lived experience.
- POTATO was a positive experience for members, but for every positive, there was a deficit in statutory support. Parents were in touch with so many services, such as virtual school, education, Child in Need or post adoption social workers. Why was the level and consistency of understanding and practical support that was found in POTATO not present in these services?

16 What is needed to better support families, traumatised adopted teenagers, young adults and adults in future

Finally, this chapter summarises factors in experiences of poor support and the key areas that families identified for improvement: trauma- and Foetal Alcohol Spectrum Disorder (FASD)- informed support and responses for teenagers; in-depth trauma-informed training and support for parents from the outset of adoption and for professionals providing services and working with families; timely multidisciplinary assessments, diagnosis and Education, Health and Care Plans (EHCP) or equivalents in Wales, Scotland and Northern Ireland; and consistent post adoption support and access to the Adoption and Special Guardianship Support Fund (ASGSF) into adulthood throughout the United Kingdom (UK).

A more trauma-informed and responsive approach

Our research results reflect the complex interplay between children's past trauma, systemic failures, and societal responses. The research results demonstrate the long-term impact of developmental trauma on children, and the negative financial, emotional and social impact on families caring for traumatised teenagers, young adults and adults.

The themes from the qualitative research identify a need for a more informed, compassionate, and integrated approach to supporting traumatised adopted children and their families. Reviewing their experiences, when families felt supported, they spoke of the positive impact of timely practical and therapeutic interventions at an early stage; consistency of trauma and FASD informed support over time; being believed and listened to; early diagnosis; awareness of the long-term impact of developmental trauma and appropriate parenting tools; and professionals working together.

Addressing gaps in services for traumatised teenagers requires concerted, co-ordinated, efforts from policymakers, social services, educators, healthcare providers, and the broader community to ensure that adoptive families receive the comprehensive support they need and deserve. Services find the population of traumatised adopted children represented in this survey too complex or too extreme or have a poor level of understanding.

We need lasting support in place from outset. You can survive if you have a stable group of professionals around you who are prepared to take the flak. You are sitting on a risk bomb, so they have to have enormous trust, we have to have enormous trust and you need to work as a team. (Parent of sibling group age 14 to 28 years old)

I would like everyone to see the trauma they have experienced and to address that trauma. Not just see them as criminals, but as people who have been damaged and need help with that. For my oldest son, I would like to see a much more therapeutic intervention than a prison sentence because otherwise... I can't see his future really. When I think of his future, it looks quite bleak as he could end up as a lifelong sex offender. And in prison for many years. But he is still a traumatised child. (Parent of 14 and 22 year olds)

I would have liked more support right from the beginning, someone to say, this has happened this week and I don't understand why. Help me review my parenting so I can do what I do differently, and help me know at what point should that be for the child and not just for the parent. (Parent of 19 and 22 year olds)

I think from my point of view, it's to do with a bit more joined up thinking from services. There is a lack of integration between professional silos in education, health, and children's social care and post adoption support. They all have their own bits that they deal with and never the twain shall meet and that gets even worse when our children are eighteen and suddenly they are transformed into adults. In terms of my problems now with my family, it really is about being able to support and advocate for them through all the professional silos that exist for them. (Parent of 22 and 24 year olds)

What is missing is a true holistic approach. It's not holistic, it's just a bit here and there and no communication between them [services] so without that, you are never going to help our children. (Parent of 21 and 23 year olds)

Factors in poor experiences of support

Key factors across all stages of adoption emerged from families' accounts of poor experiences of support for their children:

- Lack of information for parents about their children's needs on adoption and about their potential needs
    - Absence of information about harmful sexualised behaviour or prenatal drug or alcohol use prior to adoption
    - Focus on attachment training rather than underlying neurodevelopmental or neurobiological disabilities and long term impact of developmental trauma
    - None of the parents taking part in the qualitative research had heard of a siblings together or apart assessment; sibling adoptions need better planning, preparation and continued support
    - Lack of preparation for violence, aggression or harmful sexualised behaviour
- Poor understanding of developmental trauma, FASD or neurodevelopmental disabilities, and the interactions between these, among statutory services
    - Underestimation in professionals of the long-term impact of neglect and abuse on development and mental health
    - Children's social care and safeguarding teams lacking in experience and appropriate responses when parents are not the risk
    - Children's social care not engaging with or drawing on advice and opportunities for support from post adoption
    - Parents are teaching service providers about trauma and FASD
    - Support feels theoretical and scripted with no real understanding of what the teenager and family are going through
    - "Adoption" is expected to do all the work to meet the needs of traumatised children
- Undiagnosed health conditions in teenagers, young adults and adults
    - Lack of any diagnosis or late diagnosis in late teens or early adulthood of conditions such as Attention Deficit Hyperactivity Disorder, dyslexia, autism spectrum condition and FASD
- Service interactions
    - Silos and conflict between professional groups
    - Lack of continuity in therapy and care when families or children move to new local authorities; staff leave; or children move between provisions
    - Lack of continuity across staff in local authorities, agencies and crisis teams
    - Gaps in support at key milestones such as secondary school transition and on adulthood; and interventions provided at the wrong time
    - When services are very involved and present, there a few practical responses

