



ASSESSMENT OF ADOPTERS A LITERATURE REVIEW

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About CoramBAAF

CoramBAAF is an independent membership organisation for professionals, foster carers and adopters, and anyone else working with or looking after children in or from care, or adults who have been affected by adoption. We work on behalf of our members and with the Government and other stakeholders to ensure the very best outcomes for children in care. Together, our members make up the largest network of organisations and individuals involved with children in their journey through the care system in the UK.

Introduction

Over the last 40 or 50 years, we have recognised some of the key ingredients that make for effective parenting. We have also learned how deep the developmental damage can be for those children who have suffered abuse, neglect and trauma. More recent research has increased our understanding of the core components that maximise the opportunities for developmentally traumatised children to experience all the benefits of a family life when they are placed with sensitive, empathic, mindful, committed and responsive new carers. Research also tells us that the impacts of maltreatment are pervasive and enduring, and carers are likely to experience moments of stress and a variety of thoughts and feelings, as they care 24/7 for their fostered and adopted children.

The specific focus of this report is to contribute to improvements in the adoption sector – specifically in the preparation and assessment of the suitability of prospective adopters. It is noted in the Adoption UK (AUK) Barometer Report 2021¹ that ‘49% of prospective adopters felt there had been times when the process seemed so difficult, they wondered if they could continue’.

The primary method for this review is to undertake a national and international literature review to identify key components in the preparation and assessment process that have an evidence base when it comes to the placement, stability, security and development of children placed for adoption.

Becoming an adoptive parent and establishing an adoptive family – where are we now?

The motivation to adopt is typically understood to result from infertility, failed IVF or surrogacy, with 55% of AUK’s 651 survey respondents reporting this as their primary motivating factor. The significant changes in societal perspectives about parenting and family life over the last 20 or more years now include single parenting and LGBT+ adults and as such have opened adoption to a much wider group of people. It is also important to note that in AUK’s report, 29% of respondents had chosen adoption as their first preference to creating a family, and 14% wanted to adopt where they already had a birth child. These significant developments over the years express an open and positive view of parenting and adoption with the legal barring of applicants limited to three issues – being under 21 years in age, not meeting the requirement of being habitually resident in the UK,² and not being convicted of a serious criminal offence.³ Many other factors may be addressed in the assessment of suitability but they are subject to discussion, exploration and acknowledgment during

¹ <https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=a5226daa-dc16-4d9f-a498-0f9ff7ab0d9e>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/632057/nationality-policy-adoption-v1.0.pdf

³ Regulation 25(2)

the preparation and assessment process with a combination of their positive or risk factors in making a decision about 'suitability' to adopt.

The length of time or the specific circumstances that might determine when any individual or couple might reach their own specific turning point in registering their interest in adoption with an adoption agency that begins and facilitates that journey is not well evidenced. However, there is a general expectation that the motivation that drives prospective adopters to register their interest is on the side of being realistic, evidence informed and aligned with an understanding of the specific nature of adoption as it is today – the information about these issues being made available through a variety of sources, including from the adoption agency. The detail of this process will be addressed throughout the adopter preparation and assessment and approval process as set out in the Adoption Agency Regulations 2005 and subsequently amended in the Adoption Agencies (Miscellaneous Amendments) Regulations 2013. A review commissioned by the Coalition Government prior to these amended regulations explored current policy and practice and was published under the title of 'Redesigning Adoption'⁴. The process recommended by that group was designed to engage and facilitate the prospective adopters' journey through a number of stages:

- The formal registration of their interest in adoption with an approved adoption agency
- Two months of preparation and training alongside required checks and references
- Four months of assessment as to the applicant's suitability to adopt as set out in an evaluative report
- An adoption panel recommendation as to their suitability based on that report and a discussion by panel members
- Their approval or other recommendation by the adoption agency decision maker

AUK's 2021 Barometer Report gives some insight into the current experiences of applicants, with 2,452 valid responses from across the four countries of the UK and 70% of those from England specifically. Of the survey respondents, 95% were white British and 85% were in a couple relationship; 4% identified themselves as either Asian/Asian British, black/black British, mixed, or other ethnicity. Three questions were asked in the survey about national adoption policy. For England, the results were:

| ASSESSMENT OF CURRENT NATIONAL POLICY | |
|--|------|
| There are nationally agreed timescales for each stage of the adoption approvals process | GOOD |
| There are nationally agreed standards for training and preparation for prospective adopters | FAIR |
| There is a discrete pathway for early permanence, including early identification of potential adopters and suitable training and follow-up support | FAIR |
| OVERALL | FAIR |

⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/180251/working_groups_report_on_redesigning_adoption.pdf

A further three questions were asked in the survey that reflected adopter experiences. For England the results were:

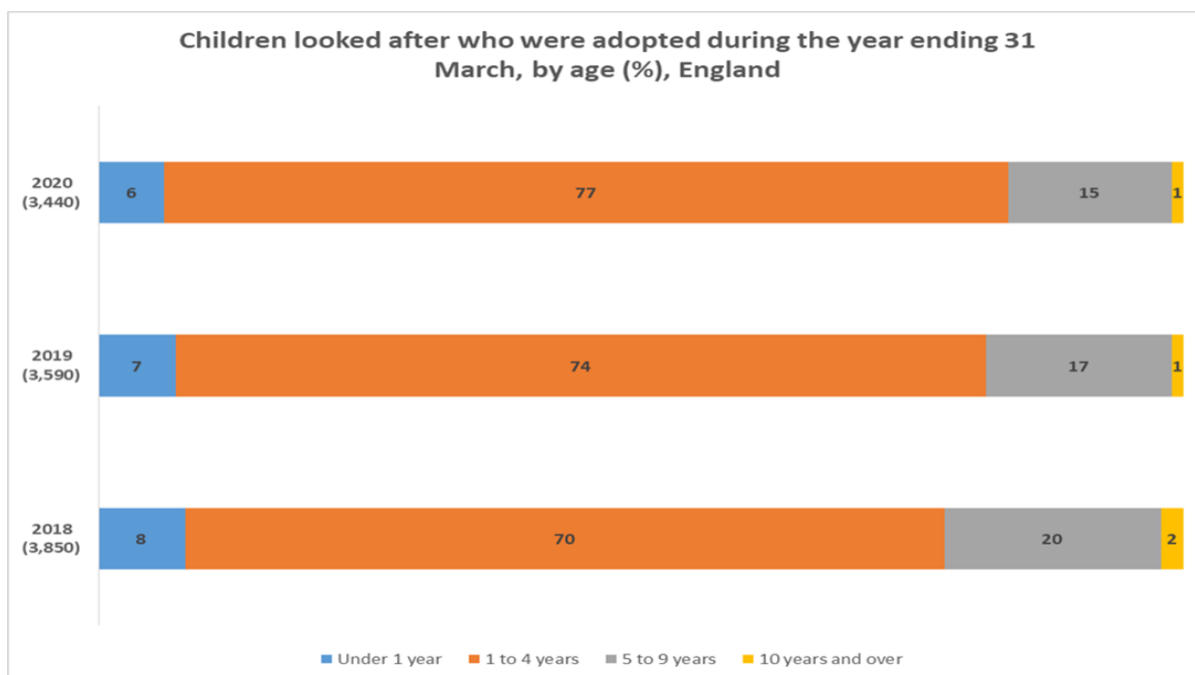
| ASSESSMENT OF ADOPTER EXPERIENCES | |
|---|------|
| The approvals process proceeds without undue delay caused by bureaucratic challenges, staffing or other difficulties within the adoption agency | FAIR |
| Adopters find the approvals process positive and consider that it prepares them well for becoming adoptive parents | GOOD |
| Once approved, adopters are confident that they know where to go for support after placement | FAIR |
| OVERALL | FAIR |

These overall statistics are discussed in the report in detail in identifying what determined prospective adopters' decisions about the adoption agency with which they registered their interest. Firstly, fifty per cent of adopters were influenced by the quality of the initial information event. Of secondary importance was the response of the adoption agency to their initial inquiry, at 35%. It was noted that 23% of adopters who applied to a local authority/Regional Adoption Agency chose their agency because they did not know that there were any other options. In addition, it was noted that 20% of adopters registered with a voluntary adoption agency. Overall, the survey indicates a very positive set of experiences from adopters who responded. However, it is important to note that 49% did report on the challenge of the process, and this does need further exploration.

The profile of children adopted

The fundamental issue in the operation and design of the adoption system is the placement of children and the profile of children adopted. The motivation to adopt will be, and needs to be, heavily determined by the needs and circumstances of children where they have an agreed and authorised plan to be placed for adoption. The first issue is the child's age at placement.

The Department for Education's 'Children Looked After in England Including Adoptions' statistics shows us the age profile of the children who were adopted from care during the year ending 31 March 2020. In summary, 6% (220 children) were aged 11 months or younger, 77% (2,660 children) were aged between one and four years, 15% (520 children) were aged between five and nine years, and 1% (50 children) were older than ten.



Source: Department for Education, *Children looked after in England including adoptions: National - Children looked after who were adopted during the year ending 31 March 2020*

The broad and standard expectation of most couples when planning for a baby is that the baby will be physically healthy and that they will be fully responsive and active in the start of their journey of growth and development, facilitated by their parents and others. Our understanding of these processes has become detailed and rooted in research, with a recognition of the baby's capacity to reach out to their parents and of the parent's responsiveness to that reaching out being fundamental to growth and development.

