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## Forever Home? The Complexity of Adoption Breakdown in Scotland

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Thesis Presented for the award of Doctor in Philosophy in Social Work

The University of Edinburgh

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Signed Declaration

I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where it states otherwise by reference or acknowledgment, the work presented is entirely my own

Polly Cowan

Edinburgh

September 2022

## Thesis Abstract

Adoption is widely considered to be the best option for children who are unable to live with their birth families. But what happens when adoptions breakdown? This thesis explores adoptions for 122 Scottish children who left their adoptive home before 18 years old between the years 2000-2020. The research aims were to consider: 1) Whether an adoption breakdown rate could be estimated in Scotland; 2) the factors relating to children, adoptive parents, and their wider environments that may contribute to breakdown; and 3) the factors in social work assessments, adoptive couple training and preparation that might have safeguarded or mitigated future adoption breakdown.

Data was collated from 24 adoption agencies for retrospective qualitative analysis. Social workers and adoptive parents (n=41) were interviewed.

The journey towards adoption breakdown was charted. Unresolved losses emerged for adoptive parents when meeting their children, when family life did not meet their imagined expectations, and, when the adoption ended. The transition from foster care to adoption was also problematic for 70% of the families and had long lasting effects. When crisis loomed and persisted, adoptive parents felt unsupported and compassion fatigue was apparent for many. Social work practice was varied and often unpredictable with social workers in front line practice teams taking a different approach to those in adoption teams. The aftermath of breakdown was devastating for all involved, social workers became introspective, adoptive parents felt emotionally devastated and isolated in their shame, and, many children went on to experience further disruptions in their care. Implications for policy and practice around developing the transition process, providing appropriate support for adoptive families and removing discrepancies in social work practices are discussed.

## Lay Summary

Adoption provides a legally permanent family environment for children. The birth family lose all legal ties to the child and those legal ties are transferred to adoptive parents. In Scotland, most children who are adopted are care-experienced; they have been removed from the care of their birth family due to the risk of harm. Adoption is widely considered to be the best option for children who are unable to live with their birth families. But what happens when a child has to leave the adoptive home before the age of 18? There are no current estimates in Scotland for how often this happens. This thesis explores adoptions for 122 Scottish children who left their adoptive home before 18 years old between the years 2000-2020. The research aims were to consider: 1) Whether it was possible to estimate how often a child left the adoptive home in Scotland; 2) the factors relating to children, adoptive parents, and their wider environments that may contribute to the child leaving the adoptive home; and 3) the factors in social work assessments, adoptive couple training and preparation that might have safeguarded or mitigated for this happening in the future.

There are 36 adoption agencies in Scotland. Data was collected from 24 adoption agencies in the form of a survey and interviews. Forty-one interviews were conducted with social workers and adoptive parents who had experienced a child leaving the adoptive home before the age of 18. Fifteen of the interviews were with adoptive parents and 26 interviews were with social workers. The data was thematically analysed.

The findings revealed that very little data relating to adoption outcomes are collected or recorded across Scotland. The journey towards adoption breakdown was charted. Unresolved losses emerged for adoptive parents when meeting their children, when family life did not meet their imagined expectations, and, when the adoption ended. All of the children in this study moved into their adoptive home after spending time in foster care. The transition from foster care to adoption was problematic for 70% of the families and had long lasting effects. When crisis loomed and persisted, adoptive parents felt unsupported, exhausted and isolated in their predicament. Social work practice was varied and often unpredictable with social workers who worked in front line (child protection) practice teams taking a different approach to adoption social workers. The aftermath of a child leaving the adoptive home was devastating for all involved, social workers became introspective, adoptive parents felt emotionally devastated and isolated in their shame, and, many children went on to experience further disruptions in their care. Implications for policy and practice around developing the transition process, providing appropriate support for adoptive families and removing discrepancies in social work practices are discussed.

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# Introduction

## *Scene setting*

Since adoptions were enshrined in law in Scotland in 1930, there have been over 99,000 adoptions in Scotland (National Records of Scotland, 2021b). Adoption creates an alternative permanent home for children who no longer live with their family of origin and results in the severing of all ties with their original family. Despite the magnitude of this decision, adoption outcomes are not recorded in Scotland and there is no record in Scotland of the number of, or indeed factors that may lead to adoptions that break down.

This thesis explores adoption breakdown in Scotland for children who have been adopted from the care system after the year 2000. There have been no national estimates of adoptive family breakdown in Scotland and whilst there has been an increasing exploration of adoption breakdown internationally during the last decade (Palacios et al, 2019), Scotland has been missing from these studies (Jacobs et al 2022).

The literature pertaining to adoption breakdown is complex and as will be discussed, this is partly due to the differing definitions of adoption breakdown and different international contexts for adoption. This chapter sets out why this study was embarked upon (Why this Research?), explains the concept for the study (Approach) and describes the structure of the thesis.

## *Why this research?*

Having worked in Children and Families Social Work for 15 years, I have a strong interest in the link between research and practice. I have worked as a Senior Practitioner in an Adoption Team for 7 years but my interest in adoption and more specifically adoption breakdown stems back to my first social work experiences. Adoption work was introduced to me as the *nice part* of social work when I was training to be a social worker. It was perceived as a positive solution for children where all other avenues pertaining to their birth family had been sought and it was concluded that they were not safe to remain in the family home or with relatives. Adoption was sold as both an opportunity for the child to have a stable family whilst creating a family for prospective adopters. However, one of my first tasks as a new social worker was to support a teenage girl who had suffered an emotionally devastating adoption breakdown. When enquiring as to how common this was, nobody seemed to know. There was virtually no research or practice guidance I could find to draw on to support this young woman. Adoption outcomes were not discussed very much by social workers in child protection teams. Working with birth families after a decision has been taken that a child would be moved to an adoptive home highlighted the plight of birth parents, the severing of a primal bond for both them and their

child with a promise of it being in the child's best interests. Although, I had never in practice witnessed a situation where the child who was moved for adoption was feasibly able to remain safe with their birth family, the enormity of this decision is overwhelming. The granting of an Adoption Order was seen as the end of a successful piece of work, without any real knowledge or understanding as to adoption outcomes or success rates in anything other than general terms. The curiosity about tracking adoption outcomes has stayed with me and has been the primary motivator for embarking upon this research.

### *Structure*

This thesis firstly explores the literature (*Literature*) pertaining to adoption breakdown. This was used as a guide to locating the value of the study itself and provided a useful framework for research design. The research design and approach is set out in the second chapter (*Methodology*). The findings are then discussed across four chapters. Chapter 3 (*Data*) describes the attempts to use administrative data for the purposes of estimating an adoption breakdown rate in Scotland. It details the key characteristics of adoptive parents and children that were collected in relation to the adoptions of 122 Scottish children and discusses how these characteristics sit alongside or contrast with other adoption breakdown studies. Chapter 4 (*Arrival at Adoption*) details the paths of adoptive parents and the children prior to the adoption and explores the key theme of ambiguous loss. Chapter 5 (*Getting to Know Each Other and Living Together*) describes the transition period from foster care to adoption and family life in the adoptive home. It considers the impact of shame on the adoptive families and how social work interventions contribute to this. Chapter 6 (*The Beginning of the Endings*) reviews the crises that emerged in the adoptive homes including the child moving out of the home and the aftermath of the adoption breakdown. The influence of compassion fatigue is also explored. Chapter 7 (*Discussion*) draws together the findings from across the previous four chapters and the connotations and future recommendations for social work practice, particularly in Scotland.

### *Adoption*

Adoption is an emotive and political topic. The ultimate aim for adoption is to create lasting alternative family care for a child unable to be cared for by their birth family, which has stability at its core (Palacios et al , 2019). Adoption involves the severing of legal ties between a child and their birth family and recreates an alternative form of permanence through the formation of legal ties with an adoptive family. It is widely regarded as being the most appropriate route for children who have been accommodated away from home, when there is no alternative within the birth family (Biehal et al, 2010). Adoption has been suggested to provide better outcomes for children than foster care (Berlin et al, 2011), it can create lifetime relationships (Neil et al, 2013) and promote a sense of belonging

(Quinton and Selwyn 2006). It has been proposed that adoption can be one factor that can promote recovery from early adversity (Mcsherry and Mcanee 2022; Paniagua et al, 2019; Steele et al, 2010). However, there has been increasing controversy and debate about adoption practices in the UK, particularly relating to adoption taking place without parental consent (Anthony et al, 2019; Featherstone et al, 2018). The contrast between adoption as a safeguarding intervention versus the balancing of the human right to a family life is a social and ethical debate that continues, particularly when acknowledging the complexity of child protection, the paucity of resources available to vulnerable families and the increasing knowledge of the impact of adoption on families (Mcfarlane 2017). Whilst there is an abundance of literature on the process of adoption and the experiences of being in an adoptive family, and a growing body of literature on adoption breakdown in the UK and internationally (Palacios et al, 2019), less attention has been paid to the question of the dynamics in the adoptive home when an adoption ends prematurely.

### *Terminology*

The below denotes some key terms that are used to discuss the relevant literature and describe findings throughout the thesis. A glossary of terms is additionally found at Appendix 1.

**Child** – Child is used in this research to denote an individual under the age of 18 years old. The United Nations Convention on the Rights of a Child (UNCRC) defines a child as a human being below the age of 18 years. As Scotland hopes to fully incorporate the UNCRC into law (United Nations Conv. Rights Child, 2020.), this definition is appropriate.

**Young Person** – This term is used to describe children within the interview data who are over the age of 10 years and under the age of 18 years.

**Care Experience** - the Scottish Care Review, *The Promise*, which heard from over 5,500 individuals, of whom over half were care-experienced children or adults and *lots of different types of families* (Scottish Government 2020:6). The care review detailed the stigma that can be associated with language. In line with the recommendations in *The Promise*, ‘care experience’ will be used as a descriptive term for children and young people who have been had some experience of the Scottish care system.

**Family** - Although ideally terminology pertaining to family and parent would be used as a matter of course, due to the specific need to differentiate the adoptive experience in this study, foster family and adoptive family will be used for the avoidance of confusion. Where possible ‘othering’ language such as placement or unit to describe the home of a child or young person will be avoided. However, there may be times, when describing terminology adopted by others that may have to be used.

**Adoptive Parents** - Although this study references adoption breakdowns before a legal order has been made, and therefore the adoptive parents are prospective adopters, all adoptive parents will be referenced to as adoptive parents. When quoted, adoptive parents will be referred to by gender, so adoptive mother (AM) or adoptive father (AF). Any names used in this study referring to adoptive parents are pseudonyms.

**Adoption breakdown** is used to describe the situation where a child leaves the adoptive family home before the age of 18, either living with or having started the moving in process with their adoptive family.

**Early Adversity** – is a general term that is used to describe Adverse Childhood Experiences (ACEs) such as abuse, neglect, community violence, or growing up in a household where adults are experiencing mental health issues or harmful alcohol or drug use (Scottish Government, 2022a)

**Trauma** – this definition has been taken from the Scottish National Trauma Training Programme (Scottish Government, 2017), who take their definition from The Substance Abuse and Mental Health Administration (US Department of Health and Human Services 2014:7). Trauma is, “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening”.

**Birth Family** – Birth family is used to describe the biological family of origin for a child. In some writing, the term *first family* is used, however, the majority of the literature depicting adoption outcomes internationally refers to birth family and this was the terminology used by social workers and adoptive parents who were interviewed for this research.

**Contact** – Contact is a term used to describe the direct or indirect interactions between children and young people with their family of origin. In some instances, contact visits will have been pre-determined by legal orders. Ideally, time spent between family members would not be labelled, however, for the purpose of this thesis, the contact terminology is being used in recognition of how it is depicted in the literature and by those interviewed, as being specific to the interactions between children and their families of origin.

## *Approach*

This research was borne out of the recognition of the complexities and emotions surrounding adoption breakdown and with the hope of minimising the risk of adoption breakdown and supporting the management of it. It primarily focuses on social work practice and the processes surrounding the adoption of children from care in Scotland. It was conducted with a hope of estimating the prevalence of adoption breakdown in Scotland and that key themes could be identified that would benefit

practitioners and policy makers. This is something that is of value in its own right in social work research (Shaw and Norton 2008). Social work is a profession that has at times felt the need to justify its identity and create its own theoretical positioning (Smith 2012). The importance of research that is relevant to the context in which social workers actually undertake their tasks is essential (Hardwick and Worsley 2011) and this research, undertaken with a practitioner's complementary knowledge of the system, was planned with an aim to explore insights for practical application.

A mixed methods approach was a crucial part of the design, so that insights derived from the quantitative findings (via a survey) could be examined using qualitative methods (interviews). Exploring insights in the qualitative aspect of the study was an opportunity to consider both adoptive parents' and professional's perspectives on the same core subject together - this approach is not common in adoption literature and has not been undertaken in Scotland (Jacobs et al, 2022), despite there being a recognition for its need within the adoption field (Brodzinsky and Smith 2019).

Adoption is a field where although the processes are dominated by social workers, the origins of the research theories used to evaluate processes can emanate from other disciplines, for example psychosocial models of adoption (Brodzinsky 1987) and attachment theory (Bowlby 1988; Howe 2011). This research seeks to add to the body of literature on adoption in a way that is the most accessible and practical to practitioners. Therefore, rather than take a narrow perspective, I explore different theoretical lenses to discuss findings, which are familiar to social work practitioners and can be applied to the practice setting to address the core themes arising from the data.

## Chapter 1 -Literature Review

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*Scotland has heard many reasons for ‘placement breakdown’. Scotland must prioritise understanding the reasons behind breakdown, and learning from these to avoid multiple moves, and to improve the maintenance of relationships (Scottish Government, 2020b :76)*

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### *Introduction*

This chapter provides an overview of how adoption is viewed in policy, practice and research literature. In so doing, it explores the context in which adoption currently sits in Scotland (*Adoption in Scotland*) and how the practices and policies in Scotland compare to the rest of the UK and internationally. The chapter then sets out some of the theories that are widely used in adoption practice and literature (*Theoretical Frameworks*) to make sense of perspectives offered in the literature and to explain the importance of not focussing entirely on one theoretical approach. It details the approach taken in undertaking a literature review (*Strategy*), discusses the complications in assessing adoption breakdown internationally through the differing definitions that are offered (*What is Adoption Breakdown?*) together with the complexity of interpreting the prevalence of adoption breakdown (*Breakdown Rates*).

A description is provided of key themes that arise in relation to adoption breakdown (*Themes in the Literature*) and an analysis of these characteristics and the studies they come from is offered. A brief summary then provides a broad overview of the research pertaining to adoption breakdown and areas of research beneficial to explore, particularly in Scotland.

### *Adoption in Scotland*

In contemplating adoption breakdown in Scotland, the legal processes, policies and context need to be explored. This section explains legal and practical processes that are involved in adopting a child in Scotland (*The Adoption Process in Scotland*). A description is given of how policy and societal changes internationally mean that the majority of adoptions in Scotland are of children who are care experienced (*Adoption Policy Background*). An overview of the Scottish specific context of these adoptions (*Scottish Context*) are provided alongside a recognition of some of the controversies within the adoption system.

## The Adoption Process in Scotland

Scotland has a unique legal system compared to the rest of the UK. Children who are adopted from care in Scotland can become *looked* after in four ways. Firstly, a voluntary agreement between a parent and the social work department can result in a child being admitted to care through (s25 of the Children (Scotland) Act 1995). Alternatively, when consent is not agreed, there are three other routes, a Child Protection Order (CPO) can be granted by a Sheriff Court, or either a Compulsory Supervision Order (CSO) or Interim Compulsory Supervision Order (ICSO) is granted via a Children's Hearing. The use of the legislation varies across Scotland and is influenced by geography and culture (Whincup et al, 2019).

The Children's Hearing System (CHS) is unique to Scotland, it is managed by the Scottish Children's Reporters Administration (SCRA) and Children's Hearing Scotland. It is primarily welfare-based and was established following the Kilbrandon Report (Scottish Home and Health Department 1964), which concluded that all children in *trouble* had experienced a welfare failure. The CHS has a dual purpose, to deal with offences allegedly committed by children alongside managing welfare concerns. This is in stark contrast to England and Wales where youth justice is approached through the legal system. The CHS comprises of a Children's Reporter who oversees the hearing and three panel members who are decision makers. The panel members are volunteers. Anybody can refer a case to the Children's Reporter, and the Reporter will make a decision if a case needs to be heard. The police and social work have a responsibility to refer cases to the Children's Reporter if they believe that a child may require compulsory measures of care. (Children's Hearing Scotland 2021). A commitment has been made to redesign the CHS (Scottish Government 2022c) following criticism from care experienced children and adults, families and professionals working with care experienced individuals, about the CHS. The concerns relate to the CHS failing to understand the holistic needs and complexities of families, not being trauma informed and inconsistencies in approach (Scottish Government 2020b).

The Adoption (Scotland) Act 2007 provides the legal framework for the adoption of children from care in Scotland. There are 36 adoption agencies in Scotland, four are third sector agencies and 32 are Local Authority agencies: they are all governed by Adoption Agencies Regulations (Scotland) 2009. Adoption panels sit within registered adoption agencies and are responsible for recommending a plan of adoption, approving prospective adopters and matching prospective adopters with children. Adoption panels comprise a minimum of six members, three are required for the panel to be quorate: there must be a medical adviser and a legal adviser present. In order to be approved at panel, prospective adopters are required to undertake training and preparation sessions, alongside a home assessment, this process usually takes a minimum of 6 months (Adoption UK and AFA Scotland, 2019). When adoptive parents are approved for adoption, they have an approval set for the number of

children and ages of children they can adopt. A matching panel, considers the match between the prospective adopters and a child or sibling group. A child must be registered for permanence, with a care plan of adoption agreed as in their best interests at a permanence panel in the local authority that they reside in. Children's profiles must be registered on the Scottish Adoption Register within three months of being registered for permanence under the Children and Young Person (Scotland) Act 2014. Prospective adopters must also be registered on the Scottish Adoption Register within three months of being approved for adoption. Most prospective adopters in Scotland are approved as foster carers and adopters, as children may first move into the adoptive home after formal matching either under Fostering or Adoption Regulations. If a child is subject to a Permanence Order with the Authority to Adopt (POAA), then the child will be placed with the prospective adopters under the Adoption Agencies Regulations (Scotland) 2009. If the child is subject to a CSO with a formal adoption plan, then the child will be placed under Looked After Children (Scotland) Regulations 2009. The granting of an adoption order takes place under private law proceedings (BAAF, Scottish Government 2009). A child must have lived with the adoptive family for a minimum of thirteen weeks before an adoption order can be granted.

### Adoption Policy Background

It is well documented that the nature of adoption has changed dramatically in the latter half of the 20<sup>th</sup> century and into the 21<sup>st</sup> century. This change has been from predominantly adoption of relinquished infants to adoption of children from the care system who tend to be older, have more complicated histories and are adopted against the will of their birth parents, both in the UK (Thomas 2013; Castle et al, 2000; Dance and Rushton 2005) and in the United States of America (US) (Barth et al, 1986; Festinger, 2002; Rosenthal et al, 1988). Castle, describes the changes in the UK from the 1960s, when 75% of all adoptions in England and Wales were of a child under the age of 1 to current day practice where a small fraction of the number of children placed are infants, as being related to contextual social and policy changes: the introduction of The Abortion Act; contraception; welfare benefits for single parents; and, increased social acceptance of single parents and children born out of wedlock (Castle et al, 2000). This pattern is echoed to a lesser extent in the US and Canada (Westhues and Cohen 1990). Therefore a review of literature will cover adoption breakdown from the end of 1970, when the context of adoption changed.

### Scottish Context

In 2019, 14,458 children were looked after in Scotland, just less than 1.5% of the population of children (Scottish Government 2020a). Scotland had the highest rate of looked after children of the four UK nations. 472 children were adopted in Scotland in 2019 and of these 301 were adopted by strangers (National Records of Scotland 2021b). It is unclear whether all these children were care experienced

but based on the fact that they were unrelated to the adoptive parents, it seems likely. Social work statistics for the year 2019/2020 indicate that 192 children moved from care to adoption (Scottish Government 2020a), however the dates that the Scottish Government collect from compared with National Records of Scotland (NRS) differ and so the difference between the two figures may be explained in part by data collection points. Social work statistics rely on manual entry from social workers into their case record systems so there may be other reasons why adoptions are not recorded. The NRS collect data from the Sheriff Courts after adoption orders have been granted so are more likely to provide a true account, though they do not specify whether children were adopted from care. Of the 301 children who were adopted by strangers in 2019, only three children were adopted under the age of one and no children were adopted under the age of 9 months old. For a child to be adopted they must have lived in the family home for a minimum of 13 weeks, so more children may have moved into the adoptive home under the age of 1. Since the year 2000, the number of adoptions have broadly stayed the same – the lowest number of adoptions during that time frame is 385 in 2002 and the highest was 543 in 2017. Sixty-five percent of children on the SAR 2019/2020 were under the age of 4, 40% of those children were part of a sibling group. Though it is worth noting that in a review of care pathways for children in 2003-2017, 86% of children who were admitted to care at birth were separated from at least one sibling (Woods and Henderson 2018).

Children who come into care in Scotland, have usually experienced early adversity. A recent study that considered the case records of a representative sample of children who had been involved in the CHS, found that the mothers of 77% of children misused substances, with a quarter of children born suffering withdrawal (Cusworth et al, 2022). Eleven percent of the children in the sample had developmental delay and a quarter had other health concerns. In 2020, Scotland recorded the highest drug death rates since records began (National Records of Scotland 2021a) and currently has the highest drug death rate in Europe. Scotland has set up a Fetal Alcohol Advisory Support Team in recognition of the impact of alcohol abuse on many children, including care experienced children in Scotland.

The UK government promotes adoption as the best alternative for children who are unable to remain living with their birth relatives (Thomas 2013; Rushton 2003; Department for Education 2012). The Adoption and Children (Scotland) Act 2007 came into force with the aim of encouraging a '*sustained increase*' in adoption rates and for the adoption process to be expedited (Scottish Government 2011b). This was in response to the recognition of the importance of early intervention for children who were vulnerable (Woods and Henderson 2018) and led to the early intervention agenda *Getting it Right for Every Child (GIRFEC)* (Scottish Government 2008). The early intervention recognition and policies were accompanied by a drive to achieve timely, robust care plans for children who could not

be looked after at home with their birth family and actively recruiting appropriate adoptive parents (Department for Education 2012, 2013). There was a growing acknowledgement of the impact of delays on instability in permanent homes for children (Biehal et al, 2010). Woods and Henderson report that the push for early permanence in particular appears to have been successfully achieved in Scotland when comparing cohorts of children between 2000-2003 and 2014-2017 (Woods and Henderson 2018).

Adoption remains a priority for the Scottish Government. There has been an increase in the number of children achieving 'permanence'<sup>1</sup> through adoption or permanence orders, which the government categorise as, 'an improvement' (The Scottish Government 2015). Outside of Government, The Care Inspectorate stated that they welcome and support action which can 'secure faster permanence for children who cannot or do not live with their birth parents' (Scottish Care Inspectorate 2013: 2). Such policy initiatives have engendered debate and the British Association of Social Workers (BASW) launched an Adoption Inquiry, which reported its concerns in 2018 (Featherstone et al, 2018).

In 2015, the Scottish Government highlighted its continued commitment to promoting adoption in a 'Strategy for Looked After Children and Young People' (Scottish Government 2015). Early permanence is highlighted as being a key strategy objective. Although in many ways commendable, it is also imperative to recognise that moves to initiate adoption earlier include the matching of families with children who previously may not have been considered for adoption, particularly in light of the noted increase in the additional needs of these children. Scottish Government have recognised the lack of knowledge around outcomes for care experienced young people and sought to address this in the creation of a Scottish Data Strategy (Scottish Government 2015).

Care experienced children are admitted to care due to the adversity they have experienced: this is the same for children who are fostered or go on to be adopted (Triseliotis 2002). The breakdown of the family (as experienced in adoption breakdown) could well be reflective of this. It is recognised within Scotland and the UK that children in foster care require additional support while living with foster families (The Scottish Government 2015), yet the same supports are not available for adoptive families. Post adoption support services in the UK have been considered to be lacking (Rushton et al, 2006; Selwyn et al, 2014) and although they are being prioritised and funded in England and Wales (Department for Education 2013), the same is not the case in Scotland (Adoption Support Fund UK 2016). Despite this, as will be discussed, adoption breakdown rates in the literature are remarkably

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<sup>1</sup> Permanence is a concept used widely throughout the literature and by policy makers. It is often synonymous with legal objectives of securing finality of a care plan for a child whether through permanent foster care or adoption. It is a broad and problematic term encompassing ideas of belonging though is rarely defined.

low. When adoptive families and long-term fostering families have been compared, adoptions have consistently demonstrated lower rates of breakdown (albeit the studies are not directly comparable) (Triseliotis 2002).

Adoption breakdown is above all else a human tragedy. Therefore, a greater understanding is imperative for children in Scotland who are being considered for adoption, birth families who may be affected by the breakdown, those planning to adopt and all those working in adoption practice or policy making. It serves to recognise and acknowledge the tragic and far reaching impacts of adoption breakdown.

The learning from adoption breakdown research may assist in more appropriate matching considerations for children and families and for tailoring support services both during adoption preparation and post adoption. Post adoption support, can be of great benefit to some families and may reduce the risk of breakdown (Houston and Kramer 2008). Difficulties that are highlighted in adoption breakdown research provide opportunities for practitioners to take a more pragmatic approach to adoption, consider the existing support networks in place and for the wider ethical issues to be discussed in each individual case.

Adoption also needs to be considered against the backdrop of criticisms of the system, irrespective of adoption breakdown. Although adoption breakdown may exacerbate the arguments put forward to contemplate the gravity of adoption decisions that are made by a non-relative on behalf of a child, Dale highlights some of the controversy around children being adopted against the wishes of their parents in what he terms, 'forced adoptions'. He critiques policy makers' use of research to justify reducing contact with birth families during child care court proceedings, resulting in adoption being the most draconian of measures for both the birth families and the children who are being adopted (Dale 2013:175). These criticisms come at a time when agreement has come from the Scottish Government to investigate historical adoption practice in Scotland (Scottish Government 2022b). Furthermore, the Joint Committee on Human Rights in England is currently in the midst of an inquiry into the adoption of children from unmarried mothers.

In Scotland, the far reaching care review *The Promise* reported in 2020 and was highly critical of the care system in general in Scotland and advocated for support for families so that it is a rare event that a child leaves the family environment but in those cases where they are not safe to stay, kinship care should be considered first (Scottish Government 2020b). The Scottish Government has reiterated a commitment to *The Promise* and sets out its aims in supporting families in a newly released policy paper *Keeping the Promise to our Children and Young People* (Scottish Government 2022c).

Although this research will not focus on the underpinning ethical positioning of adoption against parental wishes, it is essential to acknowledge the magnitude of the lifelong implications of adoption and therefore imperative to review the instances where an adoption has ended.

### *Theoretical frameworks*

Adoption research is approached from numerous standpoints; this section will provide an overview of some of these, help make sense of the literature and identify the theories which provide an important reference point for this study. In describing the theoretical frameworks that are often most applicable to adoption, I have relied on a combination of the theories commonly referred to in the literature and practice wisdom gained personally from many years working within the field of adoption. Social work practice does not rely on one specific theory of adoption, instead theories are drawn from sociology, psychology and psychiatry. In the following chapter on methodology, I will highlight how my analysis attended to issues of theory.

It is essential for this study not to confine itself to one theoretical viewpoint in isolation for three reasons. Firstly, although each of the theoretical perspectives have their own merits and uses for analysing and interpreting adoption breakdown, focussing on only one perspective can ignore the complexity of the inter-locking factors involved in adoption breakdown. Secondly, descriptions offered by practitioners and adoptive parents provide considerable insight into how some individuals directly involved in adoption breakdown understand and interpret adoption breakdown. To consider adoption breakdown from purely one theoretical standpoint could obscure these observations. Thirdly, the aim of this study is to provide insights for policy and practice - social workers do not work in a way where only one theoretical position dominates their thinking or approach. For example within adoption practice, when assessing and preparing prospective adopters, attachment theory is widely used in Scotland (Adoption UK and AFA Scotland 2019) yet child GIRFEC assessments used by front line child social work practitioners are completed within a systems approach (Robertson 2014). Focussing on just one theoretical approach has been criticised in social work, particularly in working within the child protection sphere (Munro and Hubbard 2011; Munro 2010) and as a consequence, this study seeks to consider theoretical perspectives that sit alongside the findings, that will support and improve social work practice rather than taking a narrow focus and approaching adoption breakdown through one theoretical lens.

### *Sociological Theories*

Sociological studies explore what it means to be an adoptive family (e.g. Lambert 2020; Logan 2013). These theories explore how adoptees, birth families or adopted parents, navigate their position within constructs of family that have not traditionally applied to them. Acknowledging adoption as a societal

construct and not as a direct resemblance to the pre-conceived norms of family life was first explored by Kirk following analysis of 2000 adoptive families in US and Canada. He highlighted the difference that adoptive families felt and the pain this caused (Kirk 1964). Using sociological theory to contemplate adoption breakdown crudely may consider that adoptions are more vulnerable to breakdown as adoption is not given the same societal credence as a biological connection in a birth family. Although this is an extreme example used to highlight the concept – it could be used to extrapolate meanings from studies (e.g. White et al, 2021) where a greater commitment to children was shown by guardianship and adoptive parents when there was a kinship connection.

Sociological theories can be very helpful in understanding and appreciating some of the unmet expectations that adoptive parents or adoptees may have and how these may impact upon the family dynamic and ultimately lead to an adoption breakdown. For example Miall, reflected that adoption did not have its own place amongst the social understanding of family, that couples who were unable to conceive naturally, would automatically then choose fertility treatment over adoption. This adds to the societal picture that adoption is second best and can result in conflicts in identities of adoptive families (Miall 1996).

### Psychological Theories

Psychological studies are prevalent within the literature, much research stems from psychologists who have worked directly with adopted young people in intervention settings. Psychological studies of adoption generally approach adoption from a position of attachment theory, for example a recent systematic review found 44 recent attachment focussed adoptive parenting interventions with attachment theory as their guide (Dalgaard et al, 2022). Attachment theory dominates adoption social work practice in Scotland. Understanding basic attachment theory and how it relates to children is a core aspect of adoption preparation for prospective adopters (Adoption UK and AFA Scotland, 2019). Attachment theory fundamentally relates to the relationship that an adopted child has with their caregiver and how that relationship is shaped by their previous experiences. It is based upon the work of Bowlby (1969) who took a behaviour orientated approach towards thinking about the child and parent relationship. He contemplated that infants and toddlers used their behaviour to seek out the attention of their care giver to gain closeness (Bowlby, 1969,1973,1980). Bowlby developed the concept of internal working models to explain and understand how children form early relationships (Schofield et al, 2014:6). Children's internal working models develop in response to the interaction with their care giver – nurturing, responsive care that elicits a feeling of safety for a child. This in turn, allows the child to trust that their behaviours will lead to a response in a care-giver and the elicited care-giver's response will meet their needs. This idea of the caregiver being reliable provides psychological safety for the child.

Ainsworth further elaborated on the work of Bowlby by contemplating three categories of attachment (Ainsworth et al, 1978; Ainsworth 1967) – these were formed through stranger situation studies – where a toddler was observed being left for a short period of time by their caregiver and the reunion was observed. From these observations, the types of attachment that emerged were secure attachment, where a child is easily comforted by their caregiver, insecure/avoidant attachment, where the child can present as ambivalent towards their caregiver on reunion and insecure/resistant attachment, which is associated with the child showing signs of extreme distress upon reunion. A fourth attachment pattern has been developed which is representative of a child who is unable to regulate their emotions or be grounded by a caregiver (attachment figure) (Main and Solomon 1990)

Attachment theory is often used to explain how and why relationship difficulties can emerge in adoptive families. For example, a child who has experienced the loss of a caregiver through leaving the biological (or foster) family experiences a disruption in their care preventing them from having a secure base. The child therefore does not perceive caregivers as being safe and this mistrust can interfere with the relationship between the adoptive parent and the child. Adoption breakdown studies often hypothesise that breakdown is more likely when the parent is unable to offer nurturing support to the child due to the child not trusting the parent, which leads to conflict. For example in a study of children who were moved into their adoptive homes between the ages of 5-11, there was a link found between how the mother perceived the attachment of the child and the likelihood of adoption breakdown. Attachment theory was used here to suggest that early adversity for the child had impacted their capacity to trust their caregiver (adoptive mother), which led to limited reciprocity in the relationship with discord in the family dynamic and therefore predicted a greater likelihood of adoption breakdown (Dance and Rushton 2005).

There are numerous difficulties in contemplating attachment theory as a lens through which to explore adoption breakdown. It has been widely criticised in social work practice for being misunderstood and used wrongly (White et al, 2019). In fact, it has even been subject to criticism in the public sphere – with a court ruling evidence pertaining to attachment representations by a social worker as inadmissible and irrelevant to the evidence in the case ([2018] 3 WRL 1126).

Attachment theory is highly complex, it has developed and been added to over the last 70 years. Often the origins of the theory and the meanings of those origins are forgotten, leading to misuse or poor understanding (White et al, 2019). Ainsworth's development of the model was based on a group of middle-class mothers and infants and despite this bias the theory became a marker for what constituted a normal experience (White et al, 2019: 28). It has been suggested that when considering working with children who are care experienced, a focus on attachment can fail to account for the

need for relationships that matter at each stage of a child's life. Attachment theory in social work often focussed upon the early years of childhood. This fails to account for Bowlby's own development of his theory – in his later years he was heavily influenced by developmental theories and adjusted his thinking away from solely the focus on early separation (Tizard 2009). Traditionally, attachment focussed literature in adoption research has focussed on the early years. Although attachment theory dominates the research literature, it is less clear how it interacts with other theories, and in contemplating the numerous factors that come into play in adoption and adoption breakdown, it can give too narrow a focus.

### Psychosocial Theories

Broader psychosocial frameworks have been constructed to consider adoption adjustment (Brodzinsky 1987). Brodzinsky drew on the work of Erikson (Erikson 1963) in contemplating the additional tasks that adoption brings to the developmental process of childhood. He determined that in order to support psychological adjustment, the adoptive family have to respond to a set of developmental tasks unique to adoption. He explains the interaction of the family in this process by describing the adjustment that is required for adoptive parents when coming to terms with life as adoptive parents whilst supporting their child. He links social stigma, loss that stems from infertility and the uncertainty of the adoption assessment process with the stage of infancy. He explores the link with establishing the adoption status of the family in the toddler phase and then details the support required in helping the child achieve mastery of the meaning of adoption in middle childhood thereby allowing space to grieve the loss of their birth family. Finally, he chronicles the additional task at adolescence, when young people come to terms with their identity as an adoptee and what that means for them. Adjustment for an adoptee takes into account the adjustment that they have around an appreciation of what a caregiver means – particularly if they experienced instability of a caregiver. For example, if a caregiver misused substances then they would be less available for the child and this would require adjustment in the adoptive home. Psychosocial developmental theories that track adoption across the life course are often used as a way of explaining some of the processes required in adoptive families and how they may impact on discord within the family home. (Franco-Borges et al, 2010).

Brodzinsky and Smith, when commenting on developments in adoption breakdown research, highlight that adoption breakdown may refer to *legal* instability, or *residential permanence* but that in many ways the crux of the issue relates to achieving *psychological* permanence (Brodzinsky and Smith 2019). Building on Brodzinsky's original psychosocial model for adoption, psychological permanence is a way of enabling safety to be felt and perceived in a relationship with a caregiver (Brodzinsky and Smith 2019). This is perhaps a useful model for understanding the complexity of the experience for the

adoptee at the time of the adoption breakdown when coming to terms with their understanding of what their home or support network now is or isn't. This model in isolation does not solely account for the numerous factors that may lead to adoption breakdown and the numerous players involved. It is a helpful tool for contemplating the impact perhaps on the adopted person but less helpful in considering the context of the adoption and the processes surrounding it.

Communicative openness is a theory developed by Brodzinsky (Brodzinsky 2005) – which reflected the change in adoption practice internationally towards a more open discussions about origins. Reflecting increased direct contact between birth families and adoptive families or at a minimum a removal of secrecy around the adoption process, allowing adopted young people to have an understanding of their roots. It complements his earlier theoretical developmental approach, discussed above, in considering adoption through the life span (Brodzinsky and Pinderhughes 2002; Brodzinsky 2005) in contemplating how communication surrounding the adoption experience influences adoptions. He describes three stages: *intrapersonal*, *intrafamilial* and *interfamilial*. The first stage explores the understanding of the meaning of adoption to the individual, how it affects the adopted child, adoptive parents and birth parents in different ways according to the time at which their understanding of adoption began. The second stage considered the discussion of adoption within the adoptive parent and adopted person dynamic and the third stage relates to the communication and understanding regarding the adoption between the adoptive and birth family (Brodzinsky 2006). This theory has been widely used to explore relationships and functioning within the adoptive family (Aramburu Alegret et al, 2018). Although the theory could be considered to be widely applicable to adoption, it is of note that the theory was developed considering adoption of babies in America who had been relinquished. This necessarily means that some of the intrapersonal reflections contemplated for birth parents when the theory was developed have a slightly different context to birth parents who have lost their children to care through the legal system (as occurs in Scotland). Similarly, the reflections for adoptees who have to come to terms with their removal from their birth parents on grounds indicating that the care being offered to them was unsafe may pose differing challenges and complications in exploring adoption identity than for those who were adopted from birth with parental consent.

### Ecological Theories

The use of ecological theories has been used more recently in recognition of the holistic setting of adoptive family life (Sellers et al, 2018). These are based on the theory of Bronfenbrenner (Bronfenbrenner 1977) and detail multi-layered, 'nested', environments (microsystem, mesosystem, exosystem, macrosystem and chronosystem) in which an adopted child finds themselves, as interlinked (Liao 2016). Sellers and colleagues for example, use this theoretical perspective to consider the changing nature of the family relationships within the adoptive home and how these interact with

parental warmth (Sellers et al, 2018). In contemplating adoption breakdown, factors across all systems would be considered. For example – a young person struggling at school may then develop adaptive behaviours at home. This then leads to conflict with the adoptive parent which in turn causes distress and may impact upon how the family are perceived in the community. Using Bronfenbrenner's model allows for consideration of the context in which an adoption breakdown exists, accounting for environmental factors contributing to the family dynamic (Bronfenbrenner 2005). However, without contemplating other approaches, additional aspects may be missed - psychodynamic theories allow for consideration of factors such as how the adopted young person perceives their history and the subsequent impact upon their self-esteem and whether that influences adoption breakdown.

The broad categories of theories detailed above provide a glimpse into the complexity of adoption as a concept and of adoptive family life. Although many of the theories are adoption led – such as considering the adoption lifecycle, by themselves they do not always account for the numerous and varied contexts in which adoption takes place, the types of interventions or approaches that are used within social work settings or interactions within a family environment. Many of the theoretical underpinnings within the research (when made explicit) are unidimensional in their focus, such as attachment theory (Barth and Miller 2000) and fail to take account of the numerous and complex factors involved in the adoption process (Schweiger 2005). To focus purely on one theoretical approach when attempting to gain a holistic understanding of adoption breakdown in Scotland would be remiss.

### *Strategy*

The literature review was initially undertaken through systematic searching of the Proquest Social Sciences database, a collection of international journals for the social sciences. The search terms, 'adopt\*' 'child\*'

AND 'disrupt\*' OR dissolution were used. These terms were chosen due to their prevalence in the literature. Abstracts were reviewed to consider relevance. Further discussion of terminology is below. In addition to this search, some, 'snowballing' searches were also undertaken, where relevant literature became identifiable from the literature produced through the database searches via article reference lists. As previously discussed, due to the changing nature of adoption since the 1970s, studies prior to 1970 were not considered.

International studies were considered alongside UK based research and it was clear that the approach to methodology varied immensely, from small scale qualitative studies focussed on interviews of adoptive parents (e.g. Lyttle et al, 2021) to case records analysis of small voluntary adoption agencies (Randall 2013), to quantitative analysis of huge administrative data sets of American states (e.g.

(Rolock et al, 2019). Fourteen studies within the UK were identified between 1990-2022 that specifically look at adoption breakdown (Beckett et al, 2014; Biehal et al, 2010; Dance et al, 2010; Fratter et al, 1991; Holloway, 1997; Jacobs et al, 2022; Lowe et al, 1999; Quinton et al, 1998; Randall, 2013; Rushton et al, 2001; Rushton et al, 2006; Selwyn et al, 2014; Selwyn and Quinton, 2004; Thoburn et al, 2000). Only one of these studies considered national data sets; Selwyn used administrative data to look at a national picture of adoption in England and Wales alongside interviews and surveys (Selwyn et al, 2014). No national data set studies in Scotland have been considered in relation to adoption or adoption breakdown. Three studies looked at a specific cohort of children who moved into their adoptive home at an older age, one study considered only children with 'special needs' (Fratter et al, 1991). Two studies used postal surveys to collate information. The main methodology for three studies focussed on interviews with adoptive parents and social workers. One study focused on documentary analysis of the minutes from local authority adoption disruption meetings. Six studies looked at local authority data via case file analysis and local authority administrative data. Of these six studies, four considered data in one specific adoption agency (either a voluntary adoption agency or a local authority), one study considered a group of ten local authorities and one a group of 24 voluntary adoption agencies. Three of the studies supplemented case record analysis with interviews. Children and young people's perspectives (from interviews) were present in only two studies. Foster carer perspectives were not considered at all in the research, other than where they had contributed to a particular case record that formed part of case file analysis.

The literature varied hugely with a far reaching international context. The complexity of interpreting the literature therefore had to take into account the definitions of adoption breakdown (*Adoption Breakdown*) alongside the setting of the adoptions. In the United States for example, adoptions are split between consensual adoptions between adoptive parents and birth families relinquishing a baby for adoption, international adoptions, and adoptions from foster care. In Spain and Portugal, adoption tends to happen when children are at an older age and, often the children who are adopted from the care system are adopted from a residential care setting. Studies that focussed specifically on international adoption studies (for example, in the UK the British Chinese adoption Study (Rushton et al, 2013)) were excluded from the literature on the basis that the specific factors pertaining to international adoptee cohorts were less relevant to this Scottish based study.

The literature is dominated by studies that were conducted during the 1980s (Barth et al, 1986; Smith and Howard 1991; Westhues and Cohen 1990; Schmidt et al, 1988) in response to the recognition of social change occurring from the late 1960s onwards and the impact that this was therefore having upon the types of children who were being adopted. There was much speculation about whether adoptive parents were adequately prepared for parenting a child who was considered to have special

needs by virtue of their age, ability or experience and whether these children were at tangible risk of experiencing a premature ending to their adoption (Barth et al, 1988). Although these studies, which mainly originate in the US and generally have quantitative methodologies, are relatively speaking outdated, they remain pertinent when considering adoption breakdown. Adoption practices have not dramatically changed nor have the types of children being adopted. A further peak in interest arose around the mid 2000s, both in the UK (following the enactment of legislation around adoption and a political bias towards the encouragement of reducing the number of children in care through adoption) (Rushton 2003) and in the US, the Clinton Administration producing 'Adoption 2002' goals aimed at doubling the number of children adopted from foster care (Coakley and Berrick 2008; Conn 2013). Indeed the attitudinal push in the US to promote adoption from care remains visible as recent literature focusses on exploring reasons why people choose not to adopt and considers suggestions to tackling this (Goldberg et al, 2009). This return of political favour paved the way for academics to reflect on some of the potential negative connotations of increasing the number of adoptions in light of the types of children adopted from care and the likely impact of their pre-adoption experiences.

#### What is adoption breakdown?

One of the complicating factors surrounding reviewing the literature on adoption breakdown is the terminology used to describe a child leaving the adoptive home. The variation of the definitions within the studies have repercussions when evaluating and comparing the studies, particularly when considering the rates of breakdown. There had not been much need to clarify breakdown or 'disruption' in an adoption context prior to the 1980s. Studies that did refer to a situation where an adopted child left the family home described these as 'failed adoptions' (Kadushin and Seidl 1971). 'Disruption' studies became prevalent in the US, Canada and the UK during the latter half of the 1980s. This was in response to the recognition of the reduction of infant adoptions and subsequent increase in the number of older children, with care histories or additional needs being placed for adoption, often against the wishes of their birth families (Barth et al, 1986; Castle et al, 2000). The subsequent emerging information on the failure of such arrangements prompted much speculation and concern about the longevity and stability of adoptive homes (Festinger 2002).

Barth and colleagues in their seminal study of older children (children aged over 3 at time of adoption) in 1988 defined a 'disruption' as, 'all placements that ended with the return of the child to the agency.' (Barth et al, 1988: 227). They did not consider adoptions when the adopted child was no longer living with the adoptive family to have broken down if the child had not returned to the care of the agency. This terminology was adopted by several American authors in the 1980s though distinctions started to be made between adoptions that had ended prior to any legal formality (pre-order) and adoptions where the child had been legally adopted (post-order). Disruption in American studies particularly

evolved to refer to an adoption ending prior to an Adoption Order being granted (Coakley and Berrick 2007; Gibbs et al, 2005; Howard et al, 2016; Rosenthal et al, 1988). 'Dissolution' became the term of choice when describing adoptive families in which legal orders had been granted and then the adoptive parental rights were terminated for a reason other than the death or incapacitation of the adoptive parent (Festinger 2002; Festinger and Maza 2009; McDonald et al, 2001). 'Displacement' has been used to describe a situation where a child is no longer residing with their adoptive family but the adoptive parents retain parental rights (Wind et al, 2005: 47).

There is controversy over the terminology and its potential to stigmatise children subject to an adoption breakdown (Festinger and Maza 2009; Rolock 2015; Smith 2014). Festinger and Maza promoted usage of the term, 'post-adoption placement' suggesting that it is a more neutral term and free of negative connotations. They emphasised the fact that in their study (using administrative data in an US state) 61% of the children leaving an adoptive family required specialist support services, which they took to be an indicator of the level of need of some children who are adopted. Rolock advocates the use of the term 'post-permanency discontinuity' when children leave their homes after adoption or guardianship, prior to becoming adults. She argues that this term covers all children who leave the adoptive home, rather than just those who re-enter the foster care system (Rolock 2015). Adoption is legislated for on the promise of a lifetime family commitment (Brodzinsky 2011), yet 'post-permanency continuity' fails to adequately represent the tragic nature of adoption breakdown and could be thought to diminish its significance. Smith uses the term, 'post-adoption instability' to describe re-entry to the care system from an adoptive home, whether on a temporary or permanent basis. This may be more appropriate when taking into account the fact that the adoption remains intact for many families, though a period of out of home care may be required. However, it still leaves the challenge of how to incorporate the ending of adoptions where the child had been introduced to their adoptive parents and prepared for adoption and then left the adoptive family home before being legally adopted.

Adoption breakdown terminology to date has not been discussed as broadly in the UK. This in part is due to the fact that there would be no equivalent term for dissolution in describing the termination of parental rights following an adoption breakdown as at present there is no legal route to terminate an Adoption Order other than through granting a new one in England (Masson et al, 2008; Palacios et al, 2019) or Scotland (Adoption and Children (Scotland) Act 2007).

Most UK studies have adopted the broad term 'disruption' (Dance and Rushton 2005; Jacobs et al, 2022; Rushton 2003; Selwyn et al, 2014) though within the study design they have distinguished between breakdowns that have occurred prior to an Adoption Order being sought (pre-order) or after

an Adoption Order has been granted (post-order). Even within this broad term some studies have also chosen not to include situations where a child no longer lives within the adoptive home but maintains contact with the family in a meaningful way as being a disruption (Dance and Rushton 2005). However, the largest and only national study to be conducted in the UK considered a disruption to have occurred when legally adopted children had left their adoptive families under the age of 18 (Selwyn et al, 2014). This offers only a partial picture of adoption success as measured through the length of time the child remained in the family home because it fails to take into account instances where the child left the adoptive family prior to any legal order being sought.

Whether a definition of adoption breakdown should acknowledge any ongoing communication or links to an adoptive family is a broader question which will not be considered in this aspect of the literature review. Some acknowledgement within the literature is given to the stigmatisation of adoption ties when compared to birth family ties in the community and by social workers (Miall 1996; Wegar 2000) and there is a line of argument that using the terminology of disruption brings a finality to adoption that reinforces the stereotype of adoption being inferior to a kinship blood tie. It is important to recognise that leaving an adoptive home may be short-lived (for example Festinger refers to the numerous returns back to the adoptive home in her 2009 study (Festinger and Maza 2009) as does Smith (Smith 2014)) and for many the bonds of adoption extend beyond the physical environment. Adoptive families themselves have also referred to the stigma that they associate with the term disruption (Selwyn et al, 2014; Special Guardians and Adopters Together 2018). A parent led group (Special Guardians and Adopters Together 2018) advocates for the terminology for children and young people who have left home after post-order to be branded 'return to care' as it allows for a rebuild of a relationship and does not assume a failed adoption. In part, this view appears also to have been taken on an understanding that 'disruption' technically should only apply to adoptions that broke down pre-order (Special Guardians and Adopters Together 2018:55). Some young people leave the adoptive home to live with birth family so using terminology of *return to care* would inadvertently exclude these adopted children and young people. In light of the stigma that parents have reported with the use of the term disruption, a decision was taken to use the term breakdown. This recently been recognised as a term that can cover a variety of situations (Palacios et al, 2019). It is not contended that this term is preferred by adoptive parents or adoptees, however, it allows for the inclusion of pre-order and post-order scenarios and signifies the magnitude of the event for the whole family.

### Breakdown Rates

Adoption breakdown rates are notoriously difficult to estimate and the way studies are constructed varies immensely (Palacios et al, 2019; Selwyn et al, 2014). There have been no national studies in the

US (Semanchin-Jones and LaLiberte 2010) and the first national study commissioned in the UK (which only considered England and Wales) focussed solely on breakdowns that had occurred after an adoption order had been granted (Selwyn et al, 2014). The paucity of national studies, is in part explicable by the lack of nationally collected data on adoption outcomes. In the UK, there is no requirement for adoption agencies to record breakdowns that they are aware of or indeed maintain any contact with an adoptive family following the granting of an Adoption Order. For many children who move to live with adoptive parents outside the Local Authority within which they entered the care system, should their adoption break down, it would be likely that the initial Local Authority would have no knowledge of this. In any event, figures pertaining only to whether or not a child remains in the adoptive home are not necessarily reliable or conclusive in terms of the adoptive experience for the child or family (Triseliotis 2002) and the adoptive parent-child relationship can deteriorate in other ways (Smith and Howard 1991).

The breakdown rates across studies are broadly speaking vague estimates, which are difficult to compare or generalise due to varying sample sizes and methodologies. Adoption studies are notoriously difficult to compare due to the differing types of adoption, definitions and legal systems (Holmgren and Elovainio 2019). Many studies have captured data on adoptive families shortly after the child has moved in, potentially missing breakdowns that occur after the data collection (e.g. Dance and Farmer 2014). Whilst others have reported over a much longer time period (over 10 years) (Randall 2013; Selwyn et al, 2014). Some studies capture adoption endings prior to an Adoption Order being finalised (e.g. Barbosa-Ducharne and Marinho 2019), some only consider those after the Order has been finalised (e.g. Selwyn et al, 2014). Brodzinsky also highlights the importance of the acknowledgement of adoption breakdown rates not perhaps picking up the children who remain in the adoptive home but family relationships are so poor that the adoption has essentially broken down (Brodzinsky and Smith 2019). Conversely, some studies will pick up the young people who have left the family home but still consider the adoption to be intact and a success (Selwyn et al, 2014).

The context of adoption studies on breakdown is crucial. In Portugal, the majority of children who move to an adoptive home have not been in foster care (Barbosa-Ducharne and Marinho 2019), whereas in Scotland, the majority of children who are adopted are care-experienced and are living with foster families prior to moving to adoption (Scottish Government 2020b). In the US, only 12% of care-experienced children are adopted by strangers. Intercountry adoption often features in adoption studies (e.g. Rushton et al, 2013) and there are unique insights pertaining to adopted people who have been adopted internationally.

The target population of studies varies immensely, some focussing on specific child characteristics such as age (Quinton et al, 1998; Rushton and Dance 2004); sibling groups (Rushton et al, 2001), having a learning disorder (Blace et al, 2009) or having experienced sexual abuse (Nalavany et al, 2008). Additionally, a broad spectrum of methods, participation, recruitment and analysis differentiate many studies. For example, there are large studies based in the US that rely on administrative data (Festinger 2002; Rolock 2015). There are studies that have sought to rely on case records (Barbosa-Ducharne and Marinho 2019; Jacobs et al, 2022), surveys (The Evan B. Donaldson Adoption Institute 2004), interviews (Rushton et al, 2001), and mixed methods (Selwyn et al, 2014).

The stage at which the breakdowns are investigated (i.e. pre-or post-order), the type of population, differing research designs, differing legal systems, and specific characteristics reported make it exceptionally difficult to draw conclusions as to overall adoption breakdown rates (Festinger 2014) and to evaluate any unifying factors between the studies.

Studies solely focussed on pre-order breakdowns from US, UK and Canada from 1970 to the present, range in their estimations from 2.5% (Kadushin and Seidl 1971) to 14.3% (Groze 1986). The most recent UK studies estimate pre-order rates of 5% (Dance and Farmer 2010) where a cohort of 134 children were reviewed at 6 months following the child moving in with the adoptive parents and 3.8% of children placed for adoption within one voluntary agency over a period of 10 years (Randall 2013). Dance and Farmer report that at 6 months after a child moved into the adoptive home only 40% of families were considered to be stable, despite the low numbers of adoption breakdowns (Dance and Farmer 2014). The most recent European study undertaken in Portugal looking at pre-order breakdowns estimated a 5.8% disruption rate (Barbosa-Ducharne and Marinho 2019), though this was of a population of adopted children whose average age was 7.5 years at time of adoption, which is much higher than the average age care-experienced Scottish children move into an adoptive home (National Records of Scotland 2021b; Scottish Government 2020b).

Studies focussing on post-order rates are more susceptible to being adversely impacted by the number of years following the adoption that the data was captured. Selwyn and colleagues in the UK found that the most likely period for a breakdown to occur is in the teenage years (Selwyn et al, 2014). In the US, Festinger and Maza noted that the median age for a return to care following an adoption *dissolution* is 14.4 years and they found that this was irrelevant of the age that a child had been when joining the adoptive family (Festinger and Maza 2009). This is significant when considering rates of adoption breakdown as any children who have not yet reached their teenage years at the time of data capture may go on to experience a breakdown.

It is difficult to capture post order breakdowns particularly using administrative data (Palacios et al, 2019; Paniagua et al, 2019; Schmidt et al, 1988; Selwyn et al, 2014). Despite these difficulties, post-order breakdown rates over the last 30 years have been estimated at 3.2% (Selwyn, et al, 2014) to 8.2% (Festinger 1986). There are 17 studies that consider adoption breakdowns encompassing both pre and post order between 1988 to 2022 and their rates vary from 1.3% (Paniagua et al, 2019) to 24% (Thoburn et al, 2000), five studies reported a rate within the range of 21-24%. Valid generalisations cannot be drawn due to the variance in size, methodology and target populations of the studies – Thoburn’s study for example had a sample size of 210, only considering children of ethnic minorities who had been adopted from one voluntary agency. Fratter’s study had a sample size of 1165 and only considered children placed over the age of 18 months, who they classified as having special needs, in part by virtue of their age (Fratter et al, 1991). Paniagua, looked at a cohort of Spanish children who had moved to the adoptive home, 97% of whom had spent time in residential care prior to adoption (Paniagua et al, 2019), whereas most UK studies, children would have resided in foster care prior to adoption.