    - Lack of ideas or solutions apart from calling the police in response to CPVA, mental health crisis or teenagers going missing
    - Gap in working relations between children's social work and post adoption social work; and between children's and adult services
- Parent burden
    - Having to repeat and repeat the story
    - The meeting burden and time needed to advocate and meet needs
    - Repeated requests for help unheeded until a major event triggers a statutory response
    - Parents blamed for children's behaviour
    - Teenagers, young adults, adults and the parents advocating for them not being listened to
    - Absence of any practical help or respite from caring for teenagers in mental health crisis, with high levels of CPVA or with needs arising from reclusive behaviours
- Education
    - Overwhelming experience of secondary school for traumatised teenagers unrecognised
    - Schools unwilling or unable to make modifications to support traumatised teenagers
    - Lack of trauma-informed alternatives to mainstream or SEN classroom based learning
- Support for teenagers, young adults and adults living away from home
    - Lack of support or therapy for traumatised teenagers, young adults and adults with custodial sentences or accommodated under s20
    - Traumatised 18 year olds expected to function as adults
- Implementation
    - Can have brilliant work with an organisation, but then unable to implement or get other agencies to implement recommendations
    - Services will not implement report recommendations
    - Schools do not follow Education, Health and Care Plans.

When assessments, support or therapy were provided for the family or children, families explained that they could be ineffective for the following reasons:

- Parents need more than someone to talk to
- Inappropriate interventions unsuitable for complex needs
    - Mainstream interventions are not enough to meet complex needs and trauma
    - When interventions are diluted or delivered by non-specialists or online
    - Families need highly specialist, tailored, expert multidisciplinary interventions
    - Interventions need to go beyond trauma and adapt to FASD and neurodevelopmental needs; and integrate with diagnosis and medication
    - Even good interventions get to the point when they are not working; needs can outstrip expertise; so provision needs to be agile and responsive
- Professionals lack expertise in trauma, FASD and neurodevelopmental needs
    - School based Education Psychologist (EP) or Early Help unable to see level of need and make appropriate recommendations
- Intervention needs firmer foundations to succeed
    - Support offered within family when family life is too hard for the teenager; or parents excluded when families need to repair and build connections
    - Undiagnosed and untreated ADHD, FASD and autism make interventions less effective
    - Offered too late to be effective and teenager unable to participate
    - Families need support to access interventions e.g. time off work; travel; or childcare

- Support ceases post s20, or on return to first family or during investigation of an allegation. Or post 18, young adults and adults find it harder to access support without their parent's help, but agencies lack systems to facilitate parental advocacy.

Our research findings are echoed in other studies carried out among adoptive families. The Adoption Barometer (England) reported that 57% of families of 13 to 25 year olds were facing severe challenges and less than a quarter felt there was appropriate support for teenagers and young adults (Adoption UK 2024). Adoption Crisis: The Jarring Reality of Adoption (PATCH 2023) drew together the stories of adoptive families demonstrating the complex issues facing families who have adopted, and who are now experiencing significant trauma due to inadequate support by Local Authorities. The results of a peer-led survey into the stress, health and wellbeing of adopters and special guardians (Schroer 2018) documented that parents and carers of some of the most vulnerable children, who made a lifetime commitment to their care, were dealing with highly stressful family lives and many were struggling to get the support they needed.

Is adoption appropriate?

The poor support experiences of families led adopters to question whether the adoption system was working or appropriate. Adopters questioned if adoption was working for traumatised children; if traumatised siblings should be placed together; and if a family format was appropriate when such a format had been the site of earlier abuse in the past?

I believe for some children, the family setting is inappropriate, not because we are inadequate parents but because it is the setting that the trauma took place, so that develops in them survival strategies that are maladaptive, and a relationship with the parent that is extremely heightened and emotionally a difficult place… Once you enter the space of 'dad', you become associated with early life dad, then transference happens. That was a revelation to me, because all this work I am doing with my son to get him to respond to me as his dad, occupies a place that is very frightening for him, that's when he would respond to me in ways that were very difficult for me to decode. (Parent of 14 and 18 year olds)

I have mourned the life I wanted a long time ago. It's amazing we are still together. I am a doer, fixer, I work things out. It's been a really hard journey for me as I can't fix this. So I turn it on its head and go this is where they could be, they could be on the streets, arrested, dead, so I have given them more opportunities, so I have to flip it. But I will be honest, I will say if I had a crystal ball, I wish I hadn't adopted. Which is really sad, it makes us who we are, knowingly I wouldn't go through this again as it's really shit. If someone asked me about adoption, I would say only adopt one child, make sure you have good support and strong relationships and be prepared to learn about things you know nothing about and be prepared to stand your corner. If you can't do any of these, you may want to think about it. (Parent of 17 and 20 year olds)

Four key areas for improvement

Families outlined key areas needing improvement:

1. Trauma-informed support and responses for teenagers
2. In-depth trauma-informed training and support for parents from the outset of adoption and among professionals providing services and working with families
3. Timely multidisciplinary assessments, diagnoses and provision of an EHCP or equivalent
4. Consistent post adoption support and access to the Adoption and Special Guardianship Support Fund into adulthood throughout the UK.

Trauma-informed support and responses for teenagers

The explosion of need at the onset of puberty needs to be better prepared for and supported in families, secondary education provision and mental health services. Too many families were in crisis, too many teenagers were left unsupported and floundering in criminal justice, mental health and care systems, with long-term disabilities undiagnosed and untreated. Mainstream and SEN classroom based education settings were often too overwhelming and unsuitable for hypervigilant, distressed teenagers. These teenagers require alternatives that are more able to respond to trauma and underlying neurological and neurodevelopmental needs rather than reacting to presenting behaviour alone.

