

Ground rules



- Disagree with an idea or viewpoint – not with the person.
- Always treat others with respect.
- What you hear in the training room should remain confidential and is not to be shared with anyone else. The exception to this would be if a child protection issue comes to light. In such a case, the information should be shared with the trainer.
- Trainers will also keep information confidential unless it is to be shared with the assessing social worker as part of the assessment process. There will be feedback to inform the assessment, particularly in Stage Two. Trainers should make it clear how this works and what kind of information they might pass on. Feedback will be shared openly and any concerns discussed with applicants.
- Everyone's differing perspectives should be valued.
- There is a commitment to antidiscriminatory practice. Discriminatory views or unfavourable assumptions about people's culture, religion, ethnicity, socio-economic status, family structure or sexual orientation will be challenged.

MODULE 1

Lexy's story



Lexy was born to 22-year-old Jade who had two older children, three-year-old Mark and two-year-old Jodie. *(Allocate the roles of Jade, Mark and Jodie to three of the participants and hand the doll to Jade.)*

Jade was separated from Andy, the father of Mark and Jodie. He had gone abroad and no one knew where he was. At the time she conceived Lexy, Jade was living in a squat, drinking and smoking a lot of cannabis and had multiple sexual partners so was not sure who Lexy's father was. Jade moved in with her parents during her pregnancy and she left most of the child care to her parents, Jim and Moira *(allocate the roles of Jim and Moira to two other participants)*. Jim and Moira tried to support her and the children as well as they could. Jade was not interested in looking after Lexy. *(Jade hands the doll to Moira and Jim.)*

But when Lexy was seven months old, Jade met a new boyfriend, Jez *(allocate this role to a participant)*, and after a couple of months she moved in with him and took the children with her. *(Moira and Jim hand the doll to Jade and Jez; Mark and Jodie follow.)*

However, it soon became clear that Jez was a violent man and after six months Jade and the children moved into a women's refuge *(Jade, Mark and Jodie turn their back on Jez and step away from him)*. They were there for three months. At first Moira and Jim said they couldn't cope with having Jade and the children back, because of their own ill-health. But they relented and Jade and the children moved back, with Moira and Jim again providing much of the childcare. *(Jade hands the doll back to Moira and Jim.)*

When Lexy was two years old, Jim died suddenly. Moira was grief-stricken and became depressed and unable to look after the children. In addition, by this time her arthritis had got worse and she was unable to do the physical caring they needed. Jade was drinking heavily. She agreed that the children should be taken into care. *(Allocate the role of social worker to a participant; Moira and Jade hand the doll to the social worker.)*

The three children were fostered by short-term foster carers Hannah and John. *(Allocate the roles of Hannah and John. Social worker hands the doll to Hannah and John; Mark and Jodie follow.)*

Three months later Jade said she wanted the children back. She was asked to attend an assessment unit with the children for six weeks. *(Hannah and John hand the doll to Jade; Mark and Jodie follow.)* But in spite of Jade being offered support for her alcohol abuse, she was unable to stop drinking and provide the care the children needed. The local authority applied for a care order.

The children went to another set of foster carers, Sheila and Barry. *(Jade hands the doll to participants who have been allocated the roles of Sheila and Barry; Mark and Jodie follow.)* By now Mark was showing disturbed behaviour. Sheila and Barry found it extremely demanding to look after him. The children's social worker assessed their needs and it was decided that they needed to be adopted, but that Mark should be adopted separately from his sisters as he needed one-to-one care as the only child in an adoptive family.

When Lexy was three and Jodie was five, they were placed with Sarah for adoption. *(Sheila and Barry hand the doll to Sarah; Jodie follows, but Mark stays behind with Sheila and Barry.)*

MODULE 2

The children



POSED BY MODEL/S

Thomas and Christopher

Twins Thomas and Christopher were born 10 weeks early to a mother who misused drugs. Both babies stayed in hospital for six weeks to manage their drug withdrawal symptoms. Christopher had some seizures related to drug withdrawal. They were slow to establish a feeding and sleeping routine.

