



**Adoption Support
Handbook 2017-2018**



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1. Introduction

By the time you receive this booklet, you will have been through the approval process, the matching process, the introduction process and now, you have become a family.

It may seem to you that the Adoption Order is the end of the adoption process but in reality it is only the beginning. Along the way, you have probably heard about Adoption Support through your adoption support plan devised during the matching process. You may find that you still need to seek out resources and ideas to help you along the way as your child journeys through life into adulthood.

There may be times that you are not sure of yourself and you may feel that you need help in sorting out why your child behaves the way he or she does. This handbook is to help you find resources and develop knowledge along the way.

Research tells us that there are specific adoption related issues that parents and families must cope with as the family develops and grows. Skills that adoptive parents need to raise an adoptive child can sometimes differ from those needed to raise birth children.

As you look through this book, you may find information that you feel would help you through your journey to becoming a parent. Other information might serve you better at a later time as your child grows.

Whatever your choice, we hope that you will find something in this book that will assist you in becoming the parent that you want to be so that you may nurture your child and family in the lifelong process of adoption.

Finally, a special thank-you to Cambridgeshire Adoption Support Team for allowing us to use their Post Adoption Guide as the basis for this Handbook.

With best wishes and hopes,

The North London Adoption Consortium Adoption Support Teams

The adoption passport: a support guide for adopters

Children adopted from care can have ongoing needs, and you and your child may benefit from support. This is the support adopters in England may be entitled to:

For your child...

Children adopted from care have priority access to schools, which means that your child should be able to attend whichever school you think best meets their needs (www.gov.uk/schools-admissions). From September 2014, they will also be entitled to free early education from the age of two (tinyurl.com/first4early).

If your child needs extra support, you can ask your local authority to assess their needs for adoption support services (see page 2). If you think your child may have special educational needs you can ask your local authority to assess these needs too.

For you as an adopter...

Many adopters are entitled to adoption leave and pay when their child is placed with them (www.gov.uk/adoption-pay-leave). The law is changing to make this entitlement more similar to maternity and paternity leave pay, and it will include the right to take time off when you are meeting your child, before they move in with you.

Adopters may have priority for council housing (www.gov.uk/council-housing). If you are living in council housing and claiming Housing Benefit or Universal Credit while waiting for a child to move in you can also apply for funding (Discretionary Housing Payments) so that you are not penalised financially while you have an empty spare room.

You are also entitled to a summary of your child's health from his or her local authority's medical adviser before he or she is placed with you, and to a life-story book to help your child understand his or her early life.

Adoption Support Services

Local authorities provide and fund a range of support services for children adopted from care. These support services can include:

- counselling, information and advice
- help with behavioural, attachment and other problems
- money e.g. to help with special care needs, or for former foster parents
- help with contact between an adopted child and his or her birth family
- meetings and events to enable groups of adopters and adoptive children to get together
- training to help adopters to meet the needs of their adoptive child
- short breaks for an adopted child with another carer
- help where an adoption breaks down.

Access to these services depends on your circumstances but you can ask for an assessment at any time, no matter how long after the adoption.

Support Services Advice

Your local authority will have an Adoption Support Services Adviser to help you access adoption support and other specialist services, such as Child and Adolescent Mental Health Services. The NHS commissions health services to meet the needs of adopted children, and the National Institute for Health and Care Excellence will produce new guidance so that your GP will understand the problems you may face. The Adoption Support Services Adviser's details should be available on the local authority's website.

Every adopter is entitled to an assessment of their adoption support needs, but local authorities do not have to provide support in response to an assessment. Which services you are able to access will depend on your circumstances. Future changes to the law will mean that local authorities must tell adopters about adoption support services and their right to an assessment, and will give those who receive support a choice about how that support is provided, either by a local authority or through a 'personal budget' to purchase services from a voluntary adoption agency or adoption support agency.

If you want advice on adoption support you can also contact one of the many adoption support organisations, such as Adoption UK (www.adoptionuk.org.uk) or the British Association for Adoption and Fostering (www.baaf.org.uk), or read the e learning materials soon to be on the First4Adoption web-site which will explore the effect of children's experiences on their development and the services available to help them.

Which local authority?

The local authority that places the child with you is responsible for assessing your adoption support needs for three years after the adoption. After three years it becomes the responsibility of the local authority where you live (if different).

Comments and complaints

If you are unhappy with the support provided by your local authority, or with the time taken to carry out an assessment, you can complain under the Local Authority Complaints Procedure. Thereafter if you are not satisfied you may be able to refer your complaint to the Local Government Ombudsman (www.lgo.org.uk). You will also soon be able to raise general concerns with the new Champion for adopters, foster carers and special guardians.

FIRST4 ADOPTION is the dedicated information service for anyone interested in adopting a child in England. It is managed by Coram Children's Legal Centre, Coram and Adoption UK, and supported and funded by the Department for Education.

- Call First4Adoption: 0300 222 0022
- Visit our website: first4adoption.org.uk
- Follow us on Twitter: [@First4Adoption](https://twitter.com/First4Adoption)

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2. Your Adoption Support Team and the services it provides

What is adoption support?

Adoption support is a range of services aimed at supporting all those involved in adoption and can include counselling, therapy, respite care and financial support, as well as other services that may be needed.

Assessment of Need

You are entitled to an assessment of your need for an Adoption Support Service if:

- You are a child who has been adopted,
- You are a member of the immediate adoptive family;
- You are a member of immediate birth family of a child who has been adopted.

Introducing Barnet Adoption Support Team

The Adoption Support Service works with adoptive families after the adoption order is granted and sometimes at an earlier stage if needed.



How to access our service

For a first contact:

Call the adoption duty social worker on 020 8359 5705

Write to the Adoption Support Service

North London Business Park, Building 2

Oakleigh Road South, N11 1NP

Email: adoption@barnet.gov.uk

What we can provide

Individual pieces of work

Working with members of adoptive families in relation to: attachment; life story work; developmental trauma; separation and loss; identity; telling; parenting; life events; developmental issues; school and education issues; contact; family relationships and help to find the right service for your situation.

Adoption support assessment

If you are thinking that you will need or are in need of additional support, an adoption social worker can meet with you and your child/ren to explore what is needed. This could be anything relating to the above. If therapeutic input is identified, then the social worker can apply to the Adoption Support Fund for funding of therapy. See ASF section for more information.

A support group for Adopters in Barnet

Barnet adoption team runs a bi-monthly evening group. Refreshments will be provided. A flyer will be circulated to adoptive parents nearer the time with details of themes which will be discussed. All ideas are welcome.

Venue: Please request details of venue

Please see NLAC website for other support groups in the consortium as these are open to all adopters who are resident in the NLAC member boroughs.

Please let us know if you wish to be placed on the circulation list telling you about training, social events, the support groups and other events taking place which adoptive families might be interested in.

Other local services

CAMHS (Child and Adolescent Mental Health Service)
Edgware General Hospital
Holly Oak Centre
Burnt oak Broadway, Edgware
Middlesex
HA8 0AD

CAMHS is a multi- disciplinary team of mental health professionals providing support to children (and their families) who are in foster care, adopted and living with Special Guardians. Their aim is to offer a range of therapeutic interventions to the individual child, and/or their carers or parents/families.

Referrals can be made through your adoption support team, through your GP or your child's school.

Peer support

As a parent living in the NLAFC boroughs you can join

We Are Family which is comprised of a group of adoptive parents who offer support to each other through evening groups and pre school groups.

For more information: www.wearefamilyadoption.wordpress.com

If you are interested in setting up a local Barnet WAF group, please contact Barnet adoption support team for advice and support (tel 020 8359 5705)

New Family Social which is a support group run by and for LGBT adopters and permanent carers across the UK

For more information visit www.newfamilysocial.co.uk or call 0843 289 9457

London Borough of Barnet offers information and advice for children and families, including pre-school provision, education information, activities for children etc...through the local authority website:

Website : www.barnet.gov.uk

DirectMe (directory of activities)

Introducing Camden Adoption Support Team



The Adoption Support Service works with adoptive families after the adoption order is granted and sometimes at an earlier stage if needed.

How to access our service

For a first contact:

Call the adoption duty social worker on 020 7974 3082 9-5pm Monday -Friday

Email: adoption@camden.gov.uk

www.camden.gov.uk/adoption

Write to the Adoption Support Service

Crowndale Centre c/o Town Hall Judd Street WC1H 9JE

London Borough of Camden

We provide an adoption support service to all parties in adoption –including adopted children, adoptive parents, birth child/ren of adoptive parents, birth parents and relatives, inter-country adopted children and parents, adopted adults and their relatives.

Work undertaken by the team

- Therapeutic parenting advice, support and signposting to other services (including Adoption Support Fund Assessments)
- Help with transitions, attachment difficulties and challenging behaviour
- Advice about educational/school issues
- Support with contact - Letterbox and Direct
- Inter-country adoption. Advice, support and signposting to include Intercountry Adoption Centre (our partner agency)
- Training (NLAFC)
- Adult search and reunion service for birth relatives and adopted adults
- Intermediary services
- Support groups for adopted adults (NLAFC)
- Birth parent counselling/referral

What we can provide

Individual pieces of work

Working with members of adoptive families in relation to: attachment; life story work; talking to your child about adoption; developmental trauma; separation and loss; identity; parenting; life events; developmental issues; school and education issues; contact with birth relatives; family relationships and help to find the right service for your situation.

Review of your Adoption Support Plan

Camden residents (and those families who have adopted a child/ren through Camden within the last 3 years) who wish to have their adoption support needs assessed should contact Camden's adoption team on 020 7974 3082 or at adoption@camden.gov.uk and speak to Val Forrest who manages the adoption support service.

Adoption Support Fund Assessment

If you are in need of additional therapeutic support, an adoption social worker can meet with you and your child/ren to explore what is needed. This could be anything relating to the above. If therapeutic input is identified, then the social worker can apply to the Adoption Support Fund for funding of therapy. See ASF section for more information.

Annual Social Event

This event usually takes place in summer/autumn and is fun afternoon for parents and their child(ren). It gives everyone the chance to connect with both social workers and other adoptive parents and for children to play and be with other adopted children. We usually run this event with Islington and Hackney adoption and permanence teams.

Other local services

Camden CAMHS (Child and Adolescent Mental Health Service)

Tavistock Clinic

120 Belsize Lane NW3 5BA

This is for families with a GP in Camden or for children who are pre-adoption order. This is a multi-disciplinary team of mental health professionals providing support to children (and their families). They offer a range of therapeutic interventions to the individual child, and/or their carers or parents/families.

Referrals can be made through your adoption support team or GP.

PAC-UK

Camden has a contract with PAC-UK which provides specialist therapeutic permanency support to adopters in terms of assessment, telephone support and outreach surgeries with up to six free sessions per year. For more information on PAC-UK: www.pac-uk.org

Peer support

As a parent living in the NLAFC boroughs you can join:

We Are Family which is a group of adoptive parents who offer support to each other through evening groups and pre-school groups.

For more information: www.wearefamilyadoption.wordpress.com

New Family Social which is a support group run by and for LGBT adopters and permanent carers across the UK

For more information visit www.newfamilysocial.co.uk or call 0843 289 9457

Introducing Enfield Adoption Support Team



The Adoption Support Service works with adoptive families after the adoption order is granted and sometimes at an earlier stage if needed.

How to access our service

For a first contact:

Call the adoption duty social worker on 020 8379 8490 9-5pm Monday -Friday

Email: adoption@enfield.gov.uk

www.enfield.gov.uk/adoption

Write to the Adoption Support Service

Adoption Team

Triangle House, 305-313 Green Lanes, London N13 4YB

London Borough of Enfield

We provide an adoption support service to all parties in adoption –including adopted children, adoptive parents, birth child/ren of adoptive parents, birth parents and relatives, inter-country adopted children and parents, adopted adults and their relatives.

Work undertaken by the team

- Therapeutic parenting advice, support and signposting to other services (including Adoption Support Fund Assessments)
- Help with transitions, attachment difficulties and challenging behaviour
- Advice about educational/school issues
- Support with contact - Letterbox and Direct
- Advice, support and signposting to include Intercountry Adoption Centre
- Training (NLAFC)
- Adult search and reunion service for birth relatives and adopted adults
- Intermediary services
- Support groups for adopted adults (NLAFC)
- Birth parent counselling/referral

What we can provide:

Individual pieces of work

Working with members of adoptive families in relation to: attachment; life story work; - talking to your child about adoption; developmental trauma; separation and loss; identity; therapeutic parenting; life events; developmental issues;

school and education issues; contact; family relationships and help you to find the right service for your situation.

Review of your Adoption Support Plan

Enfield residents (and those families who have adopted a child/ren through Camden within the last 3 years) who wish to have their adoption support needs assessed should contact Enfield's adoption team on 020 8379 8490 or at adoption@enfield.gov.uk and speak to Karen Kirk who manages the adoption support service.

Adoption Support Fund Assessment

If you -think that you need additional therapeutic support, an adoption social worker can meet with you and your child/ren to explore what is needed. This could be anything relating to -services referred to above. If therapeutic input is identified, then the social worker can apply to the Adoption Support Fund for funding of therapy. See ASF section for more information.

Annual Social Event

This event usually takes place in summer/autumn and is a fun afternoon for parents and their child(ren). It allows parents the chance to connect with both social workers and other adoptive parents and for the children to play and be with other adopted children.

Other local services

Enfield CAMHS (Child and Adolescent Mental Health Service)

We can also make referrals to the Tavistock Clinic

120 Belsize Lane NW3 5BA

This is a multi- disciplinary team of mental health professionals providing support to children (and their families). They offer a range of therapeutic interventions to the individual child, and/or their carers or parents/families. Referrals can be made through your adoption support team or GP.

PAC-UK

Enfield has a contract with PAC-UK which provides specialist therapeutic permanency support to adopters in terms of assessment, telephone support and outreach surgeries with up to six free sessions per year. For more information on PAC-UK: www.pac-uk.org

Peer support

As a parent living in the NLAFC boroughs you can join We Are Family which is a group of adoptive parents who offer support to each other through evening groups and pre-school groups.

For more information: www.wearefamilyadoption.wordpress.com

New Family Social which is a support group run by and for LGBT adopters and permanent carers across the UK.

For more information visit www.newfamilysocial.co.uk or call 0843 289 9457

Introducing Hackney Adoption Support Team

The Adoption Support Service works with adoptive families after the adoption order is granted and sometimes at an earlier stage if needed.



If you are entitled to an assessment, you may request that this undertaken by contacting Hackney's Permanency Service.

Sometimes the service you require can be quite straightforward. In other cases, an Adoption Support Worker will need to visit you to discuss which services would best meet your needs and an assessment will then begin.

We will always try to complete assessments as quickly as we can but the length of time an assessment is finished, the Adoption Support Worker will draw up a proposal for support services to be offered. You should be aware that this is not an automatic right to services, however, we do try to ensure that you receive the services you need.

Support Line

Hackney have a support line which they run every weekdays, Monday to Friday, 9.00 am – 5.00 pm.

Support Group and Adopters

Hackney are in the process of setting up a new Support Group for adopters within Hackney, if you are interested please contact the telephone number below.

Adoption Social Events

Hackney will be holding annual social events, giving adoptive families a chance to get together with other adopters within the borough.

NLAFC

Hackney is part of the excellent North London Adoption and Fostering consortium. This enable our adopters to access a wide range of support services, training and peer group support meetings.

Support via the Post Adoption Centre

PAC provides Hackney with independent advice, training and counselling to all affected by adoption. As part of this contract with PAC means adopters will be able to access services free of charge along with training and advice.

Annual Social Event

This event usually takes place in summer/autumn and is a fun afternoon for parents and their child(ren). It allows parents the chance to connect with both social workers and other adoptive parents and for the children to play and be with other adopted children.

Peer support

As a parent living in the NLAFC boroughs you can join:

We Are Family which is a group of adoptive parents who offer support to each other through evening groups and pre-school groups.

For more information: www.wearefamilyadoption.wordpress.com

New Family Social which is a support group run by and for LGBT adopters and permanent carers across the UK

For more information visit www.newfamilysocial.co.uk or call 0843 289 9457

The Permanency Services will be happy to answer any further questions.

Hackney contact details:

London Borough of Hackney
Permanency Services
Children and Young People's Services
1 Hillman Street
London
E8 1DY

020 8356 5379

Introducing Haringey's Adoption Support Team

The London Borough of Haringey is an adoption agency. Under the Adoption and Children Act 2002, Adoption Support Regulations (2003) have been introduced that require local authorities to make a range of adoption support service available to meet the needs of people affected by adoption, including children and adults who



are adopted, birth relatives, adoptive families, step parent adopters and inter-country adopters.

How to access our service

For a first contact:

Call the adoption duty social worker on 020 8489 4610 9-5pm Monday -Friday

Email: adoption.duty@haringey.gov.uk

www.haringey.gov.uk/adoption

Write to the Adoption Support Service

River Park House, Level 1, 225 High Road, Wood Green, London, N22 8HQ

Work undertaken by the team

- Therapeutic parenting advice, support and signposting to other services (including Adoption Support Fund Assessments)
- Help with transitions, attachment difficulties and challenging behaviour
- Advice about educational/school issues
- Support with contact - Letterbox and Direct
- Inter-country adoption. Advice, support and signposting to include Intercountry Adoption Centre (our partner agency)
- Training (NLAFC)
- Adult search and reunion service for birth relatives and adopted adults
- Intermediary services
- Support groups for adopted adults (NLAFC)
- Birth parent counselling/referral

What we can provide:

Individual pieces of work

Working with members of adoptive families in relation to: attachment; life story work; telling; developmental trauma; separation and loss; identity; parenting; life events; developmental issues; school and education issues; contact; family relationships and help to find the right service for your situation.

Review of your Adoption Support Plan

Haringey's residents (and those families who have adopted a child/ren through Haringey within the last 3 years) who wish to have their adoption support needs assessed should contact Haringey's adoption team on 020 8489 4610 or at adoption.duty@haringey.gov.uk and speak to Grace Panayiotou who manages the adoption support service.

Adoption Support Fund Assessment

If you are thinking that you will need or are in need of additional therapeutic support, an adoption social worker can meet with you and your child/ren to explore what is needed. This could be anything relating to the above. If therapeutic input is identified, then the social worker can apply to the Adoption Support Fund for funding of therapy. See ASF section for more information.

Annual Social Event

This event usually takes place in summer/autumn and is a fun afternoon for parents and their child(ren). It gives everyone the chance to connect with both social workers and other adoptive parents and for children to play and be with other adopted children.

Other local services

CAMHS Access (Child and Adolescent Mental Health Service)

Burgoyne Road Clinic, 58a Burgoyne Road, Haringey, London, N4 1AE

This is a multi- disciplinary team of mental health professionals providing support to children (and their families). They offer a range of therapeutic interventions to the individual child, and/or their carers or parents/families. Referrals can be made through your GP or the Adoption Support Service.

The Haringey Early Help information is also available electronically

At: <http://www.haringey.gov.uk/children-and-families/early-help>

Peer support

As a parent living in the NLAFC boroughs you can join:

We Are Family which is a group of adoptive parents who offer support to each other through evening groups and pre-school groups.

For more information: www.wearefamilyadoption.wordpress.com

New Family Social which is a support group run by and for LGBT adopters and permanent carers across the UK

For more information visit www.newfamilysocial.co.uk or call 0843 289 9457

Introducing Islington Adoption Support Team

Our Adoption Support Service works with adoptive families after an adoption order is granted, and sometimes at an earlier stage if needed.



What we can offer you

We are able to work with members of adoptive families on a wide range of issues related to adoption such as attachment; life story work; developmental trauma; separation, grief and loss; identity; therapeutic parenting; developmental issues; school and education difficulties ; birth family contact; adoptive family relationships and how to talk about adoption to your children.

If you think that you or your children need additional support at any point an adoption social worker will meet with you to explore what is needed.

An adoption support assessment leading to a support plan will be worked out with you. If therapeutic support is recommended we may be able to apply to the Adoption Support Fund for funding. See ASF section for more information.

From time to time, we will send you information about support groups, training, and social events which adoptive families might be interested in. You should already be receiving these, if not, please contact us.

A support group for adopters in Islington

If you would like to attend a local support group, we can introduce you to We Are Family (WAF). This is a group run by adopters for adoptive parents and their children. Please call and let us know.

Other local services

Child and Adolescent Mental Health Service (CAMHS)

580 Holloway Road
London N7 6LB
020 3316 1824

CAMHS is a multi- disciplinary team of mental health professionals providing support to children and their families in the community. Their aim is to offer a range of therapeutic interventions to the individual child, and/or their carers or parents/families.

Referrals can be made through your adoption support team, through your GP or your child's school.

Annual Social Event

This event usually takes place in summer/autumn and is a fun afternoon for parents and their child(ren). It allows parents the chance to connect with both social workers and other adoptive parents and for the children to play and be with other adopted children.

Peer support

As a parent living in the NLAFC boroughs you can join

We Are Family which is comprised of a group of adoptive parents who offer support to each other through evening groups and pre-school groups. For more information: www.wearefamilyadoption.wordpress.com

New Family Social which is a support group run by and for LGBT adopters and permanent carers across the UK

For more information visit www.newfamilysocial.co.uk or call 0843 289 9457

Local information

For more general information and advice for children and families, including pre-school provision, education and activities for all the family in Islington, please visit our council websites.

www.islington.gov.uk

www.islingtonlife.london

How to access our service

Call: **0800 073 3344 or 020 7527 4050**

Write to: **Islington Adoption Team
3 Elwood Street
London N5 1EB**

Email: **adoption@islington.gov.uk**

3. The North London Adoption Consortium and the Adoption Support Services provided to Adopters in the Consortium.

Barnet, Camden, Enfield, Hackney, Haringey and Islington Adoption Teams have been working closely together for over 11 years to provide adoption support services in the Consortium, in addition to those provided by each individual Adoption Support Team.

1. Training:
 - Post-approval training
 - Annual programme of training for adoptive parents
 - Specialist training – Adoption Changes

2. Support:
 - Groups for children (sessional groups)
 - Adopted Adults group (bi-monthly)
 - Support groups for adopters(bi-monthly)
 - Parent of adolescent support group (monthly)
 - NLAC newsletter
 - 18 Plus information leaflet

3. Support services from other Adoption Agencies:
 - PAC-UK – counselling, training and support groups for all permanent carers
 - New Family Social – support to all LGBT carers
 - We Are Family: peer support both nationwide and local (BABS: for Barnet adopters)

Training for Adopters:

Post-approval training for recently approved adopters

1 day training, held 3 times per year, covering:

- Transitions and loss
- Attachment and building positive relationships
- Contact and developing children's identity

Trainer – Louis Sydney, Child Psychotherapist.

Adoptive parents annual programme of training: themes covered

The annual programme, hosted by each Adoption Support Team in the Consortium usually includes the following themes.

- Contact your Adoption Support Team for a place.

- Therapeutic Parenting
- Talking to Your Adopted Child about their life story
- Managing transitions in Education
- Managing Contact and internet safety
- Adoption and the Teenage Years

Specialist parenting training for adopters - Adopting Changes:

This course comprises 6 half days exploring managing behaviour, for 12 adopters with a child in placement.

If interested, please call your local adoption support team

Annual Training Event:

This is a large London-wide training event with an internationally renowned speaker in the field of adoption, hosted by all 4 London Adoption Consortia.

Places on all these training courses can be accessed via your local Adoption Support Team.

Support Groups for Adopters:

Group meetings for parents of teenagers

In 2012 the Consortium began running a support group for the parents of adopted teenagers. It is led by a highly experienced adoption support worker and 2 Consortium staff. The group focuses on challenges that parents face in adoption and how to manage these and takes place monthly on Saturday mornings.

The need for these groups was highlighted by our Adoption Support Teams working with a number of adopted teenagers and their families.

These groups reinforced our awareness that adopted teenagers present a wide range of emotional and behavioural challenges for their adoptive families.

The group identified a need for the sharing of experiences, mutual support, and reassurance that they are 'not alone' in the challenges they are facing. They also expressed a need for support in increasing their patience, empathy and understanding of their children's behaviour as well as a desire to improve communication with their children and improve trust within their relationships. They also asked for practical strategies for coping with challenging behaviour. A number of problematic areas were identified and included lying and fantasies; the re-enactment of early trauma; poor peer relationships; highly controlling behaviour; enforcing boundaries and consequences for behaviour; managing anger; issues about contact with birth families; helping their children to talk about their birth family experiences; helping the young people to develop a healthy identity [and subsequent values] and managing complex developmental needs.

These needs form the basis of the content for the groups and the effectiveness of the support group provision is measured on the attendees measure of how well they feel the groups have met these aims. Theoretical

perspectives used are those underpinning the understanding of the key developmental tasks of adolescence [specifically focusing on the process of individuation and identity formation]; the impact of early trauma and loss on neurological development; the benefits of life story work in resolving early trauma and; attachment theory. There is a strong emphasis on strategies throughout the sessions and feedback will be provided for attendees following each meeting.