Only two Scottish studies were identified, neither sought to estimate an adoption breakdown rate. Phillips undertook a small scale study of 19 families across two Local Authorities in Scotland to consider post adoption support and within this study found that three adoptions had broken down (Phillips, 1990). The other study is a review of adoption and permanent fostering breakdowns in Scotland where documentary analysis was undertaken on minutes from fostering or adoption disruption meetings (Jacobs et al, 2022). Eleven children who experienced an adoption breakdown were considered in this study and all these adoptions broke down pre-order. The most applicable study in terms of considering a breakdown rate in Scotland is Selwyn’s ‘Beyond the Order’ study, which calculated a *disruption* rate for adoptions that had broken down following the granting of an Adoption Order in England and Wales. This study primarily used administrative data to compare adoption permanency with Special Guardianship and Residency, the latter part of the study was qualitative focussing on adoptive parents and some adopted children’s experiences of breakdowns and difficulties within the family home. It estimated a post adoption breakdown rate of 3.2% (Selwyn et al, 2014). The figure merits greater scrutiny for several reasons. The authors acknowledge the difficulties in accessing data and the fact that at present outcomes on the success of adoptions measured in terms of their longevity are not recorded in the UK. Dance, in her critique of the study notes that the data sets are incomplete and that the researchers struggled to obtain the samples needed (Dance 2016). The data comprised of Local Authority survey returns being linked with the SSDA903 return. The SSDA903 data set is collated by the Department for Education by mandating all Local Authorities in England and Wales to report annual social work statistics. The adoption file within

the database only contains a record of children where an Adoption Order has been granted; no further detail is collected. The authors had to rely on the personal knowledge of social workers within local authorities to provide information on adoption breakdowns via survey. It is noted that the survey respondents were not confident in the accuracy of their responses and were concerned that breakdowns could be missed via this data collection method. This study does not account for any of the breakdowns that may have occurred prior to an Adoption Order being sought, which in many ways is not reflective of the success of adoptive families in terms of longevity. In recognition of the fact that the data collection point may not allow for a breakdown, the authors undertook statistical analysis to compensate for this by using a Kaplan-meir regression analysis. This though useful, fails to compensate for the incompleteness of the data sets. Despite these areas of incompleteness, it remains a highly useful study for Scotland for comparative purposes, as it is the only study in the UK to use national administrative data and is particularly impressive given the difficulties in accessing adoption data outlined above.

### Summary

There are numerous complications when trying to interpret adoption breakdown data, particularly, in assessing the prevalence of breakdown. There is no universally accepted definition of what adoption breakdown is, meaning that some studies include children who only have been legally adopted and some do not. Many studies adopt an approach that utilises administrative data to consider adoption breakdown rates, administrative data is often unreliable (particularly in the UK) and so may not offer a complete picture. Additionally, it tends to be based upon a child's records so fails to account for inter-related causes stemming from adoptive family relationships or adoption processes. The studies also encompass a range of differing international contexts where adoption processes are highly variable which also impacts the comparison between them. Some studies only consider specific groups of adopted young people, such as those who were adopted at an older age also creating challenges for comparison. There are very few mixed methods studies that explore the wider experiences of those involved in adoption breakdowns. Limited perspectives of adopted people and no perspectives from foster carers are offered.

Although it is difficult to get a sense of prevalence of adoption breakdown internationally due to differing methodologies, adoption breakdown definitions, and population characteristics of samples, many studies provide useful documentations of the adoption breakdown experience. These studies highlight common characteristics across the samples of adoption breakdowns and are discussed below.

## Themes in the Literature

The literature provides descriptions of the breakdown experience and how it impacts adoptive families (*The Adoption Breakdown Experience*), however, the focus on descriptions within the literature relate to risk factors for adoption breakdown. Factors pertaining to the child (*Child*), adoptive parents (*Adopters*), the family composition (*Family Factors*) and the agency (*Agency*) are discussed the most amongst the breakdown literature, particularly when seeking to understand why breakdowns may occur. There is a dearth of literature exploring the interconnectedness of these factors, when arguably a more holistic approach would be appropriate. Although, this is in part due to the varying complexity of the study designs as referred to earlier, the focus has been on understanding the phenomenon of adoption breakdown in general and less focus has been on the particular circumstances of adoption breakdowns.

### The Adoption Breakdown Experience

Devastating emotional consequences for those involved are reported in the literature. Feelings of guilt, failure, grief and incredible loss are articulated by adoptive parents and adoptees alike (Coakley 2005; Lyttle et al, 2021; Schmidt et al, 1988; Selwyn et al, 2014). A sense of shame, feeling judged by the community and feelings of hopelessness have been reported by adoptive parents (Lyttle et al, 2021; Schmidt et al, 1988). Impact on other family members, relationship break downs and indications of significantly poor emotional health are also evident for those recovering from an adoption breakdown (Selwyn et al, 2014). Support is often not provided to rebuild relationships while the family adjust to family roles in differing locations (Jacobs et al, 2022; Lyttle et al, 2021). Loss of an adoptive (or foster) family confirms to a child that they are unwanted and unlovable (Chambers et al, 2018; Keck and Kupecky 1995). Young people who have experienced moves in their foster home are more likely to experience depression, show signs of aggression and trauma symptoms (Mishra et al, 2020) and this could be considered to also affect children and young people who experience a move from their adoptive home. Coakley argues that exploration of the negative aspect of adoption breakdown, is the most effective tool researchers have to bring forth new information that aims to reduce it (Coakley 2005).

### The Child

The vast majority of research focus on characteristics that relate to the child. This is part is due to methodology – many studies rely on administrative data where the child's record is used as the identifying feature, which necessarily involves child characteristics such as the age of the child. Equally, other studies involve case record analysis, which again focuses on the child and is more likely to record

factual details and show accountability rather than explore the complex interactions at play (Wastell and White 2014).

When describing adoption breakdown, certain characteristics pertaining to children or to the relationship between them are discussed. Age, ethnicity and gender are highlighted alongside experiences that children have had prior to being adopted, their attachment patterns and manifestations of children's behaviour (attachment and behaviour as concepts are considered in greater depth below). In considering some of the adversity that children may have experienced prior to being adopted, it is common that the Adverse Childhood Experiences (ACEs) frame of reference is used. ACEs is a term that is now universally recognised in Scotland as referring to a list of experiences that children are exposed to which are considered detrimental to them (Scottish Government, 2022a). The ACEs concept developed from research in America following information gathered from over 13,000 adults that considered seven adverse childhood experiences, *psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned*, and the negative impact they had had upon adult life (Felitti et al 1998) noting that adults who had experienced a combination of several ACEs were more likely to suffer from a variety of poor health outcomes in adulthood. The broad categories have been used as a cornerstone for many researchers over the last 20 years to consider the child welfare system (Spratt et al, 2022) or as a marker to consider outcomes for children prior to adulthood, (e.g. Anthony et al, 2019). Using ACEs as a marker can be criticised as they do not account for other aspects of adversity that could be pertinent, such as experiencing discrimination and socio-economic disadvantage. However, it is used widely within a Scottish context.

### Age

Age consistently emerges as influencing adoption breakdowns in two ways. Firstly, the age at which a child moves into an adoptive home and secondly the breakdown itself is associated with the age of the child or young person at the time of the event (Rolock 2015). Children placed over the age of three are described as 'special needs adoptions' in literature prior to 2000 (Berry and Barth 1990; Groze 1986). Subsequent studies have specifically referred to the age of the child as being a unique aspect of the adoption to consider, for example Rushton's study of children 'later placed children' (Dance and Rushton 2005). Throughout the literature, irrelevant of sample sizes, the age of a child when they join a family, appears to be a consistent predictor of stability, with the risk of breakdown increasing the older the child is at the time they move into the adoptive home (Berry and Barth 1990; Nelson 1985; Palacios et al, 2019; Paniagua et al, 2019; Selwyn et al, 2014; Smith 2014; The Evan B. Donaldson Adoption Institute 2004). Smith's 2006 study, a quantitative analysis of over 15,000 adoptive families in Illinois, found that for each 1 year in increment of age at the time of joining the family, breakdown

likelihood increased by 6% (Smith et al, 2006). This has to be taken in the American context of older children generally being adopted from foster care at a higher age than in the UK. Nadeem and colleagues, found in a sample of 92 children that there was a higher likelihood of difficulty in an adoptive family if a child moved into the home over the age of 4 (Nadeem et al, 2017); and although participants were Californian, this study specifically recruited families of children who were considered to be 'high risk', 90% of the children had been exposed to substances in utero, 38% had lived in three homes before their adoption. Many studies have focussed solely on older children, for example, Rushton's study of children joining an adoptive family between the ages of 5 – 11 (Dance and Rushton 2005), in which the complications of children of older ages were explored. Twenty-three percent of adoptions had broken down and 28% though continuing, were experiencing difficulties. Castle reported adoptive parents have had more negative feelings about family life and the child as the child gets older (Castle et al, 2000). Much of the research cited for children joining adoptive families at an older age, has been conducted in the US, where adoptions of children are more prevalent in older age (i.e. over 5) than in the UK and this must be accounted for when considering applicability to the UK and Scotland specifically. (In Scotland last year 40% of children referred to the Adoption Register were aged 4 or under (Richardson 2021)).

Reasoning for the correlation between breakdown and the increased age at the time of joining the adoptive family is debated, with factors considered including: the attachment to birth family being stronger when children are older (Peters et al, 1999); the more likely they are to having suffered maltreatment or neglect (Palacios et al, 2019); and the higher likelihood of having experienced multiple care givers (Brodzinsky 2011; Gleitman and Savaya 2011). The increase in understanding about early adversity in childhood has been recognised. Although little research has looked at how early adverse experiences sit alongside other family factors within the adoptive home.

The onset of adolescence has emerged as a finding in relation to when adoptions are most likely to breakdown (Festinger and Maza 2009; Paniagua et al, 2019; Rolock et al, 2019; Selwyn et al, 2014). Selwyn, in her study in England and Wales found that the average age of a young person leaving the adoptive home was 14 years old (as highlighted earlier – this did not factor children whose adoption had broken down pre-order). In the interviews that were conducted with adoptive parents, a link between emerging adolescence and the increase in distressed behaviour such as child to parent violence (CPV) emerged (Selwyn et al, 2014). In an American survey of 937 adoptive and guardianship carers, there was an association with a higher commitment to the child when the child was at a younger age (White et al, 2021), again implying that the younger the child, the more manageable the family environment.

## Ethnicity and Sex

There is some evidence in the US that children in transracial adoptions experience more challenges than same race adoptions (The Evan B. Donaldson Adoption Institute 2004; Wind et al, 2005), though in their extensive and thorough literature review, Coakley and Berwick found mostly no pattern between either race or gender<sup>2</sup> in terms of predicting adoption breakdown (Coakley and Berrick 2008). More recently, Rolock noted a higher risk of adoption breakdown for black children in one US state, but not in another (Rolock et al, 2019) and no difference was noted in a survey of over 900 caregivers (White et al, 2021). In her UK study, Selwyn found no link between ethnicity or gender and breakdown (Selwyn et al, 2014). The reporting of ethnicity was recorded as an issue in the recent Scottish study pertaining to moves for children from adoption and foster homes, with researchers noting the lack of available information relating to the ethnicity of the child (Jacobs et al, 2022).

## Presenting Behaviours

A significant proportion of research studies refer to adaptive<sup>3</sup> behaviours or *externalising or internalising problematic behaviours*<sup>4</sup> of the child in contributing to the child leaving the family home and the adoption ending (Festinger 2014; Paniagua et al, 2019; Selwyn et al, 2014; Smith 2014; White et al, 2021). Adaptive behaviours include children displaying: physical aggression; defiance; lying; stealing; and, sexual behaviours that are not considered ordinary (Palacios et al, 2019). Rosenthal remarks in his research review of adoption breakdown that, 'behavioural problems are the single largest source of stress for families who adopt older and special needs children' (Rosenthal 1993:84). *Externalising* behaviours are specifically cited as being linked with increased rates of adoption breakdown (Goodwin and Madden 2020; Smith and Howard 1991). In their study of children adopted with learning difficulties, Blace and colleagues, found that a child having a learning disorder posed difficulties for adoptive parents but that behavioural problems were more problematic for parents and more likely to lead to breakdown (Blace et al, 2009). Adoptive parents have particularly struggled to manage externalising behaviours that have included incidents of children behaving in a sexually inappropriate manner (Nalavany et al, 2008). There is limited empirical research of children with a history of sexual abuse (between 1985 and 2006) and only 9 studies of varying size and quality have

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<sup>2</sup> Gender in this context is referring to the biological sex of the child – the term gender is most commonly used in the research cited.

<sup>3</sup> The term 'adaptive' is used here to explain when a child's behaviour is reflective of the experiences they have encountered. For example where exposure to early adversity has resulted in higher levels of aggression as a means of communication.

<sup>4</sup> The description of behaviours in these terms are complex and contested. Throughout this chapter, I refer to terms that are used and described within the literature in order to make sense of and explain the studies pertaining to adoption breakdown, though recognise that these terms in their description may inadvertently contribute to a notion of child blaming rather than providing a useful description of a child's interaction in a family.

considered child sexual abuse and whether it impacts upon the stability of the adoptive family (Nalavany et al, 2008). *Externalising* behaviour has been reported to be highly distressing for the child and the family, poorly supported and leads to an increased risk of adoptive breakdown when it translates to child into parent violence (Lyttle et al, 2021; Selwyn and Meakings 2016). In the majority of the studies where adaptive behaviour is reported, it is reported by the adoptive parents, this makes interpretation challenging on the basis that it fails to account for the family dynamic in an objective way. It also doesn't allow for analysis of the tolerance thresholds individual parents may have in managing or accepting presenting behaviours.

In a Welsh study, which followed the outcomes of a cohort of children adopted in 2014-15, the authors noted that a combination of an older age of child, increased number of days in care and increased exposure to adverse childhood experiences (ACEs) led to greater internalising and externalising behaviours (Anthony et al, 2019). Crucially, here the implication is that the early experiences could be predictors of risk of stability for the adoptive family due to their increase in likelihood of resulting in internalising and externalising behaviours in the child.

The early experiences that adopted children have been exposed to, alongside the losses they encounter in leaving their birth family and foster families account for the over-representation of adopted children within the child and adolescent mental health services (Brodzinsky 1987; Meltzer et al, 2003). Estimates suggest that in the US, over half of male children adopted from foster care and 36% of female children adopted from foster care are the recipient of mental health services (Vandivere and McKlindon, 2010). Barth and Miller note that children who have been adopted are more likely to have Attention Deficit Disorder than is comparable within the population (Barth and Miller 2000) and a further US study noted that 29% of adopted young adopted people of a sample (n=808) exhibited symptoms of either Attention Deficit and Hyperactivity Disorder (ADHD), or Oppositional Defiance Disorder (ODD) or both, linked to their pre-adoptive experiences (Simmel et al, 2001). Managing challenging behaviours may impact upon family dynamics, though little direct analysis has been given to factors that extenuate or conversely, exacerbate the circumstances such as supports available to the adoptive families. Nelson, found that the parents of children who struggled with peer relationships and were mistrustful, tended to be less satisfied with adoption (Nelson 1985). The Illinois study mentioned previously, found that children with behavioural problems were 15% more likely to experience an adoption breakdown (Smith et al, 2006). Children who show less behavioural *problems* were also associated with greater nurture and a higher care giving commitment from their adoptive parents (White et al, 2021), though this study was unable to differentiate between how carers perceived behaviour which may also be linked to higher care giving commitment.

These studies intimate a link between the pre-adoption experiences of children and their behavioural presentation. However, a focus on the child's behaviour that links the children's trauma to adoption breakdown is simplistic and ethically complex. It could insinuate that the child had a role to play in the breakdown, due to factors beyond their control and fails to account for the interaction between the parent and child. Most studies rely on narrative reports from adoptive parents. The literature may be helpful in identifying that either parents find it harder to cope with the presentation of children who have experienced trauma (see below on Adoptive parents) or, identifying that children who present as struggling to regulate their emotions are over-represented in adoption breakdown studies. It cannot be assumed from the literature that a direct link between a child's behaviour and adoption breakdown has been made, particularly as most studies where adoption breakdowns are analysed are not compared to a control group of children with similar presentations whose adoptions have not broken down.

### Attachment

Attachment theory and hypotheses around attachment dominate adoption practice in the UK (Bifulco et al, 2008) and attachment theory dominates the research literature (Barth and Miller 2000). Attachment theory posits that when children who have experienced neglectful parenting or separation from a caregiver, their relationship with and capacity to trust parent figures can be compromised (Schofield et al, 2014:11). Secure attachment patterns indicate a sense of trust and safety with a parental figure and much of the literature focusses on the opposite of this - insecure, ambivalent or disorganised attachment patterns. When interpreting research based on attachment representations of adopted children, the fact that attachment is a theory needs to be borne in mind. Considering attachment patterns in isolation fails to account for the interconnecting factors of the parent child relationship. To take a practical example from the literature above, it has been identified that adoptive parents often feel in crisis as a result of their child's behaviours (e.g. CPV) and feel unsupported by their social workers (Selwyn and Meakings 2016). Although a social worker may reasonably rely on their knowledge of attachment theory to hypothesise as to why the relationship between the parent and child has deteriorated, taking a purely attachment focussed parenting intervention would not acknowledge the incapacity felt by the parent and may be perceived as shaming (Lyttle et al, 2021).

However, the attachment representations of the child and the link with poor outcomes for the adoption have been reported on over the last thirty years (Dance and Rushton 2005; McRoy and Grotevant 1998; Nelson 1985; Paniagua et al, 2019). Nelson refers to a child's psychological or social isolation from the adoptive parents being the strongest predictor of adoption breakdown (Nelson 1985). There is complexity in how attachment is reported: some studies detail the poor attachment

representations for the child in their early years being a factor that contributed to breakdown (Dance et al, 2010; Lyttle et al, 2021). Some studies have focussed on the adoptive parent-child attachment relationship as being a causative factor, for example, Rushton and Dance in their 2005 study, found a positive link between attachment to adoptive mother and family stability (Dance and Rushton 2005), and, some focus on the ongoing attachment of the child to their birth family and the link to adoption breakdown (Smith and Howard 1991). Several studies consider the type of attachment representation the child has, linking non-secure attachment representations to adoption breakdown or severe difficulties within the adoptive family (Lyttle et al, 2021; Selwyn et al, 2014).

The focus on attachment in the preparation of prospective adopters (Adoption UK and AFA Scotland, 2019) is perhaps also an indication of the importance that social work practitioners place on the attachment relationship for the child. It is clear from research that has utilised documentary analysis of case records and disruption reports, that social workers describe attachment difficulties as being an 'additional need' for adopted children (Farmer and Dance 2016; Jacobs et al, 2022) and as being prevalent. For example, in Farmer's research into matching practices, of the 163 children whose adoption journeys were tracked in the research 41% were considered to have 'attachment needs' (Farmer and Dance 2016). This study focussed on recruiting children with more complexity and it is unclear how social workers determined what an attachment need constituted in their case records.

A link between the age at which an adopted child moved into the family home and attachment has been noted (Van den Dries et al, 2009) – this meta-analysis of 39 adoption attachment studies noted that children who were adopted after their first birthday were less capable of developing secure attachments and that disorganized attachment patterns were more prevalent in adoptees than in the general population. Studies that have explored the formation of attachment relationships in foster care and adoption have found that they tend to be formed in the first few months of meeting the new primary care giver. However, these have been based upon infants and this is more challenging to relate to children adopted at an older age (Stovall-McClough and Dozier 2004). Several studies which involved self-reporting from adopted children and young people showed secure attachment representations between the parent and child (Barroso et al, 2018; Feeney et al, 2007; McSherry et al, 2016). Maltreatment has been associated with disorganised attachment (Cicchetti et al, 2006), and research involving story stem assessments of adopted children who experienced early adversity found that those children were more likely to express insecure attachment representations in the adoptive home than those who had not experienced early adversity (Steele et al, 2010). However, creating new relationships has been considered to enable children to create alternative attachment representations (Feeney et al, 2007) and there is also support for the proposition that nurturing care in response to early maltreatment can lead to secure attachment behaviours (McSherry and Mcanee 2022; Steele et

al, 2003; Stovall-McClough and Dozier 2004), with the attachment relationship in adoptive families enabling a protective environment for adolescents (Roskam and Stievenart 2014).

### Experiences prior to joining the adoptive family

Research indicates that physical, emotional and sexual abuse experienced before a child joins an adoptive family negatively impact the longevity of the adoption (Nalavany et al, 2008; Smith and Howard 1994; Festinger 1986; Smith et al, 2006). There is limited research linking the impact of environmental factors experienced by some children, such as the pre-natal care they experienced alongside other factors (Rushton 2003), which makes it very difficult to balance the influence these factors may have had. What is known is that a combination of ACEs can cause a plethora of challenges for some children (Briere et al, 2008), and that they can result in physiological changes (De Bellis and Kuchibhatla 2006), which may explain an increased association with externalising behaviour (Freeman 2014). Associations between early childhood abuse and poor mental health outcomes have been established (DeRosse 2020), irrelevant of the age at which the exposure to abuse took place (Dunn et al, 2020). Exposure to drugs and alcohol in utero can have lifelong impacts on brain development (Guerri et al, 2009). Estimates undertaken for the *Hidden Harm* report in the UK, reported that between 4-6% of Scottish children were affected by parental drug misuse. A recent Scottish study, looking at the Children's Hearings records from 2013-2020 for a randomly selected sample of children (n=70) who were admitted to care at less than a year old found that 77% of the mother's struggled with substance misuse and 26% of the infants were born with withdrawal symptoms (Cusworth et al, 2022), suggesting a prevalence of these risk factors for Scottish children entering the care system.

Another theme relates to the number of homes (foster or kinship) that a child has moved between prior to moving into the adoptive home (Dance and Rushton 2005; Selwyn et al, 2014). The international picture has been a little less clear - Smith and colleagues found that the longer a child had been in care before joining an adoptive family, the less likely the breakdown (Smith et al, 2006). In the last decade, more consistency has emerged, the consensus indicates that the number of moves experienced by a child is a risk factor (Goodwin and Madden 2020). Some studies have elucidated upon the impact of the numbers of placement moves, for example more than five moves significantly increases the risk of adoption breakdown (Kim and Tucker 2019). Rolock and colleagues, noted a 15% increase in risk for each move that a child experiences prior to adoption (Rolock et al, 2019). Fostering studies highlighted the significance of the length of time in foster homes, with children who have shorter periods of time being found to be at greater risk of a breakdown in their care (Villodas et al, 2016). Most of the explanations that are proffered in relation to the correlation between the risk of moves and adoption (or fostering) breakdown, are rooted in attachment theory. The significance that the child gives to the caregiver relationship contributes to the child's inner working model of

relationships (Bowlby 1969), and the frequent change in care giver or the inability to form a relationship with the caregiver contributes to the child's inner working model, causing a lack of trust in the caregivers around them. However, there is very little analysis in any of the studies, (which are mainly based on administrative data) on the causes for the moves. It is therefore difficult to ascertain whether the child's difficulties precipitated various moves or whether the moves themselves precipitated further moves. Equally the emotional impact is challenging to unpick when you cannot distinguish between whether the moves were made as broader efforts to rehabilitate a child to their birth family or whether they were related to resources, or to the caregiver.

Despite the interaction between the adoptive parent, adoptee and birth family being extensively explored, there is relatively little literature that directly explores links between the relationship between the birth family and the adoptive child and any correlation between adoption breakdown. Slightly more attention has been devoted to it in the fostering sphere, (e.g. Sinclair, 2005). Selwyn and colleagues noted that adoptive parents reported that discovering new information about birth families or a change in contact patterns with birth families was troubling for adopted young people (Selwyn et al, 2014). Ongoing contact has been highlighted to support birth parents with grief (Grotevant 1998) and as being a comfort to birth families (Young and Neil 2004). Openness around contact with birth family has been associated with positive adjustment in adolescence and emerging adulthood (Grotevant et al, 2013), however, this study was based upon infant adoption of relinquished babies. In a longitudinal study of children adopted from care, face to face contact with birth families has been found to positively promote identity development in adopted children (Neil et al, 2015). The work by Neil, which specifically focusses on adopted children under the age of 4 from the care system, is the most appropriate in terms of relating it to the Scottish adoption context. This is particularly the case when contemplating contact for children who had been abused or experienced trauma in the care of their birth family. Direct contact worked best for children who had not experienced abuse or trauma while in the care of the birth family (Neil et al, 2011). In recognition of this, the key messages that permeate Neil's work focus on the importance of contact for a child to be considered on an individual basis (Neil et al, 2015; Neil 2017; Neil et al, 2013; Neil et al, 2018). This fits with reports from adoptive parents who have reported flashbacks of abuse experienced by the child and complications relating to sleep and emotional wellbeing for children who experienced contact after having a history of abuse (Selwyn et al, 2014). In her review of literature considering contact arrangements in adoption, Boyle noted that the consistent theme was regarding the importance of determining contact on a child by child basis (Boyle 2017) and highlighted that contact tended to work the best when adoptive parents and birth parents had an accepting approach towards contact and its value. Some young people (in US) adopted from care reported the complications of loyalty to birth parents

and a reluctance to be adopted, and this may also influence how contact with birth families impacts adoption outcomes (Mariscal et al, 2015).

### The Adoptive Parents

Less research has been undertaken into adoptive characteristics. Longitudinal analysis does not sit easily with adoptive characteristics as these are most likely to be recorded in individual case files and records and therefore harder to look at in conjunction with quantitative administrative data more readily available for the children who are adopted. This has led to a dearth of research that particularly considers the combination of child and adult factors in unison or explores the complexity of the family relationships (Palacios et al, 2019). Studies considering adoptive parent characteristics have focussed on social and educational status of the adoptive families (*Social Factors*), loss associated with infertility (*Infertility*), parenting expectations (*Expectations*) and parenting style (*Parenting*). There has been little exploration of how adoptive parents adjust to adoptive parenting – in fact a systematic review of the literature in 2010, found that only 11 papers had considered this area (McKay et al, 2010) and these papers focussed on international adoptions (5), infant adoption (3), *special needs* adoption (1). Only two papers had a sample that may be comparable to children who were care-experienced.

### Social Factors

Historically, marriage and the length of relationship of adoptive parents was explored when trying to elucidate causative factors of adoption breakdown. Westhues and Cohen, found a correlation between increased length of marriage and stability of the adoption (Westhues and Cohen 1990) and emphasised the importance of both parents in contributing to adoption stability. Subsequently studies have not found a correlation between relationship longevity and risk (Barroso and Barbosa-Ducharne 2019). Other studies have acknowledged the impact of adoption on marriage (both heterosexual and same sex) rather than contemplating the causative nature of the marriage on the breakdown (Goldberg and Garcia 2015).

Economic status has also been considered – higher economic status is associated with poorer psychological outcomes for adopted children (Barth et al, 1988; Rosenthal et al, 1988). Literature from the US describes strong spiritual faith and regular church attendance as being positively linked to adoption stability (Burrell Cowan 2004; Smith and Howard 1991; Barth et al, 1986), the support networks that can come with a faith community have been considered to be protective, particularly as poor social support for the adoptive parents has been found to be linked to adoption breakdown (Barth et al., 1988). In a systematic review of adoption and foster care literature pertaining to caregiver characteristics associated with placement stability, access to support systems for caregivers was associated as a protective factor (Vanderwill et al, 2021).

The education status of adoptive families has been discussed in relation to adoption (Barth and Miller 2000) with conclusions inferred about higher education status resulting in unrealistic expectations of adoption and therefore an increased chance of breakdown. There is an absence of literature in relation to adoptive fathers and their impact upon adoption success – this may in part be due to how adoptive parents are recruited for research (Timm et al, 2011).

### Infertility

A history of adoptive parent miscarriage and the subsequent grief and loss that can accompany miscarriage have been correlated with a risk of adoptive family instability (Schmidt et al, 1988; Westhues and Cohen 1990). Infertility and loss, was a predominant theme in the qualitative aspect of Selwyn's disruption study, with three quarters of those adoptive parents interviewed who had experienced a breakdown referring to feelings of loss surrounding their inability to have a birth child (Selwyn et al, 2014). Adoption by its very nature has been argued as not filling the gap sought initially through trying to biologically conceive a child due to the low numbers of people accessing fertility treatment who even contemplate it as an alternative (Fisher 2003). Commentators describe the cultural credence given to biological bloodlines and the innate loss that can be felt through societies' view of adoption being second best (Johnson 2002; Leon 2002; Wegar 2000). Doka describes western society's implicit grieving rules as being kin-based, which again places many adopters in a strange position of not really having a forum to express the grief for a loss that is potentially not recognised within society (Doka 1989). Infertility, brings with it the loss of the opportunity to biologically parent. The loss and grief associated with infertility is a theme in adoption literature (Palacios 2019). Infertility is broadly researched out of the adoption sphere and the discussion of infertility in adoption literature has focussed primarily on how it may affect adoption stability (Timm et al, 2011). There is little discussion within adoption literature that focuses upon how the infertility impacts individuals or couples and how that loss is resolved. The impact of infertility treatment upon women has been summarised as being emotionally 'devastating' (Shreffler et al, 2017). Yet, a solution to infertility, often promoted, is adoption, for example several studies explore why adoption is not pursued after infertility in order to provide insights to encourage more people to adopt (Frances-Fischer and Lightsey 2003; Goldberg and Scheib 2015; Park and Wonch Hill 2014). For many, adoption comes as a final resort after exhausting fertility treatments (Slauson-Blevins and Park 2016). The loss that comes from being unable to biologically parent is mentioned in the adoption studies above, however, very little attention is paid to the trauma of the fertility process itself within adoption literature, despite fertility treatment being inherently stressful (Whitman et al, 2017). Some studies suggest women who become parents through fertility treatment find the transition to an identity of motherhood harder than those who do not have fertility treatment (Gibson et al, 2000). There is a focus upon mothering

in infertility literature and a recognition that there is a gap exploring the impact of infertility on subsequent parenting for men (Greil et al, 2010). Equally, within the adoption literature, there is more emphasis on the mothering role, with some studies focussing upon the impact of the relationship between the adoptive mother and the adoptive child (e.g. Castle et al, 2000; Festinger 2002). It is difficult to ascertain the significance of this as fathers are often neglected in adoption literature (Feast et al, 2011) and there are very few studies that consider both adoptive mothers' and fathers' perspectives (e.g. Sellers et al, 2018). It is difficult to know why this is the case – for example are mothers more readily approached than fathers to participate in studies?

### Expectations

The expectations of adoptive parents are difficult to quantify. Hypotheses over resolving the loss from fertility and the impact upon expectations for adoptive family life have been explored (Timm et al, 2011). There are various studies that provide insights into how disappointments or disillusionment can impact adoption stability. There is an intrinsic link in these studies between a child's presentation, perceptions of the child and how the child fits into the family dynamic. Children who moved in with their adoptive family at an older age and children with additional needs are more likely to result in adoptive parents' expectations of family life not being met. This was particularly the case if children's additional needs were not predicted, which was indicative of an increase in parental stress (Moyer and Goldberg 2017). Unrealistic expectations of adoptive life and of the child are linked with breakdown (Barth and Miller 2000; White et al, 2021). How adoptive parents perceive a child's behaviour is significant, if the parent cannot contemplate a way to parent the child effectively, this leads to thoughts of ending the adoption (Testa and Snyder 2015). Castle found an inverse relationship between the adoptive mother's evaluation of how the adoption is faring and the mother's poor psychological health (Castle et al, 2000), though was based upon 52 mothers who had adopted infants so the expectations may be different to those adopting children who were older when they moved into the adoptive home.

Some researchers have suggested that adoptive parents who were able to reframe their expectations about the child (Moyer and Goldberg 2017) or have realistic expectations about adoption are more likely to achieve adoption stability. For example 40% of the cohort forming Reilly and Platz's research adopted a child from foster care who they already knew – this may well have influenced their parenting expectations prior to making the adoption commitment (Reilly and Platz 2003). It has been argued that there is a general ambivalence by adoptive parents towards parenting emanating from the cultural critiques of forced adoption (Lambert 2020) and this may also have an influence on the expectations of family life for adoptive parents.

## Parenting Experience

Foster carers adopting a child that they had previously fostered is not an unusual phenomenon in the UK. Selwyn reports that 15% of adoptions between 2000 and 2011 were by foster carers (Selwyn et al, 2014), however, only one other study considers it as a factor in permanence success to any extent (Biehal and Ellison 2010). Biehal concludes that it is a protective factor in relation to the risk of breakdown. This finding is replicated across a plethora of studies in the US (Festinger 2002; Festinger 1986; Barth et al, 1988; Smith and Howard 1991; Berry and Barth 1990; Schmidt et al, 1988). This could be due to the fact that a foster parent who decides to adopt a child, already knows them well, feels connected to the child and is less likely to feel unprepared for any behaviours that they had not anticipated. The idea of the connection already having been established could be considered to be a valid hypothesis when accounting for the correlation between an increase in positive warmth in the parenting style. Increase in commitment to the child and decrease in likelihood of breakdown was correlated with a kinship relationship that has been reported in a large American study of guardianship and adoptive families (White et al, 2021). Selwyn's study (Selwyn et al, 2014) however, does not replicate the findings of a link between prior fostering and an a decrease in breakdown, in fact, she found a negative correlation between the two– though she notes that as breakdowns were mainly identified by social workers from the department the child was initially accommodated by, they may be more likely to know of breakdowns experienced by previous foster carers. Parenting experience is generally considered to be a protective factor (Smith and Howard 1991) and thought to be indirectly connected to the fact that older parents with greater parenting experience are also associated with less risk of breakdowns (Barth et al, 1988; Groze 1986; Schmidt et al, 1988). Several studies noted that the higher the education of the adoptive mother, the more likely the risk of adoption breakdown (Berry 1990; Festinger 2002; Schmidt et al, 1988), causing Schmidt to reflect that mothers with further education may have less parenting experience; Coakley pondered whether higher education may correlate with a higher likelihood that both parents were working and that may have repercussions for the adoptive family in some instances (Coakley and Berrick 2008). The influence of attachment theory had a huge impact on how parental roles were considered historically, with mothers being encouraged to stay at home with their children (Tizard 2009) and this thinking may also have influenced how researchers pondered these discrepancies in higher education status. There is little discussion within the literature about societal concepts of parenting and how these may influence adoptive parents' satisfaction with or confidence in their parenting. Parenting attitudes have changed over the course of the last thirty years and parent's own mental health has been linked to that of their teenage children. The Nuffield commissioned review of parenting questioned whether parenting was inherently becoming more stressful in the modern day (Hagell 2009). Parental stress within adoption

literature has often had a child focussed position (Brodzinsky and Palacios 2005), which links stress directly to problematized actions of children. This not only reinforces a negative and possibly unhelpful view of children's responses to adversity but also fails to account for parental stress as a general reaction to parenting irrelevant of the child's presentation. There are very few studies that directly look at parental stress and how it impacts adoptive family life (Sellers et al, 2018).

### Family factors

There are mixed findings in relation to siblings who are placed for adoption. In the UK, the majority of studies have indicated no difference in breakdown rate between children being placed alone (separated from their siblings) and siblings being placed together (Quinton et al, 1998). In the US, the research is more divided, though consistent on the fact that siblings who are separated tend to experience more anxiety than those placed together (Groze 1986). Hegar, in her review of sibling research, concluded that for the most part, when siblings joined an adoptive family, the adoption could be considered to be stable and not at heightened risk of breakdown (Hegar 2005). This would sit alongside the findings of Rolock and White (Rolock and White 2016), though Smith found a link between sibling placements and an increased risk of adoption breakdown (Smith et al, 2006). Selwyn reporting on her 2014 study, described the path for 214 children from that sample who had been placed as part of a sibling group. She found that the majority of the sibling relationships were problematic, with parents reporting that they often felt the siblings would have done better if they had not been placed together (Selwyn 2019).

What is significant when contemplating these studies is the absence of the children's voices or perspectives. For example Rolock and White use administrative data so the nuance in the sibling relationship cannot be observed. The interview data from Selwyn also is limited to adoptive parents' accounts. The importance and breadth of definition of a sibling relationship must also be taken into account – many children who move into an adoptive home with a sibling leave behind other sibling relationships (Cossar and Neil 2013; Jones 2016; Scottish Government 2020b). The impact of this has not been considered in relation to adoption breakdown. Supporting relationships with family who the adopted child no longer lives with are linked with positive senses of identity for children (Iyer et al, 2020; Neil et al, 2013).

The interaction of family dynamics has been explored less. There are some studies which detail factors that may have an influence on family life. Young people who experienced an adoption breakdown, spoke of the need for parents to have reasonable rules in the home and to communicate effectively in order to build trusting relationships (Mariscal et al, 2015). Protective factors for emotional wellbeing of children have been linked to warm and empathic adoptive parenting (Reuben et al, 2016). The

family environment and cohesion within it, perhaps unsurprisingly, has been associated with adoption stability (Van den Dries et al, 2009). Higher parent child compatibility has been linked with less psychological distress in the family home (Sellers et al, 2018). Hypotheses around children having fantasies or hopes in relation to their birth families also go to explain some of the impacts of being unable or unwilling to form a connection with adoptive families (Rosenthal et al, 1988). The parent-child relationship has been found to be positive in forming secure attachments (Mcsherry and Mcanee, 2022; Steele et al, 2010) and in reducing the impact of ACEs on the child's mental health (Harwood et al, 2013). These studies, although useful, need to be taken in the context of their small and self-selecting sample sizes, for example, the sample used to specifically consider the parent-child relationship in forming secure attachments in an adoptive population by McSherry and McAnee only looked at 10 children aged 9-14 years (McSherry and McAnee 2022). Most of the studies that analysed the nature of the parenting itself required interviews and clinical survey instruments as a methodological tool and therefore practically, the cohorts tended to be small or selected due to their link with a clinical setting.

Compassion fatigue of parents and carers has been increasingly considered in the context of caring services but limited attention has been given to it in the fostering and adoption sphere (Alper and Howe 2015; Ottoway and Selwyn 2016). However, the impact of compassion fatigue is beginning to be recognised in adoptive parents and the contribution it may make to adoption breakdown (Lyttle et al, 2021).

### The Agency

Of the three main themes within the literature, agency characteristics and adoption practices have received the least attention. This in part is due to the difficulty in collating information of adoption processes in retrospective studies. Where case records are available, they often pertain to the child (the child's file will be held by the Local Authority) and do not have the record of the process from the adoption agency perspective, they also are reliant on the accuracy of social workers' recording (Barbosa-Ducharne and Marinho 2019). There is therefore a dearth of research around the processes and chronologies of matching children to adoptive parents, panel decision making, and contemporary accounts rather than retrospective accounts of emotions around the time of children joining adoptive families (Dance 2015). Agency dynamics such as case load sizes and pressures on social workers are often not considered. In their analysis of fostering and adoption disruption meeting minutes, Jacobs and colleagues noted a theme relating to high staff turnover and geographical challenges in supporting families in crisis (Jacobs et al, 2022).

Processes determining how to match a child waiting to be adopted with adoptive parents vary across Local Authorities in the UK and in Scotland (Adoption UK and AFA Scotland 2019). Broadly speaking, once an adopter has been approved to adopt, their adoption agency initiates a process of family finding. Local Authorities are aware of children within their authority who need to be adopted, whereas Voluntary Agencies rely on Local Authorities for the match, there is some evidence that Local Authorities have a preference for in house matches (Dance et al, 2010). In Scotland, there is an online platform where children's written profiles are presented sometimes with photograph or videos attached. Prospective adopters could attend an adoption exchange day or an activity day, where children are present (Adoption UK and AFA Scotland 2019). Adoptive parents meet with a child's social worker who determines whether they also believe that there would be a positive match between the adopters and child (Adoption UK and AFA Scotland 2019). Adoptive parents have described the process as 'stressful and disempowering' (Dance 2015: 48). Should the child's social worker and the adoptive parents wish to progress at this point, a linking meeting takes place to formally discuss and minute the reasoning for the match being appropriate. The adoptive parents then meet with the agency's medical advisor to discuss the child before proceeding to a Matching Panel, where the match can be officially made (Dance et al, 2010).

Themes emerge from retrospective studies around insufficient provision of training and preparation for adoptive parents being correlated with both adoption breakdown (Partridge et al, 1986; Nelson 1985; Barth et al, 1988) and dissatisfaction with the adoption. The historic context of these findings may be considered to be relevant in terms of agencies learning from historic adoption difficulties and adapting their training and preparation accordingly. A theme in Selwyn's qualitative study relates to adoptive parents feeling underprepared (Selwyn et al, 2014) and Rushton similarly found that 65% of the parents interviewed in their study (a randomised controlled trial of parenting interventions for adoptive parents) did not think that the preparation they had received had prepared them for adoptive parenting (Rushton and Monck 2010). Conversely, Blace found a correlation between adoption preparation and strengths in family functioning in his study of children with learning disorders (Blace et al, 2009). Adoptive parents are more likely to use post-adoption services if they have been well prepared (Wind et al, 2005). All the studies that considered adoptive parents' views on their preparation were retrospective and the parents were interviewed during a period of acute family difficulty which may have influenced their views on preparation processes.

Three recent studies identify difficulties with information relating to the child reaching adoptive parents, these studies highlight contrasts between information that the social work team understood to have shared with adoptive parents and the gap in information perceived by adoptive parents (Barbosa-Ducharne and Marinho 2019; Barth et al, 1988; Selwyn et al, 2014). Some studies suggest

there has been a failure to understand the significance of information to adoptive parents (Barbosa-Ducharne and Marinho 2019; Randall 2013; Rosenthal 1993). This is particularly pertinent when thinking about matching practices when adoptive parents are interpreting information to determine if they can meet a child's needs. There is some evidence that matching criteria agreed in relation to the adoptive parents may be stretched when a family are matched with a child who they initially were not approved for (Quinton 2012; Farmer and Dance 2016; Jacobs et al, 2022). This leads to poorer outcomes for children (McRoy 1999).

Regular support provided both before and after the adoption is a protective factor adoption stability (Festinger 2002; Houston and Kramer 2008; Smith et al, 2006). A change of social worker was found to be problematic for adoption support (Partridge et al; Festinger 1986; Rycus et al, 2006), though generally less than half of adoptive families use adoption support following the child joining the family (Burke et al, 2015). A further complication relates to the relationship between the social worker and adoptive parent. Harlow found that adoptive parents described barriers in accessing support that they needed, some related to the fear of being perceived as a bad parent or being anxious that their child might be removed from them (Harlow 2019). The availability of and work with experienced professionals has been linked with a reduction of the risk of adoption breakdown (Smith et al, 2006), yet interviews with adoptive parents who have experienced an adoption breakdown describe a lack of support or the support available being inappropriate or blaming, or both (Harlo 2019; Lyttle et al, 2021; Selwyn and Meakings 2016). Caregivers have reported feeling at their most unsupported during challenging moments (Jacobs et al, 2022). That adoptive parents feel blamed for poor parenting when attempting to access support, perhaps is indicative of a wider blame culture of parents in the child welfare system (Toros et al, 2018). There is recognition that families often require support across a variety of agencies and there is a paucity of skilled practitioners outside social work with adoption knowledge (Brodzinsky 2013; Brodzinsky and Smith 2019; Smith 2014).

Some attention has been given to matching processes in adoption, but the transition from the foster home to the adoptive home and the impact this may have on the adoption has not been specifically explored in relation to adoption breakdown. Two small scale qualitative studies in the UK (Lewis, 2018; Tasker and Wood 2016) considered the transition from foster care to the adoptive home. There has been increasing recognition of the need for acknowledging the potential trauma of the transition for the child (Jacobs et al, 2022; Neil et al, 2020). Selwyn and colleagues noted that poor transitions were a theme adoption breakdowns but did not explore this further (Selwyn et al, 2014). There is a dearth of research pertaining to interventions that would be supportive to adoptive parents in crisis (Selwyn 2017).

### *Summary of themes and strengths and limitations of the literature*

The studies on adoption breakdown are varied and confusing, different methodologies, terminologies and sample selections prevail and therefore drawing generalised conclusions is virtually impossible. There has not been much attention given, particularly in the UK, to adoptions that breakdown pre-order. Adoption breakdown has been paid relatively little attention in Scotland; no data is collected nationally on adoption longevity or outcomes for children who are adopted (Henderson et al, 2015; Jacobs et al, 2022). Internationally, data collection is poor in adoption. Where administrative data is used extensively, the data sets themselves often lack detail, and are specific to the systems that are used in geographical areas.

The adoption context varies hugely internationally, meaning that breakdown studies have to be interpreted within the specific setting of the study, differentiating for example between the adoption of relinquished infants and the adoption of children who are care experienced. Adoption is primarily seen as a positive choice for children who are unable to reside with their birth families, the limited comparison studies between adoption and other forms of permanence such as foster care, suggest adoption is a preferred choice (Biehal and Ellison 2010; Selwyn et al, 2014). Adoption breakdown rates vary in range from 2% - 24%. However, some only include post order adoption breakdowns. Although challenges are posed through attempting to collate and interpret adoption breakdown data, the breadth of studies do offer helpful insights for practice in highlighting key risk factors to consider when matching and planning adoption for children. Some studies offer insights into the lived experiences of adoptive families.

Key themes arise in the literature pertaining to the child, the adoptive parents, family factors and the agency. The factors correlated with adoption breakdown that relate to the child include age at the time of adoption, age that the child was admitted into care, their pre-adoption experiences, attachment representations and presenting behaviours. Many of these factors have been based upon studies which rely on either administrative data or case records, both of which pertain directly to the child and therefore often do not provide detailed information such as the family dynamic and the impact of previous relationships with birth family or foster carers. There is acknowledgment within the literature that early adversity has a role to play in adoption breakdown, but individual factors are rarely considered in isolation as contributory factors, for example there are no specific studies solely focussing on the impact of drug or alcohol use during the birth mother's pregnancy and its link to adoptive parenting or adoption breakdown. The impact of direct or indirect birth family contact on adoptive families is discussed within adoption literature internationally (Grotevant et al, 2013) and in the UK (Neil et al, 2013; Neil et al, 2018). However, the impact that birth family contact, or the lack of

it, has on adoption breakdown has not been explored in depth. This is of particular note when the importance of preserving relationships for a care experienced child is now a government commitment in Scotland (Scottish Government 2022c). Most of the studies that focus on child characteristics and the link to adoption breakdown are missing perspectives from the child. Although the voice of the child being underrepresented in research is a problem generally, and one that Scotland hopes to address (Scottish Government 2020c) there is a specific gap in this respect in literature regarding adoption breakdown (Jacobs et al, 2022; Palacios et al, 2019).

Themes relating to adoptive parents focussed on; the social and educational status of the adoptive parents; loss stemming from infertility; parental expectations; and, parenting. Several studies found an association between higher rates of (maternal) education and socio-economic status and a risk of adoption breakdown. Many of these studies are dated and there is little data to explore why this might be the case. Support systems in place for adoptive parents appear to be a protective factor in adoption. Infertility and loss is a theme in respect of adoptive parents – many studies note that some adoptive parents have experienced infertility and that this is prevalent in breakdown studies. There is less exploration of how the impact of this loss directly affects the adoptive family. Unrealistic expectations of adoptive parents have been associated with adoption breakdown. Some studies suggest those who are more realistic about adoption are more likely to have a positive adoption experience. However, these the majority of families in these studies have either adopted a child in infancy or adopted a child they already fostered (Moyer and Goldberg 2017; Reilly and Platz 2003). Parenting experience has mixed findings, generally prior parenting experience either as a foster or biological parent is associated as a protective factor for adoption breakdown, but Selwyn found that there was an increased risk with children adopted by foster carers in her study (Selwyn et al, 2014). Little exploration of the impact of parental stress on adoption is apparent in the literature. The adoptive parent-child relationship has been discussed extensively when contemplating attachment relationships and parental mental health but has been given less attention in studies on adoption breakdown.

Although many adoptive families comprise two parents, much of the focus is on the adoptive mother, little attention has been paid to the role of the adoptive father. There are very few studies which contemplate the relationship dynamic between the adoptive parents (Goldberg and Garcia, 2015). Although perspectives of adoptive parents who have experienced an adoption breakdown when their child was a teenager (Lyttle et al, 2021; Selwyn et al, 2014) have been explored in the UK, there has been relatively little attention given to the perspectives of adoptive parents whose adoptions broke down pre-order. In this vein, it is also significant to note the absence of research relating to the foster carers' perspectives on the move from foster care to adoption, or indeed on the move from the

adoptive home to foster care following an adoption breakdown. This may also help to explain the omission of discussion in literature relating to how children are prepared for adoption in general and the move from the foster home to the adoptive home in particular.

There are mixed findings pertaining to the influence of sibling relationships and adoption breakdown. In the UK, the most notable research highlights the complications that the sibling dynamic can bring into the adoptive family (Selwyn 2019) for adoptions where there had been a breakdown or the adoptive family were reporting severe difficulties.

Agency factors and the adoption processes have been neglected in the literature compared to individual characteristics of parents or children. Agency factors are harder to quantify within the research, as most studies are retrospective, involve analysing the case record of the child or reports from adoptive families. Factors that adoptive parents have reported as contributing to adoption breakdown have included poor preparation and limited information relating to the child. Despite the concerns around poor preparation, there is very little evidence about adoption assessment practices and whether they are fit for purpose (Palacios et al, 2019). There is limited research that has explored matching practices (Farmer and Dance 2016) or transitions into the adoptive home but concerns around poor matching practices have been linked to adoption breakdown. There is virtually universal acknowledgement in the literature that support from social workers is a protective factor when considering adoption breakdown.

The interconnectedness of factors at play in adoption breakdown is neglected and single characteristics, particularly of children tend to be privileged when seeking explanations for adoption breakdowns. Very little work has been carried out on inter-relationships between child, parents and agency. However, this has been identified as an area that requires further attention internationally (Brodzinsky and Smith, 2019) and within Scotland (Jacobs et al, 2022).

### *Summary*

This chapter depicted the context of adoption within Scotland and how that sat alongside international adoption. It highlighted the numerous theoretical standpoints and approaches taken when exploring adoption and how these can mask the complexity of adoption breakdown. It described the breadth and scale of the literature with differing methodologies that surround adoption breakdown and the challenges this poses for interpreting and relating this to adoption practice in Scotland. The theoretical frameworks identified and described in this chapter derived from the literature review and from current Scottish social work practice. As data collection advanced, it was apparent that in order to make sense of some of the empirical findings, it would be prudent to contemplate other theoretical frameworks that are less widely used in adoption research or practice in order to make sense of the

emerging themes. Theoretical frameworks pertaining to ambiguous loss, shame and compassion fatigue were useful tools in analysing and exploring the themes that emerged in the data and are therefore described and discussed alongside the findings in Chapters 4,5 and 6.

The intricacy of adoption stood out in the literature, characteristics of individuals involved and their experiences prior to the adoption may pose risks for the adoption, alongside a recognition of the emotional challenges that adoption can bring. This, with a backdrop of the challenge of processing adoption identity. Although the literature highlighted the richness of understanding around adoption, it also exposed the gaps in knowledge. Including: the lack of attention that adoption breakdown has been given in Scotland; the paucity of accounts from those directly involved in adoption breakdown; limited research on pre-order breakdown; and, a gap in exploration of interconnecting factors in adoption breakdown. There is benefit to be had in searching for insights in small scale qualitative studies that can consider child, parent and family characteristics and agency factors in tandem (Brodzinsky and Smith 2019). Insights from qualitative studies that are rooted in practice can offer insights for intervention and risk analysis of adoption breakdown. It is for these reasons that this research seeks to explore adoption breakdown in Scotland and the factors that contribute to it through exploring detailed accounts from adoptive parents and social work practitioners. This is discussed in the following chapter.

## Chapter 2 - Methodology

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*Scotland must avoid adoption breakdown and whilst achieving this collect data on the extent and reasons for adoption breakdown. That data collection must follow the experience of children whose adoption has broken down, recognising the prevalence of and impact on late teens and early adulthood. (Scottish Government, 2020b: 76)*

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### *Introduction*

When the Scottish Government's review of the care system in Scotland was delivered in *The Promise*, a key finding noted the dearth of information relating to adoption outcomes and particularly adoption breakdown (Scottish Government, 2020:76). As identified in the previous chapter, there is a growing body of research in the UK relating to adoption breakdown but it is limited and until January 2022, was non-existent in Scotland.

This chapter begins within *Aims and Objectives*, which explores the concept behind the research, discusses the aims and research questions and the positioning of the study (*Research Strategy*). The next section, *Research Design*, details how the research was designed, including the reasoning for choosing surveys and interviews as part of a mixed methods approach. The third section, *Practical Considerations*, describes the hurdles encountered in conducting the research and how these were addressed. This is shortly followed by *Data Analysis*, where the process of data analysis is discussed, noting the significance of my dual positioning as a researcher and social work practitioner and the underpinning ethical considerations taken into account. The chapter then concludes with *Limitations*, constraints of the study and then a summary of the chapter as a whole is offered.

### *Aims and Objectives*

In attempting to meet the research aims of establishing the prevalence of, and factors involved in, adoption breakdown, the three following research questions were addressed:

- 1) Can an adoption breakdown rate be estimated in Scotland for the period 2000-2020?**
- 2) What factors relating to children, adoptive parents and their wider environments may contribute to adoption breakdown?**

### **3) What factors in social work assessments, adoptive parent training and preparation might safeguard or mitigate against future adoption breakdown?**

The first research question aimed to estimate an adoption breakdown rate within Scotland. It is inductive in nature - it seeks to establish a generalisation through considering a pattern of observed social phenomena (adoption breakdowns) in a time limited sphere (Blaikie 2010). The second and third questions are abductive in nature, they aim to produce understanding in the field of adoption breakdown by describing the social worlds and constructs of adoptive parents and professionals involved in the process of adoption and using these descriptions to consider understandings for future practice. (Blaikie 2010).

#### *Research Strategy*

The ontology of social work research is debated (Green and Mcdermott 2010), Karen Bell argues that its ontology is outdated and unclear (Bell 2012), yet others go further and suggest that there is not even consensus within the field (Aymer and Okitikpi 2000). This may be explained by the fact that social work knowledge comprises of a 'vast base' of borrowed and home grown theories, concepts and practice wisdom (Reid 2002:6) and in its endeavour to glue these together, its fundamental ontology has been side lined. In considering the complex factors of human interactions within an adoption breakdown context, a subtle realist<sup>5</sup> approach will be adopted, reflecting the idea that all knowledge is a human construction and human beings are interdependent (Blaikie 2010).

With this in mind, a mixed methods approach was initially adopted for estimating an adoption breakdown rate which, primarily relies on quantitative methods of data collection (a survey) and results in elementary description. Whereas consideration of the factors that may contribute to adoption breakdown relied on qualitative methods (interviews), focussing on rich description of data (Gilgun 2015). Although quantitative and qualitative methods do not always share epistemologies (Bryman 2006), they can complement each other through using the quantitative aspect of the study (the estimation of the breakdown rate) to seek to identify a relevant group for in depth study (of the factors that may contribute to adoption breakdown) (Auerbach and Silverstein 2003; Brannen 2005).

As highlighted in the previous chapter, adoption breakdown is highly complex, with multiple actors and factors at play. Qualitative analysis is ideally suited to capturing this complexity and exploring in depth the experiences and understanding of diverse respondents in a way that may not emerge from purely quantitative analysis (Auerbach and Silverstein 2003:28). An approach which allowed for rich

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<sup>5</sup> Subtle Realism – is where it is considered that a reality exists independently of social researchers and cultural assumptions prevent direct access to this world (Blaikie, 2019:122)

description and the exploration of the worlds of the participants (Harding 2018) was the most appropriate in enabling a thorough investigation of adoption breakdown in Scotland.

### *Research Design*

This study collected and analysed data of 122 individual children who had experienced an adoption breakdown in Scotland. Each child was considered to be a separate case for analysis in Nvivo (see below) and key characteristics pertaining to each child were collected. The data for 31 children was collected via a survey (the survey was completed by 12 adoption agencies, 33% response rate) and the data for the remaining 91 children was collected via interviews. Forty-one interviews were undertaken with 52 individuals. Of the 41 interviews, 15 were with adoptive parents and 26 were with social workers. The 15 adoptive parent interviews were attended by 19 adoptive parents. Four of the adoptive parents attended the interviews as couples and they were all in a heterosexual marriage. Three of the adoptive parents interviewed had adopted as single (female) adoptive parents. The remaining seven adoptive interviews were undertaken with six female adoptive parents who were in a heterosexual marriage and one married male who was in a same-sex marriage.

The research design was approached in two ways. The design involved contemplating the best way to estimate an adoption breakdown rate and then separately addressing factors associated with adoption breakdown. This section details the reasons why the use of a survey for estimating the adoption breakdown rate was the most appropriate tool (*The Survey*) and describes the benefits of using semi-structured interviews of both social workers and adoptive parents to explore the factors leading to adoption breakdown (*The Interviews*). It then goes on to address some of the pragmatic decisions that were necessarily involved in the evolving design process (*Practical Considerations*). These included: which definition of adoption breakdown to use (*Definition*); coming to the realisation that administrative data would not be practicable (*Estimating an adoption Breakdown*); and, the importance of conducting pilot interviews (*Pilot Interviews*).

