

Exploring and assessing motivations to adopt

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Introduction

Adopting a child is one of the greatest commitments a couple or individual may ever make. What motivates applicants is quite rightly an important part of any assessment and preparation process. This guide recognises that, in recent times, what motivates people to adopt has become more complex and varied, as social attitudes to what might constitute a family have changed, and public awareness has been raised about the need for adoptive parents for children who cannot live with their birth family. Consequently, it is more important than ever before that motivation is a key part of assessment and that it is carefully and thoughtfully analysed – to help ensure a successful adoption and reduce the risk of future issues.

WHAT DOES THIS GUIDE COVER?

The guide examines in detail the motivations to adopt of those who have fertility issues, LGBTQ+ applicants, single applicants, and elective adopters (that is, those who choose to adopt in preference to trying to conceive, for a variety of reasons). This last includes altruistic adopters. It aims to help assessing social workers and their managers explore and consider the various motivations to adopt, their similarities and differences, and how to approach them with prospective adopters – with an eye to providing comprehensive and critical assessment.

It seeks to offer wisdom from what research does exist, although it should be noted that many studies rely on very small samples. To obtain a more rounded picture, the experience of practitioners in the field has been sought via an online questionnaire and focus groups. To ensure the inclusion of adoptive parents' voices, a survey was facilitated via Adoption UK, and reference made to the Adoption Barometer (Adoption UK, 2023). It must be recognised that this evidence is anecdotal, but common emerging themes and advice will provide guidance and material for further reflection. A recurring theme in these sources is the relationship between adopters' expectations of adoptive parenthood and the reality, and how this is linked to motivation, which is explored in Chapter 6.

People's views on parenthood and adoption are highly subjective and often fraught with value judgements. The guide also encourages practitioners to examine their own value base in relation to what motivates adopters, and to explore preconceptions about prospective adopters in the light of relevant research.

The guide focuses purely on motivation to adopt in relation to a range of prospective adopters, and does not seek to explore any wider issues related to social groups or other aspects of adoption assessment and preparation. Other pertinent issues are already explored in alternative publications.

Appendix 1 provides a range of tools and exercises to assist assessment and discussion, and to support assessing social workers and applicants in exploring the complex and emotive area of motivation.

The majority of the material in this guide is relevant to adoption practice across the UK.

LEGISLATION, GUIDANCE AND MOTIVATION TO ADOPT

The Adoption Regulations 2005, Schedule 4 Part 3(19) outline the areas to be addressed in the assessment of prospective adopters. The regulations state that an assessor should examine: 'The prospective adopter's (a) reasons for wishing to adopt a child; and (b) views and feelings about adoption and its significance'.

The guidance for the Prospective Adopter's Report (Form PAR) adds:

It is particularly important that the motivation to adopt is fully explored. For some applicants, this may be their first choice for pursuing a family and the assessing social worker will want to explore the circumstances that led to this decision.

It continues:

Where a couple is being assessed, the views of both should be explored. Where infertility is a factor, the assessing social worker should seek to understand what treatments and procedures have been pursued, how decisions were made not to seek further treatment, any counselling that was provided or sought, and the feelings of both applicants around the inevitable losses that this will have involved. Is there evidence of how the applicants have been able to process this loss and move on, adjusting their expectations of who their child will be and giving up the hopes for a birth child of their relationship? It is also important to fully discuss and identify that the applicant/s are emotionally prepared and ready to make the space that an adopted child will need, and recognise that some feelings could be triggered during the assessment or following. This will be particularly relevant to applicants considering being concurrent or FFA carers, who will have to manage a higher level of uncertainty.

(CoramBAAF, 2018)

Yet this is a section of the PAR that, when completed by assessing social workers, is often lacking in detail and analysis, with "stock phrases" used and no real sense of how applicants arrived at their decision to adopt, or

their motivations. Social workers are challenged by the need to explore this complex and deeply personal area, and further challenged by very limited research on this topic, as well as few opportunities to gather independent evidence to set against what is largely self-reported by the applicants. In addition, due to medical advances and social changes, a wider variety of motivations to adopt in applicants have been seen in recent years, adding to the complexity.