Groups for children: Explorers (8-12) and Teen Spirit (12-16)

NLAC in partnership with Body and Soul are delivering programmes during the year. The aim of the group will be to raise confidence and self esteem of these children, to help them forge positive peer relationships and to address identity issues related to adoption. Spaces are limited and enquiries can be made through your local adoption support team. The format is a weekly group over 4 weeks and then a monthly reunion group. Funding can be gained through the ASF

The Adopted Adults Group:

This group is arranged and run every other month by adult adoptees and is open to any adopted adult (18 years plus). It has been running successfully for several years and provides an opportunity for adopted adults to meet with other adoptees, hear other people's stories, share their own experiences and obtain advice from others with knowledge and understanding.

Support Groups for Adopters:

- The London Boroughs of Barnet and Enfield each run a support group for adoptive parents
- We Are Family – The Consortium works closely with WAF, an adoption support community founded in 2013. In Hackney/Islington and Enfield, WAF meet via a weekly playgroup, a fortnightly parent support group, and other social events. They also organize training events and adopters from this group meet quarterly with social workers from the Consortium to work on developing more supports. Contact them via hackneyislington@wearefamilyadoption.co.uk
[WAF HQ <hq@wearefamilyadoption.org.uk>](mailto:WAF_HQ@wearefamilyadoption.org.uk)

Information about all the above groups can be obtained from your local Adoption Support Team.

Support Services Commissioned from other Adoption Support Agencies:



and the North London Adoption and Fostering Consortium Adoption & Permanent Placement Support for Residents of Barnet, Camden, Enfield, Hackney, Haringey & Islington

Adoption North London is a partnership of six local authority adoption agencies: Barnet, Camden, Enfield, Hackney, Haringey and Islington. PAC-UK provides free, monthly face-to-face counselling surgeries at venues in Barnet, Enfield, Hackney and Kentish Town for residents of the above areas who have a personal or professional involvement in adoption or permanent care. Advice, information and support is given in individual or couple sessions with PAC-UK counsellors. Call PAC-UK's Advice Line on 020 7284 5879 for an initial consultation.

The surgeries offer the following:

1. For birth parents and birth relatives of adopted / permanently placed children, including those who are now adults:

- counselling after the adoption order or permanent placement
- support and advice on contact arrangements
- intermediary service.

2. For adoptive parents and other carers of permanently placed children, including prospective adopters / permanent carers*:

- pre- and post-placement counseling
- support and advice on contact arrangements with birth family members
- post-disruption counselling

3. For adults adopted or otherwise permanently placed as children:

- counselling
- intermediary service.

4. For professionals working in adoption and permanent care:

- consultation with PAC-UK counsellors.

Birth relative drop-in meetings

PAC-UK also hosts fortnightly birth mother drop-in meetings in Kentish Town. Meetings are open to residents of Barnet, Camden, Enfield, Hackney, Haringey and Islington and are free of charge. The drop-ins offer a confidential space in which women whose children have been adopted or are in other forms of permanent care can talk about their fears, feelings and loss. Contact PAC-UK's Birth Parent Support Worker Rita Cleary on 020 7284 0555 or email rita@pac-uk.org for details.

*some restrictions may apply where placements were made by local authorities other than Barnet, Camden, Enfield, Hackney, Haringey or Islington – please contact us.



PAC-UK Education Service

Children and young people with a history of early life trauma can present with a range of challenges in school. PAC-UK offers a range of services to enable education professionals and parents, guardians and carer's to support and include the Looked After, adopted or otherwise permanently placed children and young people in their care.

PAC-UK Education Support services for residents of Barnet, Camden, Enfield, Hackney, Haringey and Islington

For parents, guardians and carers:

1. Education Advice Line: 020 7284 5879 (Thurs 10am – 12 noon, excluding half term and school holidays). Speak to PAC-UK's Educational Service about any issues around the educational needs of permanently placed children and young people. Call backs for education advice can be arranged by calling PAC-UK's daily Advice Line on the same number during its opening hours (see below).

2. Education-focused surgery sessions:

- held at PAC-UK's offices in Kentish Town. Parents, guardians and carers are welcome to come alone, or with school staff or their social worker. Up to two sessions per family can be booked via PAC-UK's Advice Line.

3. Education-focused group for parents, guardians and carers:

- held monthly at PAC-UK's offices in Kentish Town. Day and evening sessions, light refreshments provided. Contact PAC-UK's Advice Line or Education Advice Line for details, and come along for advice and support.

For school staff & other education & care professionals

4. Education Advice Line - as above

Other PAC-UK services for residents of Barnet, Camden, Enfield, Hackney, Haringey and Islington consultations for adoptive and prospective adoptive parents and families with PAC-UK's specialist Child and Family counsellors (accessed via agreement with your local authority adoption team)

PAC-UK's other services

PAC-UK offers a wide range of support for all parties to adoption and other forms of permanent care at its Leeds premises:

- a child and family service offering a range of services for adoptive and permanent placement families, including intensive therapeutic family work
- a counselling service for individual adults and couples
- a range of support services for birth relatives
- range of services to support adopted / permanently placed children in school
- workshops, groups and seminars
- professional consultation and training
- bespoke training and services for professional agencies.

Staff

PAC-UK's counsellors are professionally qualified in counselling/psychological therapy, psychology and/or social work and have a wide range of experience and training in all aspects of adoption and permanent placement. Counselling staff are supported by external professional supervisors and administrative staff.

For further information

CONTACT PAC UK

5 Torriano Mews

Torriano Avenue

London NW5 2RZ

email: advice@pac.org.uk

web: www.pac.org.uk

tel: 020 7284 0555 (office)

fax: 020 7482 2367

advice: 020 7284 5879

ADVICE LINE 020 7284 5879

Monday, Tuesday & Friday

10.00am - 4.00pm

Wednesday & Thursday

2.00pm - 7.30pm

4. The Adoption Support Fund

The Adoption Support Fund (ASF) has been available nationally since May 2015 and is due to continue until 30th April 2020. This has been established because many families need some kind of support following adoption and too many have struggled to get the help they need in the past. The Fund will enable families to access **therapeutic services** .

WHO WILL BE ELIGIBLE FOR THE ADOPTION SUPPORT FUND? - The Fund will be available for children up to and including the age of 21 (or 25 with an EHPC statement) who have been adopted from local authority care in England or adopted from Wales but living in England. It is also available to children who have been adopted from overseas. Local authorities will be able to submit applications for funding before an Adoption Order, to provide a continuous package of support from the start of placement.

WHAT WILL I NEED TO DO? - To access the Fund, you will need to have an assessment of your families' adoption support needs by the local authority. The local authority which placed your child with you is responsible for assessing your adoption support needs for three years after the adoption. After three years it becomes the responsibility of the local authority where you live (if different). Where the social worker identifies that therapeutic services would be beneficial to your family, they will apply to the Fund on your behalf. If agreed, the funds will be released to the local authority. The social worker will talk to you about who can provide the types of service that you need and which provider you would prefer. This might be the local authority itself, a neighbouring local authority, an independent provider or an NHS provider.

WHAT SUPPORT WILL I BE ABLE TO GET? - The Fund provides money for a range of therapeutic services (details are listed on the ASF website), and include therapeutic parenting training, DDP, creative therapies, psychotherapy and play therapy. The Fund will also be able to finance specialist clinical assessments such as for Foetal Alcohol Spectrum Disorder.

HOW MUCH IS AVAILABLE? From October 2016, the ASF has set a fair access of £5,000 per child per family per annum. From April 2017, the ASF has agreed an additional £2,500 funding where a detailed and in depth clinical assessment is required.

Local authorities will work together across social care, health and education to provide a holistic package of support. The Department of Health taskforce is working to improve mental health support via more joined-up assessments of your family's needs.

If you have any further questions about the Fund, please contact your local Adoption Support Team.

5. Working with Professionals

From the beginning of the adoption process, you will experience working with many adoption professionals ranging from social workers to educators and doctors to panel members and others. It can seem overwhelming and frustrating at times when you are trying to develop your own parenting style. It may seem that decisions are made for your child without regard to what you feel is best for your child.

It is very important to remember that all of the professionals involved share a common thread of interest with you and that is your child and his or her needs.

There will be professionals whom you do not particularly agree with when it comes to raising your child. However, it is important to be able to use that professional as a resource to learn where to find out more information about a wide range of topics.

Throughout the life of the adoption, you may need to access adoption support services for information about your child's needs at a variety of levels. Among these are: finding records, direct contact facilitation, post-box contact, information regarding your child's adoption support plan, financial support, parent networks and therapeutic services.

Hopefully, you will be able to establish professional relationships with your adoption social worker and adoption support worker so that you may feel supported through your journey forward with your child and family.



6. Common/Core Issues in Adoption

Throughout the lifespan of an adopted person, there are key issues that tend to repeat as the family grows and develops as a unit, as your child develops as an individual, as sibling relationships develop and as you, the parent, grow into your roles and relationships.

Listed below are some issues, which, other people who have experienced the lifelong process of adoption have, in one way or another said were important to know. (*Eldridge, 1999*)

It is important to recognise that adoption is actually different emotionally than forming a family biologically. All adopted children struggle with the process of mastering their identity, the losses they have had to cope with, and their new role in a new family.

Once your child arrives in your family, you as the parent face a dual role not only as a new parent but also as a new adoptive parent who must help your child to cope with specific issues. It is important to recognise the special needs of your child and to balance whether or not your child's needs are related to the ages and stages of growing up, to adoption or to other problems that may arise.

Often, an issue that many adoptive parents grapple with is that their child has a history with their biological family part of which may be neglect, abuse, confusion, as well as memories of happy times with the birth family. These feelings can result in a wide range of social, emotional or cognitive challenges. By recognising these facts and incorporating your child's heritage into your own family, you will provide your child with a sense of belonging and a secure base from which to explore the world and cope with their history. (*Reitz and Watson, 1992.*)

All parents experience ambivalence and lowered self-confidence at times. You may even have lingering doubts about whether you will later regret bringing a child into the family that was not born to you.

At the core of the adoption experience the issues are: entitlement, claiming, unmatched expectations, family integration, loss, grief, bonding, attachment, identity formation, and mastery of these issues. Brief explanations of the issues above will follow.

Entitlement

Adoptive families struggle with entitlement— whether or not they have a 'right' to one another. There are two forms of entitlement, legal and emotional. The legal right was decreed in the Adoption Order. The emotional right is much more complex and takes time to develop. Until this 'right' develops sometimes, adoptive parents may hold back in their commitment and responses to their child especially regarding discipline. As well, the child may

hold back commitment with responses that maintain distance. *(Reitz and Watson, Prew, Suter, and Carrington, 1990)*

Other factors may inhibit your sense of entitlement such as the possible guilt that you may be taking your child from their birth parents or may fear that the birth parents may suddenly return and reclaim your child. You may have some lingering feelings about infertility or fear that your child will search for and find the birth parents and will reject the ties to your family.

Sometimes children, particularly those who were abused and/or neglected, may wonder if they are entitled to families who will love them and care for them. If they feel unlovable, their behaviour may be a way of acting out the belief that they do not deserve a family.

Claiming

The process of claiming is the way the adoptive family comes to accept their adopted child as a full-fledged member of the family and how you as parents come to accept the adopted child as a member of your family. *(Reitz and Watson, 1990)*

There are a number of ways that families claim their child. Sometimes, the parents may add a middle name that was a family name to the child's existing name. It is usual that your child takes your family name and that in itself identifies the child as belonging to your particular family.

Sharing pictures of your child or having a new family portrait is another way to claim your child. As well family photo albums with extended family members reinforces acknowledgement of your child as a member of the family.

Another claiming activity is to tell your child about your family history, traditions, and rituals and making your child's adoption a part of it. New rituals can be created by sending announcements, having a party, holding a family gathering or sending cards with a name change. It is important to seek the input of your child in planning new rituals in order to validate their feelings in the process. Remember this does not have to happen straight away, give your child and yourselves time to settle with the idea of being part of the family.

Unmatched Expectations

Both you and your child have expectations regarding the new relationship that you are forming. Sometimes the expectations do not match up. This can cause difficulties for an adoptive family particularly in the first stages of the adoption process. As you are both emotionally tied to the adoption, you both have an expectation to get something out of the investment. Be patient! It is not unusual for families to ask for professional help to sort out these differences by identifying unmatched expectations and by helping the family to mourn the expectations that cannot be met as well as search for other ways to help needs to be met. *(Reitz and Watson)*

Family Integration

The cohesiveness of your existing family unit may be challenged by the entry of your adopted child into the unit because this upsets the family balance. Each family member will have to adjust to the change and the corresponding shift in expectations.

The main challenges for the family are:

- Negotiating numerous issues defined by the [birth family] and other family systems [foster carers] that have been a part of the pre-adoptive placement
- Blending into one family system. (*Reitz, Watson and Groze, 1992*)

With the change of a family system, there is change in the patterns of everyday life. Formal and informal rules of past family living which may have been in place for many years suddenly need to be altered and new family roles must be developed. New patterns of family interaction do not happen easily or quickly.

For you as parents, it is easier to understand the need for change but for other children in your household they may find the accommodation difficult. Your own birth children may feel resentment. Other adopted children might feel threatened, as the memories of their own history are triggered.

Another problem that arises can be when an older adopted child resists attempts at integration into the family. Older children, even if they are well prepared for adoption and wanting to be adopted, can enter an adoptive situation with a past history of living in family systems that did not work. Often older children may perceive the new family in light of past experience and their behaviours may be the same ones they learned in that system in order to survive.

Please remember that you are not just adopting a child but rather a whole new family system. If there is direct contact with the family of origin this becomes truer for the child who is trying to balance the integration of the new system with the old system.

Separation, Loss and Grief

All loss is painful. Each loss can trigger feelings associated with past losses. Sometimes, unresolved issues can become more observable when new losses occur. Separation from meaningful relationships is a form of loss, the most obvious in adoption. Grief is the process that people experience to recover from a loss. Other types of losses can be: the loss of child-bearing ability, moving house, death of foster carers or siblings, loss of indirect or direct contact with extended family members, or loss of control.

Adoptive related loss is viewed differently by society than loss related to death. There are no rituals such as a funeral or wake. Often there is no

recognition that there have been losses, so friends and families do not always know how to help.

Loss of control is one of the more common feelings of loss associated with adoption. Adults who adopt must cope with the loss of the biological child they did not have. The adopted child must cope with the loss of birth parents, siblings, extended family members and friends, or a meaningful foster carer. Future losses or even the threat of the smallest separation can be overwhelming for your child. Even if your child was adopted in infancy they can experience loss when they begin to sense that something is different.

It is important to be aware of the stages of grief as parents help your child move through the healing process. The stages are: shock, denial, anger, bargaining, sadness/despair and acceptance. Remember that grief does not proceed through the above stages in order. New losses can only be worked through in the context of stability and usually done with someone else's help. Even though loss is painful, it can serve to help you and your child to come together on common ground. (*Bourguignon and Watson, Kubler-Ross*)

Bonding and Attachment

Bonding and attachment are areas of great importance in an adoptive relationship. Some professionals use the terms interchangeably to describe the relationship between parents and children. Research suggests that bonding is the unique "biological, genetic and emotional tie between children and their birth mother during pregnancy and birth. All babies have a bond to their birth mother" (*Levy, Orleans, 1998 Verrier, 1993 et al*).

"Attachment is learned after birth" (*Levy, Orleans, 1998*) "Attachment is an effective bond characterised by a tendency to seek and maintain proximity to a specific figure, particularly while under stress." (*Bowlby, 1970*) Attachment is also the lasting psychological tie between two people and develops in the context of interaction.

Infants develop attachment through interaction with caregivers. If the caregiver is attuned, responsive and accessible, the infant develops secure attachment. As the child grows, basic needs must be met by caregivers in order to continue develop a secure attachment. The first three years of a child's life are critical.

Jean Piaget, theorised that, during the time between 0 to 8 months, the infant learns to recognise the caregiver's voice, differentiate the caregiver from others, smile at the caregiver, and visually track the caregiver. John Bowlby, attachment theorist, formulated that attachment develops between 8 months of age when reactions to strangers begins to emerge. Children begin to show preferences of primary caregivers at the same time begin to explore the environment. As children learn to distinguish themselves from their caregiver, they learn to tolerate separation from the caregiver. (*Fahlberg, 1991, et al*)

When infants are adopted, attachment proceeds in the same manner as birthed infants. However, for a child who is older and who has experienced poor responses from caregivers, attachment may be interrupted. The child

may not learn to make meaningful attachments due to poor parenting or multiple disruptions in attachments. (*Fahlberg, 1991 et al*)

Symptoms seen in children with attachment difficulties generally fall in the areas of conscience development, impulse control, self-esteem,, interpersonal interactions, expression and recognition of child's own and others' feelings and a variety of developmental difficulties. (*Fahlberg et al*) Sometimes serious attachment disorders can develop and often require the attention of a psychologist or other mental health professional.

Specific symptoms (Levy and Orlans, 1998) of serious attachment problems might be:

- Lack of ability to feel or to give true affection
- Self-destructive behaviours
- Cruelty to others-siblings animals
- Lack of trust
- Stealing gorging or hoarding
- Lack of long term childhood friends
- Extreme control battles
- Demand for affection but lack of depth in relationship
- Phoniness & superficiality.

It is important for adoptive parents to learn about what areas the child needs to develop and to provide sensitive responses to those unmet needs.

Identity Formation

Adoption can have a profound impact upon the formation of your child's identity. Each person develops an identity or 'vision of oneself' on both conscious and unconscious levels. This is developed through our experiences and interactions with other people and making conscious choices about who and what one will be.

While we all experience changes in our identities, most identity formation takes place around age three or four, and again in adolescence. Most children develop a sense of the family they belong to and have an idea of the boundaries between that family and the rest of the world. (*Bowen, Minuchen*)

You can support your adopted child's struggle to form an identity by helping to build his or her self-esteem. Openness about the adoption and information about your child's birth parents will play a key role in helping the child come to terms with his or her identity.

Mastery and Control

Most people develop a sense of personal power, control and mastery over situations in their lives. Adoptive parents and their children have usually had numerous experiences that threaten their sense of control or mastery. Infants and children usually have no control or input into decisions made on their behalf. Children removed from birth parents in situations of abuse and neglect have often had decisions made that they did not understand. They may have had no voice in whether or not they were to be placed for adoption

and were not likely to have participated in the selection process for a new family. *(Prew, Suter, and Carrington)*

On many occasions, your children may engage in power struggles with you and other authority figures in an attempt to regain control over their lives.

Your sense of mastery/control may have been diminished by the adoption process in which decisions were made by social workers or the court system, making you have felt helpless too. Sometimes the response to feeling helplessness is to become overprotective or controlling to the extreme.



7. How to Succeed as a Parent

The term, 'adoptive parent' lends itself to a lot of confusion for you, the parent. Keep in mind that parenting any child is a challenging task and that adoptive parents are 'parents' first and foremost. You have committed to grow and change as a person in order to nurture your child and help them to grow. Here are some examples of successful parenting tips compiled by other adoptive parents:

- Advocate for your child: Be willing to work hard to secure resources and answers for your child.
- Resourcefulness: Seek and accept help. Allow others into your family system to offer assistance. Educate yourself about what information sources are available to you (books, tapes, DVDs, workshops and networking with other parents)
- Tolerate negative feelings: Don't be hard on yourself about feeling "down" at times. Find the strength to go and find support if you need it.
- Flexibility: Share the responsibility of parenting with others. Look to family members to help solve problems. Maintain flexible expectations of your child and yourself
- Ability to delay your own gratification: Recognise that you may have to give and give again without receiving in return. You may not be able to recognise the product of your hard work until your child becomes an adult.
- Tolerance of rejection: Develop your ability to withstand behaviour from your child that may often be hurtful, angry, and rejecting. Realise that your child's bond with their birth family, foster carers and others is not a rejection of you.
- Maintain your sense of humour: Use humour to cope with stress. Remember it takes more facial muscles to frown than to smile.
- Entitlement: Remember that your child is truly part of your family. The more you develop as a family, the more you reinforce your role as your child's parent.
- Take care of yourself: It is very important to take care of yourself physically and emotionally. Take breaks and personal time away from the demands of your child by asking family and friends for help.
- Be comfortable in your role as a parent: Learn to give directions and provide structure for your child. Learn to anticipate behaviours and provide praise or affection. Learn not to be deterred by a child's protest or withdrawal.

8. Ways to Encourage Family Attachment

Becoming a family is hard work. It takes patience, flexibility, empathy, and creativity and more patience! Here are some tips that will help you adjust to a new family member as well as to adjust to the changes that are taking place within you as a parent.

- Create family rituals: With the input of new family members, think of new ways to celebrate birthdays, and religious holidays that incorporate the traditions that your child may bring with him or her.
- Create a new family history: Start a new family album that includes photos of the new extended family as well as fun pictures of each individual family member.
- Name changes: Changes to the child's birth first name is not often encouraged because the child's name is tied closely with the child's identity and sense of self. Yet, the standard practice is to go through the legal process of giving the child the family name. It is wise to ask older children their views on whether or not they wish to change their family name. Alternative considerations could include hyphenated family names.
- Spend time building relationships with all children in the family: Spend time with the adoptive child in forming a relationship. Spend time together as a family in shared activities to encourage a sense of shared values and goals. Make sure you spend individual time with other children in the family as well as family time.
- Listen to your child's feelings: Allow your child to sort out their feelings and communicate to them that you would like for them to feel comfortable to discuss their worries and concerns without having to worry about your reactions. Learn to be aware of your outward responses such as frowning, swearing, laughing at your child rather than with them or frequent interruptions during your conversation with them. Try to stop what you are doing and maintain eye contact with your child as they talk to you.
- Talk openly to your child: Do not be afraid to communicate your feelings about them becoming a part of the family. Be honest about family limits and about positive feelings you have toward your child. Write a welcome letter to your child.
- Adopt a style of communication that helps all members feel included: Make sure you include the adoptive child when you refer to the family. Include all members of the family in your comments and interactions with others.

- Be sensitive to each other's emotional needs: Recognise that levels of emotional closeness may be different for each family member. Try to create respect support and trust in family relationships.
- Create structure and routine: Your child needs to know that certain things happen on a regular basis such as what time meals occur, when the school day starts, when homework is to be done and when bedtime is scheduled. Your child needs to know these things in order to feel less stressed about what is expected.
- Give your child family duties: Assign your child to specific duties to help the family routine. This helps your child to feel needed and helps them recognise their importance in the family structure.
- Establish rules and consequences for positive and negative actions: Teach your child the rules they need to know and tell them what the consequences of their actions will be before the rule is implemented. Be consistent in what you expect the outcomes and the consequences to be. Follow through with both positive and negative applications of consequences. For example you cannot allow a biological child to do one thing and punish your adoptive child for doing the same thing or vice versa.
- Create opportunities for sharing: Plan to have ongoing discussions with family members and encourage them to share their thoughts about what adoption means to them. Different issues may arise so it will help to create an atmosphere of sharing ideas for how the family can blend successfully.
- Accept that "falling in love" with your child takes time: Accept, without guilt, that your feelings for your child will grow as the relationship grows. Forming a loving relationship that lasts a lifetime may be slower with older children. In some cases, commitment comes first and love comes second. Remember to acknowledge your differences whilst validating your child's worth. (*Eldridge, 1999*)
- Have fun: The initial part of the adoption process can be emotionally intense, it is important to find time to laugh together and enjoy each other's company as a family.

Some ideas about games and play which help to build the attachment relationship:

- Set time aside to play with your child
- Think about activities that are geared to your child's emotional stage rather than to their chronological age.
- Peek -a -boo: good for promoting eye contact
- Play tent: good for providing a safe base in the home/ for calming down
- Hide and seek: encourages concept of lost and found
- Getting dirty for fun: finger painting, baking and licking the bowl, splashing in puddles: this might be a new experience for your child
- Caring for hurts; great way of giving care and attention to your child. When you are sitting close to them, ask them to point out any scars or blemishes that they have on their arms, legs, hands or feet. Take your time and nurture them by putting a little lotion around the blemish/scar depending on how sore it is. Caring for "hidden hurts"
- Singing and dancing: great for all ages. Get your child to teach you a song or dance.
- Use soft toys to communicate: can use squeaks or grunts to reflect feelings.
- Hand massage
- Manicure: relaxing time
- Attending: try and set aside 10-15 minutes every day to "attend": find a space where there are some things to play with, let your child chose what they want to do and follow their lead and their ideas. Don't give them commands or instructions but just watch them, comment on their play and "be enchanted". Praise and encourage.

Further information can be found via [The Theraplay Institute website](#)

9. Developmental understanding of adoption

Infancy	Transition to new home Develop new attachments
Toddlers	Learn about birth and reproduction Learn initial information about adoption Recognize differences in physical appearance.
Middle Childhood	Understand meaning of being adopted. Search for answers regarding origin and reason for relinquishment. Cope with physical differences from family members Cope with stigma of adoption Cope with peer reaction to being adopted Cope with adoption related loss
Adolescence	Integrate adoption into one's sense of identity Cope with racial identity Cope with physical differences Resolve family romance fantasy Consider searching for birth family
Young Adulthood	Understand implications of adoption as they relate to self-growth and intimacy with others Begin emotional and informational search Adjust to parenthood in light of one's own relinquishment Face one's unknown genetic history Continue to cope with adoption related loss.
Middle Adulthood	Further explore the implications of adoption as it relates to the aging self. Further consider search for birth relatives
Late Adulthood	Finally resolve adoption in the context of a life view.