Peer support from lads that have been through it, who messed up GCSEs, been part of a gang, who had got through it. Not white middle class forty or fifty year old women. It's often therapists who are like that, or too gentle. Our son preferred someone a bit more street. As for a gentle approach, he was just not interested in that. He preferred a more street approach. (Parent of 17 year old)

I think there should be an offer of specialist help at age ten or eleven to talk about healthy sexual relationships and getting down to the nitty gritty. If you have kids who have been sexualised, you should really think about placing them together or about a gender split. We were openly told about the risk of sexual behaviour and what to look out for. (Parent of sibling group age 19 to 24 years old)

Therapy probably helped my youngest stay in education for longer and have somewhere to go with his anger and frustration. (Parent of 14 and 22 year olds)

Therapy was art, play, music-based therapy, run by an adoptive parent and it worked, so you felt held by them by the fact that the therapist never gave up on anybody. Our oldest could not cope with living in a family, and when she blew, it was proper. I remember asking the therapist what shall we do, and she said she needs a break from your family, so our daughter ended up staying with an experienced foster carer for a few days, and that broke the cycle of her trying to slaughter everyone around her. (Parent of sibling group age 14 to 28 years old)

In-depth trauma-informed training and support for parents from the outset; and among professionals working with families and providing services

Parents were continually reading, researching and trying to find ways to understand and support their children. However, the training offered was in the form of standard parenting courses or attachment-based training. Parents need to be better prepared for, and supported with: child to parent violence and abuse, inter-sibling trauma and harmful sexualised behaviour.

Parents spoke highly of NVR training, but it did not always come soon enough; or the model could not be fully applied when support networks were absent or damaged. To be more consistently successful, NVR needs to be better attuned to individual circumstances.

Most adopters were also new parents at the start, so found it harder to challenge when advised by social workers that the behaviours they are experiencing were "*normal*" or that "*all children do that*". Parents need trauma- and FASD-informed support to be embedded, not just offered when they are in crisis, and to be revisited at key milestones when children's needs evolve and re-emerge at puberty and adulthood.

The specialist therapist thought our son would end his life and gave me therapy to cope with that. And it worked. They said you need to be a tree: if your son runs you need to throw roots into the ground and remain solid and not run after him so he can come back to you. I needed to be strong and learnt to manage, and that helped later when he self-harmed. (Parent of 25 and 26 year olds)

Attachment training was useful from the perspective of meeting other parents, it began that process of realising this isn't just us. It's not just that we are incompetent inadequate parents and facing young people with attachment issues. But I think that is wrong. Yes, it's part of the picture, but a huge amount of the picture is missing… attachment training isn't going to work for kids with prenatal brain damage. What that meant was, we did the DDP stuff, read all the Dan Hughes stuff and tried to apply it, and found we were putting in this consistent effort and, I think there is some low hanging fruit when you start doing that, playfulness is always a great technique when you are managing challenging behaviour. But ultimately, it was inadequate and it did not change the underlying issues. (Parent of 14 and 18 year olds)

If I look back, I would have liked trauma-informed psychology as a given from early on and not until there is a need. (Parent of 19 and 22 year olds)

Parents need professionals to understand what they are observing when working with families parenting traumatised children, in particular to really understand the long-term impact of developmental trauma, how trauma interacts with FASD and neurodevelopmental conditions and how it plays out throughout children's lives. Parents need professionals working with them and their children to understand how developmental trauma impacts on different domains of teenage and young adult lives, and to provide trauma-informed responses in supporting education, training, careers, employment, communication, relationships, physical and mental health, housing and criminal justice.

Policy making needs to insist on the right training for professionals and service providers in these fields. This is more than basic training about trauma, but in-depth expertise in the long lasting and all encompassing impact of developmental trauma; recognition that adoption and therapy are not quick fixes; and developmental trauma, is just that, developmental, so ebbing and flowing and impacting all aspects of a teenager's life and interactions with their world. Furthermore, it is not enough to provide training to individuals when the systems they operate in are not trauma-informed. These systems also need to be reviewed and overhauled so that trauma-informed practices are embedded and part of the culture. There needs to be a shift from pathologising traumatised children, teenagers, young adults and adults, to using understanding of developmental trauma to adapt responses, environments and services for them.

There was not enough help for our son, it felt like the easy option to engage the parents, I don't know if they were parent blaming or it was just cheaper and easier than engaging with a child who is always going missing. The social worker we had, their primary job was to keep us together as a family… I don't think the social worker understood, he talked about things such as keeping boundaries, that our son should be back, at 10pm. But he is going missing, the boundary is not going to work. Our relationship has got to the point where this is a person who has fundamental problems with trusting adults so saying you have to be back by 10pm is not going to cut it. It will have no impact whatsoever. I don't think the social worker got it, and we actually arranged a meeting between him, the therapist, and our counsellor… I am flabbergasted by this person who is a social worker, and he must

come into contact with children with early trauma all the time… but he's not actually been aware of that. (Parent of 19 year old)

We were heavily supported by a senior practitioner in CAMHS, they had been very supportive and we worked closely with a therapist who just worked with us both. They visited us regularly and we were building a picture of the challenges we were facing, but the social worker refused to accept it. They visited regularly, but would just say CAMHS has their way of doing things and we don't think it's right. We needed support for these kids and the problem was that the [children's social worker] was standing in the way of that and we were not being believed. At that point in time we were so green to it and hadn't found POTATO or done the learning we had done in the last eleven years. At that point in time, we didn't know who to believe and if the social worker team was right and we were just not providing enough of a loving family environment and the problem was us. (Parent of 14 and 18 year olds)

In particular, the gap in working practices and support between children's social work and post adoption social work needs to be closed; and between children's and post-18 provision. Safeguarding and Child in Need practices need to be better geared towards developmental trauma, more contextual, and to safeguard the whole family rather than be skewed to parental risk. Finally, professionals need to see families as part of the solution and to work together with families and their children.