CHANGES IN THE PROFILE OF ADOPTERS AND MOTIVATION TO ADOPT

There has been a significant shift in the motivations of those coming forward to adopt in the UK in the last 10–20 years. In 2006, Selwyn *et al's* (2006) study found that 67 per cent of participants adopted because of primary or secondary infertility. The latest findings from Adoption UK's annual survey, *The Adoption Barometer 2023*, show that this motivation has fallen to 54 per cent, although it is possible that this group also includes some LGBTQ+ applicants.

In the past, prospective adopters motivated by issues other than infertility were often seen as very unusual, and even to be treated with caution by assessors. Selwyn *et al's* (2006) study states: 'Altruistic adopters thought that their motivation had been viewed suspiciously by social workers, even though they seemed better prepared than those motivated by infertility'. However, data from Adoption UK's Adoption Barometer (2023) records that people citing adoption as their first choice in starting a family has risen by six per cent to 30 per cent, and other research confirms that this motivation is the main driver for the majority of LGBTQ+ adopters (Mellish, 2013). Improvements in fertility treatments, and changing attitudes to both sexual orientation and single parenthood have all contributed to a significantly different mix of adoptive parents and motivations today than has been seen in the past.

This practice guide aims to help social workers better understand and assess the more diverse range of motivations to adopt that can be seen in practice today, by examining four distinct groups: couples experiencing fertility issues, LGBTQ+ applicants, single applicants, and applicants who have chosen to adopt in preference to having a first or subsequent birth child (elective adopters). At the same time, there may of course be a level of overlap between them. There is evidence that, for many adopters, motivation is multifaceted, especially for those who choose to adopt older children or sibling groups. Palmer *et al* (2023), in their study of those choosing to adopt older children, write:

Through choosing to adopt an older child, J and her partner felt they were giving a child a chance to have a home they may not otherwise

have had...the fact that the couple did not wish to parent a baby gave an opportunity to perform what they perceived as a moral act. It is salient that although altruism was not the initial motivation, as Jennifer and her partner came to adoption for reasons of infertility, moral reasoning was still an important factor. This shows how for many of the parents, motivation was not binary – either due to infertility or moral reasoning. Non-voluntary childlessness played a role in their decision to adopt but was not the entire story...moral reasoning was also mentioned by several parents who adopted sibling groups.

Although chapters in the guide are organised by the primary motivation/s or situation of adopters, there are a number of common themes throughout.

ADOPTION – A CHANGING LANDSCAPE

Adoption in the UK has undergone radical changes in the last 40 years, and in the last 20 flexed and responded to changing social norms. The interface between the political agenda and judicial scrutiny has shaped the landscape further, and after a brief period of adoption seemingly being held up as the best option for children needing permanency, we find ourselves in a different position again to a decade ago, with an increased focus on kinship care. As a result, the number of children with a plan for adoption has decreased over the last 10 years.

Legal and social changes have significantly influenced who comes forward to parent the now more limited number of children needing adoptive families. Looking back to the beginning of the 20th century, child adoption was legalised by the Adoption of Children Act 1926, but was open only to married couples and single people for many years. Until about 15 years ago, adoption has been mainly the preserve of heterosexual married couples who were unable to have birth children.

In 1968, 27,500 adoption orders were granted in the UK. In a time where terminations were not available to most, contraception not particularly reliable and single parenthood stigmatised and very difficult to manage practically, most of these children were babies, placed very young with few health issues. It must be recognised that this early separation from their birth mother in terms of broken attachments and identity issues will have had an impact on these children, but most had a lesser degree of pre-birth and early trauma than those who have experienced neglect, abuse or exposure to substance misuse and possibly multiple placements, that we now prepare adoptive parents to expect.