Indeed, the first 1,000 days of life have come to be recognised as critical to the further and future development of the child into adolescence and adulthood. This has been set out and given prominence in a UNICEF statement⁵ and also in a House of Commons Health and Social Care Committee Report published in 2019.⁶ The first 1,000 days is a world of internal and external opportunity for the child in establishing a pathway for the many 1,000s of days to come. However, the statistics above clearly indicate that the greater majority of children who are placed for adoption are well beyond their first 1,000 days at that point, and that those earlychild' days will have been marked by uncertainty, insecurity and threat through their exposure to various forms of maltreatment. This may have been limited where the child was removed at a younger age and typically placed in foster care, but even then the placement of the child with the adoptive parent/s will have meant the loss of the relationship with those foster carers and all the many positive experiences and opportunities that will have come from that experience and relationship.

The specific impact on the child's development of these multiple issues will need to be assessed, and that will include genetic, epigenetic as well as experiential factors. The variation in the impact of maltreatment on any individual child and uncertainty of what developmental recovery is likely to be or what might be discovered along the way will be a serious set of issues for both the adoption agency and the prospective adopters. This is of course true for all parents – parenting is a significant journey into the unknown despite the expectation that genetic factors will determine the similarities

⁵ <https://www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html>

⁶ <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf>

between the child and parents – physical appearance, preferences, abilities, lifestyle choices or health. These will be evolving issues over time and may include responses such as excitement, celebration and delight, or the very opposite when this results in stress, anxiety, anger or fear. Responding to uncertainty and the surprises in life are a significant part of life. For adoptive children and their adoptive parents, the issues the child has experienced may be considered to be some of the worst starts in life that require determination, commitment, resourcefulness and access to support for their new parent/s.

Overall, the evidence indicates that adoption is very successful in creating stability, a family life that endures and good outcomes for children. What the data show, is that if 1000 days is a benchmark for a good start in life, then only a small minority of children are placed within that first 1,000 days, and the experiences they may have had during that period may have been highly problematic in terms of their safety, developmental opportunities and particularly the significant risks that their parent/s may have posed in the care that they provided or did not provide.

Of course, the problem with concepts such as the first 1,000 days is that it can create a sense of fear or anxiety that if it has not happened in the first 1,000 days, can it happen at all? What are the developmental opportunities following placement for adoption, are they realistic and will there be a dark shadow of some form for the rest of the child or family's life? The answer to this question is complex, although it has been explored in a number of studies – both those that generally look at factors that enhance or limit recovery and those that become persistent in some form.

Methodology

Google Scholar was used (August 2021) to search for relevant sources of research published 2017-2021, using the terms 'adoption assessment process child*' and 'prospective adopters child*'.

As Google Scholar presents results in the order of the number of citations, we exported the first 750 results from the first search and 984 results from the second search to Microsoft Excel. We screened the titles and journals and in some cases their abstracts, contents pages and/or introductory paragraphs. We classified the results as relevant, not relevant, or duplicate. This resulted in 152 potentially relevant sources and we noted the topic of each of these.

In addition, searches were carried out using the terms 'adoptive parents training' and 'prospective adopters preparation' using Social Care Online for materials relating to the training and preparation of adoptive parents/prospective adopters from 2005 onwards.

CoramBAAF's journal, *Adoption & Fostering*, as well as Good Practice Guides and Practice Notes have also been accessed, and resources from the CoramBAAF library catalogue and CoramBAAF Digest search archive have been utilised in informing our search. The CoramBAAF Digest is a unique monthly UK-wide email briefing for professionals working in adoption, fostering, kinship and child welfare, which provides unique coverage of the latest developments in legislation, parliamentary activity, policy, consultations, research, statistics and online resources. It highlights the key points for each item covered and provides a link to an online source for further reading/information.

What methods and approaches for preparation and assessment are in use nationally and internationally (to compare also the content of such processes)?

The primary purpose of the assessment/home study process is to determine if the applicant/s are suitable to provide a life-long family and home for a child. As a part of this, there are both compliance issues to be addressed as set out in the regulatory framework as well as a risk analysis/child safety focus, which means that it is necessary to have an investigative component. It is inevitable, and therefore appropriate, that applicants feel under scrutiny and a pressure to prove their suitability, whilst having limited power to control this (Cousins, 2010).

When it comes to deciding on 'suitability', the adoption agency needs to have sufficient evidence about the adoptive applicant's understanding of the needs and circumstances of children who come to be placed for adoption, along with evidence of their approach to parenting and establishing a family life.

There are a range of factors for the prospective adopter/s that will be relevant, such as:

- a reasonably stable and secure pattern of life with the capacity to adjust and change, and positively address the evolving issues of parenting and adoptive family life;
- the identification of any individual or circumstantial risk factors – both from the past and in the present, and a positive approach in addressing those risk factors;
- access to resources such as income and housing;
- relationships – both intimate and personal through to the community that supports, enables and facilitates connections and well-being.

Whilst there is no sense in any of this of being or needing to be ideal or perfect, any assessment is likely to involve some struggle with the question 'Are we good enough or am I good enough?' especially when the issues are highly personal and life changing. The process is inevitably demanding and challenging, and its design must recognise the stress involved, as well as the opportunities. The process must be fundamentally facilitative, supportive and reflective of the life changing issues for the prospective adopters themselves and the life changing issues for the child. Life changing also means life enhancing, and that might mean for the next 80 years plus.

If adopter assessment is focused on developing an understanding of a person's personality and capacities, simply talking on the sofa will not be enough. Social workers need to have the skills and knowledge to sensitively explore the personal and social attributes as they have developed over time, and how they might develop into the future. Somehow assessors need to "surprise the unconscious" to ascertain the individual default position to which everyone instinctively reverts under pressure.

The focus and development of the current assessment process seeks to identify prospective carers who have, or who have the potential to develop, developmentally beneficial parenting skills. The assessment also weaves into its practice a strong educational element in which applicants have the opportunity to learn about and understand the issues that may impact on developmentally traumatised children, their own experiences and how these might influence their own thoughts, feelings and actions given their own strengths and weaknesses, especially under conditions of stress.

The United States and the Netherlands have developed more structured assessments and a greater reliance on standardised questionnaire measures compared to the UK. Workers in those countries

seem to be willing to ask for and have access to independent psychological assessments more frequently than in the UK.

The SAFE model

The SAFE model (Structured Analysis Family Evaluation) is the most widely used assessment method in the United States. Crea, Barth and Chintapalli (2007) describe SAFE as a 'uniform home study format that encourages consistent family evaluations across workers, agencies and jurisdictions'. It is a study methodology designed to achieve the following goals:

- i) create a uniform home study methodology to pursue standardisation across sites/boundaries;
- ii) promote greater work efficiency;
- iii) psychosocially evaluate families within the home study;
- iv) create a format for more thorough assessments of families than in conventional formats.

The result is focused on providing a uniform home study report that contains descriptive information about a family, and a comprehensive psychosocial evaluation that identifies specific family strengths as well as issues of concern.

However, in practice the model is subject to change, and actual delivery and compliance varies considerably from State to State, depending on their laws and policies for approving prospective families, with agencies using different formats to complete a home study. As with many models, the degree of compliance with the model as it was introduced and implemented is variable. Many follow the same process, but the specific details and what this looks like on a case by case basis is difficult to identify even when the documentation is consistent.

SAFE is a home study method that provides a 'suite of comprehensive home study tools'. The Children's Bureau (2014) identified the following common elements of home studies: 1) Completion of adoption preparation by the applicants; 2) Individual and joint interviews of parents, as well as any children in the family; 3) Home visits by child welfare agency personnel; 4) Health statements and documentation; 5) Family financial statements; 6) Criminal background checks; 7) Autobiographical information; and 8) References.

All of these can also be seen to be consistent with the current two stage process in England. The SAFE model comprises six main components:

- Safe practice values
- Questionnaire
- Psychosocial inventory
- Desk guide
- Preformatted home study report
- Matching inventory

Questionnaires are used to cover all areas for all applicants and are found to identify areas of concern more consistently than conventional methods. The use of questionnaires can be seen to reduce issues of discrimination and prejudice, both individual and organisational.

Use of a questionnaire has been found to:

- promote more truthful responses;
- promote increased disclosure;
- save time;

- promote uniformity;
- target topics that require further clarification, development and understanding;
- provide for optimal framing of questions;
- reduce miscommunication;
- promote a shared evaluation process;
- verify that critical issues have been identified and addressed;
- ensure that issues often overlooked or avoided are covered.

Questionnaire 1 is provided to the applicants to complete and return to the agency prior to their first interviews. It covers eight areas of family history and functioning and replaces the autobiography whilst providing a wealth of family information. It therefore saves time, whilst providing an opportunity for the family to reflect on the significance of this information. The social worker reviews both the application and Questionnaire 1 prior to the first visit.

Questionnaire 2 covers emotionally sensitive information including drug and alcohol abuse, mental health information and questions around domestic violence and abuse. Questionnaire 2 is given (never posted/emailed) to applicants and completed in the presence of the social worker.

The next stage is focused on the use of analysis tools – the Psychosocial Inventory and Desk Guide. The Psychosocial Inventory and Desk Guide are not a standardised test that results in a pass or fail score to rule applicants in or out; nor is it meant to be used as a structured interview tool. The Desk Guide informs the social worker with the rating criteria for each of the psychosocial factors in the Psychosocial Inventory. SAFE uses the Psychosocial Inventory and Desk Guide to complete a psychosocial evaluation that is incorporated into the home study report. The Psychosocial Inventory contains factors to be considered by every worker in every case. The Desk Guide defines each factor and provides criteria to guide evaluators in rating family strengths and issues of concern. The psychosocial evaluation highlights and recognises family strengths and identifies and addresses areas of concern.

Each factor on the Psychosocial Inventory is rated multiple times during the course of the home study, based on the rating criteria contained in the SAFE Desk Guide. These ratings are completed after every face-to-face home study contact and are referred to as Desk Guide Ratings. The ratings are then evaluated.

The SAFE template is very similar to the Prospective Adopter's Report (PAR) in the UK, but is completed using the range of materials that are an integrated part of the model. As such, the model ensures that every issue is covered with every applicant. Whilst the social work interview is the foundation of good social work practice and an essential part of a SAFE home study, where it differs from the process in England is in its more formal use of questionnaires.