Timely multidisciplinary assessments, diagnosis and EHCP or equivalent

Expert multidisciplinary assessment from trauma-informed specialists provide insights that help families and their children gain understanding, effective tools and an evidence base to access appropriate provision in education and health. Parents stressed the importance of holistic assessments from the outset of adoption, and at key developmental stages, especially prior to secondary school and to inform appropriate therapeutic interventions. Medication made a huge difference to anxiety, depression, CPVA and executive functioning, and in the effectiveness of therapy for children.

We are much better off trying to get our children able to live and not get themselves, because of their vulnerability, into positions where they are seeking out risky situations, because they do. So from a more holistic child centred perspective, it would be more focussed on the needs of that one child and it would be followed through and should not change because you have moved house or moved to a different local authority or because somebody has left. It should be a very joined up life plan based on what they know happened to those kids and the likelihood of what they know could happen at different ages, based on the fact they have these traumas from the beginning… They need something like an Education, Health and Care Plan before they go into the adoptive family… A child plan based on probability of what could happen in the future with support for the child and their adopted family. (Parent of 18 and 20 year olds)

We are raising kids who are coming from very traumatic backgrounds, and we are still going into it in the dark. People are not aware of the devastating trauma that their children have suffered. All of that can be documented in a neurosequential model of therapeutics, but why isn't it? Had we known when our son first came home, the likelihood is he could have gone into that very nurturing social and emotional mental health school at age five, not at seven or eight years old. And that three years would have made quite a big difference in how he could move forward. (Parent of 22 and 24 year olds)

What helped us was an understanding of our daughter's coping mechanism, and the lead who wrote the assessment report was a specialist in dissociation. And her understanding around dissociation and how it works, what not to be fazed by, realising you are not going to get rid of any element of this child, you have to learn to coexist in the same body… helped us. (Parent of sibling group age 14 to 28 years old)

Consistent post adoption support and access to the Adoption and Special Guardianship Support Fund into adulthood throughout the UK

Families and their children need consistent, trauma- and FASD-informed support over time, at key developmental milestones and transition points, and post 18. Professionals need to provide practical help and access to peer support groups, holistic appropriate therapy, advocacy, NVR training and life story work. Support needs to be proactive, tailored and continue into adulthood, and aimed at both supporting parents and meeting the therapeutic needs of traumatised children, teenagers and adults. Improved access to therapeutic interventions that reflect the needs of children, teenagers and young adults, not just with regard to trauma, but are suited to overlapping needs arising from FASD and neurodevelopmental conditions; and broader access to such trauma related therapies as sensory integration, neurosequential informed approaches or equine / animal assisted.

The first support that we had was with our own social worker, who was brilliant, helped us find therapeutic support for our daughter, and she got us a therapist who will forever be our saviour. She said I get you and I hear you and I understand, not just words but an honest understanding of children in trauma. (Parent of 14 and 18 year olds)

Our adoption support worker was brilliant and 100% had my back all the way… she gave me as much support as I could have asked for and was very much trauma-informed and was very much child centric… I think without her there would have been worse things, I would not have handled it so well. She got the virtual school involved, advocated for our daughter in school, talking to the head there. We had an incident when our daughter was shouted at in front of the whole school. Our social worker I found out later actually reported the teacher to the LADO (local authority designated safeguarding officer). Our daughter liked the social worker so she would tell her things. (Parent of 18 and 20 year olds)

For all children, they should have a neurosequential model of therapeutics. At the end of the day, any child being placed for permanency outside their first family, the reasons are such, they should go into their new families with the services knowing their history and being methodical about plotting their ACEs (adverse childhood experiences). (Parent of 22 and 24 year olds)

One other thing is to have longer, lifelong support. Even in the Youth Offending team, he got on fantastically with this youth worker, but couldn't stay with him post 18. We have been the only constant relationship. Is adoption the best plan? Is long-term foster care better? And sometimes that feels what I have been, but they see us as mum and dad. But in terms of post adoption support, are things going to get better? Because the next government doesn't seem to want to understand. (Parent of 21 and 23 year olds)

He needs people who do what we do, be consistent and always turn up for him and don't say he hasn't engaged so let's not bother anymore. That's what you get from a lot of services, they don't want to try and engage. They always say he needs to reach out, but that is not going to happen. The only reason we have the relationship we do is because we go back and check that he is OK all the time. We are continually making that connection. Services need to reach out and engage with him. (Parent of 19 year old)

CONCLUSION

What stands out in these experiences, is the extreme, long-lasting impact of trauma on the lives of teenagers, young adults and adults exposed to neglect and abuse in their early years.

These teenagers, young adults and adults have lived through abuse and neglect, and then continue to have lives further defined by trauma, through interactions with education, social care and the criminal justice system. POTATO families include those whose children have been adopted as babies and as older school age children. Children's experiences of in utero and early trauma are long lasting and life changing whatever their age at adoption or removal from care, wherever they live in the United Kingdom and regardless of the type of agency placing the children.