### *The Survey*

The survey was originally intended to estimate an adoption breakdown rate, through asking adoption agency managers to identify the adoptions that they were aware of in their agency since 2000 alongside the number of adoptions that they were aware of that had broken down. For the adoption breakdowns they were aware of, questions were asked relating to key characteristics of the adoptive families. A survey was completed by 12 of the 36 adoption agencies in Scotland (a 33% return rate). The survey led to the identification of 31 children for the study, which was helpful in analysing key characteristics of children and adoptive families who had experienced an adoption breakdown. As will be discussed in the following chapter, the survey did not provide enough data to estimate an adoption

breakdown rate in Scotland but was helpful in identifying the paucity of adoption breakdown data that local authorities were aware of.

As was discussed in the literature review, a variety of methodologies have been adopted internationally to estimate adoption breakdown rates or explore the adoption breakdown experience. In the 15 research studies in the UK since 1990 that consider adoption breakdown in their analysis – four use interviews as a way to capture the adoption breakdown experience, three use surveys to estimate the breakdown rate, four use case file analysis to try and estimate a breakdown rate and four use a combination of case file analysis, and interviews. The studies that use case file analysis limit their estimations to one adoption agency (e.g. (Holloway 1997; Randall 2013), which would not fit with the research aims to consider adoption breakdown across Scotland. Prior to Selwyn’s research in England and Wales national data sets had not been used to consider adoption breakdown (Selwyn et al, 2014). However, the difficulties highlighted in the previous chapter about the administrative data (such as missing information in national data sets) was recognised within Selwyn’s work. To create an adoption study set, information from surveys that had been sent to adoption managers was used to supplement the administrative data (Selwyn et al, 2014). The use of Scottish administrative data was considered and is discussed below (Estimating an Adoption Breakdown Rate) and the resulting conclusion was that a survey would be the most appropriate method to both estimate a breakdown rate and alongside this considering if any predictive factors could be ascertained from similarities in the survey responses.

The information gleaned from the literature review, discussions with data analysts at Scottish government, consultation with Julie Selwyn and adoption managers in Scotland led to the conclusion that a survey would be the most appropriate and practical tool to address the first research question. Surveys have numerous advantages – in this instance the survey provided a creative solution to the limited administrative data available in Scotland. Additionally the use of survey allows the opportunity for comment alongside the capture of data, explaining anomalies or providing information when a data set does not fit the question asked for. This was particularly important when contemplating the complexity and interaction of factors in adoption breakdown as detailed in the literature.

In her government funded research of adoption breakdown in England and Wales, Selwyn used a survey targeted at adoption team managers. There was an 86% response rate in Local Authorities and 55% response rate in Voluntary Agencies (Selwyn et al, 2014). In personal correspondence she attributed the high response rate to, ‘targeting specific professionals and after initial requests for information following up with weekly reminders as well as the study being funded by the Department for Education’ (Selwyn, J. personal communication November 25 2015).

Surveys have been used in other adoption research in the UK: in the National study on linking and matching in adoption in England and Wales when adoption managers were targeted there was a 44% and 55% response rate from LAs and VAs respectively (Dance et al, 2010). Dance and colleagues reflected that their low response rate was not necessarily reflective of agencies' unwillingness to participate but due to practicalities involved including staff time and data access. The positive responses seemed to have a direct correlation to targeting individuals; they had been assisted by engaging survey participants as advisors in survey design.

With the benefit of wisdom gleaned from the studies considered above, support for the research was garnered from the Adoption and Permanence Unit at the Scottish Government who facilitated introductions to the Adoption and Fostering group at Social Work Scotland. Presentations about the research, were given at regional adoption meetings via Social Work Scotland and the Adoption and Fostering Alliance (AFA). This allowed for targeting specific individuals and demonstrating the support of Scottish Government. Additionally, telephone calls were made to agencies explaining the research protocol. Follow up emails were sent to team managers with information sheets (see Appendix 2) and meetings were subsequently arranged as appropriate.

Each adoption agency was asked for information on the number of adoption breakdowns that they were aware of since the year 2000 and for some basic details in relation to those adoptions. There were 15 set questions for each adoption breakdown to collect for comparison across the data set (see Appendix 3). These questions were devised following the in depth literature review and were based on the themes identified as being significant for adoptions at risk of breaking down. Specific agency factors were not included in the survey due to the complications of being able to retrieve these - discussions with adoption managers at the design stage of the research detailed the challenges of attempting to gain information in this regard via a survey.

Due to the highly confidential nature of the data, agencies were not asked to provide the names of the children. Each child was allocated a name chosen from the top 100 girls and boys names in Scotland from 2019 and each adoptive parent who was interviewed was allocated a name from the top 100 girls and boys names in Scotland from 2000 (National Records of Scotland 2019). All names of children in this study are pseudonyms.

To ensure that children were not picked up twice (i.e. some Local Authorities placed a child in a different area and both local authorities could report the adoption breakdown) the Local Authorities were asked to report the Local Authority from which the child was placed.

As will be reported in Chapter 3, despite these measures being taken to encourage participation in the survey, several further obstacles presented themselves. Adoption managers did not feel confident in reporting accurate breakdown occurrences. Discussions ensued with 32 of the 36 adoption agencies via email or telephone call. It became clear that accessing data relating to adoption breakdown would be particularly challenging. There were no specific records that reported solely on adoption breakdown and as a consequence, the majority of the data was then collected via interviews.

### **The Interviews (Exploring Factors Associated with Adoption Breakdown)**

In addressing the research questions, those most appropriate to interview were considered to be social workers and adoptive parents. Social workers in order to explore factors in relation to the preparation, assessment and matching processes that might contribute to or safeguard against adoption breakdown. Adoptive parents offer lived experiences of adoption breakdown and their accounts could be used to contemplate factors regarding family relationships, supports, the wider environment and the impact of these factors on the adoption breakdown. Adoptive parents' accounts have widely been considered to be a useful method in researching adoptive family life and adoption breakdown e.g.(Lyttle et al, 2021; Rushton et al, 2001; Selwyn and Meakings 2016). Interviewing social workers has also been considered when conducting adoption research around processes (Farmer and Dance 2016) and in considering adoption breakdown (Selwyn et al, 2014).

A care inspector was interviewed to shed light upon the adoption breakdown figures collated by the Care Inspectorate and also because as a care inspector, a component of the inspection of adoption agencies can involve discussion of adoption breakdowns. A disruption expert was also recruited, an independent social worker who has chaired numerous adoption and fostering disruption meetings across Scotland. This interview was undertaken at the end of the data collection to garner an additional perspective but also to highlight emergent themes arising from the research and to explore whether they resonated.

I decided not to recruit children who had experienced an adoption breakdown. This was primarily for ethical reasons. Many children would be at a very young age (considering the inclusion of pre-order breakdowns), it is likely that the events surrounding adoption breakdown may have been highly distressing for a child out of their control. Where age was less of a concern, for example, young people whose adoptions ended during the teenage years who would be more likely to be able to offer informed and competent consent to being interviewed, the complications around recruitment were given due consideration. Although, undoubtedly additional beneficial insights would come when hearing from those who were subject to an adoption breakdown, there would be particular ethical challenges posed through recruiting children who had experienced an adoption breakdown and may

have to relive the experience. The recruitment complications entailed in trying to gain access to young people was an additional complication. Selwyn and colleagues detailed the great difficulty their team had in recruiting young people for their large scale study (Selwyn et al, 2014) and as a sole researcher without an academic reputation, this did not seem a sensible or feasible pursuit in terms of time management. Although the perspectives of children and young people who had experienced an adoption breakdown were outside the scope of this study, future research would very much benefit from this perspective.

A further decision was made that social workers interviewed would not be directly involved in the adoption breakdown experienced by the adoptive parents. The purpose of the study was not to compare accounts or fact find but to unveil themes pertaining to the complexity of adoption breakdown. This stance avoided the situation where adoptive parents felt unable to disclose certain facts or felt that their accounts would be scrutinised via fact checking with a different individual.

Adoptive parents, social workers, a disruption expert and a care inspector were interviewed for this study, the recruitment process is discussed below (Practical considerations). It was hoped to recruit between 30 and 45 interview participants. Although the number of participants cannot be in and of itself a reflection of appropriate data collection (Baker and Edwards, 2012), in contemplating the scope of the research, this range felt appropriate. There were limits set by being a sole researcher, ensuring there was adequate geographical representation across Scotland and to properly hear from both adoptive parents and social workers.

Forty-one interviews were undertaken as part of the data collection between May 2018 and October 2020. There were 15 adoptive parent interviews, 24 social work interviews (21 interviews from a local authority adoption agency and three interviews from a voluntary adoption agency), one interview with a care inspector and one interview with a disruption expert. There were 52 interview participants as ten interviews were attended by more than one person. Seven of the 15 adoptive parent interviews were with an adoptive couple, meaning that voices were heard from 22 adoptive parents. One local authority social work interview was attended by three social workers involved in a case and two local authority social work interviews were attended by two social workers who were involved in a case, this meant that perspectives were heard from 27 social workers. Between the 52 participants, detailed descriptions were provided of 91 children who had experienced an adoption breakdown in Scotland. Thirty-five interviews took place in person, one interview took place on the 'phone and five took place virtually (due to the global pandemic). All interviews bar two were recorded with consent from the participants. Of the two that were not recorded, in both situations a detailed note was taken.

The shortest interview (the only 'phone call) was with a social worker and lasted for 31 minutes, the longest interview (an in person interview with adoptive parents) lasted for 5 hours. Most interviews were between 1.5 and 3 hours. The adoptive parents interviews were all in excess of 2 hours in duration. The length of interview reflected the desire for adoptive parents in particular to tell their story. Interview participants were given the opportunity to feel heard. As a social worker with 15 years' experience of discussing sensitive topics and with counselling training, the emotional wellbeing of the interviewees was at the centre of the interview process. All adoptive parents interviewed described the process as cathartic and were open in their accounts. As will be discussed, many adoptive parents felt they had not been given a chance to share their experiences and welcomed the opportunity to be interviewed.

It was determined that interviews were a suitable method for enabling deeper exploration of the factors associated with adoption breakdown. Interviews are an established method of qualitative research and skilled interviewees can glean 'indispensable' sources of data through interviewing (Brinkmann 2013). Interviews allow access to contextual knowledge (Mason 2002), which is of particular importance when placing the detail alongside the descriptive findings from the survey. Interviews provide an opportunity to elicit facts and information (Arksey and Knight 1999), are often used as a method to explore experiences which cannot easily be observed (Galletta 2013) and provide rich description of participants experiences (Schultze and Avital 2011). As discussed in the previous chapter, the fact that interviews have been widely used within adoption research highlight their use as a research tool. The gaps that emerge when analysing case records or administrative data mean that in order to fully explore the adoption breakdown experience in Scotland, interviews are the most appropriate method. There are numerous ways that interviews within research can be approached (Brinkmann 2013), though with the research aims being focussed around a deep exploration of the factors that may have contributed to adoption breakdown, a semi-structured approach was the most appropriate.

Semi-structured interviews provide an opportunity to ensure that key areas of importance are covered (in this case, the areas informed by the literature review) whilst providing scope for participants to expand their narratives (Galletta 2013). They prevent participants being constrained by pre-ordained themes suggested and enable researchers therefore to draw out themes that may not have been discussed elsewhere. Some researchers have even suggested that a semi-structured interview approach can be a source of learning for the interviewee as well as the interviewer (Patton 2002) and therapeutic by their very nature (Rossetto 2014). The fact that semi-structured interviews are often chosen as a research method to explore sensitive topics as they allow the researcher to adapt their approach in line with the needs of the individual who is participating (Dempsey et al, 2016) makes

them particularly appropriate for research in adoption breakdown. Choosing semi-structured interviews allowed an acknowledgement of the sensitivity of the topic and was a good vehicle for adopting a therapeutic approach. It allowed an opportunity for adoptive parents in particular to feel listened to – a factor highlighted as crucial in other research involving adoptive families (Lyttle et al, 2021; MacDonald 2016; Selwyn et al, 2014). It allowed for a degree of formality in ensuring the key areas for discussion were addressed and enabled a re-direction of the discussion where necessary. Additionally, approaching questions that could be perceived to be sensitive in nature such as questions pertaining to loss require flexibility to stray from a script to allow participants the space to feel listened to.

Several key areas highlighted in the literature review were transposed into the survey in order to locate the findings of this Scottish study alongside other international studies. An interview schedule (see Appendix 3) was devised which incorporated the survey questions and themes from the literature review – this structure allowed for participants to tell their story but also ensured that key areas could be analysed with consistency. All participants (social workers and adoptive parents) were asked about their experience of the adoption breakdown and then four key areas were further explored for all participants relating to:

1. How the adopter and the child came to adoption
2. How the adopter and the child were matched
3. How the adopter's relationship with the child developed
4. What precipitated the breakdown.

The interview was an opportunity to explore further the adoption experience, consider themes at each part of the process and the influence of those themes on the adoption breakdown. Choosing interviews as a methodology was advantageous for several reasons. Firstly, as described in the literature review, interview methodology has been used widely to explore the adoption experience and interviews have a track record of being a successful and illuminating tool for understanding the unique experiences and challenges that adoptive parents have faced (Lyttle et al, 2021; Selwyn and Meakings 2015). In fact, the powerful narratives that emerged from *Beyond the Order* (Selwyn et al, 2014) paved the way for adoption support packages and the introduction of the adoption support fund in England and Wales. Often factors exploring causality in adoption breakdown focus on the individual characteristics of children in particular (e.g. Rolock et al, 2019) due to the quantitative nature of the research design and as a consequence the interplay between the family dynamics are missed. Interviews allow an opportunity to consider an adoption breakdown in a more holistic manner and can generate themes that can encompass a range of characteristics.

Secondly, the unique and distressing content of the research material was thoughtfully considered and as interviews can be conducted in a therapeutic manner (Corbin and Morse 2003), this presented an obvious ethically viable choice for approaching this complex topic.

Thirdly, as an experienced social work practitioner, with training in counselling skills and a strong grasp of the subject matter, the interview method would provide an opportunity to play to my strengths as a researcher. My knowledge of the adoption system meant that within the interviews there was already a strong foundation of understanding around processes and procedures, which allowed for a focus across the breadth of the experience rather getting embroiled within the nuances of the process.

### *Practical Considerations*

In conducting this research, there were several practical hurdles to be overcome. The initial challenge came in approaching the definition of adoption breakdown (*Definition*) – as was discussed in the literature review, definitions of adoption breakdown vary across the literature but also within practice in Scotland. The further challenges related to understanding administrative data in Scotland and determining the best approach to estimate an adoption breakdown (*Estimating a Breakdown Rate*) and recruiting interview participants (*Recruiting Participants*). Finally, I discuss the practicalities and importance of the pilot interviews that were undertaken due to the sensitive nature of the study (*Pilot*).

#### **Definition**

As discussed in the literature review, there is no universal definition of adoption breakdown (Paniagua et al, 2019), it was essential to make a clear declaration as to the definition taken and the reasoning for this. In considering the research aims and the impact of adoption breakdown, the intention was to make the definition as broad as possible. Although many studies adopt a definition of breakdown where the child leaves the home after an Adoption Order is granted (e.g. Selwyn et al 2014), it is my view that the repercussions of adoption breakdown are not time dependent, and in fact, when adoptions break down shortly after the rigorous matching processes that are independently verified, the dramatic deviation in the child's plan to be adopted, requires further investigation. A definition of adoption breakdown is proposed by Argent and Coleman (2012: 1), 'disruption is the premature ending of an adoption....they can occur during introductions and before or after a court order is made'. This definition encompasses a broad range of scenarios and is therefore considered best fit for this study.

Within this study the ending of an adoption is referred to as an, adoption breakdown. This is in part because within the literature it tends to provide a wider definition than, for example, adoption

disruption but also because the feedback from adoptive families who were interviewed highlighted a dislike of the term disruption.

### Estimating an adoption breakdown rate

There are 36 adoption agencies in Scotland, 32 local authorities and, four voluntary agencies. As the original research aim was to attempt to estimate the prevalence of adoption breakdown, a decision was made to contact all 36 adoption agencies in Scotland. Discussions were had with 32 of the 36 adoption agencies in Scotland. Two thirds of the agencies participated in the research (24 out of a possible 36). Of the remaining 12 agencies: one local authority formally requested not to participate in the research; seven agencies discussed via telephone or email that they were aware of adoption breakdowns within their agencies but then did not provide any further details; and, four agencies did not respond to any phone calls or emails. The agency that specifically requested not to participate, was concerned that participation would be too time consuming and they did not have the staff capacity to do so.

In determining which time frame to consider, attention was given to the work of Selwyn and colleagues who found that 61% of breakdowns had occurred five or more years after an adoption order had been made (Selwyn et al 2014) and so a twenty year period was chosen from 2000-2020, this allowed for sufficient time to have passed after adoption orders were granted.

There is no administrative data that tracks the progress of adoption in Scotland. Neither local authority nor Government collate data pertaining to adoption other than the number of children adopted annually. Data sets pertaining to social work such as *The Looked After Children Statistics* are limited as data has only been collected since 2008; there is no specific category that records a return to care following an adoption (Scottish Government, 2020a). The data that has been collected since 2008 also is unable to track moves of children between different local authorities. If a child moved into an adoptive home outside the local authority that they were originally admitted to care in, there is no national data that would record this. The child who left the adoptive home in a different local authority to that in which they were first admitted to care would have a different local authority identifier in the new local authority and so would present as though it was their first entry into care. Children in Scotland who are placed with prospective adoptive parents are all initially placed on a fostering basis and often under a Compulsory Supervision Order through the Children's Hearing. National data sets would record this as a foster care episode so for the children who left the prospective adoptive home pre-order, the care episode recorded would look as though it was a change in foster carer and would not differentiate between a foster or adoptive placement. This means that trying to identify children who had experienced an adoption breakdown through using local authority

administrative data is virtually impossible. The Scottish General Registry holds data pertaining to each Adoption Order granted (National Records of Scotland). The Scottish Children's Reporter Administration record the number of advice hearings that take place each year; these hearings are required before a child can be adopted. However, these hearings do not yield data on whether an adoption transpired or, if it did, whether it was successful. As part of the focus of this study was to capture adoption breakdown pre-order as well as post-order, this made the SCRA data set redundant in terms of pursuing it. The Scottish Care Inspectorate have collected data for several years from Local Authorities and Voluntary Agencies in their mandatory annual returns.

As part of the exploration of the administrative data available in Scotland pertaining to adoption, a meeting was arranged with the Children and Families analysis team at Scottish Government. At this meeting, a brief search of the administrative data was carried out (between the years 2008 when social work data was first collected nationally and 2016) - no adoption breakdowns were identified. Following the meeting and with further communication, the analyst explained the limited fields of data that they had access to. The analyst suggested that the lack of breakdowns being identified in the administrative data was because either:

*1) Adoptions are not breaking down, or such children aren't coming back into the system.*

*2) Our data series isn't long enough to pick up any adoption breakdowns.*

*3) Our data doesn't have enough identifiers to pick up adoption breakdowns.*

*It is likely to be some combination of the above. It would be pretty useful to somehow understand what is going on here, and whether there's anything we need to improve. (Data Analyst, Scottish Government, personal communication 23<sup>rd</sup> March 2016)*

This information highlighted that the data set itself would not produce an estimate that could be considered helpful or valid as there was also no official data capture for a return to care from adoption. So although a local authority may be able to track a child who was once in care as being back in care through their unique local authority number, there was no option to specifically look at the children who were adopted from that list.

I also approached The Care Inspectorate to discuss the feasibility of a freedom of Information (FOI) request to access their data. During this discussion, it transpired that the data pertaining to adoption breakdown had only been collected since 2006. This data was inconsistent, as each year the question adoption agencies were asked in relation to adoption breakdown was altered. This meant that there was no consistency in breakdown figures returned by adoption agencies. A decision was made after this discussion that the best course of action would be to interview a care inspector to instead acquire more detail about their experience of adoption breakdown and to explore the figures that they had available within this interview.

The only other access point to the administrative data would be through local authorities manually identifying all the children that were matched for adoption and then looking at their case files to explore the outcomes. The time that would be required for each local authority to undertake a manual search would have been too demanding to satisfy ethics committees in local authorities where the teams were already over-stretched. A decision therefore was taken that the most appropriate method to adopt was to produce a survey that would be distributed directly to adoption managers within adoption agencies, where they could rely upon the knowledge or case specific records within the team to access data on adoption breakdown. A survey in the context of this research was appropriate because it mitigated for the factors above.

### Pilot Interviews

The importance of pilot interviews is widely acknowledged both for establishing research feasibility (Holloway 1997) and for ensuring that sensitive material is handled adeptly (Kim 2011). The emotive nature of the discussions that could be unearthed was at the forefront of my mind, based on practice experience of adoption breakdown and having read widely. As a consequence, two pilot interviews were undertaken, one with a social worker and one with an adoptive couple. The adoptive couple consented to be interviewed for the pilot but were clear before the interview took place that they did not want to be recorded or feature as part of the study. This interview was helpful for establishing projected timings of interviews and exploring key themes. Then followed a frank and open discussion as to how intrusive or otherwise the interview had been. This was particularly important for recognising the meaning of the interview for adoptive parents, their anxieties around the scope of the research and appreciating the potential mistrust in the system and my positioning both as a researcher and a practising social worker.

The pilot social work interview, was recorded and transcribed and this was helpful for having the opportunity to re-visit the semi-structured interview schedule and evaluate its usefulness. It led to

the addition of some key questions regarding the adoption transition from foster care and the impact of the adoption breakdown on the social work practitioner.

### Recruiting Participants

As discussed above, the intention was to collate quantitative data via a survey. To glean maximum participation adoption managers were phoned and emailed directly. These calls and emails were then used to recruit interviewees. Adoption managers were asked if they or any of their colleagues who had been involved in an adoption breakdown would consent to participating in the interview process. Adoption managers were gatekeepers to adoptive parents – they were given recruitment letters explaining the research to pass on to adoptive parents who had experienced an adoption breakdown. The gatekeeping process via adoption managers resulted in the recruitment of 12 adoptive parents. Additionally, information was shared about the research project via Adoption UK (Scotland), which led to the recruitment of one adoptive parent and through an online adopter support group, which led to the recruitment of a further 4 adoptive parents. Two further adopters were included in the project following word of mouth referrals.

It was more challenging to recruit adoptive parents than social workers resulting in more interviews being undertaken with social work professionals. Several of the social work teams in the adoption agencies expressed concern about contacting adoptive parents who had experienced an adoption breakdown to ask if they would participate. (This has been reported as a barrier by previous researchers (e.g. Selwyn 2014)). The adoption agencies who expressed a reluctance to contact adoptive parents cited concern for the welfare of the adoptive parents. They were worried that an interview may be too traumatic for the adoptive parents or that the adoptive parents would not wish to hear from the adoption agency. However, all of the adopters who were interviewed spoke of wishing to have their voices heard and 17 (of 19) adopters described the interview as cathartic. Even when it was suggested to some adoption agencies that the adoptive parents who had been interviewed so far had found the interview to be helpful in voicing their experience, there remained a reluctance to pass on details. The reason for this was not explored in depth with social workers whose justification for their approach appeared to be misplaced paternalism. Only two adoptive parents were spoken to in the immediate weeks following the adoption breakdown and many described how time passing allowed them to reflect on events in a more balanced way. Several adoptive parents voiced frustration with the way they were treated around the time of the adoption breakdown (this will be further detailed in Chapter 4).

Within the social work interviews, in some instances, there was information pertaining to the same child provided by more than one agency. This tended to happen when a child from one agency was

placed for adoption with adoptive parents linked to a different agency. Throughout all the interviews and data recording, a coding system relating to each agency (each agency was given a number between one and 36) was used to ensure that there was no double counting in the results.

### *Data Analysis*

This section explores how the data gathered from the survey and the interviews was used together to address the research questions. Firstly, how the survey responses alongside information from the interviews were recorded in Nvivo for analysis is discussed (*Capturing Key Characteristics*). This explores how the survey questions were posed within the interview framework, which meant that a data set of child and adopter characteristics were available for 122 children who had experienced an adoption breakdown. This enabled a group of Scottish adoption breakdowns to be compared against international findings relating to adoption breakdown, these findings are discussed in Chapter 3.

Secondly, (*Thematic Analysis*) details the approach used to analyse the interview data and the mitigation for bias (*Reducing Bias*); the findings from this analysis are reported in Chapters 4, 5 and 6. I then highlight the importance of reflexivity as a sole researcher with a professional experience of adoption (*Reflexivity*) and crucially detail the ethical considerations that permeated the research (*Ethics*).

### *Capturing Key Characteristics*

The survey question responses alongside the equivalent details from the interviews (e.g. child's age, age at adoption etc) were inputted into Nvivo. Each child was allocated as a case and the characteristics pertaining to each of the 15 questions from the survey were then added into the case characteristics so they could be analysed. The characteristics relating to these questions were collated and considered so they could be compared with and located alongside other literature in the field. The purpose of collecting and analysing this data was to identify whether the types of adoption breakdowns experienced in Scotland were comparable to adoption breakdowns in the rest of the UK and internationally. Identifying this enables broader discussion in relation to the unique Scottish context. This descriptive data is then detailed and discussed in Chapter 3.

### *Thematic Analysis*

A thematic approach to analysis was adopted for the interview data: this method was chosen in order to explore similarities, differences and relationships within the data (Gibson and Brown 2009). Thematic analysis has been subject to criticism, particularly regarding the potential for inconsistency, when its flexibility is exploited (Holloway and Todres 2003). Therefore in order to avoid inconsistency and ensure trustworthiness in the approach (Nowell et al, 2017), a step by step approach was taken.

When considering what constituted a theme, the definition proposed by Braun and Clarke was adopted:

*A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set. (Braun and Clarke, 2006)*

The aim was to ensure that specific examples within the data could be grouped together in an attempt to answer the research questions. In approaching the thematic analysis, the six step approach as detailed by Braun and Clark was adopted (Braun and Clarke 2006). How their approach was utilised in theme generation in this study is detailed in Table 1 below.

Table 1: The six step approach to thematic analysis

<b>Phase (as suggested by Braun and Clarke)</b>	<b>How it was applied in this study</b>
<b>Familiarisation with Data</b>	The interviews were recorded and transcribed verbatim. The transcripts were read through several times and a reflective note was generated in relation to themes. This was read alongside the reflective notes that were written shortly after the interviews took place.
<b>Generating initial codes</b>	The first set of codes were generated (n=30), these reflected areas that were already highlighted in the literature alongside some emerging points of interest.
<b>Searching for themes</b>	The 30 codes were used to code two complete transcripts and then further work was undertaken to consider how those codes could be grouped into categories. This resulted in reduced, grouped codes (n=13).
<b>Reviewing themes</b>	These themes were applied to sections of two further transcripts (one adoptive parent interview and one social work interview) to ensure that they were applicable and relevant. In the absence of a second researcher to compare themes with for accuracy, coded interview segments were then taken to and discussed

	in supervision. The codes were then applied to the transcripts in their entirety. Any significant other observations that occurred during the analysis were written onto memos that were linked to transcripts.
<b>Defining and naming themes</b>	The extracts generated by the codes were then viewed as a whole and from these the key themes emerged that are discussed in Chapters 1-4. These themes were read alongside the memos.
<b>Producing the report,</b>	After the themes were concretely established, quotes that were powerful examples of the themes were used to illustrate the thematic points within the report.

The interviews were all recorded and transcribed verbatim in full and checked for accuracy. Data pertaining to quantitative analysis were taken from the transcripts (for example child’s age at placement, age at coming into care, length of time in the adoptive home). These figures were checked for accuracy within the transcript, for example, data was excluded if the social worker involved said they were not sure or were not subsequently able to confirm the data after the interview.

To assist with data management and coding, the transcripts were entered into NVIVO software. As well as providing a method that assists analysis, NVIVO also helps to avoid the pitfalls of human error that can be present with large amounts of data (Jackson and Bazeley 2019). As detailed above, the thematic analysis was conducted in a stage by stage manner with reflection at each point along the journey. In addition to codes being generated, common cases were also grouped together. This meant that themes in specific examples could be linked across the data and provided an opportunity to explore a theme more effectively and when describing findings, there could be a confidence that the example given was representative of a theme within the interview cohort.

Thematic analysis here felt particularly appropriate as the sample itself is not purporting to be representative of adoption breakdown as a whole in Scotland. There is still no clear picture as to the extent of adoption breakdown in Scotland and therefore to attempt to recruit for a representative sample would be fraught with difficulty. This study cohort is a group of practitioners and parents who have been involved in adoption breakdown in some form and so can shed light on their own experiences but cannot speak for a population. Thematic analysis allows for a grouping of common thoughts, experiences and observations and therefore allows conclusions to be drawn about adoption

breakdown as experienced by a group of people without attempting to assume wider applicability to the adoption breakdown population.

### Reducing bias

When analysing and reporting on data generated as a sole researcher, the recognition of the possibility of bias seeping into the research must be held in mind. To reduce this risk several steps were taken:

- Supervision was held regularly, emerging findings were discussed, along with the creation of themes and exploration of early analysis (Drake 2013).
- Reflective accounts were recorded – these involved constantly revisiting positioning held, ensuring that any themes that seemed surprising were explored to consider whether the surprise was due to the previously held beliefs (Davison 2004).
- An expert in the field, who had chaired over 50 disruption meetings (of foster and adoption breakdowns) was recruited and interviewed to explore emerging findings with.
- Cross- checking themes with some of the interviewees in later stages was undertaken (Drake 2013).
- Exploration of emerging themes was presented to a group of adoption social workers to see if they resonated.

### Reflexivity

Reflexivity has been identified as a gap in social work research, whilst being considered to be a pillar of rigorous qualitative research alongside theory (Gringeri et al, 2013). It is imperative to be reflexive when conducting and analysing interviews, as interviewers can inadvertently shape the answers that they get (Charmaz 2004). As a researcher who works within the field of adoption as a practitioner, reflexivity was at the heart of this research from the design, to recruitment, to analysis.

Reflexivity is central to the constructivist research paradigm, and ensures that the researcher has an awareness of the influence they have on the topic being studied and simultaneously the reflected influence on themselves (Probst 2015). In order to consider my positioning, I had to be clear about my underlying assumptions (Padgett 2009). In so doing, I was aware that I came to the research from a position of having a practical understanding of what I considered was good adoption practice due to the environment in which I worked. I had to ensure that within the research questions I sought to enquire as why decisions were made rather than making assumptions that something had been missed. Although I personally have not been involved in an adoption breakdown, I was aware of several, from working with children who had experienced adoption breakdowns as a frontline social work practitioner and latterly, when working in an adoption team witnessing colleagues go through the process.

Power dynamics are an integral feature within the research process, yet often ignored (Gringeri et al, 2013). The power dynamics of the interviews varied to some extent, this study was similar to other research e.g. (Selwyn et al 2014) in that adoptive parents who could have felt a power imbalance due to my position as a practising social worker, reported finding the interviews empowering and cathartic. Although in many respects my positioning as an adoption specialist, was particularly helpful, both in terms of my credibility as a researcher (hence my ability to gain access to social workers in particular), it also may have been a block to some social workers. Questions posed by a researcher with enhanced knowledge could either lead to social workers sharing their concerns about practice more readily on the basis that there is a common ground or understanding or being more guarded as questions may be perceived as a more general threat (Chew-Graham 2002). I was clear in the interviews that I was attending the interview as a neutral researcher and ensured that I clarified my positioning with the participants when appropriate.

The fact that I have extensive experience in working with those who at times could be perceived to be vulnerable meant that I was confident in conducting interviews on a sensitive topic. Therapeutic interviewing was essential as the interviews were highly emotive, several participants were visibly distressed when recalling events surrounding adoption breakdowns. The impact on those involved in adoption breakdown is threaded through adoption literature (Lyttle et al, 2021; Schmidt et al, 1988; Selwyn et al, 2014). The impact of being party to sensitive and distressing material on the researcher is well documented (Charmaz 2004; Davison 2004; Drake 2013). I was not only able to complete these interviews sensitively but also able to manage the emotions. A familiarity with the topic and the work meant that I was prepared for the emotional impact of this and was able to reflect on this within supervision when appropriate. Reflection had the added benefit of ensuring that the intensity of the emotions running through the accounts did not colour the judgments during analysis (D'Cruz et al, 2007).

I found it helpful to reflect on my personal experiences of working within the field when listening to the experiences of interview participants, and kept a reflective note after each interview. This allowed me to ensure that I wasn't just reframing the process through a professional lens (Charmaz, 2004).

As discussed, a realist stance has been adopted in designing this research to consider the prevalence of and contributions to adoption breakdown. This takes into account the fact that social work theories and methods are inextricably linked to the historical policy and political context (Lorenz 2012). A primary motivation for the interest in adoption breakdown stems from the adoption policy objectives in the UK (Scottish Government 2011, 2020b), alongside a professional ambition to explore and improve adoption outcomes.

As one of the research aims is to explore and promote social work policy and practice in the area of adoption breakdown, this has influenced how the findings are presented and disseminated. Again, this is an area where reflection in relation to professional positioning was helpful – getting the balance between using my professional knowledge versus acknowledging personal assumptions. For the research to be considered to be authentic, the findings must take into account more than just the audience for whom it was intended. Moving beyond description improves research (Gilgun 2005) and therefore interpretation of findings, beyond social work practice considerations was essential.

## Ethics

The research was reviewed and accepted by the University of Edinburgh's Ethics committee. Several local authorities had separate ethical procedures and ethical approval was sought and granted within those agencies. All participants were interviewed on a voluntary basis, had been sent information sheets and consent sheets (See Appendix 2) and were aware that they could withdraw their consent at any point.

Ethical consideration has been present as a matter of course throughout the research. From the design, when, recognition was given to the fact that good social work practice promotes, 'the interests of service users' (SSSC 2014:6) through exploring the adoption breakdown experience and the consequent implications for service users. This was balanced against protecting the research participants – both those who were being interviewed and those who were subjects of the interview. In Butler's code of ethics for social care research, he states:

Researchers must retain a primary concern for subjects' welfare and should actively protect participants from physical and mental harm, discomfort, danger and unreasonable disruption in their daily lives or unwarranted intrusions into their privacy. *(Butler 2002: 245)*

This highlights the fundamental importance of ensuring non-maleficence and confidentiality for all participants. For those participating in interviews, this in part meant consent was provided. The consent to participate is a fully informed and evolving one. For consent to be considered to be informed, assurances of confidentiality must be set in the context of the research. Anonymity is the desirable standard when contemplating confidentiality (Social Research Association 2003), in this study, it was clear that this may be difficult to achieve. All data and findings were anonymised to as great an extent as possible by removing all names, locations and dates from transcriptions and carefully contemplating each individual when reporting findings to minimise the opportunity of identifying factors being present and confidentiality being breached. However, there are only in the region of 200 – 400 adoptions per year in Scotland and although the breakdown rate is unknown, it

seems likely that the majority of adoptions remain intact. Each breakdown contained unique features; participants within the research may be easily identifiable to family, friends, practitioners, acquaintances or colleagues despite attempts to remove unusual features and this has been accounted for in the reporting. Informed consent in this project required those involved having an understanding that although they may recognise themselves in the research they may not agree with the interpretations made in relation to their experiences. (Butler, 2002; Peled and Leichtentritt 2002). There is a tension between 'thick description' being presented in findings to add to their validity and usefulness in informing practise and ensuring anonymity (Drake 2013:316), where possible, this report has endeavoured to create a balance in favour of anonymity of participants.

The research methods adopted were explained to all participants, in line with good ethical practice (Social Research Association 2003). It allowed participants to appreciate how the information they provided will be used, recorded, analysed and ultimately disseminated. This was particularly pertinent for some adoptive parents in appreciating that their accounts would be analysed alongside social work accounts, as many adopters reported challenging interactions with social work departments. Equally, voluntary adoption agencies rely upon adoption placements from local authorities for income and the anonymization of findings was pertinent for their concerns that any perceived criticism reflected in the findings may impact their recruitment of adoptive parents or working relationships.

Social work research requires an understanding of the system and technical competence (Butler 2002; Peled and Leichtentritt 2002; Shaw 2007). The National Records of Scotland describe adoption records as being, 'among the most confidential records we and the courts hold' (National Records of Scotland, 2016). An appreciation of the extreme sensitivity of this area was ingrained and essential, as was the recognition of the possibility of the distressing nature of the interviews for some participants. Experience as a social worker has greatly assisted in understanding the sensitive nature of adoption. Core social work values include working with integrity, respecting dignity, diversity and confidentiality of those you are working with (SSSC, 2011). These values were transferred directly into the research, there was transparency with regard to the research being conducted by a practising social worker with professional expertise in the area of adoption. Selwyn's research highlighted that for many adoptive parents who had experienced a breakdown (Selwyn et al, 2014), they had not felt listened to or supported by their social worker – openness was essential so that adoptive parents felt comfortable in sharing their experiences.

When asking participants to describe their experiences a role of a therapeutic listener was adopted, despite the context being that of an information gathering interview (Davison, 2004). Details of services were provided to participants who requested it. Having a neutral individual listen to your

experience in a research interview can be therapeutic (Rossetto 2014). Many of the participants reported a catharsis in sharing their experiences.

### *Limitations*

The methodological approach focussed upon data collection via a survey and semi-structured interviews, the disadvantages to using this approach are discussed below. Other limitations relate to the choice to avoid documentary analysis and the acknowledgement that significant perspectives – those of adopted children and foster carers, were not included for practical reasons.

The survey in this study relied on the knowledge of the adoption team managers, this could not be considered to be wholly reliable, due to the responsibility being placed with an individual and no recourse to validation of the survey. Some adoption teams may have kept meticulous records on their adoption breakdowns, however, this was an unknown factor. With no legal imperative to report adoption breakdown figures, record keeping in this regard would be at the discretion of each adoption agency. Where record keeping relating to adoption breakdowns was not apparent then managers would need to rely on their own knowledge of adoptions within their team. Some managers may have been long-serving in a team and have an extensive overview of the adoptions and breakdowns that had occurred, however turnover of staff was noted by several managers. Three quarters of Scottish Local Authorities having an average of at least one vacancy in children's social work services (Scottish Social Services Council 2021).

Survey completion rates for national surveys in the social work field are often low (Lowe et al, 1999). Wade and colleagues, in their investigation of Special Guardianship described their initial survey response by Local Authorities to be 'disappointing' and results were so low that they resorted to a FOI request, which produced a 91% return (Wade et al, 2014: 26).

As with all methodologies that employ interviews as a primary means for data collection, there are several biases that can seep into accounts and need to be accounted for (Small and Cook 2021). Recall bias is a factor that influences all interviews (Rubin and Rubin 2005). This has to be borne in mind when contemplating and analysing the accounts presented. All of the social work interviews were undertaken in the social worker's place of work, which mitigated for this to a certain extent as it meant that for the majority of social workers, they were able to refer directly to records when needing to clarify details or facts pertaining to the child or adoptive parent. For those who did not have immediate access to records, follow up emails were sent to clarify those details after they had chance to peruse the records in question. The rich descriptions of emotions and feelings however, could still be considered to be liable to recall bias. For the majority of the social workers who were interviewed, they spoke about cases that they were either currently working with or had worked with in the last

five years, so although the historical nature of the retrospective approach has to be accounted for, the adoptions had all ended within a five year time frame. Many of the social workers who were interviewed described self-reflection on their practice (see Chapter 6) and this may also have influenced how they reported their findings and could be considered to be a vulnerability in the interview methodology.

The impact of the adoption breakdown on the adoptive parents was integral to their family dynamic and life and the trauma for adoptive parents has been documented (Lyttle et al, 2021; Selwyn et al, 2014). This trauma has implications for the way events could be recollected and skew the adoptive parents' perceptions on how they were initially prepared for adoption for example.

The perspectives of adopted children and young people are missing from this research design for practical and ethical reasons, however, future research would benefit from the inclusion of these perspectives. Documentary analysis was also not considered, in part due to the practical complications of obtaining ethics approval across all 36 agencies to access documents, which then would have to be either read in situ and redacted or require extensive permissions from all parties contributing to the document. However, documents that would be most relevant include disruption meeting minutes that explore conclusions reached by a plethora of individuals in a formal context rather than allowing for more rigorous analysis of individual perspectives. It was apparent from early discussions when designing the research that several local authorities do not have disruption meetings when adoptions breakdown in the teenage years and this scenario was important for consideration of adoption breakdown. Documents such as matching minutes, or assessments of adopters are unilateral in their focus as they pre-date the introductions process between the adoptive parent(s) and child(ren). They would not account for the interaction between individuals who played a role in the adoption breakdown.

### *Summary*

The initial research aim of estimating an adoption breakdown rate proved to be a complex and fruitless task. There was useful learning in the pursuit of data collection in this regard, however, it was time consuming, including attempting to contact adoption workers in each adoption agency in Scotland and several separate ethics submissions.

Data was collected via survey and interviews, a popular approach within social work and adoption research. Social workers and adoptive parents were recruited to participate, their interviews were recorded and transcribed and a thematic analysis methodology was undertaken. Using Nvivo was essential in managing the large swathes of transcription data and ensuring that themes were accurately recorded and could be verified and re-affirmed. Nvivo also enabled each child from the

survey and interviews to be recorded as a case and so data pertaining to child and adoptive parent characteristics could be easily grouped and collated, allowing for the data as a whole to be consolidated and compared with UK and international data (described in Chapter 3).

The highly sensitive nature of the topic meant that the ethical considerations were highly influential throughout the whole project alongside a constant reflexive evaluation. The following chapters detail the findings from the survey and interview data.

## Chapter 3 – Adoption Breakdown in Scotland

### *Introduction*

This chapter provides an overview of the data that was collected from both the survey and the interviews. It pertains to a sample of 122 children (from 94 families) residing in Scotland who were adopted from the care system and had an adoption breakdown after the year 2000. Two thirds of the children (n=81) experienced an adoption breakdown pre-order and the remaining third (n=41) experienced a post-order breakdown. As detailed in the methodology, the original hope for this research project had been to estimate a rate for adoption breakdown across Scotland alongside investigating themes arising from adoption breakdowns. Adoption breakdown rates are notoriously difficult to capture (see previous chapter for further discussion) and challenges have arisen for other researchers in the UK and Internationally (Palacios et al, 2019). The first section in this chapter, *Estimating a Breakdown Rate*, details some of the challenges in data collection notably, the lack of records that retained after a child has been adopted, the staff time required to investigate further details relating to adoption records and the challenge of data ‘mining’ for children whose adoptions were not formalised.

The rest of the chapter outlines the descriptive data that emerged and how it compares with existing literature to locate the Scottish experience amongst other adoption breakdown studies. The illustrative figures in this chapter help to set the scene for contextualising chapters 2-5, where the compelling themes from the data around loss, ambiguous loss, shame, and the contrast between the fantasy and reality of adoption are dissected and expanded upon. The data is split into three sections, *Profile of the Children*, describes the children who were subject to an adoption breakdown, *Child’s Adoption Journey*, details the child’s moves from their birth families, foster and adoptive homes, *Adopters*, details the profiles of the adoptive parents. In *Discussion*, the significance of the characteristics are commented upon.

### *Estimating a breakdown rate:*

When contacted, all adoption agencies requested a definition of adoption breakdown. Some agencies did not consider an adoption breakdown as having occurred if the adoption ended during the introduction period between the adoptive family and child, which highlighted the differing views across Scotland.

Approaching the adoption teams benefitted from relying on internal knowledge and potentially accessing adoption records folders within shared team files rather than across the local authority system. However, in the early stages of data collection, it became clear that accessing data relating to adoption breakdown would be challenging as there no records were held specifically recording

adoption breakdown. Most local authority adoption agencies were able to find out how many Adoption Orders had been granted during a certain time frame without difficulty. However, they did not keep easily accessible records that captured pre-order adoption breakdowns. Once adoption orders were granted and unless adopters requested contact with an agency, the agency frequently had no idea how the adoption was faring. Children that left the family home and returned to the care of the local authority, were only identified based on the knowledge of the adoption workers within the team. Therefore the data collected from social workers was wholly reliant upon the knowledge of the adoption team members within the agencies (who then accessed the relevant child records). Some of the smaller adoption agencies, who tended to place less than 5 children per year for adoption were more confident in their knowledge of the pre-order breakdowns over the last 10 years. They reported that their confidence came stability in their staff team. Many social workers in smaller authorities had worked in the team for several years (three managers referenced team members being present for over 15 years) and were more confident in their recall of breakdowns.

Some agencies had an awareness of young people in their residential units who had been adopted returned to local authority care as teenagers. They were unable to provide any further information relating to the adoptions of these young people as they had been placed for adoption by different local authorities. These teenagers were often mentioned in passing – or used as an example of how difficult it was to track children’s adoption journeys. One adoption manager spoke of work being undertaken with a child residing in a residential unit after a breakdown; her team had been asked for advice on how to support the young person. She could not recall any further details. Teenagers that were referred to in passing were excluded from the data as either too little was known about the young person, or the information could not be verified.

Another team manager recalled how they stumbled upon an adoption breakdown by chance when a 12 year old was involved in a child protection investigation and subsequently became accommodated in foster care:

*She came into the area team and I think it was the admin worker who recognised the surname and said she was adopted and then found some information about her. (Social Worker for Hope)*

The area team in this local authority (like many others) were completely separate from the adoption team, located on a different floor in a council building and not aware of the day to day events in the respective teams. Had it not been for an administrative worker recognising the name, the social work team would not have known that the child had even been adopted. The family in this instance had not informed the social worker during the investigation that their daughter was adopted and because the

child's surname was changed as part of the adoption process, she was not recognised on the system. Following this chance spotting of a familiar name, the adoption team became involved because it transpired that the girl was unaware that she was adopted.

Eleven adoption agencies felt confident that they were aware of all the breakdowns occurring in the 5 years and were able to provide basic information on those adoptions. Voluntary adoption agencies who just had systems pertaining to the adoption (and fostering) processes found information on adoption breakdowns easier to access. The agencies who were confident in their breakdown accuracy over a 5 year period all had at least one staff member who had been in the team for at least 5 years and a small staff team. Although the data provided in these eleven adoption agencies were true to the records found – all acknowledged the reliance on team memory and that there could be other breakdowns that were not brought to their attention. The inaccuracy of relying on staff was confirmed on more than one occasion. One authority had been unable to identify any breakdowns that related to their agency, however, during an interview with a social worker in another agency, they referenced supporting a child from that particular agency whose adoption had broken down.

Several adoption agencies spoke of a number of adoption breakdowns but then due to time and staffing constraints were only able to provide accurate information relevant to one or two. Quantitative data was only included in the research when social workers and adoptive parents had checked records they had access to for accuracy.

As detailed in the methodology, to make sense of the data collected by the Care Inspectorate and its usefulness in estimating a breakdown rate, a care inspector was interviewed. This interview was helpful in highlighting the discrepancies in how adoption agencies interpreted adoption breakdowns on their returns reported to the Care Inspectorate. Adoption breakdowns relating to one family were often reported by two agencies in the case of inter-agency adoptions. It would therefore require considerable work to decipher the actual figure each year from the reports. This information, combined with emerging evidence of limited data from the adoption agencies, meant a decision was taken not to pursue a Freedom of Information request.

The combination of a lack of formal records, missing information and inaccuracy of reporting the actual numbers of adoption breakdowns resulted in recognition, that the data collected, although informative, could not be confidently used against a baseline figure of the number of adoptions across Scotland to estimate a breakdown rate.

## *Profile of the Children*

Data from the survey and the interviews was collected in relation to: the gender of the children; age when they entered care; age when they were placed for adoption; the reason for them entering the care system; whether they were placed as a sibling group; and, whether they had any additional needs. Broadly speaking, the data gathered mirrored that of other studies that consider adoption breakdowns. The children had universally experienced adversity prior to entering the adoptive home; they all were removed from their birth families due to being at risk of significant harm.

A decision was made to focus on the early experiences of the children involved in the study. There are known associations between adoption breakdown and adverse early experiences (Coakley and Berrick 2007; Festinger 2014; Rushton 2003). However, other details that are known to lead to a higher chance of behavioural difficulties such as instability in foster care (Rubin et al, 2007) and an increased link with adoption breakdown (Dance and Rushton 2005; Palacios et al, 2019) were not explored in detail. Although several interviewees made reference to changes in foster homes for children, they were less easily able to confirm how many changes there had been. This meant that although narrative accounts about the feelings associated with moves from foster care were able to be explored in detail, an accurate numerical picture of links between number of foster homes within the cohort could not be drawn. Conclusions regarding impact of contact with birth families were not considered, only four children in the cohort had direct contact with a birth family member.

### **Sex of child**

In this study, there were 69 (57%) boys and 53 (43%) girls. No interviewees commented on any link between adoption breakdown and the sex of the child. No comments linked biological sex with behaviour, in fact all of the challenges associated with adaptive behaviour that were discussed (Chapter 5) revolved around the impact on the family unit as a whole. The sex of the child did not feature.

### **Age of child when first entering the care system**

Of the 122 children, there was missing data pertaining to the age of entering the care system for 32 children. This data was missing as it predominantly related to descriptions of adoption breakdowns for teenagers. Social workers were often not able to trace early records when the young person in question had been adopted from or had lived in a different area to the one in which they were currently residing. All the adoptive parents interviewed were confident about the age their child came into the care system.

**Table 1: Age of children when first admitted to care**

Age of child when first taken into care	Female (N=40)	Male (N=50)	Total number of children (N=90) (cumulative proportion)	Percentage of children
0-5 months	11	14	25 (27.8%)	27.8%
6-11 months	5	6	11 (40%)	12.2%
12-18 months	6	3	9 (50%)	10%
19-23 months	4	3	7 (57.8%)	7.8%
2years 0 months -2 years 5 months	3	12	15 (74.5%)	16.7%
2 years 6 months to 2 years 11 months	0	0	0 (74.5%)	0
3 years 0 months – 3 years 11 months	5	6	11 (86.7%)	12.2%
4 years 0 months – 4 years 11 months	2	1	3 (90%)	3.3%
5years 0 months – 5 years 11 months	3	3	6 (96.7%)	6.7%
6 years 0 months – 6 years	1	1	2 (98.9%)	2.2%
7-8 years	0	1	1 (100%)	1.1%

As Table 1 indicates 57.8% of the children (n=52) were admitted into the care of the local authority before the age of 2. Only 10% of the cohort were admitted to care after 5. The mean age for entering care was 1.57 years, (1 year, 6 months) and the median age was 1 year 3 months.

What became clear in the descriptive interview data was that for many children, the intervening years between removal from their birth family and adoption were far from straightforward, encompassing moves in foster care, kinship care and separation from foster and birth siblings. Two children had an earlier adoption breakdown prior to being placed for the adoption breakdown that was discussed in this research. Five children who were initially accommodated before the age of one were briefly returned to their birth family and then accommodated again.

### Age of child when placed for adoption

The age of the children placed for adoption was known for 91% (N=111) of the children (Table 2). For the 11 children for whom this was not known, their breakdowns had occurred during the teenage years and social workers were unable to locate records detailing their age at adoption.

**Table 2:** Age when placed for adoption

<b>Age when placed for adoption</b>	<b>Female (N=47)</b>	<b>Male (N=64)</b>	<b>Total number of children (N=111) (cumulative proportion)</b>	<b>%</b>
<b>0-11 months</b>	1	1	2 (1.8%)	1.8%
<b>12-18 months</b>	2	0	2 (3.6%)	1.8%
<b>19-23months</b>	0	1	1 (4.5%)	0.9%
<b>2 years 0 months – 2 years 5 months</b>	6	6	12 (15.3%)	10.8%
<b>2 years 6 months to 2 years 11 months</b>	1	4	5 (19.8%)	4.5%
<b>3 years 0 months to 3 years 11 months</b>	10	18	28 (45%)	25.2%
<b>4 years 0 months 4 years 11 months</b>	7	9	16 (69.4%)	14.4%
<b>5 years 0 months to 5 years 11 months</b>	7	7	14 (72%)	12.6%
<b>6 years 0 months to 6 years 11 months</b>	5	8	13 (83.7%)	11.7%

<b>7 years 0 months to 7 years 11 months</b>	4	8	12 (94.5%)	10.8%
<b>8 years 0 months – 8 years 11 months</b>	2	2	4 (98.1 %)	3.6%
<b>9 years 0 months – 9 years 11 months</b>	0	0	0(98.1%)	0%
<b>10 years</b>	2	0	2 (100%)	1.8%

In Table 2, only five children, (4.5%) were placed for adoption under the age of 2. Fifty five percent of the children in this cohort were placed for adoption over the age of 4. The mean age that a child moved into an adoptive home was 4.28 years (4 years, 3 months) and the median age was 4 years.

In Scotland last year, 66% of children who were adopted from care, were under 5 (Scottish Government, 2020c). For an Adoption Order to be granted, these children must have been living with their adoptive families for at least 13 weeks prior to this, so the percentage of children who were placed for adoption under 5 is likely to be the lowest estimate. The majority of children in this cohort were adopted at an older age.

#### Did the child have any additional needs<sup>6</sup> identified at the time of placement?

Information was provided pertaining to 85% (n = 104) of the cohort. The additional needs that were identified by the time the children were matched and placed for adoption are listed in Table 3.

**Table 3:** Reported additional needs at the time of matching

<b>Additional Need</b>	<b>Number of children (n=104)</b>
<b>No known additional needs</b>	77
<b>Attention Deficit and Hyperactivity Disorder (ADHD)</b>	1
<b>ADHD&amp; Foetal Alcohol Syndrome (FAS)</b>	1
<b>FAS</b>	1
<b>Learning difficulties</b>	2

<sup>6</sup> Additional needs has been used in this context to describe a variety of complex needs. The definitions were taken from the research participants directly, who used terminology from adoption matching reports.

<b>ADHD &amp; Developmental delay</b>	2
<b>Physical needs</b>	5
<b>Behavioural difficulties</b>	7
<b>Developmental delay</b>	8

No additional needs were identified for 77 children at the point of matching with adoptive families. For several of these children difficulties emerged fairly quickly, for example, five children were subsequently diagnosed with FAS, two with autism and three with attachment disorders.

#### Reason for entering the care system

In this study, pre-care information was available for 101 children, all of whom had suffered some form of adverse experience. As can be seen from Table 4, 62% (n= 63) of the children had been exposed to two or more types of maltreatment. For all of the children who had been exposed to two or more types of abuse, neglect was a feature often in tandem with drug or alcohol use. This meant that within this cohort of children 79 of the children (78% had experienced neglect).

**Table 4:** Pre-care Experiences

<b>Pre-care experience<sup>7</sup></b>	<b>Number of children (n=101)</b>
<b>Neglect (in isolation of any other maltreatment)</b>	16
<b>Domestic abuse in the family home</b>	2
<b>Drugs or alcohol misuse in the family home</b>	12
<b>Physical abuse</b>	2
<b>Sexual abuse</b>	4
<b>Emotional abuse</b>	2

<sup>7</sup> These definitions were taken from Scottish Exchange of Data guides (Scottish Government, 2020c), as they are used for the government returns that local authorities complete. They were interpreted by survey participants and interviewees.

<b>Combination of 2 adverse experiences (including neglect)</b>	39
<b>Combination of 3 adverse experiences (including neglect)</b>	20
<b>Combination of 4 adverse experiences (including neglect)</b>	4

### *Child's Adoption Experience*

This section considers the length of time children spent in an adoptive home, alongside their siblings where relevant, the reason their adoption ended and whether they remained in contact with their adoptive family.

#### **Length of time in the adoptive home**

Information was gathered for 117 children regarding the length of time they spent in the adoptive home prior to breakdown.

**Table 5: Length of time in the adoptive home**

<b>Length of time in home</b>	<b>Number of children (n=117) (cumulative proportion)</b>	<b>Percentage</b>
<b>0-3 weeks</b>	25 (21.3%)	21.3%
<b>4-7 weeks</b>	6 (26.4%)	5.1%
<b>2-3 months</b>	6 (31.5%)	5.1%
<b>4-5 months</b>	17 (46%)	14.5%
<b>6-11 months</b>	12 (56.2%)	10.2%
<b>1 year 0 months to 1 year 11 months</b>	8 (63%)	6.8%
<b>2 years 0 months to 3 years 11 months</b>	1 (63.9%)	0.9%

<b>4 years 0 months to 5 years 11 months</b>	9 (71.6%)	7.7%
<b>6 years 0 months to 7 years 11 months</b>	3 (74.2%)	2.6%
<b>8 years 0 months to 9 years 11 months</b>	10 (82.7%)	8.5%
<b>10 years 0 months to 11 years 11 months</b>	14 (94.7%)	12%
<b>12 years 0 months to 13 years 11 months</b>	6 (99.8%)	5.1%

The majority of children (56%) in this cohort, stayed with their adoptive family for less than a year. When pre-order adoptions (n= 66) are removed from the sample, 65% of the children remained in the home for at least 6 years, only 12% of these children (n=6) were under the 12 when the adoption ended.