10. Sexual behaviour in children

Pre-school children - appropriate

- Comfort, curiosity, arousal based activity
- E.g.: Touching self, familiar adults and child
- Nudity interest, looks, displays
- Play's doctors and nurses, inspection games
- May insert objects in genitals/rectum
- Transient pre-occupation with bathroom, faeces, babies

Pre-school children – some concerns

- After being told often
- Continues staring, touching self in public, asking sexual questions
- Sexual touching adults/other children, asking to be touched sexually
- Obsession with faeces, smearing
- Inserting objects into genitals/rectum despite being told not to
- Simulating sex with others

Pre-school children high concerns

- Generally any of the proceeding activities which involves the use of force/aggression/secretcy and or/power imbalance
- Sexual conversations with strangers
- Use/enjoyment of pain
- Simulated sex without clothes
- Oral sex

Latency (5-9ish) appropriate

- Most of previous things ok
- Comfort, curiosity, arousal based activity
- Touching self (though not adults), & same age children
- Nudity interested, looks, (though does not display)
- Plays Dr & nurses, inspection games, May insert objects into genitals/rectum
- Transient pre-occupation with bathroom, faeces, babies

In addition

- Uses dirty words for genitals, bathroom functions, sex, dirty jokes
- Shows others his or her genitals, draws genitals on art work (for realism purposes)
- Pretends to be opposite sex, pretends to find opposite sex gross
- Interested in breeding behaviour of animals

Latency - some concerns

- Most of the previous concerning stuff
- After being told often Continues staring, touching self in public, asking sexual questions
- Sexual touching adults/other children, asking to be touched sexually
- Obsession with faeces, smearing
- Inserting objects into genitals/rectum despite being told not to
- Simulating sex with others

In addition

- Fear, anxiety around sexual topics/distressed being observed changing clothes
- Obsessive looking at others in toilet/urinating purposely outside toilet bowl/playing with faeces
- Rubs genitals on others furniture
- Simulates sex with toys/other children (clothed) draws genitals on some nudes figures but not others
- Continually tries to touch other children in a sexual ways
- Tries to engage in oral, anal or vaginal sex
- Inserts objects in own genitals/rectum even when painful/does same to other children
- Touches animals genitals

Latency - High Concern

- All previous concerns +
- Generally any of the preceding activities which involve the use of force/coercion/aggression/secretcy and or power imbalance
- Sexual conversations with strangers
- Use/enjoyment of pain
- Simulated sex without clothes
- Oral sex

Thanks to training run by Barnardos for the above section.

11. How to Explain Adoption to Other People

Whilst it may seem like a small task, telling other people about the adoption can have great meaning for you, your family and your child. How you tell others will really depend upon what the situation is, whom the person is, how your child feels about it, how you feel about it and what you choose to share. *(McCordy, 1998)*

If your child was transracially adopted, or you are a same sex couple, the topic will probably present itself. All adopters may encounter insensitive questions, which, in fact, present the opportunity for you to express your delight and pride in your child and siblings.

It is probable that you would want to tell professionals that work with you and your child about the adoption if it hasn't been done already. It is important to discuss the adoption with educators especially teachers regarding lesson planning so that your child is not singled out.

You may be faced with meeting new people in social setting who may ask general questions about where your child came from or general family questions that may be difficult to answer without some thought.

Most questions can be answered in a matter of fact tone of voice without being defensive. Children will notice if a question upsets you and it is important for you to teach the child to cope with difficult social situations by planning your answers individually and as a family. Children may ask your child: 'Are they your real parents'? The answer is: 'Yes, they are ones who love and take care of me every day'.

As you and your family become more comfortable in addressing others' questions, you will discover that the definition of your family will become clearer.

It is also helpful to prepare your child with 'a cover story' if they are asked about adoption by their friends or children at school. Provide accurate basic information which your child feels comfortable with sharing. Children often find it hard to know how much information to give and may feel embarrassed or upset with their life story information. They can also feel used to people talking (LAC reviews & reports) about their personal information and have they not got an understanding around privacy and that you do not have to share everything about yourself to everyone. This can lead them to giving a different narrative to different people and getting themselves into all sorts of tangles. Or they may give a 'best friend' lots of details, only to have a falling out and then this friend tells other children, opening your child up to bullying or feeling upset that the whole playground know very personal information about their life story.

It also helps you to start thinking about lifestory work early on in the placement. It gives you some practice of talking about these often upsetting and difficult narratives. Help your child practice what they want to say and to whom.

As they get older and have a stronger feeling of belonging to your family they may naturally feel able to add to their narrative.



12. Common Questions Adopted Children Might Ask

As a new parent you may begin to anticipate that your child may have questions concerning his or her background. It is advisable to prepare for the multiple answers that you may feel you have to provide. Although it is true that your child may not understand the full meaning of adoption until they are 4 to 6 years old, it is important to incorporate adoption language and stories into your daily life as soon as your child joins your family.

Many parents are concerned about how to respond to their child's questions about adoption. How you respond will have a great impact on maintaining an honest and open relationship with your child. It is important for you to examine your own feelings behind your response as some of the child's questions may trigger intense emotions as you try to formulate an answer to your child's question. (Moore, 2004)

Some guidelines are:

- Be truthful: Honesty builds a sense of security and enhances trust.
- Be age appropriate: Give explanations that your child will understand, not just thinking about their chronological age but their emotional development too.
- Show love and respect: Include loving expressions in your response.
- Limit your answer to what has been asked: you do not need to provide an encyclopaedia of answers that your child may not want to know. An example is: Q: Where do babies come from? The answer need not explain the entire reproductive process.
- Use positive language: Talk about birth parents, previous foster carers, and birth relatives in a non-judgemental, positive way. This does not mean that you should hide negative aspects of certain events in the child's life. It means that even though you may be angry with the birth mother for your perceptions of how she treated your child, you should still present the positive aspects of the birth parent(s).
- Use humour: It is all right to laugh and enjoy your discussions with your child.
- Reassure: It is very important for you to help your child to feel safe and that it is a part of life to discuss adoption. Help your child to understand that it is OK to talk about adoption.

Examples of Questions:

• Why did you adopt me? • What were my birth parents' names? • Are they still alive and where do they live? • Why did I have to live with a foster carer? • Where was I born? • What religion were my birth parents? • Do I look like my birth parents? • Do I have any other brothers and sisters that I don't know about? • What should I call my birth parents? • Do they love me? • Why did my birth parents give me up? • When can I search for my birth parents? • Why didn't anyone tell me about? • Will they come and see me? • Will they come and take me away? • Was I a naughty baby? • Will you give me away? Again, you may wish to prepare to answer these questions. The longer you wait to gather information, the harder it will be to locate some of the answers.

As an adoptive parent, it is crucial that you acknowledge that your child has a history and that another family existed at another time. You will need to work at the differences and work to bridge the gap to find a balance for your child.

13. Life Story Work

For any of us, having a clear understanding of our own history provides us with a grounding as to who we are today, which in turn allows us to feel able to plan for the future.

When children lose track of their past, they may well find it difficult to develop emotionally and socially. The general belief is that adopted children benefit from being raised in a family where adoption is spoken about from an early age, in an open and understandable way. Keeping secrets about the past may damage a child's identity formation as well as damage their trust in you- their parent(s).

Children who know they are adopted but don't know their stories may make up wild fantasies about their birth parents or why they came to live with you. This may cause your children a lot of distress and worry- usually in a way that undermines their self-esteem. They sometimes believe that they are the problem, which is why they could not live with their birth families.

Children under 4 years cannot really understand the concept of adoption but by using the words in a simple way it lays the foundations to develop this understanding as the child grows older. Explaining adoption is something that continues through childhood into adulthood - your role is to provide information that is in line with your child's cognitive and emotional development.

Life story work is an attempt to give back some of this past to children separated from their birth families. It is undertaken with your child by a person who has a relationship with the child (ideally you, their parent). Starting these conversations lets your child know for sure that they are allowed to ask questions; they do not need to protect you by avoiding the subject for fear of upsetting you. Children can worry that if they ask about their past they may be rejected again - this time by you.

Components of life story work

- Life story book
- Later in life letter
- Direct work (either by you or with the help of a professional)
- Post-adoption Contact (indirect letterbox and direct contact)

Life story Work or Book –what's the difference?

As an adoptive parent, you will often hear the term 'life story book' used interchangeably with the term 'life story work'. To clarify, 'life story work' is the process and journey that a child takes to construct a narrative about his or her life, usually started prior to joining your family and being adopted. The 'life story book' is the end result of this pre-adoptive placement work. It is made

into a book and can also come with a treasure box or other significant items when the child joins an adoptive family. (See below)

Life story work is an on-going process which starts when a child is removed from/ relinquished by their birth family and enters foster care and continues until they are adopted and beyond. Children and young people who have been separated from their family of origin, whether this is temporarily or permanently, may not remember significant things and events about their own life and are likely to be denied access to childhood memories through the sometimes abrupt process of 'coming into care'

Life story work helps children

- Gain details and develop an understanding of their history.
- Build their sense of identity
- Enable your child to share their past with you and significant others
- Links the past to the present and helps both you and your child understand how their earlier life experiences continue to impact on their emotional development.
- Acknowledge issues of separation and loss
- Help you to understand and develop empathy for your child's history
- Enhance your child's self-worth
- Help your child to develop a sense of security and permanency
- Promotes attunement and attachment

For younger children give small amounts of detail in the early stages and gradually provide more detail in response to questions as they get older. Children often ask questions about what **they** want to know - not necessarily what **you** want to tell them! Therefore listen carefully to their questions. Talking is not the only way, using drawing, music, reading a book, watching a DVD or looking at photographs can help their understanding both about adoption why they came to live with you and why they were not able to live with their birth family.

Gently reveal the facts over the years, at a level your child can cognitively understand, sometimes softening the truth - but never avoiding it. Be honest do not tell them anything that is not true or leave anything important out however hard it feels to share, as eventually your child will be able to gain access to their records and find out for themselves.

Life story work can raise many feelings for you as parents –so it may be helpful to rehearse a few simple words in your head to see what comes easily and what you may need help with. Planning and thinking ahead will help you feel more in control.

If you have gaps in your understanding ask your adoption support worker, who may be able to gain this information on your behalf. Support is also available from other sources such as PAC-UK which has an advice line.

Later in life letters

At the same time as gaining the life story book you should also have been given a later in life letter. This will have been written by your child's social worker or a life story practitioner, to be given to them, around adolescence, or when you think they are ready to read it. This letter is intended to provide more information for your son or daughter using more grown up language. It can help to give them a more age-appropriate understanding of their history and better prepare them should they choose to access their adoption file after they reach 18.

All these materials support the way in which you talk with your child/ren about adoption over time.

Sam on Adoption:

A 21 year old adopted adult reflects on growing up adopted....

"I was taken into care at 9 months old because of neglect and physical abuse. My mum and dad adopted me when I was about 2. To me, they are my "real" mum and dad. I feel happy, secure and loved in my family, but that has not stopped me being curious about my birth family, or wanting to connect with them too.

I didn't know I was adopted until I was 10 years old. We had been doing a project at school about family trees and I realised I didn't know much about mine. I went home and asked my parents to help. It was then that they "dropped the bombshell" and showed me my life story book. I felt very confused and inquisitive. It made me feel empty and different to everyone else. I had a real mix of emotions about my birth mum. Sometimes angry, sometimes betrayed or rejected, or that I must have done something wrong to be put into care and adopted; there must be something bad about me! At other times, I felt sorry for her and sad about her life and wondered if she felt guilty about what had happened.

Mum and dad only told me I had a birth sister when I was 13. It was another big shock. It made me confused and left me wondering what else they hadn't told me, and if they were hiding anything else. I began to pull away from them emotionally and it affected me at school where I got into a lot of trouble and could not concentrate. It's difficult enough being a teenager, but with all my adoption stuff it made it impossible to concentrate.

I think my behaviour was to cover up my insecurities. I struggled to have close friends and felt like an outcast. When I told people about being adopted they seemed to think I had done something wrong to be put into care.

My top tip for adoptive parents is to be open and honest from day 1. Talk to your kids about being adopted and about their birth family. Make our adoption stories part of everyday family life at home. We need to know. Don't try to protect us from things you think may hurt us. Just be there to help us whatever feelings we have and work it out with us. We won't love you any less.

Since I reached 18, I have looked at my adoption files. This has really helped me to understand and put things into place more. I have decided to trace my birth mum. My parents are supporting me every step of the way and we are much closer because of the journey I am going on. I don't want to replace

them, they will always be my mum and dad, I just need to put all the pieces of my jigsaw together.”
(reprinted with permission of Nottinghamshire Adoption Service.)

14. Lifestory Books

Your child may have joined you with a life story book - a book about their lives which has already started the process of life story work. A completed life story book should have been given to you and your child at the time the adoption order was granted but you should receive a draft of the book sooner than this. Please see section 11.

The aim of a 'Lifestory Book' is to help build the child's identity and make sense of why they have been placed in adoptive/long term fostering/kinship care placements. It is a simple story of the child's life told through words, photographs, pictures and documents, helping them to understand and remember what has happened in their past, using words that are accessible for a younger child to understand often aimed at about a 5 year old child.

A life story book is likely to include photographs of special people and places, records of special or important events, special stories about themselves, as well as factual information about the chronology of their lives and that of their birth family. Children separated from their birth parents often have a fragmented sense of their stories and identity and lack knowledge about their origins. This book will provide an accessible source of information the child can dip into when they want to reflect on who they are. It can also be an opportunity for adopters and carers to use it as a form of scaffolding to start those conversations to elaborate on those difficult questions children may have as they arise.

A life story book can:

- Give a coherent, simple and honest story of a child's life
- Promote a positive sense of self so that the child can live comfortably in the present and plan for the future
- Put the past into a context where it can be spoken about and not so awful that they and their family can't think about it
- Help children resolve feelings of loss
- Reduce magical thinking and fantasies about the birth family
- Put adoption into a context of everyday life
- Help children resolve strong feelings at their own pace and within the context of a nurturing and supportive relationship
- Promote attachment and trust in adults
- Give the child a sense of belonging to their adoptive family

Further information about creating Life story books is available in appendix 1

Losing a child to adoption

Birth mothers of children removed through the care system often feel a sense of powerlessness; have patchy memories of events and dates; sadness on anniversaries; anger towards social workers; a yearning for information; fears about the child's wellbeing and beliefs about reunions.

Brenda articulated many of these themes 13 years after her son was removed following a serious physical injury caused by her husband, Pete. Brenda had grown up in care and had some learning difficulties. Pete had mild learning difficulties but no history of violence.

"It would have helped us to have someone there to bottle feed him and change his nappy – we were shattered. I tried to explain to Pete, "You have to give him a cuddle."

"It is hard to talk about when baby Pete went into care. The day they took him away, it clicked that he was going to be adopted. Then I wanted to kidnap him because he's our flesh and blood. We signed under protest – they would have took us to court otherwise and I understood I'd never see him again until he's 18.

We coped by putting it to the back of our minds. Social Services got what they wanted. They're not bothered about parents and I'm still angry now. I just want to see him. We weren't allowed any photos or reports. We suffered for 13 years not knowing if he's alive or dead, well or what.

Anyone who asked me, I said he'd died. I do cry but usually the anger takes over. I feel helpless when my husband cries. It would be nice to see what he looks like. It would help us to feel contented but as long as he's happy I'm not bothered. I don't want him to go through what I went through.

I wrote a letter for his file and I told him he was named after his dad and I told him about Blackie (dog). It helped me to tell him those things. "I hope he'll come back and look for us. If the knock came on the front door, then I'd know he was safe. I'd want to know about his adoptive parents, how they treated him. If he doesn't come I will have to cope with it. The animals will keep me going. Because of what my husband did to Peter, I couldn't protect him, but I can look after Blackie. Having Blackie took part of the pain away."

Birth parents losing children to adoption are now offered counseling and support with Letterbox exchanges and other issues.

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15. Initial Contact with Birth Parents

It is recognized as good practice for adoptive parents and birth parent/s to have met each other. This can certainly be very helpful to birth parent(s) and adoptive parents alike.

The social worker will have made an assessment as to whether this is the best way forward, including thinking about the timing of this meeting. Many adoptive parents have anxiety about communicating with birth parents through the contact process. Feelings can include anger, pity, guilt, fear and threat. It is very important for your child's sake to be honest with yourself about your feelings and learn to adapt your anxieties to achieve a positive outcome.

It is an opportunity to ask questions about your child's history or to help you come to terms with your own feelings about your child's historical circumstances. Meeting with birth parents also conveys the message to your child that you can create a safe kind of openness in which your child is wholly accepted for who he or she has been and who they will become with your help and guidance. How you cope with this challenge will teach your child that difficulties can be managed in a way that is healthy for all concerned. There is a planning process for the initial contact prior to the adoption order.

Preparation/guidance for one off meeting between birth parents/relatives and adoptive parents

The adoptive parents have the opportunity of having the actual experience of meeting real people which will help remind them in the future of the birth family's existence in the child's history and also give them a personal view of the birth family to share with the child in the future. Knowledge that his or her adoptive parents met with their birth parents/relatives (especially if they liked each other) can help an adopted child reconcile and integrate their history and can help reduce the possibility of them having a conflict of loyalties. This is also an opportunity for the adopters to ask the birth family any questions they might have. These meetings can help dispel fantasies for all involved in the adoption process.

The birth relatives will then have a picture and experience of the people who are bringing up their child/ren and an opportunity to explain directly why the child was placed for adoption and to express any wishes they have for the child's future.

The expectation should be that if a birth parent or other significant birth relative is requesting a one-off meeting that the adopters will undertake to make themselves available. Equally, if adopters are requesting such a meeting birth family-members should be encouraged and enabled to take part. There may be exceptional circumstances that would indicate that such a meeting should not take place, for example, birth parents with a long history of unpredictable behaviour or severe mental health problems. In all situations the social worker should consult with the Adoption Service to discuss work

that could be done to help prepare a relative for such a meeting before a final decision is made. Careful preparation needs to go into this meeting so that all parties have a clear understanding of what to expect.

Thought should be given to the timing of the meeting, i.e. will it happen before or after adopters have been introduced to the child or after the adoptive parents have been caring for the child for a period of time. If the meeting takes place prior to placement, it must be made clear to all parties that the meeting has not been arranged so that birth parents or relatives have an opportunity to 'choose' the adopters. The birth parents should be given an opportunity at an earlier stage to express their wishes as to the kind of family they would like their child to be placed with. At the time of the meeting all parties should be clear that it is a meeting of the birth parents/relatives with the adoptive parents. The child/ren would not be included in the meeting.

Time should be spent preparing each party, with advice being given by the social worker about venue, timing and length of the meeting, who should be present and topics to discuss. An opportunity should be given for parties to express fears, e.g. 'What if so and so asks.....' and contingency plans discussed as to how this would be handled, hopefully this would help allay fears and anxieties. Time should be taken to discuss and resolve any differences in the various parties' expectations of the meeting before it takes place.

Suggestions to both parties that they bring family photos to the meeting to show one another can be made. If the child has already been placed the adopters may bring photos of the child which they may wish to give to the birth relatives. Some birth relatives may wish to take the opportunity of the meeting to handover a small gift for the child.

In summary, detailed plans should be made for the meeting including:-

- The time each party should arrive so that they don't bump into each other on the doorstep.
- Who will greet and support each party.
- Will a social worker stay for all or part of the meeting, or can it be played by ear.
- Refreshments - who will provide and make them? Will a photograph be taken and if so who will bring the camera? Who will bring a camera?
- Who will end the meeting?
- Who will leave first?
- What follow up will there be, ideally social workers should pre-book a follow up visit with each party to discuss how they felt the meeting went.

All parties should receive a written invitation to the meeting giving the date, time and venue, instructions for travel as well as the agreed content of the meeting.



16. Contact with birth families: Direct and Indirect

During preparation for the adoption process, you have probably heard the terms direct and indirect contact. It is most likely that you have seen a written contact plan as you read your plan for introductions and again as your application for an adoption order was submitted to the court.

Many parents do not have a chance to think about the implications of contact with birth relatives during the initial stages of the adoption. Some adopters experience a wide range of feelings about contact and some admit to feeling a little intimidated by the whole process of having contact with the child's birth family.

As an adoptive parent, it is important for you to be able to talk openly with your child about contact. Most adopted children seem to be very concerned about how their adopted parents will react to contact and sometimes go to great lengths not to talk about their feelings regarding contact because of the loyalty they feel. Some children are confused by contact yet need the information provided during contact in order to form an identity. Usually, plans for contact are discussed during the introduction process and again when the application for an adoption order is made.

There are different types of contact with different members of the birth family.

- Direct contact means the child and the adoptive parents have a face-to-face meeting with the birth parent(s). Sometimes a child will have direct contact with birth siblings or grandparents or foster carers. Direct contact can be arranged by a social worker from the local authority or intermediary agency and often takes place at a neutral venue such as a family centre or community venues that provide an activity. When adoptive parents begin to feel confident to attend contact without a social worker present, then contact becomes just another part of the life of the family. If direct contact occurs with birth siblings who have been adopted or grandparents, some adoptive parents make the arrangements for contact themselves.
- Indirect contact or letterbox contact, means that the contact is not face-to-face. Indirect contact can take place in the form of cards, letters, photographs and drawings sent to the adoptive parents via the **Confidential Letterbox Service** that is managed by the Adoption Support team in the local authority that placed your child with you. In rare instances, telephone contact can be made with members of the birth family. Adoption Letterbox contact was established to help families maintain confidentiality when contacting each other through indirect means.

People wish to maintain letterbox contact for a variety of reasons:

- For the adopted child, an exchange of information can be beneficial by helping the child come to terms with what has happened, provide reassurance about how birth relatives are getting on and it can enable a child to maintain links with birth relatives. An adopted child often wants to know about their roots and to make sense of their earlier experiences. It can also help the child to know that their parents acknowledge the importance of the birth family for the child.
- The adoptive parents may wish to have information from the birth relatives that would help the child understand the reasons for their adoption or to find out about family medical history, or the origin of strengths and talents the child displays such as the child sports, drawing or music ability, ie is there a genetic link?
- Birth relatives may wish to have information about the child's health and happiness, how they are doing at school, hobbies and interests. They may also wish to share important information about their own lives such as getting married or the birth of new children or death of family members.

How Letterbox Works

All information will be treated in the strictest confidence.

Once received, a letter of acknowledgement will be sent to you confirming that your correspondence has been received and that it will be passed on.

The adoption support social worker or coordinator will check your letterbox items and forward them with a covering letter. The covering letter will refer to your child by their first name and date of birth only. It will refer to the adoptive parent/s and birth family by first names too. Family surnames are not used in order to protect confidentiality. A copy of all letters will be kept on your child's file.

Where communication/contact has been lost with a birth relative, the letterbox exchange will be kept on file. If communication is re-established the letterbox exchange will be forwarded to the birth relative. The same is true for the adoptive parent when receiving information from the birth relative.

Both direct and indirect contact arrangements should be reviewed over time as children's needs are likely to change. This can include both increasing and decreasing the contact; or moving from direct to indirect and vice-versa.

Discuss with your adoption support social worker to review your arrangements.

For more detailed information about Indirect and Direct contact see Appendices 2 & 3

17. Contact with Foster Carers

A great deal of thought and debate has been given to the issue of contact with birth family members prior to and following a child's adoption. There is less research and attention paid to the issue of contact with foster carers throughout the adoption process. This is an area however, which needs consideration and is important in considering children's immediate and longer-term emotional and psychological needs.

The majority of children who are adopted will have spent a significant amount of time within foster care prior to being adopted. Many children will have experienced more than one move between different foster homes but are likely to have spent a significant amount of time with one foster family prior to moving to their adoptive family.

The child's experience of being cared for by their foster family will have been his or her first experience of benign 'safe care' and the relationships they will have developed with their foster carers will have held meaning for them. It is not unusual for younger children to have spent more time with their foster family than they did living with their birth family. For these reasons it is important not to underestimate the potential importance of the relationship your child has shared with his or her foster family. They are likely to have been important for your child in beginning the process of recovering from their early traumatic experiences and, beginning to form secure attachment relationships.

As adoptive parents you will need to consider the frequency and nature of on-going contact that you will have with your child's foster carers following your child's move into your family. You will also consider the issue of contact in the longer term as your child grows up. The considerations in relation to contact following your child's placement will be discussed with the foster carers and other professionals involved in the introductions process. Contact in the longer term will be based upon your assessment of your child's need for contact as time goes on.