The Netherlands

In the Netherlands, the vast majority of adoptions are inter-country, with domestic adoptions being unusual – only about 40 per year (2017). There is an upper age limit of 46 if adopters are willing to consider an older child or a child with additional needs and children are aged 6 years or younger. The assessment takes three-five months and uses an ecological perspective. The framework is intended to make approval decisions more transparent and fully documented.

Australia

Adoption in Australia is largely limited to New South Wales, where adoption is regulated by the Department of Family Community Services (FACS). There are a number of accredited adoption

agencies, primarily faith based, including Anglicare Adoption Services, Australian Families for Children, Barnardo's Australia Adoptions, and Catholic Care Adoption Services. Barnardo's is by far the most prominent.

The legacy of forced Aboriginal cross-culture adoptions and the issuing of a public apology for that policy and practice has come to hugely influence current adoption practice. The Aboriginal Child Placement Principle 1987 and Torres Strait Islander Child Placement principles recognise that adoption by other than people of the same cultural heritage is no longer culturally appropriate for Aboriginal or Torres Strait Islander children. Guardianship is the preferred permanency pathway for indigenous children. If Guardianship is not possible or suitable, then long-term foster care will usually be considered rather than adoption. As a result, the number of children for whom adoption is considered an appropriate plan is very limited. Adoption is regulated by the New South Wales Adoption Act 2000 and outlines the specific requirements for the adoption of children aged over 24 months, sibling groups, and children from permanent care.

The New South Wales process is very similar to that used in England, with a two stage process, but with some clear differences. The initial 'expression of Interest' form is 'screened' and a decision is made on whether the applicant is suitable to progress. A criminal record check is carried out as a part of this decision-making process.

The next stage of the process is preparation, with prospective adopters attending a preparation seminar (see section 4) and following this a formal application is made. 'Adoption services will review the needs of the children for whom adoption is being considered and may formally invite you to adopt.'

After all the appropriate documentation is received – medical reports, criminal records, personal references, birth and marriage certificates – prospective adopters are given a notice in writing about whether their application is going to proceed to assessment.

The assessment process itself takes an average of three-four months, after which the report and recommendation are sent to the 'program manager' who will determine the suitability to adopt. This decision is 'reviewable' under the Adoption Act 2000 and applicants have a right of appeal in the case of non-approval.

The control of the process is firmly with the authorities and decision makers in the Australian model, in comparison to the 'adopter-led' processes of Stage 1 and the matching process in England.

The proportion of children for whom adoption would be appropriate and those actually placed for adopted is very small. In 2013, 80 children were adopted out of potentially 1,500 children. Each State has its own legislation, agencies and variables leading to practice variation.

Portugal

Adoption in Portugal has a long history having been abolished in 1867 and not reintroduced until 1966. Reforms since then have seen the introduction of adoption by single adopters, and a reduction in the age at which people can adopt. 1977 saw the introduction of laws which allowed a child to be adopted if the parents 'demonstrated a lack of interest' in the child for three months.

Reforms in 2003 sought to shorten the process, which took an average of three years at the time, and introduced an upper age limit of 60. The Portuguese Adoption Law (2015) defines that the assessment process should take place within 6 months after registration.

Today there are two types of adoption in Portugal, full adoption and 'restricted adoption', which is revocable. In reality, very few restricted adoption are made. Children are a maximum of 15 years old, but can be up to 18 if it is a step-parent adoption. Adopters must be between the ages of 25-61, but no more than 50 years older than the child whom they are adopting.

Application forms are given to potential applicants at the initial information evening. Applicants complete and submit the forms to their local Social Security's Adoption Service and receive a 'Submission of application certificate'. The Department must inform them within six months, having assessed them, whether they are eligible to adopt. The right of appeal is through the Family and Minors Court.

The assessment process includes a psychosocial assessment (interviews), psychological tests and home visits. Once approved adopters are registered on a national register. Social services departments make the proposed links with children and approach the prospective adopters.

The child must be placed with the prospective adopters for at least 6 months (the pre-adoption care period), during which the family is supported and monitored. The pre-adoption report is written up and presented to the Family and Minors court.

Applicants are required to attend training in the assessment stage, which is 'aimed to adjust the individual's expectations on adoption to the reality' (eportugal.gov.pt, 2021).

In Portugal adoptions are closed. The adoptive parents know the identity of the birth parents, but birth parents do not know the identity of adoptive parents. Any post adoption contact is strictly informal, and it is the adoptive parents' responsibility. Nevertheless, every adoptee may consult his/her adoption file after the age of 18 or 16 with parental consent.

The British Chinese Adoption Study

In the British Chinese Adoption Study (Feast, Grant, Rushton, and Simmonds, 2013), children were placed with adopters who were barely assessed in modern terms. Moral and social standing were the key issues. However, in following these women at age 50 across a range of measures, they showed remarkable 'catch up' when compared to those domestically adopted from the National Development Cohort of 1958 or those who were brought up by their birth parents.

The English and Romanian Adoptee Study

Similarly, the English and Romanian Adoptee Study (2009) proposed: 'The evidence suggests that wider, more flexible criteria are possible for successful adoption within the UK.' The vast majority of families studied made a success of the adoptions from Romania, despite many of them being considered 'unacceptable' for domestic adoption. This longitudinal study began in 1992 because of Government concerns about the impact and consequences of children being adopted from Romania where they had begun their lives in institutions/orphanages described as providing profoundly depriving and appalling conditions. The study first contacted a sample of the 324 children when they were four years old, with subsequent follow-ups at six, 11 and 15 and then into adulthood. The sample size in the follow-up studies was 165 children. Summaries of the findings were published at different points as the children grew older – from the 2000 follow-up (Rutter *et al.*, 2000), to the 2009 follow up (Rutter *et al.*, 2007) and more recently the adult follow-up (Sonuga-Barke *et al.*, 2017).

The key message from the studies was the remarkable catch-up that these children made following their adoption. This is summarised as being due to the huge significance of the relational world of

the family and the thoughtful and creative ways that the adoptive parents discovered in addressing the challenges that these children faced. This includes the way that the adoptive parents engaged with professionals to identify solutions to a range of complex issues. The specific circumstances of the experience of these children in institutions and the deprivation-specific syndrome identified in the studies as quasi-autism, disinhibited attachment, cognitive impairment and inattention/overactivity is difficult to compare with the developmental consequences of maltreatment.

It is not that issues of autism, attachment, cognitive impairment and ADHD are unfamiliar for these children, but that the issues for the Romanian children did not result from the direct experience of poor parental care, as this was largely absent. It should also be noted that adoption support was barely acknowledged as a core part of the adoption arrangement as it is today. It is also important to note that the evidence of the support that was provided did not rely on what might be described as a single strategy or approach. A further issue of significance is that the studies did not identify that the variations between the adoptive families accounted for the differences in the developmental progress that the children made, as much as that the family environment was significant. It is noted at this point that the adopters were assessed as being suitable to adopt in being likely to provide sufficient quality of care over time without there being any identified significant risk factors. Over the longer term, once a child has been placed, the studies strongly indicate that early institutional deprivation and the serious developmental consequences that can result need to be seen for what they are and not explained by an assumption that the problem rests with the quality of parenting and care provided by the adoptive parents. It should be noted that despite the significant challenge of parenting these children, only one placement was identified as having disrupted.

The international comparisons of the models of preparation, assessment and approval outlined above raise some significant questions. A significant amount of time and effort has been put into the design and delivery of these models. There are other models set out in the literature that describe the process as they are seen to work in those countries. This often reflects the fact that the framework for adoption is very different in different countries. In the United States, adoption addresses several issues:

- Adoption is used to provide a route out of care where maltreatment means that the child cannot return to live with their birth parents. This was driven by a fundamental change in perspective summarised by Senator Chafee as 'We will not continue the current system of always putting the needs and rights of the biological parents first...It's time we recognise that some families simply cannot and should not be kept together.' As a result, the Adoption and Safe Families Act 1997: 'Requires that States move to terminate parental rights for children who have been in Foster Care for 15 out of the last 22 months.' As such, this is a measure of time in deciding on the plan for the child. And as such, this is very different to England, as it is not a measure of significant harm and the evaluation that the plan for adoption meets the criteria of 'where nothing else will do' as it is in England.
- Adoption is used where birth mothers express their wish that they cannot provide care for their child and want their child to be placed for adoption with their legal consent.
- Adopting a child from a different country.

The adoption agencies that deliver these services are governed by legislation and freedoms that result in several models or approaches to preparation, assessment and approval. This is also the case in other countries. There are no European countries that allow adoption to be used for children in care. But international adoption is prominent, with varying rates in the use of in-country adoption by consent. That is largely the case for most countries with many being 'outbound' – the placement of child nationals for adoption. As such, adoption placement processes are mostly governed by the

Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (or Hague Adoption Convention).

In exploring the international literature, time and time again a wide range of approaches are described, but they often do not add to a model as such, as described in England, the United States and the Netherlands. It is not that there is nothing to be learned, but that is not the same as having access to a fully articulated model that has become embedded and required in practice. This has come to influence and inform our views about the question below (as set out in the contract).

Use of panels

We have been unable to identify any other country that uses panels to scrutinise and recommend approvals in the same way as the UK though there are examples of Panels being used in the matching process.

In the United States, the Home Study Report and paperwork are submitted to the 'Department Licensing Worker' for approval and Adoption Notice of Decision to be issued. In the majority of States there is no panel involvement, although some (e.g. Washington) use a 'Selection Committee' or form of panel for agreement for consideration of the match. Several families are considered for one child at the panel. If the Social worker does not agree with the committee's recommendation, they can seek the approval of their supervisor to override the decision.