#### Was the child placed as part of a sibling group?

Just over half the cohort (n=59) were placed as a sibling group. There was no information regarding siblings for five children. Figures 1 and 2 show the proportion of children who left the adoptive home either with their siblings or alone and whether they left pre or post-order.

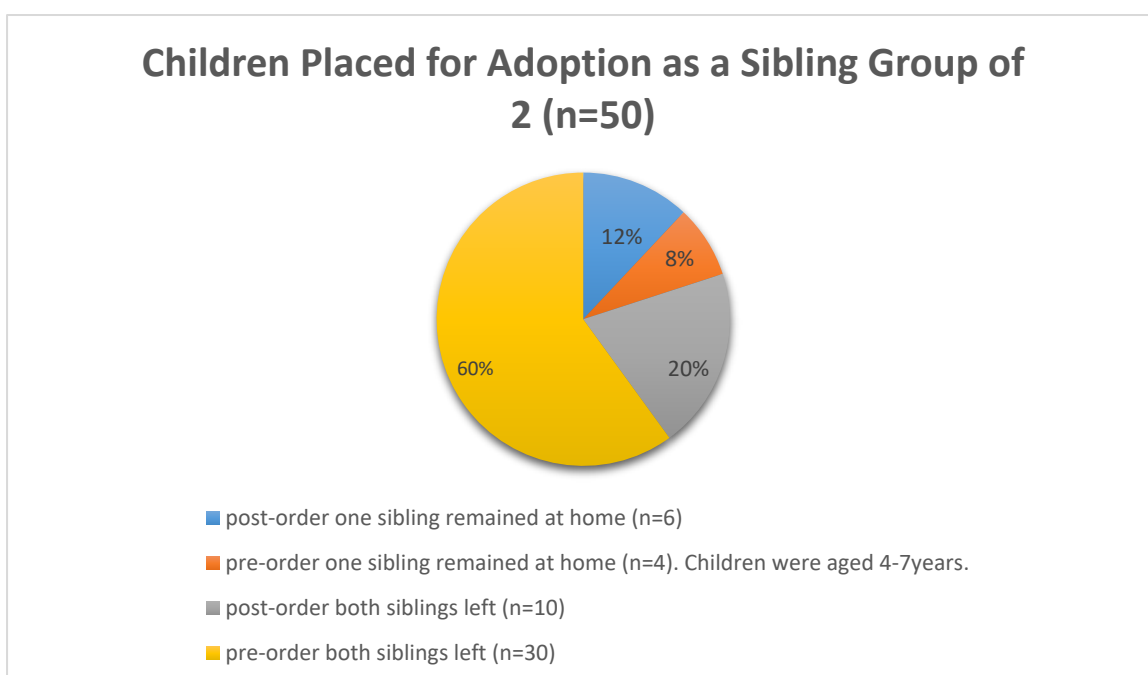


Figure 1: Children Placed for Adoption as a Sibling Group of Two.

Six of the ten children who left home without their sibling, left during the teenage years (aged 12-16) and four left prior to an adoption order being granted (aged 2-7).

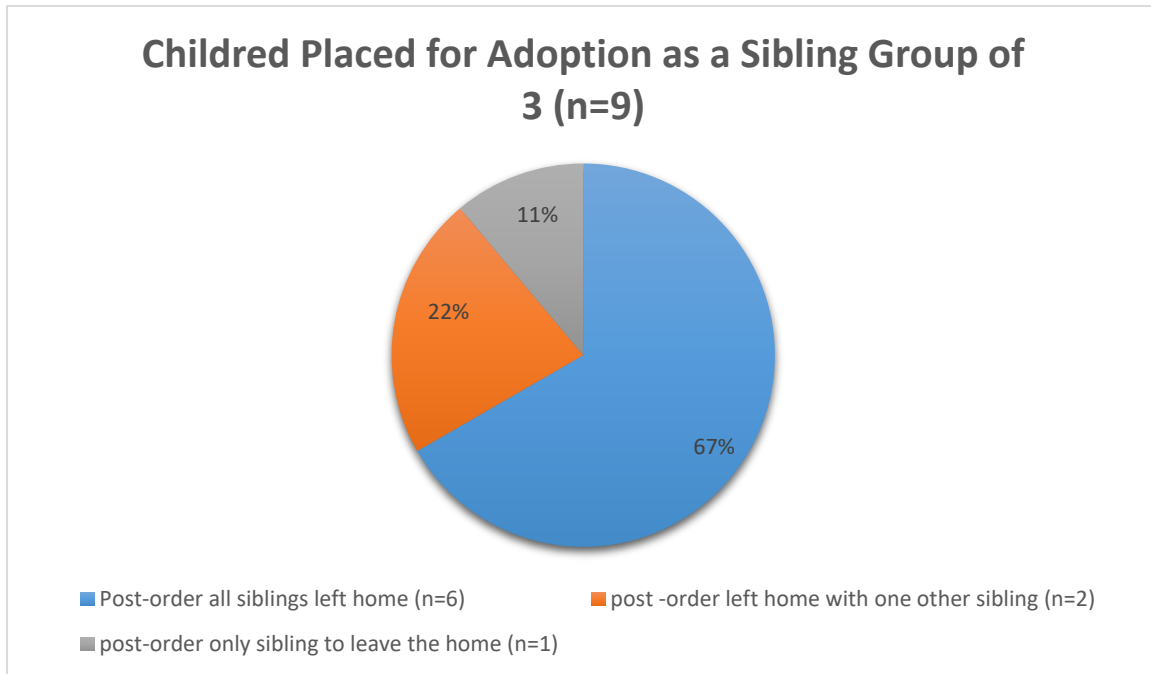


Figure 2: Children Placed for Adoption as a Sibling Group of 3.

As seen in Figure 2, nine children were placed as a sibling group of three. For all of the children who were placed in a sibling group of three, their adoptions broke down as teenagers (ages 13-16).

### Reason for adoption ending

There were a plethora of reasons offered and surmised as to why adoptions ended. They have been grouped into twelve categories (Table 6). Although within the interview narratives, several reasons were described in the lead up to the adoption breakdown, one factor was identified at the point the decision was made that the child would leave the family home and this is what has been recorded.

Table 6: Reason for Adoption Ending

Reason for adoption ending	Number children whose adoption broke down pre-order (n=81) (percentage)	Number of children whose adoption broke down post-order (n=41)	Total children (percentage)
Separation of Couple	1	0	1 (0.8%)
Sibling Dynamic	1	0	1 (0.8%)

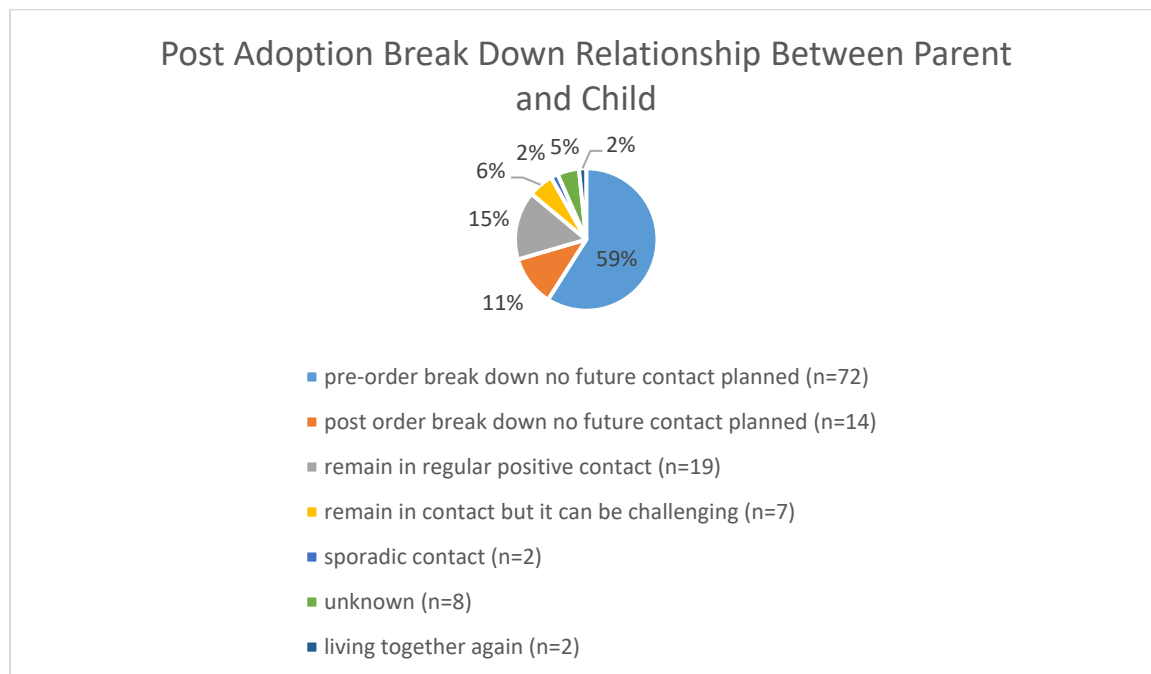
<b>Unknown</b>	0	2	2 (1.6%)
<b>Local Authority ended adoption</b>	2	0	2 (1.6%)
<b>New Information relating to adoptive parents</b>	2	0	2 (1.6%)
<b>Young person chose to leave</b>	0	3	3 (2.5%)
<b>Return to birth family</b>	0	3	3 (2.5%)
<b>Risk taking behaviour</b>	0	5	5 (4.1%)
<b>Adoptive parent realised they did not want to be a parent</b>	10	0	10 (8.2%)
<b>Child Protection investigation</b>	4	12	16 (13.1%)
<b>Adoptive parents felt unable to bond with the child(ren)</b>	19	0	19 (15.6%)
<b>Challenging behaviour</b>	9	16	25 (20.1%)
<b>Adopters felt unable to bond and also struggled to cope with the child</b>	33	0	33 (27%)

There was a general theme in relation to the pre-order adoptions (n=81) (which tended to end within the first year of placement) relating to the adoptive parents' capacity to bond with the child. In some cases mental health implications for the adoptive parent became apparent and in eight extreme examples resulted in a unilateral decision by the local authority remove the child (Four agencies invoking child protection procedures). Ten children, had an adoption of less than three months after prospective parents concluded that they fundamentally did not wish to parent an adopted child.

The adaptive behaviour exhibited by 25 children was too much for some adoptive parents to manage – this tended to coincide with the teenage years. In a similar vein, five children lived outside of the family home their own safety; risk taking behaviours became too much to manage in a family environment. In two families, information relating to an adoptive parent came to light that forced the local authority to intervene in the adoptive placement.

### Are the parents and child still in contact?

Another finding that emerged from the research was in relation to the complexity of adoption breakdown and what it meant to the families involved and their ongoing interactions. The majority of parents and children did not remain in contact after the breakdown (70%) as can be seen in Figure 3.



**Figure 3: Parent and Child Contact Post Adoption Break Down**

For the families of 72 children the breakdown marked the beginning and end of a short and traumatic adoption experience, with catastrophic emotional consequences (to be discussed in the following chapters), with the child and adopters parting ways permanently. For these children and families no future relationship was envisioned or planned. For 19 children, the adoption breakdown came at a time when the family dynamic was under incredible stress and parenting became unsafe. The relationship for many of these adoptive families wobbled but never faltered; they were a family unit albeit one not residing under the same roof. Seven families have an ongoing but complex relationship with the child who left the family home, with a particularly poignancy for families where one member of a sibling group left and another stayed. For two families, where the child had left to reunite with birth parents, they found themselves seeing their child sporadically, though were hopeful that this would increase. Two of the children have, after a period of time away, reunited and are living with their adoptive families again. Fourteen children have not had any contact with their adoptive families after living with them for a minimum of 4 years. The repercussions of this for some of these children are extreme (see Chapter 6).

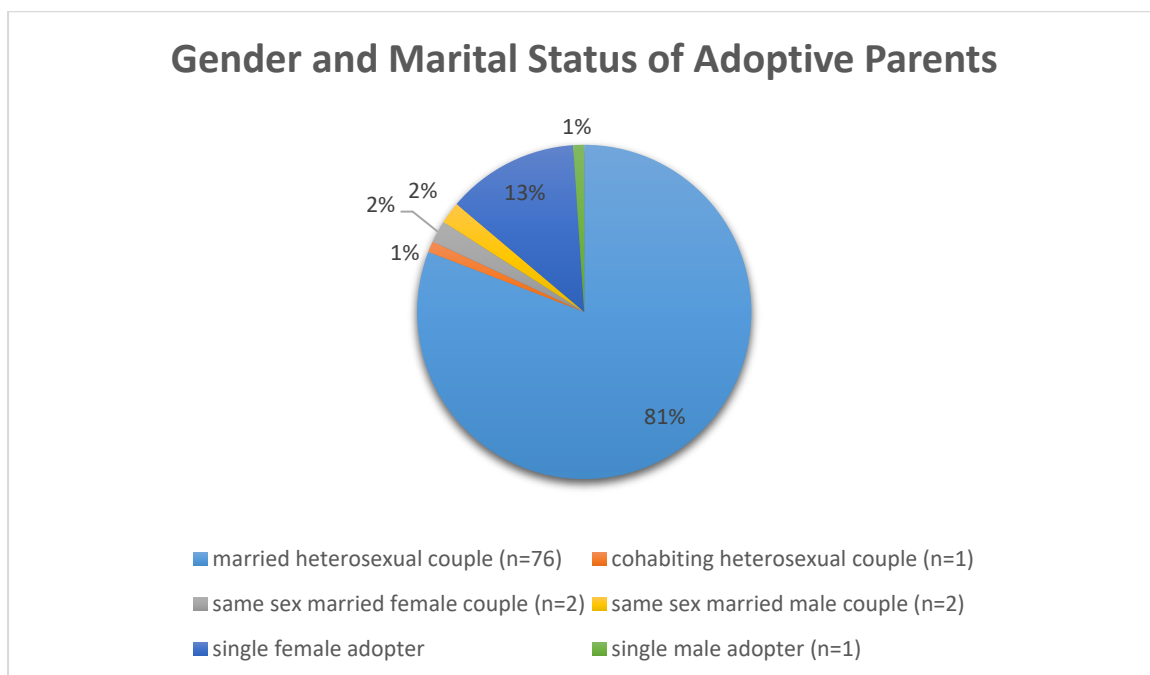
## Adopters

Factors pertaining to adoptive parents identified in the literature related to: gender and marital status of adoptive parents; length of the adoptive parents' relationship; education level; parenting experience; and, fertility treatment. Findings in relation to these are described below alongside two other factors that were apparent from the interview data: professional experience of working with children and the loss of a close relative.

The adoptive parents interviewed all described a high motivation to adopt. This was replicated in the social work interviews.

### Sex and marital status of adoptive parent(s)

Just over 80% of the adoptive families (n=76) in this sample were in a heterosexual marriage, (Figure 4). There were 13 single adoptive parents, one of whom was male. There were four same sex couples, all of whom were married, two female and two male. There was one cohabiting heterosexual couple. Females were over-represented in the group of single adopters.



**Figure 4:** Gender and Marital Status of Adoptive Parents

### Length of Adoptive Parents' relationship

In this sample, information pertaining to relationship length prior to adopting was available for 48 of the couples. Of these couples, 85% were together for five years or longer, 44% for over 10 years and only seven couples were in a relationship for less than five years.

### Education of adoptive parents

Of the families for whom education history was known (n=52), 49 families had at least one member who was educated to university level (94%). Social work interviews referenced adopters having good theoretical understanding of adoption in relation to academic prowess. However, as is discussed in Chapter 4, this was often then contrasted with the gap of understanding in the practical reality of adoptive parenting.

### Parenting Experience

Information was available about prior parenting experience for 82 families (87% of the cohort).

**Table 7: Parenting Experience**

Parenting Experience	Number of Families	Percentage
None	51	62%
Adopters have birth child(ren)	22	27%
One parent has birth child and one is a step-parent	2	2%
Second time adopters	3	4%
Foster carers	4	5%

The majority of the cohort had no parenting experience (62%).

### Fertility treatment

**Table 8: Fertility treatment**

Fertility treatment	Number of families
Unknown	45
Fertility treatment	31
No fertility treatment	18

### Loss of a Child or Family Member

This theme arose from the interview data, where loss was a striking commonality. As the theme emerged through the course of the interviews, the question was not asked in all cases. Data from the interviews referenced loss resulting from miscarriage (n=6) and the loss of a child (n=3). Eleven adoptive parents had lost a family member shortly before or shortly after meeting the child.

### Professional Experience of Working with Children

Emerging findings from the interviews related to professional experience of working with children. Social workers in particular commented that they had been impressed with certain adoptive parents during the assessment as their professional experience helped them in understanding the adoption process. It appeared that in some situations, social workers (and indeed adoptive parents) were then taken aback that professional experience did not translate into confidence in adoptive parenting. This is explored in Chapters 4 and 5. As it was an emerging finding, information was only discovered in relation to 55 of the adoptive families. However, of these 55 families, 58% had professional experience of working with children (n=32). For some families (n=12) where there was professional experience, matching criteria reflected professional experience resulting in matches with children with complex histories.

### Discussion

Estimating adoption breakdown rates has been problematic for many researchers (Palacios, et al, 2019), and has also proved to be the case in this study. Not only was administrative data difficult to access and not fit for purpose, but in addition, even within adoption teams, records of adoption outcomes are not collated. In Scotland, adoption teams have noted that they lose contact with adopted families (Jacobs et al, 2022). In part, this is due to the system, with many children being adopted in different local authorities and the responsibility for that child transferring to the local authority the child resides in after three years (The Adoption Support Services and Allowances (Scotland) Regulations 2009). However, it is also indicative of the fact that processes are currently not in place to enable the recording of outcomes of adopted children in Scotland. This combined with the fact that the majority of children whose adoptions ended post order in this sample had been in the adoptive home for over six years highlights how easy it would be to underestimate the prevalence of breakdown.

Even the adoption agencies who reported their data with confidence on pre-order adoption breakdowns, acknowledged they were relying on team memory. It was striking that breakdowns were missed by adoption agencies whose reporting had previously been assured. It is important to note therefore that the descriptions of themes within this data, are very much a sample of children whose adoptions broke down in Scotland and cannot be considered to be representative. Although steps were taken to ensure data verification, no access was sought of original records by the researcher and this must be taken into account when evaluating the findings.

One of the unique elements of this research relates to the fact that two thirds (n=81) of children in the study had adoptions that ended prior to an adoption order being legally granted. This is a little

studied phenomenon (Barbosa-Ducharne and Marinho 2019; Jacobs et al, 2022). The inclusion of these children and families in this data highlights the importance of the recognition of this area that can fall between the cracks in research, whilst having a known impact on social work practice. The following chapters will explore the findings relating to this group of children and for understanding adoption breakdown. Selwyn and colleagues, in their exploration of adoption breakdown (post adoption order) in England and Wales found that 30% of adopters reported a difficult introductions process when meeting their child(ren). This difficult start was associated with the child leaving the adoptive home (Selwyn et al, 2014). They found the social work interviews unhelpful in exploring this link and indeed other themes pertaining to matching and assessment processes. As that study focussed on post-order adoption breakdowns, many of the social workers interviewed struggled to remember details of the assessment and matching process following the passage of time, often they were not even aware that an adoption had broken down. The benefit of considering the pre-order adoptions in this study meant that the majority of social workers interviewed in this cohort discussed adoptions that had ended within three years of the interview. These breakdowns were raw and relevant, had been subject to disruption meetings and as will be discussed often had a profound impact on the social workers who were describing them.

### The Child

The characteristics of the child explored in the survey and interview responses, overall, sit comparatively comfortably with the existing body of literature on adoption difficulties and breakdown. The children tended to be placed at an older age for adoption and universally had adverse experiences in early childhood. What stood out was that the majority of children were admitted to care at a young age, which is often viewed as a protective factor and when matched for adoption, they were not considered to have any additional needs, this is further explored below.

There was a slight difference in representation of sex of the adopted children (67% male). Scottish government statistics show that between 2007 (when care episode data was first collated) and 2021, there has been a slightly greater proportion of males entering the care system, males accounting for 51%-55% of the children entering care (Scottish Government 2020a, 2020b). So although boys were slightly overrepresented in this data, this could be indicative of the gender split of children in care in Scotland. Equally, qualitative findings would indicate similar patterns of no clear link between gender and adoption breakdown with other adoption research (Festinger 2014; Selwyn et al, 2014). No interviewees spoke of a concern corresponding to gender in their assessment of factors leading to the adoption breakdown.

Over a quarter of the children in the cohort were admitted to care before 6 months old and 57% before they were 2. The younger the age that a child enters the care system, the quicker they are considered to be safe from harm. This is often speculated upon and discussed when considering the age of a child placed for adoption (Palacios et al, 2019). The older the child is, the more likely they have been exposed to more harmful experiences, which in turn may impact upon their adoption. Research over the last thirty years has drawn attention to the link between physical, emotional, and sexual abuse and neglect as impacting upon adoptions (Goldman and Ryan 2011; Howard et al, 2016; Nalavany et al, 2008). Extensive studies of Adverse Childhood Experiences (ACEs) indicate that early exposure can impact upon neurological pathways and brain development which could imply greater risks of poor physical and mental health (DeRosse et al, 2020).

Although the majority of children in this cohort were admitted to care before the age of two and this could be considered in light of the above to be a protective factor, a young age alone does not preclude children from feeling the adverse effects of their early history (DeRosse et al 2020). Early childhood has been found to be a particularly sensitive period in terms of the link between early childhood experience of physical or sexual violence and mental health difficulties in later life (Dunn et al, 2020). There is a growing body of literature surrounding the impact of the pre-natal experience and how this may impact the child (e.g. Coussons-Read 2013; Grotevant and McDermott 2014). Exposure to drugs and alcohol in utero can have lifelong physiological impacts (Guerri et al, 2009; Irner 2012), caring for a child with FAS can add to parental stress (Mukherjee et al, 2013) and negatively affect family function (Phillips et al, 2022).

Information was missing in this study cohort as to what experiences the children in this cohort had whilst in care. For example, children who have shorter periods of time in foster homes have been found to be at greater risk of a disruption of their care in the future (Villodas et al, 2016). No data was collected in my study on the number or length of foster placements prior to the move to adoption. Equally, joining a family at a young age does not negate the fact that adoption severs all legal ties with a child's birth family; the loss that is associated with this is well documented (e.g Powell and Afifi 2005).

Similarly to the age when a child was first brought into the care system, empirical evidence has suggested that the younger the child when placed for adoption the better the adoption is likely to fare (Rolock et al, 2019). In my research, only 4.5% of the children were placed for adoption under the age of 2. This is significant in considering the context of the plethora of adoption studies indicating a link between the older the child's age at placement and adoption breakdown (Barth et al, 1988; Coakley 2005; Howard et al, 2016). A very small proportion of children in this study were adopted under 2, this

is striking as over half of the children in the cohort were admitted to care under the age of 2 and a quarter of the cohort before they were 6 months old. The reasons for these delays were not specifically explored, however, this delay in permanency has been noted in relation to fostering and adoption breakdowns elsewhere (Jacobs et al, 2022) and has implications for considering how the child's journey in care pre-adoption impacts the adoption. It is impossible to predict whether the delays these children were subject to were directly linked to the adoption breakdown. Government policies have focussed on the importance of early permanence for children in order to have the best opportunity to form attachment relationships with their carers (Brown and Ward 2013). Policy initiatives in Scotland have strived for early permanence decisions to be made for children who are unable to live with their birth families (Scottish Government 2015). Strict timelines have been mandated in England and Wales for adoption plans ; adoption agencies are required to report on their adoption performance based on timings (Department for Education 2012). These initiatives are based on an understanding that it is in children's best interests to move to a permanent home in a timely manner when they are unable to reside with their birth family.

This study, like other adoption studies, has an over representation of children who moved to live with their adoptive families at an older age. The link between age at placement for adoption and adoption breakdown has been associated with poorer adoption outcomes. Fifty five percent of children in this sample were placed over the age of 4, this has been associated with poorer adoption outcomes (Nadeem et al, 2017). This is in stark contrast to the percentage of children adopted by a stranger (most likely to be from care) in Scotland in 2020, when only 22% of the those children in 2020 were over the age of 4 (National Records of Scotland 2021).

Many adopters came to adoption with a background of infertility, although it cannot be assumed that their preference for adoption was a younger child, it may have played a role. It has been recognised for many years that there has been a fundamental mismatch between the age and background of children who are being placed for adoption and the age and experiences of children that adopters are hoping to parent (Thomas 2013; Dance 2015; Jakhara 2014). In the next chapter, this is further explored in the interview data. Although social workers and adoptive parents were unanimous in their understanding that adoption was not about parenting babies – infertility did leave an unexplained loss for many families. Many adoptive parents found the initial meeting with an older child to be a trigger for this loss.

The impact of children's additional needs on adoption breakdown has also been documented (Selwyn et al, 2014). For 77 of the children (74%) in my study when they were started the introductions process with their adoptive parents, they were not identified as having any special educational or behavioural

difficulties. This is somewhat surprising, as based on their early experiences, it may have been prudent to assume that there would be some additional needs identified. What is complex is contemplating how the needs of these children were categorised by those reporting them. Specific needs of the children only appeared to be recorded or discussed with the adoptive families in certain terms when a formal medical diagnosis was offered. No interview accounts referenced any of the children starting their adoption journey with emotional difficulties. This seems unusual in the context of the experiences of the children, leaving birth families, moving foster homes and grieving the losses of the relationships they had left behind. There could have been an implicit assumption that all the children had some additional emotional difficulties and yet this was not highlighted in the narrative accounts, or alternatively the significance of these factors were not weighed up or distilled to the adoptive parents.

Several interview accounts noted the emergence of additional needs in adopted children shortly after the move into the adoptive home, including diagnoses of FAS and ADHD. This is poignant – as it attests to the fact that the assessment of the suitability of the match between the child and prospective adopters may not have accounted for the capacity to manage particular needs. Adoptive parents have been reported to be wary and avoid uncertainty relating to pre-natal exposure to drugs and alcohol (Dance et al, 2017), as will be discussed, my data emphasises the difficulties that late diagnosis can cause and the subsequent impact on undermining the matching process. The importance of early assessment of children's needs prior to moving into their adoptive home has been emphasised (Grotevant and McDermott 2014), this appeared to be lacking in my research. The subsequent recognition of additional needs for many children in this study could help explain some of the striking reports from adoptive parents and social workers of the differences between the fantasy of how adoptive family life would be as opposed to the reality of living with children who had experienced trauma. It helps to account for some of the additional stress that adoptive parents reported, as unmet expectations around the additional needs of adopted children has been correlated with excess stress for adoptive parents (Moyer and Goldberg 2017). A theme throughout this research was the difference between the theoretical discussion around the presentation of children and the reality of adoptive family life. Chapters 4 and 5 hone in on some stark reality checks for adopters who had described themselves as well informed and prepared.

Just over half of the cohort (n=59) were placed as a sibling group, findings in relation to the impact of sibling relationships are mixed internationally (Hegar 2005). Hegar found that overall sibling relationships did not heighten the risk of adoption breakdown. My study highlights the added complication of a sibling dynamic for many families. For one family, the sole cause of the adoption breakdown was attributed the sibling relationship. In the UK, the sibling relationship has been

highlighted as an additional challenge in adoptive and fostering families and as being associated with adoption crisis (Jacobs et al, 2022; Selwyn 2019). A commitment has been made in Scotland to the preservation of sibling relationships in care (Scottish Government 2020c). This requires careful consideration of how to balance the need for sibling relationships to be preserved alongside the risk of the stability of the family home.

The child's adoption experience differs in this study to many of the larger adoption breakdown studies as the majority of children (56%) stayed with their adoptive families for less than a year: this is a reflection on the inclusion of adoptions that broke down pre-order. These findings are unique and have implications in particular for the assessment of risk factors in the early stages of the adoption process as will be discussed. The majority of children whose adoptions ended pre-order, ended within a year. The general theme in these instances pertained fundamentally to the relationship between the adoptive parents and the child, with 63% of adoptive parents struggling to form a relationship with the child. Attachment theory considers the formation of, and the resulting security from, the bond between parent and caregiver (Ainsworth 1967; Bowlby 1988). The older the child, the more challenging the formation of the new attachment can be (Van den Dries et al, 2009) and consequently, the harder the caregiving task for the adopter (Stovall-McClough and Dozier 2004). As discussed in Chapter 1, attachment is reciprocal in nature, despite the focus often being placed on the child. If the child's early relationships were disrupted by virtue of their early adversity or loss of care giver, this necessarily would make it harder for the child to trust a caregiver and consequently impact the parenting role. Children who do not show secure attachment related behaviours such as turning to their care giver for comfort, may inadvertently cause a sense of rejection or inadequacy in their adoptive parents, which may have implications for the parents feeling that they do not have the capacity to parent. As will be discussed in the following chapter, this was the case for several families in this study where the capacity to form a bond between parent and child was hampered and had consequences for the adoption.

There was some overlap between the adoptions that ended pre and post order in relation to child protection investigations and adaptive behaviour, 20% of the cohort cited, 'challenging behaviour' as being the factor that tipped the balance in requesting that the child moved out of the home. The examples that were used to explain what exactly 'challenging behaviour' was, included: defiance; dishonesty; violence; running away; and, criminal activity. Thirteen percent of the children were subject to a child protection investigation, slightly higher levels have been reported in adoption breakdown samples in England and Wales (27%) (Selwyn et al 2014). This has implications for considering the capacity of prospective adopters (in the early stages of adoption) and the support that adoptive parents may need as family life continues. The adoptions that broke down post order,

reflected the general trend of adolescence as being a trigger for difficulties. Several studies on post order adoption breakdown have found adolescence to be a trigger for adoption breakdown, with the average age of the young person leaving the adoption home being 13-14 (Festinger and Maza, 2009; Rolock et al, 2019; Selwyn et al, 2014). The fact that 88% of the children in this cohort who had been legally adopted were over the age of 12 sits alongside this. There is a well-defined link between children's emotional presentation and behavioural difficulties and adoption breakdown (Festinger 2014; Selwyn et al, 2014; The Evan B. Donaldson Adoption Institute 2004). Adoptive parents have reported less satisfaction with family life when emotional and behavioural difficulties are present (Lee et al, 2018). What is more complex is at what point these emotional and behavioural difficulties arise, with many adopted children thought to present the greatest emotional challenges for themselves and their parents at the onset of adolescence (Selwyn et al, 2014). There is a gap in the literature in exploring what exactly constitutes behavioural challenges, who defines and interprets them. As discussed in Chapter 1, often studies exploring the presentation of young people's behaviour are formulated through perspectives from the adoptive parent. Although adolescence appears to be the point at which families can no longer cope, there is little analysis as to what shifts in the family dynamic leading to adoption breakdown and how the presentation of the child interacts with the tolerance or capacity of the parent. The interview data mirrored the aforementioned research findings. The adoptive parents interviewed whose children left the home after the adoption had been finalised (10 adoptive parents, 15 young people) reported that the teenage years were fraught with tension. Young people left the home between the ages of 12 and 16 (see Chapters 5 and 6). However, for many of the families in this study, emotional and behavioural challenges were a theme throughout family life, emerging during the primary school years (see Chapter 5).

As the majority of the breakdowns considered were pre-order, it is perhaps not surprising that 70% of children and adoptive parents were no longer in contact. Once a determination had been made that legal adoption within that family unit was not being pursued, plans centred around aiming for alternative permanency for the children. The losses that these failed adoptions brought to the fore, (as discussed in Chapter 4) are not to be underestimated and for these losses to be psychologically resolved, thought must be given as to how to frame the loss and make sense of the relationship (Boss 2009). This is something that is not always achieved for young people often focus is placed on practical arrangements that can be remedied rather than the feelings of the child (Boswell and Cudmore 2014).

The majority of the children and young people who left the family home post-order had an ongoing relationship with their adoptive families. Twenty one young people had a positive relationship albeit not residing under the same roof (Chapter 6). These families considered themselves to be a family unit and did not consider the adoption to be a failure. This mirrors findings relating to alternative family

dynamics in the adoptive family in the teenage years in extreme cases (Lyttle et al, 2021; Selwyn et al, 2014).

### Adopters

There is very little literature pertaining to the outcomes of adoption based on the gender and relationship status of the adoptive parents. Although 85% of the couples within this sample were heterosexual, it is not possible to ascertain the significance of this in comparison to the same sex couples in terms of proportion. In Scotland, there are a growing number of same sex couples adopting children from care (National Records of Scotland 2021). However, same sex couples were only able to legally adopt from 2009 in Scotland (Adoption and Children (Scotland) Act 2007) and this research spans a time frame before this. Conclusions cannot be drawn between the type of relationship status and the impact upon adoption breakdown. It is difficult to ascertain a representative proportion of heterosexual, same-sex or single adopters from the administrative adoption records as there was no specificity as to whether those listed in the figures adopted a child they knew or a child from care (National Records of Scotland 2021). Although 92% of single adopters were female, Scottish administrative data does not differentiate between single adopters who adopted as a step-parent or who adopted from care (National Records of Scotland 2021), so it is difficult to ascertain whether or not this is a significant finding.

There is literature regarding the quality of a relationship and the impact this has on family dynamics (Goldberg and Garcia 2015), however this was not explored specifically within this project. Relationship longevity has been positively correlated with successful adoption (Westhues and Cohen 1990) when considering adoption of children over the age of 3. However, more recent research suggested a lack of significant correlation between length of relationship and adoption breakdown (Barroso and Barbosa-Ducharne 2019) and this study mirrors the more recent research – 85% of the families had been in a relationship for at least 5 years.

The education status of adoptive families has been discussed in relation to adoption (Barth and Miller 2000) with conclusions inferred about higher education status leading to more unrealistic expectations of adoption and therefore increased chance of breakdown. Ninety four percent of the adoptive families had at least one parent who had been educated to university level. The following chapters explore the pre-conceived ideas that adopters had, alongside their theoretical understanding of adoption and how this influenced the breakdown.

Parenting experience is another area where there are mixed findings. Parenting experience can be taken to include foster parenting, which allows an appreciation of the complexity of early trauma in a way that parenting a birth child is less likely to. It also can take into account foster parents who have

adopted the child that they previously fostered so already know them. In these circumstances, previous parenting experience is associated with adoption stability in comparison to no parenting experience (Grotevant 1998; Rosenthal et al, 1988). The majority of parents (62%) within this study had no parenting experience, which, sits comfortably alongside the suggestion that previous parenting experience could be a protective factor. There were clear examples of this, for instance 10 families on meeting the child realised that they did not wish to be parents. Equally, there were exceptions, where adopters who had parented previously, compared their parenting experiences and were shocked at the reality of adoptive parenting. Social work narratives suggested that unfavourable comparisons between birth children and adoptive children led to a stigmatisation of the adoptive child.

The loss and grief associated with infertility is a theme in adoption literature (Palacios et al, 2019). Information was only available for just over half of the families relating to fertility treatment, for these families 63% had undertaken some form of fertility treatment. This figure may not account for families who experienced infertility but did not embark upon any treatment. The unresolved losses related to infertility are explored more fully in Chapter 4.

As findings emerged relating to professional experience of working with children, this question was more formally considered in the subsequent interviews. This led to information pertaining to 55 adoptive families, where 58% had professional experience of working with children. Within the interview accounts, this experience had been considered to be a strength in the matching process. These findings suggest that incorrect assumptions may have been made about the capacity of parents with professional experience. Having an understanding of adoptive children within a work environment with professional boundaries, respite and support from colleagues may not translate to the home. Adoptive parents interviewed who had professional experience of working with children attested to the difference between working with and living with children. Social workers reflected on this gap with hindsight, and stated that the professional experience had been viewed as a strength in the assessment process. This finding has implications for assessing the extent of professional knowledge and its applicability to parenting a child through adoption.

## Conclusion

These findings are perhaps unsurprising when considered alongside what is already known about the adoption experience of children adopted from care. This study has crucially highlighted the paucity of administrative data available in Scotland to consider adoption outcomes. It provides a unique insight into the adoption breakdown of a large cohort of Scottish children, and in particular a group of children whom were placed for adoption but never legally adopted. Findings of note relate to the gap between children being admitted into care and moving into their adoptive home; the high proportion of

children who were not considered to have additional needs when being assessed and matched for adoption, the over-representation of sibling groups and the proportion of adopters who had professional experience of children.

These descriptive findings are useful in locating the Scottish experience amongst UK wide and international literature. The following chapters, take these findings and provide meat to the bones. The fact that the key characteristics of adoptive parents and children identified in this chapter are similar to those reported in other studies suggest that the findings in Chapters 4-6 are relevant outside of the Scottish context. Chapters 4-6 explore the interaction between the families and their support networks in the lead up to the breakdown. Exploring family dynamics around the adoption breakdown is an area that has been established as being missing from adoption breakdown understanding (Rolock et al, 2019). The rich descriptions that are captured in the following chapters demonstrate some of the reasons why families felt unable to cope.

## Chapter 4 – Arrival at Adoption

### *Introduction*

This Chapter explores how the children and families in this study found themselves on the path to adoption, the impact of their history on their adoption journey and how the preparations for adoption were experienced. It has been separated into two broad themes which consider the accrued losses prior to the child moving into an adoptive home and information and preparation involved in the adoption process. It has been split in this way for two reasons, firstly to offer a descriptive overview of the pre-adoption experience for those involved and the compelling narratives around loss that emerged. Secondly, to then consider the preparation that was provided to all parties involved and to explore how that preparation acknowledged and responded to the myriad of losses identified in the first section.

The first section, *Loss*, describes the complexity of the losses and feelings that resonated across the accounts provided, including those outside the traditional adoption triad (birth family, child and adopter). It explores the tangible losses experienced with the more intangible losses that were hard to articulate, ambiguous and lingering. The second section, *Preparations for Adoption – knowing a lot, understanding little*, explores the learning journey and practical planning offered to prospective adopters. It contemplates how information was imparted and interpreted and details the emerging gap between a theoretical appreciation of adoption as a concept and the feelings that can be associated with the lived experience of parenting through adoption.

### *Loss*

Adoption of children from care is a complex combination of hope, loss and for many - joy. The juxtaposition of hope and loss dominates the adoption arena from the first moment that adoption is considered; this was universally apparent in the interview data, and, as will be discussed in Chapters 5 and 6, remained throughout the adoption journey. For all the children in this cohort, adoption was chosen for them - it involved the loss of a birth parent as a primary carer alongside the hope for a future stability within a family unit (*Loss and the Perceived Impact on the Child*). As highlighted in the previous chapter, though the children varied in ages and experiences, the traumatic pre-birth and early years united the cohort. No children in this study were relinquished by birth families, all were removed from the care of their birth parents following concerns about serious risks to their safety.

All the adoptive families harboured hopes of having or expanding a family. For many, this existed with the significant loss of being unable to facilitate this biologically. Ghosts of the past, fantasies around

what *could have been* combine with a quixotic vision of family life (*Loss, Ambiguous Loss and Adoptive Parents*).

Social workers revealed their emotional investment in the adoptions – often having played an integral role in the precursory journey to adoption with the child or prospective adopters. Their risk assessed optimism is often the tool used to determine the match between a child and a family. The weight of the responsibility of the new family formation rang through their narratives that were similarly peppered with hope and loss.

The birth parents are the anomaly in many respects as their loss is to the fore - their parental rights extinguished, they lose all say in how their children are parented and for many they lose the opportunity to witness any of their child's childhood. Although birth parents did not form a direct part of this study, it was hard to see the hope for them.

### *Loss and the perceived impact of this on the child*

Although voices were not heard directly from children in this study, there were several themes that emerged through social workers and adoptive parents in relation to loss they perceived was present for the children. Although these losses were not specifically reported by the children who had experienced them, it is important that they are acknowledged by professionals and families. These losses were grouped into three areas: loss related to birth family; loss pertaining to the moves in care; and, loss of their foster family.

#### *Loss of birth family*

By virtue of being adopted from care, all the children in the cohort experienced the loss of their birth family. For the majority of children who were discussed in the interview data, by the time the decision had been made for them to move into their adoptive home 96% (n=87) no longer had any form of direct contact with their birth families.

Several children had clear memories regarding their birth families resulting in confusion around how to process and manage that loss. For some children who were placed at an older age, this loss was evident in the early stages of meeting their adoptive families and grief mixed with curiosity continued with them on their adoptive journey. For example, Ivy (9), who moved in with her adoptive family requested to discontinue contact with her birth family. Although Ivy herself had requested this, her social worker detailed how the confusion around her feelings towards her birth mother remained:

*She [Ivy] had always been one that did not ever want to speak to her birth mum again. She wouldn't call her mum, she called her by name... she had*

*been writing down how much she hated her mum and because of these letters, all contact had been stopped with her. There came a time when she was doing therapy when she almost felt guilty that she had been the one who had stopped contact with her mum, that it was all her fault and she wanted to meet her mum again. (SW for Ivy)*

This account showing the position that Ivy's birth mother has in Ivy's life was representative of other accounts in the study. For the young people who had clear memories of their birth families, the complexity of managing loss was queried by social workers and adoptive parents alike, speculating on their conflicting emotions.

Adoptive parents spoke about their children trying to understand and make sense of the position they held in their birth family. For example, the adoptive parents of siblings Ava and Charlie who were adopted aged 6 and 7 respectively, described how both had concrete memories of their birth mother, having seen her regularly until they were placed for adoption. Indirect contact was established throughout the adoption:

*When we adopted, we agreed to letterbox contact, we wrote letters every year in march, she could write back but never did which certainly Ava found quite hard to deal with but got more used to it (Amy, AM to Ava and Charlie).*

Amy (AM) went on to explain that one year there was a response, Amy helped the young people respond, this letter again went unanswered, which led to paranoia for Charlie:

*Charlie doesn't listen to reason, despite the fact that we were trying to contact [his birth mother], he would say that we were keeping him from seeing her (Amy, AM of Charlie)*

Amy requested support from their local adoption team to enable Charlie to voice his concerns and fears. When the young people were given the means to contact their birth mother age 15 and 16, this led to an impromptu reunion, shortly after which they left their adoptive home impulsively, leaving behind supportive parents, school, friendship networks and stability. Although in many ways, psychologically it was helpful for Ava and Charlie to resolve the anxiety around their birth mother by living with her, the move itself led to further rupturing of relationships. The examples of Ivy, Charlie and Ava offer insights into the plethora of feelings that can arise at differing points and in different ways for children and young people concerning the loss of their birth family. For these children, loss

can become enmeshed with feelings of security and stability and may impact upon life in the adoptive home.

### **Loss Related to Moves in Care**

In addition to the acute loss of the birth family relationship, many children lost a plethora of other emotional links such as siblings and family friends. All of the adoptive parents and social workers interviewed listed the moves within care and the instability this brought for the children. In recalling specific details pertaining to previous care episodes and significant relationships, both adoptive parents and social workers reflected how each loss may have contributed to the adoption breakdown. Several social workers noted the number of foster placements that children had as an indicator of change and difficulty for the children.

For example, Harper's social worker described some of the losses that had befallen Harper prior to her adoptive home:

*She was born, had a foster placement, went home, had a foster placement, carer took ill, she got moved, a forever family was found, she got moved, they didn't want her. There is no way you can dress that up. She went back to her carers, then she got moved to another family, that did not work - they could not cope with her. (SW for Harper)*

Harper's social worker went on to describe how these moves affected Harper:

*Her trauma was coming out, her traumatic behaviours were repelling people against her (SW for Harper)*

Here, the social worker equates the cumulative impact of the changes in Harper's care and environment, she describes this as 'trauma' and the implication is that these intense rejections, then caused a change in behaviour. Many of the cases were described in this way by social workers. Twenty social workers spoke about carers who, because they were reacting to angry behaviours, struggled to find empathy for the child. Social workers wondered whether the reactions of hurt children stemming from factors such as moving between several homes, made it hard for carers to be understanding or nurturing.

### *Loss of Foster Family*

When children are adopted from the care system in Scotland, prior to their adoption, they will have resided with a family other than their birth parents. For the majority of children, this will have been with foster parents. Foster care often provides the first stable, safe place that these children have

experienced and foster carers support the children and witness and share the progress that they make. Foster carers know the child best at the start of the adoption journey and they play an integral role in the process – they have hopes for the children and grieve at the prospect of losing the children they have nurtured when they move on. What became clear through the interviews was that despite social workers and adoptive parents having an awareness that children were moving on from foster care, when it happened the consequences came as a surprise - *The Shock of the Move*. Although the actual transition from a foster home to an adoptive home is explored further in the next chapter, the emotions stemming from the losses triggered at the start of the transition process are explored in this section and how these losses then became enmeshed with the formation of relationships – *Bonding*. The final section, *Loss, Ambiguous Loss and the Foster Carers*, touches on an area neglected in the literature (as discussed in the literature review) pertaining to the losses than can be incurred by the foster carers when a child leaves their home.

### **The Shock of the Move**

For the majority of children whose experiences were recounted by adoptive parents and social workers during the interviews, by the time it came to being matched with their adoptive parents, the place they had lived the longest was their current foster placement. Information pertaining to the previous foster care placement was discussed in relation to 76 children, 72% of these children had lived with their foster carer for at least a year prior to meeting their adoptive parents. Accounts were provided of nurturing, loving foster placements for 51 children (67%). However, descriptions were provided relating to 25 children where adoptive parents or social workers did not consider that the foster carers had provided good quality care to the child or had not attempted to prepare the child to leave the foster home. The significance of the move from foster care to adoptive care was emphasised by all the interview participants.

The contrast between adoptive parents' and social worker accounts lay specifically in describing how the move from foster care to adoption implicitly affected the children. On the whole, social workers tended to reference the loss of the foster carer in a list, along with other traumatic experiences the child had been subjected to. However, 80% of adoptive parents focussed on the trauma of the move for the child. Only four social workers described the negative impact of the move from foster care to adoption for children, even though all of the social workers stated that they anticipated a child to grieve for their foster carers.

What was clear from the social work accounts was they believed it was imperative that prospective adopters were prepared for the myriad of losses that they anticipated would impact the children throughout their life course. Often the foster placements were focussed on in purely a positive way –

descriptions of how settled children were in foster care and how the child's relationship with their foster carer was demonstrative of the child's capacity to bond with a care giver. There was less emphasis on the contemplation and exploration of the immediate impact of the loss of the foster carer for the child. Little description was provided as to how the loss may initially present in a child, or how the presentation of this loss may cause a reaction in an adoptive family. In contrast, the adoptive parents' accounts placed emphasis on the significance of the move for the child and the how the shock of that move manifested.

These issues are well illustrated in the case of Erin, who adopted a sibling group of two, a boy aged 2 and a girl aged 5. She described her adoptive journey with Alexander. He left the family home aged 14 (after living with her for 12 years) to live in secure accommodation after a spate of risk taking and offending behaviour. Like many of the adoptive parents, Erin was surprised to meet a child who was living in a safe and secure foster placement. Erin did not anticipate the bond the children would have with their foster carer.

*It was quite a shock that [foster care home], and also Alexander was very anxious and spent most of the time crying and hiding behind the foster mum and that created a bit of anxiety in me and I thought, 'maybe this isn't right?' They have been with this foster carer so long, this isn't right. Why would we want to disrupt them, why are they needing to be adopted? (Erin AM to Alexander)*

The surprise of Erin in this quote was echoed across the findings from other adoptive parents. It highlights how unnerving the witnessing of the bond between child and foster carer could be for adoptive parents. This was a common theme, with several adoptive parents wondering whether they had done more harm than good in moving a child from their foster home. Jack's account depicted this anxiety clearly, he was taken aback by the distress shown by the boys' foster carers though he could understand it:

*The foster parents were crying and we felt like we were taking their children away from them, they were upset and it was really difficult. (Jack, AF to Rory and Alfie)*

This quote also highlights the additional emotional dimension for adoptive parents, navigating the complexity of the foster carer's loss – it was as though seeing the emotion within the adults confirmed that the experience for the child was an harrowing one. For Jack, the feeling of taking away the foster carers' children never really left him. He spoke about the contrast between his expectation that it was the boys' early history and relationship with the birth family that would be the most notable factor as

opposed to the constant worry about the boys having left the foster carers, which dominated the start of their family time:

*We focussed a lot about what had happened but in hindsight I think their biggest trauma was leaving [their] foster parents. The only one time he mentioned his birth dad was the day we took him to the doctors, in five months not once did they mention their birth parents. And they knew them and they had had contact with them but they never once mentioned them. When they cried and they were falling it was the foster parents they were crying for, it was, "I miss foster mum, I miss foster dad, foster dad used to do this for me, he used to take me there". So we were inflicting this trauma on them by removing them so quickly from these main caregivers. Rory moved in with them when he was one, and Alfie had been with them since he was a tiny baby. (Jack AF to Rory and Alfie)*

This shows, how disconcerting it was for Jack to consider that he might be complicit in causing an additional trauma for the children. This added to the contention that being in foster care was fundamentally good for the child, although, some accounts suggested that experiences for the children in foster care were not good enough. Like Jack, the majority of adoptive parents spoke of the gravity of the move from foster care for the child and that witnessing both the reactions from the child and the struggle for the foster carers to contain their emotions, brought the severity of this home.

Where the social work accounts referenced the reaction to the adoptive parents of the loss surrounding leaving foster care, it was often with surprise. A good example of this was shown by Mila's social worker. She described the matching process with Mila: the social work team had focussed on one specific area that they thought may be a challenge for a family which related to Mila's health. They were taken aback when the adoptive parents asked for a pause in the process after witnessing the foster carer's apparent distress at the thought of Mila leaving her home. The reaction of the foster carer was considered appropriate by the social work team – she had been caring for Mila since she was a baby. However, this was at odds with the reaction of the prospective adopters. The social worker described how the adoptive parents reacted to the foster carers distress:

*They said it felt as though they would be taking somebody's child off them, taking a child away from a family. (SW for Mila)*

Not only does this account highlight the extreme reactions that many adoptive parents had similarly described, but it shows again, the idea that the move of the child into the adoptive home was at odds to expectations. The extent of the reactions from the adoptive parents surprised the social workers

and for the adoptive parents, the grieving child and the grieving foster carers did not fit with their idea of a child moving to live with them as a place of safety from their birth family.

The shock of the move stemmed from different places, the social workers were surprised at the adoptive parents' reactions and the adoptive parents were surprised by their anxiety that they were inflicting a trauma on the child. However, what united the accounts was how the child's grief then led to difficulties in the bonding process for some adoptive families as is discussed in the following section.

### Bonding

Direct references were made to the impact of the loss of the foster carer relationship on the bonding process between the adoptive parents and the child in relation to 30 children (40% of the children for whom the introduction process was explored in depth). Social workers appeared to anticipate that children would grieve their foster carers, though their accounts did not explore how to support the children with their grief. Adoptive parents were taken aback by the grieving child and this, for many, had an impact on how their relationship with the child developed. Adoptive parents' shock at the grief of the child and the adopter's perceived reaction to that grief led to situations where adoptive parents felt unable to manage the response. This in turn led feelings of inadequacy, for some it felt rejecting and was an indication that there was a fundamental difficulty in attempting to build a relationship with the child. To illustrate this, examples are given from social worker and adoptive parents accounts.

Mila's social worker, provided a typical example of a chain of events revolving around the grieving processes of the foster carer and child that led to feelings of shock, inadequacy and rejection for an adoptive family:

*She [AM] said that she tried settling her for a couple of hours but she was still awake but she felt that she was rejecting her ... and AM felt that Mila wasn't, really responsive to her and she commented, "she wasn't her mum". (SW for Mila)*

The social worker felt that the fact that Mila did not respond to her adoptive mother caused a strong reaction in the adoptive mother:

*I think that the rejection was the issue, because what she (AM) was saying was that Mila was always aiming for me, "it was me that she was aiming for", as though it was personal, umm. I think what we felt was that it had triggered something in AM, that rejection had triggered something. (SW for Mila)*

This account was representative of how other social workers also described the juxtaposition for adoptive parents between seeing the bond a child had with their foster carers and then experiencing rejection from the child. The adoptive parents had spent time in the foster carers homes witnessing the interactions between the foster carer and child and were acutely aware of the differing relationship they had in comparison. Here, Mila's adoptive mother was unable to normalise the grief process that Mila was expressing in crying for the carers, instead she experienced Mila's grief as a personal rejection. This added to her sense that adopting Mila was not right. This accounts implies that the adoptive parents' understanding of how the bonding process would develop has either been misunderstood or not fully appreciated. This led to a complexity of emotions, with adoption not ultimately feeling how they, the family, hoped it would. All the social workers interviewed made reference to the move from foster care as being a huge loss for the child, the example from Mila's social worker was no exception. However, several social workers did not anticipate the subsequent reactions to the grieving child from the adoptive parents.

There was a sense that social workers expected foster carers and children to grieve, often in fact, social workers took the grieving process of the child as an indication that the child had formed a good relationship with their foster care and therefore as positive. For example, one social worker spoke about Joshua, a three year old boy who had lived with his foster carer for just over a year before moving to adoption. She described him as being settled in his foster home. The social work team considered the move into the adoptive home to have gone well. It therefore was a huge shock to the team when 4 weeks later, the family stated that they could no longer care for Joshua. The explanation offered up from the adoptive parents focussed on Joshua's behaviour and his relationship with his foster carers. The social worker explained:

*The adopters said he asked for his foster carer every day and was too attached to her and therefore wasn't bonding with them. I think they should be expecting that it was in the first 4 weeks! Attached is a good thing! (SW for Joshua)*

Here, Joshua's social worker's account provides a typical example from the social work interviews highlighting the expectation that social workers had of the child grieving, coupled with a surprise that the adoptive family were not expecting this. This resonated with other social worker accounts - twelve social workers expressed surprise that adoptive parents did not seem to recognise or understand the grieving process of a child. However, social worker accounts did not explore the nuances of the grief, how it could be resolved, or how adoptive parents could be supported in managing it. There was no acknowledgement in the social work accounts of the impact the grieving child may have had on the

adoptive families other than to suggest that it made them feel rejected or that they should have anticipated it.

Jacob's social worker's account provides an additional example of a situation where social workers felt that adoptive families should have anticipated the grief of the child and also how, in experiencing the grief, the adoptive parents felt rejected. Jacob had lived with his foster carers for a year and a half (half of his lifetime) prior to moving in with his adoptive family:

*The wee boy was understandably finding it difficult to adjust to life away from his previous placement, having identified strongly with his previous carers. And that had been anticipated and basically they [the adoptive parents] saw him as feeling resentful towards them and that seemed to be impacting on their ability to bond with them (SW for Jacob)*

Similar to other social workers in the study, Jacob's social worker considered how the child's distress impacted upon the adoptive parents and led to negative feelings for the adoptive parents. Social workers drew attention to the discomfort adoptive parents had in accepting the child's grief when embarking upon a parenting journey; it jarred with the narrative of family life adoptive parents imagined. This was at odds with the expectations of the social workers, who considered that the adoptive parents had been told to envisage a grieving child. The concept of social workers thinking that adoptive parents had been told or prepared for something is discussed below. This was just one area where preparation did not equip adoptive parents for some of their emotional reactions.

A further example from Jacob's social worker indicates the complexity of interpreting information that adoptive parents had been provided with. Here, the adoptive parents' hopes about how their relationship would form with Jacob interfered with the bonding process.

*I think they would say, I mean you would get I think a very different take from the couple if you spoke to them... I was asking, 'how do you feel about him? do you feel a bond? do you feel anything yet?' and they were like, 'no, but we weren't expecting to straightaway', meanwhile they seemed to be feeling he was taking too long to bond with them, so their expectations of him were almost higher than they were of themselves. (SW for Jacob)*

This description mirrored many social work accounts where interpretations and expectations of reactions from the child differed immensely between the social workers and the adoptive parents. Social workers and adoptive parents felt misunderstood by each other in their construction of events

but agreement in the narratives focussed on the fact that the grief reaction of the child had a detrimental impact on the bonding process. For Jacob, this meant the ending of a short adoption journey after only three months.