The babies went straight from hospital to foster care. Christopher has a mild spastic diplegia, which means the muscles on his inner thighs are very tense. Thomas has some speech delay. At the age of two, both boys are underweight and their understanding of speech is around the level of a one-year-old. Christopher is unsteady on his feet and screams a lot. Thomas is clingy towards his foster carer and has poor eye contact.

MODULE 2

The children



POSED BY MODEL/S

Sophie, Ben and Lucy

Sophie, Ben and Lucy were born to birth parents who both had learning difficulties. The children witnessed considerable violence and were neglected.

Sophie, aged four, is considered by her foster carers to be a difficult child. She shows no affection and has severe tantrums. She doesn't know how to play. All she really wants to do is watch television.

Ben, at nearly three, is still not talking. He covers his head at the sound of any loud noise and hides when things don't go his way.

Lucy, aged nearly one, is lively and everyone adores her. She is most content when playing with water and "cleaning". She struggles with speech, but smiles at everyone.

MODULE 2

The children



POSED BY MODEL/S

Alisha

Six-year-old Alisha was neglected by her birth parents. She has been with her foster carers for several years and is very attached to them, but they are unable to keep her permanently. Her foster carers and social workers recognise that it will be painful for her to leave them if she ever finds an adoptive family. Alisha is of normal intelligence but is behind at school.

MODULE 2

The children



POSED BY MODEL/S

Adam and James

Adam and James are aged one and four. James is at a mainstream school. At times he can become very angry. His younger brother, Adam, is developmentally delayed but improving now that he is in foster care. Their story is one of severe neglect and physical abuse in a dysfunctional family. The plan is for the boys to be adopted together.

MODULE 2

The children



POSED BY MODEL/S

Rani

Rani is a four-week-old baby who is developing well. Her parents have both been diagnosed with schizophrenia. They are unable to care for her at present and are unlikely to be able to do so in the future.

MODULE 2

The children



POSED BY MODEL/S

Daniel

Daniel, aged two, was born in the UK to parents who had come here from Eastern Europe. His father is now in prison and his mother is in a relationship with another man. She is rejecting Daniel and has made it clear she does not want to care for him any longer. She has no family to support her or to look after Daniel.

MODULE 2

The children



POSED BY MODEL/S

Jamie

Jamie is a six-month-old baby who has cerebral palsy and needs to be fed through a tube. His birth parents are unable to care for him.

MODULE 2

The children



POSED BY MODEL/S

Rebecca

Rebecca is a one-year-old girl who was born early at 36 weeks. Rebecca's mum (Chloe) was 28 and a single parent. Chloe had a previous child, a girl, Taylor, who at age three was taken in to care due to neglect at home, and Chloe's alcohol misuse.

Chloe had concealed the pregnancy as she was frightened that the child would be taken in to care. As the pregnancy was concealed, there are no pre-birth medical reports or records. Rebecca went home with Chloe with a support package in place to support Chloe and Rebecca. Rebecca was removed from Chloe at age three months after an incident where neighbours called the police due to Chloe's drunken and disruptive behaviour.

Rebecca has been with foster carers since the incident. A parenting assessment was completed but due to Chloe attending the assessments under the influence several times it was stopped.

MODULE 2

Follow-up accounts of what happened to the children



POSED BY MODEL/S



Thomas and Christopher

Twins Thomas and Christopher were adopted at two-and-a-half. They made remarkable progress in the early months after their adoption but it was still obvious that they were developmentally delayed. They also frequently bit each other, their adoptive mother and other children.

Both boys turned out to be very musical.

Going to a music group with them, says their adoptive mother, 'enabled me to see my children properly for the first time and to really recognise that despite the drug-abusing background and prematurity, there were two bright little boys in there just trying to find the right way out'.

Christopher did well at school but Thomas was unhappy. Eventually Thomas was diagnosed as autistic. 'He has made slow but steady and amazing progress with a Statement of Special Needs and one-to-one support. He is on the gifted and talented register for art and is clearly an intelligent little boy.'

Three years after the twins were adopted, their birth mother had another baby, Richard, who joined his brothers in their adoptive family when he was 12 months old. Although Richard was tiny and remains very small for his age, he is a bright and able child.