During the 1970s, as single parenthood and babies born outside of marriage became more socially acceptable, the number of babies placed for adoption sharply decreased, and more children in care were placed for adoption as a permanency option. The Adoption Act 1976 moved responsibility for adoption

to local authorities, requiring them to provide a comprehensive adoption service. The 1989 Children Act, for the first time, put the welfare of the child as paramount consideration, and this encouraged professionals to think more broadly about the children who needed adoptive families and those people who may commit to them.

The Labour Government of 1997–2010 pushed this agenda further, actively promoting adoption as one of the best options for children needing permanency and bringing legislation into line with the welfare principles enshrined in the 1989 Children Act. The Adoption and Children Act 2002 strengthened adoption support services and sought to improve processes in the hope that more people would come forward as prospective adopters.

The Conservative Government elected in 2010 took this a stage further. In their *Action Plan for Adoption: Tackling delay* (Department for Education (DfE), 2010), they committed to a range of strategies, in particular speeding up the process and improving access to information about adoption via a national gateway. Perhaps most significantly, they aimed to 'reach out to people who have never thought of adopting' and to actively promote Fostering for Adoption. These strategies were embodied in the Statutory Guidance on Adoption 2013 and the Children and Families Act 2014.

In the years leading up to this, other legislative changes challenged agency and public views about who might be seen as "suitable" adopters. The Equality Act (Sexual Orientation) Regulations 2007 made discrimination by adoption agencies on the basis of sexual orientation illegal. The legislation was unified in the Equalities Act of 2010 and subsequently embodied in the 2013 Statutory Guidance on Adoption: 'Adoption agencies must not refuse to accept a registration of interest on the grounds of a prospective adopter's ethnicity, age, health, sexual orientation, (or) religious beliefs'.

The political will and changing social attitudes backed up by legislation had an impact. In 2006, the number of adoptions had fallen to 4,764, but by 2015 had increased to 5,360. However, this trend did not last: by 2020 it had fallen to 3,440 adoptions, and by 2021 to 2,870, the lowest in 20 years. Delays in the courts from the Covid-19 pandemic influenced numbers, but another two per cent fall in adoptions in 2023 to 2,960 means that currently, the downward trend in adoptions is not in doubt. The move away from adoption was largely precipitated by the judiciary, in particular two landmark cases, *Re B (A Child)* and *Re B-S (Children)*. In *Re B*, adoption was described as a 'last resort' and only to be used if 'nothing else will do'. Though this was tempered in subsequent cases, this phrase has had an enduring impact and has the potential to produce the opposite – 'this will do'.

As a corollary, there has been a steep rise in the number of special guardianship orders, from 1,240 in 2009 to 3,700 in 2020, peaking at 3,860 in 2016. It remains at a fairly steady 3,840 in 2023 (DfE). The Nuffield Report (2019) details common background factors for children placed with special guardians, such as drug and alcohol problems, and mental health issues.

If compared to research into adoptive families, it appears there is little difference in this respect (Neil *et al*, 2018). One might draw the tentative conclusion that the decline in adoption numbers has not drastically changed the profile of children needing placement. According to the Adoption and Special Guardianship Leadership Board (ASGLB), the proportion of children who tend to wait longer has remained stable since 2018.

The average age of children when adopted has fallen slightly from three years and five months in 2014, to three years and three months in 2022, despite the delays caused by the Covid-19 pandemic. This is probably explained by the increased use of early permanence, which has risen by 25 per cent since 2018, and accounted for 470 placements in 2020/21 (ASGLB).

Overall, the profile of children with a plan for adoption appears not to have changed significantly: although those unwilling to consider early permanence may find it harder to be matched with a very young child.