It is tempting to end this report, on a positive note, but while there is hope, it is hard won and exists alongside devastating loss and grief. We did not hold our conference (in May 2024) and conduct this research because everything turns out OK in the end… because often it does not, and if it does, it is after years of trauma piled onto trauma for teenagers, young adults and adults; and their parents, fighting for them. Support for parents needs to work hand-in-hand with timely assessments, diagnosis and therapeutic interventions for children from the beginning of their adoption journey and at key developmental milestones and transitions.

The everlasting commitment of families to their children, and of their children to surviving and living their lives, is navigated through long-term mental health crises, secondary trauma in the family, systemic failings in statutory services that should be supporting families, and an underestimation in services of the pervasive and long-lasting nature of the impact of trauma and its interactions with FASD and neurodevelopmental conditions. We would like this to change.

RECOMMENDATIONS

We hope this document will form the basis of a renewed understanding of the experiences and needs of adoptive families living with chronic and intensifying distress. We encourage readers to treat Chapter 16 as a foundation for positive change.

To move forward, families and professionals need a shared understanding of modern adoption, and trauma must be central to that understanding. Children are taken into care for serious reasons. Trauma does not heal on its own, nor is it eased by love alone. The impact of early adversity does not vanish when an Adoption Order is made. Trauma persists and often permeates every aspect of family life.

Adoptive families represent a tiny minority of United Kingdom (UK) households with dependent children. This no doubt contributes to the lack of awareness and understanding. In some fields, professionals may never have worked with a modern adoptive family, and so the assumptions they bring may not fit. Many adoptive families encounter professionals whose frameworks for understanding behaviour are fundamentally misaligned with the realities of trauma and neurodevelopmental difficulty.

As parents, we are committed to our children for life. That commitment remains even when the scale of need exceeds what parents can reasonably manage. In our survey, one in four of our children had left the family home prematurely, often re-entering the care system. This is not a failure of parenting. Parents continue to parent at a distance. Typically, families have soldiered on, doing their best in the face of extreme need. But what many have encountered instead of support is institutional failure and betrayal.

This must change. It is time for professionals to recognise that it is not poor parenting at play, but the profound and lasting effects of early adversity. We are asking too much of families to meet these needs alone. We need the help of professionals who are not only trauma-informed, but also trauma responsive.

The belief that love is enough remains widespread. Love is essential, and it exists in abundance in our homes. But it exists alongside an intense and complicated emotional landscape that shifts constantly. Love is there, but so are fear, grief, anxiety, sadness, and frustration. We need professionals to understand this complexity.

We know services are under pressure. Professionals do not wield magic wands. But neither do we. By the time a professional becomes involved with an adoptive family, very often that family has already been through years of adaptation, problem-solving and resilience. Our parenting may not look “typical”. To an outsider, it may even look inadequate. But this is not a failure of love or effort. It is the scale of our children’s needs that creates a gap we cannot close on our own.

We are not claiming to be faultless. But adoptive parents are expected to provide everything a parent should, and far more besides. When we seek support, and are met instead with judgment or dismissal, the gap only widens. What often follows is

a delayed, reluctant recognition of need that comes too late, and too slowly, to prevent harm.

When professionals become involved in our lives, we ask to be seen not as part of the problem, but as part of the solution. We love our children. We want the same for them as any parent wants. But we need your understanding, and we need your help. The impact of early trauma is lifelong. So too is our love.

With thanks to those dedicated parents whose words have contributed to these recommendations.

Euan Preston
Chair, The Potato Group

REFERENCES

Adoption UK (2024) The Adoption Barometer. A stocktake of adoption in England. Adoption UK, Banbury.
https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=88cf796d-c179-4fe1-8f9a-8f0ec0c47301

Bonnick, Helen (2006-25) Holes in the Wall website - https://holesinthewall.co.uk

Danese, Andrea (2019). Annual Research Review: Rethinking childhood trauma-new research directions for measurement, study design and analytical strategies. *Journal of Child Psychology and Psychiatry*, *61*(3), 236–250. https://doi.org/10.1111/jcpp.13160

Hughes, Karen; Bellis Mark; Hardcastle, Katherine; Sethi, Dinesh; Butchart, Alexander; Mikton Christopher; Jones, Lisa; Dunne, Michael (2017) The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health*. 2017 Aug;2(8):e356-e366.doi: 10.1016/S2468-2667(17)30118-4. Epub 2017 Jul 31.
https://pubmed.ncbi.nlm.nih.gov/29253477/

van der Kolk, Bessel Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*. 2005;35(5):401–408

van der Kolk, Bessel (2014) The Body Keeps the Score. Mind and Body in the Healing of Trauma. Viking Press.

Lyons, Shoshanah Dr; Whyte, Kathryn Dr; Stephens Ruth; and Townsend, Helen (2020) Developmental Trauma Close Up. Beacon House.
https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf

POTATO (2021) POTATO response and contribution to the All-Party Parliamentary Group for Adoption and Permanence Inquiry into adoption and permanence as part of the Independent Review of Children's Social Care in England: Strengthening Families - Improving Stability for Adopted Children
https://www.thepotatogroup.org.uk/post/strengthening-families-all-party-parliamentary-group-for-uiuadoption-permanence-the-care

POTATO (2024) Far, far beyond the adoption order, lessons from lives impacted by trauma. Conference. 16-17 May 2024. Birmingham.
https://www.thepotatogroup.org.uk/post/conference-far-far-beyond-the-adoption-order-lessons-from-lives-impacted-by-trauma

Schroer, Sylvia Dr (2018) Findings of a Peer-led Survey into the Stress, Health and Wellbeing of Adopters and Special Guardians. Special Guardians and Adopters Together
https://specialguardiansandadopterstogether.com/sgat-surveys-research-reports/