Thomas and Christopher have additional needs. Christopher wears splints on his feet and legs to help with his walking; his adoptive parents believe he has mild cerebral palsy. Thomas is autistic and still wets his pants during the day. Their adoptive parents still consider the boys vulnerable and Christopher in particular is easily led. But all three of the boys have positive personalities and charm everyone they meet.

(Adapted from Forrester, 2012)

MODULE 2

Follow-up accounts of what happened to the children



POSED BY MODEL/S

Sophie, Ben and Lucy

In the years after their adoption, the children became increasingly affectionate towards their adoptive parents and each other. However, they each had their difficulties. When there was not enough structure (e.g. at school playtimes) they could not cope, either emotionally or behaviourally.

Sophie continued to have tantrums. 'We gradually accepted that, like her birth parents, Sophie had learning difficulties and that these impacted on her understanding and hence her behaviour...we accepted Sophie for who she was, realising that with her level of understanding, life was a daily challenge. As soon as we appreciated her difficulties, we were much more able to see and rejoice when we saw progress,' says her adoptive mother.

As Ben grew older, his behaviour was often hard to deal with – he stole from family and friends, told lies, smashed things up when he got angry. His adoptive parents worked out what would help him to manage his feelings and behaviour and did whatever they could to increase his self-esteem and build a healthy relationship with him. Gradually he has developed the ability to regulate his emotions and behaviours. Ben is now 14. Because of his difficulty in coping with secondary school his adopters took the decision to home-school him, which has been successful and he is now much happier.

Lucy, it turned out, had attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder, so she has difficulty in school and with making friendships.

The children's birth mother subsequently had two more children, Harry and Daniel, who eventually also joined the family. Although Harry and Daniel were of school age by then, all the children quickly gelled together.

At first Harry ate everything he could get his hands on, whether he was hungry or not, and he was extremely destructive. But he is doing much better now.

Daniel, the youngest, was wary at first and withdrew from physical contact, but as time went on he became a very affectionate child. He enjoys school and makes friends easily. He does not have the emotional and behavioural difficulties of his brothers and sisters.

Reflecting on their experiences and how far the children have come, their adoptive mother concludes: 'You have to have lived through it to understand how difficult life has been but what had so often seemed impossible has actually happened – we are definitely a happy, if not always a conventional, family.'

(Adapted from Hughes, 2012)

MODULE 2

Follow-up accounts of what happened to the children



POSED BY MODEL/S



Alisha

Alisha was adopted by Julia, a single woman who had adopted another girl, Nicky, four years earlier. Julia had decided, after her partner had died, that she wanted to adopt – she didn't want to have another relationship just for the sake of having children. Adopting Nicky, as a single parent, had required perseverance, but has been a success. Julia was keen to adopt a second child and Nicky wanted a sister; Julia first saw Alisha in the family-finding newspaper *Be My Parent*.

At first Alisha missed her foster family and repeatedly told Julia: 'I love Maggie a lot more than I love you'. But things have moved on and Alisha talks less about her foster mum and dad as she becomes more settled. 'Alisha now loves going to school and has caught up. She is very stable, loving and attached', says Julia, and adds that the two sisters have developed a good relationship.

(Adapted from Sturge-Moore, 2005)

MODULE 2

Follow-up accounts of what happened to the children



POSED BY MODEL/S



Adam and James

Adam and James were adopted by Jim and Helen, a couple who decided to adopt after unsuccessful infertility treatment. Adam was referred to several different clinics and to a playgroup for children with disabilities. He was a passive child who avoided eye contact and did not speak. James struggled with school and was only really happy when playing with toy cars, putting them in huge

traffic jams all in the right order. Adam's lack of eye contact, repetitive play and delayed speech led to a diagnosis of autism. As Helen learned more about autism, she realised that James also showed signs of the condition. He was finally diagnosed with autism spectrum disorder at seven years old.

Both boys now attend special needs schools, where they are thriving. Adam can now talk, read, write and add up. He needs a lot of encouragement and simple instructions. Echolalia (repeating words without understanding the meaning) features high in his autism. James's autistic tendencies are less obvious – he has some mild echolalia and repetitive behaviours and his understanding of language is poor. He is fascinated by learning about trains, buses and bus routes, maps and football stadiums.