Contact following the move to the adoptive family:

During the introductions process thought will be given to the foster carer's visit to your child after he or she has moved into your home. Whilst it is common practice for this to take place, the expectations of what exactly this should be in practice can vary and can be confusing for adoptive parents. Questions that are often raised are:

- How soon should this take place?
- Where should this take place?
- What should happen during the visit?

The timing of a visit will depend on the age of the child and the progress they are making in the transition to their new family. There is a balance between

the need for your child to feel reasonably settled in your home before a visit takes place and that of considering the timescales from a child's perspective of and understanding of time [for very small children a month may as well be an eternity]. Discussions and decisions about timing will therefore focus on balancing these two factors and taking into account the messages your child is giving to you about their need for contact. If it is possible for everyone involved to take a flexible approach to this then this will inevitably be beneficial for the child. It is particularly important that the timing of a visit is made on the basis of the child's needs rather than the adult's respective diary constraints.

The visit should take place at your home. This is important in giving your child a sense of continuity and a clear message that the previous carers know where he or she is and 'give permission' for him to move on and be happy in the new family. It is often helpful if these visits are fairly structured in their content so that expectations for all involved are clear [particularly for your child] and that anxiety is minimized.

Common expectations will be that your child is given a clear message that s/he will be remaining with you when the foster carers leave; a clear expectation of how long the visit will last and, what will happen during the visit. It is often helpful for children if their previous carers can comment positively on the child's new environment and adoptive parents to give a very clear message that they approve of the child's new family and want him or her to be happy in their new home. Evidence of a mutually supportive and positive relationship between you all as your child's key attachment figures can greatly alleviate anxiety for your child in minimizing any potential for conflicted feeling in regard to forming new attachments.

The visit can also provide a clear message that the previous carers continue to hold your child in mind and trust you as the adoptive parents to care for the child. For children whose experience of early moves is often fragmented, chaotic and full of conflict and fear this can be an invaluable experience. A clear message is given to the child that this is not yet another abrupt ending to a relationship but a secure, planned transition. The visit also offers an important opportunity to acknowledge the feelings for your child and her previous carers in saying goodbye. The carers have the opportunity to acknowledge their sadness and their feeling that they will miss your child whilst also providing positive messages about the child's new home and family.

There are sometimes tensions in managing these visits well. Foster carers are often struggling with their own sense of loss and may find it difficult to provide your child with the messages that he or she needs. Adoptive parents often feel fearful that the visit will upset the child or that the child may want to return to the foster carer's home with them. Adoptive parents also worry that an on-going attachment to foster carers will prevent the child from making a secure attachment to them. These are all understandable worries and fears but children are much better able to begin to form new attachments to their new family when they are feeling clear about what is happening to them and have

the support of their previous attachment figures. It is important not to underestimate the significance of the relationship between child and foster carer. If your child was discharged straight from hospital to foster care, the foster carer might have been the only “parent” the child has ever known. If the child is older, they might have developed a special relationship with their foster carer.

Children have the capacity for more than one meaningful attachment relationship and the ability to transfer their primary attachment relationship to their new parents with the support of those around them. Adoption Social Workers and the foster carer’s supervising Social Worker will be able to offer support to all involved during this emotional time.

Contact in the Longer Term.

It really is up to you as your child’s parent’s to decide on how much contact you maintain with your child’s previous foster carers as time goes on. Some adoptive families maintain an annual exchange of cards/photographs. Some families continue to visit each other on an annual or bi-annual basis. Some adoptive families decide to end the contact fairly soon after their child moves to them. The significance of your child’s relationship with earlier carers will vary and as parents you will have your own view and feelings about what is important for your child.

It is usually the case for example that adoptive parents will maintain contact for a child who was older when placed with them and had a longer period of time and a particularly significant relationship with their foster carers. Some adoptive parents simply want to maintain contact with previous carers because they have strong feelings about minimizing loss for their child and continuing relationships. Some adopted children may not seem to feel the significance of the relationship in time [and as their attachment develops into a secure one with you]. In these cases adoptive parents may decide that there doesn’t seem to be a need for ongoing contact.

Your decision will also be influenced by the quality and ease of your relationship with the previous foster carers. In order for any contact arrangement to prove beneficial for children the adults involved need to be able to demonstrate an ability to place the child’s emotional needs above their own feelings. Professionals from your Adoption Support Team can provide support in addressing any difficulties that may arise in contact arrangements in the longer term.

We would generally advise that you are led by child’s needs when making decisions about contact with previous carers. There are few ‘hard and fast’ rules! Even if regular contact isn’t maintained with previous carers there may be times at which your child expresses curiosity about how they are or, has questions about their time with the foster carers. A need may arise to contact previous short-term foster carers with whom no contact was maintained earlier on in the child’s history. At these times if you are not in contact with previous foster carers you may choose to contact your Adoption Support

Team to initiate some contact or seek information. Previous carers can hold very valuable memories for your child, which can contribute to him developing a coherent narrative and secure, integrated sense of identity as s/he grows up.

Children's needs in relation to contact with foster carers will not be static. Key developmental stages in mid childhood and particularly adolescence may lead to your child seeking information and attempting to 'make sense' of their own unique stories. Links with the significant figures from your child's past are likely to be particularly valuable at these times. Contact can be facilitated via a range of options including a letter, telephone call or exchange of information via the Adoption Support Team. Not all contact has to be 'direct contact'. Your Adoption Support Team will be able to assist you in both providing advice and practical support in regard to contact issues that arise.



18. Difficult Stories:

Natalie Salaman, our Enfield Adoption Support Social Worker kindly contributed this section.

The idea for 'Difficult Stories' came from some of the adopters I visit in my Social Worker role. Many people were struggling, not surprisingly, with exactly how to tell their child's early life story to them and wanted advice on 'the words to say it with'. These adopters were those who felt their children were struggling with anger issues and a vulnerability to a sense of failure and rejection.

For some, there was a need for suggestions around exact words to use and this made me realise that even the words we use to ourselves as adults on these topics are thought provoking. I decided to write the words we might use to ourselves in black and then look at translating them to blue for using with the children. They are suggestions [even if they sound prescriptive] to get thinking on the subject and you will find your own way forward, knowing your child's level of understanding and personality best.

The words and phrases in Difficult Stories may be helpful for using with children between the ages of 5 and 10. Speaking to children about the past can be uncomfortable for adopters and Social Workers alike. We can feel anxious that our words may bring back difficult memories or arouse thoughts that may make the children feel insecure. Whilst recognising that adopters are usually the best judge of what to say and when to say it and may imagine best what children's reactions might be, the larger picture is important to see.

Bear in mind that the children have themselves lived through the trauma. By this I mean the original abuse or neglect, and consequent change of carer from birth family to foster family [and sometimes more than one] to the final change to adoptive family. Talking about ideas and feelings associated with these events and revisiting them on an ongoing basis can be a vital part of processing these imposed experiences and releasing tensions associated with them. It can be an invisible load that the child is carrying and opportunities to unburden it are created by those closest to the child.

The discomfort of adopters is something we know that children can pick up on even from a very young age and they can feel disloyal too, if they voice warm feelings and thoughts about their birth family or foster family. The adults in the child's world play a crucial role in whether 'difficult' subjects become acceptable conversation or not and how the past becomes embedded in the child's self-esteem in a healthy or unhealthy way.

The Life Story Book in addition to conversations stemming from the examples below is vital for sequencing and understanding events in a way that does not result in the child blaming themselves or feeling unloved at some level. This may manifest in a dislike of their physical appearance at a young age or

temper explosions around anything that prompts a sense of rejection or failure.

It is so much better for children who have survived trauma to feel they are able to talk about anything connected with it freely with those who love them most. This action in itself can draw you closer to them.

A relatively extreme example I came across recently illustrated how in 'protecting' children we can inadvertently put them in danger. A very loving adoptive family felt that to discuss their daughter's birth mother's schizophrenia was upsetting for her and unnecessary until she was older. She surprised them all at 16 by disappearing to 'find' her birth mother. Somehow she obtained her address and sadly her birth mother did not believe she was related to her and due to her illness thought that she was being threatened, and drew a knife on her.

Luckily through quick thinking the adopted child escaped but later reflected that she had felt that her adoptive parents were uncomfortable talking about the subject of her mother and therefore she wanted to find out for herself how her birth mother was and what she was like.

Trigger points for a conversation on why the child is not with the birth family could be the subjects of birthdays, looking through the life story book, looking at the foster carer's photo album, or just a direct question from the child at any point. It will be difficult to find an ideal time, as this can be a painful conversation for the adult as much as for the child, so it is best to be prepared that it might happen at any time.

Take your cues from your mood as well as the mood of your child listening out for anything they might say, which could be a good opening to the conversation that you have already planned in your mind.

How we refer to the birth parents is a personal decision. When the children are very young many say; 'Tummy Mummy and Birth Daddy'. Sometimes it is 'Birth Mummy Sandra and Daddy Peter' or adopters may just use their first names as long as they are sure the child understands the connection to the parent.

In [Appendix 4](#) Natalie Salaman, Adoption Support Worker shares guidance and experience about difficult stories- how to help your adopted child understand about their life experience.

19. Education and Your Adopted Child

Priority for adopted children

Recent Government reforms have prioritised adopted children who will be entitled to 15 free hours of free early education per week.

More information can be found at www.gov.uk/free-early-education

All children adopted from local authority care have priority for admissions for state-funded schools, including academies. This means that your child should be able to attend whichever school you think best meets their needs. More information can be found here:

www.gov.uk/government/publications/school-admission-of-children-adopted-from-local-authority-care

In May 2014 eligibility for the pupil premium plus was extended to all children adopted from care in schools. The pupil premium is additional funding (worth £1,900 per adopted child) to help make sure adopted children receive the support they need to thrive at school. You should make sure the Headteacher knows your child is adopted so that the school can apply for the pupil premium funding. Further information is available at:

www.first4adoption.org.uk/being-an-adoptive-parent/adoption-support/pupil-premium/

Early childhood experiences can impact on the ability of any child to learn and form relationships with peers and adults.

A child who is fostered or has been adopted may present particular challenges as a consequence of their own traumatic early experiences, this information is intended to help parents and teachers understand and respond to some of these challenges.

Whilst it is true that not all adopted children will experience difficulties in school, it is a fact that many do. An adoptive mother, engaged in a web-based dialogue on the subject, expressed the problem well: 'I once overheard a teacher describe my son as "the child from hell". Yup, that's him.... that's where he came from. He doesn't live there any more, but he's still a bit singed.'

This information describes some of the behaviours that might be encountered in the classroom. It explains why they occur and suggests some strategies for managing them. Please be aware, however, that not everything works for every child. Make sure that strategies are discussed with the child's parents/carers, who will know what works and, just as importantly, doesn't work for them.

What adoption can mean to children in school

Children who have been adopted have all experienced loss; loss of their birth family, at least one foster family, and perhaps friends, their previous school and social workers, to name but a few. At times the sense of loss can be overwhelming for children without them really understanding their own feelings.

These painful feelings can be rekindled at various times in their lives not just when they are first placed. This can add to their feeling of being different to others who have not had this experience. The sense of loss can be around at any time even for children who were adopted as babies.

These issues are compounded for children who are adopted transracially and transculturally. They may be dealing with a loss of culture and an adopted family of a different race and may face racism in their new environment. Where children look very different to their parents and siblings they may find themselves having to offer explanations and justifications to every casual acquaintance.

In partnership with parents and carers, teachers have a vital role to play in helping children 'catch up' emotionally, socially and educationally.

Adoptive parents and partnership with education professionals

For adopters, instant parenthood can be overwhelming and leave them feeling very vulnerable. They will have much to contend with:

- A range of emotional, social and behavioural issues
- Less chance to have built up a supportive network of other parents
- No gradual nurturing into the education system via playgroup and nursery
- A feeling of being different from other parents
- A possible incomplete picture about the child's past – they may not have the detail you require

Please remember parents need your help and support. Try to keep criticism low key and give positive feedback.

Attachment Theory and Trauma

Critical to understanding the behaviours that children may exhibit is knowledge about 'attachment', which has been described as "an affectionate bond between two individuals that endures through space and time and serves to join them emotionally" (*Klaus & Kennell, 1976*).

The attachment between a baby and its mother begins in pregnancy, develops through infancy and toddlerhood and lays the foundation for future relationships. Children with a secure attachment will respond positively to other children, have good social skills, high levels of self-esteem, cope with setbacks and have independence skills.

Where a parent has been unable to develop this bond, the child may suffer from attachment difficulties. Some studies have indicated that as many as 40% of children in schools may have some degree of attachment difficulty.

Children may exhibit these difficulties in a number of ways – they may be over anxious to please, desperate to do anything to escape rejection. Some may act out their chaotic feelings in chaotic behaviour. Others may withdraw, unable to relate to either peers or adults.

When the child has experienced neglect, trauma, abuse or pain, these difficulties may be severe. Symptoms may include defiance, aggression, controlling behaviour, attention seeking, persistent lying or stealing, lack of empathy or conscience, inability to make or keep friends, short concentration span, inability to accept help and much more.

People used to think that babies who were adopted ‘would not notice the change’ and that all adopted children were ‘the lucky ones’ who would be settled and loved in their new families and not exhibit any of these behaviours. But ALL adopted children – babies, toddlers and older – will have experienced grief, loss and trauma. Many will have been neglected and abused along the way, so it may not all be plain sailing.

Slow recovery from trauma

Many children placed for adoption have also had to come to terms with a very painful history. It can be hard for teachers and carers to understand that the effects of this history may persist even when they have been placed with loving, understanding and caring parents. Sometimes the child can clearly remember the traumatic events but other children have no conscious memory but still find themselves affected by traumatic events that they cannot describe.

The impact of contact

Adopted children have two sets of parents and may have siblings living elsewhere. Their birth family may still play a very real part of their lives through ongoing contact either in the form of a letter or face-to-face. Research shows that adopted children think about their birth family every day of their lives.

Although face to face contact can sometimes be unsettling in the short term, it is intended to be healing in the long term. When children talk about their two families it is helpful if teachers accept what the child is telling them even though it can be confusing. Challenging an adopted child about their family history and make-up can bring on feelings of anxiety and exacerbate the child’s sense of having something wrong.

Difficult behaviour

Adopted children can be controlling in the relationships with peers and teachers. They need to regain a sense of control in a world where they had no control over what happened to them. Other children may have similar issues such as aggression or lack of concentration. However for adopted children, it may not be obvious to the teacher what may trigger such behaviour. In this booklet we have provided a table describing behaviours arising from their early life experiences and fractured relationships. We also give some guidance about how you might address these behaviours.

Do talk to the parents to gain a better understanding but remember the need for confidentiality too.

Consistency is especially important to adopted children so avoid unnecessary changes, give clear instructions and carefully explain any changes.

Trust is something that an adopted child may struggle with. It may have been safer in the past to only rely upon themselves. Or, alternatively, they may be too quick to trust every stranger they meet (as a result of experiencing multiple primary carers).

Transitions might be very difficult for them and planning ahead with the child can help a lot.

Hyper-vigilance is behaviour learned by traumatised children to keep themselves safe. This may be shown by the child being aware at all times of what is going on in relationships in the class or school to the detriment of their schoolwork!

Switching off or disassociation may be another defence mechanism used by a traumatised child (when the vigilance doesn't work!)

Playtimes are not always fun or relaxing. Unstructured and unpredictable time can be stressful for a traumatised child who has low self-esteem. Adopted children may need help to manage their free time.

Working with Curriculum issues

There are some areas of the curriculum which have the potential to cause anxiety or distress to children who are looked after or who have been adopted. It is helpful if teachers give particular thought to the following (the list is not exhaustive):

Family trees or histories; personal biography or timelines – children may not have information, or may not wish to talk/write about it. Some children may actually have been encouraged not to give all the details of their birth parents and early history. How to represent their origins may cause a dilemma. Asking a child to write about 'my earliest memory' or something similar may trigger unwelcome behaviour.

Growth and development - asking children to bring in baby photos etc could easily trigger distress or confusion. Many children will not have such photographs. Discussion about inherited characteristics may be uncomfortable, especially for a trans-racially adopted child who is so clearly unlike the parents.

Sex education – if a child has suffered sexual abuse in his/her earlier life he/she may have an unusually early awareness and may make inappropriate

comments.

PE/Games/Dance – a child who has been abused may be uncomfortable when required to remove clothing. Playing with other children may be difficult because of a lack of social understanding.

Literature – some texts may be distressing, particularly on themes of loss, loneliness or death. Any about abandoned children or those where a child misbehaving is threatened with being taken into care e.g. ‘Goodnight Mr Tom’, ‘The Suitcase Kid’, are best avoided.

Child development – discussions about parenting and one’s own childhood experiences are part of the syllabus and need sensitive handling.

PSHE issues – e.g. topics such as drug or alcohol abuse may serve as painful reminders of circumstances which may have brought the child into the care system in the first place. Adults in the child’s birth family may be involved in such activity - a cause of anxiety for the child.

Celebrations – significant times of the year may be particularly difficult for these children: a birthday may remind an adopted child of their circumstances; being required to make a card for Mother’s day or Father’s day can bring its own trauma.

Homework can be a particular source of stress. Homework needs to be clearly set and achievable. Many adopted children have huge difficulties with organisation and may appear lazy or uncooperative. Homework can also lead to control struggles if a child refuses to comply and this can lead to parenting battles which compound the difficulties adopted children bring to families. Question whether it is worth the battle.

Good practice - tips for teachers

- First and foremost the child needs to get the message “we want you here”. Your body language will tell the child a lot. Greet the child by name each day. Try to end each day on a positive note.
- Avoid threats of removal or exclusion, as these will simply reinforce the child’s perceptions of being unworthy and unlovable. It is better to bring the child closer to the teacher at times of stress rather than remove them – ‘time in’ not ‘time out’. If he/she needs to be removed from a room, try to do so positively e.g. “let’s go and see Mrs X”.
- Listen to the child or young person. Validate their feelings e.g. “You are finding this hard aren’t you?” Listen to their behaviour as well as their words. Observe patterns of behaviour and record them. Learn the triggers.
- Use positive behavioural management approaches.
- Set small achievable goals.
- Reassure the child or young person that you are there for them, whatever it is that they are worrying about.
- Liaise fully with the parents or carers. They will know the triggers and have their own strategies to share with you.

- Use praise often but keep it low key.
- Consider where the child is placed in the classroom. It may be helpful to have the child near the front but close to a wall to minimise distraction and the need for the child to scan all round for possible danger. But don't confine them against their will.
- Plan for change. Changes to school routine need to be supported. Beginnings and endings may be highly charged times – both big (end of school year, new teacher) and small (moving from one classroom to another, beginning of school week, end of lesson).
- Give low-key reminders about what is happening next, always trying to help the child stay focused and relaxed.
- Unstructured time can be difficult – try shorter break/lunch times.
- Take care of yourself. You too may need support from others.

Further reading

- Inside I'm hurting – Louise Bomber Worth Publishing 2007
- Attachment in the Classroom by Heather Geddes: Worth Publishing 2006
- Can't learn or won't learn DVD- a discussion with their educational psychologist Family Future 2009?

20. Predictable Crisis Periods for Adoptive Families

There are many crisis periods that can occur at various times in your adoptive family's life experience. Among these are: transitional periods or times of significant change, the teen years, and major life events in adulthood. Crisis periods are different for every child and every family. Some children may display pronounced behaviour changes whilst others may display very subtle changes. Not all children experience crisis and it is important to keep that in mind. Listed below are some common periods of crisis defined by adoptive families. (*Brodzinsky & Schechter, 1990*)

- **Pre-placement period:** This is also called the introduction period. You and your child may experience a great deal of anxiety during this time because of the impending change. Many times families overlook the stress that is related to this period because they are looking forward to the placement.
- **Post-placement period/honeymoon period:** Because you have had to redefine many of the relationships in your family, most families are on their best behaviour during the beginning of the placement. Many of the fantasies about how the family would be will end and your child will begin to test your commitment as a family. This is sometimes called the end of the honeymoon.
- **Application for the Adoption Order:** When parents apply for the Adoption Order, your child may become anxious about when the adoption will be final, whether or not the adoption will actually take place, what the adoption means in terms of contact with birth parents as well as worry about agreeing to be adopted. You may see some of your child's challenging behaviour increase so that he or she tests the limit of your commitment.
- **Legal finalisation:** When the adoption becomes finalised, you may see a re-emergence of challenging behaviour due to some of the anxieties listed above. If your child has been required to formally consent to their adoption, it may trigger feelings of conflict within the child about loyalty to you and to their birth family.
- **Major transitions:** Any time there is a major change such as moving house, changing schools even if the transitions are positive, your child may experience confusion about feelings of loss and may often resort to old problematic behaviours.
- **Birthdays:** This is a time when children may be reminded of birth parents, foster carers and other previous caregivers or siblings who live elsewhere.

- Mothers/Father's Day: Your child may engage in extensive thoughts about their identity and birth family.
- Entering school: This is often when the first family crisis occurs. When the child enters a new school or changes in classroom routine; feelings can emerge due to pressure from peers and teachers to explain who he/she is, where he/she lives, who his/her family is. Children are often confronted with innocent questions from others that often create a tremendous amount of stress on a child who is still trying to understand the answers to these questions.
- Comments from peers: Sometimes children are confronted with questions about adoption in a hurtful manner.
- Adolescence: This is a traditional time to establish one's identity and most adoptive children have complicated identity issues. Children not only try to adapt to the physical and emotional angst of being teenagers, but also with feelings about past separations and loss.
- Adult Phase: Other life events such as selecting a partner, building a family, choosing a career, or relocating can create problems for a person with separation experiences in early childhood. Crisis can also be caused by lack of information about their heredity and may lead to a search for birth relatives.
- Death of parents: Death of a parent can trigger a search for a biological family member if the adopted person has not done so earlier. Sometimes this is due to the need to replace lost relationships and sometimes it is an effort to resolve old concerns without being disloyal to the adoptive parent.

21. Other Triggers for a Family Crisis

Family Stresses

Every family must cope with everyday pressures. Sometimes stress takes the form of divorce, death, or differences in adult development versus child development. For example, teenagers often experience the same difficulty with identity as adults who experience midlife crisis. The behaviour manifests itself differently, but the difficulty is the same. Sometimes, adults blame marital problems on children with special needs when the problem may actually be unrelated to the child.

Parents need to ask themselves:

- Is this problem about me or about the child?
- Have I been taking good care of myself?
- Have I asked for advice about this particular problem?

Separation and Attachment

Adopted children have had to meet sometimes several new families and form new attachments. This is likely to have an impact upon how your child relates to you. How your child has experienced past separations has a profound impact on the way they view themselves in relation to the new family. If your child has resolved many of the issues related to the grief and loss of their first family, then their ability to make attachments may not be the subject of crisis later in the life of the family.

Parents should ask themselves:

- What have I done to be sure that my child understands his or her life story?
- How have I helped my child to cope with the stages of mourning his or her past life?
- How recently have I talked about these feelings with my child?

Conflict in Expectations (Teenagers)

Some families are shocked by the degree of unpleasant behaviour exhibited by their teenager. Sometimes, the behaviours are antisocial, destructive, defiant and oppositional. Other times the behaviour seems to be immature, delayed or withdrawn. Possibly you had a fantasy about how your family script would develop when your child joined your family and as your family developed. This is a natural response for all families embarking on the journey to be parents. When reality fall short of their dreams and fantasies it can be disappointing to say the least.

Ask yourself

- Is your teenager behaving the same as other teenagers?
- Have I asked for help?

Mental Health Difficulties

Sometimes, children who have come to a family from the looked after children

(LAC) system often behave in a way that causes concern for the family. Because the family is unsure about this behaviour, it is easy to assume that the child may be severely disturbed. Other times, a child who is seriously disturbed may need outside professional help and the parent dismisses the behaviour as inevitable owing to their early year's experiences.

For parents, it is difficult to know the answers. Here are some examples of extreme behaviour that may require professional attention for mental health issues.

- The child is intentionally cruel to animals by beating, severely injuring or killing the animal.
- The child defecates in his or her bed and often plays with the faeces.
- The child is self-injurious to the point of cutting skin or body parts.
- The child exhibits odd behaviour such as talking to people who are not there in an extreme manner. This is not the same as an imaginary friend.
- The child attempts suicide or shares suicidal thoughts.
- The child spends playtime flapping his or her hands or banging his or her head against a wall.

If your child does any of these things, you need to seek advice as soon as possible, starting with your GP (or Adoption Support Team) for advice. The GP will make an assessment as to whether your child needs more specialist support such as CAMHs (Child & Mental Health Services).

It may help to ask other parents or professionals to validate your observations of the child. If you do need mental health services for your child, it is important that you establish a good relationship with the clinician that helps your child.

Ask yourself if you are firm in your commitment to the child, or is it possible that your own stress may be influencing the perception you have of your child.

Previous History of Sexual Abuse

Adopters who are caring for a child who has a history of sexual abuse must learn what they can do to help a child heal. While sexual abuse is often a taboo topic, it is important to understand facts about sexual abuse as opposed to myths. It is a common myth that children who have been sexually abused become perpetrators of abuse. Research indicates that one in three children are sexually abused in the United Kingdom. Most of the reported victims of sexual abuse are female. However, most convicted perpetrators of sexual abuse are male. It is most likely that a child who has been sexually abused in the past can receive help to resolve sexual abuse issues and to learn to trust again.