Matching in Portugal is proposed by the agency of the geographical area of the child to be adopted. The agency discloses information about the child to all the other agencies (of which there are 23) who then propose any prospective ideal matches. These proposals are analysed by the first agency and are placed in order of suitability. The first three are then proposed to a national council who makes the last decision. The child is then presented to the first choice family.

In the recent Evaluation of RAA report (Lewis and Selwyn, Oct 2021), adopters spoke positively about their experiences, describing panel as friendly and welcoming. A minority of adopters found the experience intimidating or were not well prepared for questions that could have been anticipated by their worker.

Which methods and approaches have been utilised to determine the quality of care adopters are able to provide to meet the needs of children with a plan for adoption? This should include consideration of trauma informed approaches.

Simple descriptions of the applicant's history, characteristics and circumstances are not enough. The key assessment task is to analyse the mass of descriptive content generated during the assessment process, including potentially the prospective carer's attachment history and current attachment style. In the majority of countries, the only eligibility criteria stipulated in law for those wanting to become adoptive parents are the applicant's age, good health, residency requirement and a lack of criminal offences. In reality, a meaningful assessment is much more than this.

'An analytical approach should be evident from the start of the assessment' (Beesley, 2010). The CoramBAAF Prospective Adopter's Report (PAR) was updated to include more sections that enabled analysis, supporting the view that reflective practice is a core part of an assessment. The importance

of the relationship between the assessing social worker and the prospective adoptive parent is fundamental.

Expectations, preferences and capacities are not fixed but dynamic, in response to the current and emerging context within which an individual finds themselves. As the adoption applicants might not have any direct experience of child-care or parenting, judgements about future parenting have to be potential rather than observed (Selwyn, 2014) Beesley (2010) recognises that parenting capacity develops alongside parenting the child. The challenge for the assessing social worker in many cases is in being able to reasonably predict parenting capacity in relation to a hypothetical child or children.

All home studies ask about support of family and friends and the likely support prospective adopters can expect. However, Selwyn (2006, p.54) found that support can melt away when children's behavior becomes challenging. Home studies must therefore identify and evaluate available sources of support – school/CAMHS/specialist support services. A lack of available support and resources can lead to increased stress and potential placement breakdown. Surprisingly, many home studies/assessments do not examine the applicant's environmental context. Asking applicants to explore what resources are available in their area, and what they or others might do to address any gaps in provision during the assessment process, can help in both preparation and recognition that they will need ongoing support, and can also help to identify resources locally.

Alper (2017) argues that an over-emphasis on checklists and a devaluing of the relationship between assessing social worker and the prospective adoptive parent can limit the quality, depth and potential usefulness of assessments.

The Department for Education's Evidence Review of Fostering (2017) stated that 'There is no evidence from the reviewed literature that the use of tools designed to support the assessment of potential foster carers is linked with better placement outcomes. However, assessment tools may have a role if not used in isolation or as the sole predictor. Several interviewees in local authorities said that workloads and a shortage of experienced social workers led to a backlog of assessments that slowed down the rate at which potential foster carers would be appointed. Other studies have identified complaints from applicants about delays and excessive paperwork, as well as feedback on the intrusive nature of the process. Recent research has also highlighted complaints from applicants that, for example, too much attention was focused on their relationships with previous partners and insufficient attention paid to their ability to care for a child. While some intrusion is inevitable, it is important to explain to applicants why it is necessary.'

Relational aspects of the assessment process

In the 1980s, high profile child protection enquiries encouraged a more defensive style of practice. There was a move away from relationship-based practice to SW practice, in which practitioners worked alongside people and sought to understand situations from their perspective. The splitting of social work teams into specialisms further decreased the significance of relational social work. There was a move from relationship-based assessments to guidelines and checklists. Recently, there has been criticism that the focus is on process recording and not enough analysis, in common with the assessment process in both the Netherlands and the United States.

The two stage process introduced in 2013 in England aimed to greatly reduce timescales. Alper (2017) describes the timescales as 'hugely challenging...Relationships building trust, insight and understanding, require more than four months.' Rushed assessments impact on decision making about matching and support provision, with consequential increased risk of placement disruptions.' Alper goes on to argue that 'over emphasis on checklists and a devaluing of the relationship

between the assessing social worker and the prospective parent can limit the quality, depth and potential usefulness of assessments.'

'In order to assess whether a person has the capacity to adopt, foster or be a kinship carer, you have to really understand them' (Alper, 2017). The relationship between social worker and parent is key to the quality of the assessment. As timescales are reduced, the skills of the social worker become more and more important. Having the same social worker allocated through the whole process of stages 1 and 2 allows a longer period of time to develop a relationship and really get to know the individual applicants. It also allows the social worker to evidence how the person changes and develops during the process as they learn about the children who have suffered developmental trauma and the parenting they require.

Jakhara (2018) acknowledges the 'significant power imbalance between prospective adopters and social workers during the assessment that has a life changing impact on the adopters'. The approach of the professionals can have a significant impact on enabling individuals to trust and disclose personal information. At the early stage of application, Jakhara found that 88.6% of applicants were trusting of professionals.

'However co-operative the relationship between applicants and social workers should ideally be, the final responsibility for the future safety and care of children lies with the professional staff. Their role in investigating applicants' safety as future parents or carers, through assessing their background and parenting capacity, confers a massive responsibility – a responsibility which cannot be dodged, or camouflaged by a friendly relationship' (Cousins 2010).

'Research suggests that during a matching process prospective adoptive parents are acutely sensitive and could be considered as...whole new kinetic being[s], both viscous and porous to sensation. These are findings which resonant with large scale studies of family practices and maternal becoming.'

Matching is a relational process and the high levels of stress experienced by prospective adopters and children were also reported by foster carers, their families and social workers.'

'Luckock *et al.* (2017) found that prospective adoptive parents reported a sense of abandonment as their agency progressed the adopter-led matching agenda. Notions of adopter empowerment are thus highly problematic in the context of matching; ignoring both the complexity and delicacy of this collaborative process *and* the highly conflictual context through which the process of adoptive family formation takes place.'

Recent evaluation of RAAs (Lewis and Selwyn, Oct 2021) found that 'adoptive parents did not always feel supported at key points in their journey such as at panel, during introductions or when the child was first placed'. Additional support may need to be planned to compensate if their own social worker is unavailable.

Theoretically, political and organisational pressures to reduce timescales can suggest that speed equals better outcomes. While there is very clear evidence that the younger the child at placement, the better the outcomes, this needs to be set alongside the recognition that being detailed and thorough, thoughtful and insightful play a very significant part in establishing the best of opportunities for the child and adopters.

Trauma informed approaches

Children in need of permanent homes have experienced a range of experiences that put them at risk, and they develop ways of responding to those risks. Complex trauma is a concept that recognises the consequences for children across many areas of their development. This can include exposure to multiple traumatic events – the impact of which can be both immediate and longer term. The sense of being unconditionally loved provides the basis for the development of a healthy relational environment which enhances the possibility of creating a pathway to recovery.

Children removed from their birth family having experienced developmental trauma face a significant challenge in being able to positively respond to sensitive adoptive parenting unless they are provided with therapeutic parenting over an extended period of time (Gould, 2017). Developmental trauma has pervasive and long-lasting consequences that impact on a wide range of bodily functions – physical, emotional, cognitive, behavioural and relational (Hughes, 2017). Children whose early experiences include high levels of insecurity and stress will adapt to these experiences in the way in which they engage with the world around them and the attachment patterns that they adopt. It is therefore essential that prospective adopters can fully understand and explore these issues and, in turn, develop an approach to therapeutic parenting. This is a core component of the preparation and assessment process.

To think about the qualities needed for parenting traumatised children, Gould (in Alper and Howe, 2017) proposes a model for thinking about parenting stress in both adoptive parents and foster carers.

- Attachment, emotional and behaviour difficulties are more likely in adopted and fostered children and make parenting stress a vulnerability for parents of these children.
- Parenting stress is highly relevant to fostering and adoption, although the determining factors of the cause of this stress may differ (more research is needed).
- How stress is managed in relationships now may be an important area to consider when predicating how well prospective parents may manage stressful relationships with their children in the future.
- Parenting stress for adoptive parents and foster carers is associated with a negative change in behavior and thinking towards the child.
- Mindfulness and compassion might buffer the risk of parenting stress for prospective adoptive parents and foster carers, but more research is needed.
- Self-compassion and compassion for others may be important when understanding parenting stress, resilience, and openness to help.
- Adoptive parents and foster carers who can see how their behaviour can be changed by their relationship with their child are just as likely to be open to help for themselves and not just their child.

Gould suggests that the qualities required when parenting developmentally traumatised children are as follows:

- A resilient sense of self.
- Ability to create a secure base.
- Ability to build sensitive, responsive and thoughtful relationships.
- Ability to sensitively understand emotional drivers of difficult behaviour.

Details of how to assess these in prospective adoptive parents are suggested, along with areas that require further research, for example, to assess whether prospective adoptive parents have the qualities needed for a resilient sense of self. Gould suggests:

- Observing the capacity for and examples of reflective functioning. Explore significant experiences where the past has helpfully or unhelpfully influenced current relationships. Are the applicant/s open to thinking about the impact of significant life events upon themselves?
- Observing what happens in response to stress. Does the applicant remain in an explorative state of mind or become reactive and defensive?
- Can they be positively mind-minded and use PACE when with children – for example, in a nursery placement, with their nephews and nieces or with children of friends?
- Ask the potential parent to relate simple incidents with others – notice mentalising language (referring to the mind of the child) and capacity to be curious, empathic and accepting. Can they talk about other person's experience of them?
- Do they have a sense of fun in relationships or is humour used to express criticism?