The accounts from the adoptive parents shared similarities with those of the social workers in so far as they provided rich descriptions of the surprise that adoptive parents expressed on experiencing the grieving child and the subsequent impact that had on bonding. They described being taken aback at seeing how close children were to their foster carers, that their focus had been on interpreting the child's distress as stemming from their birth families and how shocked they were to be involved in the grief. They felt ill equipped to manage the grief the children were demonstrating, felt rejected, inadequate and let down by their social workers. Chloe, (adoptive mother of Olivia) and Sophie (adoptive mother of Max), provided typical insights into these struggles.

Olivia was placed, aged 2, with Chloe and her husband: she had been described by the social work team and the foster carers as delightful and easy to care for. Chloe, her adoptive mother, explained that they had thought Olivia transitioning to their care would be simple:

*She has been with the foster carer since birth, she hasn't experienced any neglect, she doesn't know any different. (Chloe, AM to Olivia)*

Instead, Olivia when faced with her new family began to grieve; this took the form of lashing out, biting, kicking, refusing to make eye contact, disturbed sleep and poor appetite. Chloe described what happened when she sought advice from the social work team:

*My social worker said, .... and again this annoyed me a wee bit looking back because she said, "it's you not bonding with Olivia", which yes, there was a part at play. But nobody was addressing all these issues and she said, "how about I get someone to work with you to do some bonding techniques with Olivia and blah blah". (Chloe, AM to Olivia)*

This example is illustrative of the frustrations many adoptive parents reported relating to the advice they were given. It is indicative of the disconnect between the adoptive parents and social workers. Often adoptive parents described situations where the advice offered felt like a personal attack and did not acknowledge the feelings they were experiencing. This is a recurrent theme throughout the data and is further explored in the following chapters.

The significance of adoptive parents' experiences of managing the grief of the child shone through the accounts of the adoptive parents, most notably as they led to feelings of hopelessness and inadequacy. Chloe's interview was illustrative of this:

*It was no good. Olivia deserves total 100% love and adoration and at that point I knew that it was not the right thing to keep Olivia because I was like, we are not bonding, our family unit is at war here and I am feeling like I am heading for a nervous breakdown. (Chloe, AM to Olivia)*

This quote is indicative of the struggle that many adoptive parents, reported, in trying to emotionally connect with a child who had just moved in. It emphasises the impact of the stress on the adoptive parents and the reflection that adoptive parents made about whether they were equipped to parent the child.

Adoptive parents reported feeling helpless with the grieving child. Max aged 6 moved in with Sophie and her family, he had been in foster care for four years with the same foster carer. Sophie described how Max was kicking, punching and damaging furniture in their house shortly after he moved in:

*We were like, "can someone give us advice about how to deal with this? Do we get the foster carer down?" We think some of the distress is about the relationship with her, she had had no contact with him. (Sophie, AM to Max)*

Ten of the adoptive families, like Sophie, discussed noticing the child's distress and not feeling equipped to deal with it. They referenced feeling unsupported and failing to alleviate the distress of the child, which was a further block in developing a relationship with them. The inadequacy felt by parents in these instances led to a sense of hopelessness, the families were unable to bond with the child, their input did not seem to make a difference. For many families, managing the child's distress was overwhelming, the quote from Sophie below is a typical example of this:

*We found it so challenging - the behaviour, and the level that he was at, and the fact that we hadn't had any chance at all to bond with him because his behaviour deteriorated so quickly. I didn't think I was parenting him the way I should or wanted to. I was struggling with his behaviour, I was finding my temper so much shorter than it normally is which is wrong in a child like that and I knew. We were trying to manage the situation for the transition of the*

*family and I guess I was quite concerned about the future as well and just riddled with all sorts of emotions like guilt. (Sophie, AM to Max)*

This account is illustrative of the journey that several adoptive parents described in how dealing with the immediacy of the grief prevented them from experiencing the start to the adoption journey that they had hoped for. Although for some adoptive parents, extreme reactions from the children were not present, sometimes just the contrast of witnessing the child around the foster carer compared with the child in their home was enough to lead to feelings of inadequacy. For some adoptive parents, feelings of inadequacy were all-consuming and interfered with their capacity to form or build upon a relationship with the child.

### **Loss, Ambiguous Loss and the Foster Carers**

Foster carers voices were not included in this study. However, they play a crucial role in the process of supporting children from foster care to adoptive homes. Social workers and adoptive parents gave examples of how foster carers were affected during transitions. Fifteen participants referenced the loss that foster carers experienced when supporting a child to move to their adoptive home. Social workers emphasised the investment that foster carers had in the children they cared for.

The data from social workers in this study suggests that foster carers are in a difficult position, described as knowing the children the best but as having the least control or input with decision making (other than the children). This at times led to tensions in relationships between foster carers and adoptive parents. Foster carers' dual role as professionals and care givers was complex. Social workers and adoptive parents expected them to provide a loving home whilst demanding standards akin to professionals, where emotions being shown were criticised. Social work respondents generally described the emotional position of the foster carers as 'precarious', they had to put their own feelings behind them while they focussed on preparing the child for the future.

One social worker highlighted some of the challenges that can arise resulting in the foster carers concerns for the adoption. Mason's foster carers felt that Mason needed a maternal figure and were worried that he was being matched with a same sex male couple:

*She [foster carer] had her jacket on, she had it zipped all the way up, she had her arms crossed, she was scowling and the body language, it was really, really difficult. (SW for Mason)*

This is illustrative of the complexity that can arise when foster carers are concerned about the plans made and the struggle to forge a relationship in the face of hostility. Although the circumstances of this example are unique, it represents some of the complications arising in the relationship between

foster carers and adoptive parents. Six social workers and five adoptive parents gave examples of tensions relationships stemming from differing opinions about what was in the child's best interests.

What was clear across the accounts from both social workers and adoptive parents was the disparity between foster carers in terms of what their expectations were, the type of home they had provided, and how they prepared the child to move on to adoption. The interviews shone light on the differing protocols and expectations in preparing children to be adopted across Scotland. Over a third of the children moved to adoptive families outside their original local authority. The variety of differing practices reported perhaps also was a reason for some of the surprise noted by social workers or adoptive parents when foster carers did not act or react in a way they had anticipated.

Social workers acknowledged additional pressures that fell upon foster carers and discussed the impact of this. Several social workers referred to the fact that foster carers have losses relating to other children who have previously left their care. Harper's social worker elaborated on the impact of this:

*I talk about cumulative loss, we expect carers to manage cumulative loss, some people think it is just putting another kid in but I'm saying to people, that emotional bit, that space and capacity. (SW for Harper)*

This account reflects how social workers interpreted the repercussions of supporting multiple children to move on – Harper's social worker used her understanding of cumulative loss to make sense of why really experienced, 'reliable' carers suddenly struggled with an adoption transition. Social work accounts all expressed empathy for the position that foster carers found themselves in, however, the fact that foster carers straddle a professional and family role shone through. On the one hand they were expected to act like a family member and on the other to manage the loss of a child moving on in a professional manner, shielding their grief from the child and adoptive parents alike.

### *Loss, Ambiguous Loss and the Adoptive Parents*

When depicting the journey to adoption, the narratives of social workers and adoptive parents included references to loss resulting from miscarriage (n=6), the loss of a child (n=3) loss of close family members (n=11) and infertility (n=40). These themes are explored below. Six adoptive families suffered the loss of a parent or sibling in close proximity to the adoption itself. Alongside these tangible events, both social work accounts and adopter accounts referred to losses that were harder to quantify. In *Reframing Family Life*, below, descriptions emerged of losses regarding experiences adoptive parents assumed or hoped would come with parenting a biological child – witnessing the

baby and early stages, feeling an immediate connection, having the same parenting experience as their friends and family seemed to have.

### Loss of a family member

References in the interviews were made to nine adoptive parents, who lost a close family member shortly before adopting. Nicole lost her mother, who lived abroad, shortly before she was due to meet the child that she and her husband, Andrew, had been matched with. Their social worker had requested that they take a pause to grieve before continuing forward with the matching process but Nicole had disagreed believing she could proceed. She reflected back on how the loss had affected her:

*My mother passed only a few months before, I couldn't go home, I didn't get to say goodbye or bury her or all those things..., I think actually, checking in about how we were feeling about the adoption would have just exploded everything and would have probably made me you know, feel things that I wasn't ready to or equipped to because I knew that the moment I did I would probably break down, so yeah in hindsight. So yeah I felt fine at the time. Hindsight is wonderful isn't it? (Nicole AM to Dylan)*

This highlights some of the additional challenges that social workers face when assessing how loss is affecting adoptive parents. This example was a typical one, where the social work team had explored the impact of the bereavement to some degree but then had been persuaded by the adoptive family that the loss in question was had been resolved. Nicole here, was able to reflect that her emotional capacity was fully stretched and that exploring some of the bigger feelings associated with adoption such as whether she actually wanted to adopt Dylan were too much to cope with.

Although for some adoptive families, like the example above, bereavement was in close proximity to the adoption move, for others the loss was historic but still impactful. Lucas' social worker described how she felt loss had affected Lucas' adoptive father. When choosing a family for Lucas, his social worker had thought that Lucas would flourish with a single carer, who would provide him with one to one attention, whilst also relying on the wider support of his close family. Matthew's single status was considered carefully in terms of his support network and how his earning capacity would be impacted as a sole provider. It was assumed that being a father was a greater priority for Matthew than being in a relationship and little was done to consider the loss he may have felt in parenting alone. Matthew embarked upon a relationship only a few months after Lucas moved to live with him. This relationship was turbulent, involved alcohol and led to Lucas being placed on the child protection register and

ultimately being removed from his care. Lucas' social worker explained how it was easier to reflect on the losses after Lucas had been removed:

*I suppose the thing for us was he [Matthew] had a lot of significant losses, particularly the loss of his grandad who left him his house. And his dad, he had some really difficult relationships. How he managed those losses, looking back now, you'd be thinking. And also in terms of his own relationship it was like he needed one. It was meeting an unmet need in him – although he was telling us that he was single and that was what he wanted and he wasn't interested in a relationship, we were talking about a matter of months before it was reported that he was in a relationship (SW for Lucas)*

Again, although the circumstances of loss are unique here, the same theme arises regarding the social worker having to unpick loss and any impact it may have. Several social workers referred to responses to loss as being considered signs of, 'resilience' and capacity to cope with change. However, this was a good example of how social workers reflected with hindsight in their interviews that perhaps the losses were unresolved (in this instance it left Matthew craving a relationship). In assessing adversity in prospective adopters, whether historic or present, the coping mechanisms presented were often interpreted as examples of resilience, when in fact, they were sticking plasters, masking open wounds. As seen above, with hindsight, social workers took a more psychodynamic approach in assessing causality – looking back at factors that shaped the adoptive parents and how they may have influenced outcomes. This reflective approach on contemplating losses united both social worker and adoptive parents' accounts – they all were able to contemplate the impact of the losses after adoption breakdown but prior to adoption, had either skimmed over the losses or assumed they would not significantly impact family life.

### **Infertility**

As discussed in Chapter 1, infertility has been noted as a theme associated with loss in adoptive family life and has been discussed in relation to adoption breakdown. Six of the adoptive parents explained how physically meeting the child for the first time triggered feelings of loss associated with infertility. The theoretical discussions around preparing for family life had invoked a fantasy of how life would be, resulting in abject shock when meeting a child, not a baby, with no biological tie.

Andrew and Nicola's account resonated with other adoptive parents' accounts. They were matched with Dylan (aged 5) who they described as perfect for them, Nicola felt that she had already, "fallen in love" with Dylan before she met him. Sadly, after meeting Dylan, the complexity of Andrew and

Nicola's losses and feelings crashed around them. They realised that adoption was not going to replace what they were grieving; meeting Dylan was a reminder of all the things he was not in terms of the family they had envisaged:

*He is a lovely, lovely, boy, just a lovely gorgeous boy, it wasn't the reaction I had to him as an individual and personality, it was more the reaction was about what this actually meant (Andrew, AF to Dylan)*

Both Nicole and Andrew found Dylan delightful and were charmed by him but he was a living breathing reminder that they had not had a baby. Nicole, expanded further:

*Nicole – I think the words I used to Andrew were, 'he is fully formed.' So there was no opportunity for us to be part of him, he was already him if that makes sense? Because when it is a younger child, you do get to, crikey these are not the right words but you can put your stamp on them, that you can be part of shaping them as a wee human. Whereas I think when they are older... I don't think that was ever covered in prep group at all, there was always the assumption that there were younger children.*

*Interviewer – is what you are describing reality hitting? Adoption is not the same as having a birth child?*

*Nicole – yeah*

Like other adoptive parents who spoke of their infertility, it wasn't until meeting Dylan that the reality hit home for Andrew and Nicole. They had convinced themselves that adopting an older child would suit them, had read extensively about adoption, and felt theoretically prepared for a child. It wasn't until the realisation of their adoption plan that the experiential reality arrived and with it a terrible awakening of their previous losses. Andrew and Nicole's account is an example of the adoption journey being an extension of the infertility journey – a neat fit for managing the loss stemming from infertility. The exploration of adoption, led them to reframe family life. They had not fully considered that the loss pertaining to infertility was still just beneath the surface, their coping mechanism for managing this loss was revealed to be flawed as the reality of meeting an older child emerged.

Although the social workers were only able to hypothesise on what the reality of infertility meant to the adoptive parents they worked with, 10 spoke of the need to make careful matches in order to manage the loss stemming from infertility. Primarily, this seemed to require a match with a child who

would be able to immediately show affection and was in the younger age range. Isabelle's social worker gave a typical example:

*When there is that real need to have that kind of maternal bond, if you put a child who can't give that at the beginning you are probably up for problems, that is what my experience shows anyway. Um and I got that from them both really that kind of classical infertility couple and Isabelle kind of fitted the bill for that, although she was rising 2 and a half three and she was very bright (SW for Isabelle)*

All ten social workers referenced the importance of the match in couples where they had identified an unresolved loss stemming from infertility. The description given here by Isabelle's social worker is illustrative of how the data pointed to social workers endeavouring to plug the gap created by the loss rather than support its exploration and resolution. There was an implicit awareness that a child unable to offer some reparation for the loss exposed by infertility could be problematic for some adoptive parents. Where social workers had recognised this loss, there seemed to be an element of an adopter led matching process, which perhaps inadvertently enabled the notion that adoption could provide a remedy to infertility.

### Reframing Family Life

All the adoptive parents who spoke about losses that rose to the surface during the adoption journey, described how difficult it was to articulate. This in part seemed to be influenced by anxiety around how other people would interpret this and in part because adoptive parents were surprised at their own responses. Seventeen adoptive parents discussed their anxieties trying to explain some of their negative reactions that had arisen. For some adoptive parents, the anxiety came to the fore at the first moment they met the child. For example, one adoptive parents explained that her reaction to meeting her children was unanticipated and she did not feel she could share it for fear of the process being halted:

*at the time you can't say it, I think I felt it's not a baby and it hit me really, it's not a baby' (Erin, AM to Alexander)*

The data suggests that deep rooted ideals around family life were often hard for adoptive parents to unpick until they found themselves in the midst of adoptive life. For some, meeting the child was enough to burst the bubble around their imagined family life, for others it took years to appreciate why they were finding some aspects of parenting so hard. For Hannah, it took extensive counselling to appreciate the nature of her complex grief after Molly had left the family home as a teenager:

*You dream about this, ideal family, and how you want to. And I am very fortunate in the fact that I have a really, really, close relationship with my mum and something that has, I mean it has grown over the years but I was very close to her mum and it's a relationship that I really value and that is very much the relationship that I would like with Molly. Because, if you think of it, I have found it very similar to a loss, I'm grieving for the daughter that I had, but I'm also grieving for the daughter that I wanted or the relationship I wanted with her (Hannah, AM to Molly)*

This example rang true with other adoptive parent accounts. Hannah had assumed that she might be able to replicate the model of relationships she had in her family growing up. However, Molly and Hannah's relationship was often marked by conflict. Throughout Molly's childhood, there were constant reminders for Hannah that the relationship she had dreamt about having were not materialising and increasingly, Hannah was having to accept that she may never have the mother daughter relationship she aspired to.

Fifteen social workers described situations where they thought that adoptive parents were shocked by reality; the fantasy that they had built around family life was brought sharply into focus, for some with devastating effects. For Shannon, adoptive mother of Harper and Mia, the complexity of the grief for the family that she had envisaged came to the fore upon meeting the girls. They were nothing like she had imagined them to be and that realisation caused a visceral reaction. Her social worker explained:

*Here she was faced with two wee girls, she had built up a picture in her mind and they didn't fit and I think that just collapsed her and that makes sense because she was able to put it, "absolute loss of control" she felt when her father died who I think she was really, really close to (SW for Harper and Mia)*

Shannon had an image of how family life would be and her role as a mother. The stark contrast between her fantasy of parenthood and the reality of meeting Harper and Mia led to Shannon feeling out of control. She told the social worker that this reignited the grief and shock she felt when she lost her father.

The loss of the birth family was reported to be confusing and complex for some of the children. Loss of the foster carer was noted in reactions from several children, and the significance of this was

explored by both adoptive parents and social workers. Historical and unresolved losses crept into all accounts and often appeared to take both adoptive parents and social workers by surprise. This at times led to frustration on both sides. The social workers felt that adoptive parents should have anticipated the losses and reactions to these by the child and perhaps not appreciated how these reactions may trigger losses in the adoptive parents themselves. The adoptive parents were also surprised at how their losses surfaced, particularly when they had associated adoption with resolving some of them. The surprises for both parties also converged on the fact that both adoptive parents and social workers had assumed that the preparation prior to meeting the child would have stood them in good stead. The next session explores this further.

### *Preparations for Adoption – Knowing a lot, Understanding Little*

All the adoptive families that participated in or were referred to in the interviews bar one attended preparation groups at the beginning of their adoption assessment. During these sessions, reasons that children may be adopted and the potential impact of these early experiences on the children were raised and discussed.

All the social workers interviewed felt that the adoptive parents had been provided with sufficient and extensive theoretical preparation. Descriptions emerged of detailed assessments, lengthy discussions around adoption, the impact of the child's experiences and the changes to lifestyle that the adoptive parents should anticipate. Similarly, the majority (89%) of the adoptive parents interviewed felt that the preparation groups and home study assessments had been useful, interesting and helpful. The importance of careful preparation was acknowledged by all.

Amongst the rigorous preparation two fault lines surfaced, mentioned by both adoptive parents and social workers. In some instances there was lack of information regarding a specific child (*Information Pertaining to a Child*), paperwork may have been out of date, or a useful piece of information from their past or foster care placement was only unearthed after the child had moved in. The second omission was universal; there was lack of preparation around how adoption would feel for both the child and the adopter (*Theoretical Preparation Versus Practical Understanding*). The knowledge bestowed upon adoptive parents was not in itself enough of a safety net when facing crisis. Additionally, two other themes emerged, gaps in adopter assessments (*Assessing Prospective Adopters*) and the interpretation of information (*Analysing the available information*).

### *Assessing Prospective Adopters*

In a couple of unusual cases, information about the adoptive parents surfaced after a child had moved to live with them. One example was given by Isabelle's social worker when a relative of Isabella's adoptive mother contacted her:

*She said all this stuff had happened and we weren't to know any of it and adoptive mother wasn't bonding with the child and she thought it best that she come and tell us now before things went really wrong, now those things related to basically her entire story that she had given me of her upbringing and her childhood and so we interviewed a few other people around including the mother and the mother concurred and said yes and when I said, look I met with you and you didn't say anything about this and she said I couldn't think of my little girl not having this dream of hers not to be a mother (SW for Isabelle)*

Although there were only a couple of examples where social workers believed that information relating to adoptive parents had not been disclosed to them, this passage, which highlights a failure to disclose information by an adoptive parent has significance for the more central themes, of the longing for a family by adoptive parents and of the unrealistic hopes that surround adoption. What was clear from this account was that the information had not been disclosed because those holding it had concerns that it may make the adoption no longer viable. This indicates an awareness by adoptive parents and their wider family, that a certain level of emotional resilience might be expected in order to adopt children. It also highlighted the anxiety around exploring historical events (in this case the adoptive mother's mental health) in case it proved detrimental to the assessment. The desperation to have a family, prevented this adopter from feeling confident to explore her historic mental health condition with her social worker during the assessment in case it was perceived as a barrier. It highlights the power differential between the prospective adopters who hope for a family and the social workers who can enable this. None of the adoptive parents interviewed suggested that they had failed to disclose any information in the adoption assessment.

#### **Information Pertaining to the Child**

What was more common was some information relating to the child, their history or environment being missed (reported by 47% of the adoptive parents interviewed and three social workers). In some instances, the detail that was missed could have seemed insignificant, as was the case for adoptive father Jack; he hadn't been told that his child's cousins lived within 2 miles of their family home. This meant that as he prepared for Rory to start school, he was alerted to this fact and advised that Rory could not start at the local school. Although this did cause Rory to leave the family home, it added to Jack's feelings of frustration, hopelessness and sense that nothing was ever going to be easy for them. Often, however, the information that had not been shared was more troubling. Caitlin, a single parent,

felt that had she been given a full picture of her children's history, she may not have proceeded to adopt them:

*I wasn't given any medical information about his birth family at all. We know that mum was a heroin user, there was a ton of police call outs to the house with violence and drinking parties, the dad was always drunk but there was no mention of birth mum drinking... The reality is, if I had been given up to date papers with full information, I would have said no. (Caitlin, AM to Grace and Noah)*

The impact of missing information on adoptive parents at times was significant both practically and emotionally. This quote from Caitlin provides an example. She was not the only adoptive parent to suggest that had she may not have proceeded if she had the full information. Sarah and Ross, similarly felt that they were ill informed about some of the challenges they would face while parenting Emilia (aged 6) . This extract from their interview is useful for appreciating the level of information that adoptive parents have to sift through and interpret. Emilia's pre-adoption experiences did not stand out as being unique within this cohort of children.

*Sarah - deep hidden within a report from the medical advisor that we saw was FASD and it is all these things that you really need somebody to sit back and say hang on a minute, cold light of day, there is a diagnosis of FASD but we never talked about it.*

*Ross – and in our minds we blame the disruption on that element of it because we just feel there was irreparable stuff in there that nobody could deal with, let alone the poor wee girl...And when you look back, you fill out a matching criteria and you look back at that and we had said no against so many of the things that would be covered by FASD. With hindsight, maybe it is asking too much of the social worker, but it is our life that is about to be impacted, but they could have said, hang on a minute, I can see a no on this form and I can see FASD in this profile so we need to have a really good think about that. And then it would have been our choice but we feel like none of that happened.*

Like many adoptive parents, FASD was not a new concept to Sarah and Ross – it was widely spoken about during preparation and assessment. What stands out is that the knowledge bestowed upon them during the preparation had led them to consider that they would be unable to manage a child with FASD. However, it was not until they had adopted Emilia that they realised her diagnosis had been missed. Their account demonstrates the faith that adoptive parents can place in the matching process, assuming that as they had explicitly ticked a box saying no to a child with FASD, they were unlikely to be matched with a child with FASD. They themselves had carefully thought about whether they had the capacity to parent a child with FASD and had concluded they couldn't. The frustration they felt in associating this fact with the adoption breakdown shines through. Ultimately the FASD diagnosis, led them to believe that no matter what kind of intervention they persevered with (Emilia lived with them for 2 years), Emilia had a condition that required lifelong support and energy that they did not believe they had after two exhausting years of trying to parent her in a way that kept her and them safe.

#### **Analysing the Available Information**

The majority of the children in this cohort had complex early histories, which had implications for finding the most suitable adoptive parents. All those interviewed attested to the part that both prospective adopters and social workers played in determining the match. However, where there was disagreement was how the information used to make the decision was analysed. Social workers when reflecting on adoptions that had broken down wondered how much information had been fully interpreted and understood by adoptive parents and adoptive parents explained how they had missed crucial facts.

Seventeen social workers hypothesised about whether the volume of the information about the child was understood in relation to what it indicated for the future. The social worker for Jax, Callan and Alex worked with them as they returned to care in their teenage years. Amongst the young men's anger, frustration and mistrust they sought answers about why they were placed for adoption and where their birth family were. In supporting them with this, the social worker wondered what had been shared with the boys' adoptive parents:

*The three boys had really quite troubled kind of lives and I don't know if they [adoptive parents] were prepared for that, I don't know what preparation they had had in terms of what to expect given the knowledge we had of the background, the family, I mean there was a lot of information in the file about how these children had been accommodated and I don't know if an awful lot of that had been shared, especially mum's drinking and things like*

*that... I didn't get the sense that the parents were over prepared for that.*

*(SW for Jax, Callan and Alex)*

This provides an example of how social workers started to hypothesise how adoptive parents interpreted the information they were presented with. For this social worker, her impression of spending time with the boys and the parents was that the parents were not able to link some of the challenges the boys presented with in their teenage years with some of the experiences they had prior to adoption.

Adoptive parents accepted they were given lots of information, but at the time of receiving it, they were bombarded with information, were emotionally overloaded and trying to process huge quantities of material for a life changing event. Adoptive parents made references to how they focussed on some practical preparations, or one aspect of the child's presentation or history, so were taken by surprise when they had missed something.

For example, Oliver's adoptive mother detailed how she had focussed on seeking advice from her social worker about how best to arrange support in school and which strategies to enlist when he sometimes showed frustration. However, there was so much to take in that she described complete shock when after a year living with her, he disclosed that he had been sexually abused. As well as being scared and devastated for Oliver, Rebecca described a feeling of disbelief. She went back to look at the original information that she was given prior to meeting Oliver:

*but it just shows that just because there is a tick box on a Form E<sup>8</sup> that says tick sexual abuse, I remember it coming as a bit of a surprise and I think, we must have read that on the form E. It shows that there was no discussion about that, what that then must look like or even his particular circumstances, why that is ticked? I remember the social worker alluding to it but there was no detail, I remember that, but, no discussion about if a child has, this is what they have experienced - what you then might expect, there was nothing like that. (Rebecca, AM to Oliver)*

What is significant here is that the fact that there was no detail had not seemed strange to Rebecca, she and her husband had consciously or otherwise underestimated its importance in terms of how they would parent Oliver. They had no insight into the reality of parenting a child who had been

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<sup>8</sup> A form E is a document that was used widely in Scotland to profile a child for adoption. It contains information about their background, history, health, education, care status and birth family.

sexually harmed and not only were shocked but felt ill equipped to manage the disclosure. Although Oliver did not go on to leave the family home until he was 16 and he very much remains a part of a loving and supportive adoptive family, his childhood was marred by the abuse he had suffered. He was frightened of adults, school was a challenge for him and he required intensive therapeutic support from professionals and his parents. Rebecca and her husband had no idea this might be part of their family life.

Rebecca's narrative resonated with several accounts from social workers around how information was understood or communicated with adoptive parents. In a similar vein, Blake's adoption journey ended within six weeks of meeting his adoptive parents. His social worker talked about information that had been passed on to adoptive parents about his relationship with his foster carers, his history and his health needs. She then was surprised when his adoptive parents came back to the local authority (after the adoption ended) with complaints about a lack of information:

*We gave them the verbal information, now the parents are coming back and saying they didn't get that, "that wasn't what we heard." But is that actually what we hear? what do they take in? (SW to Blake)*

Social workers expressed surprise that adoptive parents did not appear to have information that they assumed they had or were written in reports or they recalled sharing with adoptive parents.

### **Theoretical Preparation Versus Practical Understanding**

Even in situations where adoptive parents felt they had fully understood the information about the child and the process, there was still a disconnect between being theoretically prepared and experientially prepared. This cohort of adoptive families was highly educated with 94% of families having at least one parent educated to university level and all the adoptive parents interviewed described undertaking extensive research and reading in relation to adoption.

All of the adoptive parents described a sharp dose of reality hitting at various stages of their adoption journey that they did not feel prepared for. For some, the shock was more apparent than others, particularly when they had assumed they were well prepared. Several adoptive parents who had professional experience of working with children were particularly affected in this regard. A typical example follows. Within days of Isla moving into Lauren's home, it was clear to Lauren that she was not going to be able to manage the competing needs of Isla and her birth daughter. To Lauren the idea of a child moving to live with her and then to leave within days was unimaginable, it was completely unforeseen, particularly as she had felt well prepared:

*They told you all the right information but I think it is putting it altogether in your head when you are in that situation and even just preparing yourself, it's really difficult to know even though they are saying to you, this wee one is going to call you mummy all the time, right from the get go, it's just unusual because it's not what you are used to. It feels very artificial. (Lauren, AM to Isla)*

Like many adoptive parents, Lauren, didn't see a particular gap in the information that she had been provided with but nevertheless felt unprepared for the reality of the feelings that came from adopting. When she was called mummy, the strong association she had was for her birth daughter, it did not feel genuine or comfortable coming from Isla. Lauren reflected that her professional knowledge was seen as a strength but it did not prepare her for living with a care experienced child. This was a theme that was also noted in the social work accounts. Theoretical knowledge masked exploration of some areas in the assessment and matching process. Thirty two families had professional experience of working with children and in twelve cases, social workers and adoptive parents believed the professional experience was taken into account in the matching process leading to a misplaced confidence that the adoptive parents could manage older children with complex care histories.

This concept of assuming that extensive knowledge (particularly professional) was beneficial continued throughout several social work accounts. One social worker reflected on the interplay between professional knowledge and understanding the lived experience of adoptive families when she was commissioned to support Evie (2) and her adoptive mother:

*I wonder, if she may be felt she knew more than the people assessing her did on an intellectual level? ... You would think she is a goldmine really. So I wonder whether things maybe might have been a bit overlooked and whether it might have been a bit difficult to open up some discussions, there was a bit of you know, I know this so I don't need to, you know. It's how you evidence stuff – about more what it might feel like. (SW for Evie)*

In describing the complexity surrounding an assessment of an adoptive parent with significant relevant expertise, Evie's social worker provides an example of how professional confidence led to an overly optimistic assessment of parental capacity. In this case this assessment came despite the fact she had no parenting experience, she was adopting as a single parent, had a limited support network with a very active lifestyle. In this assessment, like other examples given, the adoptive parent's vulnerabilities were masked during the assessment by her theoretical knowledge.

This theme of professional knowledge being aggrandised in relation to parenting capacity also rang true but in a slightly different way for Archie's (aged 5) social worker:

*when you look at AM's professional background, she was able to demonstrate so many examples of children that she worked with who had been through all kinds of trauma that had impacted on their self-confidence, on their internal working model, on their attachment style, she was able to demonstrate how she had worked with them but I think it just all comes back to the bit that when it is you, when it is personal and that child is in your house all that goes out the window (SW for Archie)*

This example again has its roots in how losses can be reignited - and yet professional knowledge provides an opportunity in the assessment process to be distracted from this. Social workers were impressed with a depth of understanding of the needs of children who had experienced adversity. Here, Archie's adoptive mother was able to articulate clearly how trauma could manifest for other children but could not apply that logic to the child living in her home. Archie's social worker detailed that when in the course of supporting the family, she mentioned attachment and trauma, Archie's adoptive mother refused to acknowledge their relevance to their own family situation.

The children who were adopted had some pre-determined challenges to overcome by the very nature of their early years, however their future very much depended on the interplay of their history combined with the safety created for them in their adoptive home. To assume that understanding a child's history alone would be a safety net in terms of the matching process would be naive, and yet many of the adoptive parents did not seem to have tested or been tested upon their emotional responses to having a child in the home. For example, Nicole provided a glowing review of the preparation groups she reflected that the information was helpful in terms of providing a holistic picture of how a child may react. However, her account shows that the sole focus being on the child missed the other part of the puzzle – the parent(s):

*The sessions were about how you may be presented with a troubled child, a child that has ACEs, how will you deal with that? So it was always about that child and that child's needs, totally and utterly understandable. What we probably got a lot less of was – what are the emotions that you will experience? how will you deal with those? (Nicole, AM to Dylan)*

This account rang true with both the social work accounts and the adopter accounts. The preparation focussed on the child, understanding how and why a child might act in a certain situation. It did not focus upon how adoptive parents might react in response or how they might feel. Something that was pertinent to helping adoptive parents bond as discussed above.

Neither Lauren nor Nicole had the opportunity to meet the children that they were adopting before the introductions process had started and so the emotions that they both encountered very quickly may potentially have surfaced sooner had they met the children. A ‘bump into’ meeting, where the adoptive parents meet the child in an environment that is natural to the child without the child relating it to adoption (such as in a local park with their foster carers) is something that was reported in happening in very few cases in this cohort and discussed further in Chapter 5. It is hard to establish from this data whether it would have made a difference in terms of outcomes, though certainly in situations like Nicole’s where she was totally unprepared for her own feelings, it would at least have provided the opportunity to address those feelings.

The social work accounts, similarly identified the gap between a theoretical understanding of the challenges that some adopted children encounter and the experiential reality of becoming an adoptive family. Jacob’s social worker described how his adoptive parents struggled to manage Jacob’s behaviour, the adoptive mother in particular appeared to the social worker to be cold and dismissive. When exploring the reasons that Jacob’s adoptive parents initially had been considered to be a good match for Jacob, the social worker highlighted the irony that their greatest strength – their theoretical understanding of adoption – became their greatest downfall:

*Interviewer - So do you think there was one single factor that tipped it over the edge?*

*SW for Jacob – I think it was their lack of ability to transfer their intellectual understanding of attachment to their ability to parent...maybe there are things with hindsight that we could have looked at in a bit more detail but I’m not sure if it would have changed anything because they seemed to impress so much in terms of their understanding of attachment and yet they clearly didn’t get it at all.*

This example, was similar to other social work accounts in showing the weight placed on the theoretical understanding of attachment by social workers, as though the key to being able to parent an adopted child is to understand this. In this scenario, the couple had read widely and were able to hypothesise about the impact of adoption on a child; they could intellectually visualise the type of

behaviours that may materialise for a child struggling with a change or having experienced trauma. Their knowledge led to an assumption being made that an appreciation of attachment would lead to confident parenting. Whereas in fact in this situation it appeared to equip the adoptive parents with the language to explain why they were unable to parent Jacob. The social worker went on to describe how the parents described Jacob as being too damaged to care for and was unable to show any signs that he would attach to them.

Some social workers hypothesised that they could have prepared adoptive parents better through moving from intellectual and knowledge based approaches to more practical and emotional ones. They spoke of needing to prepare adoptive parents for the shock of initial responses to children and to the intensity of parenting in general rather than focussing on adoption theory and process:

*The constancy of being a parent, she hadn't appreciated, I don't think she particularly knew how to play with a 3 year old or entertain them, and it made us think about the prep because we do all this, well, not fancy stuff, but attachment, and legal process, and, I don't think she really knew how to just play with this little boy. (SW for Daniel)*

This was an example of a social worker who reflected on the focus on discussion of the impact of adoption of the child. She contrasted the significance of understanding adoption as an idea with actually knowing how to be around children – separating the dissemination of concepts with the reality of interacting with children.

During the preparation process, interviews demonstrated that it was easy for adoptive parents to focus on how they would bring their newfound understanding of adoption into their family fantasies. Seven adoptive parents described feeling connected to children they had not met and picturing how they would parent those children. These adoptive parents all then detailed how the reality was completely different to the fantasy they had conjured. It was clear that although thorough preparation courses and assessments had taken place, the focus was on theory and not the emotion of living with a child or how to manage when the family life envisioned is not meeting the expectations created.

### *Discussion*

The theme at the heart of this chapter was loss relating to the child, the foster carers and the adoptive parents. The nuances of this loss were complex, either unanticipated, or the reaction to them was, and for many the interplay between these losses, led to difficulties in forming an initial relationship within the adoptive family. The interpretation of these losses varied and gaps were identified in the

assessment and preparation of all parties as a result. In *Making Sense of the Loss*, the theory of ambiguous loss is used as a way of helping to frame some of the losses that emerged. In *Responses to Loss*, the findings described above contemplate using ambiguous loss as a way of understanding the interactions at play. Finally, the gaps in failing to prepare for or identify the complexity of the loss are discussed alongside adoption literature that has identified poor preparation as being a theme in adoption breakdown.

### **Making Sense of the Loss**

That adoption is synonymous with loss is an accepted concept ( Brodzinsky 1987; Rushton et al, 2013). What emerged in these findings was the multi-dimensional loss that was ambiguous, unexpected and reactive to losses triggered in others. Although widely discussed within adoption studies and literature, much of the discussion around loss centres on the loss of the birth family. However, adoptive parents and social workers interviewed reported grieving processes and confusion for children in relation to their birth families and foster families. For almost all the children in this cohort, there was no direct contact with their families. For the children who had memories of their birth families, the presence of these memories was a source of consternation and confusion. The care journey left in its wake a plethora of relationships, including significantly those with foster carers. Children interviewed about moves in care have discussed the sadness stemming from the loss of family relationships (Aldgate 2009; Mitchell 2016). Most children had spent more time with their foster family than with their birth family. Leaving the foster family was stressful for children and they showed signs of grief. The loss of a foster family, is ambiguous – the foster carers still existed, yet were no longer a part of the child’s family.

Many adoptive parents described feelings of loss that had been masked with hope during the adoption process; often meeting the children was a stark and unexpected reminder of their biological loss. What was compelling in these accounts was the myriad of emotions that surfaced for adoptive parents when faced with the reality of adoption: loss of family members; loss related to infertility; and loss, that was hard to articulate but weighed heavily - life not looking as it had been anticipated. Although accounts from foster carers were missing, rich descriptions emerged of the complex loss that the foster carers had to come to terms with both as a professional and as a care giver; this mirrors accounts that have been given by foster carers (Lynes and Siteo 2019).

One theory that may be helpful to contemplate these losses in this sphere is ambiguous loss. The theory of ambiguous loss (Boss 1999,2006, 2009, 2016) encompasses complicated types of loss that do not fit with standard models of bereavement. Boss studied the role of fathers who were physically present yet psychologically absent in the family in the 1970s (Boss 2016). Her work with wives of

missing pilots in 1975 was the catalyst for her theory development around ambiguous loss, which provided a way to consider the unaccounted for feelings experienced by spouses whose grief was complicated by the unknown. This has led to applications in many areas, particularly in the aftermath of significant, public, traumatic events such as post 9/11. It has been linked with the model of disenfranchised grief (Doka 1984, 1999, 2009), where normal grieving processes do not necessarily apply such as when mourning a person has a stigma attached to it (Mitchell 2016). Little attention has been given to it within the adoption literature or indeed in social work in general (Knight and Gitterman 2019). It has been referenced in relation to birth mothers (Fravel et al, 2000), where loss was explored with grieving mothers who had lost a child to adoption trying to make sense of living separately from their child. It has also been used as a way of contemplating the early traumatic experiences of children prior to being placed for adoption (Kim and Tucker 2020), through children having the loss of a stable or consistent parenting figure.

Boss considers the family as being, 'the psychological family that exists in ones' mind regardless of biological ties' (Boss 2006), it seems likely that for the children in particular who had limited memories of their birth families, who had felt happy and settled with their foster families, that their psychological family was the foster family. There was no psychological place found for the foster families of many children. Pets, foster siblings, family friends of the foster family are all lost with the foster move and children are not helped in acknowledging these losses or assisted in finding a psychological place for them within their new family set up (Mitchell 2016).

Infertility was a key component of many of the adoptive parents journeys. Outside social work, an expanding body of literature is dedicated to the emotional consequences of infertility (Shreffler et al, 2017). Infertility has been highlighted as an additional feeling of loss for adoptive mothers in particular (Timm et al, 2011) and has been associated with feelings of helplessness and ways of finding new meaning in life (Becker 2000). The social work accounts acknowledged the impact of infertility with a recognition that the loss stemming from infertility needed to be managed. However, the management of this loss in some instances seemed to lead to adopter led matching practices, ensuring that a child would provide comfort for their loss. Adoptive parents were surprised by the rekindling of the loss of the infertility and were not prepared for this. A greater understanding of the losses associated with infertility may support social workers practising in adoption.

### Responses to the loss

In adoption literature, feelings associated with loss, are often depicted through '*sadness and anxiety*' (Brodzinsky 2011). References are made to the contexts that can alleviate these feelings or exacerbate them to some extent, for example, through adoptees having some understanding of their history or

story being helpful (Aramburu Alegret et al, 2018). It has rarely been looked at through the lens of Ambiguous loss (Powell and Afifi 2005). However, ambiguous losses were omnipresent and had significant impacts.

The evidence of the children's grief responses often took adoptive parents by surprise. Grieving children exhibited behaviours that some parents struggled to respond to. The combination of losses from both adoptive parents and children led to early complications in the formation of the relationship. The child was held in mind by the social work teams in accepting the grief of the child but the grieving processes of the adoptive parents were missing from the social work accounts. Little discussion emerged as to how to anticipate or mitigate grief interactions. Despite the expectation of grief by the social workers, there was no evidence of offering ways to support the adoptive parents with the child's grieving process.

Increasing discussion has emerged on the importance of supporting children with their ongoing relationships with foster carers and in helping with the grief surrounding this process (Neil et al, 2020); discussed in the next chapter, this data plays to the importance of these processes. However, little is discussed about the interaction between the respective losses of the adoptive parents and the children or how best to support these. The idea of unresolved loss impacting upon bonding is not new to adoption theory (Fahlberg 1994), though it seemed to be unanticipated by social workers and adoptive parents alike. Ambiguous loss has been described as being the most stressful type of loss (Lee-Maturana et al, 2020) and traumatic in its nature (Boss 2006:4); this seemed to fit with the findings as to how loss impacted the adoptive parents and children.

Many adoptive parents had pre-conceived ideas of family life. Acknowledging that family life was not as expected (often disappointing in nature) was difficult for adoptive parents to articulate, particularly as they were concerned as to how it would be perceived. The concept of struggling to watch others around having a (perceived) more straightforward journey and the link with ambiguous loss is replicated in a study of mothers of premature infants and the descriptions of watching mothers leave hospital with their well babies (Wilson and Cook 2018b). The stigma around articulating the distress at family life not meeting expectations prevents normal grieving processes being enabled, such as relying on social support and understanding (Doka 1999); the adoptive families were not invited to explore how they felt but encouraged to focus on bonding with the child.

### Preparation

Effective preparation of prospective adopters is crucial in minimising poor outcomes (Smith 2014). The majority of adoptive parents (89%) felt they had been well prepared theoretically and were positive about assessment processes and preparation groups. This is in line with recent UK based

feedback from adoptive parents (Adoption UK 2021). There was a stark difference identified by both adoptive parents and social workers in the theoretical preparation and the practical readiness for adoptive parenthood. In part this related to an underestimate by both adoptive parents and social workers of the emotional impact of adoption. It often correlated with a misplaced focus on the strengths of the theoretical understanding of parenting an adopted child. This cohort of adoptive parents were highly educated, which may have impacted on their capacity to interpret, read and research adoption related perspectives. They were impressive in the assessment and matching process. Many adoptive parents (n=32) had professional experience relating to care experienced children which was viewed as a strength. The increasing focus on theoretically preparing adoptive parents about the impact of the pre-care experience on adoption (Lee et al, 2018b) has masked a gap in understanding how adopting may feel, which emotions it may draw upon and a lack of practical parenting tools.

There were examples of information not being disclosed by adoptive parents during the preparation and assessment for adoption. In these examples, the significance of the information being withheld drew attention to the desperate hope of adoptive parents to be approved. Although adoptive parents in this cohort did not describe a failure to disclose information in the assessment process, other studies have found that adoptive parents have not been completely honest for fear of the repercussions (Selwyn et al, 2014).

Examples were given of crucial information pertaining to the child being absent, which in turn led to adoptive parents having to navigate situations for which they were not prepared. Missing information in relation to the child has been a common theme in adoption research (Adoption UK 2021; Barbosa-Ducharne and Marinho 2019; Selwyn et al, 2014). What was perhaps more significant in the narratives was how the information pertaining to the child was analysed by the adoptive parents. Information was relayed to adoptive parents but not in a format that they understood or were able to analyse the significance of. Information was given at a time of high emotion, or investment in the idea of the children. Adoptive parents rely on the advice of social workers, their comparative naivety is maybe underestimated by experienced social workers. Although to the social worker the difference between a behaviour in a child that is caused by physiology such as FAS rather than following an experience such as experiencing chronic neglect was potentially subtle in terms of the impact on family life, it was demarcated by the adoptive parents. Adoptive parents had set ideas about what they could manage in terms of family life, which had been drawn out in the matching process. In some instances where information that they were provided with was open to interpretation and adoptive parents had missed the importance of a specific fact, they proceeded with adoptions that they may otherwise have chosen not to. Many post adoption challenges cannot be predicted at the time that a child moves in to an

adoptive home (Brodzinsky 2013; Smith 2014). If adoptive parents have a valid reason to believe that the experience is different to how they anticipated it due to information that wasn't fully explained or disclosed, this could have a huge impact on their experience.

There was a stark difference identified by both adoptive parents and social workers in the theoretical preparation and the practical readiness for adoptive parenthood. This in part related to an underestimate by both adoptive parents and social workers of the emotional impact of adoption but often correlated with a misplaced focus on the strengths of the theoretical understanding of parenting an adopted child. This cohort of adoptive parents were highly educated, this could have had an impact on their capacity to interpret, read and research adoption related perspectives which came across as impressive in the assessment and matching process. In addition, many adoptive parents (n=32) had professional experience relating to care experienced children and again had theoretical knowledge combined with practical work-placed knowledge, which was viewed as a strength. The strength of this knowledge in an era where there has been increasing focus and advice to theoretically prepare adoptive parents about the impact of the pre-care experience on adoption (Lee et al, 2018b) has masked a gap in understanding how adopting may feel, which emotions it may draw upon and a lack of practical parenting tools and knowledge. Adopted children have some pre-determined challenges to overcome by the very nature of their early years, however their future very much depends on the interplay of their history combined with the safety created for them and the dynamic in their adoptive home. To assume that understanding a child's history alone would be a safety net in terms of the matching process would be naive, and yet many of the adoptive parents did not seem to have tested or been tested upon their emotional responses to having a child in the home. For the majority of children adopted from care it is likely that parenting will come with some additional challenges (Brodzinsky 2011; Neil 2018; Smith 2014). Within social work training, the practical part of the course is as important as the theoretical part. This is something that is assumed in many professions, an early years practitioner could not qualify without practical experience, working directly with children. Yet, somehow theoretical knowledge and understanding appeared to be emphasised in the home study assessment.

### *Summary*

All the children were losing legal ties to their birth family and in this cohort, most also lost their opportunity to spend time with their birth family following the adoption. All the children had experienced adversity prior to meeting their adoptive family. All the children had lived in at least one foster home; the foster home was their place of safety and stability. Losing foster carers was traumatic and confusing. Distress exhibited by children often created a barrier to the bonding, for it contributed to moving out of the adoptive home.

Foster carers, carried with them the sadness around a child moving on from their home, alongside the rekindling of the losses of other children who had lived with them. Expectations of professionalism of foster carers, at times overlooked the gravity of their loss.

Adoptive parents, had their own hopes and losses to contend with. For those who had struggled with infertility, adoption was often a trigger for unresolved loss that pervaded the years prior to adoption. There were ambiguous losses around the fairy tale of adoption life.

There was an undercurrent of a rescue narrative for all the adoptive parents, this in part was fuelled by intensive preparation that focussed on children's early adversity, initiating empathy and understanding around the impact of those experiences. The realisation that the move from foster care itself was traumatic for the children was overwhelming for many families.

Nearly all the adoptive parents considered that they had been well prepared and were armed with useful information. Intellectual discussion around adoption theories appear to have been valued by social workers. Demonstration of adept theoretical knowledge, bestowed confidence upon social workers during the assessment and matching processes. This knowledge did not account for the emotions that surface when parenting commences.

Assumptions were made around adoptive parents' understanding of a child's history, when often nuances were missed. In times of crisis, theoretical knowledge did not come to the fore to provide assistance, it was buried or used as a means to explain why it would not be possible to form a relationship with a child. Space was not provided to discuss hopes and fantasies of family life that adoptive parents had, perhaps for fear that it would show they were not committed or ready for the process. However, these hopes and fantasies were often the trigger for colossal emotional reactions, that were hard to discuss as the adoption journey continued. The next chapter explores how for many these losses continued in the background and contributed to challenges in adoptive family life, how they were hard to express and elicited feelings of shame.

## Chapter 5 - The Journey Begins – getting to know each other and living together

### *Introduction*

This chapter charts the next stage in the adoption journey. After the intensive preparation processes described in the previous chapters, the adults involved (prospective adopters, foster carers and social workers) plan a transition period for the child and adoptive parents to get to know each other before the child moves in. This chapter continues with the primary theme of loss as it follows the children and adopters through the introductions, into the challenges of getting to know each other, living together and the support needed along the way.

During the transition period, the findings explore the building of relationships with those involved in the transition – *Getting to Know Each Other*, how the transition plans fared – *Wayward Plans*, the anxieties that crept in – *Early Doubts*, and the emotions that emerged – *Loss*. A picture then emerged of family life, which for the majority of the families came riddled with challenges. These have been grouped into ten themes, representing the family dynamics and environment (*Siblings, Schooling, Employment and Financial Impacts, Child to Parent Violence and Child Protection Investigations*) and the impact of parenting (*Talking about Worries, Feeling Misunderstood, Disapproval from Friends and Family, Disapproval from Professionals and Differing Social Work Practices*). Finally, the support that the families received or requested are explored (*Gaps in Support, Online Support, Requirement for Therapeutic Support*).

### *The Transition Period From the Foster Home*

Of the 94 families in this study, information regarding introductions was shared for sixty four of them. Introductions did not go well for 70% – with adoptive parents and social workers describing transition plans as not going as expected, being fraught with tension and emotions running high. The introductions process in Scotland typically start with a co-ordination planning meeting chaired by an a social worker who has not been involved in the family finding process. This meeting is where the prospective adopters, foster carer and social workers meet and plan the transition. Transitions include time spent in the foster carers' home and time spent in the prospective adopters' home (Adoption UK and AFA Scotland, 2019). All the introductions described had had a coordination meeting, which, included time in the foster carers' homes and then time with the child visiting the adoptive home. There was no universal approach to the transitions process or reasoning for the prescribed plans described. Forming a relationship with the child and foster carer during the

transition was complicated (*Getting to Know Each Other*), several plans were not followed (*Wayward Plans*), early doubts crept in for many adoptive parents (*Early Doubts*) and, losses resurfaced (*Loss*).

### Getting to Know Each Other

Two of the adoptive families already knew the children prior to a formal introductions period. One family had already adopted the child's sibling so had met the child while sibling contact was maintained, the other family had previously fostered the sibling group on a respite basis before they went on to adopt them. Both families who had a prior relationship with the child spoke of complications around the first few days of the children being introduced to them as a forever home. Emotions and doubts seemed present for everyone. Emma, adoptive mum of James, articulates the levels of emotion that were typical in these cases. She explained:

*The actual moving day was horrendous, the foster carers weren't anywhere near ready when we got there, the foster carers were in tears, the kids were in tears, James tried running away, you know, we were shoving the stuff in the car, it was just horrendous on all fronts, no social work involvement at all, it was just us picking them up from the foster carers. (Emma, AM to James)*

This account reflects the high level of emotion present when children transition from foster care to adoptive care, even in a situation where they are familiar with the adults involved. The stress of the move for the children was apparent in their reaction to the situation and highlighted their acute distress. Equally, the emotions of adoptive parents were not contained, the lack of professional involvement at this stage appeared to add to, rather than, alleviate stress and the chaos permeated the whole process including the transfer of belongings.

Of the other 13 adoptive families, 12 had not met the child prior to the week of introductions. One had had a 'bump into meeting', in this case they visited a place where the child was and viewed him from a distance. None of these families had the chance to interact with the children they were hoping to adopt prior to the start of the transition process. All the families who did not have a chance to meet the child expressed a wish that they had done. Lauren, adoptive mother of Isla spoke about the lack of chemistry that she had with Isla but more significantly the strong reaction her birth daughter had to Isla, which ultimately led to the adoption ending in the very early stages:

*I don't think there is really anything you can do because I think the baseline problem is the chemistry and there is nothing you can do for chemistry other than meeting. (Lauren, AM to Isla)*

Lauren described Isla as being very different to how she had imagined based on the descriptions that she had been given by social workers. This quote shows that she could not envisage any way that she would have been more prepared for the predicament that she found herself in other than being able to meet Isla prior to the introductions. The physical embodiment of Isla cut through the mental image that she had created, there was a physical processing response that had not been cognitively foreseen.

The intensity of the reaction to the children was overwhelming and almost immediate for three of the adopters. This experience brought them to the realisation that they were unable to adopt the child whom they had met. For those adoptive parents interviewed where this was the case, they all considered that an opportunity to meet or to, 'get to the know' the child prior to the transition would have been helpful; it may have halted the process before the transition period, which would have been in the child's best interests.

The social worker interviews discussed the introductions for 29 children. Of these 29, five already knew the adoptive parents before the introductions started. One child was moving in with a sibling so there had been sibling contact prior to the move. A sibling group of two had been known to one adoptive parent through her previous work as a respite foster carer and one sibling group of two had been known to one of the adoptive parents who was a teacher at their school. For the other 24 children, the first time they met their prospective adoptive families was during the introductions period. An opportunity being missed for a meeting prior to the transition was a significant theme in the social work accounts. A good example of this came from the social worker for Daniel who spoke about changes that had been made within their adoption team after reviewing five adoption breakdowns, all of which had a difficult transition.

*SW -I think from then on we started to think, you know, what can we do to draw out that process? So now for older children we have a lot of contact prior to that intensive period and even for wee ones, we have kind of meet ups we are calling them where adopters and foster carers and the child spend more time together. We still have that intensive period but it is much more drawn out at the start.*

*Interviewer – is that a direct result of these breakdowns?*

*SW – probably. I think whenever these things happen because everybody is so devastated, it is just thinking is there anything that we missed, how can*

*we make the assessment of carers more robust, what can we do to try and avoid this happening again. But particularly for Daniel, (not as much for the previous child we discussed) but for this one, there was something between that lady and him or he had triggered something for her. (SW for Daniel)*

This account was typical in terms of the reflexive nature of the social work interviews, where social workers all had taken an analytical approach to future practice. It highlighted that the social worker felt that an opportunity for 'getting to know you' visits prior to a transition period would have prevented an adoption breakdown for Daniel, whilst seeing the wider benefit of them for other families embarking upon the transition. All the accounts indicated that the space for relationship building prior to the intensity of a transition period would have been beneficial.

### Wayward plans

Eight of the 15 adoptive families interviewed, reported that the introductions did not follow the plan that had been jointly agreed. Social workers described ten sets of introductions not conforming to the plan devised. Four children in the cohort had birthdays around the time of transition and with hindsight adoptive parents and social workers considered this timing to have been ill-advised.

Some adoptive parents described a scenario where a change in format to the transition plan, was either not a problem, or potentially a good sign, particularly when it accelerated the plan. An example of this was given by Jack who adopted Rory and Alfie. He detailed how on the second day of introductions, he and his partner were supposed to undertake an activity with the foster carers and the children together but the foster carers suggested that Jack and his partner should take the children out without them as the transition was going well:

*The original plan was the 4 [adults] of us to go together, and we were excited obviously so we were like, yey we'll do that. (Jack, AF to Rory and Alfie)*

This quote demonstrates the emotion that comes into play during the transition period. Jack had explained that his social worker had emphasised the importance of sticking to the plan, in order to help the boys feel safe and to support the transition but in the excitement of believing the transition was going well he and his partner got carried away and were happy with the change of plan. This was a common theme with the adoptive parents who were seeking positive signs that the introductions were faring well.

As seen in the previous chapter, foster carers were incredibly invested in the process and adoptive parents were often (n=9) shocked at the relationship the foster carers had with the child. Three adoptive parents recognised the closeness between the child and their foster carer but felt that the care provided by the foster carer was of poor quality. Three social workers and five adoptive parents reported that the foster carer had hoped that the care plan for the child who was moving to adoption would be changed to permanent fostering so that they could stay within the foster home. Only one adoptive parent felt like they had built a relationship with the foster carers prior to the transition period, for the others they had only met the foster carer once before. This impacted the introductions in two ways. Firstly it meant that in several instances, the adopters deferred to the foster carers when they suggested a change of plan to the transition. Secondly, the emotion of the foster carers combined with how little the adoptive parents knew the foster carers, made the adoptive parents feel awkward and uncomfortable.