It is important for parents to be aware of the differences between average sexual development and sexualised behaviour.

As parents, you must reflect upon your own feelings about how to parent a

child with sexual abuse difficulties. It is possible that the child may have been sexually abused but did not feel safe to disclose the abuse until after the adoption order took place. Therefore, the parent must decide how they will cope with the situation. It is important to set appropriate limits with your child about sexual behaviour whether or not the child has a confirmed sexual abuse history and operate a safe care policy to protect your child, yourself and other children in the family.

How to Support Your Child with Responsible Drinking

Believe it or not, nearly three quarters of children aged 9-17 would turn to their parents first for information and advice about alcohol. So hopefully these tips will help you discuss responsible drinking with your children.

Be a good role model – from a young age children learn about acceptable behaviour by observing and copying their parents. The attitude you show towards alcohol and the way you drink has an influence on whether, or how, your child will drink in the future. Try to keep within the recommended guidelines. However, if you do occasionally over-indulge, use this to illustrate the potential downside of drinking too much.

Be factual – children have many sources of information and they need someone they can trust to give them accurate information and honest advice – you! Don't use scare tactics, answer frankly.

It's never too early to talk about alcohol – children see alcohol and alcohol; advertising from a very young age. So you can be discussing alcohol as soon as your child shows curiosity or asks questions. You can use things that crop up in everyday life – such as soaps, news items, things you see in general – to introduce the topic. Don't forget to listen too.

What is their understanding about alcohol? Where an adopted child's birth parents have had problems with drink or drug addiction, these young people may have vulnerabilities which you and they need to manage and understand. So try to maintain the habit of talking to your child about alcohol as their views change as they get older, especially with peer pressure.

Set boundaries – involve your child in a discussion so they know their views have been taken into account. But let them know these are ultimately your rules - and they are for their safety!

For further information on alcohol visit www.drinkaware.co.uk
(reprinted with permission of Nottinghamshire adoption service.)



22. Guidelines for Coping with Crisis Periods

How you decide to cope with crisis will depend upon you and your family. During the crisis, the way you cope will model to your children how to deal with difficult periods in their life in the future. Identifying the problem, then acknowledging the feelings and planning strategies for both creating change and for coping, are important tasks to learn, helping to develop resilience promoting better outcomes from managing themselves as adults.

At times we all need help, and being able to ask for help must be viewed as a strength. Part of identifying a solution to the crisis is being able to be strong enough and to allow yourself to be vulnerable enough to ask for help. Help can come in many forms. Some families have a strong network of support such as friends and community members such as religious leaders.

Other forms of support may be educators, social workers, school, child mental health practitioners or other resources. Sometimes talking with other adoptive parents can be helpful. Some experienced adoptive parents volunteer time with private charitable organisations in order to provide support to newer adoptive parents.

Remember that you do not have to cope with a crisis alone. It is often helpful for you to keep a record of your observations and feelings so that you may read over it at a later time and reflect. This can aid in identifying the actual problem so that you can find a solution to it.

Try not to over react to problems that seem overwhelming. It may be that after some thought; the problem is more easily solved. Likewise, minimising problems can also complicate matters. It is important to be aware of your own coping style when under stress.

23. When the Adoption is threatened

Sometimes, the unthinkable can happen. Some families find that it is impossible to cope with the difficulties that extend beyond daily stress.

Examples of extenuating adoption circumstances are:

- The child is self-destructive or violent beyond the capacity of the family to care for the child.
- Episodes of extreme behaviour are becoming more and more frequent or intense and professional help does not seem to improve the situation.
- Efforts at obtaining help have been repeatedly unsuccessful.
- Parents believe that they may harm the child in an attempt to gain control of a situation.
- Other child-protection matters arise within the family.

It may be that you will sometimes consider placing your child elsewhere or ending the adoption especially as the teenage years progress. You must be absolutely sure that you are not making this type of decision in reaction to a crisis. It is imperative that you seek help from your adoption support worker if you are thinking about disruption so that appropriate measures can be taken to support both you and your child should this occur.

Remember also, that it can be very damaging to the child and to your relationship with the child if you threaten disruption as a means of disciplining the child's challenging behaviour. When disruption (ending the adoptive placement) is threatened as a means of discipline, a sense of mistrust is created between the child and the parent. It is difficult for adopted children to trust in the first place as is discussed earlier in this booklet. Therefore, to threaten this type of result to a child, reinforces the child's expectation that the relationship cannot be trusted.

24. Food Focused Children

Helping your fostered or adopted child with difficult food behaviours

Contents

- Can we define normal food behaviour?
- Food focused behaviours as identified by adopters and carers
- How does this behaviour make us feel?
- Where does this behaviour come from?
- Consequences of the child being hungry and malnourished
- The function of food focused behaviour
- Now for the strategies

Can we define normal food behaviour?

Below are the comments from carers and adopters during our three workshops:

- Moderation and "normal" food interest.
- Some free access to food such as the fruit bowl.
- Different cultural norms.
- Three meals a day.
- Snacks in between.
- No snacking.
- Grazing.
- Treats.
- Eating out.
- Organised and with structure.
- Eating in front of TV

- Not eating in bedrooms.
- Eating at the table.
- No table.
- Home cooking.
- Adults should monitor child's intake.
- Free access to fridge.
- Child must ask for food.

As you can see there is a wide range of "normal" food behaviours

Food focused behaviours as identified by adopters and carers

- Constantly checking out what is in the fridge.
- Only eating one type of food.
- Hiding food in the bedroom or bags.
- Stocking up for the next day.
- Asking continually for food.
- Indiscriminate eating, for example packet soups and no water.
- Using hands rather than cutlery so that they can eat faster.
- Messy eating.
- Using food as a means of control.
- Talking about food constantly.
- Always finishing food before other people.
- Checking well in advance what is for the next meal.
- Eating out of pet bowls.
- Eating out of bins/other people's plates.
- Looking after their siblings food needs.
- Looking after self and not wanting to share
- Eating everything in sight.
- No off switch.
- Taking food from shops.
- Rotting, smelly food in bedrooms.
- Competitive over food.
- Secretive behaviour such as eating in the shower.
- Demanding.
- Taking food from lunchboxes at school.

How does this behaviour make us feel?

Angry, Upset, Frustrated, I want to help, Sensitive to their needs, Sad for the child

Where does this behaviour come from?

Many children looked after have come from homes where their needs were not met. Our most primitive and important need is for food. Often our children have gone hungry.

The characteristics of parents who neglect their children can involve:

- Poor mental health
- Substance misuse
- Parental learning disability

- Having low reflective function and mentalisation. That is they cannot understand how their children are feeling. They assume because they are OK the child must be too.

Consequences of the child being hungry and malnourished

- Poor physical growth.
- Poor brain growth.
- Always feeling cold.
- Listless and a lack of energy.
- Anxiety.
- Inability to learn.
- Guilt.
- Shame.
- Panic.
- Feeling unsafe
- Possible chewing problems.
- Poor speech.
- Hunger is associated with attachment and trauma difficulties.

The function of food focused Behaviour

All behaviours have a function. When you know the function and associated factors, it is easier to identify management strategies. So the function of Food Focused Behaviour is: SURVIVAL

Control

- Limiting fear, insecurity and anxiety.
- Negative attention
- Triggering memories

It is an adaptive strategy learned after a repeated event (i.e. going hungry for long periods)

Now for the strategies!

Try to avoid:

- Harsh punishment. It encourages children to become more devious and doesn't change behaviour.
- Long debates about behaviour.

Try these:

- Work on emotional literacy. Teach the child about thoughts, feelings and behaviours.
- Accurate life story work will help clarify events for the child.
- Write a story book with the child about Food Focused Behaviour - devise a positive ending
- Develop a colour code about feelings, white/calm, green/freedom, red/angry. A child who cannot verbalise may be able to use the code.
- Draw a diagram of the brain. There are several parts, angry part, calm part, excited, anxious etc. Take a baseline at the start of the work. How big is the angry part after work? Has it lessened? Children love this exercise.

- Go shopping with the child; make a shopping list with them.
- Plan meals with them.
- Introduce new foods away from the tea table – takes away the tension.
- Avoid using food as a reward or a punishment, find alternatives.
- Careful what you say about food, don't joke about missing meals. Cut up food for them if they gobble or grab.
- Put out smaller portions and let them see more is available.
- Feedback to the child what it feels like to be full/empty – same as you would for a baby using expressions that describe true hunger e.g. a growling tummy.
- Draw round the child; map out the journey of food from mouth to toilet.
- Explain to the child about somatic feelings - that is when emotions are so painful the child feels physical pain, sore tummies, headaches.
- Use CBT techniques – challenge thoughts sensitively.
- Have an assessment period, stand back and look at the behaviours, how frequent and how intense are they? Are they as bad as you think?
- Pick your battles.
- Interventions must be age and STAGE appropriate.
- Use distraction when child is anxious or food focused.
- Limit your own anxiety, monitor your anxiety.
- Plan meals with the child, use visual timetables so the child is reassured.
- Lisa's tuck box – set up a tuck box with healthy snacks such as nuts, fruit, raisins etc. Tell the child when it's gone it's gone.
- No locks on cupboards or fridge.
- Communicate with school, about the child's food focused behaviour e.g. taking food from lunch boxes. Explain to the child that school will help them control that behaviour.
- Carefully work out house rules. If it is important to you that children don't eat in bedrooms – what can you do to alleviate the child's anxiety?
- Remember children feel ashamed about this behaviour.
- Rule that children clear away food from their bedrooms every day.
- Reward them for doing so.
- Make the house rules with the children – draw them out use colours, stickers. State it positive terms.
- Practical solutions often work well.
- Use experiential and visual cues to help children with their food focused behaviour.
- Make a visual timetable for each day – highlight mealtimes.
- Make mealtimes consistent and predictable.
- Make food attractive on the plate, be creative, use cartoon character plates.

- Use humour.
- Involve child in baking.
- Use calming activities to reduce anxiety, bubble blowing, massage, calm box.
- Scaffold the child. That is you make the child feel secure by providing nurture and boundaries.
- Develop trust in other areas and then they may transfer that trust to food issues. So use trust games, blindfolding, wheelbarrow, adult guides child round room, hot and cold game, calming safe touch, draw pizza on back etc.

Thanks and acknowledgments:

Cumbria Post Adoption Team

Annabelle Hoggan *Locality Manager, Children Looked After Team (West)*

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25. When Your Child Wants to Search

Drs. Brodzinsky and Schecter in *Being Adopted*, say “In our experience, all adoptees engage in a search process. It may not be a literal search but it is a meaningful search nonetheless. It begins when the child first asks, ‘Why did it happen?’” As your child reaches adolescence, he or she may express the need to search for birth relatives if direct contact has not taken place.

Teenagers are usually struggling with identity issues. If your child feels that he or she does not have the answers to some of the questions in their mind, the child will express a need to search for the answers and a search for birth relatives is often a logical starting place for the adolescent.

Adopted adolescents often feel helpless when thinking about being separated which, incidentally, is a primary developmental task of young adults. It makes sense that they would need to exercise personal power at this time to search for answers about the earlier separation in their life in order to gain mastery over embarking on an independent life for themselves.

If your son or daughter expresses a desire to search for birth parents during adolescence, you may wish to contact an adoption support worker for advice about how to proceed. The adoption support social worker can try to gain access to information regarding your child’s past history. You will be given guidance and support about how and when to share this with your child. Often what your son or daughter is seeking is clearer information rather than direct contact with a birth relative. Remember the ‘Later in life letter’ explaining in a more detailed way why your child was adopted. You can decide the time to share this letter with your child. Again liaise with your adoption support social worker.

There are also adoption support services that provide counselling for families and children who may be experiencing anxiety over the search process.

Search Tips for Adoptive Parents

- Take your child's request to search seriously. Most children have thought about the desire to search for a lengthy time before expressing it.
- Decide with your child what the best course of action is, it is important to work together to decide what is best for your child.
- Try to be aware of your own feelings and how they might affect the decision making process. Some parents feel threatened by the child's request to search and as a result hinder the search without talking it over with the child.
- Try to help your child sort out the reason for wanting to search. Is it because of recent upheavals in the family such as divorce or a sibling moving out of the home to go to university or to start a job? Is it because the child needs to know answers about his or her past? Is it because the child needs to complete the grief cycle?
- Do not be afraid to ask for help. Sometimes it is valuable to have an objective third party who can talk with you and your child.

26. Adoption Support Services

According to the Adoption and Children Act 2002, Local Authority Adoption Services must include the provision of adoption support services available in their area to meet the needs of people affected by adoption.

Adoption support services are defined as:

- Financial support
- Services to enable groups of adoptive children, adoptive parents and birth parents or former guardians of an adoptive child to discuss matters relating to adoption.
- Contact mediation between an adoptive child and birth parents, birth siblings or relatives, former guardians or related persons.
- Therapeutic services for adoptive families.
- Assistance for the purpose of ensuring the continuance of the relationship between an adoptive child and his/her adoptive parent, including training for adoptive parents to meet any special needs of the child and respite care.
- Assistance where disruption of an adoptive placement or adoption arrangement following the making of an adoption order has occurred or is in danger of occurring.
- Counselling, advice and information services

The local authority currently serves adopted children, adoptive parents, birth child of adoptive parents, birth parents or guardians of adoptive child, relative of adoptive child, inter-country adoptive children and parents, birth siblings of adopted children, prospective adopters, adopted adults and their relatives.

27. Glossary of Related Terms

Abuse- Harm inflicted upon a person through physical, verbal, emotional or sexual means.

Adoption Support- Services provided to adoptive families to enhance the lifelong adoption process.

Adoption Support Plan- Written plan based upon child and family needs used to identify services.

Adoption Order- The legal finalisation of the adoption of a child.

Adoption Panel- Interdisciplinary panel that reviews and approves potential adopters and potential matches.

Adopted Adult Services- Services for adults over 18 and members of birth families who wish to explore the possibility of contacting each other.

Anti-Social Behaviour- Behaviour well beyond the limits of acceptable behaviour for most children, including, truanting, fighting, running away from home, chronic lying, and not responding to affection.

Attachment Difficulties- Inability to develop specific emotional connections with other people.

Attention Deficit Hyperactivity Disorder- a lifelong disorder that affects an individual's ability to concentrate and fully control their own actions and reactions.

Autism- a disturbance believed to be caused by genetic factors and/or brain damage that affects a person's mental, social or and emotional development.

Birth Family- Family members related by genetic factors.

Birth Records Counselling- a service that is offered to help people find adoption related records.

Care Order- a court order that provides protection for children in the care of adults. Often used if children are placed outside the home.

CAMHS- Children and Adolescent Mental Health Services

Cerebral Palsy- A non-hereditary condition that is the result of brain damage before, during or after the birth process. Children with cerebral palsy lack muscle control in one or more parts of the body.

Child Protection Services- Local authority services that investigate allegations of child neglect and abuse.

Connexions- Services offered to adolescents age 16 to 19. Services include job search, accommodation allowances and counselling.

Contact- Direct contact includes face-to-face interaction between an adopted child and birth relatives. Indirect contact includes letter writing through post-box services.

Cognitive Delay- Marked developmental delay in a person's ability to process information or to think logically or analytically.

Conduct Disorder- A condition characterised by a strong unwillingness to meet the norms or expectations of society.

Developmental Delay- A delay in a child's progress when measured against the skills of children who are the same age.

Depression- An overwhelming feeling of despair usually lasting longer than two weeks.

Disability Services- Services offered to persons with a lifelong disability such as autism, cerebral palsy, learning difficulty, behavioural difficulty or other medical condition.

Disruption- The break up of an adoption.

Dyslexia- Neurological difficulty that interferes with the visual processing of information.

Dyspraxia- Neurological difficulty that interferes with gross motor skills.

Encopresis- A condition in which children regularly soil their pants. This can be a one off occurrence or may be a symptom of an underlying disease.

Enuresis- Bed-wetting and sometimes daytime wetting. Can be caused by underlying illness such as untreated diabetes, spina bifida or stress. Most of the time the cause is unknown.

ESLAC- Educational Support for Looked After Children

Expressive/Receptive Language- Expressive language is the amount of language the child is able to use to speak or write to others about his or her thoughts. Receptive language is how much language the child can understand and process when others speak or write to him or her.

Foetal Alcohol Effect (FAE) - (see foetal alcohol syndrome) Less severe than FAS.

Foetal Alcohol Syndrome- Lifelong mental and emotional difficulties that are the result of pre- natal alcohol exposure. FAS is an organic brain disorder that manifests itself in central nervous system dysfunction. Delayed pre-natal and post-natal growth and characteristic facial features. Symptoms include: learning difficulties, attention deficit and hyperactivity, poor social judgement and impulsive behaviour.

Foster Carer- Temporary carer who provides a home for children whose parents are unable to care for them. Children who are the subject of care orders live in foster placements.

Individual Education Plan- A plan made by educators and others that outlines the specific skills the child needs to develop as well as how the child's needs will be addressed in the learning environment.

Intermediary Services- Services provided to people affected by adoption to facilitate contact between adopted persons and birth relatives.

Kinship Adoption- Adoption by a person who has established a kinship bond with the child such as a grandparent, aunt or uncle.

LAC- Looked After Child

Later Life Letter- A letter that is written by a social worker, usually given to the adoptive parents, that explains the circumstances surrounding why the child's birth parent could not care for them.

Learning Difficulties- The presence of: impaired intelligence, with impaired social functioning, which started in early childhood, with a lasting effect on development.

Life Story Book- a book that should be given to a child that contains photographs and mementos of the child's life. The purpose is to give the child a sense of history about his or her early childhood. There are usually photos of the birth parent(s), a copy of the birth certificate, photos of the hospital or town where the child formerly lived and photos of other members of the family or foster carers with whom the child had a relationship.

Matching- When a child is matched to a prospective adoptive family. There are many considerations for matching such as social, cultural developmental factors to name only three.

Matching Panel- When a child is matched to a family for a pre-adoptive placement, an approval by an adoption panel within the local authority must take place. The child's social worker and the prospective adopter's social worker attend this meeting to seek approval for the match. This meeting is often referred to as "matching panel"

Mental Illness- Abnormal or unstable behaviour, thoughts, or feelings. People are defined as mentally disordered because they behave, think, or feel differently from most others.

Motor Skills- a person's ability to use large and small muscle groups.

Neurological Difficulty- emotional or physical problems that are the result of damage to the Central Nervous System or brain.

Occupational Therapy- Physical skills training that often enables disabled persons to better manage daily living. Therapy may include teaching infants to suck or swallow, or teaching children how to use a pencil or eating utensils if the child is having difficulty doing such tasks.

Pastoral Care Plan- In addition to the individual education plan, the pastoral care plan focuses more on the emotional behavioural functioning at school.

Placement Order- Legal order for a child to be placed in foster care or pre-adoptive placement.

Post-Box Services- Services offered by local authorities to manage indirect contact (letter exchange) between birth relatives and the adoptive child and adoptive family.

Post-Sixteen Services- Services offered to youths between the ages of 16 and 19. These services can include counselling, assistance with accommodation and some financial assistance.

Pre-natal Exposure- Exposure to drugs or alcohol before birth while still in utero.

Psychotherapy- Process of interaction between a therapist and a patient aimed at helping to decrease distress arising from emotional or thinking disorders.

Reactive Attachment Disorder- a condition resulting from an early lack of consistent care, characterised by a child or infant's inability to make appropriate social contact with others.

Relinquishment- The process by which, birth parents voluntarily surrender rights to parent their children.

Respite Care- Childcare and other services designed to give parents temporary relief from their responsibility as caregivers. This is usually offered only as a part of a support plan to parents of children with lifelong special needs.

Residential Care- Accommodation for children who are unable to remain in their home due to running away, truanting or other behaviour difficulties.
Review- a formal scheduled meeting to review care plans, adoption support plans or other plans. Usually the review includes the child's carers and other professionals who are providing services to the child in accordance with the plan.

Separation Anxiety- Excessive and persistent anxiety about being separated from one's home or parents that interferes with regular daily activities.

Sexual Abuse- Abuse of a sexual nature. Usually including oral sex, penetration, anal sex, and penetration by instrumentation or other inappropriate means. Can include participation in videography and pornography.

Sexualised Behaviour- Behaviour exhibited by a child that is considered to be well beyond the sexual behaviour of children the same age and level of development. Disordered sexual behaviour usually the result of being sexually abused. With help and appropriate boundaries, most children exhibiting sexualised behaviour learn to relate to others in an appropriate manner.

Special Education- Specialised educational services designed to address the special needs of the child within the educational setting.

Sibling Group- Siblings related by birth into the same family, usually placed and adopted together.

Support Network- Number of people who support the family such as relatives, community members, friends and professionals.

Special Needs- Conditions that make some children more vulnerable. Children with special needs can be more difficult to find an adoptive family for due to the level of care that may need to be offered to them by the family. Children with attachment difficulties, foetal alcohol syndrome, behaviour difficulties, history of sexual abuse, learning difficulties, attention deficit disorder, physical difficulties, of a minority race, age, sibling group or history of abuse and neglect are considered to be children with special needs.



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29. Suggested Reading List

Children's Books

- Argent, H., Lane, M (2003) Adoption: What happens in Court?
- B,E (2008) The Scared Gang
- Comfort, L. (2010) The Most Precious Present in the World
- Friday, C. (2005) Oh Brother!
- Foxon, J. (2001-2006) The Nutmeg Series
- Gliori, D No matter What
- Ironside, V The Huge bag of Worries
- Kimpton, D. (2007) Lamb-a-roo
- Merchant, E (2010) Dad David, Baba Chris & Me
- Murray L (2001) Calm Kids (Help Children Relax with Mindful Activities)
- Parr, T several childrens books about different types of families (younger children)
- Sambrook, P. (2009) Dennis Duckling
- Seeny, J (2012) Safe Place for Rufus,
- Sheehan, J. (2003) And Baby Makes Two
- Shah, S. (2003) Adoption: What it is and What it Means.
- Snel, E. (2013) Sitting Still- Like A Frog- Mindfulness For Children
- Sunderland, M (2003) Helping Children with Feelings Series,
- Valey, S (2013) Badgers Parting Gifts
- Van der Hoech, J & Marks, R. (2016) What a Muddle
- Viegas, M (2014) Relax Kids (meditations for children, age 5+)
- Viegas, M (2014) Relax Kids (meditation tools for kids age 6+)
- Watt, M Scaredy Squirrel

Contact

- Smith, C., Routledge, J. (2003) After Adoption: Direct Contact and Relationships.
- Argent ,H 'Staying Connected: Managing Contact in Adoption
- Neil, E 'Contact in Adoption and Permanent Foster Care'
- MacAskill, K 'Safe Contact: Children in Permanent Placement and their Birth Relatives'
- Smith, C and Logan, J. After Adoption Direct Contact and Relationship
- Sydney, L & Price E (2014) Contact

Education issues

- Bomber, L: (2007) Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools
- Geddes, H: (2006) Attachment in the Classroom
- Family Futures DVD –Can't Do or Won't Do.