Gould concludes that parenting traumatised children is highly stressful, not least because being parented has become the primary trigger for the child's fear. As the children become resistant to being parented, adoptive parents can find themselves experiencing significant doubts about their ability or their capacity to parent. Research has increased our understanding of parenting stress and resilience, which can inform the assessment of prospective adopters.

Hughes (2017) suggests that 'what adopters, and assessors of, often overlook is that parenting a child who does not trust, who rejects the comfort and joy, guidance and daily care on offer, will require them to call upon everything they ever learned about parenting from their own parents'. Caring for such a child will place great stress on the adoptive parent's own attachment patterns formed years before. If the adopter's own attachment patterns were insecure or disorganised as a child, then they are at risk of having significant weakness in caregiving patterns, as good caregiving involves the same regions and systems of the brain.

Adult attachment interviews (AAI) and attachment-style interviews (ASI) produce an evidenced profile of the applicant's pattern of responding to relationships that will be triggered when that adult takes on the care of a child. The AAI uses qualitative features of the adult's narrative to evaluate the adult's self-reports. A rating of attachment classification is made based on the coherence and balance of the adult's narrative. Although the AAI has had been validated in research studies, it is rarely used in adopter assessment. The Attachment Style Interview for Adoption and Fostering (ASI-AF) (Bifulco *et al*, 2008) has a similar focus on relationships and gives information about support networks as well as attachment style. Although a few RAAs use ASI routinely in assessing prospective adopters (One Adoption West Yorkshire, for example), and some may use a modified version, it is not used uniformly across all agencies, with the training costs required precluding its wider use.

Workers require training, validation and support before they can use the AAI or the ASI-AF, and as a result agencies are often reluctant to invest. Interpretation can sometimes be difficult. Quinton (2012) found that workers reported they liked both types of measure, but as yet there is no evidence for their role in matching or predictive capability.

In assessing whether a potential adoptive parent has attachment patterns that will provide them with strengths to raise a child who is presenting pervasive, developmental challenges, it is therefore crucial that the assessor understands as fully as possible the adoptive parent's own attachment history (Hughes, in Alper and Howe, 2017).

Hughes (2017) suggests that the following questions be used to assess attachment patterns of prospective adopters:

- What were the characteristics of the parent's relationship with her parents? Communication patterns, conflicts, joint activities and interests? Was warmth and closeness openly communicated? Were there differences in the relationship that the parent had with either of their parents?
- What was the nature of discipline? Did it seem harsh and inconsistent, did each parent have a similar approach? Was physical discipline employed and was it frequent or severe? Was relationship withdrawal employed? If so, for how long?
- When the parent as a child experienced distress, was she able to successfully turn to her parents for comfort and support? If not, how did her parents respond when she showed signs of distress?
- When there was active conflict? How did it end? Was the relationship actively repaired by the parent shortly after the conflict? What was the nature of the repair?
- How were emotions expressed within the family? Were members of the family able to safely express anger, sadness, fear, joy, pride, shame and love?
- What was the nature of the childhood family's religious and cultural beliefs, values and practices? Are these important to the applicant now? If not, what has replaced them?

Specific examples should be sought of what the parent is describing along with the emotions involved in relating the events. For example, are the events hard to relate, provoke anger or upset? Hughes describes how the way in which a parent speaks of the past can be interpreted, and the implications for their potential caregiving. Exploration of past relationship history, including early attachment experience, is an important part of the assessment process. However, it is not the relationship itself, but how far the adult has been able to reflect and process this either good/bad – are they able to reflect on how it may have influenced the person they have become? 'Able to do this' means it becomes integrated – and they are able to function without it taking them back to the old struggles.

Hughes also suggests a model for assessing a parent's readiness and ability to maintain PACE (Playfulness, Acceptance, Curiosity and Empathy) (Goulding and Hughes, 2012; Hughes, 2009). Assessing an applicant's openness and willingness to engage in these discussions is likely to give some indication about their motivation to integrate PACE into their future parenting. Curiosity about the concept is likely to indicate an eagerness to learn something new apart from behavioral consequences. Displaying empathy for the child when learning about how fear and shame are likely to underlie difficult behaviours indicates that they are more likely to be able to empathise with their child in the future.

Many of these cues are perceived as non-verbal, including defensiveness. The professional needs to be able to pick up on these cues, which could be contrary to what is being said verbally. This reiterates the need for the assessor to be able to develop a safe and sensitive relationship with the applicant that allows uncomfortable issues to be explored without creating unmanageable levels of anxiety or threat.

Hughes goes on to outline questions useful in understanding a couple's relationship, as indicators of whether a parent is likely to be able to demonstrate PACE with their child, including:

- Do the couple openly demonstrate and express warmth and affection for each other?
- Are the couple able to accept and discuss differences of opinion?
- When the couple have had a conflict, were they able to address it without attacking each other, communicating a confidence that the relationship is strong enough to handle difference?

- Do the couple demonstrate an interest in and commitment to understanding the experience of each other without judgement and criticism?
- Is each partner, in turn, able to give and receive comfort and support when either one of them is experiencing distress?

The suggestion is that these are explored through asking how each other perceives them, but also through asking for recent examples that demonstrate them.

The Tavistock model

The Tavistock Model of Relationship Evaluation has developed over some 70 years. The model has developed into a specific psychoanalytical theoretical and clinical approach. The model sets out the complex unconscious interplay between two people in a relationship, the potential underlying reasons, including conflicts, anxieties and defenses, and how these interact with their partner in their relationship (Morgan, 2019).

The three strands of the model are as follows:

- The influence of the past on the relationship.
- The nature of the relationship developmentally and dynamically in the present.
- The potential for the relationship into the future.

Central to the Tavistock Relationship Model is the concept of the 'couple state of mind', and Morgan (2019) details these three concepts and how they inform the Tavistock model: 'Psychoanalytical couple theory takes as its focus not only what each other partner brings from the past to the present relationship, but the new and unpredicted ways in which their separate inner worlds impact on the other in the present.'

Key elements of psychoanalytical couple assessment are explored, along with chapters on transference and countertransference, projective identification and narcissism. The couple's psychic development, sex, gender and sexualities are also explored, along with interpretation and endings.

Professionals working in couple counselling are specialist therapists holding clinical qualifications in Couple Psychoanalytical Psychotherapy (a course lasting three-four Years). It is very unlikely that the model could be integrated into the adopter assessment process. But the insight that the model sets out is significant in moving beyond the common focus on the individual applicant to the couple applicants.

How ability to provide quality of care is determined

'Assessment is a skilled job – it is not a case of writing down what applicants say and filling in forms. All the information about people's background, lifestyle, personality, attitudes, skills and relationships has to be sifted, evaluated and analysed. Ultimately a judgment is reached solely on whether the applicants can do the job of looking after someone else's child, not on whether they live traditional or unconventional lifestyles or hold minority opinions' (Cousins, 2010). It is critical therefore that the assessor has the skills and experience to carry out this highly sensitive and complex task.

To determine whether a prospective adopter has the potential capacity to care for an adopted child, the assessor needs to develop an effective and trusting relationship and alongside this use tools that help better understand both a person's reflective functioning and their ability to manage stress.

The capacity to parent is determined by a range of psychosocial factors, but that capacity is not fixed (Alper and Howe, 2017, p.54). Measurement of coping resources will be more predictive of reactions than the measurement of demands. Most assessments currently assess coping responses rather than coping resources.

Rushton (2004) suggests various factors as positive indicators of successful placements: 'child centeredness, warmth, consistency, flexibility, tenacity, a sense of humour, a capacity to reflect on problems and their origins. Presence of certain key parenting qualities is only part of the contribution to the success of an adoption or foster placement. Without the support families need, these qualities on their own are not enough.'

As our understanding of the need for post-adoption support has increased, and our knowledge of what helps children with developmental trauma has expanded, the qualities that help adoptive parents access and accept support post-placement and potentially long term, needs to be addressed in the assessment.

'A quality of openness to help and the capacity to see how their own needs may impact on their relationship with their child, both in behaviour and in mind, are likely to be important when assessing for resilience in adopters' (Golding and Gurney-Smith, in Alper and Howe, 2017).

Comment on the length of the preparation and assessment processes and the qualifications/professions of those working with prospective adopters and foster carers

To maximise the opportunities that adoption brings for the child, it is essential that adopters are sufficiently resourced across a wide range of factors. Without these resources, adopters can become highly stressed by the demands placed on them (Nash and Flynn, 2016).

Pre-adoption training should include information about a range of child development issues:

- mental health, medical, and developmental issues that may arise as a result of risk factors such as genetic inheritance, prenatal substance exposure, maltreatment, trauma, and experiences in foster care;
- normative dynamics and issues in adoption, including loss and grief, resulting from separation from significant adults and/or children – foster carers, brothers and sisters, and other birth family members;
- identity issues that arise from their history and heritage; understanding how children process their adoption story at different ages; the impact on other children in the family; and the influence of ethnic, cultural, religious and language differences;
- parenting strategies that facilitate the care and development of children who have experienced trauma and loss, promote attachment.;
- managing relationships with the birth family;
- bias and stigma that impact on adoptive families, e.g., single parents, LGBTQ+ parents, parents from black and minority backgrounds.

Child-specific preparation should include:

- full disclosure of all available information about the child's development and characteristics; biopsychosocial history, trauma, placement experiences; past or current physical,

developmental milestones; specific diagnosed conditions; risk factors or genetic conditions in the birth family;

- supplemental information and discussion to assist the parent to understand the short- and long-term implications of specific conditions and risk factors; the limitations of predicting outcomes for a specific child; the potential impact of high-quality care in optimising outcomes; and specific strategies for assisting the child (Teska, 2018).

To some extent, all the preparation training methods or preparation/training courses we have looked at during our search cover these aspects. As understanding of the developmental consequences for those children who have suffered abuse, neglect and trauma, and their likely parenting needs, has evolved, we need to further develop the preparation and assessment of prospective adopters to include an expectation of ongoing support needs. Interestingly, Jakhara (2018) found in his study of approved adopters' experiences that 'instead of the training and assessment enabling adopters to work with children that may have experienced such traumatic issues, it appears to simply deter them from accepting these children.'