Numbers of approved adopters saw a significant increase in 2020/21, falling back to pre-pandemic levels in 2022, but this increase, plus the continued fall in the number of children with a plan for adoption, meant there was a 17 per cent increase in adopters approved and waiting for a match in 2021/22. However, more recently this trend has plateaued, with a decline in adopters waiting during early 2023 (Coram-i). We need to reflect on how these changes might interface with applicants' motivations to adopt. Might prospective adopters decide to widen their considerations about children whose needs they may be able to meet? What implications does this have for the picture of future family life they may have had? What more might be needed in terms of preparation to help prospective adopters prepare for placement and manage expectations?

Chapter 6

The relationship between motivation and expectations

A theme that recurred throughout the research and feedback gathered for this guide was the relationship between applicants' motivations to adopt, and their expectations of adoption. In her guide to completing assessments, Beesley notes (2020):

Without a thorough exploration of their motivation and their expectations of the child or children who will become part of their family, it will be difficult for workers to help applicants move to a better understanding of what it is they are taking on and what they have to offer children.

When a child is placed, adopters...must learn to cope with the reality of...often potentially overwhelming pressures of caring for a very needy child. After placement families can only too readily equate their unmet hopes and fantasies with failure either on their part or that of the child.

THE GAP BETWEEN EXPECTATIONS AND REALITY

While some research evidences that adopters' expectations of adoption are largely met (Adoption UK, 2019), feedback from adopters in several studies does not reflect this, and research supports the view that adoptive parenting is considerably more challenging than more traditional pathways to becoming a family.

Harris-Waller *et al*, in their comparison study of 86 adoptive parents with 167 biological parents, found that adoptive parents reported significantly higher parenting stress, with 70 per cent of the former reporting very high levels that would be of clinical concern (Harris-Waller *et al*, 2016).

Adopters responding to the survey undertaken for this guide expressed a mixture of expectations about adoption. Some envisaged a "normal life", one thinking that providing a loving, stable home would be enough for the child. Most expected some level of additional challenge, although some believed this would settle over time. One family had found adoption easier than they expected, but most admitted it was far more challenging than they expected it would be. Some mentioned the rewards, but most, although they did not seem to regret their decision to adopt, talked about needing high levels of

support with challenging behaviour, special educational needs, contact/family time and the impact of trauma. This was a typical comment:

It was very different, the early trauma had a major impact on the children and the family. It was very difficult to get support especially in the early days and we nearly disrupted at one point. The other adoptive parents in our group also had similar difficulties, especially with sibling groups like ours. We were older parents who were experienced in therapy and still found it very hard.

Families also talked about the impact on their own mental health, and coming close to disruption. One family said that they were not sure how they were going to manage in future.

We regularly wonder how we are going to make it through the next 10 years and what shape we will be in when we get there.

Several families also mentioned the difficulties of getting the services they needed and having to fight for them.

When asked what they felt might have been done differently, adopters suggested the following:

- Clearer information about mental health and what support to consider in the future.
- Much more training on conditions that may need extra support in school, and how to prepare and cope with these. This should include information on which conditions are likely to arise, such as autism, ADHD and FASD, not just attachment issues and trauma.
- Highlighting the high proportion of adopted children who are neurodiverse and the implications of this.
- More detailed information about the child's background at the point of placement.
- Better information and support with educational issues.
- Better preparation and support for managing contact/family time.
- Therapeutic support from day one.

When asked what advice they would give to anyone considering adoption, no one said 'Don't!', but many emphasised the need to think very carefully about the possible future challenges and to make a well informed decision.

Adoption can be challenging but also rewarding. Go into it with your eyes open, do your research and speak to other people that have adopted to get their experiences.

Look deep into your soul; are you as an individual, and your partner (if you have one), prepared for what may be a long and arduous road?

Comments also reflected the need for careful planning taking account of 'What if?' scenarios, for example, needing to reduce working hours for a child who could not manage mainstream school. Also mentioned were ensuring a good level of support, developing good self-care habits, and finding out as much as possible about neurodiversity.