Everyday life with children on the autistic spectrum can be tiring and hard work. But it can also be rewarding, say Jim and Helen. Despite thinking, before they adopted, that they would not be able to accept a child with autism: 'We love them unconditionally and we know they love us. It is not true that autistic children cannot love you or show you affection. They just sometimes show you in a different way.'

(Adapted from Carter, 2013)

MODULE 2

Follow-up accounts of what happened to the children



POSED BY MODEL/S



Rani

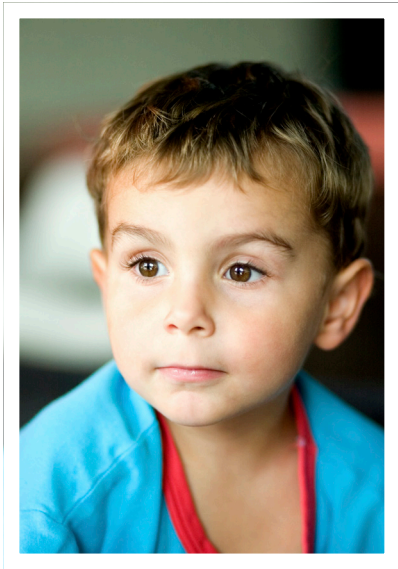
Rani was placed under a “fostering to adopt” arrangement with Meera and Aadi, who have come to adoption because of infertility. They were understandably anxious about the possibility of losing Rani if the court were to decide that she should return to her parents. They talked all this through with their social worker and they also discussed the implications of her parents’ mental illness with the agency’s medical adviser. But they very much wanted to adopt a baby and decided the risk was small and they were prepared to take it. So Rani went to live with them and after four quite stressful months of waiting, the placement order was granted and they were matched as an adoptive placement. Rani continues to develop well. Meera and Aadi are delighted with their little girl.

MODULE 2

Follow-up accounts of what happened to the children



POSED BY MODEL/S



Daniel

Daniel went into foster care at two and was placed with adoptive parents Charlie and Jane six months later. He had made good progress in his foster family. He took some time to settle with his adoptive parents but over time he began to trust them and he is now a bright, happy child who is doing well.

MODULE 2

Follow-up accounts of what happened to the children



POSED BY MODEL/S



Leon

Leon is being permanently fostered in an African-Caribbean family: Ken and Polly and their four birth daughters, aged from nine to 21, not to mention their large extended family who all live nearby. They are committed to keeping him permanently. 'We felt we could help a black child develop a strong sense of himself and give him the things he missed out on,' says Polly. The couple had been approved to become long-term foster carers and found Leon through the family-finding paper *Be My Parent*. When Leon first moved in, she says, 'he was very excited, but there were moments of sadness too, when he missed his previous carers. Once he knew that this was okay and he could talk about them, he started to settle. He's cheeky, amusing, vulnerable and, yes, naughty – all a good sign that he is comfortable...We know we did the right thing.'

(Adapted from Sturge-Moore, 2005)

MODULE 2

Follow-up accounts of what happened to the children



POSED BY MODEL/S



Jamie

Jamie was adopted by Rosie and Paul, a couple with three older birth children. Their fourth child, a daughter, was born with severe disabilities and had died at the age of 18 months. Through their experience with their daughter, they had become aware of the children with disabilities left in hospital because their parents found it too difficult to cope. They had decided they would like to adopt a child with disabilities.

As Jamie grew older, he needed to use a wheelchair and the family received support to pay for alterations to their house – a ramp, a downstairs shower room, and turning the dining room into a bedroom. Jamie no longer needs to be fed through a tube.

As Rosie and Paul became more confident in parenting Jamie, they decided to adopt another child with a disability. Steven, who also has cerebral palsy and uses a wheelchair, joined the family. Steven is a year older than Jamie. Both boys have flourished and have lots of friends. They attend mainstream school – their school has a lift and wide corridors for good wheelchair access. Rosie says: 'You see a huge shift in the children when they start feeling secure and are able to say: "This is my mum, my dad, my room, my bed, my class, my teacher".'