Selwyn, Julie Prof; Wijedasa, Dinithi; and Meakings, Sarah (2014) Beyond the Adoption Order: challenges, interventions and adoption disruption. Research report. University of Bristol School for Policy Studies Hadley Centre for Adoption and Foster Care Studies. DfE London.
https://assets.publishing.service.gov.uk/media/5a74b507e5274a3f93b4825b/Final_Report_-_3rd_April_2014v2.pdf

Stones, Lottie (2023) Adoption Crisis: The Jarring Reality of Adoption. PATCH
https://www.ourpatch.org.uk/wp-content/uploads/2025/01/The-Jarring-Reality-of-Adoption.pdf

GLOSSARY

A&E	Accident and Emergency Hospital Department
ADD(i)	Attention Deficit Disorder (inattentive)
ADHD	Attention Deficit Hyperactivity Disorder
ASB(O)	Anti-Social Behaviour (Order)
ASC	Autism Spectrum Condition
ASGSF / ASF	Adoption and Special Guardianship Support Fund / Adoption Support Fund (England)
AUK	Adoption UK
BTAO	Beyond the Adoption Order
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CiN	Child in Need
CJS	Criminal justice system
CO	Care Order (s31)
CP	Child Protection
CPV(A)	Child to parent violence (and abuse)
CSO	Compulsory Supervision Order (Scotland)
CSP	Co-ordinated Support Plan (Scotland)
CSS	Children's Social Services
CSW	Children's Social Worker
CYPS	Children's and Young People's Services
DBT	Dialectical Behaviour Therapy
DDP	Dyadic Developmental Psychotherapy
DfE	Department for Education
DLA	Disability Living Allowance
DoLS	Deprivation of Liberty Safeguards
DSL	Designated Safeguarding Lead
DWP	Department for Work and Pensions
EHCP	Education, Health and Care Plan (England)
EMDR	Eye Movement Desensitisation and Reprocessing
EOTAS	Education Otherwise Than At School
EP	Educational Psychologist
EUPD	Emerging Unstable Personality Disorder
FASD	Foetal Alcohol Spectrum Disorder
FC	Foster Carer
FE	Further Education
GCSE	General Certificate Secondary Education
GP	General Practitioner / family practice doctor
HE	Higher Education
HMP	His Majesty's Prison
HSB	Harmful Sexualised Behaviour
IEP	Individual Development Plan (Wales)
IRO	Independent Reviewing Officer
LA	Local Authority
LADO	Local Authority Designated Officer (safeguarding)
MASH	Multi-Agency Safeguarding Hub
MDMA	A recreational drug
MH	Mental Health
NEET	Not in Education, Employment or Training
n	Number
NI	Northern Ireland
NSPCC	National Society of the Prevention of Cruelty to Children
NVR	Nonviolent Resistance
OCD	Obsessive Compulsive Disorder
OD	Overdose
ODD	Oppositional Defiant Disorder
OT	Occupational Therapy
PACE	Playfulness, Acceptance, Curiosity and Empathy

PAS	Post adoption support
PDA	Pathological Demand Avoidance
PICU	Psychiatric Intensive Care Unit
PIP	Personal Independence Payment
POTATO	Parents of Traumatised Adopted Teenagers Organisation
(c)PTSD	(complex) Post Traumatic Stress Disorder
PSYCH	Psychiatric
RAA	Regional Adoption Agency
RAD	Reactive Attachment Disorder
s20	Section 20 of the Children's Act 1989 or equivalent (Wales s76 of the Social Services and Well-being (Wales) Act 2014; Scotland s25 of the Children (Scotland) Act 1995; or Article 21 of the Children (Northern Ireland) Order 1995) providing voluntary accommodation for a child in need
SC	Social Care
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs
SENDCo	Special Educational Needs and Disabilities Coordinator
SG	Safeguarding
SS	Social Services
SSEN	Statement of Special Education Needs (NI)
SSV(A)	Sibling-to-sibling violence (and abuse)
SW	Social Worker
TAC	Team Around the Child
TV	Television
UC	Universal Credit
UK	United Kingdom
VA	Voluntary accommodation (Section 20 in England, s76 in Wales, s25 in Scotland, Article 21 in NI)
VS(H)	Virtual School (Head)
Y7, Y10, Y11	Year in school (Y7=age 11-12, Y10=age 14-15, Y11=age 15-16 etc)
YO(I)	Youth Offender (Institute)

APPENDICES

Survey Questions

Region
Q1 Where do you live?
Q2 Which agencies / authorities have you adopted through?

Age of child
Q3 What age did your child join your family?
Q4 What age are your children currently?
Q5 At what age was your child taken into care for the first time?

Family type
Q6 Which of the following describe the makeup of your family? Tick all that apply
Q53 How would you describe your current relationship with your child?

Trauma
Q7 Which of the following did your child experience before coming to you? Tick all that apply.
Q8 Reason for child being removed from family?
Q25 What has been the impact of trauma on your child? Tick all that apply
Q34 What behaviours and issues have you experienced from your child or has your child experienced? Tick all that apply
Q51 How would you describe your child's relationships outside of the family?