One adopter recognised the need for honesty versus the need to recruit families:

It's a hard balance to strike between being honest and helpful, but not putting people off adopting. However, if a better balance isn't found we'll continue to have hundreds of desperate families in adoption support groups and placements breaking down.

THE TRANSITION TO PARENTHOOD

All the social workers spoken to for this guide agreed that it is impossible to replicate the relentless 24/7 nature of parenting for childless couples, and this adjustment is hard for all those who transition to any kind of parenthood, however experienced they are with children or however much theoretical knowledge they have. One focus group reflected that preparation groups can be overly negative, but this is in the knowledge that some applicants have a tendency to think 'but my child won't be like that', or 'I'll be a better parent than that'. One worker pointed out that while knowledge is power, it is also a pressure, and adopters can be left thinking that they will be or have to be the perfect therapeutic parent. Another worker wrote: 'I think there are sometimes unarticulated expectations from adopters that, despite preparation and training, they don't hear the challenges'.

In recent times, there has been a greater recognition of the huge transition adopters make when a child is placed. The now widely used UEA Moving to Adoption model (Beek *et al*, 2021) states:

The early weeks of an adoption placement can also involve a complex mix of positive and difficult feelings and responses for adopters. As well as happiness and excitement, feelings of anxiety, loss of identity, loneliness, disappointment, low mood and physical symptoms are common and adopters may need encouragement to share these and in some cases receive specialist support and advice.

There is evidence of a link between unmet expectations of adoption and post-adoption depression in adoptive parents (Foli, 2017, quoted in Kohn-Willbridge *et al*, 2021). Kohn-Willbridge and colleagues explore this issue in their study of nine adoptive mothers involved with an online support group. The study was unusual because it covered a lengthy period, from pre-adoption and the motivation to adopt to 12 months post-child placement.

The interviewees who voiced the most distress were those where the gap between their expectations and reality were greatest:

It was horrendous...I felt claustrophobic and wanted to escape most of the time...I was desperate for anybody else to be in the house, so I didn't have to manage this on my own...I didn't feel safe often...I had been through a trauma.

The study talked about high levels of anxiety and sense of failure when unable to relate to the child or experiencing challenging behaviour from the child.

Adopters reported feeling very isolated, having to attend multiple professional appointments while struggling to “fit into” traditional parent and child groups. They felt that for women having a baby, there were rituals and often ready-made support, but no one knew what to do in this situation and they were often discouraged from having too many visitors/family members around in the early days, which added to their sense of isolation and fatigue.

All of a sudden I'd gone from being at work and having a friendship group and a really great social life, to being at home with a two-year-old who I didn't really know.

The authors observed:

At a time when most new biological mothers are given space to recover, bond and lean on family for support, adoptive mothers continue to be assessed and monitored. Access to tailored support appeared non-existent in the majority of cases and in all the adoptions physical contact with family and friends was discouraged in the initial weeks.

Supporting the views of the social worker quoted above about pressure to be perfect, women in the study reported a need to be seen to cope, be “perfect” or a “wonder woman”. One person said ‘I wish I'd been told that it's OK not to be OK’. Others reflected a lack of understanding by those around them with an attitude of ‘Well, you wanted this, now you have to get on with it’, or unhelpful parenting advice. This led some adopters to conceal their struggles and to shut down.

All of the women in this study had come to adoption following failed fertility treatment. Some openly recognised that they could continue to be triggered by the loss of the birth child they never had, but for most it was:

...not explicitly acknowledged (or) associated with the fantasised child. Each mother held strong views of either what their adoptive child would be like or how their post-adoption family would function. In all but one case, these expectations or fantasies were not realised and a loss of the “idealised child” was experienced.

(Kohn-Willbridge et al, 2021)

Palacios *et al*, in their study of adoption breakdowns, refer to their earlier Spanish study (2015) that found where the motivation to adopt was primarily to satisfy the needs of the adult, for example, to have a child or give love, the risk of adoption breakdown was greater. The same study also highlighted a degree of unrealistic expectations, especially in those with a higher level of education, and commented on 'an inflexibility and an inability to adjust their expectations to the child as they are' (Palacios *et al*, 2018).