Alper and Howe (2017) suggest that the assessment process has the potential to provide so much more than just a completed Prospective Adopter's Report to assist in decisions regarding approval and matching. 'The assessment is only a small part of the adoption journey. The value in the assessment process is therefore not solely its conclusion, but the relationships that it has created, the positive messages that are a part of that relationship and the opportunities and understanding along the way.' Lewis and Selwyn (2021) suggest that 'agencies could consider a revised document co-created with the adopters for the linking/matching processes.'

The role of other adopters

Cousins' 'Pushing the Boundaries of Assessment' (2010) was born out of a project named 'Find Me a Family', which focused on addressing the well documented mismatch between adopters and the children needing adoptive families. This continues to be a vexed set of issues over 10 years on. In 2010, Cousins stated that 'the greater involvement of the applicants has to some extent democratised this process: applicants are helped to understand how their own strengths and potential might be developed to match the needs of children in care and, eventually, one (two or three) specific children'. What was termed the 'empowerment model' was developed as a result. The project developed a number of exercises to enable assessors to learn about adoption applicants, but also to enable applicants to learn about themselves during the process. Stress tests, trial parenting, teenage adoption panel, and 'tailor-made experience' (children with specific needs) all provided unique and different ways of preparing prospective adopters.

The United States

The United States has recently developed a national curriculum for prospective adopters and foster carers. To provide foster and adoptive parents with the training, knowledge and ongoing skills they need to effectively parent children whom they foster and/or adopt, the Children's Bureau awarded a grant to Spaulding for Children to develop the National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents. The curriculum is in development and will be pilot tested and evaluated in various States and a Tribal community. The final curriculum will be available for free across the United States in 2022 (<https://ntdcportal.org/>).

The curriculum has been developed to provide approximately 27 hours of preparation. It is composed of a self-assessment tool that is completed prior to and after the classroom learning, classroom-based training, and 'right time training'. This final component provides ongoing learning

and skill development for participants by providing additional themes that are not covered in the classroom-based training.

The classroom training includes both online exercises and in-person events. Content builds upon 19 themes that were determined to be essential for families who want to foster or adopt. There are four additional themes that are specific to one of NTDC's target population. Each theme involves one to two hours of classroom instruction plus 30 minutes of prework which families complete outside of the classroom.

The prework consists of a podcast and sometimes an additional article or video. It is designed to provide parents with a basic understanding of the material that will be covered in the classroom. Characteristics of successful foster carers and adoptive parents that are included in the self-assessment are also highlighted in each theme and align with the assessment, which allows social workers to re-visit, expand or combine parts of the curriculum when working with applicants.

PRIDE

PRIDE (Parent Resource Information Development and Education; Child Welfare League of America, 1993; Illinois Department of Children and Family Services, 1993) is a standardised program for foster carer and adoptive parent recruitment, preparation and selection. PRIDE has both pre-service and in-service components. The PRIDE pre-service training is delivered in 27 hours (nine weekly sessions, each comprising three hours) and is co-led by a child welfare worker (social worker) and an experienced resource parent, both of whom would have attended a three-day workshop for PRIDE trainers. The content of the pre-service PRIDE sessions includes an orientation to the child welfare system, permanency planning, the impact of maltreatment, attachment, loss, maintaining children's relationships with their birth families, teamwork, authoritative parenting, discipline, child development, placement challenges, and the impact of fostering on the family. In some courses, a tenth session is held to allow participants to socialise.

Evaluation of PRIDE employed in Canada looked at 174 participants in Ontario (Nash and Flynn, 2016). Examination of the training process showed that the participants were highly satisfied with the training and rated it as being of high quality. The participants experienced a large pre-test–post-test mean gain on the total score of the primary outcome measure, knowledge of the PRIDE competencies taught by the program. Training quality was a positive and statistically significant predictor of both gains in knowledge of the PRIDE competencies and satisfaction with training.

No variables were found to be predictive of dropping out, perhaps because the dropout rate was low (8.6%). The fidelity of the training was high in the eyes of the participants, as well as in the judgement of JN and the CAS staff trainers and directors of training. Participants' level of personal engagement in the training was also high. Female gender, older age, greater pre-training parenting experience and higher pre-test 'Motivation to adopt children in care' all predicted a more positive view by participants of the quality of training which, in turn, was the only variable predictive of participants' satisfaction with their training. Greater motivation to adopt children in care at the post-test was predicted by greater motivation to adopt at the pre-test, higher income, adoptive parent type, training with another adult, and higher training quality.

As a final consideration, there have been a variety of issues raised that rate the increase in emotional and behavioural disturbance (e.g. Barber and Delfabbro, 2004). In consequence, concern has been expressed as to whether pre-service PRIDE training can adequately address and improve carers' level of skill in managing children's complex needs. Rork and McNeil (2011) asserted that pre-service PRIDE focuses on providing knowledge of the child welfare system and resource parenting, but not on shaping the skills needed to effectively manage children's behaviour. Similarly, Dorsey *et*

al (2008) noted that while the PRIDE knowledge competencies are needed to orient resource parents to their role, these competencies are only a first step and insufficient to enable resource parents to care effectively for a looked after child in their home. Both Rork and McNeil (2011) and Dorsey *et al* (2008) called for greater attention to empirically-supported treatments that focus more specifically on skill-based training for resource parents. Training that seeks to prepare resource parents to improve outcomes for children is thus likely to need to include a strong focus on in-service and not only pre-service training. Research on in-service training will thus be a required component of future studies on resource parent training (Nash and Flynn, 2016).

Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting (TIPS-MAPP)

TIPS-MAPP is a comprehensive pre-service program for foster carers and adoptive parents used by agencies in the United States and Canada (<http://gomapp.com>). The MAPP curriculum emphasises teamwork and partnership with birth parents and is used as an alternative to the PRIDE method detailed above. A one-on-one version, Deciding Together (DT) can be utilised with parents who are unable to attend group sessions.

Use of virtual reality (VR) in training

PwC Emerging Technology completed a study in the United States comparing the use of virtual reality (VR) with classroom and e-learning to test whether VR would be as effective for training leadership, soft skills or other human-to-human interactions and whether there were any advantages over traditional classroom or e-learning methods. PwC specialises in management training.

Selected employees from a group of new managers took the same training (between February 2019 and January 2020) in one of the three following settings:

- classroom
- e-learn
- v-learn

A pre-assessment was undertaken, which evaluated the ability to make inclusive leadership decisions before taking any course.

A post-assessment was undertaken, which evaluated the ability to make inclusive leadership decisions after taking their assigned course.

A retention assessment, which evaluated the ability to make inclusive leadership decisions 30 days after taking their assigned course.

V-learners were found to complete the training quicker. Because it allows practice of 'soft skills' such as communication in an immersive, low stress environment, learners were more confident in applying what they are taught.

V-learners felt 3.75 times more emotionally connected to the content than classroom learners, and 2.3 times more connected than e-learners. Three-quarters of learners surveyed said that during the VR course on diversity and inclusion, they had a wake-up-call moment and realised that they were not as inclusive as they thought they were.

The report concluded: 'V-learn, the ability to use virtual reality to train skills, is more effective at training soft skills concepts than classroom and e-learn training modalities. Learners are more confident, less distracted, have a stronger emotional connection, and when deployed to enough learners, v-learn for soft skills training can be more cost-effective than classroom or e-learning modalities' (PwC, 2020).

In the UK, Cornerstone Partnership's (now Anster) Virtual Reality Programme (CVR) aimed to improve outcomes for children in care and children who have experienced attachment-related trauma. The study piloted the use of virtual reality training for adopters, foster carers and social workers. Scenarios showing the child's experience of abuse and neglect allowed accelerated learning and understanding of the needs of children in or from the care system when compared to similar training without the use of VR content. Through the use of 360° immersive films and VR headsets, the training and recruitment model for adoption and fostering allowed parents and carers to experience life from the perspective of the child. The use of VR in the assessment process also allows opportunities to examine prospective adopters'/foster carers' authentic responses to the 'real' scenarios shown within the VR content.

Preliminary evaluation found that using the VR programme achieved a positive impact in the following ways:

- improved understanding of trauma and children's emotions;
- skills and knowledge to enable quicker decision-making;
- the potential to improve placement stability;
- changes in the type of support offered to children and carers;
- help in the recruitment of adopters and foster carers.

This VR technology has been adopted by a number of local authorities and fostering services in the UK and internationally, including by Key Assets in Canada.

Timescales of assessment process and preparation

The United States

In the United States, the home study takes three-six months. In California, preparing adoptive parents is a two-part process consisting of educating prospective adoptive parents about the adoption process and the many issues that are core to adoption. Following adopters being matched with a child, child-specific information, training and support is provided to the adopters rather than generic training. One of the criticisms of preparation training in England is that it is hard to make the link between the training received to a specific child.

The Netherlands

The assessment process in the Netherlands is expected to take three-five months. The assessment consists of a Home Study Manual and a home study report. In addition, there are two guides/instructions – one on background material for screening, and a specialised manual for assessment of those adopting a child with special needs. The framework of risk and protective factors (Stroobants *et al*, 2011) is based on research and guides the assessment process. The model incorporates additional tasks associated with adoption. It is largely ecological in its perspective, examining risks and protective factors in the parents, family and environment.