(Adapted from Sturge-Moore, 2005)

MODULE 2

Follow-up accounts of what happened to the children



POSED BY MODEL/S



Rebecca

Rebecca had a loving and attentive foster care placement. She was placed with a couple in their early 30s who could not have children due to health issues.

As Rebecca grew older, her parents became more concerned about some of her behaviours and her overall development. After much research and various consultations with health practitioners and paediatricians, it was agreed that Rebecca would be assessed formally for foetal alcohol spectrum disorder (FASD).

Rebecca was diagnosed with FASD and since then her family have sought support from various agencies to help them understand her needs and to find the best way to support Rebecca to manage her condition.

(Provided by Adoption UK, 2019)

MODULE 2

Quiz: Who are the children?



Give each participant a copy of the quiz, in which the questions relate to numbers and types of children awaiting adoption nationally. Ask them to complete the quiz individually.

1. The number of looked after children in Scotland has increased over the last five years.
True ☐ False ☐
2. The number of children adopted in Scotland has increased over the last five years.
True ☐ False ☐
3. Children over 10 years old are never adopted.
True ☐ False ☐
4. There are no infants or toddlers that need adoption.
True ☐ False ☐
5. Most children adopted from care have suffered abuse or neglect.
True ☐ False ☐
6. There are more boys needing adoption than there are girls.
True ☐ False ☐
7. Half the children placed for adoption have one or more impairments or health conditions.
True ☐ False ☐
8. Most children placed for adoption no longer have any contact with their birth family.
True ☐ False ☐
9. Most children adopted from care are white, of Scottish, English, Welsh or Northern Irish descent.
True ☐ False ☐
10. Children in large sibling groups are generally split and sent to different families.
True ☐ False ☐
11. Children who are placed for adoption will quickly get over their early adverse experiences.
True ☐ False ☐

MODULE 2

Answers: Who are the children?



Who are the children?

1. The number of looked after children in Scotland has increased over the last five years.

False. At 31 July 2018, there were 14,738 looked after children – a decrease of one per cent from 2017. This is the sixth consecutive year in which the numbers have decreased following a peak of 16,248 in 2012. The number of children ceasing to be looked after each year has been consistently more than the numbers becoming looked after, although both numbers have also been declining. A total of 54 per cent of the 14,738 who were looked after were at home or in kinship placements. The total looked after in 2012 was 16,248.

2. The number of children adopted in Scotland has increased over the last five years.

True. Although there was a significant drop in the number of children adopted between 2017 and 2018, and there have been shifts upwards and downwards over the last five years, the number of children adopted in Scotland has increased from 455 in 2014 to 471 in 2018, according to statistics from the National Records for Scotland. These figures include all adoptions, including those by step-parents and other members of a child's family (for instance, grandparents), and do not represent the total of adoptions by unrelated adults. There were 301 adoptions by unrelated people in 2018.

3. Children over 10 years old are never adopted.

False. Although the numbers remain small, some children of 10 and above are adopted. (Some of these are likely to be part of sibling groups containing younger siblings.) There were 9 such adoptions by non-relatives in Scotland in 2018.

4. There are no infants or toddlers that need adoption.

False. There are a small number of babies and toddlers who need adoption.

Note to trainer

It is hard to be precise because the figures are so low and not available in all cases, and ages 1–5 tend to be grouped together. For England, here is the pattern of children in those two categories:

Year	2009	2010	2011	2012	2013
Under 1 year	80	70	60	80	90
1 to 4	2,380	2,260	2,210	2,570	2,960

5. Most children adopted from care have suffered abuse or neglect.

The *Permanently Progressing?* (Whincup *et al*, 2019) Study tracked the progress of 1,836 children who became looked after in 2012/13. The study gathered detailed information about the experiences of a sub-sample of these children and found that 9 out of 10 children directly experienced abuse or neglect.