This connection between an inability to let go of the idealised child and loss associated with either failure to conceive or failed fertility treatment was highlighted by many of the social workers spoken to for this study. One worker talked about applicants seeking a "replacement child"; another about the "fierceness" of the sense of loss that can suddenly arise, which a post-adoption worker experienced as being "triggered and re-triggered" in some applicants. As highlighted in earlier chapters of this guide, the loss of an idealised child may not just be an issue for those with fertility issues, but also for others. However, the connection is potentially less obvious, possibly even to the person themselves.

Unrealistic expectations may not just be to do with grieving a child who never was, but perhaps the loss of a vision of family life. In their study of adoption outcomes, Selwyn *et al* noted (2015):

Some of the adopters who understood that the children might have difficulties nevertheless believed that with love these difficulties would dissipate. A few had something of a rescuer mentality and thought that whatever the children had suffered, they could make it all better.

Stretching matching considerations

Applicant expectations through the adoption assessment process may change and be influenced by a variety of issues. As applicants learn more about adoption and the children waiting, they may feel able to manage a greater degree of complexity or need. Conversely, applicants may become more circumspect about their own limitations. There is some evidence that where matching considerations, and therefore expectations, are "stretched" beyond what applicants originally envisaged, this can lead to difficulties.

Dance *et al*, in their 2017 study, found that nearly one-quarter of respondents had felt the need to expand their preferences to increase their chances of being matched, and over 10 per cent felt that they had been persuaded to do so by their agency. Some felt they had been misled. Dance *et al* found a higher proportion of those who had changed their preferences were struggling compared to those who had not (Dance *et al*, 2017 quoted in Neil *et al*, 2018). These findings are also supported by Moyer and Goldberg (2015), in their study of 45 adoptive families which looked at unmet expectations, particularly in relation to race, gender, age and "special needs" of the child. They found that age and special needs were particularly

significant, but that having a “flexible mindset” was a protective factor against difficulties.

IMPLICATIONS FOR PRACTICE

Selwyn *et al* (2015) emphasise that assessing workers should focus on parental hopes and expectations, and parental sensitivity – the ability to be attuned to the child’s needs, management of stress and support networks. Exercises to explore hopes and expectations are provided in the Appendix, and establishing a clear, coherent picture of applicants’ journeys to adoption will also highlight these. Ways to assess how far applicants are able to be attuned to a child are beyond the remit of this guide, but bearing in mind that research shows a focus on self and meeting the need to be a parent or to do a “good thing” may be a cause for concern, this needs careful exploration. Planning for self-care and good informal support was highlighted by the adopters’ survey and is discussed briefly below.

Preparation

The assessment of adopters encompasses training and preparation, usually in a group setting, but applicants are also encouraged to learn individually, for example, through reading about adoption. As discussed above, a realistic view of the road ahead needs to be balanced with a level of optimism and hope. Social workers spoken to for this guide recognised the challenges of this, and felt that individual learning could be significantly enhanced by including the experiences of those who had already adopted, as this helped to “bring adoption to life”, and they observed that applicants connected more with direct experience. Beyond this, the use of buddy schemes, both formal and informal, were suggested as a way of “keeping it real”, and adopters often talk about the value of having support from someone who “gets it”.

Understanding a child’s history in detail

Frequently, adopters are only shown the Child’s Permanence Report (Form CPR) and medical and may have a life appreciation day, but these will give only limited information about the child. A detailed file read by the supporting social worker and sharing appropriate information is time well spent. A comprehensive picture of the child’s past will go some way to shaping expectations of how the child might react in certain situations or respond to particular triggers. Consequently, adopters may be better prepared to identify suitable strategies to support the child in managing their emotions in the future. A better grasp of where behaviour is rooted may help adopters have greater empathy and therefore not take challenging behaviour so personally.