The framework includes characteristics, motivation, personality and skills, beliefs and expectations about adoption, parenting and the child, life events, marital relationship, response to childlessness

and loss, and family and environmental characteristics and is therefore very in line with the UK's Prospective Adopter's Report (PAR). The difference between them is the emphasis on the identification of risk and protective factors for each of these elements:

- *Protective factors* are defined as: an ability to adjust expectations, cope with the child's history and an ability to help the child cope with the facts. Differences are acknowledged and considered.
- *Risk factors* are a belief that the child can replace a dreamt-of biological child, having an expectation of gratitude or expecting immediate unconditional attachment, an attitude of rejecting difference leaving little room for the child to become their own person.

Applicants over the age of 42 have additional questions to answer. These are scored and interpreted by a psychologist and a profile is drafted. An evaluation of the use of the measures found that the rejection rate of applicants increased by 0.5 to 7% based on these additional screenings.

Australia

The New South Wales, Australia process takes a minimum of three months, and usually three-four months. Preparation for adoption is a three stage programme. Assessors are qualified social workers or psychologists. Given that the assessment process (Stage 2 equivalent) takes around three-four months, it is likely that overall timescales for approval would be around six months.

Evaluation of preparation groups (Regional Adoption Agencies)

A specific study of adopter experience of preparation groups was undertaken by Lewis and Selwyn and published in October 2020.⁷ The adopters in the study were from five Regional Adoption Agencies (RAAs) and the evaluation explored their experience of both the preparation and training parts of the process. Questionnaires were completed after the preparation groups by 471 prospective adopters living in 255 households: a return rate of 76%. Most participants (90.5%) were of white ethnicity and in heterosexual (76%) relationships, 17% were gay/lesbian couples, 6% single females and 1% single men. Nearly one-third (32%) were already parenting a child. In addition, 30 adopters reported on their experience having moved to the assessment of their suitability.

Using a scale of 0-10, the majority when asked about their satisfaction with the content of the training marked it as 9 out of 10. Only 10 respondents (2%) expressed a view that the training had been poor with comments, for example that the training was too 'didactic', with presenters reading from their PowerPoints. They wanted more activities or asked to hear fewer 'worst case scenarios' and more positive adoption stories. Attachment theory was disliked by some and others wanted speakers to be 'more carefully monitored to ensure inappropriate language was not used or their individual experiences of adoption were not presented as the norm'.

The study includes the information gathered from telephone interviews with 30 interviewees outlining their experiences of assessment and approval. They were selected for interview as a result of expressing their interest in adopting an older child, a sibling group, a child with a disability or a child from an ethnic background different to their own. Specifically, 12 males and 18 females were interviewed, with 20 identified as a heterosexual couple, nine lesbian/gay couples, and one as a single man. Eight of the 30 interviewees were already parenting. From the sample as a whole, most were positive about the timely response they had experienced from administrative and professional staff. However, 10 interviewees reported a range of issues that were unhelpful – staff shortages, being allocated a part-time worker, not being allocated a worker or named contact during the

⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925888/The_views_and_experiences_of_prospective_adopters_in_five_regional_adoption_agencies.pdf

application procedure, or communication difficulties when workers in one office did not know who to contact in other parts of the agency.

Four interviewees reported a lack of care with their personal information, such as it being sent to the wrong person or going missing, a lack of explanation in some RAAs about how sensitive information was protected and who in the organisation had access, or a change of social worker (although this may have been helpful when the new social worker was more experienced).

Overall, the telephone interviews reported that experiences were:

| | |
|-------------------------|----|
| Overwhelmingly positive | 13 |
| Mixed | 11 |
| Negative | 6 |

The detail of these experiences are set out by Lewis and Selwyn. In summary, positive experiences focused very clearly on the skills and knowledge of the social worker to establish an appropriate level of trust, sensitivity and understanding with the prospective adopter/s throughout the process. Those with a more of a mixed experience identified a range of difficulties from delays, poor communication and bureaucracy to a lack of opportunity for self-reflection. Negative experiences often centred on a poor relationship with the social worker and included feeling disliked, misunderstood and judged, too much focus on childhood experiences, as well as motivating factors being questioned when infertility was not the primary driver. There were also specific issues raised when the prospective adopter/s were already caring for children where the issues needed further advice and support. It should also be noted that of the 14 prospective adopters interviewed, they had reported a positive experience of attending panel and were reassured by the level of scrutiny by the panel.

Overall, the balance of positive, negative and mixed factors from prospective adopter/s experiences is not surprising. Firstly, the sample size is small, although this is planned to expand into the next stage of the research project. Secondly, it is an evaluation in the context of very significant organisational change – the establishment of RAAs. Change is of itself disruptive, especially when service users are also in a process of significant change and in need of a responsive, timely, sensitive and supportive set of responses. Thirdly, the model of delivery must be compliant with the relevant Adoption Regulations. Fourthly, the delivery of the model will need to reflect the specific, individual circumstances of the applicant/s. And finally, the approval of prospective adopters is itself only the beginning of a very significant life journey.

A follow-up report to this study was published in October 2021, and noted 'The researcher's assessment was that the preparation group training on attachment theory was not applied by most adoptive parents during the introductions and early days of the child being with them.

Evaluation of Norwegian preparation groups

Evaluation of the Norwegian preparation course by Bugge Bergund (2018) found that dissatisfied adoptive parents emphasised the need for more preparation, and quality issues such as an inadequate curriculum, a negative focus, and a lack of support services. The social aspects of the course were highlighted as one of the most useful aspects by both applicants and trainers. Furthermore, prospective adoptive parents in the pre-adoption process highlighted the importance of receiving help and support from social workers in a mentoring role, rather than as assessors or controllers (Denby, Alford and Ayala, 2011).

Even though most adoptive parents were satisfied with the pre-adoption training, the perceived power inequality experienced by adoptive parents made them present themselves in a positive light to be taken into consideration for adoption. A need for post-adoption support was emphasised, in the form of a continuation of the preparation course, support group or web-based resource centre.

Materials designed to address discrimination and difference

The Government's Adoption Research Initiative (2013) included a study by Selwyn using data gathered between 2005 and 2007.⁸ The study was published under the title of 'Permanence for Black, Asian and Mixed Ethnicity Children'. While this report might be outdated, it continues to reflect the significant challenges the sector faces when it comes the placement of children from minority ethnic, cultural, religious and language backgrounds in a way that respects their identity, history and heritage. The findings from the research identify that the care pathways and outcomes for minority ethnic children indicate that they are disadvantaged compared to white children, since they are likely to wait longer for a permanent family or not to be placed at all.

The report concludes with several recommended steps:

- Target the recruitment of minority ethnic and mixed relationship adopters and foster carers who are able to consider older children, sibling groups and children with additional needs.
- Increase the national number of minority ethnic adopters who have the capacity to meet the needs of children waiting for adoption. When approved adopters cannot be found locally, prospective adopters may be available in other areas.
- Ensure that assessments of all children include detailed consideration of their background history, the stories of their parents' migration, if applicable, and their ethnic, cultural, linguistic and religious heritage as well as their current experiences.
- Promote a positive, 'can do' culture around family finding for minority ethnic children and encourage creative and flexible thinking about the range of family types that could potentially meet the needs of each child.
- Seek families approved by voluntary adoption agencies at an early stage of the family finding process to widen choice and minimise delay.

Many of these recommendations have become very familiar since they were first published. Further research on these issues was undertaken by Ridley and Wainwright⁹ and published in 2010. The specific focus of the research was an evaluation of Action for Children's 'Adoption Black Families' project, with a comparison group from Action for Children's Adoption Midlands service. Both services had a focus on the recruitment of ethnic minority adopters and the placement of ethnic minority children with those adopters. Another significant difference was that the 'Adoption Black Families' project was delivered by an all-BME staff group with focused expertise and experience of the multiple interacting factors of ethnicity, culture and religion of both prospective adoptive parents and children. One of the most significant outcomes when comparing the two services was that Adoption Black Families recruited more than four times the number of BME adopters than Adoption Midlands over the same timeframe, although Adoption Midlands had also recruited white adopters as they were required to do. The report itself presents more detail of the characteristics of the adopters as well as the timescales for completing preparation and assessment. Between 2004 and 2009, Adoption Black Families placed 98 BME children with 78 BME adopters. Adoption Midlands placed 26 BME children with 17 BME adopters. Over the same period, Adoption Midlands placed 95 children in total with 52 families. It should also be noted that the largest proportions of

⁸ <http://www.adoptionresearchinitiative.org.uk>

⁹ http://clok.uclan.ac.uk/2890/1/2890_adoption_black_families_-_full_report.pdf

children placed by both Adoption Black Families (41%) and Adoption Midlands (50%) were from dual heritage backgrounds.

It should be noted that the evaluation was undertaken prior to the development and implementation of the current model of adopter preparation, assessment and approval. However, the design of the Adoption Black Families service does clearly indicate several relevant factors:

- Recruitment practices and processes that are ethnically and culturally sensitive can make a significant difference in stimulating engagement in the process of adoption.
- When it came to the choice of adoption agency, prospective adopters identified that Adoption Black Families specialised in finding families for BME children, and that they knew its approach would offer ethnically sensitive support to prospective adopters.
- Adoption Black Families being delivered by an all-BME staff group was perceived by both staff and existing adopters to be a critical aspect of what Adoption Black Families provided. There was also some commentary from adopters from an Asian heritage about the service needing a wider understanding of Asian cultures.
- The presence of a specialist recruitment and marketing worker enhanced the opportunity for developing extensive networks that provided opportunities when targeting its recruitment campaigns.
- Local authority social workers referred children to Adoption Black Families on the basis of its focus in working exclusively with BME families, and perceived it as being successful in matching BME children with BME adopters.
- There is no detail in the evaluation that suggests that enhanced funding played a part in improving outcomes.