This was broken down as:

- 81% experiencing neglect
- 65% experiencing emotional abuse
- 27% experiencing physical abuse
- 6% experiencing sexual abuse

Additional points noted were:

- Around two-thirds of children experienced more than one type of maltreatment
- For 71% of children maltreatment was "high severity"
- More children experienced higher severity neglect and emotional abuse than physical or sexual abuse
- 51% children experienced pre-birth neglect (mainly in-utero substance misuse)
- For 29% of children, their older sibling(s) had already been accommodated

6. There are more boys needing adoption than there are girls.

True, but not by much. In most years, there are slightly more boys in the care system as looked after children than girls (55% and 45% respectively in 2018), and the relative proportion of boys and girls who go on to be adopted is roughly the same (162 boys, 139 girls in 2018). There are significantly more boys registered on Scotland's Adoption Register than girls and those included on the Register tend to represent the children that take longer to find families for.

7. Half the children placed for adoption have one or more impairments or health conditions.

It is difficult to get an accurate picture of the number of children being placed for adoption in Scotland who have a disability or health condition. The Scottish Government's CLAS (Children Looked After Statistics) data for the 1,836 children tracked in the *Permanently Progressing?* study showed seven per cent of children with additional needs. However, the detailed responses from the social workers and carers about a sub-sample of the children indicated much higher levels of need: social workers identified 22 per cent of the children, and carers 31 per cent, as having a disability or long-term health condition.

8. Most children placed for adoption no longer have any contact with their birth family.

False. Adoptions are rarely completely closed these days. Although direct contact is still relatively rare, there is likely to be some form of indirect contact with members of a child's birth family throughout their lives. Recognising and supporting the fact that they are part of two families will be an important part of an adoptive parent's role.



9. Most children adopted from care are white, of Scottish, English, Welsh or Northern Irish descent.

True. However, black children and those of mixed ethnicity are over-represented among children in the care system, compared with the percentage of black and minority ethnic children in the general population. A total of 11.5 per cent of looked after children are "non-white" as opposed to 5.5 per cent of the general population.



10. Children in large sibling groups are generally split and sent to different families.

It largely depends on how the siblings in the group function together and whether there are families available who could take on a sibling group. Where possible, siblings are placed together unless there are factors that clearly indicate that this would not be beneficial to the children. However, there is a shortage of adopters prepared to take sibling groups so, sadly, groups of siblings sometimes must be split up (e.g. a large group may be split into pairs) because this gives them a better chance of finding adoptive parents. Where siblings are placed separately, it is important that there are clear plans in place for them to stay in contact with each other.

11. Children who are placed for adoption will quickly get over their early adverse experiences.

A new beginning with an adoptive family will not erase a child's experiences of the past. Although the stability and security of a loving family will certainly help children to process their experiences and come to terms with their past, sometimes it can take a long time for children to begin to trust adults and develop an attachment to their adoptive parents. In most cases, therapeutic help is required, and you should expect to need support with navigating the complexities of therapeutic parenting.

MODULE 4

Quiz: Children's development



- 1 At approximately what age would you expect a baby to have doubled his birth weight?

- 2 At approximately what age would you expect a baby to roll over from her front to her back?

- 3 At approximately what age would you expect a baby to be able to sit unsupported for up to 10 minutes?

- 4 At approximately what age would you expect a child to be able to climb stairs without help (using alternating feet on consecutive stairs)?

- 5 At approximately what age would you expect a child to be able to hop on one foot?

- 6 At approximately what age would you expect a child to begin to be able to understand about taking turns?

- 7 At approximately what age would you expect a child to put together two or more words?

- 8 At approximately what age would you expect a child to be able to understand riddles?

- 9 At what age would you expect a child to be "clean and dry" during the day?

- 10 At what age would you expect a child to be able to use a knife and fork?

MODULE 4

Children's development: answers to quiz



1. six months
2. five months
3. eight months
4. four years
5. four years
6. three to four years
7. from 10 months onwards
8. eight years
9. two-and-a-half years
10. seven years (to use a knife properly)

MODULE 5

Tina's story



Tina is a 30-year-old mother of three children – Paula, aged 14, Stephen, aged seven years, and John, aged five months. She has a partner, Jason, aged 26, who is John's father. Jason and Tina both have a long history of drug use and currently use a variety of drugs including heroin, cannabis and alcohol. Tina says:

'It was Paula's dad who got me into using drugs. It's been so long now, I need it just to stay normal. Jason's in prison at the moment; he just went out one morning last week and he didn't come back. The kids miss him but I've told Stephen he's gone on holiday. Stephen believes anything you tell him.