Extended Family

- Argent, Hedi (2004) *Related by Adoption: A handbook for grandparents and other relatives.*

Gay and Lesbian Adoption

- McGarry, K.J. (2003) *Fatherhood for Gay Men: An Emotional and Practical Guide to Becoming a Gay Dad.*
- Hicks, S., McDermott, J. (1998) *Lesbian and Gay Fostering and Adoption: Extraordinary Yet Ordinary*

Lifestory Work/Books

- Golding, K.(2014) *Using Stories to Build Bridges with Traumatized Children*
- Latcher, D. Nichols, T. Nichols, M. & May, J. (2012) *Connecting With Kids Through Stories*
- Rees, J; *Life Story Books for Adopted Children: A Family Friendly Approach*

Preparing For Adoption

- Davis, J.(2015) *Preparing For Adoption*
- Donovan S, (2013) *No Matter What*

Parenting Adopted Children (including Attachment)

- Archer, C. (1999) *First Steps in Parenting a Child Who Hurts: Tiddlers and Toddlers,*
- Archer, C. (1999) *Next Steps in Parenting a Child Who Hurts: Tykes to Teens,*
- Cline, F., Fay, J., (2006) *Parenting With Love and Logic: Teaching Children Responsibility,*
- Davis J (2015) *Preparing for Adoption*
- Elliot, A *Why Can't My Child Behave*
- Foli, K., Thompson, J. (2004) *The Post-Adoption Blues*
- Foster,C.(2008) *Big Steps for Little People*
- Gray, D. (2002) *Attaching in Adoption: Practical Tools for Today's Parents,*
- Golding, K *Nurturing Attachments: Supporting Children Who Are Fostered or Adopted*
- Golding, K. & Hughes,D. (2012) *Creating Loving Attachments*
- Hirst. M
- Howe, D. (1996) *Adopters on Adoption: Reflections on Parenthood and Adoption,*
- Hughes D (2009) *Attachment Focused Parenting*
- Hughes, D *Principles of Attachment-Focused Parenting: Effective Strategies to Care for Children*
- Hughes, D. *Building the Bonds of Attachment*
- James, M (2006) *An Adoption Diary: One Couple's Journey from Infertility to Parenthood.*
- Macleod, J., Macrae, S., Ed's (2006) *Adoption Parenting: Creating a Toolbox, Building Connections*

- Post, B. Great Behaviour Breakdown
- Van Gulden, H., Bartels-Rabb, L. (1995) Real Parents, Real Children: Parenting the Adopted Child
- Wolff, J., (2000) Secret Thoughts of an Adoptive Mother,

Parenting & Psychological Development (including Attachment)

- Cline, F., Fay, J. (2006) Parenting Teens With Love and Logic: Preparing Teens for Responsible Adulthood,
- Forbes, H & Post, B Beyond Consequences, Logic & Control 2010 BC Institute Volume 1 & 2
- Donovan S, (2015) Adoptive Parenting
- Gerhardt, S Why Love Matters: How Affection Shapes a Baby's Brain
- Golding,K & Hughes, D 2012 Creating loving attachments
- Hughes,D. & Baylin, J. (2012) Brain Based Parenting
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- Hunt, C (2003) The Parenting Puzzle: How to Get the Best Out of Family Life (Author)
- Music G , (2011) Nurturing Natures,
- North,J. (2014) Mindful Therapeutic Care For Children
- Perry,B, Szalavitz,M The Boy Who Was Raised As a Dog: And Other Stories from a Child Psychiatrist's Notebook - What Traumatized Children Can Teach Us About Loss, Love, and Healing
- Perry, BD; Born for Love: Why Empathy Is Essential--And Endangered
 - Omer,H (2004) Nonviolent Resistance
 - Siegel, Dr D. & Hartzell, M. (2004) Parenting from the Inside Out
- Siegel, Dr D. & Bryson Dr T (2011)The Whole Brain Child
- Siegel, Dr D. (2011) Mindsight
- Silver, M.(2013) Attachment in Common Sense & Doodles
- Sunderland, M (2006) What Every Parent Needs to Know:
- Van Der Kolk,B (2014) The Body Keeps Score
- Webster-Stratton, C. (1992) The Incredible Years, Seth Enterprises.
- Webster-Stratton, C., Herbert, M. (1994) Troubled Families, Problem Children,
- Wipfler, P. & Shore,T.(2016) Listen

Sensory Processing

- Atkinson, M. & Hooper, S. (2016) Once upon a Touch, Story Massage for Children
- Delaney, D (2008) Sensory Processing Disorder Answer Book
- Sher, B: Early Intervention Games: Fun, Joyful Ways to Develop Social and Motor Skills in Children with Autism Spectrum or Sensory Processing Disorders
- Stock Kranowitz, C The Out-Of-Sync Child

Single Parent Adoption

- Owen, M. (1999) Novices, Old Hands and Professionals: Adoption by

- Single People
- Varon, L. (2000) Adopting on Your Own: The Complete Guide to Adoption for Single Parents

Therapeutic Interventions

- Fursland, E (2016) The Adopters Handbook on Therapy

Transracial/ Transethnic Adoption

- Alphonso, M. (1997) International Adoption Handbook,
- Bleir, R. (2004) Cross Cultural Adoption: How to Answer Questions from Family,
- Lewis, R., Dyer, J. (2003) I Love You Like Crazy Cakes,

Understanding Teenagers

- Goleman, D. (2005) Emotional Intelligence,
- Gurrian, M., (2006) The Wonder of Boys: What Parents, Mentors and Educators Can Do to Shape young Boys Into Exceptional Men,
- Faber, A & Mazlish (2005) How to Talk to Teens will Listen & How to Listen so Teens Will Talk
- Perry, A. (ed) (2009) Teenagers & Attachment
- Simon and Schuster, USA. Wiseman, R. (2003) Queen Bees and Wannabees: Helping Your Daughter Survive Cliques, Gossip, Boyfriends and Other Realities of Adolescence
- Sells, S. (2001) Parenting Your Out-Of-Control Teenager
- Staff, R (2016) Parenting Adopted Teenagers
- Sunderland, M (2015) Conversations that Matter, Talking with Teenagers in Ways that Help

Search and Reunion

- Bailey, J., Giddens, L. (2001) The Adoption Reunion Survival Guide: Preparing Yourself for Search Reunion and Beyond.
- The Adoption Reunion Handbook (2004) Trinder, L, Feast, J & Howe, D

Understanding Adoption

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- Morris, A The Adoption Experience: Families Who Give Children a Second
- Robinson, G (1998) Older Child Adoption,
- Verrier, N; The Primal Wound: Understanding the Adopted Child

30. Resources/Organisations

Adoption UK

Head Office

Adoption UK, Linden House, 55 The Green, South Bar Street, Banbury, OX16 9AB

The office is open Monday to Friday from 9am to 5pm.

Tel: 01295 752240 Fax: 01295 752241

Adoption Plus

Adoption Plus Limited, Moulsoe Business Centre, Cranfield Road, Moulsoe, Newport Pagnell, MK16 0FJ

Tel: 01908 218251 Fax: 01908 216854

Email Enquiries@adoptionplus.co.uk

New North London Adoption Plus therapeutic Project

The Place, Weston Park, Crouch End, London N8 9TB

Rachel Staff 07557 784 226 rachel.staff@adoptionplus.co.uk

After Adoption

ActionLine - 0800 0 568 578

Email - information@afteradoption.org.uk

By Post - Unit 5 Citygate, 5 Blantyre Street, Manchester, M15 4JJ

Coram The address for the headquarters is Coram Campus, 41 Brunswick Square, London WC1N 1AZ. Tel: 020 7520 0300.

Family Futures

Address: 3-4 Floral Place 7-9 Northampton Grove Islington. County: London.

Postcode: N1 2PL. Website: www.familyfutures.co.uk.

PAC-UK

5 Torriano Mews Torriano Avenue London NW5 2RZ

Telephone: 020 7284 0555 Website: www.postadoptioncentre.org.uk

New Family Social; Support group run by and for LGBT adopters

www.newfamilysocial.co.uk 0843 289 9457

We are Family Support User led adoption community that run groups in and around London

wearefamilyadoption.co.uk; hq@wearefamilyadoption.co.uk

Education Resources

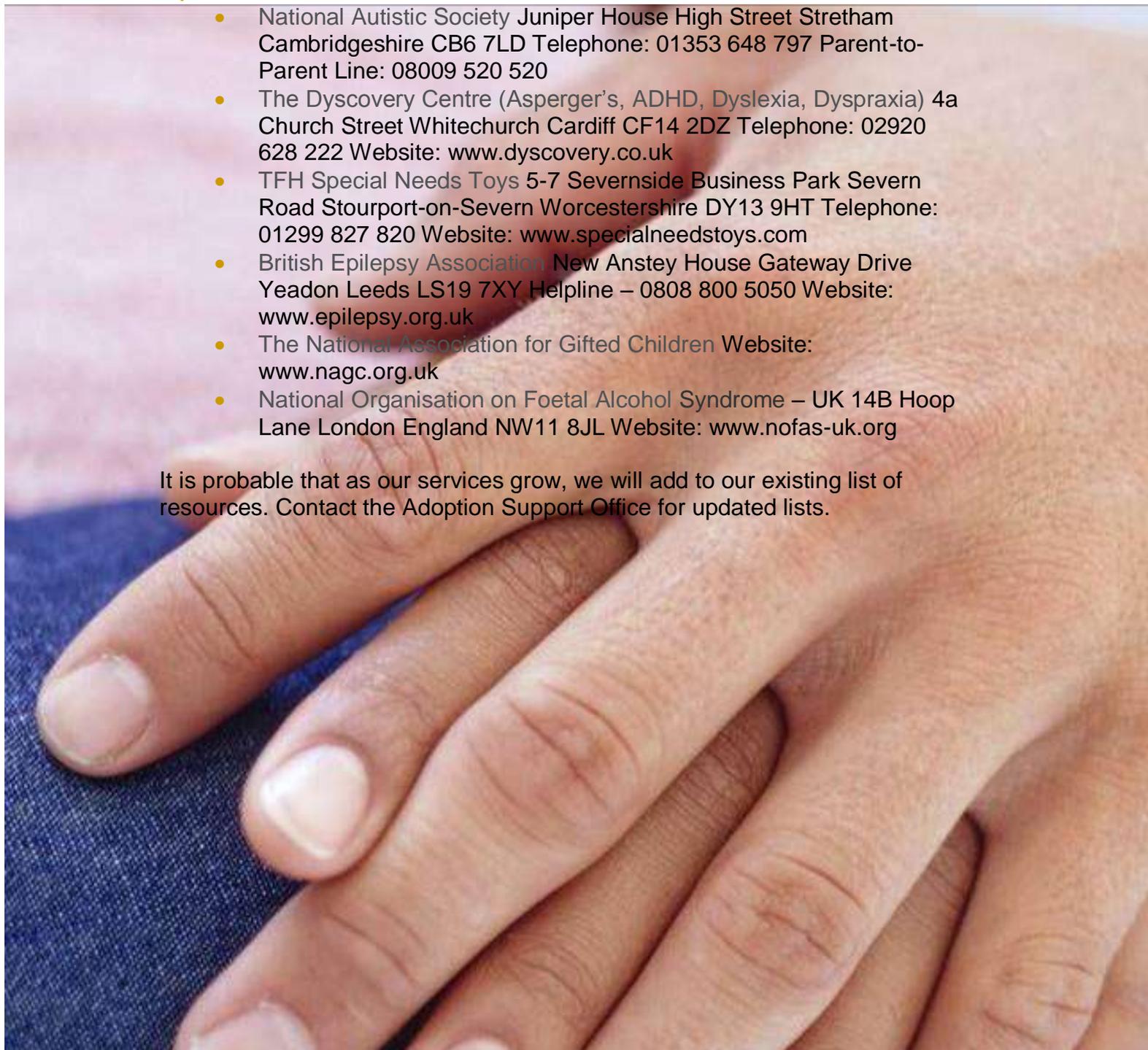
- Advisory Centre for Education (ACE) Tel: 0808 800 5793 Website: www.ace-ed.org.uk
- IPSEA (Independent Panel for Special Education Advice) England and Wales: 0800 018 7016

- AdoptiveFamilies.com www.adoptivefamilies.com
- General Register Office (To obtain adoption certificates) Adoptions Section Room D09 Trafalgar Road Southport PR8 2HH
- Adoption Contact Register General Register Office (To obtain adoption certificates) Adoptions Section Room D09 Trafalgar Road Southport PR8 2HH
- Every Child Matters, Change for Children www.everychildmatters.gov.uk
- Parents Centre www.parentscentre.gov
- Oasis (Overseas Adoption Support and Information) Helpline 08702 417 069 www.adoptionoverseas.org
- OAASIS (Office for Advice, Assistance Support and Information on Special Needs) Brock House Grigg Lane Brockenhurst Hampshire SO42 7RE Helpline: 01590 622 880

Special Needs Resources

- National Autistic Society Juniper House High Street Strettham Cambridgeshire CB6 7LD Telephone: 01353 648 797 Parent-to-Parent Line: 08009 520 520
- The Dyscovery Centre (Asperger's, ADHD, Dyslexia, Dyspraxia) 4a Church Street Whitechurch Cardiff CF14 2DZ Telephone: 02920 628 222 Website: www.dyscovery.co.uk
- TFH Special Needs Toys 5-7 Severnside Business Park Severn Road Stourport-on-Severn Worcestershire DY13 9HT Telephone: 01299 827 820 Website: www.specialneedstoys.com
- British Epilepsy Association New Anstey House Gateway Drive Yeadon Leeds LS19 7XY Helpline – 0808 800 5050 Website: www.epilepsy.org.uk
- The National Association for Gifted Children Website: www.nagc.org.uk
- National Organisation on Foetal Alcohol Syndrome – UK 14B Hoop Lane London England NW11 8JL Website: www.nofas-uk.org

It is probable that as our services grow, we will add to our existing list of resources. Contact the Adoption Support Office for updated lists.



Appendix 1: Life Story Books

Below are notes for social workers making lifestory books using the work of Joy Rees* (2009) who has written two books on the subject and is a consultant to Adoption UK & Family Futures;

Children need to be cared for by grown ups who can do all these things.

Warm + comfortable home	Good food + mealtimes	Playtimes	Safety
Take them to school	Fun times	Rugs + rousers	Child's special interests
Exercise	Homework	Talk about feelings	Story times
Mobbings	Clothing choices	Good health (eg dental checks)	Laughter
Love	Hugs	Smiles	Gentleness

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- Using Joy Rees' model, makes it a therapeutic tool which can help with attachment and bonding between the parents and the child. It promotes a relationship built on honesty and openness. It is a concrete tool that adopters and long term carers can use to help a child understand the who, what, when. The aim of a 'Lifestory Book' is to help build the child's identity and make sense of why they have been placed in adoptive/long term fostering/kinship care placements. It is a simple story of the child's life and where and why of their history, told through words, photographs, pictures and documents.
- Children separated from their birth parents often have a fragmented sense of their stories and identity and lack knowledge about their origins. This book will provide an accessible source of information the child can dip into when they want to reflect on who they are. It can also be an opportunity for adopters and carers to use it as a form of scaffolding to start those conversations to elaborate on those difficult questions children may have as they arise.

A life story book can:

- Give a coherent, simple and honest story of a child's life
- Promote a positive sense of self so that the child can live comfortably in the present and plan for the future
- Put the past into a context where it can be spoken about and not so awful that they and their family can't think about it
- Help children resolve feelings of loss
- Reduce magical thinking and fantasies about the birth family
- Put adoption into a context of everyday life
- Help children resolve strong feelings at their own pace and within the context of a nurturing and supportive relationship
- Promote attachment and trust in adults
- Give the child a sense of belonging to their adoptive family
- PowerPoint is a good programme to compile the book in as it gives flexibility and is easy to add photographs to; as well as print out individual pages- it is also a common programme which many families will have for future additions. Also it is easy to add in gaps
- Structure the book starting in the present (when the child is already in placement) then moves to the past and chronologically moving back to the present and end with the child's hopes and dream for the future.
- Write the book using the language for a child of about 4-8 years old (children who have experienced trauma generally function emotionally at a younger age)
- Always do in the 3rd person e.g. Melanie is 5 yrs.
- Adoptive parents are referred to as mummy/mum and daddy/dad throughout the book etc.
- Birth parents/relatives are referred to by their first name, after introducing them as birth parents.
- Check with the adoptive parents/permanent carers whether they are happy with the language used and or have suggestions; as they are the ones who will read the book with the child.
- Get adoptive parents involved in choosing/taking photographs – although remember with photographs from the child's past history try to use pictures of the child or their birth family which reflect those circumstances. E.g. if you use a picture of the birth mother looking a 'picture of health' and she was a drug user that will be inauthentic and not make sense to the child.
- Scan in photographs and keep the originals safe.
- Include something about the child's name. How the first name was chosen, why, what it means. This will lead into family names and what it was and what it is now- which open's up the adoption narrative.
- Reinforce how many people have been adopted; include cartoon characters, from stories, famous people which the child and adoptive family will identify with.
- Use clip art- when you have no photos- and acknowledge emotions which can be represented with clip art.

- Remember all children know their own story at some level- they have lived it- so protecting them from the difficult bits in their history is not an option- putting their story in a way that promotes them as lovable and precious and not responsible for the abuse is an important aspect of the story.
- All babies have a birth mother and birth father so mention both the parents- even if you know little about them. If you can describe personality, appearance, ethnic origin, religion interests, occupations but don't burden the child with their problems. If nothing is known say so.
- Be honest and sensitive as to why the child was taken into care. If there was neglect, abuse, domestic violence, alcohol or drug misuse say so without graphic detail or judgment.
- You can say the birth parents loved the child but how they were not able to provide the things all children need to grow up strong and healthy and stay safe. Emphasise that the reasons for the adoption were about the deficits of the birth parents and not the fault of the child.
- List all foster placements and include photos, special stories where possible.

30 Things Adolescent Adoptees Wish They Knew About Their Birth parent/family

by Laurie Elliot Children's Guardian

(much of this information should be contained in the lifestory book and/or later in life letter, if not- ask your adoption support social worker to gain this information now rather than wait until your child is asking for it.)

1. What are my birth parents first and middle names?
2. How old were they when I was born?
3. Were they married when I was born?
4. Did they stay together after I was born?
5. Did either of them have other children either before I was born or now?
6. Where did they go to school?
7. Did they work and if so what jobs did they do?
8. What religious background did my parents have?
9. Where was I born? (which hospital and which city)

10. What time and how much did I weigh?
11. Were there any complications at the time of my birth?
12. Did my birth mother/father see me and hold me? Did they say anything about me?
13. Who else was present at my birth?
14. What is my racial /ethnic background?
15. Why could I not live with my birth parents?
16. Did my birth parents meet my adoptive parents?
17. What was my name at birth? Why did my birth parents choose this name?
18. Does anyone else in my birth family know about me?
19. Do you have a picture of my birth parents/family?
20. Did they love me? Did they try to make changes so that they could look after me?
21. Did my birth parents have any special talents or hobbies or interest?
22. Have I inherited any of their birth traits?
23. Did my birth parents write to you/me over the years?
24. Have we still got these letters/cards?
25. Are there any medical concerns that I should know about?
26. Are my birth parents still alive?
27. How many foster families did I live with?
28. What were their names?
29. How long was I there? Did you meet them?
30. What did I bring from my foster family? Do we still have them?

Appendix 2 - Letterbox Contact Information for Adoptive Families

The Letterbox Exchange Service

What is the Letter Box Exchange?

This is a service that promotes the exchange of experiences and news between the families of children who are adopted in permanent families and birth families.

The Letterbox exchange can also involve siblings of adopted children adopted in other homes. The exchange also takes place between adopters and foster carers and /or the children if old enough to write to each other. It may be set up some years after the child has been placed with you if subsequent knowledge of further siblings being born reaches the Adoption Support Service.

Information is exchanged once the scheme is agreed between the parties, and can continue until the child reaches 18 years old. In some cases, this arrangement can continue after a child's 18th birthday, if all parties are in agreement for this to happen. We will contact you and your adopted child around the time of their 18th birthday to discuss this further and to help you consider other options that might be available.

Who can use the Letterbox Exchange?

The Letterbox Exchange can be used by anyone who has been important in the child's life. Birth parents and grandparents, uncles, aunts and brothers and sisters can be part of the exchange. There may also be other people in the child's life who are not relatives and wish to have letterbox contact.



When does the Letterbox Exchange start?

Before a child is placed permanently, the child's social worker, and the family placement social worker will speak with you about the proposed arrangements for contact. Following the child's placement, the child's social worker and/or your link worker will complete a letterbox arrangement with each party involved in the exchange. The frequency of exchange will be agreed and all the parties sign a copy of the arrangement. Once we receive all the signed agreements, we will write to you confirming the agreement has been set up. Once the month(s) of exchange have been agreed the Letterbox is set up and individuals can begin the exchange of information.

What can be exchanged and when?

The information that can be exchanged by ordinary post can consist of letters, cards, photographs, pictures, video and tapes. Although not recommended, birth parents do sometimes send gifts. It will be up to you to decide what is right for you and your family and no pressure will be put on you to accept gifts that are inappropriate.

Each person who is involved in the Letterbox exchange will have a copy of the arrangement. The arrangement will state the time and month information can be exchanged, and each party will have details of the address to send the information to. At the time of exchange please send all information unsealed to the Letterbox Address of the local authority which coordinates your letterbox contact.

Who can I speak to about the Letterbox?

As an adoptive parent, there may be times after the adoption has taken place when you may need some help with understanding the feelings and emotions your child may have around the time of the exchange, or about contact. You may want to discuss any concerns you might have, perhaps ask for help in writing a letter, or you might want to speak with someone about the exchange in general.

An Adoption Support Worker will be available to discuss the letterbox contact or any issue connected with post adoption. You can contact the service by phone, letter, email or meet with us in person.

What happens to the information that is sent in?

Please put your unsealed letter/photographs inside an envelope addressed to the Letterbox Exchange address and include a covering letter so it is clear who has sent it and for whom it is intended.

Information is also scanned to ensure that if the post were undelivered, or lost, there is a copy on the file that can be re-sent.

What happens if I am unable to send anything /wish to change the arrangement?

It is always best to speak with the Adoption Support Service if there are any concerns, comments or questions you have about your exchange as soon as is possible.

We appreciate that your circumstances may change, and you may wish to enter into a discussion about the letterbox exchange, and potential changes. It is important that everyone involved in the letterbox arrangement has a measure of flexibility and goodwill.

If there are changes that are requested, or problems at the time of the exchange these will be discussed with all parties involved in the exchange, and dealt with in a sensitive and understanding manner. **It is important you let us know if there is a problem, however small you think it might be, and we will do all we can to help.**

What do I write?

A GUIDE FOR LETTERS FROM ADOPTIVE PARENTS TO BIRTH PARENTS/RELATIVES

It can sometimes be very difficult to sit down and write a letter to your children's birth family members. This is something that all adoptive parents find a struggle to begin with. Writing a letter to birth parents and/or other relatives can be very difficult. You may even feel that you are not very good at letter writing, however, the information that you send is usually the only way that birth family members will know what is happening in the child (ren's) life.

Writing the letter may coincide with a difficult period your family has experienced, or is currently getting to grips with. Providing information may feel inappropriate or create insecurity. It is quite normal to have these feelings and to worry about what and how to say things to a birth parent, whilst at the same time thinking about sharing information you have received with your children. However, it is not usually advisable to share any difficulties in your letter and it may be better to wait until an appropriate time, if you share them at all.

It is important to focus on what you might want to know if you were away from your home for an extended period of time, and what questions you might ask to update you on how your child were progressing. E.g. likes and dislikes re: food, interests, school life, and what is the child's experience of school, likes and dislikes. Any activities, hobbies outside of school? What about special talents, or favourite music, TV programmes, books, films etc. holidays and trips abroad are always good topics to include in your information.

You are sharing information, news and experiences with someone who cares about your children and it is important to remember that this is a letter not a formal report.

Names

You may or may not have met with your child (ren's) birth family. It is usually perfectly all right to call them by their first names and for you to use your first names. If you have any concerns about using your first names, however, it can be helpful to discuss this with your social worker. If you have added to your child (ren's) birth name it is usually best to be open about this as in the future it could become confusing for everyone involved.

Addresses

It is advisable not to be specific about places and unusual organisations that you may have contact with as this can be identifiable.

Photographs

If you have agreed to send photographs be generous in your choice. Birth families treasure the photographs they are sent. Clear and well produced photographs are important and it is always nice to know something about it – was it taken on holiday, or on a birthday? Although photos on digital cameras are becoming more popular, for some birth parents photos on photographic paper are much appreciated.

Writing the date or time of year on the back of the photograph can be helpful. School photographs are usually excellent but please be aware that the uniform may be identifying. Check the back of the photographs that you are sending as sometimes the name of the town where they have been developed is printed on the back.

Contents of the letters

What you write in your letter depends on your child/ren's age. Over a period of six months or a year all children make some progress and learn more skills. Try to include some details of new achievements and hobbies, particularly if you know that it is one shared by the birth parent.

Take care when mentioning any worries that you have about your child – the birth family is powerless to do anything about them and may become anxious. However, all children get up to mischief and it can be helpful to build a more realistic picture if you include some amusing stories. Photographs are a wonderful record but birth family members also appreciate a written description of your child/ren's development.

If you have received a letter or photographs from the birth family, it would be helpful to acknowledge this in your next letter and mention that you received them safely. It would also be reassuring for the birth family to know that the letters are being shared or kept safely for your child.

As children get older they may want to contribute to your letter. You may often need to take the initiative for this because children might not know what to say. You may want to include some of your child/ren's art work etc from play group or school; perhaps as a child gets older they could be encouraged to select items to be included.

Because children do not talk about their birth families, it does not mean that they are not thinking about them. This will certainly reassure the birth family that your child knows something of his/her history. It may also help open up discussions with your child about his/her past.

Your letter does not need to be a lengthy piece of work or literary genius, on the other hand a few short lines does not convey much information or a sense of personality or intimacy. A proud, sensitive and generous account of your child/ren's progress will be much appreciated. Birth family members are reassured by the fact that their child (ren) is loved and cared for, so do not feel reluctant to share the happy times in your letter.

You may wish to keep a copy of the letter to remind you of what you said.

Time

The birth family members will be expecting to receive a letter from you at the agreed time, many watch anxiously for the post. Please remember that it takes time to process the exchange. It might be worth bearing in mind also that due to the lifestyle of many birth families and issues with literacy and conveying positives about their lives, their letters may be later in arriving, as they are often emotionally painful to write. There may also be occasions where some birth relatives may struggle to write the letters at all and may not be able to continue with the arrangement. Should this happen, we will discuss this further with you and to help you consider your options.

Sometimes it helps just to talk ideas through, please feel that you can phone the Adoption Support Service responsible for your letterbox exchange at any time. We hope that these thoughts will help you with your letter writing.