The example Megan gave is illustrative of how these issues played out for many of the respondents. Megan, mother of Harris, who was adopted age 6, described the difficulties she encountered during the transition with foster carers who had hoped to permanently foster Harris and therefore struggled with the idea of him being adopted:

*We had a meeting on the Friday where the foster carers planned out how the intros would go, what would happen every day and the foster carers never stuck to it. I never got to see him doing anything in the house, I would go in and I was meant to be there all day, have food with him, put him to bed but it just didn't happen. I felt really awkward. (Megan, AM to Harris)*

Megan highlights her awkwardness, this in part seems to stem from the fact that she was unable to do the things that she knew would be beneficial to understand and appreciate Harris' routine. However, she did not find herself in a position to challenge the foster carers. This highlights the power imbalance between the foster carer and adoptive parents at the time of transition, adoptive parents spend time in the foster carers home and can be subject to the whims of the foster carer. The complexity of the relationship with the foster carer was talked about by all the adoptive parents, some highlighting the closeness with the child, some describing their discomfort being in the foster home and some noting the stark contrast in their relationship to the child with the foster carer's. In Megan's case she was not able to ask the foster carer to stick to the plan partly because she felt she could not make requests of them in their own home and partly because she was aware of the ambivalence the foster carers had to the transition process stemming from their disappointment that Harris would not remain with them. The perceived power imbalance between the foster carers

and the adoptive parents was apparent across the cohort, leading to deference to foster carers and anxiety.

### Early Doubts

Six adoptive families spoke of having doubts during the introduction period. This ranged from feelings so strong that it led to the ending of the adoption at that point, to feelings of discomfort or anxiety. For Sarah, mother of Emilia, she found the transition period highly emotive and stressful, it made her question whether she could adopt Emilia and her younger sibling.

*The second day, we had spent a good six hours with them and I came out and I said to Ross [husband], I don't know if I can do this. It was this overwhelming sense, the chaotic lifestyle that I am being dragged headlong towards and I just didn't feel I could do it and the only moment of doubt was that, they were clambering over the table, the foster carer was sitting in another room shouting don't do that. They could do whatever they liked, drinking lemonade at breakfast and we were like what are we doing here. And you get caught up in that situation and there was a complete panic where I was like, this isn't my life, I can't do this. (Sarah, AM to Emilia)*

Although for Ross and Sarah, they went on to adopt Emilia and her sibling, the introductions still haunted them: it was the first indication as to what adoptive life may look like and it was not how they had imagined. The reality was far removed from how Sarah had envisaged family life and her ideas around parenting were being challenged by witnessing Emilia and her brother act in a way that way incompatible with Sarah's sense of parenthood. The mention of lemonade at breakfast is illustrative of a cultural difference between Sarah and the foster carer and highlights Sarah's anxiety in wondering how the two worlds of the foster home and her home could possibly connect. As discussed in the previous chapter, for many adopters, these feelings triggered loss – for Sarah, her discomfort was linked with the loss of the family life she had imagined.

Social workers reported 17 adoptive parents having doubts during the introductions period and described scenarios where one adoptive parent had an immediate negative reaction to the child in 13 instances.

### Loss

Loss and Shame pervaded the accounts provided. As in the previous chapter, loss was omnipresent and the grief that the transition period triggered was sudden and unexpected. In the previous chapter the unexpected loss for the foster carer was a theme as was the struggle for adoptive parents to reconcile this with their expectations around the adoption journey. In considering the

practicality of the transition, adoptive parents noted that they found it difficult to talk about how this dynamic made them feel and feelings associated with shame surfaced. Erin, who adopted Alexander when he was 3 described the initial stages of the transition process:

*Well we went to the foster home and it did feel good but I remember I couldn't go into work the next day because there was a massive reaction in me. Of- these are the real children. Because even though we had seen photographs and read about them, there was this sense of these are complete strangers to me and I am a complete stranger for them and that felt weird. (Erin, AM to Alexander)*

Erin looked back on the introductions period with the 'benefit of hindsight', Alexander did not leave the family home until he was 14 years old, when he was accommodated in secure accommodation due to his offending behaviour. Erin recalled the reaction that she had, preventing her from going to work. This implies that she had already built up the idea of Alexander (and his sister) and of them being her children and so acknowledging that they were strangers brought out a 'weird' feeling that was hard to articulate.

Several social work accounts described in detail the support that they were offering to families that were in crisis. Within the descriptions of families in crisis in the very early stages of adoption, there was recognition that adoptive parents were blocked from recognising why their children were acting out by their own feelings of crisis. However, the focus remained on explaining to adoptive parents the reasons for the child's distress and bonding advice was often given when the underlying cause of the adults crisis was largely due to loss. For example, Archie's social worker gave a reflective account of the loss that adoption had triggered for Archie's adoptive mother:

*She works in a nursery in an under twos group and she was saying, "I love babies and little kids, but my emotional needs will be met by the children at the work, it doesn't need to be a child that age." And then we placed Archie with her who was 5 and it was clear he wasn't a baby. (SW for Archie)*

Archie's social worker could see as soon as Archie was placed that the adoptive mother was aware that he wasn't a baby and that was a loss for her. She then went on to explain how Archie's mother struggled to bond with Archie and was critical of him. Her solution was:

*My kind of constant thing was trying to get her empathy back with Archie but it was always really, really, hard anything you gave her to do, you would*

*go back the next week and be like, "oh how has it been going," well, like, whatever you said last week, "oh that hasn't worked". (SW for Archie)*

Archie's social worker was aware that he was triggering a loss in the adoptive mother and she was therefore struggling to bond, so her focus became on trying to persuade the adoptive mother to focus on Archie's feelings. Archie, however, had been identified as the cause of the loss for the adoptive mother as the main issue but she was not offered any support in this regard. The social worker became increasingly frustrated with the adoptive mother for not putting into place the strategies she had suggested for supporting Archie, despite not addressing the root cause of the loss.

Despite the recognition in the social work accounts of the losses for children, foster parents and adoptive parents, the focus on these losses seemed to drift. The consideration that went into the planning for transitions was highly focussed in the early stages. Difficulties seemed to emerge very early into the transitions and the plans did not seem to anticipate or be able to respond to these. The early doubts of adoptive parents either led to an immediate ending of the adoption or they were not given an emotional space to be supported. The power imbalance in the relationship between the foster carers and adoptive parents was apparent and there was no opportunity to flesh out these challenges prior to the intense introduction period starting when the child should be the focus. Without space to explore the complex relationships and feelings between the adults, emotions surfaced, leading to difficulties and a loss of focus on the child. A difficult start had implications for the immediate formation of relationships in the adoptive home and this was the start of a turbulent journey as a family.

### *Living Together*

All the adoptive families interviewed whose children left home during the teenage years (9 families, 16 children), gave numerous examples of happy times and could look back fondly at many family memories. Living together unanimously brought moments of joy alongside times of tribulation. When considering the characteristics of the 24 children discussed in the adoptive parent interviews, some themes were apparent regardless of the age of the child at adoption breakdown. All the families described turbulent family life, concerns around the risk taking behaviour of their children, emotional outbursts and struggles with peer relationships. Offending behaviour was apparent for five of the children. Themes emerged in relation to the challenge posed by family dynamics (*Siblings, Child to Parent Violence, Child Protection*), education (*Schooling*) and the impact on family income (*Employment and Financial Impact*).

These difficulties within the family home were amplified by adoptive parents struggling to articulate their concerns (*Talking about Worries*), not having confidence in how their actions were perceived (*Feeling Misunderstood*), perceptions of being judged by those in their support network (*Disapproval by Social Workers, Disapproval from Friends and Family*) and had to navigate unexpected responses from services (*Differing Models of Social Work Practice*).

### Siblings

The dynamic between siblings within the adoptive families cohort was problematic for all the children who were placed with a sibling or moved into a household where a child already resided. The only exception was for one sibling group where the adoption broke down during the introductions and in this case, the sibling dynamic had not been experienced in the family home. Of the 54 children that were discussed in the social work interviews, the sibling dynamic was problematic for 27 of them (50%). The challenges ranged from concern about the impact upon the birth child in the adoptive home (n=10), to adoptive parents expressing a desire to only be able to manage one of the siblings (n=4). For seven of the children it was the complexity of managing the sibling group that was the reason adoptive parents gave social workers for being unable to continue. All the children had experienced some form of trauma prior to their adoption and this trauma was evident in some of the adaptive behaviours the children and young people displayed as described by adoptive parents. All the adoptive parents spoke of feeling exhausted, vulnerable and out of their depth throughout various stages of the adoption journey. Similarly to themes discussed in the previous chapter around coming to terms with adoption not mirroring family life in the way that had been pictured, the realities of living together were hard hitting for many. A typical example was given by Emma. Emma and her husband adopted a sibling group of three and found the competing demands of the three children almost overwhelming:

*The girls often wouldn't settle until 11, James would be up ridiculously early, you would often get wet beds and nightmares in the night. So, complete exhaustion, I remember saying I thought I'd aged 10 years in the first year.*  
(Emma, AM to Amelia, Ellie and James)

The competing needs of the children during the evening was compounded by the interruption of a sleep routine and the requirement to provide additional reassurance. Exhaustion and the impact of this on adoptive parents was a common theme, with many adoptive parents describing struggles around settling their children at night.

Exhaustion seemed to be exacerbated for those who had adopted siblings. Erin, who adopted a sibling group of two, found the early days all consuming. She felt that the reality of adoption hitting intensified the adjustment to family life and explained that these factors led to feelings of exhaustion and low mood:

*My social worker had spoken about post placement depression and I thought rubbish, that's just over tiredness, it's not a hormonal thing but I now recognise that there is that exhaustion and that sense of loss alongside trying to parent and bond with not just one child as well, 2 children, so I think it just hit me all at once you know. (Erin, AM to Alexander)*

Erin, who had experience of working with children as an early years practitioner had assumed that family life would be exhausting as she was surrounded by parents telling her how tired they were. She assumed it was part parenthood, and had dismissed the concept of post adoption depression. However, she had underestimated the complexity of emotionally attuned parenting, navigating this alongside the physical demands of managing the competing needs of two children led to her exhaustion.

Sibling relationships were impacted through having to adjust the family dynamic to offer support to the child experiencing the most difficulty. Rebecca, Oliver's mother, provided an illustrative example of how this was unexpected for her – she suddenly realised that no element of family life was going to be as straightforward as she had imagined.

*So there was a lot of stress around I suppose. Umm you couldn't just fit in something else on the way home because that would throw Oliver, we had to go on the same holidays, not that that was a chore, but Oliver was much better in familiar environments so we weren't able to offer the broad opportunities that we might have done. (Rebecca, AM to Oliver)*

Although Rebecca was able to appreciate the family holidays and the times spent together, she recognised that having such a strict routine and schedule was not how she had envisaged family life. She explained that they were unable to have people round to the house without meticulous planning, the idea of impromptu lunches with friends at the house or days out had been something that she had assumed would be commonplace in family life but were unable to facilitate without causing distress for Oliver. She acknowledged that by catering to Oliver, who had the most complex needs of her children, meant that her other children were missing out. Rebecca's descriptions of the

complexity of sibling life were typical – she was able to reflect on many positive aspects of adoptive life but like many other adoptive parents interviewed, wondered whether her children’s needs would have been better served living separately whilst being supported to maintain a relationship.

### Schooling

School was difficult for several children in this cohort and this in turn had an impact on adoptive families. Adoptive families described additional support being required at school for 14 of the 17 children who attended school while living with their adoptive families and schooling creating unhappiness for 11 children. In the social work cohort, of 21 children who attended school while living with their adoptive families, 9 had significant difficulties at school. Rebecca, who adopted Oliver along with his two younger brothers when Oliver was 7 provided a typical example of the additional parenting commitment involved in supporting their child to access education. Supporting Oliver in starting at and feeling comfortable in the local primary school was a priority for Rebecca and her husband. She explained:

*We lived and breathed primary school, you know, we did, Oliver would be out, he would have breaks from school, he was never excluded but that was because, they would be speaking to us and we would go and get him and have some time out. (Rebecca, AM to Oliver)*

School was a real challenge for Oliver, despite the support offered and effective working relationship forged with school, it was labour intensive for Rebecca. She often had to get him from school to give him some time away to try and make his education effective and prevent suspension.

Meeting some of the young people’s educational needs and the impact this had on adoptive families was equally recognised by social workers. One social worker explained the pressure of supporting young people with education when he described the high level of need Anna (adopted age 10) had in a school setting. He explained how the school had struggled to facilitate a full time table due to her complex needs and so the family had to provide education at home working around the part-time education offered. However, there was a failure in communication and to add to the burden, the local authority started to question the family:

*She was on a part-time timetable and they were getting letters saying there wasn’t good enough attendance etc . Now that had already been agreed and signed off but I think this was just an extra bit of pressure that had been put on for the family. (SW for Anna)*

This highlights the extraordinary demands placed on some parents, a bespoke timetable was created but completely relied upon Anna's mother in picking up the slack, and was compounded by poor communication. The family were embroiled in bureaucratic processes, leading to unwarranted and inaccurate criticism of the family adding to their frustrations. The level of input required for some families led to additional employment and financial pressures as discussed below.

### Employment and Financial Impact

The requirement for extraordinary input in the school setting in particular, took its toll on many families and for six adoptive parents (of 10 children) additional support prevented adoptive parents from meeting working commitments. Only two of the families were considered eligible for an adoption allowance by the local authority at the time. Megan, whose son Harris was 12 when he first exhibited offending, violent and risk taking behaviour detailed the enormity of the care he required, the involvement of multiple agencies and the circumstances that led to taking a career break. Having previously been financially secure and entitled to an adoption allowance, she found herself almost destitute; there was a failure to recognise this. There had been a failure to advise Megan that she would be entitled to claim disability living allowance for Harris and the bureaucratic barriers to accessing an adoption allowance felt insurmountable in the midst of her crisis:

*By that point Harris was climbing out windows etc, I just couldn't do it, "I can't apply for this, I don't have a minute to do it." (Megan, AM to Harris)*

Not only did Megan find herself in a financially vulnerable position, she was overwhelmed by her parenting responsibilities and found herself incapable of completing the paperwork necessary to access financial support. This was not recognised by the multiple agencies involved in supporting Harris nor was the impact of the stress and anxieties about failing to pay her mortgage. Although this example was specific to the impact of financial stress, it is indicative of the wider needs of adoptive families that were not always being either noticed or supported in the midst of crisis.

### Child to Parent Violence (CPV)

Ten of the adoptive families interviewed were affected by CPV. In the social work interviews, social workers described CPV for five of the children (aged 6 -15) who had experienced a breakdown. For some of the children, the violence was accompanied by episodes of self-harm and presented as a manifestation of extreme distress. Jack, adoptive father to Rory detailed one such episode:

*He was slapping us, kicking us and punching us, he was throwing things around the room. Then he started picking - he had these scabs on his feet, he started picking them until they were bleeding. (Jack, AF to Rory)*

This was a typical example of how the adoptive parents described children witnessing their distress, culminating in the children hurting themselves. The interviewees all considered that the violent actions some children and young people demonstrated were reactions to the situations they found themselves in. Despite the apprehension that the adopters who were affected by CPV felt in constantly living with violence, all the adoptive parents who experienced CPV framed the occurrence in empathic terms. The adoptive parents recognised the trauma that led to the violent outbursts. Megan, adoptive mother of Harris gave an account that was typical of the adoptive parents. She discussed a phase she had with Harris when he was 13:

*He did go through a stage of hitting me but that was distress. (Megan, AM to Harris)*

Megan couched his violence completely in relation to his earlier traumatic experiences. She spoke at length of the work she did alongside her adoption agency, seeking out training to try and break the cycle of violence that had emerged. Although the hitting was challenging for Megan as a parent, her empathy for Harris' plight prevented her from feeling wronged. Similarly Hannah, adoptive mother of Molly described noticing a pattern when her daughter Molly (aged 15 at the time) would, 'hit and kick and slap', she explained:

*We recognised that she was very vulnerable, emotionally she was very vulnerable. She wasn't up to stuff like her peers, she would get very upset about what we would perceive as normal teenage behaviour - teenagers going off to smoke cigarettes or drinking. (Hannah, AM to Molly)*

Although the violence was aimed directly at Hannah, she could appreciate the reasons Molly was reacting in this way. She noticed the triggers for her reactions and explored the possible reasons as to why she was reacting in that manner and sought help to reduce it. Like all the other adoptive parents who were interviewed, Hannah did not express frustration with her child.

The feelings generated by CPV were acute, several adoptive parents felt uncomfortable telling anybody about what was happening at home for fear of the associated shame, misunderstanding or to protect their child from being thought ill of. Rachel spoke about the terror that she started living with as her son Leo turned 14 and became violent. He was unpredictable and she could not anticipate his mood changes, she described a time where she was about to go and meet her parents:

*I was ironing getting things ready and he threw a glass at me and I ended up with 5 stitches in my face. And we went down and I didn't tell my mum*

*and dad, that he had done it. I said I had slipped and banged my head on the bannister coming down the stairs. (Rachel, AM to Leo)*

Even though Rachel was terrified of Leo, she was protective and loyal to him, she feared that if she shared the truth his grandparents would turn against him. She wondered whether she was the reason he was becoming violent: she remembered a conversation with a therapist where they had suggested that mother figures were traumatic for him. She tried to ask for help but found that the strategies did not provide her with any practical respite from the violence or any methods to prevent him from being violent. At this point she was not aware that any other adoptive parents experienced CPV and hid her embarrassment from her support network by not mentioning the violence. Several adoptive parents spoke of the shame that emanated from experiencing violence in the home, being anxious about how to address it and not being able to articulate their fears within their support networks.

Social workers similarly recognised that CPV emanated from the distress young people were experiencing. However, as will be discussed below, this insight into the young person's emotional needs was not extended to the adoptive parents, the social workers did not appear to appreciate the compassion for their children that the adoptive parents' accounts suggested.

#### **Child Protection Investigations and Allegations**

Of the 120 children for whom a reason for the adoption ending was known, 16 (13%) children adoptions ended due to child protection investigations. For 12 of those children, allegations of a violent incident (smack) were described as being substantiated. Three of the adoptive parents who were interviewed were investigated by the police for alleged incidents involving smacking. For two of these parents, they described in detail the complex circumstances that led to them smacking and the devastating consequences afterwards. For one parent, the child protection investigation was dropped after a lack of evidence and although eventually the parents felt vindicated in their version of events, they described an aftermath of psychological damage that created rifts within the family. The repercussions of this will be explored further in the next chapter.

#### **Talking about worries**

As in the previous chapter, for many adoptive parents, adoption unearthed a myriad of emotions, often unexpected and at times uncomfortable and hard to voice. Particularly in the early stages, adoptive parents discussed that those in their support network both professional and personal assumed they were happy and coping; these assumptions made it hard for them to discuss their emotional plight. Erin, mother to Alexander felt she ought to present an outward happiness:

*Everybody knew what was happening, so family were asking how it was going. My work colleagues were asking how was it going, there was a pressure to say, "brilliant, lovely." (Erin, AM to Alexander)*

Erin, like many adopters had shared her adoption journey with those close to her but everybody in her network was aware she wanted to adopt and so when the children moved in with Erin assumptions were made that she would be delighted. Erin felt that her network had a similar image to the one she had had prior to actually meeting the children, the image formed from the photographs, "absolutely gorgeous children beautiful children but of course what you see in photographs isn't what they feel like." Erin was not able to articulate to all those excited around her that she was not feeling how she (and they) thought she should. This account resonated with the other adoptive parents in the cohort.

Several adoptive parents mentioned in interviews that in the early stages of adoption they felt anxious that they had no legal tie to the child and were worried, if they admitted their concerns, the child might be removed. Chloe, who adopted Olivia when she was 2 described an incredibly difficult start to her adoption journey with Olivia and was anxious discussing it:

*There is an element of you that wants to make out that everything is okay because you are that scared, now I know it would need to be exceptional circumstances where they would say, this isn't working out we are going to take this child off you, because you know you are on social work's radar the whole time, they are checking up on you, you are under this radar the whole time and there probably is an element of, if I say that are they going to turn around and say well we are going to take them away?, well in hindsight now, I know that wouldn't happen. (Chloe, AM to Olivia)*

Chloe found herself telling both her social worker and Olivia's social worker that all was well, despite the fact that she was crying herself to sleep and had sought help for her low mood from her GP. She reflected that her fear was illogical and that struggling with her emotions would not be a reason for Olivia to be removed from her care, however, in the depth of her crisis, she was unable to see that. She felt watched and judged in parenting Olivia and was preoccupied with how she would be perceived. Rather than viewing the social work visits in the early stages as supportive, they fuelled her guilt and anxiety and prevented her from accessing help. This, combined with the anxiety of being considered a failure led to feelings of shame.

Many social workers also worried that adopters held back in sharing their concerns until they had hit crisis point. The care inspector interviewed who had worked in adoption prior to inspecting services across Scotland noted:

*I think sometimes adopters find it really difficult to kind of say, oh this is a bit challenging, so they wait until the point where they are saying, you will need to remove these children or this child, I can't cope. (Care Inspector)*

This view was shared by the majority of the social workers, several noting that they wished adoptive parents had sought support earlier. Some of the struggles depicted by adoptive parents and social workers emanated from a disconnect in the relationship between the adoptive parent and child. Adoptive parents described struggling to voice their taboo feelings which made them feel guilty. The taboo areas, covered several scenarios and tapped into emotions that adoptive parents had not anticipated. For example, Sarah, who adopted Emilia when she was 6 explained that she had not expected to fall in love with Emilia immediately but that equally, she was totally unprepared for the emotions that Emilia invoked in her, including jealousy of the interaction that Emilia had with Sarah's husband. "I have never felt jealousy in my life until that 6 year old walked into my life and that is the only way I can describe it". Sarah explained that it was an unsettling feeling and that at first she could not pinpoint what it was. Once she realised she felt jealous, it further complicated the feelings of guilt in relation to her parenting.

*I did get to the point where I felt that I wasn't being as loving as I should be. So I spent a lot of time sitting in my room going it is my fault, I need to change my attitude and approach, deep breaths, go out there and be brilliant, shower her with so much love. (Sarah, AM to Emilia)*

This quote echoed sentiments expressed by many adoptive parents about some of the inadequacies they felt. It highlights the guilt and shame that for Sarah was entwined with behaving as a parent should do and for feeling responsible for showing Emilia genuine love. It highlights the perhaps unrealistic expectations she had of herself as a parent, to be exceptional in the face of adversity. Emilia at the time was exhibiting acute distressed behaviour, having long lasting tantrums, destroying items in the home and being aggressive towards her younger brother. Sarah felt she was unable to cope and manage the behaviour and was able to recognise in doing so that she was not being warm and loving towards Emilia.

Many adoptive parents, like Sarah, described the impossibility of facing the task of being a perfect, loving parent. They had been well informed of the challenges that would come with adoption and

yet found themselves unable to rely upon strategies they had been introduced to. Therapeutic parenting proved seemingly impossible to implement during times of pressure. Amy and Lewis detailed some of the pressures of parenting whilst trying to work and manage the household. They both described their feelings of inadequacy when their parenting (as judged by themselves) fell below the standard they thought it should be.

*Amy - the one problem is you read all those books about how you should be as a parent and you can't do it - so playful, loving, attentive, compassionate.*

*Lewis – (laughing) I'll do that after I've murdered them*

*Amy – you feel like you are letting them down all the time by being human, I am stressed about my job and I am impatient and then I will shout at you*

Although Lewis made a joke in this interaction, it was following the description of the ideas of parenting that Amy and Lewis as a couple had read about and subscribed to. There seemed to be no space for humanity, every time they shouted at the children or were short-tempered, they felt that they were not being good enough. They further described struggling to explain this to other people and anxieties in how to address it. This was a consistent theme in the adoptive parents' accounts – they were aiming to be super parents – who were constantly able to respond with the type of nurture and warmth they had been taught about. However, in the midst of navigating the pressures of family life, this felt impossible.

### Feeling Misunderstood

Adoptive parents' accounts were filled with references to being misunderstood or unsupported. Ten (66%) of the adoptive families interviewed felt that their plight was not understood by social workers and as a consequence felt helpless and overwhelmed. Often they described the crisis they found themselves facing and yet no support came from social workers. Adoptive parents described desperate situations, where they felt themselves constantly trying to get any professional in their network to listen and help. Rachel, Leo's mother spoke of meeting with the headmaster Leo's school after the violence in his behaviour escalated:

*I said to him, 'I need you to help me, I need you to do something. Tell somebody, that they need to come and help me because I am a normal person and I am struggling. I need somebody to come', and he said to me, 'I am hearing what you are saying, I will do everything I can to help you.' And to this day I never heard from him again. (Rachel, AM to Leo)*

There was a disconnect between the professionals around adoptive parents listening to what they told them when in crisis and adoptive parents feeling heard or supported. For Rachel, she could not believe that after sharing her deep anxieties with the school nothing came of it. Her disbelief at the position she found herself in was striking, she did not consider herself to have the additional skills required to support Leo and hoped that in speaking with the school, the professionals involved would escalate her concerns and intervene. She described feeling as though she was going mad, wondering if her worries were not valid.

Not only, did feeling misunderstood make adoptive parents question the validity of their experiences but it was isolating. Sarah, adoptive mother to Emilia described the isolation that came with feeling misunderstood after she had attended therapy sessions with Emilia:

*In therapy she presented as – they were saying, she is great, she has got loads of potential, she is a really lovely little girl. (Sarah, AM to Emilia)*

Despite her trying to explain how the home environment was and how she was struggling to cope at home, the strategies that were discussed with Sarah were not relatable, she felt that they saw a different child to who she lived with and felt lonely as a consequence:

*You are on your own in this journey and that happens and you think you are the only person in the world that that happened to. (Sarah, AM to Emilia)*

Sarah felt that the therapists were not aware of how she was feeling and had a view of Emilia that was not on a par with her experience. Rather than being helpful, the intervention felt isolating. All ten adoptive parents who felt misunderstood by social workers, reflected on how their situations could be perceived if the intricacies were not fully explored. Chloe, adoptive mother of Olivia gave an apt example of this when describing the complications of trying to explain the extreme behaviour of a 2 year old:

*I've always said, 'see if I was hearing this story as an outsider without knowing the true facts, I would probably go and say how difficult could a 2 year old be?'... I was like, 'I'm not making this up.' It actually got to the point towards the end where we were filming stuff to show to social work and we were like, 'that's how bad it is.' (Chloe, AM to Olivia)*

Chloe could appreciate how it may be hard to believe that the behaviour of a two year old could be considered to be so extreme but nevertheless was driven to having to film Olivia so that she would be considered credible by her social worker. Four adoptive families whose adoptions broke down

within a year of placement felt compelled to film their child in the midst of a meltdown as they did not think they were being believed due to the child's age.

Failure to recognise the complex needs of the adoptive families by front line social work teams was also alluded to in several of the social work accounts. There was a distinction made by many social workers about some of the expertise in adoption teams that is lost for families during the teenage years and the implications it had in terms of supporting parents. One social worker described the complex situation for Maisie, adopted at 3 whose adoption broke down aged 13. Although Maisie's mother at times found it very difficult to cope and asked for help, she felt misunderstood by the social work team and blamed for Maisie's distressed behaviour. Her current social worker was brought in to try and build bridges with the family following a controversial children's hearing and he explained some of the reasons that he felt the families' anxieties around feeling misunderstood were valid:

*Grounds were drawn up by the reporter which couldn't be established in court. Basically the sheriff was sympathetic to the parents and the challenges that they were attempting to deal with. The sheriff was of the view, it wasn't a lack of parental care, it was more a lack of control and the grounds were maybe not, not justified so in that respect the grounds weren't established. (SW to Maisie)*

The suggestions the social work had made relating to poor parenting were dismissed by a sheriff who was able to take a more holistic view when recognises the individual needs of the family and the unique circumstances of adoption. This account, although extreme in terms of the legal processes, was indicative of some of the social work interactions for adoptive families in the teenage years. There was a focus on the parents and the current family with limited acknowledgement of the history of the adoptive families experience and how these factors may be influencing the current situation.

#### **Disapproval from friends and family**

Disapproval of the adoptive parents' reactions by those around them pervaded the accounts and compounded their feelings of shame experienced by the adopters. Eighteen of the 19 adoptive parents interviewed described disapproval from and disappointment in extended family members. Adoptive parents universally found that family members had little insight into the adoption experience and often seemed surprised at choices made by adoptive families. These varied from disapproval at the way adoptive parents parented their children, to annoyance with the

compromised family situations, to a disappointment and disapproval of the decisions adoptive parents made.

For many adoptive families the disapproval from those that were important to them led to intense feelings of shame. There was a gulf between societal views extolled by friends and family on how family life should be and the experiences they were having. This was apparent for families who struggled at the early stages who were surrounded by the rhetoric of adoption fulfilling the dream of family life that they had been seeking.

Many adoptive parents spoke of a gap in the understanding of the stressors for adoptive families and specifically for their children. In the example Ross gave, he explained how his extended family were fun loving and sociable but did not appreciate that a normal family gathering to them was highly stressful for Emilia. Ross's father and one of his siblings criticised Ross for not allowing Emilia to become part of the family. The lack of understanding of his family members coupled with their judgements caused a rift between them:

*He [his father] let rip at me when I was probably at my lowest and most vulnerable. We were right in the middle of everything, we were probably about a month away from disruption and he was like, 'you never bring your kids over and your mum is disappointed and you are doing this and you are doing that – you are too controlling with them'. (Ross, AF to Emilia)*

Ross had turned to his dad for support, he was exhausted and needed to emotionally unload and instead was faced with the realisation that his extended family not only did not understand his predicament but held him partially accountable for it. This sense of being misunderstood coupled with sadness and isolation was a common theme in the adoptive parents' accounts.

Other adoptive parents similarly spoke about a lack of understanding from close family members such as parents and siblings. In some situations, extended families proffered judgement on parenting style. Emma who adopted three children found that she was unable to rely on her parents for childcare support as their parenting styles were so different and her father made it clear to her that he did not approve of her approach. On one occasion when the children were messing around in the house Emma's father found it too much:

*My dad went berserk and told James he was a waste of space and we ended up in a pretty big argument and we asked him to leave. It was pretty awful (Emma, AM to James, Amelia and Ellie)*

Emma found herself in an untenable position, her father behaved towards her child in a manner that she considered to be unacceptable and at the same time showed his disapproval for the way that she was parenting. It resulted in Emma no longer being able to rely upon her parents for practical childcare support and left her feeling disappointed. There was a gulf in the understanding adoptive parents seemed to have of their child's needs and of those around them. Adoptive parents reported that families and friends assumed that once a child was adopted, they were just part of the family and had no concept of how past experiences may require the adoptive parents to adapt the way they parented.

Rebecca experienced disapproval from her support network in a slightly different way. She adopted Oliver when he was 7 alongside his two younger siblings. Rebecca's family did not disapprove specifically of the way she and her husband parented but showed disapproval for the predicament that they felt Rebecca had been placed in. This came with its own sets of complications as Rebecca and her husband were committed to Oliver:

*So, the extended family are very vocal about how terrible it all is and why we were put in that position, and, now we've got this boy who is a nightmare and social work should never have done that. They certainly had feelings that we were taken advantage of, they were cross. (Rebecca, AM to Oliver)*

Rebecca had to listen to her family tell her she was being taken advantage of when for her she was just parenting her son. Although the family members were not directing their disapproval at the way Rebecca parented, they were still highlighting disapproval about the way her family life was and was a further example of the lack of support arising from the very people that adoptive families had assumed they could rely on.

Nicole's experience, mirrored those of four other adoptive parents. Her family network could not comprehend the decision making processes of her and her husband. Nicole started the adoption process hoping to adopt a child but her adoption journey ended within the first week of meeting a child. She reflected that she felt the responsibility of her choices extended beyond her and her husband:

*It is the weight of expectation of everybody else is how we described it and certainly I felt it from my mother, everybody around us had invested, we had invested a lot of time in this but they had invested, they had invested their hopes and dreams into our family (Nicole, AM to Dylan)*

Nicole is showing how the decisions she was making about adoption seemed to be greater than her, all those who had offered their support were invested in the adoption. For Nicole, this led to a particularly difficult period with her mother, who fuelled Nicole's feelings of shame:

*But her response was anger, I think and it was, "you are going to have to help me out here, you need to tell me why you have made this decision" and then, "I'm just worried about the boy. What you have done to the boy.?"*  
(Nicole, AM to Dylan)

Her mother not only failed to offer the emotional support that she required during her period of anguish but additionally reminded Nicole of the wider repercussions of her decision, in a non-compassionate shaming manner. This concept was common, many adoptive parents spoke of how quickly they were blamed for adoption breakdowns without friends and family pausing to consider the trauma of their experience.

Struggling to bond with a child was another area raising complex feelings for adoptive families, particularly in situations where they felt that other people considered that they should be doing well. Sophie, mother of Max (aged 6) described being at a gathering with lots of people they knew:

*Everyone was like, look at this new family they've got. And at home it was just all, and we were really struggling to bond with him, just so many emotions with that. (Sophie, AM to Max)*

Sophie felt judged by the expectations she assumed other people had in relation to her and her family and this was compounded by the fact that her own expectations of her family unit were not being met: she felt out of her depth and guilty that she was struggling to bond with Max. She felt unable to voice those concerns as there was no place for her feelings in the narrative of family life that was being constructed by those around her.

All the accounts offered above highlight the influence of the views of those in the adoptive parents' networks. Descriptions emerged of social networks failing to appreciate the magnitude of emotions involved in adoptive family life, the parenting tasks required or difficulties in bonding families may have. This was isolating and shaming for the adoptive families.

### Disapproval from Professionals

Twenty two social workers highlighted instances where they felt that the adoptive parents should have been prepared or more understanding of the situation. The leeway for adoptive parents to be human in the midst of crisis was often not apparent in social work interviews. At times, criticisms

were levelled at adoptive parents for failing to understand the cause of child's distress or for having been told to expect certain behaviours and then complaining about them. As discussed in the previous chapter, the preparation work that had been done with adoptive parents was noted by social workers and adoptive parents alike, however, in many social work accounts, frustrations surfaced when adoptive parents appeared to not be relating their experiences back to the advice they were given in preparation. As the disruption expert who was interviewed explained:

*Somehow local authorities and agencies sometimes seems to think that adopters are gold plated parents, they have to be better than other parents. And actually by the very fact how most of them get there, I would say they are more vulnerable. (Disruption expert)*

She explained how in fact many adoptive parents start from a position of vulnerability, stemming from their losses and journey to adoption. She highlights the expectation of social workers around adoptive parents that are almost greater than those of biological parents despite the fact that the impact of trauma on adopted children would be known by social workers. She went on to describe a piece of work she had been commissioned to undertake by a local authority who were requesting a pre-disruption meeting where:

*A local authority asked for a disruption meeting because they thought it was poor parenting, rather than understanding FASD. (Disruption expert)*

This demonstrates the assumptions made about parenting capacity and capability of the adoptive parents, rather than social workers taking a step back and contemplating the plethora of other possible factors that may be contributing to the crisis.

In a similar vein, Finn's social worker, demonstrated some of the criticisms aimed at adoptive parents. This social worker worked with Finn from when he was 14 until 17. She described Finn as displaying typical teenage behaviour and went on to expand upon the difficulties that his adoptive mother had in response to caring for Finn:

*It was all about, this child needed this work done to fix him. They wouldn't say fix but that was what they meant, it all lay in there and they did not take any responsibility for maybe how they should parent. (Social worker for Finn)*

Many social workers felt strongly that adoptive parents were unable to take accountability for their

own role amidst the family dysfunction. This was a clear example— here the fault is implicitly laid at the parents' door. It depicts the contrast in thinking between the adoptive parents, who were seeking help and support and the social work team who felt frustrated with the adoptive parents for not taking responsibility for the contribution their parenting made to the family dynamic.

Other social workers, in their criticism of the adoptive parents, wondered whether they had inadvertently over-prepared the adoptive parents. Examples were given of social workers providing adoptive parents with language around the complex needs of children that the parents then used to describe children who were not demonstrating complex needs. Mason's social worker thought that by framing Mason as a child who needed significant mental health intervention, his adoptive parents were providing themselves with a means to justify an adoption breaking down. Mason was adopted aged 5 – after a few weeks in his new family home, his parents contacted the social worker to share their concerns. Mason's social worker recalled how they described an incident in the park, where he had got very upset because he was not allowed an ice cream:

*They said how damaged this boy was and that he needed urgent psychological support and it was crazy (Social Worker for Mason)*

The social worker felt frustrated as she felt that the child had been upset for a valid reason, his ice-cream had been promised and then when he was given crisps instead he was upset. To her, Mason's reaction was not extreme or surprising, but to the parents, they viewed it as a sign of his early trauma. Not all the social workers were united in believing that adoptive parents who had experienced an adoption breakdown overplayed the presentation of children. However, running through all the accounts was a sense of frustration with the adoptive parents, that they failed to grasp the reason a child was responding in a certain way or to take responsibility for their role. The social work accounts were universally child focussed: this seemed to exacerbate social work frustrations with parents. The blaming culture that the adoptive parents reported seemed to be reinforced through the social work narratives.

### **Differing Social Work Practices**

As the adoption progressed and other challenges emerged, the shame felt by some families was heightened by an underlying model of social work practice where there was an assumption that challenging behaviour equated to neglectful or inappropriate parenting. Social work practice varied depending on which team the social worker was from or where the adopter lived. Eleven of the social workers interviewed (46%) described a chasm in understanding of how to support adoptive families between children and families practice teams and residential workers and adoption social workers. Six adoptive parents who were struggling with their teenage children described their plight

in feeling misunderstood by front line social workers. These adopters detailed a model of social work practice that apportioned blame on them as parents and failed to recognise the impact of trauma in the early years for the children. Megan, mother of Harris gave an example:

*Social work services are used to one mode of parenting – the fault game.....they are not used to dealing with children who have come from a parent who actually wants them. They are used to children who are taken away for whatever reason, they don't have another model. They just work to the same thing and I think in their minds even though they have met me and Harris and can see we are caring, they don't adjust their way of thinking (Megan, AM to Harris)*

Megan, found her work with local authority social workers at complete odds with her working relationship with the adoption social workers. She described extensive understanding and support from her social worker (from a voluntary adoption agency). However, support was limited particularly when it came to the point when Harris needed to attend a residential school; the adoption social worker had no official role, was separate to the local authority and had no part in the decision making process. Megan battled with social workers who failed to tell her about meetings, did not ask her opinion or misunderstood Harris' early and very traumatic history prior to being adopted age 6. There was no adjustment in the way of working to reflect the supportive parenting role that Megan was offering, albeit from a distance. This was not contrasted with the more hands off parenting approach that was apparent for other young people who were accommodated in residential care directly from their birth family environment. There appeared to be an assumption that any child who required residential provision must have experienced ineffective parenting.

The frustration with poor understanding of the needs of adopted children demonstrated by social workers weaved through the accounts of the adoptive parents. One typical example came from Aria's parents (Emily and Ryan), who expressed their complete frustration when they were allocated a newly qualified social worker:

*We got a 21 year old, new, social worker with no knowledge of adoption. When the girls were placed with us we had a 60 year old adoption social worker with just so much knowledge, she just got it.(Emily, AM to Charlotte and Aria)*

Having experienced the value of extensive knowledge of adoption, explanations of trauma and loss that supported their parenting approach, the contrast with the newly qualified social worker from a front line team with no appreciation for the complexity was disheartening. Emily and Ryan were in complete crisis and feeling unsure if they could continue living with their daughters due to the escalating CPV and found the strategies offered to them by the social worker were disappointing:

*The silly people came in and they told Ryan to watch love island and for me to get my nails painted (Emily, AM to Charlotte and Aria)*

Although Emily went on to explain that she understood the social worker was trying to find ways to make her and Ryan spend quality time with Aria, it was completely useless, it failed to acknowledge her personal crisis of being scared of her daughter. What was clear like many of those expressed by other adoptive parents was the additional frustrations in trying to seek help when the support being offered appeared ineffective and unable to grasp the root of the problem.

### *Supports*

All the interviews contained reference to supports offered or provided to families. The social work accounts included references to over 20 different types of supports provided from adoption teams, education, family support and mental health services. Similarly, the adoptive parents referenced numerous support packages that were suggested or made available. The notable theme however, related to how the supports were perceived or whether they were effective. All the interviews depicted adoptive parents in crisis, most of the supports were child centric and did not address the direct needs of the adoptive parent in crisis (*Gaps in Support*). What adoptive parents did find helpful were interventions that recognised their loss (*Therapeutic Support*) and provided them with a sense of community (*Online Support*).

### *Gaps in Support*

Many of the families in the cohort had input from a variety of professionals, four adoptive families described a, “revolving door” into their home, with constant visits from agencies such as housing, the police, social work and education. Despite the plethora of agencies involved, the adoptive parents often described the interventions as intrusive rather than helpful. Six adoptive parents spoke of being supported and understood for the first time by the police, who appeared to recognise that they were trying their best and were lacking support. Three adoptive parents spoke of feeling relieved when the police became involved. Caitlin’s description of why this was the case was typical. She spoke of the challenging teenage years for Grace and Noah, which involved alcohol abuse, shop

lifting and school refusal alongside other risk taking behaviour. She felt exhausted and isolated, it was only the police who she felt listened to her:

*Extraordinary isn't it? they were genuinely supportive of me, they clearly knew it wasn't my fault, you know - what she was doing. And they were really, really, nice to me and they were very helpful with Grace. And I mean sometimes they would, you know, sometimes with Noah as well, they were really very, very, good, I can't speak highly enough of them. (Caitlin, AM to Grace and Noah)*

It was surprising to Caitlin that it was the police, to whom her children were regularly being reported to, who were the agency that listened to Caitlin and recognised that she was trying her best. They made her feel valued as a parent and offered her advice, that she considered to be helpful, in spite of the fact that ultimately, they were often having to arrest Grace and Noah. The police treated Caitlin as a parent whereas Caitlin, like many of the other adoptive parents interviewed felt that the social workers, treated her as a “failed adopter”. One adoptive parent felt that throughout her adoption journey she had been very well supported by her local authority, however, she was a lone voice amongst the adoptive parent accounts. For the rest of the families, they had universally felt unsupported in a time of need.

### Online Support

The huge gap in support that was identified by the majority of the adoptive families interviewed related to a failure to feel listened to or understood (outside privately commissioned counselling services). When Emma, who found herself subject to a child protection investigation following an incident with one of her three adopted children, spoke of the challenges she faced and the trauma she had experienced, she thought that the only thing that would have helped during that time would have been, “social work understanding and listening.” Emma, described her poor mental health and how her self-esteem plummeted. She found solace when she was introduced to an online support group for adoptive parents. Like Emma, a huge relief came for many adoptive families when they were able to access support that enabled them to feel understood. Seven of the adoptive families interviewed had found solidarity and support in online adoption forums. For many it provided relief from their ongoing shame and introspection about their parenting capacity. There was a sense of validation for their complex circumstances and a recognition they were not alone. Hannah described the relief and validation that came from online forums:

*I have found them [online adoption forums] really, really, helpful and other people who can go, "you are not going completely bonkers, yep that happened to me, yes this is awful you want to scream and shout," I have found really helpful about recognition that it is not just me and I am not going bonkers and I am not completely rubbish. I am not the worst parent in the world, this is a wider issue and a lot of people are feeling that as well. (Hannah, AM to Molly)*

Hannah described wishing that there was a community that she could meet with outside the online support group but was not aware of one. The group provided her with an opportunity not to feel isolated and guilty in relation to her parenting but to be accepted and understood as an adoptive parent who was experiencing hardship. It gave her a sense of belonging, and a feeling she was not alone.

Rachel also found a sense of validation when joining an online support group:

*Rachel - oh, I can't tell you, that group is the best thing ever.*

*Interviewer – why?*

*Rachel – because, they just, you can just say anything you want to say, whatever situation you are in, there is always someone else who has been there and can give a little bit of support. In Scotland, things are a little bit different and we talk about s20 and we obviously talk about funding that there is nothing here but it is just so supportive, I can't tell you how good it is. (Rachel AM to Leo and Freya)*

For her, a Scottish link was also helpful as she contrasted the differences in support arrangements between Scotland and the rest of the UK. However, the funding for support is given less overall credence in this account than the availability of emotional support, understanding and a community.

For many adopters, it was not just a sense of belonging that forums helped with. Ross was illustrative of this, for him he described the forums as restoring his sanity:

*See when you read the stories you go, "oh my god, that could be my story." Everyone has the same thing, maybe it is every adopted disrupted family going it's not my fault social work are blaming me, maybe we are all wrong,*

*but I can't see it, the genuine theme running through it is that people are not believed, people get blamed. (Ross AF to Emilia)*

This account was indicative of the culture of blame that many adoptive parents described that they were internalising. Online communities allowed space for understanding and community through shared experience.

The link between the three accounts above, of the benefits of the support groups, all cluster round a sense of belonging – Rachel notes there is “someone else who has been there”, Ross states, “everyone has the same thing” and Hannah notes, “a lot of people are feeling that as well”. There is a validation for the adopters, it takes the shame they feel about themselves as parents and makes them part of a group of parents who are experiencing difficulties.

#### **Requirement for Therapeutic Support**

The use of counselling provided adoptive parents with the opportunity to feel understood. It allowed them to explore their ambiguous losses in a safe space while recognising how these feelings link to disappointment and guilt in the parenting sphere. Every social worker interviewed made reference to the poor emotional wellbeing or mental health of the adoptive parents of the children they described. Within the social work accounts the adoption breakdown for 23 children within the first 6 months of placement were directly linked to poor mental health of adopters.

Fourteen of the 19 adoptive parents interviewed had accessed private counselling support. Only two of the 14 were offered counselling through the local authority. Only two of the social workers interviewed discussed direct counselling interventions that had been offered or arranged for adoptive parents.

For the 14 adoptive parents who had counselling, it was transformative and allowed them to address many of their deep rooted feelings of shame related to their parenting capacity.

Hannah, gave a typical example, speaking in glowing terms about the impact of her private counsellor, who had previously worked in adoption services:

*She has been absolutely brilliant, very sensible in her approach, very pragmatic in things we can do ourselves, but also very helpful in making us, being understanding towards us, helping us with very difficult feelings. She has never been judgemental, she talks a lot about our guilt, she helps us a lot with a lot of those negative feelings, she has also been very helpful giving us practical advice. (Hannah AM to Molly)*

This allowed Hannah to express her difficult feelings in a safe environment, she felt understood and as a consequence was able to process and validate some of the feelings of guilt and shame she experienced. After discussing the complex emotions emanating from the predicament she found herself in when struggling to parent Molly, she was able to reflect and take on board the advice that was offered as her personal crisis had also been validated.

For some parents, counselling helped them with their capacity to parent, for others it helped in resolving some of the disappointment and sadness stemming from the interactions with their support network. For Chloe, talking to her counsellor about how let down she had felt by her family and support network improved her mental health:

*But the one thing that my counsellor said was, “you were the one that lived it, nobody else did so nobody else can comment. They can comment but they can’t possibly know - you were the one that was living and breathing that 24 hours a day and they can’t possibly know but what you needed your family to say was I might not understand it but I fully support you because I knew that you would not come to this decision lightly.” (Chloe AM to Olivia)*

It was talking to her counsellor that allowed Chloe to appreciate what she had needed in order to feel understood, was for her family to respect the choices that she was making and to acknowledge that the decision she had made was thoughtful. Chloe was disappointed her family did not trust her choices or even grasp the predicament she had found herself in; accessing counselling allowed her to interpret and process the emotions arising as a result of the distress caused by her family. Chloe’s account, shared themes with other adoptive parents who had accessed counselling support. It provided a non-judgemental safe space in which to feel listened to which, was missing from their support networks both professional and social.

## *Discussion*

This section considers the findings that emerged in relation to the adoptive families getting to know each other and living together. It discusses the transition period from foster care (*Transition Planning*), the challenges of living together (*Living Together*), the impact of shame on adoptive parents (*Shame*). The final section (*Response to Shame*) contemplates a response to shame through exploring the support (or lack of) that emerged.

### **Transition Planning**

The transition period was problematic for the majority of the adoptions in this cohort, 70% of introductions were considered to be of poor quality. Difficulties arose due to plans changing, poor

relationships between foster carers and adoptive parents, unanticipated reactions and losses emerging. These factors added to the complexity of the grief of the child moving on from the foster home as discussed in the previous chapter. Although there was consistency as all transitions described had some form of plan in place, there was no consistency in the approach taken to planning.

The transition has been placed at the forefront of Scottish policy, after a recognition that transitions across the care sector have not been well managed (Scottish Government 2020), with a policy focus on the requirement of good planning, maintaining relationships and ensuring the transition is not rushed (Scottish Government, 2020:68). However, a national framework to support this approach has not been suggested or forthcoming. There has been increasing focus in the UK for more of an emphasis on managing the complex emotional dynamic of the transition period from foster to adoptive homes (Neil et al, 2020) and particularly in recognising the role of the foster carer in the process. This has largely followed the recognition of the link between difficulties in adoptions and difficulties during the transition (Neil 2018; Selwyn et al, 2015) and with the grieving process for the child leaving foster care (Browning 2015; Lyttle et al, 2021). There has been relatively little written about the foster carer experience of transitions but one small Scottish study suggests support for foster carers in transitions would be helpful and appropriate (Mollard and Egan 2019).

In *The UEA Moving to Adoption Model*, Neil and colleagues suggest using a secure base model (Schofield et al, 2014) to support the transition, with an emphasis on supporting the relationships both before and after the transition period (Neil et al, 2020). This model recognises the complex emotional dynamic of the transition period from foster to adoptive homes (Neil et al, 2020) and emphasises the role of the foster carer. This research adds to the body of evidence that recognises the potential impact of a poor transition on adoption and adds to the argument for a supported transition process taking into account the foster carer and child relationship.

The need to establish relationships between adoptive parents, foster carers and the child prior to the transition period as advocated in the UEA model is supported by these findings. Several accounts spoke to the impact of a lack of a relationship between the foster carers and adoptive parents on the transition. Adoptive parents felt uncomfortable, there was a power imbalance and much of the focus lay in navigating the relationship between the adults, leading to less emotional space for the child. The UEA model highlights the opportunity for foster carers and prospective adopters to push for an acceleration of plans and the potential danger of this –something that is played out in these findings, where wayward plans had a negative impact on the early days in the adoptive home.

The UEA model additionally, in building a relationship between the foster carers and adoptive parents necessarily involves opportunities for meeting up prior to the intense phase of the transition period. Meet ups between prospective adopters, foster carers and the child prior to the transition process are not standard practice in Scotland (Adoption UK and AFA Scotland 2019). Findings in this study highlighted two additional benefits of meetings prior to the transition. Firstly, as discussed previously, the distress shown by both children and foster carers came as an unexpected and uncomfortable shock for many of the adoptive parents – meeting up visits would have allowed for additional emotional space to support these feelings before the intense transition process started. Secondly, several adoptive parents had a visceral reaction to a child or to the idea of adopting upon meeting the child for the first time. Had meet up visits been standard practice, this realisation may well have occurred prior to the transition commencing.

The UEA model does not focus on loss and ambiguous loss that may impact adoptive parents, which was a theme in this study. This research would indicate the importance of allowing space and promoting discussion of ambiguous losses. This could enable adoptive parents to feel accepted in acknowledging the feelings of loss triggered by meeting a child for the first time. This is particularly important in light of the number of cases where early doubts were apparent and the anxieties adoptive parents had in confidently discussing their true feelings for fear of the repercussions.

### Living Together

The challenges of day to day living in the adoptive family cohort were evident throughout these findings. Adoptive parents and social workers reported complications in managing sibling dynamics, adaptive behaviours in children that were hard for the parents to respond to and struggles with education. In attempting to meet challenges faced as a family, adoptive parents reported financial and emotional repercussions, alienation from their support networks and feeling misunderstood. Many of these descriptors ring true with other adoption studies, particularly when exploring family life during the teenage years, (e.g. Lyttle et al, 2021; Selwyn et al, 2014). The high incidence of challenging and risk-taking behaviour, CPV and struggles in education settings have been well documented for adopted children (Palacios et al, 2019, BBC& AUK 2017). For this cohort, the same was true. There is no additional funding in Scotland that mirrors the adoption support fund in England and Wales, this research would suggest that more appropriate support is needed for adoptive families. The families in this cohort felt unsupported, blamed and shamed. Many children required additional support with education, and in regulating emotions. Parents did not feel that this was offered or available.

Competing needs of siblings and the dynamic of sibling relationships leading to an adoption breakdown was a theme. It was not universally described as a determinative factor in adoption breakdown, but impacted on family life, with several adoptive parents wondering whether the siblings would have fared better living separately. This echoes findings in a similar UK study (Selwyn 2019). The importance of the sibling relationship has been translated into statute in Scotland, with the Children (Scotland) Act 2020, there is a presumption that siblings should be placed together where it is safe. Although the sibling relationship can provide emotional connection and stability (Hegar 2005; Jones 2016) there is very little research in relation to the impact early adversity has on siblings (Conger et al, 2009) or on the adopted sibling relationship (Selwyn 2019). This research would indicate that there is a need for further research about how to support the sibling dynamic in permanent care away from the birth family. There was limited support or advice offered to manage the competing needs of siblings and the nature of the sibling relationship appeared to contribute to the stress experienced within the home.

### Shame

Shame was universally experienced by the adoptive families in the cohort, for some it related to parenting insecurities, for some feeling judged by close family and friends, or, by the way they were treated by services. This mirrors findings with a cohort of 11 families who were interviewed about their breakdown experience in Northern Ireland (Lyttle et al, 2021). Families all reported feeling misunderstood during their adoption journey. The weight of cultural expectations to enjoy family life weighed heavily upon them. Stigma and shame have been reported as barriers to accessing support for adoptive families subject to CPV (Selwyn and Meakings 2016).

When contemplating the experiences reported for adoptive families, particularly relating to CPV and Child Protection Investigations, shame is a useful lens to consider. Shame has been described as 'the visceral experience of being shunned and expelled from human connectedness.' (Walker 2011:243) and 'the preeminent cause of emotional distress in our time' (Brown 2006:43). It is generally thought of as an emotion, which has negative connotations for individuals experiencing it. It has been associated with anger and aggression (Stuewig et al, 2010) and in reducing empathy towards the plight of others (Hahn 2000; Klinger et al, 2012).

Shame is starting to be recognised in social work (Gibson 2016; Walker 2011), though it has been historically neglected in social work theory (Kettle 2022). It has origins in philosophy, social psychology and sociology. Goffman's work explored the social psychology of shame, examining identity and the link that this has with the perception others have of an individual (Goffman 1959). Goffman, extrapolated this further by extending the reasoning to groups of (often marginalised)

individuals and considered how groups of people can suffer shame through a prescribed negative identity. Sociologists such as Scheff, have built sociological theory around the social nature and experience of shame (Scheff 2000). Shame is considered as an emotion which has to be taken within the context in which it is experienced. Scheff argues that theories surrounding shame with psychoanalytical roots fail to consider the interplay between the individual and the environment in which they find themselves. Honneth's Recognition theory (Honneth 1995) has philosophical and psychoanalytical origins (Houston and Dolan 2008). Honneth associates human wellbeing with recognition. He posits that to be recognised, humans require self-confidence, self-respect and self-esteem to be aligned. His theory development has brought together sociological, philosophical and psychological ideas to understanding social structures and injustice, which can impact individuals – with misrecognition leading to injustice which can cause shame.

Making sense of shame theories can be confusing and contradictory (Frost 2021). Frost, builds on the work of Honneth's recognition theory (Honneth 1995) and takes a psychosocial tripartite approach, where she considers social, political and personal spheres in order to make sense of shame (Frost 2016). Taking a psychosocial approach to shame, acknowledges that social contexts infiltrate individuals positions, and identities (Woodward 2015). Frost then curates three categories in which to consider shame: *Political/National Shame, Group/Social Shame and Individual/Personal Shame* (Frost 2021:23). Shame provides a useful lens to both interpret and understand the findings in this chapter. The model Frost proposes in understanding how shame can become internalised through the interwoven political group and personal factors is not dissimilar to the model suggested by Brown – *Shame Resilience Theory* (Brown 2006). This also is a tripartite psychosocial approach, where the psychological component pertains to the individual, the social component to the relationships that the individual has with those around them, with the added component pertaining to the cultural context in which an individual finds themselves (Brown 2006). The main difference pertains to the idea of political versus cultural context. They both could be considered as relevant to the findings in this chapter, however, a cultural context seems to align better with the data as it could be argued, that the social and cultural aspects of parenting were more of influence in the internalising of shame than of any wider political or national context.