'If I haven't got any smack when I wake up I can't think straight. I can't bear the kids. I've got to get out of the house, get on the phone, got to score, get the money together for the day. I need £50 a day and it's a full-time job getting it and then always worrying about getting nicked. Paula's really good with the other two; I don't know how I'd manage without her. She's nearly finished school anyway and doesn't want to go any more. She's got a boyfriend, a flashy bloke with lots of money and a car. He thinks Paula should be a model.

'Stephen's old enough to look after himself now. If Paula doesn't do it, his teacher sorts out his breakfast before school and gets him clothes and trainers sometimes after they said the other kids picked on him because he looked such a mess.

'When I've scored and had a few drinks in the evening, I'm a really good mum. We all have a laugh together, me and the kids and Paula's bloke. The other night we stayed up until two in the morning having a drink and a smoke and a laugh – even the baby stayed up. I paid for it the next day, mind. Didn't get up until the afternoon. Stephen gave the baby a corned beef sandwich to eat for his dinner. Said he couldn't find any milk. The baby nearly choked to death. Stephen was crying. He said he'd cut his hand on the corned beef tin as well. He should know better at his age.'

MODULE 8

Jordan



Jordan, aged four-and-a-half, is a bright and active child who loves watching DVDs and playing outside on his bike. His birth mother was white, of English descent, and his father was born in England to black parents who originally came from Somalia. Jordan's mother died a year ago. His father, who has serious drug and alcohol problems, is unable to care for him. Jordan has been "looked after" for one year. During this time he has been with the same foster carers.

- How might Jordan react to discussion of his birth family?
- What might he want to know at this stage and why?
- What might prevent you from giving him helpful information at this stage?

MODULE 8

Jasmine



You are Jasmine's adoptive parents. Jasmine is 10 years old and is very settled in your family. Jasmine was seriously neglected in her birth family. She sees her birth parents (who have learning disabilities) every school holiday. The meetings are at a contact centre and supervised by a member of the centre staff. They seem to go smoothly but Jasmine is unsettled for at least two weeks afterwards, has nightmares and is very clingy.

- Why might Jasmine be unsettled by the contact meetings?
- What might she be thinking and feeling during and after the contact?
- What does she need now in terms of adoptive and birth family membership?
- What might help her?

MODULE 9

Zoe



Zoe is only four but insists on doing everything for herself. She will not let you help her dress or tie her shoes and when you insist, she tries to push you away and gets upset. If she hurts herself, she will not accept comfort and she rarely cries. Bath times are a major hassle and frequently end up with tears or sulks. Her favourite phrase seems to be 'I'll do it'.

MODULE 9

Heather



Heather is nearly seven. You know that she was sexually abused by her stepfather.

When Heather first came to live with you nearly six months ago, she used to try to sit on your knee all the time and, if your wife was out of the room, would try to kiss you on the mouth. She has learned to ask for cuddles more appropriately now and will sit quietly beside you on a sofa leaning against you to listen to a story or watch television.

Today you have a joiner working in your house. Heather has been watching him work, has chatted brightly with him and has now gone into the garden to play. While she is outside, he comes to tell you that she has just said he has a 'lovely bum' and has tried to touch him.

MODULE 9

Carl



Carl (seven) was removed from his parents' care and lived with foster carers before he came to live with you 18 months ago. Since then, you have been worried that he suggests that anyone who upsets him, including his teacher, should 'have their head cut off' or 'get cut in two'. You have tried to tell him that that is not the way to sort things out, but he remains very interested in violence such as car crashes, murder or riots featured on television.

Your three-year-old nephew comes to visit for the weekend and you find Carl has put him in the play house in the garden and is poking him with a sharp stick thrust through the window. The child is distressed but Carl is laughing and obviously excited.