Where do I send my Letterbox Letters?

Send your letters, cards or photographs to the adoption support social worker in the local authority that placed your child for adoption. They will continue to be responsible for this until your child is at least 18 years old.

Example of a Letter from Adoptive Parents to Birth Relatives

Dear John and Vanessa,

It was great to hear your news in your last letter and we both hope that you are still keeping well.

Amie and Steven are really growing to be two lovely children. They both love playing with and teasing one another. Steven is a typical boy and he loves to get physical and play rough and tumble but he is also very tender and sweet and loves his kisses and cuddles. Amie is also very affectionate and loves to help out in the house doing odd jobs and loves doing the garden with me. Steven still isn't very good at keeping his room tidy and doesn't always find it easy to look after his toys and prefers to let Amie do this for him but we are now encouraging him to be more responsible and to appreciate the value of domestic tasks.

Amie had a lovely time on her 5th birthday and she invited some of her friends to celebrate with her at a play centre – she really enjoyed being the centre of attention. She got some really nice presents from a Barbie doll to dressing up shoes and skipping rope.

Amie is still enthralled with Fimbles and Dora the Explorer on the TV but is also now getting into the Barbie films – she got a DVD for her birthday and watches it all the time.

Steven still loves playing football and is always out in the garden (whatever the weather) kicking his ball against the wall and pretending he is David Beckham! He loves outdoor life and now that he has learnt to ride his bike is eager to explore different places when we take him out to the local country park.

We have had a really busy year this year as my brother in law recently got married in France and so Steven and Amie were page boy and bridesmaid which they loved – they were really excited about dressing up and having lots of photos taken.

They are both really happy at the local school they are attending and have made some really nice friends. Their teachers are pleased with their progress and they are both settled and able to make positive contributions in the class.

We are still trying to find out what the extent of Steven and Amie's learning difficulties are. We plan to meet with some specialist doctors shortly to find out more about the support available to us and the children to ensure they can reach their full potential.

Very many thanks for the letter, cards and photos you sent us recently. The children enjoyed looking at the photos and we have placed them in their special life story books, which they cherish. We hope you are all well and that John's job in the restaurant is going well also and that Vanessa is now feeling better following her operation.

Regards

Chris and Marc

Appendix 3: Direct Contact

Thinking about direct contact with birth parents and birth relatives in adoption: An Exploration of the Issues

What is Direct Contact?

It takes place between adopted parents, adopted child/ren and a birth parent or birth relative. It is usually supported by the Local Authority and it involves time spent together in a neutral venue and supported by an adoption support social worker. The adopters and child, birth parents all need emotional support both before and after the contact.

The idea of direct contact as a positive way forward is something that needs to be carefully thought about and before making a spoken or written commitment to it. Usually it will have been identified prior to matching as an important consideration for the child.

What to consider when organising Contact:

These are the questions that need to be asked when planning for contact.

Why is it felt to be in the child's best interests?

Who will be the person supporting it? Usually a social worker from the adoption support team. Birth parents, adopters and the child will need to be prepared and help may be needed afterwards to enable them to work through any resulting feelings they may have.

Where will it take place? Adopters feel more positive about contact when they are fully consulted about the arrangements, including where and when it will take place. Whether it needs to be contained in a contact-centre setting or whether it can be outside in the community are also important factors that need to be taken into account.

How often should it take place? Given the emotional upheaval that contact represents for all we would advise not more than once a year. Please see later section on possible effects for all parties after the Adoption order.

Who is going to coordinate the arrangements? E.g. book the venue, pay for the venue, meet both/one of the birth parents/adopters and child in advance to prepare and afterwards to debrief and review contact arrangements, decide on whether there should be two separate workers for adopters and birth family members. This is usually done by the Adoption Support Workers after Adoption Order.

What would the ground rules for this contact arrangement be and have they been thoroughly discussed with the adopters and birth parents? Has a contact agreement plan been drawn up and signed?

Ground Rules can involve such issues as whether presents can be bought by birth families, length of time, whether photos can be taken etc. What name will the child use when addressing birth parents? What will the adults call each other?

Timing With birth parents it usually takes place the following year once the adopters and child have established themselves as a family. The actual time of year will be fully discussed with adopters so that it fits with their timescales and other commitments.

It is extremely important that all the above factors are considered in depth by all parties before an adoption order is made. The power of putting the decisions into action after Adoption Order lies with the adoptive family. Contact Orders attached to Adoption Orders are very rare indeed as Judges see this as undermining of the permanent nature of adoptive parental responsibility.

Advantages for the child

If the birth relatives have no connection to the abuse and/or the neglect the child may have experienced, the contact can offer a different, more positive image of the birth family for the child.

Direct contact [whether parent or other relative] can provide an opportunity for the child to ask questions and find out information that would not be available through any other channels.

The child is being given the chance to see and get to know a birth parent and find out for them self what sort of person they seem to be.

Contact even if it is difficult can serve to replace speculation and fantasy [whether idealisation or demonization] with facts and a taste of reality. Contact can prepare the child for a later meeting as an adult and lessen the shock and impact of this if it has been regular through the years.

It is possible through the knowledge built up over the years of the birth parent that the child will be less likely to get into searching on the internet/Facebook for their parents. Unsupervised internet contact could lead to meetings that might put the children and young adults at risk.

Direct Contact brings together the two families that the adopted child takes with him/her through life. It can integrate the child's sense of him/herself as being part of two families; the one they are born from and the one they are attached to.

A climate of secrecy about eventual contact with birth relatives may be more likely to develop where children have not gone through 'sharing' the experience of contact with their adopters through their childhood

Some adopters feel put off by proposals for contact fearing it will disrupt the adoptive experience and this in turn can delay placing the child for adoption. Below are some of the advantages and disadvantages of direct contact for birth parents and for adopted children. It is important to be aware that the wellbeing of the child is closely bound up with the wellbeing of the adoptive family. The Adopters sense of entitlement to 'parent' even if legally underpinned by an Adoption Order can be undermined by direct contact arrangements

Advantages for the Birth Parent of Direct Contact

For the birth parent it has obvious advantages. It softens the impact of the termination of their legal rights to the child by allowing them the chance to continue to get to know their child over time and have a physical proximity to them for a specified time. It offers the chance of reassurance to the parent that their child is loved and is alright.

Through seeing that their child now belongs and lives with another family, they may be helped to come to terms with their loss and move on in their lives.

On some occasions the thought that they will continue to see their child throughout their childhood can lead to an acceptance of adoption being the right way forward and therefore possibly avoid contested hearings.

Potential Problems for the Child in the Adoptive Family with Direct Contact

They may have no sense of connection to their birth parent and may find it an odd way to spend time with adults who may look and feel strained.

They may find their birth parent disturbing. This could be because the parent presents very well and leaves them wondering why they could not manage to look after them in the past especially if they know that the birth parent has kept subsequent children. This could also be because the birth parent seems unhappy, intimidating or frightening in his or her manner.

The birth parent may want more from the child in terms of physical affection or conversation than they want to give.

The child may feel angry with the birth parent and feel that their sense of hurt or grief [due to abuse or neglect] is not being acknowledged or understood by the birth parent. If the birth parent appears to deny the role they took in their children's removal then this may renew the child's sense of hurt and anger.

If the birth parent is late for the contact or misses it then this could leave the child's self-esteem threatened and vulnerable.

Whether the contact is positive or negative the child may now think about the birth parent more and worry about them as it has become a real relationship even if infrequent. The sense of a parallel life they could have lived may be distracting in the early years of the adoption. The child is simultaneously trying to root into the adoptive family and feel they belong there as they are being reminded of their past in a very real way.

In later years when normal adolescent conflict with parents is strong the birth parent [if a good relationship has been fostered] may begin to seem a like a desirable alternative for the child as the reality of what they might present over a longer time frame has not been tested in a contact situation.

The contact experience might be so testing for the adopter's sense of entitlement to parent that the child gets caught up in this. If a contact with birth parent leaves adopters feeling stressed, undermined or angry and unfavourably compared to the birth parent then this in itself can impact on the child.

Potential Problems that can arise for the Birth Parent in direct Contact

Each time the parent meets the child it can bring renewed grief for all that they have missed and will continue to miss. They may have the realisation that the child is no longer 'theirs'.

The pain of parting for a long period can be strong and the emotional temperature of the 'contact' experience for the birth and adoptive parent is likely to be felt by all. It may prevent the parent moving on with their life or feeling reassured. This of course will depend on how their own life is working out.

Initially and possibly each time they meet, it can be hard for the parent to hear the child relate to and call his adoptive parents 'Mummy and Daddy'.

The birth parent may want a level of emotional intimacy [hugs, cuddles and/or conversation] that the child is not able to offer or feel. This may lead to the birth parent experiencing a strong feeling of rejection.

There would be ground rules for direct contact e.g. punctuality, no presents from birth parent just food for consumption, no cameras, no taking of the child anywhere unaccompanied, no questions about surname, address or school. Adopters may impose stipulations about showing physical affection to the child [this could come about as a result of the child feeling scared or uncomfortable with this on a previous contact].

The birth parent may get asked questions by the child that they feel unable to handle during the contact. The parent may be very upset and angry by the questions and give their version of events which probably will not tally with the

social work version of events. This may have to lead to future work with birth parent and child.

The birth parent may feel very uncomfortable during contact as if they are under scrutiny and may feel as if they can't express themselves in their normal way e.g. not being able to swear or use explicit language in their conversation if they feel like it.

Direct Contact with Birth Relatives - Considerations

Much of what is written about the birth parents and the adopted children above can also apply to other birth relatives.

If the birth relative has not been in any way connected to the abuse it is more likely that they will accept the Social Work version of what has happened. It is more complex when the birth relative is very enmeshed with one of the birth parents and understandably has divided loyalties and blind spots.

If the birth relative is a sibling who lives with the wider birth family or in a fostering situation, this can be complex for adopted children. Through this route they may hear news about the birth family in an unprocessed way [such as being told another baby is living with birth mother or that birth mother is very sick].

If the sibling, who has not been adopted, has issues about this or there has been bullying between the siblings, contact can stir up lots of unpleasant feelings and resentments impeding the children's sense of wellbeing. Information about the adoptive home and its whereabouts could reach the parents through the siblings.

Research and Conclusions

There is little research in relation to direct contact with birth parents in adoption that has taken place over the time span of childhood and adolescence. The research that does exist about birth relative contact does not come up with any definitive conclusions around which practice can be based upon, as there are so many dependent variables.

Each case has a unique history and is dependent on the personalities involved therefore it is hard to generalise about direct contact.

We would argue that letterbox contact which may build up to direct Contact with birth parents through the years is better than starting off with high hopes of direct Contact, which then drops down to no contact because of the very complex sets of feelings involved not least from the adopters themselves. Contact can touch on some very primal feelings for adopters as the legal parents or as the prospective legal parents.

We know that letterbox contact itself can be an emotional time for adopted children and their parents as it provides a space for looking at their dual identity as individuals.

Book List for Further Reading

- 'Staying Connected: Managing Contact in Adoption' Hedi Argent
- 'Contact in Adoption and Permanent Foster Care' Elsbeth Neil
- 'Safe Contact: Children in Permanent Placement and their Birth Relatives' Katherine MacAskill
- 'After Adoption Direct contact and relationships' Carole Smith and Janette Logan

Appendix 4: Difficult Stories

Below are some 'difficult topics'. The suggested words and phrases to use are in blue. The notes to Social Workers and Adopters are in black.

The life situation and background of your child will be unique and these words are starting points for talking to take place. It is hard to do justice to the enormity of some of the topics that are covered above and as parents you will want to take responsibility for your own knowledge on any specific area.

When you feel that it wouldn't be helpful to give full details of any aspect of the child's history [that they are asking about] then you could say: 'Some things you are too young to understand properly but when you are older I will explain them to you in a way you can make sense of.'

When saying this I would advise that your tone of voice and manner express some gravity as to gloss over or make light of the questions may not prepare them for something that might be difficult to hear later on.

It may be that you want to talk further about life story work and your child's responses to conversations about their past with a therapist or Social Worker. Your local Adoption Support Service should be able to help signpost you to appropriate help or may be able to provide it themselves.

Difficult Stories A-Z

Anxiety:

- Irritability
- Tension in body and face
- Worry
- Panic attacks are part of anxiety
- Heart beating fast, shortness of breath, racing thoughts.

Your birth mummy used to get anxious. That means she used to feel very frightened all the time. Check out that the child understands the meaning of nervous and explain that everyone feels nervous sometimes. The trouble with her nervousness was that it stopped her from doing lots of things that children need their mummies to do. She did not want to talk to people. She did not want to visit playgrounds and parks. She did not want to go outside.

Obsessive Compulsive Disorder can be part of an anxiety state.

Alcoholism

The Dictionary Definition is:

The essential feature of alcohol abuse is the maladaptive use of alcohol with recurrent and significant adverse consequences related to its repeated use.

Alcoholism is the popular term for two disorders, alcohol abuse and alcohol dependence. The hallmarks of both these disorders involve repeated life problems that can be directly attributed to the use of alcohol.

Both these disorders can have serious consequences, affecting an individual's health and personal life, as well as having an impact on society at large.

When people need a drink [beer, lager, wine, vodka, gin, brandy, whisky, sherry] a lot of the time. Many people drink alcohol but if you drink too much too often it can be a problem. Your birth mummy drank too much alcohol and sometimes drank it all through the day and in the night times too.

Sometimes people get better from alcoholism and stop drinking but they need lots of help and it takes time to know they are really better. It can be very difficult to stop.

People often become alcoholics because they are not very happy about things in their lives. Alcohol can at first make them feel happy and relaxed. Too much alcohol is not good for a person or for children around them and all the person can think about is having more to drink. It can make people loud, angry and clumsy. They can only care about what they want when they are drunk and not what anyone else thinks or says.

Relate the alcohol abuse to the child's particular history and give examples if you can of the type of scenario's that might have occurred for the child. If these are not in the reports that you have been given, then make sure you use the word 'might' when you give a story.

Mummy might have been asleep [as alcohol can make you sleepy] when it was dinner time or bath time or when you needed to get to school/play group/the park.

Death

It is not unusual for adopted children to have a birth parent who is no longer alive. This will mean different things to children at different times and of course will depend if they have any conscious memory of the parent.

Most children go through phases where they become preoccupied by the idea and fact of death and will ask their parents questions on the subject. Adopted children may respond strongly to other sorts of loss and the thought that you could die as well may make them feel particularly anxious.

It is important not to shy away from the subject or seem frightened by it as your feelings about it will be picked up by children. Illness in either parent may be very alarming to some children and reassurance that illness only rarely leads to death and that death mainly occurs when people get old may be needed.

Your own belief system will dictate to a large extent how you respond to questions about what happens after death so it is hard to be prescriptive about what to say. Adopters have sometimes commented that it is easier to help the child with their grief if they have met the parent themselves. The child's grief will not be something that can occur within a prescribed period of time and can involve grieving for future relationships they will never experience.

Talking about death through literature which often features animals is a good way of approaching the subject. The website *Winston's Wish* is particularly recommended for details of how to talk to children on the subject and also covers death by manslaughter or murder.

Ideas that would be a comfort to children would be seeing death as an end to suffering, that the person who has died lives on in their hearts, that it is natural and happens to us all, that the person who has died would want to be remembered but want them to be happy as well.

Depression

It can mean quiet/silence. Remember that everybody is quiet sometimes when you explain this aspect. A depressed person may stare blankly at things and not 'see' them e.g. the TV.

Someone may be in his or her own world of negative thoughts and out of touch with what's around them. These thoughts could be sad or angry ones that might be turned in on the person thinking them gathering force in their intensity.

A depressed parent may have an inability to respond to or engage in a child's world. There may be an inability to feel positive emotion and they might be unable to show affection.

Depression may lead to a failure in initiating activity e.g. helping the child with homework or inviting friends round or deciding to go to the park/ play-centre. Depression can be temporary and can be relieved by therapy or course of anti-depressants.

Depression is something that grown-ups can get. People who are depressed often feel sad about their life and don't have any energy. It can make people not want to get up in the mornings and not see the point in doing anything. Sometimes it stops people from wanting to talk to other people because they feel too sad to bother. It is nobody's fault but it is like an illness that just seems to happen to some people. There are many different reasons for it happening which the doctors who have seen your birth mummy/daddy understand best. Depression does not always last forever, and people can get better from it.

Domestic Violence

This is when one part of a couple behaves in a way that is threatening or violent to the other partner. This could involve hitting, slapping, punching, kicking, biting, stabbing or hitting any part of the body with an object.

On rare occasions domestic violence can result in the death of a partner. Whether this was intentional or not would be explored in court and a verdict reached. If murder rather than manslaughter was the term that was used then the description below could still be useful in parts. Great emphasis could be put on any remorse displayed and how dangerous violence can be. Other more positive qualities of the birth parent would need to be emphasised and advice sought from professionals experienced in sharing this information.

A book called *'When father Kills Mother: Guiding children through trauma and grief'* by Jean Harris, Tony Kaplan and Dr Dora Black is particularly recommended for

adopters in this situation. The website Winston's Wish also covers how to talk to children affected by death from murder or manslaughter.

Sometimes your birth daddy was very unkind to your mummy and they shouted and rowed together. Your birth daddy could not manage his temper and even hit and hurt your birth mummy. It is very wrong when this happens and if the police get to hear about it they know that the law has been broken.

When grown-ups hit and hurt each other it is very frightening for anyone who is there. For children they love both their parents even if they don't like what is happening and it leaves them feeling muddled about what is wrong and right. It is wrong for a daddy to hit a mummy or a mummy to hit a daddy. It means that the grown-up who is so angry that they hit people needs help with their bad temper and must learn to be kind. It can be quite hard for grown-ups to change. Most grown-ups and mummies and daddies do not hurt each other like this.

Drug Abuse

There are many types of drugs with different personal and criminal consequences attached to them. The drugs used by the birth family might have been cocaine, crack, heroin, marijuana, and amphetamines.

Drugs can make people behave in many different ways depending on which drug is used. It is worth finding out about the particular drug known to have been used by the birth parent so that you can describe it in a calm and measured way.

Most drugs have the capacity to distort the user's perception of reality in both positive and negative ways. Their effects can range from feelings of euphoria, peace, calm, to aggression, paranoia, and isolation.

Understanding of social interactions and thought processes can become distorted and fragmented over time. What is common to all who are dependent on them is a perceived need for the drug. Life seems unbearable without the presence of the drug. The chosen drug originally led to an enhancement of the birth parents experience of life but over time, life for any length of time, is dominated by the need for the drug just to feel normal.

The feeling when not taking the drug is of imbalance, psychological pain and overwhelming need that can even become a physical pain. The person will go to great extremes to be calmed by the temporary peace the drug brings. The 'extremes' when living a life of poverty can manifest as stealing and prostitution as a way of obtaining money to finance the drug. This can then lead to the neglect of children as described above and result in them coming into care.

Your birth mummy/daddy did love you very much but they had a problem with drugs, which meant they could not manage their life very well. We do not know why your birth mummy took drugs but it could have been because people she knew did it or because she did not feel very happy about things. Once people start to take drugs it can be very difficult to stop and people just want more and more. Drugs can make them do things that are not right and all they care about is the drug.

When people use drugs they feel lots of different feelings. Sometimes they are happy sometimes sad, sometimes they are angry and sometimes worried. It is hard for children living with a birth mummy on drugs as they don't know what their birth mummy is going to be like. They might get ignored or shouted at even if they have

done nothing wrong. Taking drugs can be a bit like taking the wrong medicine that makes you ill instead of making you better.

Drugs did not help your birth mummy behave in a way that was safe for you.

Describe the particular circumstances of the neglect or abuse and their connection to drugs if this seems relevant.

Emotional Abuse

Persistent emotional ill treatment or neglect can cause adverse effects on the child's emotional development and be profoundly damaging to self esteem.

For example: making the child feel worthless; unrealistic expectations; preventing normal social activity; serious bullying; seeing the ill-treatment of another person; making a child often frightened; exploitation or corruption.

Some level of emotional abuse is involved in all types of child abuse.

Sometimes it was hard for your birth mummy to think about how things she did would make you feel. She was not very good at imagining what children feel and how sad and frightened grown-ups can make them feel.

She was too involved in her life to think enough about how it made other people feel. Because she was not feeling very happy about herself it made her feel better to be rude and hurt your feelings.

This is not right and was not fair of her as children are all by themselves with their parent a lot of the time and often don't have other grown-ups to make them feel better.

Incest

Occasionally children are born as a result of incest. Incest is a word for any kind of sex between family members: parent and child, brother and sister, or half siblings, or cousin and cousin, uncle/aunt or niece/nephew. Sometimes this sexual relationship is by consent and in other cases it is a result of rape (see rape). In our culture this is against the law and people who have sex which includes incest can be prosecuted and taken to court.

Your birth mummy had sex with her half brother, although she knew that i

Learning Difficulties/Disabilities

Occasionally children come into care for the reason that their mother has learning disabilities which of course on occasions can lead to neglect. The dictionary definition of a learning difficulty is 'a condition that either prevents or significantly hinders somebody from learning basic skills or information at the same rate as most people of the same age.'

Learning disability is a term that the National Institute of Clinical Excellence favours and therefore Children and Adolescent Mental Health Services do too. They would argue that dyslexia for example is a learning difficulty.

It is important to recognise that many factors come into play when learning difficulties are perceived and labelled. These are: the role that poverty plays, inner city status, parental attitude to education, conflict with the education system, cultural bias of

educational testing, and any sort of abuse or traumatic event within the family. The ability of anyone to learn is enormously affected by what is going on in their internal world.

A specific learning difficulty is often not related to a person's intelligence. IQ [Intelligence Quotient] testing is a controversial topic but when it is below 70 which covers 2.2% of the population it can be a major factor in neglect and abuse of children and one of the explanations as to why some children come into care. IQ tests aim to assess abstract verbal reasoning and a person's ability to process information in an intelligent way.

Since the 1920s four 'levels' of learning disability have been recognised and are linked approximately to Full Scale IQ scores.

- Mild IQ Score between 50 - 69
- Moderate IQ Score between 35 - 49
- Severe IQ Scores between 20 - 34
- Profound IQ Scores below 20

(International Classification of Diseases-10 World Health Organisation. 1992)

Your birth mummy loved you very much. Babies need lots of love but they also need their parents to remember lots of things when looking after them. Prompt the child to think about all the things a baby or child needs their parents to do. Talk to the child about how much they have learnt already at school so they are reminded that they are good at learning. Your birth mummy was not good at learning lots of things to do with looking after children. Give an example if you have one of what was not learnt e.g. She could not learn that you need to change a nappy quite soon after it is dirty otherwise the baby gets infected and sore.

Nobody could be with your birth mummy all the time every day to check that you were alright. People knew that your birth mummy was not going to learn better even as she got older so Social Workers decided it was fairest on you that your birth mummy did not keep you and your brother/sister.

Manic Depression - Bi Polar Disorder

This has the symptoms of depression but it also contains highs where the person affected feels they are out of harm's way. People can feel they don't need to sleep or eat. They can be very creative- write or paint for hours on end. However it doesn't last. Sometimes they lose touch and think they don't need to be careful- can cross roads dangerously or they may not be able to pick up on other people's needs and children's needs.

This is usually a life-long condition that needs medication to control.

This illness meant that your birth mummy could be very excited and full of energy all the time. She may not have thought she needed to sleep. She may not have been able to look after you properly because of all the important things she had to do. Usually the things your birth mummy wanted to do were not really important but her illness made them seem important to her. At other times your birth mummy would feel very fed up and sad.

You can use the explanations of depression on earlier section.

The important thing for a child when their mummy/daddy can be so different at different times is that it can be frightening and dangerous for the child to live with their parent when they are either very happy or very sad. You did not know what was going to happen next. You wondered whether your birth mummy would realise that you needed to go to school or if she did whether she was going to shout at all the teachers or not. There would be a lot for you to worry about

Mental Ill Health

This is a huge topic and a complex one. It is also important to remember that our mental health system can be racist and is of course culturally specific. Misdiagnosis can be made at any level in the system and labels themselves change over time.

What it can mean:

It can mean that your birth mummy/daddy is not very well. Even though there is no part of their body that hurts or looks painful they do not feel happy about their life. Sometimes because of this they can seem strange to other people and it can be hard for them to keep up jobs and to look after children or to look after themselves. They may behave differently to usual if they become mentally ill.

Neglect

The persistent failure to meet a child's basic physical or psychological needs in a way likely to seriously impair the child's health or development.

For example: not providing food or shelter; inadequate protection from danger; not enabling adequate medical care; emotional neglect

The majority of children who get looked after have done so because of neglect from their parents.

Neglect can mean many things. These will usually be applied to a baby or toddler

- Being left alone in a flat.
- Not being washed or bathed.
- Not being stimulated e.g. being left in the buggy or cot for long periods, being restrained in this way in front of the television.
- Nobody talking to them or playing with them.
- Toys not being bought for them.
- No sensitivity to the child's needs for affection and attention.
- Having no fixed routines so bedtime could be midnight and therefore the child might be grumpy and tired in the day, as children need more sleep than adults. This may make the adult annoyed too.
- Smoking and alcohol being consumed in excess in front of children.
- No regular meal times.
- Not being kept safe or protected from people/things that might hurt them.