The interplay between adoptive parents' internal feelings of shame, the added pressure of the disapproval of those around them and the cultural expectations of family life were apparent in this study. Examples of internalising shame were threaded through the accounts, adoptive parents feeling they had let down their child or were not good enough parents. Accounts reporting judgements from family members, added to the feelings of shame – the families felt isolated, their parenting or children's behaviours were stigmatised by those in their support network, and

combined with their own anxieties about their efficacy as parents. The adaptive behaviours of many of the children resulting in CPV, risk taking and illegal activity were apparent within this study and known to make the parenting role more challenging (Liu et al, 2007). Additional burdens to parents or caregivers are associated with negative parenting practices (Crowe and Lyness 2014). It was perhaps not surprising that faced with these difficulties the adoptive parents described struggling to parent in the way that they hoped they would. Parental shame can lead to poorly adapted parenting strategies and parents are more likely to feel shame if their child's behaviour is socially exposed as it reflects upon them as a parent (Scarnier et al, 2009). The descriptions that emerged particularly for those who were parenting young people involved social exposure, with several parents reporting the involvement of numerous agencies such as housing and the police.

The cultural positioning of the family and how adoptive parents were influenced in their own expectations of family life ran through the accounts. They were isolated in their shame as speaking the truth of their feelings would be culturally taboo. For some, accessing support meant acknowledging deep rooted feelings cloaked in shame. For others, there was a fear of what would happen if they did access support in their legally precarious position. Harlow, in her consideration of some of the barriers to accessing post-adoption support, found that parents' perceptions of how they may be viewed by social workers alongside anxiety that a child may be removed from their care were significant barriers to seeking help (Harlow 2019). This chimes with the experiences reported by adoptive parents in this study.

There appears to be a distinct expectation placed on adoptive parents that fails to account for feelings of shock, grief or failure to cope with children who have had a difficult start to life. It would seem unlikely that a parent of a new born baby would be chastised for not realising how exhausting sleepless nights could be and yet social work and adoptive parent accounts demonstrated a culture where frustration was shown when adoptive parents struggled. There was limited empathy despite the extenuating circumstances parenting involved for them. Dance, Neil and Rogers in their study exploring the impact of the inter-agency fee on adoption placements found that what social workers looked for in adoptive parents were 'resilience, willingness to accept uncertainty and a capacity to provide therapeutic parenting'(Dance et al, 2017:7). Perhaps this is useful for understanding the starting position for many social workers whose accounts showed frustration with adoptive parents. Social workers have an awareness of the need for adoptive parents to possess qualities as parents that could be considered to be exceptional. Adoptive parents are assessed with those qualities in mind and perhaps are then held to a higher account. In holding adoptive parents to higher account, there is a failure to consider the implications of shame. Firstly, it does not provide a supportive environment in which to enable adoptive parents to discuss their concerns and secondly, it fails to

account for the feelings of guilt the adoptive parents already had in terms of their parenting capacity. The adoptive parents in this research study, all doubted their parenting skills in the face of adversity. Although the social work accounts spoke to trying to elicit empathic responses in the adoptive parents, they did not address the feelings of shame, which might have supported facilitation of this.

Adoptive parents described a struggle to feel understood both during difficult times and when the child left the family home. Experiencing something as unique as adoption breakdown, often left adoptive parents feeling isolated from supports, either professional or personal. There were several reports of friends, colleagues, family members not knowing what to say or how to react. This mirrors findings from parents who experience unexpected child death or still birth (Turner 2016), who find themselves undertaking a grieving process and at the time they potentially need their support network more than ever, it appears to fall away.

### Responding to the Shame

Positive recognition, where an individual is made to feel valued, cared for and respected, has been posited as an opportunity to minimise the feelings associated with shame (Houston 2016; Munford and Sanders 2020). Relationship based practice in social work is one vehicle to attempt to realise recognition through the creation of a warm, respectful relationship based on a foundation of due regard for one another (Houston 2016). Forming a trust based relationship to achieve positive recognition requires respectfully engaging with an adoptive family to get a full picture of the family narrative, if this is done well it can lead to disclosure (Frost 2016; Houston 2016) and together a supportive strategy can be created to help the family in crisis.

The adoptive parents' descriptions of what helped echoed the concept of positive recognition as support emerged through feeling accepted and acceptable. This validation was received from other adoptive parents who had been through similar experiences via online forums and from counselling services. These arenas contained individuals who listened, adoptive parents felt understood and were able to acknowledge their guilt and loss in safety. Accessing support from adoptive peers has been linked with a reduction in adoption breakdown (Hartinger-Saunders et al, 2015). Accessing counselling services is an estimated requirement for 40-45% of adoptive families adopting from care (Smith 2014) and yet only two of the adoptive parents were offered therapeutic input by their adoption agencies. This research would indicate the benefit of therapeutic services being offered to adoptive parents, particularly in times of crisis.

Positive recognition was not achieved for adoptive families within the social work sphere. The adoptive parents whose children were older found themselves working with frontline services who

had less specialist knowledge around trauma and felt their parenting was scrutinised. There is a plethora of literature relating to the complications that can arise for adopted children during the teenage years (Oosterman et al, 2007; Selwyn 2017). This appeared to be discussed at the preparation stage of the process but less so when adoptive parents found themselves in difficulty. They sought empathy for trying to support their children who were struggling but felt ostracised and blamed. Those who struggled in the beginnings of their adoption journey equally found themselves facing obstacles in feeling understood. They felt they were not believed when describing behaviour of younger children and found it difficult to articulate their complex feelings of guilt. Social workers recognised some of the losses that adoption was triggering for adoptive parents but rather than addressing this directly focussed on implementing attachment based support strategies. Perhaps this was influenced by their own feelings of guilt and concern for the child. The child being at the forefront of the minds of the social workers combined with the knowledge that the adoptive parents had been theoretically well prepared led to a focus on attempting to elicit empathy for the child from the adoptive parents. There was a mismatch in the accounts here – empathy and a deep concern for the children and young people was omnipresent in the adoptive parent interviews. What was missing was a recognition from the social work teams of the adoptive parent crisis. Positive recognition may offer opportunities for adoptive parents to explore these crises and then coproduce strategies for effective support and intervention.

### *Summary*

This chapter focussed on the findings that emerged following the initiation of the move of the child from foster care into the adoptive home. It contemplated the difficulties that arose during the transition, including the interactions between foster carers and adoptive parents, the adaptation of plans, anxieties in adoptive parents and the emergence of loss. In exploring family life prior to the breakdown, rich descriptions emerged of families struggling to manage adaptive behaviours of children. Adoptive parents were isolated in their crises, felt shame and unable to share their concerns for fear of being misunderstood. Social workers expressed frustration with the parenting strategies that adoptive parents were implementing and with the perceived lack of empathy for the child. A plethora of supports were offered to families, yet families in the main felt unsupported. Instead the support came from peers who they could relate with and from accessing privately funded counselling support. There was a universal lack of outlet for many of these families to express their frustration and to effectively seek meaningful support. These struggles resulted in families being no longer able to cope – the result often being an adoption breakdown. The crisis points leading to the child moving out of the home are discussed in the following chapter.

## Chapter 6 – The beginning of the endings

### *Introduction*

This chapter is split into three main sections. The first section, *Hitting Crisis Point*, narrates the causes that pulled together to make the adoption suddenly untenable. It reviews the accounts of social workers and adoptive parents of the last moments of family life before decisions were made that a child could no longer reside in the family home.

The second section, *Endings*, chronicles the events surrounding the specific period when the child or young person left the family home. It considers the practical arrangements surrounding the ending, the emotional repercussions of these and the differences in practices when planning the endings.

The final section, *The Aftermath*, explores the routes for the children and families in the wake of the adoption breakdown. It considers the emotional and practical impacts of the adoption ending.

### *Hitting Crisis Point*

Although the actual ending for each family came with its own unique set of circumstances, several recurring themes were identified in the period leading up to the child leaving the family home. A crisis point was reached and after that threshold had been breached, ending seemed inevitable. There was a clear divide between the crisis that occurred for families where the adoption ended within a month of the transition from the foster home to the adoptive home and those where the child moved out of the adoptive home after living there for at least a month. For the families where the adoption lasted less than a month, there were striking acute reactions. For the others, crisis points generally emerged following prolonged periods of difficulty.

### *Acute reactions*

Where the child had been with the adoptive family for less than a month ( $n = 25$ ) the crisis point came from adoptive parents having an unanticipated and striking response to the child. These extreme reactions were discussed in chapter 5, where the realisation of the reality of adoption struck and with it came the ignition of unresolved losses. The adopters for whom that was the case in this cohort ( $n = 3$ ) spoke of the difference in how they had perceived they would find the adoption and the reality of meeting the child. Two adopters wondered in retrospect whether they would have found themselves in a similar position, had they been matched with different children but were not certain.

Twelve social workers described reactions in adopters in the very early stages of the adoption that they informally assumed was an acute post adoption depression. A typical example was given by Evie's social worker when she depicted the reaction of Evie's adoptive mother:

*She described a sense of dread as she woke up, a loss of confidence in herself. She felt very strongly that the issues weren't about the child or what the child was presenting it was actually all related to herself. It was impacting on her sleep she was described by the GP as depressed and had been prescribed medication, she was losing weight, not eating, she was finding it very difficult to make decisions you know. So that was generally the signs. (SW for Evie)*

For the social workers, like Evie's, who pondered post adoption depression, they articulated the immediacy of reactions in adoptive parents, focussing upon the change in their presentation. Acute reactions in adopters were depicted including watching adoptive parents withdraw from the children, become quiet and present as flat. What was particularly interesting in Evie's example, which rang true with other social worker accounts was that as soon as the adoption ended the acute symptoms seen in the adoptive parents disappeared. Evie's social worker described a, "visible change...it was like a weight was lifted".

Other social workers noted witnessing the dramatic changes in adoptive parents as family life progressed. An illustrative example was provided by Holly's social worker. Holly was adopted age 7, she had experienced numerous moves of home, and struggled in her foster placement prior to being adopted. Her adoption broke down after six months, her social worker described Holly's adoptive parents trying their best but not being able to cope, leading to a decline in the adoptive mother's mental health and with it the realisation that the adoption could not continue:

*The adopter was becoming really ill, mental and physical health, skin problems, her hair was coming out, she just looked awful and was withdrawing emotionally from the child. (SW for Holly)*

It became clear that the situation was not tenable once Holly's adoptive mother began to withdraw emotionally. The local authority and family agreed jointly to support Holly to move to a therapeutic specialist foster provision. This account was unique in its circumstances but the reaction in the adoptive mother as described was not unusual. Acute reactions though not universal were catastrophic when they occurred.

### Emerging Challenges

For the overwhelming majority of children who left home after living with their adoptive families for more than a month, although very distressing for all involved, there was a sense of inevitability to the

adoption ending. There were only three adoptions described in the interviews where the child had resided with a family for more than a month that came with a sense of surprise at ending. For two of those families the adoption ended following new information coming to light about an adoptive parent that had to be investigated further. In both instances the new information was deemed to place the child at risk. For the third family, the marriage of the adoptive parents ended abruptly within the first year of the child moving in and the overwhelming emotions surrounding the end of the relationship prevented them feeling able to continue with the adoption. The social worker for the third family expressed that the relationship crisis shone a light on the potential for perceived differences in responsibility between parenting biologically as opposed to via adoption:

*I'm pretty sure that if that child had been her birth child she would still be caring for that child but then there wouldn't have been as easier a way out. Legally there was a difference and legally he was still the responsibility of the Local Authority. (SW for William)*

This quote is emblematic of the sense some social workers highlighted across the interviews of differing attitudes they felt some adoptive parents may take about parenting. Several social workers referenced the fact that by understanding parts of a social work system and receiving a child from care adoptive parents had an understanding (conscious or unconscious) that there was an option for a child to be cared for in an alternate setting. William's case is a poignant example given by a social worker as he was a child who moved into the family home just before his first birthday, and was described as a very easy child to care for. There were no concerns for William until the moment crisis struck when the parents' relationship abruptly ended. The implication the social worker makes is that in any other situation without legal uncertainty, the parenting role would have to fit around the emotional turmoil. There were no other factors in this example that pointed to a reason for the adoption to end other than the adopters believed there was an alternative.

For the rest of the longer term adoptions that ended, concerns had been bubbling under the surface and there tended to be a tipping point that led to the adoption breakdown. For some of the young people who left home during their teenage years, there had been a settled period before reaching adolescence with no need for professional involvement, the change in the family dynamic therefore came as a shock. However, for the majority of these children and young people difficulties surfaced initially and never left. It was the change in the intensity of the challenges or the fatigue of the adopters or a combination of the two that led to the crisis point.

### Crisis point– adopter accounts

Adoptive parents whose children stayed in the family home longer than a month but before an adoption order was granted (n=4) explained that there was not one isolated incident that caused them to take the decision they could no longer parent the child but an accumulation of factors. They all spoke of a realisation that the difficulties they were already facing were only likely to get worse as the child grew older. For Emilia's parents, it was the violence they were experiencing alongside a concern that even with intensive therapeutic input, their situation was not improving:

*It was a combination of that violence and the added pressure was that sense of we can't carry on. You can carry on when you think there is an end and when you think there is no end it became utterly overwhelming, and, we got to that moment where we thought, we are going to end up in hospital with any number of stress related conditions at any time (Sarah, AM to Emilia)*

This was a typical response. The gravity of the impact on the family of trying to parent is apparent here, there is a sense of hopelessness, Sarah is trying to predict the unknown future of family life in order to try and determine if she can continue to parent.

Another parent had a frank discussion with a health visitor who suggested that the future was going to look harder rather than easier and that led to a realisation that they couldn't continue. All four families, described themselves as, 'surviving' implying that they were trying to make it through each day rather than getting any pleasure from parenting. These four families did not think that any specific intervention would have made a difference to the outcome but wondered whether had they had the full picture of how parenting these children might be, if they would have proceeded to adopt them. Their view was that the information shared as part of the matching process was incomplete and had not prepared them for family life. All four families referenced finding it difficult to build a relationship with their child due to the distressed behaviour of the children throughout their time in the family home.

For six adopters whose children left during the teenage years, a very different picture of crisis management emerged. As the previous chapter detailed, for this cohort, there had been many examples of challenges in family living, for example child to parent violence (CPV). However, even in the most extreme circumstances, five of the six families felt that if the right kind of support had been offered to them as a family unit in the preceding years, the breakdown may have been avoided. The sixth adopter acknowledged the ongoing support their family had experienced from the local authority

but felt that for her son, who was adopted age 7, his pre-adoption experiences had been so traumatic there was little other specific intervention that may have assisted during the crisis point or averted an ending. The other five families described a downward spiralling trajectory of the home environment whilst trying to manage the distress exhibited by the young people. They all spoke of exhaustion, feeling overwhelmed and isolated within their crisis. For two of the adoptive families although it was a child protection investigation that ultimately led to the young people moving out of the home, tensions within the family home were described as running high prior to the child protection allegations. These five families expressed disappointment and frustration in the situation they found themselves in. Leo and Freya's mother, Rachel, had been consistently asking for advice and support, she felt she was not being listened to about the severity of the crisis she was in. She was worried both for her children and for herself and resorted to demanding that her children be accommodated (this is further discussed below). She was despondent recounting the prompt social work visit she had to her home the day after her children were accommodated:

*They came out the next day and I laid into them and said, why did it take us to bring them, both of them, why did I have to bring both of my children to your door before you would come and sit in my living room and that was what it took for them to come. (Rachel, AM to Freya and Leo)*

Rachel indicates that she wasn't looking for a particular intervention or support package but just that she wanted a social worker to come to see her and listen to her concerns in relation to the crisis. This frustration alongside a sense of exhaustion was common in the accounts of all five adopters.

#### **Crisis Point –social worker accounts**

Themes arising in social worker accounts around hitting crisis point broadly mirrored those in the adoptive parent accounts. Social workers noted adoptive parents struggling over time to see any change or hope, the intensification of behaviour in the home environment and exhaustion of the adoptive parents. It became clear that social worker accounts although recognising the exhaustion and accumulation over time of parenting challenges zoned in upon the relationship between the adoptive parent and the child being at the core of the struggle. Some social workers noted the intolerance that adoptive parents appeared to have for the child, referencing this intolerance as either a sign of the fragility of the relationship between the adoptive parent and the child or of the limit of the capacity of the adoptive parent.

Several social workers described watching adoptive parents become focussed on a behaviour that adoptive parents considered to be extreme but to the social worker appeared insignificant or trivial.

Often this was accompanied by the adoptive parent expressing a sense of persecution from the child. Social workers considered these instances to be indications that the adoptive parents were reaching a crisis point. Rosie's social worker gave an example of this:

*A lot of the behaviours that they were reporting to us though weren't that concerning, it was like, 'she would nudge her brother', well, siblings do that. But for them [parents] it was an absolute irritation. Like, there was once, when the mum had told me that she liked her tea a particular way I can't remember if it was too strong or too weak but the girl had made it the other way – that was the way she viewed it, 'she did it deliberately to me'. So it was like, these wee things that were huge for them because it had gone on so long, they were at breaking point. (SW for Rosie)*

That social worker considered that the small instances, seemingly insignificant to her as an outsider were significant to adoptive parents because the family were under stress and were in a continuous cycle of frustration. This account was typical – other social workers referred to adopters listing numerous complaints about children that they did not consider to be concerning.

Social workers described a shift when the lists became longer and were accompanied by little hope; this was indicative of a looming crisis. For Archie's mother, this list was accompanied by not only a loss of hope but a sense of dread. His social worker detailed a struggle from the beginning with the relationship between Archie and his mother but noted a steady increase in the problems his mother reported. She described a realisation that the crisis had hit when Archie's father for the first time voiced the impact it was having upon his wife's mental health:

*he [AF] then said, 'you know she has confided in me that she didn't really want to wake up this morning' and I said, 'well what do you mean?' and he said, 'well she just doesn't want to be here, she doesn't want to be in the world.' (SW for Archie)*

Archie's social worker then detailed that this was the turning point:

*I think she probably felt she had to say something like that to bring it to an end and I think when that happened, I think a part of me just thought actually the best thing for Archie is just not to be here, this is not a good*

*environment because you know, nipping his head constantly, you can only imagine what it is like for Archie (SW for Archie)*

The implication from the social worker is that once Archie's mother had been able to express the extreme significance of the impact parenting was having, an ending would be an inevitability to protect her mental health. The social worker reflects on the fact that this ending is perhaps also of benefit to Archie as he had been living in a situation where he was constantly being criticised. The social worker's empathy with Archie is apparent in this quote and it is much more difficult to see any empathy for his adoptive mother. The idea that suggesting that the adoptive mum had to find a reason to end the placement minimises the mental health problems for Archie's adoptive mother. This approach, similarly to the findings reported in the previous chapter was exhibited by the majority of the social workers, they focussed on the child and felt frustrated with the adoptive parents.

#### **Managing challenges prior to parenting**

Some social workers (n=7) when reflecting on adoptions additionally noted a theme in relation to adoptive families who had found the assessment period or family finding period more challenging than social workers anticipated them to. These adopters made complaints (including formal complaints in four cases) about the processes. Social workers noted a link between struggling with the lack of control adopters had in the assessment and family finding stage and how that emerged when parenting their child. Jacob's social worker reflected on the significance of the complaints that were made by his adoptive parents. They had complained about their assessing social worker not visiting enough, then complained about a new social worker after a decision had been taken to try a new social worker:

*I do think that thing of when people are difficult with workers, I think we try and rise above it and be objective about it and go well this is a difficult time for them and so on but then we work with so many other people who manage not to be and I can think of people I have worked with who have jumped through many more hoops than we have put them through who are just wonderful you know and you do think, actually maybe that should be a bigger, ring a bigger alarm bell than it sometimes does. (SW for Jacob)*

This account is an example of reflection a social worker undertook after an adoption breakdown to re-analyse some of the elements that had concerned her at the time. Having reconsidered, she wondered whether actually the way that these prospective adopters adjusted to hurdles maybe was indicative of a lack of resilience on their part. She references other adoptive parents facing more comprehensive

challenges, which implies, that in her view there weren't particularly valid reasons to complain. With hindsight the responses that Jacob's adoptive parents had to the obstacles they had in their assessment journey could have been a warning signal for how they may react if a child moving in was not as anticipated.

Although warning signals with hindsight appeared obvious to social workers as a catalogue of difficulties had been reported by the adoptive parents, often the timing of the ending itself was still sometimes surprising.

## *Endings*

Decisions were often taken to move children from the family home fairly quickly after a crisis point had been reached. In some instances, this was to protect the child following a child protection allegation or because of a concern that children were being emotionally neglected. In several cases, adoptive parents reached a crisis point, to which they perceived no return and took action that initiated an immediate move out of the family home such as not picking up their child from school or taking them to a social work office (*Unilateral endings*). Other examples represented situations where joint decisions were taken resulting in the child moving out of the home, but often despite the joint decision, surprise was expressed by just how quickly a child then moved out following the joint decision – it felt rushed to adoptive parents and social workers alike (*Shock at the Speed of Endings*). Tensions emerged between frontline and adoption social workers who held differing perspectives (*Discomfort Around Endings*), between adoptive couples (*Unity in Relationships*), and in the relationship between adopters and social workers (*Discomfort around Endings*). Emotions were fraught and discussed below, practical decisions had emotional roots, which at times were unpredictable and provoked differing opinions.

### *Unilateral endings*

Although all the adoption breakdowns were unanticipated on some level, some adoptions ended more abruptly than others, following either the adopters, the young people or the local authority acting in isolation.

In the adoptive parent cohort, one family described their children (aged 15 and 16) taking the decision to leave the home to reunite with their birth mother. Three adoptive families whose children (n= 4) were teenagers spoke about the desperation that led to them taking a unilateral position, which forced the local authority to take the child into care. One adoptive parent dropped her son off at a social work office after a particularly dangerous incident in the car with him. Another left the child at school in the morning and then phoned social work and the school to inform them they would not be

collecting their child. Another informed the local authority when their child presented as homeless, that that was indeed the case.

*I had a friend who was a CAMHS nurse, my husband said just phone her and see if she will take her for the night, we need to get her out of the house and she took her. She said to me the morning after she has got up, "she is alright she is going to go to school" and she said, "when she goes to school, don't go for her, phone social services, tell them that they need to go for her and that you are not going to go for her." That was going to be the only way that they would do anything (Rachel, AM to Freya)*

Rachel had struggled with the escalation in violence shown by Freya in the home and despite numerous appeals for help had been left unsupported. Rachel's despondency can be seen in this example, her extreme actions were fuelled by a belief shared by her friend who was a mental health professional that there were no other options available to her.

The positions of the adopters who forced their teenage child to leave the family home contrasted to the accounts of the social workers who described unplanned endings initiated by the adopters for 7 (different) young people. Although social worker accounts depicted the pressure that adoptive parents were under, they expressed views indicating that they felt extreme action such as taking young people to the social work office was not appropriate. For example, Rosie's social worker explained how Rosie (aged 13) who was adopted aged 5 with her younger brother had been struggling within the family environment and an assessment had concluded that the family would benefit from a period of respite care for Rosie:

*I think they [adoptive parents] thought that we weren't doing anything but we were trying to set it up in a way that wouldn't disrupt the entire unit and make sure that staff were going to be there to support that which I can understand from the family's point of view that, that's not their issue. But what happened was I got a phone call just to say, 'that's it, that's done, I'm bringing her into the office'. I said, 'don't bring her into the office, don't bring her in here.' (SW for Rosie)*

This quote highlights the balancing act for social workers, trying to work alongside parents, whilst ensuring appropriate plans are made for children. This was a fairly typical response across the sample of social workers, in the main they could appreciate that the adoptive parents were in crisis but were

unable to reconcile those empathic moments with the extreme action taken by the adoptive families. The social workers were a step removed from family life and highly child focussed. The adoptive parents felt that their plight was not understood by the social workers. Even in the examples where social workers did appear to recognise the crises that the adoptive parents were experiencing, they remained focussed on the child, which exacerbated the feelings of being misunderstood or blamed by the adoptive parents.

### Relationship unity and endings

Endings often signified times of extreme stress and anguish for adoptive parents. This was heightened when those who were adopting as a couple found themselves holding differing views.

Within the social work interviews, descriptions pertaining to 20 families highlighted differences in opinions between adoptive parents around adoptions ending. For some families, social workers hypothesised about the longer-term impact it may have on the couple's relationship.

Of these 20 families, 19 were at the pre-order stage of adoption. These adoptions all ended within a year and one of the adults in the relationship had a visceral reaction to a child that was not shared by their partner. In all cases bar two, the parent wishing for the adoption to end was the adoptive mother. Social workers described a resignation to the fact that the intimate relationship was prioritised over the commitment to the child.

A typical example of social workers viewing a relationship being chosen over the child was described by Gracie's social worker. Gracie and her twin brother Harrison were adopted aged 2 by a couple who had a birth child. Gracie's social worker explained why she felt that despite her belief that Gracie's adoptive mother had bonded with Gracie and Harrison, she did not think that was enough to save the adoption:

*But just from that call I knew he [adoptive father] wasn't interested in trying, you just got that message from him. And the mother on the phone - she was wanting to try but it was not working for her husband and basically he comes first (Social Worker for Gracie)*

Following this phone call, the social worker started planning for the adoption breakdown. This social worker had assessed the couple for adoption initially and perhaps her assessment of their relationship was that there was a deep rooted loyalty. This example, like several others raised the concern about adoption not being considered as permanent by families. Outside adoption, a fundamental

disagreement about parenting would perhaps reflect more directly on the relationship between the parents. Here an opportunity to show allegiance to a partner resulted in the ending of an adoption.

In several cases, social workers reflected on witnessing the marital discord arising from differing views on the viability of adoptions. Hunter moved to live with his adoptive family when he was 4. According to his social worker he very quickly formed a close relationship with his adoptive father, however, his adoptive mother appeared not to warm to him. Within a month it was clear that the dynamic between Hunter and his adoptive mother was problematic:

*She had very immediately seen a negative in the child, I think she felt the child was going to be unsafe for her [birth] child in the house. In her world he was a demon, he had come into her world and he was a threat to her child. And what I knew immediately there was, it was like absolutely impossible for that child to be in that home whilst we worked with this and she was adamant, there is no working with this, there is no – it would have been a child protection issue if I had left the child there, for his emotional welfare (SW for Hunter)*

Often social workers demonstrated their knowledge of a couple when describing a complex situation. This social worker had worked with Hunter's adoptive parents for months, she applied the knowledge gleaned from her time assessing them to the situation in front of her. She had seen a change in this adoptive mother that was uncharacteristic and conflated this with an understanding that she would be unable to shift her fixed thought position. This was in sharp contrast to the reaction of the adoptive father who could not recognise the reaction in his wife. She explained:

*He was very on it with the boy, he was very thinking of that child's welfare to the point that he said to the child, 'I'm so sorry that we are not good enough for you'.... He was shocked at his wife's reaction, he was devastated for the wee toot, he was devastated for himself and then it quite quickly turned to real, not anger, because he's not an angry man, but he didn't like his wife, he didn't like her and I think that has been tricky ever since. I don't think they have ever got over it. (SW for Hunter)*

Several social workers noted the contrast in adoptive parents' responses to a child. This is a typical example. It demonstrates the impact that adoption can have on a relationship and how this is exacerbated in the case of breakdown. One party is forced to make a choice that not only is anathema

to them but fundamentally alters the way that they see their partner.

In contrast, only one adoptive parent spoke about being on a different page to their partner when it came to determining whether they could proceed with the adoption. All the other adoptive parents in the cohort found themselves aligned. Adoptive parents described taking comfort in being on the same page as their partner and sharing views about endings, whether that was agreeing that it was the right decision or commiserating together.

Molly's adoption ended abruptly when she made an accusation about her adoptive father hitting her (which she subsequently withdrew). Molly's mother, Hannah, spoke about the challenges for the family but reflected that in managing the adversity, she and her husband felt closer.

*If anything it has brought us closer together because this is something horrendous that we have had to deal with and I think it is one of those things that could have potentially driven us apart and it hasn't at all. (Hannah, AM to Molly)*

Many adoptive parents described similar situations – how the stress of the breakdown could have been catastrophic for their relationship but they were united in their response. For Hannah, their alignment was testament to the shared understanding between her and her husband as to what had happened. They did not have differing interpretations of the event, or anxieties that one or both of them had acted in a manner that was wrong. The voice of the child is missing here but it might be that in managing the stress of parenting a young person who was adjusting to adolescence and managing their internal conflicts, the parents united in their belief that the issue did not lie with them and they were trying their best in adverse circumstances. In feeling misunderstood by all those around them, a validation of each other's positions brought them closer.

Relationships were affected in differing ways by the breakdowns, although the majority of adoptive parents interviewed described greater unity, social work accounts referenced breakdowns being catastrophic for adoptive parents' relationships.

### **Shock at the speed of the ending**

All the endings described were complex and dissatisfaction was noted with the planning of the ending. Social workers and adoptive parents highlighted several instances where they had been taken aback by plans that were made in haste. Six adoptive parents were shocked at the speed at which the child suddenly moved out. For two of them, this was caught up in the complexity of an allegation that was made against them. Even for those who were anticipating an ending such as Sophie (adoptive mother to Max), the painful reality of the ending was sudden and felt unplanned. Sophie and her husband had

come to the decision that they were no longer able to provide a home for Max (6) and had discussed this with their social worker and Max's social worker. They had been told they would need to look for a suitable foster care placement. Sophie had assumed that would take several months and said:

*I was like okay fair enough, I was rather you had as suitable place as possible and then literally a week later, they said we think we have found a foster home and I think we will be able to move him next week and it was a bit like wooahh, I found that really tough. (Sophie AM of Max)*

The shock for Sophie, similar to other adoptive parents was intensified by the contrast with transition from the foster home to the adoptive home. Sophie had been involved in the planning processes for Max moving into her home. She had assumed that a similar level of planning would be involved in leaving his adoptive family home.

Shock at the speed of the ending was discussed by 15 social workers, their accounts were peppered with references to endings being badly managed. They spoke of a dislocation between frontline social work teams and adoption teams in ideology. Jamie's social worker who worked in a different adoption agency to the one where Jamie had been living prior to adoption, detailed an extreme example. Jamie (7) had been living in his adoptive home for a year, his social worker viewed the adoption as going well. Then, Jamie made an allegation to a teacher that his adoptive mother had hit him. The Local Authority (where Jamie was originally from) took him into care that day and he has subsequently never seen his adoptive mother again. This account of how Jamie's adoption ended, highlights the shock and frustration felt:

*It was terribly handled. The worker wouldn't even communicate with the adopter, which I mean, I have never come across. I just felt helpless with that one to be honest, because the whole child protection thing was going and I had given the adopter the wrong information, because, I had said very clearly, you will no doubt be interviewed very quickly, you will be listened to. And it didn't happen that way. So I felt that, and I felt her frustration because, she felt it was all going on and she was in limbo. Obviously I did keep in touch and we did keep in touch until quite late on but actually I wasn't able to give her the answers she wanted but it felt like a complete example of how not to do child protection. I just keep saying, I wonder if the*

*adoption had been completed, how they would have managed that? (SW for Jamie)*

Although an unusual example, it is important to discuss due to the consequences for the child who was subject to another move into foster care, no longer had the opportunity to secure legal permanency via adoption and all without a proper investigation. This case, alongside another with similar facts, stood out as an example of standards being applied differently to adoptive parents and fits with the overall findings that adoptive parents were often held to a perceived higher accountability than parents through other means.

### Discomfort around endings

Discomfort around endings was universal, manifestations of this could be seen through decisions that appeared to be driven by emotion, disquiet in professional relationships and behaviour that was deemed out of character for individuals. Adoptive parents whose adoptions ended pre-order described frustrations with the process, a struggle to explain their predicament and feelings of helplessness. Social workers provided rich descriptions of the frustrations they had with the reactions of adoptive parents.

Sometimes the frustrations of the social workers related to the incapacity of adoptive parents to acknowledge the importance of an ending for the child. Lily's social worker, was open about her feelings of frustration towards Lily's adoptive parents. She felt disappointed for the children but detailed that the aspect that she found to be the most disappointing was the ending:

*They wouldn't do the ending. I had to go with one of the other social workers and the placement social worker and foster carer to get all of their stuff and remove it because they didn't want to do an ending and that for me was the hardest bit was not doing an ending. (SW for Lily)*

This was not uncommon; social workers described similar scenarios for 13 children. Some social workers discussed the emotional crisis that was present for many adoptive parents, particularly those who had presented with acute reactions to the adoption process. However, as can be seen Lily's social worker, the fact that an ending did not take place was distressing for social workers. From this it could be considered that social workers considered endings being important for children to support them to move on. Harper's social worker's account helps to contextualise the importance of an ending for children. Harper who was 5 when she moved in with her adoptive parents alongside her younger sister was told by a social worker that her adoption of less than a week was ending. Her adoptive parents were unable to say goodbye and Harper's social worker described Harper's reaction:

*Harper howled and screamed she wanted her mummy and daddy, they were her mummy and daddy. Absolutely screamed and was crying which was quite unlike her and the foster carer just cuddled her and we kind of agreed that they [foster carers] would take them home (SW for Harper)*

The distress for Harper is palpable in this account and when recounting this event, the social worker was emotional. She had to witness acute distress, manage her emotions and focus on practical planning for the child, the impact of having to do this cannot be underestimated. This shone through the narratives. Isabelle's social worker was also tearful as she described the impact that moving Isabelle (aged 4) from her adoptive home had on her:

*It was awful, I will never forget the day we went to pick her up. It was just awful, in fact there is a spot where we had to stop at the side of the road and every time I drive past I think of it. Ohh, it was awful. (SW for Isabella)*

This account is representative of other experiences of social workers describing the longer term impact the breakdowns had on them. The emotional aspect of the work for social workers when dealing with adoption breakdown was overwhelming and came with an increased in workload as new plans had to be put together for children, appropriate carers identified and emotions of those involved acknowledged and supported. Five social workers described what they viewed as exceptional support from colleagues and supervisors, who recognised the impact of the adoption breakdown on them but most stated that it had to be fitted into their already busy workload.

### **Mounting Frustrations**

Several social workers expressed frustration with adoptive parents who they perceived to be sabotaging the potential for planning a smooth transition. Finn's social worker explained how, Finn who had lived with his adoptive family since he was 5, struggled during his teenage years. In the opinion of his social worker, his behaviour was not, 'out of the ordinary', though his adoptive parents found it challenging to manage. His adoptive parents took Finn's search for his origins and identity as a personal slight. As it became clear that the adoption was at breaking point and the family could not function, Finn's social worker described an escalation of behaviour from Finn's adoptive mother, which she considered to be out of character. She explained:

*She threw him out and said he wasn't allowed to come back and what was worse, was the whole multi-group, family group decision making, the whole support network, she phoned round and told everyone not to take him. She*

*told them that he had been behaving in such a way that it wouldn't be safe for them to have him in the home with their children, so it fell apart, the whole plan just didn't work (SW for Finn)*

The social worker's frustration focussed on the child and the meaning of the rejection by family members and his support network. Her empathy for the child is clear, but like with the other scenarios mentioned above, the focus on the child appeared to be to the detriment of the adult and therefore impacted upon the relationship between the child and the adult. Finn's adoptive mother probably had an appreciation that his social worker did not believe Finn's behaviour to be challenging – yet to Finn's adoptive mother it was insurmountable. In taking a solely child focussed approach the social worker may have inadvertently caused the adoptive parent to make the child's position harder; in order to be believed or recognised in her position, she needed other people to be unable to manage his behaviour too. Had the family conflict been explored in a way that allowed for Finn's adoptive mother to feel validated, joint work may have resulted in him moving in with someone from the support network.

Frustration at the approach to the ending taken by social workers was highlighted by 8 social workers (in respect of colleagues) and by 13 of the adoptive families. For adoptive parents, frustrations centred around information sharing and the impact this had on both them and the child. For social workers who were critical of their colleagues, the accounts universally criticised a lack of understanding around the importance of endings and transitions. Some social workers were critical of colleagues in their own organisations who worked in different departments and some were critical of those from external adoption agencies.

The criticism levelled at communication and information sharing can be shown clearly when considering the quotation below from Isla's adoptive mother, Lauren. Social workers were constructing a plan for Isla around her transition to foster care and the accompanying practical arrangements. Lauren had experience of working with children and was acutely aware of the gravity of the decision that she was making and the impact it may have on Isla. She was conscious that Isla was going to leave her home within a few days and yet nothing had been explained to Isla. This created a huge level of discomfort for Lauren, she worried about how to explain this to Isla and of the repercussions for Isla:

*There was a lot of that wrangling going on about who should do what with whom...So basically, they [social workers] were still arguing about it on the Thursday and I said I 'm not having it, I'm not having this little girl not know*

*what was going on so I sat down and had a big conversation. (Lauren, AM to Isla)*

Lauren's experience was not unusual in this cohort, several social workers detailed scenarios where adoptive parents had taken a decision to inform the child they would be leaving. In the social work accounts, descriptions were couched in disappointment as they described adoptive parents making hasty decisions and not using appropriate language. However, it was apparent that there was no standard process or procedure for managing breakdowns in the immediacy of the event. This perhaps is indicative of the belief that adoption breakdowns should not happen and therefore contingencies are not considered. The emotions for all came into play with guilt and anxiety preventing decisive actions being taken. However, when viewed alongside the accounts of the adoptive parents, it could be hypothesised that adoptive parents were acting when they were concerned that the child had been forgotten in the midst of the emotionally fuelled planning processes.

Social workers expressed the greatest dissatisfaction around endings when they perceived social work colleagues to have acted without an understanding of the importance of appropriate endings. Oscar (6) moved from his family home after a child protection allegation. His social worker felt that based on Oscar's history of multiple placements and a pattern of struggling with foster carers, once he had started to form a close relationship, that an allegation at some point against the adoptive parents may be inevitable. An allegation was made and the social workers for the local authority moved Oscar on that day. The child protection investigation was subsequently dropped. Although Oscar's social worker expressed her frustration with the decision made to remove Oscar immediately, her greatest annoyance came from the lack of understanding she felt the social worker had in relation to planning the move:

*I rang up and said, "are you going round to get his stuff?" and she said, "oh I was just going to stop at Tesco and pick some stuff up for him on the way". This boy has a blanket that has followed him about, I went ballistic. I said, "no", she said, "it is not appropriate for me to come and see the carers just now", I said, "fine, that's fine, you stay in school, I will get some stuff together with the adoptive mother and you wait there until I come, you are not going to stop at Tesco with this little boy and buy stuff, you can't do that to him." She said, "he'll probably like it, I think he'll like trying things on". Can you believe it? Unbelievable. That was the level of understanding we were dealing with, it was ridiculous. (SW to Oscar)*

This social worker was so shocked by this suggestion that it led her to consider that her colleague was incompetent. She then suggested that she had no idea if she, 'had even had any social work training'. As in this example, many social workers made reference to poor understanding of adoption by colleagues in front line social work teams and described impulsive decisions being made for children who had not been formally adopted. The adoption social workers appeared to rely on a basic knowledge of attachment theory – appreciating that a move from a away from a primary caregiver would be fundamentally damaging for a child and an understanding that there are certain basic measures to alleviate the trauma caused. The concept of a colleague not being able to apply a basic framework of knowledge to a child in an extreme situation was completely shocking, highlighted incompetence and was unacceptable. Similarly to the descriptions of the transitions from foster care into the adoptive homes, there was variance in the approaches taken, with adoption social workers having a stronger focus on the importance of recognising the loss for the child and practices that could assist with the loss than colleagues in front line teams.

For many, the fractious, unplanned and unsatisfactory endings went on to haunt them as will be discussed below.

### *The Aftermath*

*It is devastating for everyone, not just for one person, nobody wants this to happen, everyone feels a failure, totally devastated by the whole thing. (Care Inspector)*

Three categories of adoption breakdowns emerged in the aftermath; families where the child had left the family home but the family unit remained intact and parents parented from a distance; families where the adoption broke down in the early stages pre-order and the parenting ended, with the majority of parents losing all contact with the child; and, parents whose child left home post-order who chose to no longer have an active involvement with the child. The final category was only reported by the social work cohort. This could have been related to recruitment for adoptive parents, those with no contact with the child potentially were less likely to have responded to the local authority or be a part of adopter support groups, where participants were also recruited. The unifying feature that ran through all the accounts was a sense of devastation, all parties were impacted in some way. The adoptive parents spoke of their shame, loss and grief, the social workers detailed emotional reactions, guilt and frustration, both social work and adoptive parents described the emotional impact on the children who left the family home.

### *Adopters who are still parenting*

All the adoptive parents interviewed whose children left during the teenage years (9 families)

continued to parent in some form and stated in no uncertain terms their unwavering ongoing commitment to the children that had left. Six young people who left in the teenage years went on to either foster care or specialist residential care. All six families commented on the cost of those provisions and the frustration that no early intervention had been offered that could have been cheaper. Two of the children from the adoptive families cohort returned home to live with their adoptive family once they turned 16. Emma adopted three children and at various points during their teenage years all three adoptions ended, she was able to describe the ebb and flow of the relationship that her and husband had with their children, the troubled times but ultimately the overall commitment they had to their children:

*They are still very much our children, I don't see it any other way, even with their relationship with their birth mother, they are our children, it [leaving home] doesn't make them less my children. (Emma, AM of Amelia, James and Ellie).*

Despite having been subject to child protection investigations, experiencing difficulties in rebuilding the relationships with her children and navigating the social work system, this quote highlights Emma's unwavering belief in the relationship she has with her children. Emma, met and got to know the children's birth mother after the children left home and they worked together to support the children. Emma's support to her children was in spite of and not alongside the local authority, she did not feel that her relationship with her children was prioritised or explored by any social worker and no interventions or support were suggested to support the family.

Emma's views of the adoptive family commitment were echoed by the other adoptive parents who continued to parent. Each of them had a differing experience yet they all still considered themselves to be a family. Rebecca, Oliver's mother was clear that the only difference for her was that Oliver was living under a different roof:

*We were doing everything except having our son to live with us, there was no difference. (Rebecca, AM of Oliver)*

Adoptive parents were on different stages of their journey post breakdown: for some of the families, the breakdown had happened within the last 12 months and they were trying to adjust to the new family dynamic but for Erin, Alexander's adoption had ended over 5 years ago. Erin was able to reflect how the perseverance with supporting Alexander amongst the sadness of him leaving the family home was worth it.

*I would only now say adoption works for him because at one point, I thought, what difference has it made to his life being adopted because he was in young offenders in and out in and out. And I just thought, "is this going to be forever?" but something in him and I now believe that it was something he had from here, the adoptive family has made him able to settle down. Whereas some of the boys that he met in secure and prison who were his best friends at the time are still on that same sort of trajectory... and he is now settling and he is now asking to be parented and he is asking for my advice (laughing) for all the years that he didn't want to be parented ...and it is lovely because I am getting the opportunity to be his mum again, (Erin, AM to Alexander)*

Although, the experience of breakdown was devastating for Erin, the benefit of maintaining a relationship throughout the time of hardship is apparent. This is crucial for considering a way of working with families where the child has left the home post-order. All the adoptive parents, showed their commitment to the child through pursuing the relationship and demanding involvement, though this was often blocked, thwarted and virtually never encouraged. For some families, living separately whilst maintaining a relationship was restorative of the relationship, rather than being considered as a failing in the relationship.

### *Maintaining relationships*

Complications with the system were presented as the biggest barrier to rebuilding family relationships by 6 adoptive parents. They expressed frustrations around a failure by social workers to understand their altered parenting role alongside, a failure to promote rehabilitation of the family. Rachel, mother to Freya who left the adoptive home as a teenager spoke of her wish to be supported for Freya to return home. Freya had been violent at home and was exposing herself to risk. Rachel had felt unsupported by the local authority. She hoped that as Freya was accommodated into specialist residential care that there would be acknowledgement of the challenges that Rachel had faced and support to rehabilitate her home. She explained her hope:

*I hoped they would help us as a family to try and keep us together and even now that Freya has gone into a children's home still with the possibility that she would come home, but they don't promote that. They don't promote her coming home and I said to them, you're nurturing her to keep her, not to bring her home. (Rachel AM for Freya)*

The failure to acknowledge that a relationship can exist or even improve once a child has left the home is apparent here. This was a common feeling amongst the adoptive parents whose children entered care during the teenage years. They commented that they were side lined, all five reporting that they were often left out of meetings. Crucial decisions about the children's health or education were made without their involvement, which would have been outside legal requirements (s25 Children and Scotland Act 1995). Although this is potentially not an uncommon position that parents who have voluntarily agreed to their child being accommodated find themselves in (Lynch and Boddy 2017), adoptive parents felt uniquely ostracised. This was due to the fact that all of them referenced being willing and able to play an active role in their child's life and yet found themselves being branded as difficult or controlling because they were explaining their rights, the children's rights and the law. Megan, Harris' mother explained her constant discussions with the residential school about her and Harris' rights to see each other and for her to be involved:

*The day Harris was taken into care, his social worker said, 'he says he doesn't want to see you tomorrow'. I said, 'oh he will be seeing me tomorrow, he doesn't get a choice, I will be seeing him every day, I'm his mum.'* (Megan, AM to Harris)

This shows her focus on their relationship ensuring that the social worker understood that her priority was to maintain this. Megan further expanded upon the struggles that she found herself up against in trying to promote her relationship with Harris and continue to parent. Megan found herself, becoming an expert in the United Nations Convention on the Rights of the Child (UNCRC):

*I would be like, "are you aware of the UNCRC?" and they go, "eh eh eh" and I say, "no I don't think so".* (Megan, AM of Harris)

The only way that she managed to eventually feel understood was when Harris had a change in social worker, who she believed had a grasp of the law.

Megan eloquently summarised the struggles that all the adoptive parents in her predicament faced when she stated:

*It is actually quite a battle sometimes keeping involved, because they don't naturally encourage it so I could imagine if an adopter was at burn out stage when the child went there and they still had to jump through all these hoops that they would just be like, "well I can't do it".* (Megan, AM of Harris).

The phrase, 'burn out' was common place in the adoptive parent interviews. Several expressed losing faith or not having enough energy to continue to push against the social work system. These feelings of burn out were problematic to the families as they explained that they still loved their children and recognised that they had a responsibility to them that was to last beyond the teenage years. Hannah, noted:

*We are going to be here for her in 10 years, 20 years, so we are actually the most important in this dynamic. We are the ones who are going to be supporting her in 10 years' time, so you need to be helping us and giving us strategies and giving us skills. (Hannah, AM to Molly)*

This is further evidence of how adoptive parents in this group had lifelong commitment to the adoption. They viewed themselves as a family and the idea that they would not be around in the future seemed preposterous to them. The family unit was considered as a whole for these families, where they lived was relevant but they wished for support in aiding their interfamily functioning, including the siblings, which they felt were often forgotten when the focus was on the child leaving the family home. Five adoptive families felt that the impact on the other siblings within the family unit in the immediacy of the breakdown were not accounted for by social workers and two described the sibling that remained at home thriving as a result. (This was also a finding for two of the families whose child left before the teenage years but pre-order).

#### *Manifestations of grief and shame*

As discussed in the previous chapter, 14 of the adoptive parents accessed counselling support. The emotional impact of the child leaving home led to mixed emotions. All the adoptive parents described some relief in relation to the safety of themselves and the child and the burden of responsibility being lifted from them. They also spoke of intense sadness, crippling guilt and shame. The impact that it had on the children was additionally discussed. For most of the young people it led to an increase in risk taking behaviour. The first residential or foster placement following the adoption breakdown ended within a few months for 12 young people in this cohort, resulting in further disruption to their lives. Emma, described the change in foster placements for Ellie who left home aged 14:

*She completely went off the rails, she was drinking, doing drugs, doing all sorts. (Emma AM to Ellie)*

For Emma, although Ellie had been struggling in the home environment, this quote indicates that the move to foster care was detrimental and led to a change in Ellie's behaviour. This was a pattern

described by all the adoptive parents, they thought that the initial move led to grief, and this combined with an exposure to different environments, resulted in an initial increase in risk taking behaviour.

Adoptive parents in the immediate aftermath of the breakdown detailed the grief, loss and shame that pervaded their lives, they struggled to function, five adoptive parents took time off work to recuperate. Hannah's reaction was a typical one:

*It was just absolute despair and disbelief and it was just hideous, just such a huge sense of loss, a massive sense of loss ... I had to have some time off work because I just couldn't, I really just couldn't function and I couldn't think of anything else, we weren't sleeping, I was really anxious all the time, it was very much, that stages of grief. (Hannah, AM of Molly)*

Hannah's account was similar to all the adoptive parents in the group. Feelings of grief were in abundance, adoptive parents tried to make sense of recalibrating family life without their child living with them whilst questioning their parental capacity and reviewing the part they had played in the breakdown. Hannah went on to describe the support she received from a private counselling service that helped her and her husband to start to process their grief and try and work out how they could support Molly:

*We realised the best thing we could do for Molly was be well in ourselves and actually access therapy for us and actually us get better and us be resilient, (Hannah, AM to Molly)*

Hannah and her husband were able to use the therapy to manage some of their emotional distress and to focus on being available for Molly. They recognised that their capacity to support Molly, to rebuild their relationship was stifled by their grief. For many adoptive parents in the acute throes of grief, they were barely able to function let alone express their complex emotions. All nine of the adopters in this cohort were professionals, who were used to success in many areas of their lives and the crisis at home was hard to bear. Erin, discussed the reaction of her husband, the first night that Alexander left the family home:

*I don't think he would ever have been able to articulate it at the time what he went through, but what he went through was a real sense of failure, a huge crisis of failure. When Alexander was taken into the secure unit the first night he lay in bed and sobbed and sobbed and sobbed nearly all night.*

*Yet Alexander will say, "dad didn't love me." You have no idea. His heart broke. (Erin, AM of Alexander)*

The particular tragedy in this account, relates to Alexander's adoptive father's own struggle to express his grief, continuing to impact Alexander who felt rejected when leaving the family home. The lack of intervention to support the relationship between Alexander and his father, is indicative of the important role to be played in undertaking work with families after adoption breakdown, particularly, when emotional literacy in the family environment was strained.

Although the grief was expressed in different ways and had differing manifestations, the intensity of the grief united the accounts and highlighted the gap in support for both adoptive parents and children.

#### **Those not parenting child that left**

As discussed above, all the adoptive parents interviewed whose child left in the teenage years, continued to parent in some manner. However, as highlighted in Chapter 3, 14 young people left the family home as teenagers and the relationship between the young person and adoptive family ended. The social work interviews detailed some instances of this, two social workers hypothesising that the moment the child acted in a manner that the adoptive parents did not recognise in themselves resulted in an alienation of the child. For one family, this stemmed from a school exclusion, for another it was offending behaviour. For one child, the local authority determined to legally extricate a young person from their adoption by applying for a permanence order after she had been taken into care following a request from the adoptive family that the adoption order be revoked. In the main, the 14 young people who had left the family home were known of by social workers but only two social workers had worked with them in a direct role and therefore the information in relation to them was scant. The main theme in descriptions provided by social workers in relation to these children was a disbelief that they had been abandoned by their adoptive parents and frustration as a consequence.

The other accounts relating to adoptive parents who no longer had a parental role for a child after they left came from interviews with six families. These families had an adoption that ended pre-order. Two of those families continued to parent a sibling of the child who had left the home. Both those accounts reflected similar acknowledgments to those made above around the guilt in noticing the positive responses in the child who remained at home. Those two families also reported feeling that the decision that had been made around their older child, directly impacted the way that they were treated by the social work department in relation to their other child. Both thought that the legal routes for adoption for their other child were delayed, they viewed this as a form of punishment. This

was complex as they had to continue to have relationships with both the social work department and the child while managing sibling contact. This is discussed further below.

### *Living with the loss*

All six families who no longer parented the child who had left, spoke of loss and grief, for some the reaction was immediate and for some it built over time. They spoke of feelings of shame, of having to explain their reasoning to those around them and of the ripples the impact had amongst their families and friends.

Isla lived with Lauren for less than a month when her adoption ended, Lauren explained how the grief mounted over time:

*In some ways it was gradual but about a year later it was devastating. I went back to work within a week or so after Isla had left and was just kind of picking up where I had left off but yeah I think about a year later, it was really overwhelming. (Lauren, AM to Isla)*

Lauren eventually felt the need to move house as her home reminded her of Isla and of the lost opportunity to be a family. This shows the longer term impact of the breakdown on adoptive parents, even when they seemed to be coping in the short term, the repercussions of their decisions continued to haunt them. Actions such as returning to work or presenting well mask a conflicted interior, assumptions should not be made about the resolution of their loss based on short term behavioural observations.

Sleep was impacted for most of the adoptive parents and loss came to the fore. Four talked of regularly crying in the subsequent months. For Chloe, Sophie, Isla and Ross, the loss of the sibling relationship for their other child or children was palpable and from this emanated a deep sense of regret and guilt. Sophie explained:

*The level of emotion I found quite hard to handle, because my daughter said, "if I beg you with everything we have, can we not keep him because you know when he feels happier he won't hit you, I get on the floor and I beg you mummy." – (Sophie AM of Max)*

Max (6) left the family home after several months living with Sophie and her daughter. Sophie had already felt conflicted in her decision for Max to leave the family home and this shows the additional emotional burden that she felt in relation to her daughter. Sophie also explained that following Max leaving the home, her daughter was unable to fall asleep without her parents there, anxiety crept into

her life and was noticed at school. Other adoptive parents spoke about the guilt that extended to other members of the family, for example, Jack explained the impact that the ending of his adoption had on his parents:

*They were devastated, it was their first grandchildren and they have lost them as well. My dad ended up going off work with stress after. My mum said, "your dad has been driving over to that area (where the boys moved to) and hopes that he will bump into them." So they have really struggled with it. They have not had any support, they have not had anybody to speak to or go to and it has affected them as well, just equally as much. (Jack, AF to Rory and Alfie)*

Jack's description serves as a reminder that children are taken into wider adoptive families, and that the loss of the caregiver for the child is not the only relationship loss that the children experience. This example was pertinent as Rory and Alfie had spent a lot of time with their grandparents and the relationship between the grandparents and children was not marred with the same exhaustion and conflict that came with the relationship with Jack. The focus on the children moving on became about the loss of Jack and his partner, the grandparents were not even mentioned, despite the significance of them to Rory and Alfie.

#### *Feeling misunderstood and judged*

All of the adoptive parents described feeling misunderstood when a child left the home. For those who never legally adopted the child, the feelings expressed around being misunderstood were vehement. These adoptive parents felt misunderstood by their families and support networks in the aftermath. Some believed relationships would never recover. They were embarrassed and felt isolated with their loss, they spoke of those in their network having very little insight or understanding into the gravity of their position. Chloe explained that not only did nobody around her understand her loss but the social work team appeared oblivious to the reactions of those around her:

*Social work are one leg of that octopus and you've got about 7 or 8 other legs of people in your life that are going to have something to comment on. You've got work colleagues, I had school, I had mums in the playground, there was a whole raft of other people that you basically you need to go and tell. You know because all of a sudden this child is not with you. And I think that's it, the way to sum it up with social work, is I know they have got their*

*job to do and I know they have a very hard job, I'm not making light of it at all, so they are focussed on the child and what is right for them. (Chloe, AM to Olivia)*

Chloe felt alone and wondered how to tell the people around her. It was not a topic that could be avoided as Olivia was obviously no longer living with her. The confusion and anxiety around how to explain the situation adoptive parents found themselves in was universal. Similarly, Andrew found having to face his family with explanations was highly stressful:

*It was an emotional and visceral reaction that we knew was valid and we knew was correct but we were then in a situation of having to try and explain that in rational terms to our loved ones. I really struggled to do that, to put it into words what had happened and why we had made the decision, so that was difficult from my point of view, but also ..it then made both of us second guess a little bit why we had made the decision because we weren't able to put it into words to explain to others. We were then thinking, "why have we done this.?" So I found that really, really, tough. I knew deep down we were going through such awful guilt and grief, I knew that the decision was the correct one and what we had to do, I just still couldn't really get my head round it. (Andrew AF to Dylan and Blair)*

Many adoptive parents found the enormity of the position they were in was hard to articulate to each other, and to those around them. In Andrew's example, the confusion shines through, it indicates the ambiguity of his loss. Even during this re-telling, he appears to be processing his loss, trying to explain, validate and understand his position.