Understanding neurodiversity

This is a point well made by several adopters responding to the survey. However, it may not be practical or productive to offer too much information about a whole variety of diagnoses at an early stage, as it is unlikely to be absorbed or retained by applicants. At the matching stage, when a specific child is under consideration, this is very different. Detailed discussion with a medical adviser, paediatricians, psychologists or those with expert knowledge, as well as signposting to more detailed information, may be very valuable for applicants at this point.

Formal support

This has improved in recent years, but there is still a long way to go. For example, Neil *et al*'s study (2018) showed the need for long-term support with contact/family time, which is bound to change over time, and how this was rarely offered by agencies. A robust adoption support plan with consideration given to therapeutic support from day one is vital for complex placements. One manager commented:

It's no good with a complex placement to cross your fingers and hope for the best. If things start to go wrong, often by the time therapeutic support has been organised it's too late and things have deteriorated to such a point the adopters just don't feel able to persevere. Better to plan for the worst, then if you don't need it – great!

During the assessment phase, social workers can usefully look at how applicants manage stress and work on self-care strategies with them. It will be helpful to emphasise that introductions and the early days of placement in particular are likely to be very tiring. Taking note of experience and what the research shows about the stresses of early placement, social workers can provide invaluable support by the simple recognition for new parents of just how difficult the adjustment to a placement is, and the reassurance that it is "OK not to be OK". Many adopters fear their child will be taken away if they admit they are struggling. They will also find it hard to admit to friends and family if it is thought that they now have the life they longed for. It is often helpful for the social worker to start that conversation rather than to assume new parents will voice their difficulties and fears, as they may believe strongly that they must be seen to be some kind of therapeutic "super parent".

Informal support

Ecomaps are often provided by applicants in Stage One of the adoption assessment process, and an opportunity is missed for the assessor to share this task and learn more about the applicant's network accordingly. At the very least, revisiting the ecomap, if not drawing it together, in detail is vital. Beyond this, involving the applicants' family network in the assessment,

even if they are not referees, can be very helpful. A family network meeting to share some limited information with the network about the child prior to adoption placement and what to expect, and/or the provision of friends and family days can help prepare the network to support the adopters as they adjust to being a family and makes it more likely everyone will be on the same page (for more information on family network meetings, see Davis and Westwood, 2024).

The practice of advising adopters to keep family away at the beginning of an adoption placement, to reduce stress and confusion for the just-placed child, is understandable, but is increasingly being questioned, and perhaps places far too much stress on the adopters, who may cope better with an extra pair of hands or someone in the house for practical help at least some of the time. The Moving to Adoption model (Beek *et al*, 2021) does not address this specifically, but does suggest:

There should be flexibility in the planning, in consultation with the child, the families and the social workers, to allow for emerging circumstances and needs.

Clearly, the adopted child must not be overwhelmed by a succession of different visitors early on, but identifying one or two key people to help during those early days will reduce adopter stress levels and the potential to feel overwhelmed.

Larger agencies or RAAs may be in a position to offer an adopters' parent and baby/toddler group, where adopters can not only be supported by those who are further down the road, but also will not feel isolated and "different" to other parents.

CONCLUSION

It is impossible to bridge the gap completely between adoptive applicant expectations of adoption and the reality, but in some applications there are warning signs that need careful exploration. When adoptions are in serious difficulties or if they disrupt, adopters often say that they did not have full information or were not adequately prepared. It is difficult to prepare for every eventuality and impossible to know what full-time parenting is like in reality until it is experienced. Some people will hold very firmly to their beliefs of what adoption will be like for them, and struggle to leave these behind.

Careful and thorough preparation, as well as planned support, both formal and informal, are the best protective factors, but motivation that is focused on the applicants' needs rather than those of the child is likely to result in a gap between expectations and reality, to which the family may or may not be able to adjust.