Parenting at a distance
Q9 If your adopted child was accommodated by the local authority at some point after the adoption order, at what age did this happen?
Q10 If your adopted child was accommodated by the local authority at some point after the adoption order but before adulthood, which legal route was followed?
Q11 If your adopted child was accommodated by the local authority at some point after the adoption order but before adulthood, which type of placement was arranged?
Q12 Would you now or have you at some point considered yourself to be at risk of, or potentially need to consider, a s20 in England, s25 in Scotland or s76 in Wales (or equivalent in NI)?
Q13 If your child is on a s20 (s25 in Scotland or s76 in Wales or equivalent in NI) or a Care Order, how long have they been under that order?
Q14 If your child is on a S20 (s25 in Scotland or s76 in Wales or equivalent in NI) or a Care Order, what sort of relationship do you now have?

Adult children
Q15 If your child is considered an adult, have they experienced any of the following? Tick all that apply
Q16 If you are parenting an adult child, what are their living circumstances?
Q56 What additional roles do you fulfil for your adult child above and beyond normal expectations for their age. Tick all that apply
Q59 What financial support for your adult child have you received, either paid to parents, paid to young adult, or managed by parents?

Grandparents
Q17 If you are a grandparent, what are your experiences? Tick all that apply

POTATO membership
Q18 Which of these contributed to your situation and the need to seek support from POTATO?

Diagnosis and medication
Q19 Which diagnosis did your child have before they came to you? Tick all that apply
Q20 Which of the following diagnoses have been received for your child since they came to you? Tick all that apply
Q21 Do you suspect your child has any of the below but has received no official diagnosis. Tick all that apply
Q24 Has your child been prescribed medication to support them? Tick all that apply
Q22 Is your child (weight)

CAMHS / CYPS
Q23 Have you encountered any of the below issues when dealing with CAMHS or CYPS? Tick all that apply

Education
Q26 Which of these have you and your child had experience of with regards to your child's education? (EHCP/CSP/IEP/SSEN)
Q27 Which of the following did your child experience in relation to school while in mainstream education? Tick all that apply
Q28 If you had challenges with the move from primary to secondary school, which of these were issues? Tick all that apply
Q29 What is the highest level of education accessed by your child. Tick one per child
Q30 Which of the following have you experienced in education? Tick all that apply

Criminal justice system
Q31 What experience do you and your family have with crime and the criminal justice system? Tick all that you have experienced in relation to each child.
Q32 At what age was your child first involved with the criminal justice system as someone charged with a criminal offence?
Q33 Which criminal activities has your child been involved in?

CPV and harmful behaviour
Q34 What behaviours and issues have you experienced from your child or has your child experienced? Tick all that apply
Q35 If you have experienced CPV, which of the following have you had to do? Tick all that apply
Q36 If you have experienced property damage, which of the following have you encountered? Tick all that apply
Q37 If you have experienced coercive control / abuse, which of these aspects have you encountered? Tick all that apply
Q38 Which of the following have you had to do in order to maintain safety in the home? Tick all that apply

Parenting
Q39 Have any of your children's behaviour been blamed on your parenting?
Q40 Have you been invited to attend a parenting course?
Q41 If you have attended a parenting course, was it beneficial?

Support
Q42 Which of the following statements describe your experience of support networks accessed? Tick all that apply
Q43 Which types of therapeutic support and interventions have you experienced as a family? Tick all that apply
Q44 What challenges have you experienced with accessing therapeutic interventions including CAMHS? Tick all that apply

Q45 What training (not therapy have you accessed?

Life story work
Q46 If the life story work was completed, did it:
Q47 If you have had life story work done at what age did this happen?
Q48 Was the life story work completed?
Q49 If no, why not?

Siblings
Q52 If you adopted siblings or have more than one child, did you need specific support with their relationship with each other?

Impact on parents
Q50 What has been the impact as an adoptive parent on your other primary relationships?
Q54 What other emotional states have you experienced in relation to parenting:
Q55 What additional roles do you or did you fulfil for your child (when still legally considered a child above and beyond normal expectations for their age? Tick all that apply
Q57 What is your employment history and experience?
Q58 What financial benefits have you received as a parent for your child while they are legally still a child?
Q60 What has been the financial impact for your family of caring for your child(ren? Tick all that apply
Q61 Have you experienced false allegations that have been investigated?
Q62 Do you have the ability to prioritise self-care?
Q63 What do you, or would you do for self-care?
Q64 What negative impacts have parenting had on you?
Q65 What are the challenges of being a SPUD, different to your expectations when adopting?

First family
Q66 Which of the following describe your experience of contact with first family for your child when aged under 18? Tick all that apply
Q67 Which of the following describe your experience of contact with first family post-18?

Death of first family member
Q68 Have you experienced learning of the death of a first family member?
Q69 If yes, how did you find out
Q70 Was the impact on your child of this news
Q71 Was the sharing of this information supported by services?

Open-ended
Q72 Anything else to add

POTATO 2024 - Topic Guide for In-depth interviews

Introductions
- Aim: Experiences at key stages of s20 process / What helped / What didn't / What would have made a difference / what needs to change / what needs to continue
- Assume I know nothing
- What will happen to the information / confidentiality / storage of data
- Pacing and support
- Record consent

Current family situation
- About you and life now
- Age of children and living arrangements
- Marital status and changes since adoption

Background about adoption
- Ages of children at adoption and background
- Information provided about children: Documents / reports / Foster carer / Matching panel / CSW / ASW
- Awareness of complex developmental trauma / PTSD / diagnosis / medical needs / how presented
- Transition from foster family
- Family experiences during first 12 months / PAS / School
- Relationship with first family