MODULE 9

Javid



You have recently adopted Javid, who is five years old. He eats everything you put in front of him but he also takes food from the fridge and cupboards without asking you and stashes it away in his room under the bed. You discovered a pile of mouldy food there and asked him not to do it again, but he is still doing it. You have recently been told by the school that Javid is taking food from the other children's lunchboxes at school. When you ask him about this, he denies it.

MODULE 9

Anthony



Five-year-old Anthony has been with you for six months. He wants to be with you the whole time and is clingy and whiney when he wants something. Your mother-in-law is staying with you and suggests that what Anthony needs is a good smack. You have been told that at school he has difficulty getting on with the other children because he always wants to dominate the game and control what the other children do.

MODULE 9

Nadia



Nadia is a nine-year-old girl. She has been with you since the age of nine months. She was rejected by her birth parents; she was born as the result of an affair her mother had with a much older man. Nadia has two older siblings who remained with her parents. Nadia is developing well physically and intellectually. She is very volatile emotionally, has frequent temper tantrums and can be aggressive towards other children and adults. She shows no remorse when she hurts others. She even seems pleased when she hurts you. She is physically aggressive and excitable in groups, and unable to follow social norms such as taking turns. If thwarted, Nadia screams. You have been asked to go to a meeting at school where you are told that the school is no longer able to contain Nadia's behaviour and is excluding her for three days. They are talking about a permanent exclusion if this behaviour continues.

MODULE 9

Charmaine



Six-year-old Charmaine has recently been placed with you, along with her younger siblings, twin boys aged two. She is determined to do everything for her brothers and is constantly telling you that 'they won't eat that, they don't like it' or 'you're doing it wrong, you have to do it this way.' She doesn't seem interested in playing and often gets angry with you. She won't stop telling you what to do and how to do it – every day feels like a power struggle

Course evaluation questionnaire



Please give us some feedback on the *Preparing to Adopt in Scotland* course so that we can continue to improve it for people who want to adopt.

- What was your opinion of the course overall?
(Please indicate which number on the scale of 0–10 best sums up your view)

Not helpful at all			Not very helpful			Helpful			Extremely helpful		
0	1	2	3	4	5	6	7	8	9	10	

- How much do you feel you have learned as a result of this preparation course?

0	1	2	3	4	5	6	7	8	9	10
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- Which of the following training modules did you find most helpful? (Tick the boxes that apply)

What is adoption?	☐
The adoption process	☐
The children	☐
Children's development and attachment	☐
The needs of children affected by neglect and abuse	☐
Becoming a parent through adoption	☐
Linking, matching and introductions	☐
Life as an adoptive family: learning to live together	☐
Telling, contact and social media	☐

- Can you say why you found this or these modules helpful?

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- Which of the training modules did you find least helpful? (Tick the boxes that apply)

What is adoption?	☐
What is adoption?	☐
The adoption process	☐
The children	☐
Children's development and attachment	☐
The needs of children affected by neglect and abuse	☐
Becoming a parent through adoption	☐
Linking, matching and introductions	☐
Life as an adoptive family: learning to live together	☐
Telling, contact and social media	☐

- Can you say why you found this or these modules the least helpful?

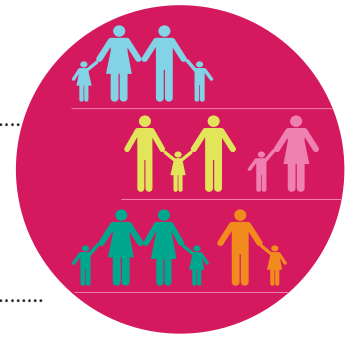
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- Was the course what you expected? Yes/No/Not sure

- If no, how was it different from what you expected?

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- Which parts of the course did you find most useful? (e.g. which particular exercises, presentations, discussions did you find most useful?)

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- Which parts of the course did you find most informative?

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- Which parts of the course did you find most enjoyable?

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- What would you have liked more of?

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- What would you have liked less of?

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- What did you like most about the way it was run?

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- What did you like least about the way it was run?

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- Did you feel anything was missing from the training course?

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- What other subjects would you like this or further training to cover?

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- How did the training course and methods make you feel?

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- Is there anything else you would like to tell us?

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Thank you for your feedback!