For families who felt more certain in the decision that they had made, they still spoke of those around them failing to appreciate the magnitude of their loss. The impact of this was tough for Sophie:

*I have struggled with people who haven't understood the enormity of it for us or for me personally. there are very few friends who have had insight into the fact that it has been a major life event for us, both him being with us and him being gone, it has been a significantly hard life event. (Sophie, AM to Max)*

Sophie's isolation from those around her continued after the initial loss of Max, with many of her friends not seeing the significance of his absence from their lives. This again speaks to the challenges that adoptive families face in conceptualising their life as a family compared with those around them. If adoption is to be viewed as an equivalent to kinship – then this is an example which would indicate societal understanding that hinders this. The fact that Sophie has very few friends who seem to be able to understand how significant the loss of a child from the family home is, seems surprising and points to a misunderstanding in the community of the purpose of adoption, or indeed suggests that adoption is a lesser form of family. In any other circumstance of a biological child leaving the family home, Sophie felt her friends would have recognised the gravity of this.

One adoptive family felt that they had been supported well by the social work team in processing and understanding their loss but all the other families believed that they were misunderstood by the social workers who were involved.

Five of the adoptive families described feeling, 'judged' by the social work department and that the level of that judgement was so extreme that for two of the families who had other adopted children it meant they were not confident in engaging with services in the future. Three of the families found the disruption meetings organised by the local authority for the child to review the case were traumatic and unhelpful. Ross felt misunderstood by the social work team and found the disruption meeting traumatic. He explained:

*I think the damage that has done to us personally has almost been higher than the disruption because it feels like an attack on your identity, and the thing you care most about, which, is your children. And it feels like they have twisted it to say it is your fault... It is my personal life, they (social workers) are not up at 4am thinking, "What could I have done? What if I had done that?" And in that respect, I feel like it is our lives that have been played with and that is what I feel really hard done by. It is your one chance to have a family....The system just feels so fundamentally broken that I wouldn't touch elements of it with a barge pole again. (Ross, AF to Emilia)*

Ross's vitriolic feelings rise to the surface in this account, showing that he has felt let down, misunderstood and shamed. Ross's other child remained in the family home and the fact that he no longer wanted to work with a social work department raises questions about how they as a family would seek help should they need it in the future.

Five of the families felt that with the passing of time (it had been more than 6 months for each family since the breakdown), they were able to process the loss in a more helpful way and wished that social work departments had offered therapeutic support later down the line, when they were less shocked. Four of the families noted their propensity to feel angry when they considered the action or inaction of the local authority.

Four of the six families had limited or no information about the wellbeing of the child after they had left the family home. These families spoke of thinking about the children often and having concerns for their future.

### *Known Destinations and Consequences for the Children*

Information was available for 116 of the 120 children on whom data was gathered, as to where they moved to in the short and medium term after their adoption broke down. All of the younger children initially went into foster care, some returning to their previous foster carers but many going to strangers. Twelve children were adopted again after the breakdown, all these children were under the age of 5 when the adoption ended. Of these 12 children two had a further adoption breakdown. Four children in the cohort returned to their birth family. The majority of the children (68) remained in foster care at the time of interview, 25 young people were in residential care. Three of those in residential care were under 10 years old. Six teenagers were 16 when they left the family home and moved into supported living accommodation and one young person was remanded into secure accommodation. Data from the interviews provided accounts of 24 children experiencing at least one unplanned placement breakdown after their adoption had ended. As discussed below social workers expressed particular sadness when children who had a pre-order breakdown lost their chance to be considered for adoption again.

The disruption and confusion for children who experienced a pre-order breakdown was a common theme within social work interviews. Social workers described acute stress reactions to adoptions ending, including alopecia for one child. Several social workers described how children who moved into a foster placement after an adoption ending required a foster carer to sleep in their room for fear of abandonment. Five social workers referenced children being confused as to who their mummy and/or daddy was supposed to be. Daniel (4) experienced an adoption breakdown after three months living with his adoptive mother. His social worker described the ongoing confusion for Daniel:

*He will say things like, "remember that other mummy I had." And he will say, "and that sister wasn't nice to me and she pushed me down the stairs." So he's, I mean, he understands more than he should have to but it's not,*

*he's still not clear about who is who and what's what and why's why (SW for Daniel)*

All of the social work accounts detailed the impact of moves for children, often referencing attachment theory in stressing the importance of creating a safe base. This account from Daniel's social worker shows the significance of moves on a child, Daniel did not appear to have a concept of who his previous carers were or what role they had. Trying to help children make sense of their adoption breakdown was not discussed in much detail in the interviews, only one social worker specifically referenced a piece of life story work that was undertaken. Many social workers were unaware of the trajectory for the child or were no longer involved in their care plans. This uncertainty may also help to explain some of the guilt and emotion they shared, as detailed below.

#### *Social workers in the aftermath:*

Emotions ran high in the accounts provided by social workers. Several were tearful during interview. Eighteen of the 28 social workers described adoption breakdowns as affecting them personally. Emotive language such as, 'devastating', and 'heartbroken' was used when describing experiences. One social worker had to have time off work, one social worker described the second adoption breakdown that she experienced influenced her to change her job.

The emotion was intrinsically tied to guilt and worry. Guilt that the social workers may have played a role in the breakdown through omission and worry for the future of the child and the adopters. Social workers situated their upset alongside the hope that they held for all adoptive placements – of a permanent and stable home for the child. Harper's social worker explained:

*For me it was devastating because you are helping two wee children to buy into a dream that you are creating. You go through the guilt of, did I get it wrong? Did I miss things? (SW for Harper)*

Harper's social worker essentially highlights the hope that she had as a worker for the children – that they would have a happy family life. Her guilt leads to self-reflection, regarding the part that she had to play in promising a future that potentially is not something that can be promised. This was not uncommon, the narratives were brimming with references to guilt, sadness and anxiety for the future. There was a recognition that adoption may not be an option anymore for some of the children, Jacob's social worker voiced that fear:

*It was really sad to see it go so badly wrong and see a wee one that age being rejected... this was now his fourth move. And just wondering what the future was going to hold in terms of his...future care plans (SW for Jacob)*

At the time of the interview, Jacob was in foster care and it had yet to be determined whether he was going to be considered for adoption or foster care, his social worker alludes to the potential ending of his adoption journey. Other social workers further reflected on what was at the heart of their discomfort and it was the sense of the vulnerability of the child that was being exposed to further adversity, when assumptions of positive outcomes had been made. Callum's social worker voiced these feelings:

*I suppose that is the rewarding piece of the work, when you feel like you have moved them on and you know, you have got them to a place that is going to be settled, consistent, permanent ....so yeah, disappointment about that not working out and re-traumatising a child. I think there is something about people taking responsibility for that and having their part to play because naturally as good practitioners we pressure ourselves and we do begin to think.. you can really beat yourself up over it. (SW for Callum)*

Callum's social worker, voiced the responsibility that many social workers alluded to. She reflected on the magnitude of the day to day decisions that could be overwhelming. Although social workers focussed on the impact on the child, most did also reference the impact that the breakdown had on the adoptive parents.

Sixteen social workers who were involved in adoptions that broke down pre-order spoke of guilt when weighing up the potential responsibility they had in the breakdown. One social worker spoke of four adoption breakdowns that she had been involved in and how each had a profound impact upon her. The one that she found the hardest to manage emotionally was the adoption breakdown for William and Jaxon as she had undertaken the assessment of the adoptive couple:

*You feel – could you have protected everyone from that? For the child – should there have been something that I should have predicted in the couple? And likewise in the couple, should I have predicted that they wouldn't manage this? And maybe that's why it is worse. (SW for William and Jaxon)*

William and Jaxon were adopted aged 4 and 2, the adoptive mother found herself unable to bond with William the older child. The social worker described the adoptive mother as seeming to be repulsed by him. The social worker could see the absolute devastation that the breakdown caused to all parties involved and in trying to process this focussed on her role and whether there was something she should have picked up on. It shows the reflection of social workers in the aftermath of breakdown, reconsidering their assessments and analysing factors that could have been predictive of adoption breakdown.

This was a theme amongst many of the social workers who described intense self-critical reflection following breakdowns. The team leader for Lily and Logan, twin siblings, spoke of the processing that is undertaken in the aftermath: 'then you go back- you are very critical of yourself' (SW for Lily and Logan). The guilt became overwhelming for some social workers, the social worker for Isabelle whose adoption ended several months after she had moved in with her new family following information regarding her adoptive mother's mental health coming to light, found the pressure of this adoption too much for her. She explained:

*For me, it was one of my worst professional experiences because what happened next was, we had a disruption meeting, and that disruption meeting resulted in me going off sick for two months. (SW for Isabelle).*

Having had to move Isabelle who was otherwise settled in her adoptive home and then manage the consequences was exhausting for the social worker. This, combined with worrying whether she was partly responsible was overwhelming. She reflected on the responsibility of adoption work and wondered whether that was what fuelled her extreme reaction:

*I think going through that sort of stuff at work, really, really, tests you, it was awful. When you see a little one who is so dependent on people around her to make decisions about her, not just the next few months but her whole lifetime. (SW for Isabelle)*

The emotion tied to responsibility shines through in this account. The sense of responsibility threaded through all the social work accounts. The majority of social workers found disruption meetings helpful and a useful space to reflect. However, six social workers described a blame culture that pervaded the adoption breakdown process, making the experience onerous and stressful. This chimes with adoptive parent accounts - they found disruption meetings to be disappointing and distressing. All the social workers interviewed described the intensity of the adoption breakdowns in terms of work load. It was

physically and emotionally exhausting and required significant additional time to manage alongside their workload.

## *Discussion*

This chapter explored the immediate events leading to a crisis ultimately causing a child to leave the family home (*Crises*). It then looked at the endings themselves and how they were managed (*Endings*) and the devastation apparent in the aftermath of the breakdown (*Aftermath*).

### *Crisis*

The data fitted broadly into two categories, adoptions that ended within one month of the adoption transition, which came as a shock to all involved, and those that lasted longer than a month, where a plethora of warning signs had been building over time. The appearance of post adoption depression was queried in several cases. Post adoption depression has been found in 18-26% of adoptive mothers (Foli 2010); Foli identified risks of post adoption depression being linked to unmet expectations. This taken into account with the findings in Chapter 4 would identify a need for postadoption awareness and support to be readily available for adoptive parents.

Exhaustion, a struggle to see an end in sight coupled with adaptive behaviour were key components of adoptive parents finding themselves unable to continue. This would fit neatly with theories surrounding compassion fatigue. Compassion fatigue was developed following the consideration of the impact of trauma on those who worked with people who had experienced a traumatic event (Figley 1995). It has widely been considered in professional groups who deal with trauma such as emergency rescue workers and mental health workers (Figley 2002). A small body of research has emerged considering compassion fatigue in foster carers (Hannah and Woolgar, 2018; Ottoway and Selwyn 2016). Virtually no attention has been given to its applicability to adoptive parents (Duncan 2020). This in part could be due to the fact that the adoptive parent role is considered to be familial rather than professional. However, the key elements of compassion fatigue: burn-out, combined with a 'negative feeling driven by fear' (Stamm 2010:14) could be considered to be directly applicable in these findings – adoptive parents described exhaustion, frustration, being frightened of their children or losing hope about the future. Recognising compassion fatigue within adoptive parent populations could have implications for practice in terms of how best to support families.

For many families, concerns about the parent child relationship were present from the beginning. Where children left home before adolescence, adoptive parents described difficulty bonding with their child. Social workers attributed concerns with the relationship between parent and child to challenges within the family home. Strong family relationships and parental warmth have been found to be protective factors for adopted children who have experienced early adversity (Anthony et al,

2019; Balenzano et al, 2018). Within social work accounts, very little description of parental warmth was given, in fact, the opposite was highlighted in several instances. Adoptive parents were infuriated by the children in situations that social workers deemed to be insignificant. In the previous chapter, adoptive parents' reported the frustrations they felt in failing to offer nurturing care that children deserved. The combination of a dysfunctional relationship between the parent and child alongside compassion fatigue could be indicative that for certain families early intensive support to assist with relationship building and addressing the secondary trauma being experienced by the adopters would be highly beneficial.

### Endings

Endings impacted adoptive parents relationships. For some, it brought them closer together, united in the face of adversity, however, for others the stark differences in their feelings towards the child had repercussions. Social workers detailed disappointment but not surprise when partners appeared to choose the partnership over the child. Some social workers noted that adoption seemed to provide a unique forum for not choosing a child to be deemed acceptable. This perhaps was indicative of adoption as being seen as not equivalent to biological bloodlines (Leon 2002; Wegar 2000).

When the child left the home, areas highlighted in the previous chapters, particularly discrepancies in approach by frontline social work teams and adoption teams were brought into focus. This perhaps was acutely noticed at disruption meetings, where both adoptive parents and social workers described a culture of blame. Emotion seared through the themes – high levels of frustrations emerged aimed at and by social workers and adoptive parents. The frustrations expressed by social workers at the lack of appropriate endings for children perhaps were also embroiled in the emotional resilience required for mopping up the pieces for children who were moved without goodbyes. Their frustration could be indicative of compassion fatigue; social workers experienced the children's extreme and traumatic reactions and had negative reactions to this (Stamm 2010). There was little compassion offered in social work accounts towards adoptive parents' extreme reactions. This is significant, as the adoptive parents who recounted the difficult teenage years felt unsupported and that their concerns were not recognised; their extreme responses railed against feeling misunderstood.

Principles highlighted in Chapter 4 relating to the importance of endings when moving a child from one home to another emphasised the importance of both physical and psychological considerations in order to minimise unresolved loss. These are just as pertinent when supporting a child moving on from their adoptive home. The accounts of adoptive parents whose children have remained a part of the family, albeit residing elsewhere were powerful in exploring the need for the family relationship

to be supported. A poorly managed ending could impact on the already fragile relationship and have implications for supporting this in the longer term.

### Aftermath

In contemplating the aftermath, distress and shame dominated the accounts. There were however, some beacons of hope. For adoptive parents of children whose adoption ended post-order the majority continued to parent, albeit from a distance or in a way that was not originally anticipated. This suggests that despite the exceptional challenges these families faced, the adoption was perceived as successful. There was a family unit for these young people, that may not exist for young people who for example left their permanent foster home during the teenage years. These parents viewed the relationship that they had with their child as being their priority, albeit, challenging at times. They did not view their adoptions in any sense as having failed, though noted failings in the system along the way. These adoptive parents valued their family unit and remained committed to their child. This echoes the feelings of other adoptive parents who have been interviewed in a similar predicament (Lyttle et al, 2021).

Findings in relation to families who continued to parent their child echoed findings in relation to non-adoptive parents whose children had been voluntarily accommodated; they were excluded from decision making for their child by residential and social workers (Lynch and Boddy 2017). Adoptive parents reported being criticised when attempting to pursue their legal and emotional parental role. Parent and child relationships that function well can have protective outcomes in the adjustment of children who have been adopted (Whitten and Weaver 2010). Parent child relationships should be prioritised post breakdown to mitigate the damage caused.

In families where a child had left the adoptive home pre-order but a sibling of that child remained in the family home, reports emerged of shame, anger and disappointment with the local authority. For these families, their trust in the system following the adoption breakdown was so poor that they would be unlikely to attempt to access support for the child remaining at home in the future. This is of particular concern as adoptive parents where a child has left the home are more likely to report feeling less competent, less committed, and less attached to other adopted children (Houston and Kramer 2008).

Loss and shame were ubiquitous in the accounts of the adoption aftermath. Shame caused intense introspection for social workers, who critiqued their practice and questioned their assessment skills. For adoptive parents, it coincided with devastating unresolved losses. They often felt isolated in their grief, failing to be understood by those close to them. This isolation was further shaming – it reinforced individual beliefs that they were failing to live up to a social norm (Frost et al, 2021:14). Shame

Resilience Theory (SRT) suggests that resilience can be used to combat shame through accepting the internal vulnerability and through meaningful relationships with others (Brown 2006). An understanding of shame, would assist in supporting adoptive parents in the depths of their crisis and in re-building their relationship with their child. Supporting parents in feeling less isolated in their grief and shame, building positive working relationships and supporting them to understand the link between their shame and confidence in their parenting capacity could support the ongoing relationship with their child.

### *Summary*

These findings give insight into the crisis that unfolds for many adoptive families, the complications that accompany that crisis and the emotional and practical repercussions of the crisis. Relationships are universally affected, between partner, parents and children and professionals. The impact of the loss was stark for the families and children with a path of confusion and misunderstanding ahead of them. An understanding of ambiguous loss, compassion fatigue and shame would be of assistance during the turbulence of adoptions ending and in their immediate wake.

## Chapter 7 – Discussion

### *Introduction*

I was motivated to embark upon this research through professional experience, noting the dearth of research in Scotland related to adoption outcomes. I aimed to answer three questions:

- 1) Can an adoption breakdown rate be estimated in Scotland for the period 2000-2020?**
- 2) What factors relating to children, adoptive parents, and their wider environments may contribute to breakdown?**
- 3) What factors in social work assessments, adoptive parent training and preparation might safeguard or mitigate against future adoption breakdown?**

At its core, this chapter details how these questions have been explored by drawing together the findings discussed in Chapters 3-6 alongside the insights gained from literature as presented in the literature review. The chapter has been split into four sections and aims to draw together the key findings presented across the thesis and discuss their implications for policy, practice and future research, particularly in Scotland. The first section, *The Need for Data*, explores the challenges in approaching the first research question, it provides a brief summary and highlights the implications of this for policy and research. The second section, *Contemplating Adoption Breakdown*, draws together the key themes across Chapters 3-6 that influenced the adoption breakdowns alongside consideration of literature highlighted in Chapter 1, answers the second research question and makes suggestions for practice and policy. It brings to the fore poignant themes that emerged during data collection related to the experience of adoption breakdown. The third section, *Supporting Adoptive Families*, answers the third research question and in so doing offers some implications for practice. The final section, *Looking forward*, contemplates implications for future research.

### *The Need for Data*

**There is a pressing need for adoption outcomes to be both formally recorded and collected across Scotland.** Scottish Government has highlighted the importance of data collection for care experienced children, they have also noted the specific importance of collating data pertaining to adoption breakdowns (Scottish Government 2020, 2022). However this research indicates that there is a long way to go in making sure this happens. As reported in Chapter 3, there is no system for recording outcomes for adoptive families after a child has been adopted. The fact that children who are adopted cannot be easily mapped across systems in Scotland needs to be acknowledged. Without a mandate to change the way adoptions are reported and outcomes are followed, the

paucity of information on adoption outcomes will persist. There is no way of conceptualising outcomes for when a child leaves an adoptive family home and no mandate to record this.

As discussed in Chapter 1, adoption is compared favourably in Scotland as an option for children who are unable to reside safely with their birth families (Scottish Government 2015). However in the UK, a gap remains in longitudinal analysis of adoption outcomes, relating to education, wellbeing and the long-term stability of the home environment. Adoption is an extreme intervention resulting in legal ties being severed from a birth family. When taking drastic measures, data should be available to measure the success or otherwise of the proposed intervention. Not only have adoption breakdown rates not been explored previously in Scotland but this research was unable to estimate the prevalence of adoption breakdown. A theme running through the thesis related to the hopes (often unrealistic) and expectations that both social workers and adoptive parents had for adoption and the shock and distress when children left the adoptive home. Without concrete data on adoption outcomes, fantasies pertaining to adoption continue to exist for individuals and policy makers.

This research highlighted the importance of recording both pre-order and post-order adoption breakdowns. Although some children who experienced a pre-order breakdown moved into an alternative adoptive home, this was not the case for all of the children in this cohort. For those children, they were subject to the severance of legal ties from their birth families without the conferred permanent alternative family status that adoption was designed to offer.

There is very limited research pertaining to adoption outcomes in Scotland; and my study adds to this body of research. The permanently progressing study (Cusworth et al, 2018), tracking a cohort of 1,836 Scottish children who became looked after 2012-2013, is providing one valuable approach to this, but this is an isolated study and is not adoption specific. The findings in Chapter 3-6 explore the adoptive parent and social worker perspectives of adoption breakdowns, which happen pre-order. There are two other known recent studies since 2013 in Europe to consider pre-order adoption breakdowns which take a documentary analysis approach (Barbosa-Ducharne and Marinho 2019; Jacobs et al, 2022). These findings add to the literature that has emerged from the documentary analysis by adding additional perspectives.

### *Contemplating Adoption Breakdown*

**A universal definition of adoption breakdown should be utilised across Scotland.** A paucity of data is problematic for contemplating adoption outcomes, but that is further complicated by the fact that there is no uniform definition of adoption breakdown either in Scotland or internationally. In Chapter 1, the varying definitions of adoption breakdown in research studies in the UK and

internationally were explored. In Chapter 3 the differing definitions within adoption agencies in Scotland were discussed. In this research any child who had met their adoptive parents as part of the transition process and then went on to leave the adoptive family home was considered to have experienced an adoption breakdown.

The following highlights themes that emerged in Chapters 3-6 that when considered alongside the literature in Chapter 1, offer insights for matching (*Thoughts for Matching*), the significance of the Transitions process (*Supporting Transitions*), and describe how fantasies of adoption continue to prevail (*The Adoption Fantasy*) leading to unmet expectations for social workers and adoptive parents.

### Thoughts for Matching

**There is a need for an understanding of the impact of pre-adoption experiences on adoption stability.**

Children moving to adoption at an older age, having experienced early adversity, showing indicators of difficulties in forming relationships with care givers and expressing their emotions in an unregulated way may be at a higher risk of instability. These themes were present in the literature (see Chapter 1). Although data in this study cannot claim to represent the whole of adoption in Scotland, it highlights the similarity of themes that emerged in this study to other studies on adoption breakdown. When the findings of this study are taken alongside the knowledge gleaned from the review of the literature, it is apparent that further understanding on the pre-adoption experiences is required.

The characteristics of the children who experienced adoption breakdown in this cohort, in terms of their early experiences of adversity, were broadly representative of children admitted to care in Scotland (Woods and Henderson 2018). This amplifies the need for support for adoptive families. This cohort of children, similar to other studies of adoption breakdown (Palacios et al, 2019) were older in age when meeting their adoptive parents. Notable characteristics included: the length of time that children spent in care prior to moving to their adoptive home; complex sibling dynamics; and, the recording of additional needs.

The majority of children were first admitted to care under the age of 2, yet they had long waits in foster carer before adoption. Although delays have been widely discussed in adoption literature and policy (Department for Education 2013; Henderson et al, 2015), the reasons for the delay for this group of children were unclear. Seventy-four percent of the children were initially identified as not having additional needs. It was unclear as to how additional needs for children were considered or

framed. No children were described as having emotional needs when being placed for adoption and this seems counter-intuitive when considering the impact of adoption on identity over the life-course combined with early adversity (Grotevant and McDermott 2014). Despite the fact most participants referred to documents in their interviews, these were not seen or studied by the researcher as part of the data collection and this needs to be taken into account.

Over half of the children (n=59) in this study were part of a sibling group. As discussed in the literature review, the findings in relation to the link between being part of a sibling group and adoption breakdown are mixed. This study would add to the contention proposed by Selwyn that the sibling dynamic needs to be given very careful thought when planning adoptions (Selwyn 2019). The dynamic between siblings as referenced in the data pointed to increasing the compounding stress factors in the adoptive home. The sibling relationship cannot be underestimated, siblings must be supported to have enduring and meaningful relationships. There was an implication that for some siblings, their relationship may be better supported whilst they do not live together.

**This points to a recommendation for robust permanence plans that are made timeously, with a focus on how children's individual needs are conceptualised ensuring robust assessments of sibling groups.**

When contemplating the pre-adoption experience of adoptive parents in the adoptions in this study, themes arose relating to loss stemming from infertility, a high level of education and professional experience of working with children. These themes are similar to those identified in the literature review (see Chapter 1). Many of the adoptive parents came to adoption with a background of infertility, and with this the associated emotional adjustment or distress (Greil et al, 2010; Shreffler et al, 2017). This may be linked to struggling to adjust to adoptive family life (Palacios et al, 2019). The adoptive parents in this study were highly educated, there was emphasis placed on theoretically understanding how to support adopted children, which played to the strengths of many of the adoptive parents. There was a high proportion of adoptive parents who had professional experience of working with children in this cohort. The capacity to translate their professional skills to family life was over-estimated by social workers and adoptive parents alike.

### Supporting Transitions

**An agreed framework for managing transitions is needed. The importance of well-planned and thoughtful transitions has been highlighted by Neil and Colleagues (Neil et al., 2020) and this Scottish research would add to this contention.** The transition into the adoptive home was problematic for 70% of the families. The transitions highlighted conflicting emotions from adoptive parents, children and foster carers alongside differing social work expectations. Although thought

and preparation had been given to all transitions, the approaches were not consistent and models of practice differed. The UEA Moving to Adoption Model (Neil et al, 2020), is a useful framework to consider. It takes its theoretical premise as establishing a secure base (Schofield and Beek 2014). It has six key principles: relationship building between foster carers and adoptive parents; the child and adoptive parents getting to know each other through play and observation; maintaining a focus upon the child in the planning; holding the child emotions in mind; supporting the grieving process for the child through maintaining relationships with the foster carer; and, enabling a level of flexibility in the planning to respond to the needs of those involved. Findings from Chapters 4 and 5 would support all six of these key principles. The findings would also indicate the need to allow space and adequate time to explore hidden losses that can emerge for adoptive parents during transitions. For the adoptive parents, recognising the loss for the child in leaving the foster home and acknowledging their role (albeit inadvertent) in contributing to the child's loss through them moving on to an adoptive home, took many by surprise. Again it, did not fit with the expectations that had been built around family life, the contrast with the perceived joy of a baby arriving into a *traditional* biological family was stark. Adoptive families suddenly realised that they were neither conforming to traditional family narratives nor rescue narratives (Treacher and Katz 2000). The emotional complexity of this realisation was difficult to articulate and felt unsayable for many families. The transition to adoptive parenthood comes with a unique set of challenges (Dance and Farmer 2014; Goldberg et al, 2009), including dealing with the legacy of infertility, the uncertainty of the assessment process and the hope for approval at adoption panels. Chapter 4 described how the intensity around and expectations of the adoption process made it difficult for adoptive parents to voice their concerns.

**Where appropriate, adoptive parents need to be supported in acknowledging and voicing hidden or unexpected losses.** The significance of ambiguous losses (Boss, 2009) has been discussed in the literature in Chapter 4 and how its effects have been noted in non-adoptive populations and with birth parents who have lost a child to adoption. This literature alongside the findings in Chapter 4 suggest that allowing emotional space to acknowledge hidden loss is of paramount importance, particularly when considering how these complex feelings of loss interacted with the bonding processes in the adoptive home .

**Transitions planning is required both when a child moves into the adoptive home but also if they move out of the adoptive home.** As seen in Chapter 5, the transitions from the foster home into the adoptive homes were universally planned, though varied in their approach. The endings for the children when moving out of the family home were universally traumatic, the careful thought that

was put into planning the move into the family home was not replicated when the child then moved out.

For some young people, the planning was more complicated due to the circumstances of the move, for example when child protection investigations were initiated. However, as seen in Chapter 6, there was little evidence of child-focussed planning. This was particularly pertinent when considering that adoption breakdown did not equate to an ending of the family relationship for many of the young people. Moves were rushed and emotion fuelled. Younger children were described as being confused in making sense of who the adoptive parents were, where they had gone and what meaning they had for the child. Older children were often moved in the depths of crisis to unfamiliar locations, in unplanned and tense circumstances, adding to their distress.

### The Adoption Fantasy

Despite a focus on preparing prospective adopters for the reality of adoptive life, a fantasy around adoption remains. This fantasy has led to adoptive parents perhaps being held to higher account than they otherwise might have. **The adoption fantasy needs to be acknowledged by all involved in the adoption process.**

Traditionally 'family' has been cast with biological connectedness and marriage at its core (Logan 2013). Although family practices, where family is considered as something that is 'done' through the activities undertaken (Morgan 2011), have evolved to consider the inclusion of families that exist beyond traditional married, two parent, kinship structures. There are a plethora of other factors which perhaps cause adoption to be viewed by many as outside a standard family model. Adoption has been viewed as a second best option as a route to parenthood (Fisher 2003; Slauson-Blevins and Park 2016). Paradoxically, in this research, parenting expectations for adopters were high – adoptive parents held themselves to high account as did their support networks and the agencies working alongside them (*Parenting Expectations*). That parenting within the adoptive family sphere is accorded with the same expectations as biological or kinship parenting is complex. It fails to account for the adversity experienced by children adopted from care, whilst also reinforcing the shame adoptive parents feel when they consider their parenting capacity to be inadequate along with mourning the loss of a family life they imagined would be different.

The combination of these factors led to an artificial start to family life in comparison with birth families - the fate of their parenthood rested with the social work teams around them. Parenthood was conferred upon them (MacDonald 2016:35). As a consequence, the adoptive parents entered the sphere of parenthood assuming they were prepared, they had been approved by professionals in the field, they had attended trainings and they were committed to adoption (*Preparations*). Despite

the cohort of children in this research all experiencing early adversity, a fantasy of family life had been constructed by the adoptive parents, about how they would parent, how parenthood would feel, and how their family and friends would be involved. It was then difficult to adjust to adoptive family life. Not only was the adjustment challenging but the reality of family life triggered ambiguous loss, that was shaming, hard to articulate and isolated them from those around them.

This sits alongside a backdrop of societal expectation relating to family norms and indicators of what is best for children. Child welfare policy in Scotland promotes kinship, there is a presumption that the first choice of home for a child who resides outside of their family should be with a relative (Scottish Government 2020). This reinforces the need for adoptive families to conform to norms accorded to models of kinship. Although there is a commitment by Scottish Government to support all families, 'kinship, foster, adoptive, family of origin' (Scottish Government 2020: 51), the very fact that the different types of family are differentiated is indicative of assumptions made about families. The findings in Chapters 5 and 6 relating to how families were viewed in the lead up to and in the immediate wake of adoption breakdown was sobering. Adoption was associated with permanency – there was no model in place for managing adoption breakdown.

### Preparations

**Preparation of prospective adopters needs to move away from a purely theoretical approach; the emotive and practical experience of adoption should be recognised.** Preparation groups seemed to set a strong tone for understanding adoption as a concept, alongside appreciating the impact of early adversity and loss. Yet the adoption experience was a shock, Tasker and Wood in their exploration of prospective adopters hopes for adoption pondered the presence of a *fantasised image of a long awaited untroubled child* in their study of prospective adopters (Tasker and Wood 2016). This resonated with the findings in Chapter 4. For some adoptive parents unmet expectations emerged as soon as they met the child – a reminder that the child was not a baby. For some, acute responses were suggestive of post adoption depression. The loss around normative social expectation of family continued for many adoptive parents, with disappointments then emerging when family life did not lead to the relationships they anticipated, or to positive interactions and involvement with their social support network.

The preparation and assessment processes of adoptive parents may benefit from a move towards the emotional understanding of adoption and self. The theoretical descriptions provided during preparation did not allow space to explore how the adoptive parents' losses may interact with a child's. The focus on the impact of early adversity on children, fuelled a fantasy that adoption typified family life, just with more therapeutically minded and well versed parents.

### **Adoptive parents need support in interpreting information pertaining to the child's history.**

Throughout the findings, it was apparent that assumptions were made about children who were being adopted. Adoptive parents often felt that they had either not been given crucial information pertaining to the child's history or were not supported in interpreting that information (Chapter 5). Adoptive parents described being overwhelmed with information and assumptions were made about their understanding of the information they were provided with. This was further exacerbated when assumptions were made about prospective adopters who additionally had professional experience of working with children.

### **Parenting Expectations**

**It is important to recognise that adoptive parents may be experiencing shame.** Guilt and shame pervade accounts of adoptive parents in the literature surrounding adoption breakdown and the findings in this study add weight to the importance of recognising that shame may be apparent. Adoptive parents in this study had high expectations of their parenting and felt shame when they were unable to parent effectively. The requirement to therapeutically parent in order to support their child was acknowledged and accepted by all of the adoptive parents interviewed. However, they were not prepared for the reality of what that meant. As a consequence, adoptive parents felt that they had let themselves and the children down. Foli, in interviews with adoptive parents found they had hopes of being 'super-parents' (Foli 2010) – this rang true in this cohort: the exhaustion and guilt for many parents was overwhelming at times. They felt incapable of parenting effectively, despite having assumed they would be able to. Adoptive parents had not anticipated parenting in isolation, yet for many, the disapproval from their personal and professional support networks led to this. For some families, navigating allegations, hostilities and sometimes violence from their child further jarred with their hope as to how family life would play out. Adoptive parents expressed disappointment in social work services – for their lack of involvement, their failure to appreciate the concerns or to offer meaningful support. This further added to the misalignment between family life imagined and realised.

### **Supporting Families**

Although there were general themes across the cohort of adoption breakdowns considered in this study, every case had unique circumstances. This adds to the contention in many areas of adoption practice that: **When contemplating matching practices or supporting an adoptive family, the family's individual circumstances need to be considered** (Jacobs et al, 2022; Neil et al, 2015; Selwyn 2017).

This section details themes addressing areas of support that adoptive families found helpful, the lack of consistency in adoption services (*The Need for Uniformity*) and the repercussions of the adoption breakdown (*After Adoption*).

The majority of adoptions that broke down had been experiencing difficulties for a long time. This study would suggest that timely focussed responses to any sign of difficulties would be appropriate. In the midst of crisis, adoptive parents rarely felt supported, even when professionals were involved. Interventions often did not account for the early adversity experienced by children and young people. These interventions felt blaming and shaming for adoptive parents as a consequence. Many interventions focussed on assisting the adoptive parents to understand the child's predicament. Social workers focussed their attention on eliciting empathy for the child from the adoptive parents. They spoke of the need for the child to bond with the adoptive parents, explained the impact of adversity on the child and drew the adopters' attention to the child using their behaviour to communicate their distress. This, at times, prevented the crux of the issue being addressed, which was the crisis in confidence of the adopter. All the adoptive parents interviewed could appreciate the significance of the child's early history and could understand why the child was acting in a specific way. Drawing their attention to the child's needs reinforced their sense of failure.

**Applying an understanding of shame theory would be supportive for the whole family when working with adoptive families.** Adoptive parents felt shame, emanating both from their own actions and from the reactions of those around them. Many were contemplative about their parenting skills and capacity, believing they were not good enough for the children. They were disappointed in the way their family was functioning and felt judged by those around them. Shame theory considers that inner turmoil is magnified by those around them (Frost 2021) – this was certainly reflected in these accounts. Many Adoptive parents were unable to articulate the sadness that stemmed from family life not living up to their hopes for fear of social repercussions. A failure to understand their choices or empathise with their plight was apparent from family and friends of the adoptive parents and this was isolating and reinforced their individual beliefs that they were inadequate. Adoptive parents felt blamed for challenges they faced and were enveloped by a mentality that implied they should take responsibility for choosing adoption. Most of the adoptive parents suffered emotionally and required therapeutic intervention.

**Facilitate peer support groups or signpost adoptive families to adoption community groups.**

Having their concerns validated without judgment was important and supportive for adoptive parents. Loss shone through the accounts of adoptive parents, some of the losses that adoptive parents had experienced were ambiguous and hard to articulate. When combined with their unmet

expectations, the loss became overwhelming unsayable and incurred feelings of shame. Peer support allowed for an avenue to explore these feelings. Therapeutic support was referred to by the majority of adoptive parents (Chapter 6), this was not provided through adoption agencies, despite family life being the primary cause cited for the required intervention.

### The Need for Uniformity

**A national adoption practice model is required to reduce inconsistencies in practice.** There is no national model of social work in Scotland. There is a plan for a National Care Service to be introduced which will include children's social work with the aim of regulating practice (Scottish Parliament 2022). The discrepancy between models of adoption practice in Scotland have been noted (Cleary and Grant 2022; Jacobs et al, 2022), this was apparent in this study. Differing practice emerged throughout the findings, it was most notable around transitions (Chapter 5) and endings (Chapter 6).

Throughout the accounts in this research, a highly skilled, dedicated and caring workforce emerged. However, there was a marked contrast in the recognition of the impact of early adversity on adoptive family life between adoption specialists and front line social workers. Both social workers and families interviewed described being taken aback at the approaches adopted by some social workers or foster carers. To address the discrepancies in practice, family placement (adoption) social work teams and front line social work response teams sharing expertise and encouraging a compassionate model of practice that accounts for early adversity are crucial. A model that allows for compassionate appreciation of the parent in crisis, may support families more effectively in crisis.

### After Adoption

**In the wake of adoption breakdown time needs to be set aside to support all of those involved.**

This unexpected event in family life was steeped in emotion, the unanticipated nature of the breakdown and the abdication from the adoption commitment narrative did not have a template on which to draw upon. It led to further disruption for all the children, adding to the instability of care they had already experienced and therefore a greater risk of future emotional turbulence (Ward 2009). For some children that meant the end of the journey to legal permanence outside the birth family, for some children, it was the end of sibling relationships, for some it was an opportunity to rebuild the fragile family relationship under a new roof.

Adoptive family life was complex for many families trying to construct an idea of how family life should be alongside the reality of how it felt. This balancing act often required therapeutic intervention to process. The idea of family life was impacted for all the adoptive parents, with some adapting to a future without children in it, some managing the complexity of parenting a child at

home whilst managing the loss of a sibling and some parenting from a distance. It was a huge adjustment for all the families, took an emotional toll and was largely unsupported.

**Families who remain committed to building a relationship with their adopted child need to be supported to do so.** All the adoptive parents who were interviewed, whose child left home in the teenage years, remained focussed on their children and the life-long commitment they had made to them. This study points to the importance of supporting the adoptive family in bolstering and navigating their relationship, while they resided in different places. In line with Scottish Government's commitment to The Promise (Scottish Government 2020), the legal adoptive family should continue to be supported even when the child leaves the home; adoptive parents may require additional support at this time in trying to rebuild their relationship with their child.

Social workers were affected by adoption breakdown. Their disappointment arising from the adoption breakdown led to introspection about their assessment skills in particular. Many described anxieties about their professional judgement or how they would be perceived by colleagues. The influence of shame on professionals can be linked to defensive practice (Cunningham and Wilson 2011) and social workers were not always supported to reflect openly about the adoption breakdown.

### *Looking forward*

This study was limited by the fact data was difficult to access and the constraints associated with being a sole researcher. A purposeful decision was taken to explore narratives from individuals and their perspectives on adoption breakdown. Though this necessarily meant that other perspectives were missing, there was no exploration of case records or documents relating to the adoption processes. Although efforts were taken to ensure the validity of the information provided from interviewees (asking participants to verify facts with the documents they could access), records were not personally verified. The scope of this research meant that there were other key voices missing from the picture. Most significantly, the voice of the child. The individuals for whom life changing decisions are made need to be heard (Scottish Government 2020). Although it was beyond the scope of this research, **there is a need to explore the perspectives of children and young people who have experienced an adoption breakdown.** Perspectives from foster carers were also missing from this study. **There is a need to explore foster carer perspectives, particularly around the transition.**

Information was not available in this study about the detail of the child's journey in care prior to adoption. **Exploration of the care journey prior to adoption and the implications that that may have for the child is needed.** Particularly, in light of the fact that the majority of children were admitted to care before the age of 2 and yet only a very small proportion were placed for adoption

before the age of 2. No comparisons were made in this study with children who had not experienced an adoption breakdown or children who had moved into alternative long-term forms of care such as kinship or foster care. Although this has been considered in England and Wales (Biehal et al, 2010; Selwyn et al, 2014), there has been less attention in this regard in Scotland (Cusworth et al, 2022; Cusworth et al, 2018) and more research in this area would be beneficial.

This study highlighted the volume of information that prospective adopters are given regarding children they hope to adopt and the complications of interpreting that information. **Further exploration of how complex information communicated by social workers is interpreted by prospective adopters is needed.**

Theories of ambiguous loss and shame are rarely seen within the sphere of adoption practice, they were not apparent in the literature review. Although loss as a concept is associated with adoption in general, when it comes to exploration of unresolved loss, it's limited. Where theories pertaining to ambiguous loss and disenfranchised grief have been discussed in the adoption sphere, these have related to the loss of the relationship between the birth family and the adoptee. Although these theories are incredibly useful to help make sense of the ambiguity of those losses, what this study has highlighted is that these theories have applicability in other areas of adoption breakdown. Especially in exploring the loss of the foster carer for the child, of understanding the impact of infertility, and with reimaging family life. There would be benefit from further consideration of application of these theories to adoption studies and in supporting social workers' understanding of the complexity of these losses, using this knowledge to assist their practice. Equally, theories of shame have had relatively little attention in the social work sphere (Frost 2016) and when they have been explored they have tended to focus on the experiences of those using social work services (Frost et al, 2021). This research would indicate there is scope to explore not only the theory of shame as applicable to adoption breakdown but also in supporting reflective social work practice.

**An increased awareness of compassion fatigue and how it can affect the workforce and families is needed in adoption practice.** Research around the application of compassion fatigue to adoptive parents has been neglected (Duncan 2020) and as discussed in chapter 6, this study would also indicate that it is an area that would benefit from exploration.

Notions of family have not been explored to a significant extent in this research, for pragmatic reasons. How families affected by adoption and perhaps more significantly by adoption breakdown find their place within this sphere is worthy of further exploration. Much of the focus of adoption theory relates to how the child adjusts to their understanding of adoption over their lifetime; this has been based on a model of adoption where children were adopted as infants (e.g. Brodzinsky

2011). These theories have not been broadly widened to contemplate adoption breakdown (Brodzinsky and Smith 2019) or to manage the complexity of exploring how adoption adjustment is conceptualised when children have experienced extensive early adversity and are adopted at an older age from the care system. This is an area that would benefit from more attention.

### *Personal Reflections*

In embarking upon this research, I had high hopes to investigate adoption breakdown in Scotland, to estimate its prevalence and to explore factors that lead breakdown in the hope of safeguarding for future practice. It has been a fascinating and at times frustrating journey of exploration. The frustration in many ways has come from witnessing the enthusiasm of participants in supporting the research whilst being unable to estimate a disruption rate. The privilege of listening to the stories of those affected has been humbling, and has provided me with huge professional insights that I am endeavouring to put into practice.

The insights gained have already led to the development of a film relating to transitions and practice insights have been shared with colleagues as they have arisen. I hope that these findings will be of benefit to the adoption community.

On a personal note, what was most striking in many ways was witnessing the underlying unification between adoptive parents and social workers accounts when on their surface they were in conflict. Offering an interview space in which my professional knowledge was helpful but my role was to listen and record, highlighted how often the social work task avoids this and instead of truly listening proffers (often unwanted) solutions. All those interviewed were motivated by the best interests of the child. The social workers had high expectations of the adoptive parents, but perhaps not as high as the expectations the adoptive parents had for themselves – this appeared to be lost in translation.

### *Final Thoughts*

This research provides a unique contribution to adoption research and has implications for policy and practice within Scotland. Through highlighting the lack of adoption data in Scotland it has drawn attention to the complex reality of adoption and how easily it is misunderstood. It is easy to appreciate how some adoption fantasies are perpetuated by adoptive families when there is no recourse to reliable data on the longevity of adoptions, or adoption outcomes. Without this data, it is difficult to ascertain what level of support is required for adoptive families. This study adds to the contention that greater adoption support is required for families in Scotland and highlights the need for an adoption support fund. Adoption policy and legal frameworks assume permanency and do

not account for situations when children leave the family home either in the pre or post legal finality.

The complexity of adoption was explored, with accounts detailing the myriad of losses that permeate adoption for all those involved, including hidden and ambiguous losses. For many adoptive families, particularly in the teenage years, the challenges of living together as a family were extreme. When families sought help, they felt misunderstood and impotent. Social work practice oscillated for these families between a model which warned and informed of the anticipated complications of family life to one of undertones of blame and frustration as difficulties emerged.

Above all, this research demonstrated the tragedy of adoption breakdown – at times for some families it even appeared punitive. This is not a unique or particularly surprising finding, however, where this research offers a specific contribution is in recognising that the endings of adoptions need to be managed just as carefully as beginnings. The emotional consequences for adoptive parents, children, foster carers and social workers were painfully apparent and this research calls for compassionate practice and the recognition how in the adoption fairy tale unmet expectations lead to frustration and loss.

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## Appendix 1 – Glossary of Terms

**Child** – Child is used in this research to denote an individual under the age of 18 years old. The United Nations Convention on the Rights of a Child (UNCRC) defines a child as a human being below the age of 18 years. As Scotland hopes to fully incorporate the UNCRC into law (United Nations Conv. Rights Child 2020.), this definition is appropriate.

**Young Person** – This definition is used to describe children within the interview data who are over the age of 10 years and under the age of 18 years.

**Care Experience** - the Scottish Care Review, *The Promise*, which heard from over 5,500 individuals, of whom over half were care-experienced children or adults and *lots of different types of families* (Scottish Government, 2020 p.6). The care review detailed the stigma that can be associated with language. In line with the recommendations in the promise, ‘care experience’ will be used as a descriptive term for children and young people who have been had some experience of the Scottish care system.

**Family** - Although ideally terminology pertaining to family and parent would be used as a matter of course, due to the specific need to differentiate the adoptive experience in this study, foster family and adoptive family will be used for the avoidance of confusion. Where possible ‘othering’ language such as placement or unit to describe the home of a child or young person will be avoided. However, there may be times, when describing terminology adopted by others that it may have to be used.

**Adoptive Parents** - Although this study references adoption breakdowns before a legal order has been made, and therefore the adoptive parents are prospective adopters, all adoptive parents will be referenced to as adoptive parents. When quoted, adoptive parents will be referred to by gender, so adoptive mother (AM) or adoptive father (AF)

**Adoption breakdown** - is used to describe the situation where a child leaves the adoptive family home before the age of 18, living with or having started the moving in process with their adoptive family.

**Early Adversity** – is a general term that is used to describe Adverse Childhood Experiences (ACEs) such as abuse, neglect, community violence, or growing up in a household where adults are experiencing mental health issues or harmful alcohol or drug use (Scottish Government, 2022a)

**Trauma** – this definition has been taken from the Scottish National Trauma Training Programme (Scottish Government, 2017), who take their definition from The Substance Abuse and Mental

Health Administration (US Department of Health and Human Services 2014 p.7). Trauma is, “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening”.

**Birth Family** – Birth family is a term that is used to describe the biological family of origin for a child. In some writing, the term *first family* is used, however, the majority of the literature depicting adoption outcomes internationally refers to birth family and this was also the terminology used by social workers and adoptive parents who were interviewed for this research.

**Contact** – Contact is a term that is used to describe the direct or indirect interactions between children and young people with their family of origin. In some instances, contact visits will have been pre-determined by legal orders. Ideally, time spent between family members would not be labelled, however, for the purposed of this thesis, the contact terminology is being used in recognition of how it is depicted in the literature and by those interviewed as being specific to the interactions between children and their families of origin.

## Appendix 2 – Research information sheet and consent form example



Forever Home? The Complexity of Adoption Breakdown in Scotland

Polly Cowan, PhD student researcher, University of Edinburgh

### **What is the research about?**

I am researching adoptions where a child, at some point after living with an adoptive family had to leave the family home.

I aim to estimate how often this happens. I am also exploring themes in adoption breakdown, where a child or children have left the adoptive home before the age of 18.

In doing this I am hoping to answer three questions:

- Whether an adoption breakdown rate could be estimated in Scotland;
- What factors relating to children, adoptive parents, and their wider environments may contribute to breakdown?
- What factors in social work assessments, adoptive couple training and preparation might safeguard or mitigate against adoption breakdown?

### **Why research this phenomenon?**

The ultimate aim of adoption is to provide a family for children who cannot be cared for by their birth family, and for adults who wish to create or add to their family through adoption. Most children adopted by strangers in Scotland come to adoption through the Local Authority care system; many have additional needs due to their early experiences. Leaving the adoptive home prematurely is a tragic reality for some children and parents but it is an area where there is little research into the complexities of the break down or understanding the consequences for all involved.

### **Why have you been asked to participate?**

The local authority or agency that you worked with at some point during the adoption process understood you to have experienced an adoption where a child or children came to live with you as part of the adoption process, and prematurely left the family home. This may have occurred either before the child/children were legally adopted by you or after they were legally adopted.

This research aims to understand the complexities of this from adoptive parents who have been affected by an adoption break down. In order to do so, you would be interviewed about your experience in your home or a more suitable place of your convenience. The interview would be recorded so that it can be transcribed and written notes would also be taken during the interview.

### **What will the material from the interviews be used for?**

The recordings from all interviews will be transcribed. The transcriptions will not include any identifiable features such as names or geographical locations. The interviews will be analysed for common themes. Some quotes may be used from the transcriptions to illustrate a point in the findings.

The aim of the research is to inform policy and practice, add to understanding in the field of adoption, and most importantly, to educate adoption workers as to how to provide the best possible support for families at risk of or experiencing a child leaving home prematurely. As such, findings will be disseminated from the research. All participants will be provided with a summary of the research findings and, will be given the opportunity to discuss them further with the researcher should they wish to do so.

**Who else is being asked to participate?**

Local Authorities are being asked to provide basic anonymised data of all adoptions that ended prematurely since the year 2000 to be used to estimate how often this happens.

The aim is to interview 20 adopters about their experiences.

Twenty social workers who have worked with a family where the child has left the home prematurely after an adoption will be interviewed. These social workers will not have been involved with your family.

**How will confidentiality be ensured?**

No personal information will be used or described in the findings. Names, dates or locations will not be referred to at any point in the findings.

No personal details of any participant will be stored alongside transcriptions. All transcriptions will be anonymised and, audio recordings will be destroyed following transcription.

**Any other questions?**

Please contact Polly Cowan by email: [polly.cowan@ed.ac.uk](mailto:polly.cowan@ed.ac.uk) or telephone: xxxx if you have any further questions.

**Useful contacts:**

Adoption UK 0131 201 2489

Barnardo's Scotland Adoption Support Service (If you live in Central or West Scotland) 0141 419 4796

**Participation Consent:**

If you decide at any point that you no longer wish to participate in the study it is your right to do so. Equally, if you do not want your interview to form part of the study, it will be removed and deleted with immediate effect.

Many thanks for giving up your time to assist me with this study.

**Consent:**

**I have read the participant information detailed above. I am happy to be interviewed for this study, for the interview to be recorded, and then used to explore themes in adoptions which come to an end prematurely in Scotland.**

**I am happy to be contacted at a future date after the interview, should the researcher wish to clarify information that I provided.**

**Signed:**

**Date:**

## Appendix 3 – Survey Questions and Interview Schedule Matrix

### *Survey Questions:*

Child's unique ID \*

Age of child when they began introductions with adopter

Gender

ethnicity

Does the child have any additional needs?

reason for coming into care

Any birth children or adopted children already living with the family?

Adopted as part of sibling group?

Were the adoptive parent(s) assessed by your agency?

Is the adopter a single adopter?

How long after introductions was the adoption order granted (if not granted please write not granted)

When did you last have any contact with the family?

Are you aware of the child leaving the family home before the age of 16?

If yes, what age was the child when they left home?

Are you aware of any children being looked after in your authority that were previously adopted?

Please list any further information you may have?

## Interview Schedule Example – Social Worker

Research Questions:

- What factors relating to children, adoptive parents, and their wider environments may contribute to breakdown?
- What factors in social work assessment and matching practices may contribute to breakdown?

Explanation/link to research question	Question prompts to use if needed	Considerations for transcription/coding
Introduction to research	Brief synopsis of research aims and data collection – why you have been asked to participate, recording, transcription etc	
Setting the scene for participant and making them feel comfortable. Allow this question to lead the way into the interview.	<p><b>Would you mind telling me a little bit about yourself, how long you have been a social worker?</b></p> <p><b>In what role were you working when you experienced an adoption breakdown? Have you experienced more than one? Did you undertake the assessment? When was it?</b></p>	<p>Social work experience</p> <p>Experience of adoption</p> <p>Relationship to adopter/child</p>
<p>Scene setting.</p> <p>Aim for SW to start the story of the disruption so then focus can be given to</p> <p><b>ASSESSMENT PROCESS</b></p>	<p><b>Would you mind describing the breakdown briefly and then I will ask further questions?</b></p> <p>If they undertook the assessment..</p> <p><b>How long did it take for the couple to undertake the assessment?</b></p> <p><b>How did they find it?</b></p> <p><b>Was there anything that stood out for you in the assessment either at the time or looking back?</b></p>	<p>Emotion</p> <p>Assessment</p> <p>Relationship with SW (if it comes out here)</p>

<p>What factors in relation to <b>ADOPTER</b></p>	<p><b>Do you remember what the adopter/s initially thought about adoption when they started the process, were they naive?</b></p> <p><b>How old were the adopters? How long had they been together? What was their support network like? What were their experiences of loss? What was their motivation to adopt? Did they have any childcare experience? What were their understanding of the types of children who may be adopted? What age of child do you think they were hoping to adopt?</b></p> <p>If they were the SW for the child.. <b>What did you like about the adopters when you read their assessment and met them?</b></p>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p>What factors in relation to <b>CHILD....</b></p> <p>Establish basic facts about child for comparison with data that will be collected from questionnaire</p> <p>Allow for themes already known to impact from research e.g. age at placement</p> <p>Aim for as much information about the child as possible so that alternative</p>	<p><b>How old was the child when the introductions started? How old were they when the disruption occurred? Do you know how old they were when they came into the care system?</b></p> <p><b>Can you describe the child when you first met them? Did they change? Do you know what their journey into adoption was like? For example, their early experiences and any moves they may have had? Do you think these early experiences had any impact on the child? Do they have any siblings? Do they have any additional needs that were identified before introductions or after? Did you feel that the adopters had an understanding of how these needs could be supported? Were there any behavioural challenges to manage before or after introductions started? How did the child manage change? Did the child have contact with their birth family during adoption? What was the child's understanding of their birth family and of adoption?</b></p>	<ul style="list-style-type: none"> <li>• Age -</li> <li>• Gender</li> <li>• Additional needs</li> <li>• Siblings</li> <li>• Number of previous placements</li> <li>• Experience of abuse/neglect</li> <li>• Behaviours prior to and in placement</li> <li>• Experience of children</li> <li>• Understanding of development</li> <li>• Understanding of impact of early experiences</li> <li>• empathy</li> <li>• Contact</li> <li>• Understanding of adoption &amp; birth family</li> </ul>

<p>explanations can comfortably be drawn out.</p>		
<p>What factors relating to <b>MATCHING</b></p>	<p><b>Did you consider the adopters and the child to be a good match?</b></p> <p><b>What was discussed at the linking meeting?</b></p> <p><b>How was matching panel?</b></p> <p><b>Had the adopter/s considered other children?</b></p> <p><b>How well were the introductions planned?</b></p> <p><b>Did the introductions go well?</b></p>	
<p><b>WIDER Environment</b></p> <p>Family dynamic/change over time:</p>	<p><b>How did the adopters manage the change to becoming adopters?</b></p> <p><b>What do you think it was like for the child to be in the home?</b></p> <p><b>Was their relationship impacted?</b></p> <p><b>How do you think the adopters managed the lifestyle change?</b></p> <p><b>How were they emotionally?</b></p> <p><b>Do you think you understood at the time how the adopters were feeling?</b></p> <p><b>Who supported the adopters. Do you think they felt supported?</b></p> <p><b>Do you think the feelings they had were feelings that may be shared by some parents who may be struggling with a birth child?</b></p>	<p>Emotion</p> <p>Own experience of being parenting/loss/attachment patterns</p> <p>Parenting experience?</p> <p>Emotion</p> <p>Family dynamic</p> <p>Work change to lifestyle</p> <p>Change over time</p>

		<p>Insight naming lived experience support</p> <p>Culture/societal expectations</p>
Disruption	<p><b>When did you realise that the adoption was at the point of break down?</b></p> <p><b>Who supported the family and did they feel supported?</b></p> <p><b>Was there a disruption meeting? Was it helpful?</b></p>	<p>Social support network</p> <p>Post adoption support from agency</p> <p>External support</p>
Reflection	<p><b>How did the disruption affect you personally?</b></p> <p><b>Do you think it has had any impact upon the way you work?</b></p> <p><b>Do you think the adopters would do it again?</b></p> <p><b>Do you think you had adequate supervision during the whole process?</b></p> <p><b>Did you feel supported when the disruption occurred?</b></p> <p><b>Looking back at this, do you think there was any single factor that might have changed the outcome?</b></p>	<p>Other factors not in research gaps</p>