When first sought services to meet children's additional needs
- What has happening and how where those needs presenting
- What did you think was needed / which services were contacted / changes in perception of need
- What was the response from services / what was provided / impact
- Experience of therapeutic interventions: life story; play therapy; theraplay; DDP; CBT; DBT; family; counselling; mentoring; OT; S< counsellor for child, self;
- Impact on you; your family (MH, money, friends/family/physical health)
- Impact on your child (injury, trauma, self-harm, distress

s20
Experience of process; good practice and problems – attitudes of staff, LAC reviews / decisions / understanding trauma / access to therapy
- Is s20 avoidable
- Experience of CO, CinN, CP enquiries, allegations
- Outcomes and positives
- Pre and post 18 experiences

Parenting at a distance
- What support do you provide e.g advocating / finances / care etc…/ frequency
- Impact and challenges

Future
What are your child's ongoing needs / hopes and worries for next 5 to 10 years / needs into adulthood / grandchildren

Family experiences of services
- Post adoption
- Education / EHCP or equivalent / SEN
- CAMHS / adult MHS
- Social Care / Social Services / CiN / Safeguarding / MASH
- Family Courts / legal advice
- Paediatric / adult health / prescribing medication / GP
- Police / CJS / running away / missing / crime
- Housing / supported accommodation
- Employment / training / unemployment / benefits
- Drug and alcohol use
- Social communication / social relationships / isolation / hermit
- Sexual relationships and pregnancy
- Support for adult children

When and why joined Potato and experience

Improvements
- How can experiences of our young people be improved
- How can services be more trauma-informed, responsive and trauma-reducing
- What do the next generation of professionals need to be equipped to provide the understanding and support your children deserve
- Where did systems fall short in understanding the complexities of your family's life
- How can services be more connected / cost of fragmentation

End
- Anything missed / not discussed yet
- Plans today and welfare check

FAR, FAR BEYOND THE ADOPTION ORDER:

Lessons From Lives Impacted By Trauma

POTATO 2024 – Qualitative Research

Participant Information Sheet

You are invited to participate in a research project conducted by Gillian Elam Qualitative Research for the POTATO Group. Before you decide to take part, please read this sheet to find out why the research is being conducted and what it will involve. Please ask if anything is unclear and please take your time to decide if you want to take part.

What is the research project's purpose?

The qualitative research aims to show the lived experiences and unique needs of families with traumatised adopted teenagers and young adults, focussing on the learning and experiences of families, what has been successful, where services fall short, the impact on the lives of POTATO members and more importantly, their children, and what is needed to better support families now and into the future. The research will be used to support the SPUD Professional's Conference that aims to unite professionals from diverse disciplines and provide them with a platform to listen, learn, and grow alongside us and our children. The qualitative research is one of several other projects for the conference, including a survey and film.

Why have I been selected to take part?

We would like to interview members of POTATO to find out more about their lived experiences of caring for their traumatised teenagers. We are inviting a range of POTATO group members with different experiences to take part in in-depth interviews and focus group discussions.

What will I have to do?

If you decide to take part, you will be asked to participate in an individual interview lasting approximately 60 to 90 minutes. The interviews and discussions will focus on your experiences of caring for your traumatised teenager(s), what made a difference and what could be done differently to support you and your family.

Are there potential risks or discomfort?

The interviewer will ask you to talk about potentially personal and sensitive matters. You can ask to pause, or have a break at any time, or withdraw from the study. The researcher, Gillian Elam, is a professional qualitative researcher and a member of the POTATO Facebook group. During the research she will not participate in the POTATO Facebook group, and following the research, she will not retain any details of who took part in the research. During the research, Gillian will not draw on any prior interactions or information shared as part of the POTATO AGM or Facebook conversations. Gillian has worked in many different research areas, and is a parent to traumatised teenagers, so please be reassured nothing discussed in the interviews will be a surprise or unusual. She has worked with people from all walks of life including people from homeless shelters, hospitals and sexual health services who have lived very difficult lives.

What will happen to the data that I provide and what will my data be used for?

The interviews or discussions will be audio-recorded. Notes will be transcribed and anonymised and then the recording will be deleted. Written data will be stored securely at all times on a password-protected computer and locked away. Any data which could identify you will be removed from transcription and analysis notes. Identifiable data will

not be shared with any other person. We will use what we have learnt from all the interviews and discussions to support the SPUD 2024 Professionals Conference to develop a more responsive, understanding, and inclusive system for our children and families.

Participation, withdrawal and contact details of investigators
You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time. You may also refuse to answer any questions you don't want to answer and still remain in the study. Should you need to contact the researcher at any time after the conclusion of the study, you can use the details. If you have any concerns about this study, you can also contact Potato for support.

Researcher Contact details:

[anonymised for report]

If you have any concerns about the research or would like support about any issues that came up, please contact:

[anonymised for report]

12th January 2024 Participant Information Sheet

Far, far, far beyond the adoption order

POTATO 2024 – Qualitative Research

Consent Form

Please read and tick or initial you understand and agree	
I confirm that I have read and understand the participant information sheet dated 12 January 2024, for the above study. I have had the opportunity to consider the information and to ask questions which have been answered.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and my data will be deleted.	
I agree to keep the identities of my fellow participants and any personal information divulged confidential.	
I understand that the researcher will keep my personal details confidential and these will not be revealed to people outside the research team.	
I understand this interview will be recorded, and once notes are made, the recording will be deleted. Any notes, transcripts and analysis will not include names, places or other personal identifiers.	
I agree to take part in the study by taking part in an in-depth interview.	

Participant signature (or insert name)	
Date	
Researcher signature (or insert name)	
Date	