Your child's neglect will be unique to the child. Sometimes it is good to get the particular examples of it from the Child's Permanency Report and then put them in to the language of a child. Poverty can play its part in neglect so it is worth explaining if money features as an issue in their particular history that benefits are not easy to live on and, if appropriate, that drug or alcohol addiction is expensive, leaving little for anything else.

E.g. your birth mummy did not have enough money for food as she had spent it on other things so you were sometimes found by neighbours looking in the bins of your flats and picking food up off the pavements that other people had dropped.

Sometimes the reasons that parents don't look after their children properly are that they do not know how to and have had nobody to teach them how to do it right. Maybe your birth parents had parents who did not look after them very well, as well.

Non Accidental Injury/Physical Abuse

Involves physical harm to the child such as hitting, shaking, burning, smacking, poisoning or causing suffocation.

Includes fabricated illness.

Sometimes your birth mummy/daddy would get very angry. They were not very good at being grown up when they had angry feelings. One day when you were only [age] your birth mummy/daddy hit you very hard. You were very badly hurt. It was very frightening for you and Social Workers got to hear that this had happened. Although your birth mummy/daddy did not mean to hurt you and still love you very much and feels terrible about what has happened, because you were so badly hurt, no one felt it was safe for you to stay with your birth mummy.

Babies need to be looked after so carefully as they can't look after themselves.

You can ask your child: 'What do babies need to be alright?'

Child may need to be prompted to cover these areas-to be cuddled, to be fed, to have their nappies changed, to be washed, to be put to bed, to be comforted when they cry.

Adult can then say that parents need to be good enough at being a birth mummy/daddy to be able to do all these things and not to get too angry when they are tired. Adult can talk about all the things that were difficult in the parents life for example 'Birth mummy did not have very many friends or family around to help her with being a parent' sometimes birth mummies get very tired and upset as well. Sometimes birth mummies and daddies think that the children are crying or shouting or breaking their toys just to annoy them. Then they get angry when really it can be that the children need their nappies changed, or are hungry or want a cuddle. Some mummies and daddies don't understand children well enough to know why they cry and shout.

Personality Disorder

In psychiatry this is a disorder characterized by disruption in relatedness. It is manifested in any of a large group of mental disorders characterized by rigid, inflexible, and maladaptive behaviour patterns and traits that impair a person's ability to function in society by severely limiting adaptive potential. Some kinds of personality disorders are antisocial, borderline, and passive aggressive.

Mosby's Medical Dictionary, 8th edition.

A personality disorder:

- Does not react easily to treatment
- Usually involves anti social ways of relating

- Unlikely to change.

Explanations of this condition to the child should describe the specific symptoms and ways of relating to the child that meant the child came into care. It can be said that unfortunately the birth parent isn't going to get better. A personality disorder is not hereditary. Why it happens is not properly understood but early trauma features highly in those with borderline personality disorders.

Your birth Mummy/Daddy finds making friends and being nice to people very difficult. It is hard to bring up children when you don't get on with anybody. She was not able to change as this was the only way she knew how to be. All mummies need other people around to help them if they are going to look after their children properly and make the children feel alright about life.

Rape

The child may eventually be going to read or learn that either their father has raped a woman/women or that they themselves have been a product of rape. The child may be a product of rape and if it has not been proven in court then it becomes alleged rape. It is important to note that unfounded allegations are the exception rather than the rule so discrediting the mother's account may not be helpful.

This is a very difficult area and it would be worth talking to your local CAMHS service or an appropriate child care professional about your particular child and your fears/thoughts on how this information is going to affect them.

The issue of not knowing who the father is and only that he is alleged to have raped the mother is emotionally very laden for anyone and all involved. Please see section on unknown fathers.

Discussion of rape for a child under ten would need to come in the context of the child's understanding of how babies are made and what sex is. This will differ widely between families and between children depending on their interest in the topic, if they are the oldest in the family, their level of understanding and how the school approaches it.

The legal definition of rape is that a man has entered his penis into a vagina without consent and involves the threat of violence.

Usually when a man and a woman have sex with each other they do it because they enjoy it and love each other. Sometimes babies get born because a man and a woman have had sex.

When a man forces a woman to have sex through being mean to her and making her scared it is called rape. The woman has not wanted him to put his penis in her vagina. If a woman or man force their bodies on each other when either of them don't want this then this is called sexual assault. It is something that usually gets done by men against women and it is very wrong and it is against the law which means men can go to prison for it. It makes the woman feel angry and sad and it can hurt her very much.

Men who rape women do so for lots of different reasons to do with being angry with women and wanting to feel more powerful in their lives.

Babies grow and get born from rape; just the same as any other baby for they have done nothing wrong.

Schizophrenia

Seeing and hearing things that are not there. Very frightening. Voices telling you to do things. A sense of a radio in head or God.

These symptoms can go if people take the right medication. However sometimes they don't like the side effects. Side effects can be sleepiness, weight gain, feeling they have lost the spark that makes them who they are.

This is a life-long condition that needs medication to control. According to the National Institute of Clinical Excellence it affects one in one hundred people.

Schizophrenia is a word that describes people who are not well in their thinking and feelings. It is an illness that can be treated with taking medicine but when the person stops taking the medicine it comes back again. Someone with this illness can hear and see things that are not there and that nobody else can hear or see. It can be very frightening like having a radio in your head with voices that are not your own.

Your birth mummy was not well and she had this illness. She did not like the way the pills for the illness made her feel. She stopped taking the pills and then the illness made her think that she did not need them anymore. Sometimes when people have this illness they can think they have special powers and this can make them dangerous to themselves and other people.

Someone who was ill might think that they did not need to wear shoes because the voices said that their feet were now made of concrete and could not be run over or hurt. Or they might think that the bus driver was about to hurt them so that could make them try to fight him off the bus. What the voices tell them is not the truth.

It is frightening for children when their birth mummy or daddy has this illness as it means they can't look after them properly and keep them safe. The child might end up believing that the things their birth mummy or daddy is telling them are true. For example you might believe you are really bad if you were told this or that you could fly because your parent told you it was true. Sometimes children get hurt who have mummies or daddies with this illness.

Sexual Abuse- context sex and sexual awareness

Sexual abuse is when a child or young person is pressurized, forced or tricked into taking part in any kind of **sexual** activity with an adult or young person. This can involve rape [penetration of a vagina by a penis] or any other act without the consent of the other party is termed 'sexual assault' so this would include anal penetration by penis or object, unwanted kissing, fondling, viewing of sex through pornography or in reality.

If sexual abuse occurs within the immediate family [grandparent/parent to child or sibling to sibling] it is called incest which is also a crime. For a child under 10 this additional term might well be unnecessary to explain or make points about in addition to those below.

Sometimes adults touch children in ways they shouldn't.

It is fine for parents and other grown-ups who look after children to give children a hug, help them get their clothes on and, when they are very little, to wash their bodies for them.

It is not all right to touch children's private parts when you are not washing them or changing nappies or putting cream on them. Adults who get good feelings from touching children and getting children to touch them are not being fair on the children. They are breaking the law and they can be called Paedophiles. If a judge and the police are sure that the adult has done this they may be sent to prison.

The children who have been touched or have touched the adult have done nothing wrong. Sometimes it can be very scary for children who are touched by adults and they can feel dirty or disgusted about what has happened. Sometimes adults who do this are good at making it feel enjoyable for the children. Sometimes they give children sweets, ice creams and treats for doing what they ask.

However the child feels about it, it is not their fault and the adult has behaved in an unkind way. Adults are there to look after children and not to play with their bodies.

Adults who do this are using the fact they are bigger and more powerful than children to boss them and control them.

These adults often don't understand how to love people and sometimes they think what they are doing is all right. They want it to be kept a secret because they always know that other adults would not think it was all right.

Children do not deserve to be touched by adults in this way and it is very important that they get help to talk about it and to make it stop happening.

What the adults have done is wrong and needs to stop. If it was your mother or father who did this to you then it is called incest.

They may love their children [if they have them] very much in other ways but it is a very bad thing they do. Sometimes they get help from talking to a doctor about it but for some of them putting them in prison is the only way to stop it happening to other children.

It is important to remember that if anyone touches you in a way that makes you feel uncomfortable and they are bigger than you that you tell someone you trust about it.

Suicide

Children who are adopted may have to discover at some point that one of their parents or close relatives killed themselves. It will be natural that they will want to know how and why the parent killed themselves

This is a frightening subject as it invites children to contemplate the extremes of psychological suffering and on occasions [if the act was performed in a violent way] the physical pain of a person intimately connected to them. Not only can it be seen as an act of ultimate self-negation and despair but suicide can contain a reproach to anyone who cared about them. It could suggest to a child that they were not good enough or lovable enough to want to stay with, in life. It is even possible that some children due to the act being performed by a 'parent' may see it as a model of behaviour they could copy as a response to future distress and sadness.

People who commit suicide may or may not have mental health problems although one in five who kill themselves have seen a mental health professional in the previous year [UK stats]. Three times more men than women kill themselves in the UK.

`We know that the beliefs and feelings about suicide vary widely from culture to culture. The causes of suicide will exist in the social, political and cultural environment and personal context of the individual. People's attitude to their lives can be circumstantial and they can be vulnerable to the influence of other people e.g. suicide pacts between friends and partners.

It is also important to remember that many people die in a way that could be accidental or could be suicide e.g. an overdose of a drug that they were addicted to any way or extremely dangerous driving with an unexplained collision with an inanimate object.

Your birth mummy felt so low and fed up about her life [be specific about what you know was going wrong] that she wanted it all to stop hurting. The part of her that loved people and enjoyed her life she could not feel. She could not think properly and she did not have anyone she wanted to talk to so she just gave up.

If appropriate say; it was because of your mummy's illness [depression/bi polar disorder/schizophrenia] that she could not see that there were lots of important things and people to stay alive for.

For a child under 10 it is best to keep it as simple as possible and then see what path the conversation takes. They will not have all the projections an adult has on the subject although they may have conscious memories of feeling despairing which the information could tap into.

It is important not to underestimate the power of children's imagination and it could be a subject that you need to return to. The child may need reassurance that it is not something 'in the genes' and that worries and feelings do not get so huge and overpowering to result in suicide if they are shared with other loving people as they come up.

Unknown Fathers

Many children do not know who their father is. Adopted children will only know what their mother has told Social Workers so if they were ever to reunite with their mother there may be a hope they would discover this information.

It will depend on the child's personality how much the lack of knowledge impacts on them. Undoubtedly it will usually lead to some speculation. It is worth saying if an attribute is not known to be part of the maternal family;

'May be you got your talent at football/guitar/cooking from your father's side of the family' 'Maybe your beautiful eyes/strong legs come from your fathers side of the family'

The lack of knowledge does not have to equate with a negative conclusion. It is likely that the security a child will feel within the adoptive family set up with loving attuned parents will mitigate against any sense of abandonment through not knowing who one of the birth parents are.

With many thanks to Natalie Salaman for contributing the above section.

Appendix 5: The following pages are taken from “Let’s Learn Together Booklet” by Sheila Lavery, Adoption UK.

What makes adoption different?

Development and developmental trauma

“There is considerable evidence for changes in brain function in association with child abuse and neglect... Hyper arousal, aggressive responses, dissociative reactions, difficulties with aspects of executive functions and educational underachievement thus begin to be better understood.”

Dr D Glaser, Consultant Paediatric Psychiatrist, Great Ormond Street Hospital

Neuroscience has established that the way we are cared for in the womb and in early childhood affects how our brain develops. Consistently good enough loving relationships and low stress levels in early childhood build a brain that equips us to learn, share, empathise, regulate our feelings, feel good about ourselves and others, and withstand everyday stresses. On the other hand, traumatic early experiences can affect both our ability to form trusting relationships and develop healthy, well functioning brains.

Traumatic experiences can be defined as anything a child experiences as life threatening. This does not have to be abuse; neglect alone can cause the damage. Imagine yourself as a tiny infant, completely dependent on your mother to keep you alive and you get an idea of how being separated from her could feel life-threatening.

The human brain is not fully developed at birth, it continues to grow after birth, reaching 80-90 per cent of its adult size in the first three years of

life. It develops from bottom up and from inside out, starting with the brain stem.

The brain stem (primitive brain) controls basic functions like breathing, blood pressure, plus fear, rage and regulation. For a child developing in a high-stress environment, the regulatory abilities of the brain stem are already impaired at birth.

The limbic system is the emotional centre of the brain, built on the brain stem. It becomes wired by experiences in the first year of life. Children born into loving homes have a limbic system wired for love, security and dependence while being born into a hostile environment creates a limbic system wired for fear, insecurity, and control.

Amygdala

The amygdala is a part of the limbic system involved in processing emotional responses. Trauma expert B. van der Kolk calls it the smoke alarm of the brain. Our children have extremely sensitive smoke alarms, so the slightest whiff of stress can put them into a state of alarm.




The neo-cortex or 'thinking' brain continues to develop into adulthood. It processes information from both the brain stem and the limbic system. When children experience abuse, neglect or abandonment at an early age, fear and stress flood the brain stem and/or limbic systems. The resulting developmental trauma impacts on the neo-cortex, causing problems with attachments and executive functioning skills. (see pages 7&8).

Think about how your child functions in school. Many of our children have good enough thinking and reasoning skills when they are calm, but when they feel anxious or stressed, they can "lose the plot". Working to ensure they feel safe and calm helps all of the brain work better.



"The brain systems responsible for healthy emotional relationships will not develop in an optimal way without the right kinds of experiences at the right times of life"

Dr Bruce Perry

Bottom - up rewiring

Although our children's experiences have impacted on their brain development, they can still make good progress at school and at home when we parents, teachers and carers change our attitude and expectations. Quite simply, we need to rewire the brain from the bottom up by relating to traumatised children of all ages with the attitude we would use with babies and toddlers, accepting that there are some things they cannot do despite their chronological age. This developmental approach is intensive and lengthy. It can take many years to repair the damage caused by neglect in infancy.



Developmental trauma

The relatively new term "developmental trauma disorder" is used to cover any number of difficulties that can arise when a child's developmental becomes somewhat derailed either in the womb and/or by neglect and abuse after birth. We now know from scientific research that this type of complex trauma can impact on every area of a child's development, from their physical health to their thinking, feelings, behaviour, sense of self and ability to form attachments. Two effects that we see frequently in adopted children are foetal alcohol spectrum disorder (FASD), which is a pre-birth trauma, and attachment difficulties which occur after birth.

LET'S LEARN TOGETHER

5

Toxic stress and anxiety

“A child with a trauma history only has to get the ‘slightest whiff of stress’ to put them into a state of alarm. I have seen this even in children adopted as babies – they are simply born stressed! In a busy school environment it is essential that we keep these children regulated and feeling safe.”

Mary Roulston, head teacher

A little stress is motivating but adopted children will have endured unrelieved bouts of stress that had a toxic effect on their development. This is due mainly to a chemical called cortisol. In quick bursts of stress the body produces a motivating chemical called adrenalin, but when stress is prolonged or chronic, cortisol takes over.

Some things we know about cortisol

- It stays in the body much longer than adrenalin and knocks out calming and happy hormones such as serotonin and oxytocin.
- It affects memory.
- Too much cortisol in infancy can over-activate the stress response, so even minor problems cause children to behave as if they are under serious threat.
- High levels of cortisol in the early years can cause sensory integration problems (see sensory issues, page 17).
- Traumatized children can develop anticipatory stress - they expect bad things to happen so their cortisol levels are spiky.
- Highly stressed children have difficulty controlling their impulses.



Caregiver as regulator

Babies cannot regulate themselves; they need a caring adult to co-regulate their distress and model how to stay calm and alert. The caregiver does this by being available, calm, soothing and responsive, so that the child's body rhythms match those of the carer. Children who did not have this quality of care in infancy often

develop strange or immature ways of self soothing such as biting, head banging, rocking, scratching, chewing, and cutting. They may keep turning around, call out, hide, fidget, ask questions, chat constantly, and there may be other behaviours, which increase under stress. Some children manage to hold it together at school and offload their stress when they get home.

Areas of difficulty



Toxic stress and anxiety

Although cortisol levels can stabilise when children settle into loving families, the stress of school and the absence of parents can mean children who are calm at home are anxious and fearful at school.

Stress can make children fidgety

in class. Telling them to stop fidgeting rarely works, as stopping is not within their conscious control, but a stress ball provides a physical release that can help children relax and focus. Encourage teachers to see a stress ball not as a distraction but as a way to concentrate.

Ways to reduce stress

- Surprises are stressful, even when they are fun. New situations, people and places activate the stress response, so plan carefully for change and challenge (see *times of change*, page 35).
- Reduce anxiety about what's coming next by talking about it and providing a visual timetable. Some parents put a daily planner on their child's bedroom wall. At school the teacher can tape a class timetable to the child's desk.
- Predictable, consistent, repetitive, familiar, nurturing experiences reduce stress levels at home and at school.
- Give "this or that" choices and accept that either choice is ok.
- Encourage teachers to wonder out loud about what might be provoking challenging behaviour and respond with empathy.
- Provide a "safe space" or "calm spot" filled with sensory activities to which the child can go with a trusted adult when they feel anxious, or dysregulated. (this must not be regarded as punishment).

Children need to be calm and alert in order to absorb new information. Imagine how hard it must be to learn when trying to manage high stress with the regulation skills of a toddler.

- Where possible, identify stressors and try to keep them to a minimum.
- Consequence bad behaviour quickly and without anger, threat, loss or separation (see *discipline* page 24)

The analogy of the stress bucket is useful. If you think of having a bucket, into which you dump your stress throughout the day, most of us will finish the day with a half full bucket. Our children can wake up with an already full stress bucket so that even tiny drops of stress throughout the day can cause an overflow.



Teach children sensory activities that can calm them down quickly

- Sit under a heavy blanket
- Press their hands down on their head
- Hug their knees to their chest
- Rock slowly
- Smell lavender or camomile oil
- Snuggle into a small space
- Suck a sweet
- Suck yoghurt/thick milkshake through straw
- Get a big hug.

Routine calming activities

- Walk home from school (with backpack on)
- Do physical tasks or jobs throughout the day
- Have a chill out time before homework.
- Swim, cycle

Children often find enclosed spaces calming. A pop-up tent, cushions, or a blanket draped over a table can be a safe space.

Sensory issues

“Sensory integration sorts, orders and eventually puts all of the individual sensory inputs together into a whole brain function.”

Dr A. Jean Ayers, pioneer in sensory integration dysfunction

Everyone has occasional sensory integration or processing challenges when the brain is overloaded by sensory information, or deprived of it. But some people go through daily life unable to process and integrate effectively the sensory information they receive through the seven senses of sight, sound, taste, touch, smell, body awareness and movement/balance. Adopted children may fall into this category as developmental trauma affects all areas of a child's functioning. Some children may get diagnosed with sensory processing difficulties, others may just get labelled as badly behaved. Symptoms vary depending on which senses are affected, but many children indulge in sensory or thrill-seeking behaviour and over react to, or avoid, certain tastes, smells and touch. They may also have executive functions difficulties such as problem-solving and may have difficulty maintaining friendships.

Sensory difficulties can arise from within the child, for example having to

Bad boy no more!

My son James has successfully finished P1, but in nursery he would knock down children and plough through anything they had built with no sense of remorse; he'd jump off things, go too fast and indulge in risk-taking behaviour. He couldn't sit at peace at story time and would try to trip up other children. He was generally known as "the bad boy".

At a sensory assessment the OT said he needed dedicated help in school. We fought for a statement and a fulltime classroom assistant, who is wonderful with him. She does joint, back and chest compressions to calm him down and jumping and crab walks before going into class. He has a special cushion to allow him to move while sitting on a chair or on the mat, and blue tack to fiddle with in class. His concentration has improved and there was only one accident in P1, for which he was sorry afterwards. His friend said, "James used to be a bad boy in nursery but he's a good boy now."

sit for a long time on a hard chair can make a child fidget or get out of their seat. Challenges can also arise from the external environment, for example, it can be hard to concentrate in a busy classroom and a child may focus on something outside the window in an effort to deal with the sensory overload in the room. Consequently, she cannot feel calm, pay attention or do her work.



Be mindful of trauma

Occupational therapists may recommend a sensory diet of activities for a child with sensory issues and/or behavioural problems. As with all interventions it is critical to know the child and her trauma history as certain sensory experiences can trigger past trauma.

Getting help

If you suspect your child has sensory processing difficulties, ask your GP to refer her to a paediatric occupational therapist who has a background in sensory processing.

See How to help kids in school with sensory processing disorder at http://www.ehow.com/how_5692394_kids-school-sensory-processing-disorder.html

Making Sense of Sensory Behaviour A Practical Approach at Home for Parents and Carers, is an excellent downloadable booklet full of tips, produced by Occupational Therapists in the Children with Disabilities team at Falkirk council. www.falkirk.gov.uk/cwd

To find out more about occupational therapy and to find a private OT contact the British Association of OT and College of Occupational Therapists www.cot.co.uk

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Shame and self esteem

Sometimes the child will show how bad he feels, at other times he may hide his shame by acting like "Superkid".

Traumatised children tend to have a deep and powerful sense of shame. This is not the same as guilt. Guilt occurs when you feel you have made a mistake; shame occurs when you feel you are a mistake. Many adopted children believe they are bad and their 'bad' behaviours are often their unsuccessful attempts to regulate frightening or shame-based memories, feelings, experiences and beliefs about themselves. Demanding that children stop shame-based behaviours may make it harder to parent and teach them because it can actually increase their shame.

(perhaps a bread knife or a crayon-covered wall), expecting to see a delighted parent but instead sees a horrified one, and he gets upset as he feels that Mum or Dad don't love him. This is shame. It is a painful state, which makes a child want to hide and causes changes in stress and nervous system responses.

How long a child stays in shame determines how toxic it becomes. A caring parent quickly comforts the child, repairs the attachment relationship and regulates the shame response. These short bursts of shame within a caring relationship teach the child acceptable behaviour without him feeling like a bad person.

Three big challenges for parents and teachers

1. How to build a child's self esteem when they feel bad about who they are
2. How to discipline a child without increasing their shame
3. How to create success when they expect failure.

How shame becomes toxic

Shame is an attachment and socialising emotion. It kicks in when a child starts to walk and his caregiver tries to keep him safe as he explores his surroundings. An excited infant shows Mum or Dad his new discovery

Anger, control, fear of failure

However, if the parent ridicules, humiliates or rejects the child, the child is left with unrelieved painful feelings that develop into a sense of feeling bad, not about what he has done, but about who he is. On top of this an abused child may feel that he was abused because he was bad and deserved it. This feeling of being "not good enough" creates anger and controlling, impulsive behaviour, which can be triggered by a disapproving look or tone of voice. In older children it may be internalised so that the child thinks he is disgusting and gets upset when he makes any kind of mistake at all. You may see this in your child when they get things wrong or in their anger, control or reluctance to try something new, just in case they get it wrong. It also shows up in lying or blaming others to cover their mistakes. Sometimes the child will show how bad he feels, at other times he may hide his shame by acting like "Superkid".



Creating self esteem out of shame

“There is no greater agony than bearing an untold story inside you.”

Maya Angelou



Because we love and value our children we want them to love and value themselves. So, when they say things like, “I’m stupid”, “I always make mistakes”, “Nobody likes me”, “I hate my sister”, or simply, “I’m bad”, we tend to deny it by saying, “Of course you’re not bad, you just made a mistake”, or “Don’t say that about your sister, you’re just annoyed”. But trying to convince a child that he is really good when he feels he is not, may make him mistrust your judgement and force him to try harder to prove you wrong. He may feel even more alone and reluctant to tell you anything because you “just don’t get him”. Not getting him undermines your attachment and encourages a child to suppress their feelings.

We can help children to overcome their shame by meeting it with empathy about how they feel and curiosity about why they feel that way (See *The Parenting Attitude*, page 12). This allows us to share in the child’s inner life and helps them to change.

Joy is the opposite of shame.
Building lots of genuine good fun

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into family life, especially when times are tough can reduce shame. Do something fun together every day so your child gets the message that you like being with him because he’s a great child, not because it’s your job.

Dan Hughes recommends maintaining a smiling home (and school). The idea is to create an atmosphere where life feels half full rather than half empty, where you focus on the positives e.g. “Listen to you! You really know how to show me you’re angry,” and where your interactions are playful and accepting of the child, warts and all.



Shame makes people close up and withdraw, so when your child is open and trusting enough to tell you, “I’m no good”, grab the opportunity to empathise with how hard it must be to feel like that. e.g. “I’m sorry you feel that you are no good. It must be awful hard to carry that feeling around with you.” You can go on to say that you see him as a good person who struggles with a lot of hard stuff and you’d like to help him with that. But first acknowledge his view of himself, as this is what underpins his behaviour and colours his world.