In conclusion, the evaluation identifies that adopters from Adoption Black Families were very clear that the service was culturally and ethnically sensitive to their needs throughout the process. The service also promoted and was explicit in delivering good outcomes for BME and dual heritage children. Children's social workers contacted the service because of its specific focus and their experience with it. What the evaluation clearly suggests is that the approach of any adoption agency needs to be driven by a deep understanding of the relevant issues when it comes to ethnicity, culture, religion and language, and that includes staffing, the materials and resources used, contact with local communities, and openness in recognising the significant challenges of racism and discriminatory policy and practice.

In 2003, another evaluation was published by Selwyn, Frazer and Fitzgerald¹⁰ with a focus on examining the barriers that inhibit black, Asian and mixed-parentage adults and those in mixed relationships coming forward to adopt. There is also a set of messages around what is known about best practice. The recommendations are:

- Promote the importance of diversity in adoption across all sectors of the service.
- Understand the demographics of your local community.
- Build a strong reputation within the community.
- Make broad ownership of 'corporate parenting' a reality across the whole local authority.
- Place children at the heart of recruitment activity.
- Understand the recruitment process from an adopter's point of view.
- Promote adoption through high-quality advertising and publicity.
- Know your current recruitment processes and attend to the detail.

¹⁰ <http://www.education.ox.ac.uk/wp-content/uploads/2019/06/Recruiting-Black-and-Mixed-Parentage-Adopters.pdf>

- Deliver high-quality assessments.
- Develop good post-adoption support.

There is a strong connection between these recommendations and those of the Ridley study. It is probably the case that the evidence and recommendations from both studies is as relevant today as they were at the time of publication. But the evidence base for the detail of how the current model of preparation, assessment and approval of adopters from minority backgrounds works is almost non-existent, including the use of any flexibilities or innovations in the use of the current model. Many of the issues remain contested, and that ranges from the detail of what a 'match' might look like, the use of primary legislation (Section 1(5) of the Adoption and Children Act) that identified core factors to be considered, the subsequent deletion of that clause, and the issues then losing the prominence they did have until very recently.

Recent evaluation of RAAs (Lewis and Selwyn, 2021) highlighted the experiences of prospective adopters of minority ethnicity. Despite the urgent need for more minority ethnic adopters, only two of six approved adopters were matched at the time of the study. They waited longer than their White counterparts.

There are further issues about the availability of adoption support services that focus on the development of the child's identity across a range of dimensions, including the experience of racism and discrimination. The Black Lives Matter campaign has more generally raised the serious, continuing issues of racism in society and that has in turn raised the importance of including the consequences of racism when it comes to children in care and the planning for children who leave care. The current adopter recruitment campaign has prioritised these issues through the development of a wide range of materials. The evidence base for impact and further delivery that results from this initiative is not, as yet, available.

Cosis-Brown *et al* (2015) looked at specific issues pertaining to the assessment of lesbian, gay, bisexual and transgender foster carers. 'A recurring theme in the literature is the value of the relationship with their assessing/supporting social worker. This is no different than for all foster carers where the social work relationship is a positive one. However, what is potentially different for LGBT carers is perceived or actual homophobia or heterosexism of their social worker, the child's social worker or child's birth family, other foster carers or other professionals working with them.'

Cosis-Brown *et al* suggest that effective social work practice with LGBT+ foster carers mirrors social work practice more widely. However, it is important that agencies are mindful of the impact of homophobia. Recommendations for policy and practice are provided, for example, diversity of panels and statements specifically encouraging applications from LGBT+ applicants.

The current adopter recruitment campaign has published a 'Muslim Adopters Toolkit' to support prospective Muslim adopters, social workers and recruitment professionals, as well as Imams and other influencers who have an interest in adoption.

Qualifications of those working with prospective adopters

Alper and Howe (2017) suggests that 'in order to assess adopters' needs, we need social workers with similar skill sets to those who want to adopt – they need to be sensitive, responsive people, aware of their own feelings and able to tune in to the needs and feelings of others'.

In the United States, assessments are completed by social workers and psychologists in both private adoption and public child welfare agencies.

In the Netherlands, assessments are carried out by child protection board workers who have all had specific adopted related training. They do, however, have access to psychologists for specific parts of the assessment process, as detailed above.

Consider how the issues around contact with the birth family are communicated in this phase

In the United States, the information about the birth family given to prospective adopters is comprehensive and detailed. The following information in written format is given to prospective adopters.

'Helping Your Adopted Children Maintain Important Relationships With Family' contents:

- Benefits of building relationships between adoptive and birth families
- What type of ongoing contact is right for your family
- Building and maintaining relationships with your child's birth family
- Using social media for contact with birth families
- Resources for more information

The Californian guidance includes the following information on 'benefits and challenges involved in open adoption'.

'The term open adoption describes a continuum of practices involving the exchange of information, communication, and in some instances ongoing contact between birth families, adoptive parents and children. In closed adoptions, no identifying information is exchanged and no contact occurs between birth parents and adoptive parents. In mediated adoptions, a third party facilitates the exchange of non-identifying information, letters, photographs and/or gifts between BPs and APs after the adoption is finalised. In fully disclosed, or open, adoptions, BPs and APs meet and exchange information at the beginning and continue to communicate over time through letters, phone calls and/or visits. Although post-adoption contact is positive in many situations, it is not always feasible or in the best interests of the child. APs should be prepared to assess the potential benefits and risks of contact given their child's situation and feel comfortable navigating contact and setting appropriate boundaries.'

In New South Wales, Australia, there is an expectation of a 'required' level of contact, including referring to indirect contact as 'open adoption'.

The Adoption Legislation Amendment (Integrated Birth Certificates) Act 2020 enables an Integrated Birth Certificate (IBC) to be issued to adopted persons in New South Wales. The Integrated Birth Certificate gives details of an individual's birth name, birth parents, siblings and half siblings alongside that of their adoptive parents and name. Information is given to prospective adopters during preparation about the Integrated Birth Certificate in the form of a guidance note.

For many countries, the primary model of inter-country adoption determines the way in which contact with the birth family and country of origin is seen and delivered.

Further research – what we do not know

The large amount of material accessed by our search does not establish a strong evidence basis when it comes to the impact and outcome of the adoption preparation, assessment and approval basis. The standard approach to producing research evidence might typically require identifying the relevant outcomes, and then trialling those adopters who are subject to the current model, or when testing an alternative model, those who are subject to that model. There is no identifiable research of using this methodology. There are a range of studies that explore children's developmental outcomes or other outcomes, such as adoption disruption, and while the adoption preparation and assessment process may have been a part of this, it will not be a part of the measures used in the study.

At the same time, the research evidence for adoption outcomes is on the side of being very positive when it comes to the stability of placements or child developmental outcomes. That is not to underestimate the challenges faced by the child or the adopters. Many of these issues have been identified above.

Further research is needed to understand the origins of parenting stress, the impact it can have on the parent-child relationship, and what interventions might help.

Processes identified in our search that could potentially be trialed in the UK

- Integrated birth certificates – a significant issue requiring changes in the law and policy, and that would be very likely to be a contested and complex process.
- Further exploration and evaluation of the use of the Adult Attachment Interview and Attachment Style Interview.
- Testing the SAFE questionnaire to provide additional information alongside the current PAR.
- Approved adopters gaining direct child care experience in providing respite placements as foster carers after approval and prior to matching.
- Further integration of an adoption support focus into the assessment and preparation process.
- The development and delivery of materials that integrate our knowledge of attachment and complex developmental trauma.
- The testing of the National Training and Development Curriculum, which is in the process of being established in the United States. Establishing an equivalent in England would provide a standardised model for preparation courses and would serve to calibrate the standards of training offered to prospective adopters, foster carers, kinship carers and special guardians. It would also allow for the areas identified as lacking in current preparation to be introduced and developed with a further development of training for approved adopters.
- Feedback from adopters in the recently published evaluation of RAAs (Lewis and Selwyn, 2021) suggests that matching remains an area around which there is potentially the need for further work. Adopters found the waiting time to be difficult, and a difficult process. The use of LinkMaker can be problematic, and not all adopters wanted to find profiles of children themselves. Adopters from minority ethnic backgrounds waited longer than White adopters, despite the urgent need for adopters from ethnic minority backgrounds.
- Data in Jakhara's 2018 study suggest that some participants may have been willing to consider larger sibling groups if effective financial support arrangements were in place.

Conclusion and recommendations

Assessors need to ensure that prospective adopters are given information about and come to understand the best of what we know about adoption today, and the wide range of issues that

impact on and determine the adoption journey. This would strengthen an understanding of the drivers that underpin preparation, assessment and approval. Learning about developmental trauma at the very beginning of the process would help applicants understand why certain qualities are required. Prospective adoptive parents need to be supported to understand not only the complex range of difficulties that children bring with them, but also the potential impact these can have on them as parents. The development of a national training resource/curriculum for adopters, foster carers and kinship carers would be a significant step in providing across the board, uniform information and training. The use of new technologies such as VR offer the potential for delivering training that not only increases adopters' understanding but that potentially allows a different way of adding to the assessment.

Looking at timescales, the current two stage process in England can be seen to be in line with assessment timescales internationally. Where there are delays and interruptions, these need to be explored and addressed, taking into account the local issues. The complexity of the assessment task, and the relational nature of the process, mean that any further reduction in the already demanding timescales would mean a risk of lower quality of assessment and potential for increased placement breakdown in the future.

As outlined in the introduction, children requiring permanence through adoption have increasingly complex additional needs. It follows, therefore, that the demands of parenting these children are likely to increase. The sector owes it to prospective adopters to thoroughly assess and prepare them and provide them with ongoing support. The children whose plan is adoption are some of the most vulnerable in our society and we must ensure that their need for a stable family life with unconditional support and love is at the centre of all decisions we make about the approval and support process.

'Whatever the model used, the skill of the social worker in shaping expectations, working with the applicants in enabling them to consider their capacities, drawing out the issues of concerns and analysing a mass of sometimes contradictory information remains fundamental to the assessment task' (Selwyn, in Alper and Howe, 2017).

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