

Scrutiny Board (Children's Services)

Inquiry into Adoption in Leeds

Evidence Considered

National Context

1. Over the last few years there has been a great deal of attention given to adoption issues. National Adoption Standards were introduced in 2001, which included for the first time qualitative requirements and timescales to be met in individual adoption cases. Government targets were set for the proportion of children adopted from care. In April 2003 the Local Authority Adoption Service Regulations introduced National Minimum Standards which prescribe in detail the way in which adoption agencies carry out each aspect of their work. Leeds City Council had its first inspection against these standards in March 2005.
2. The Adoption and Childcare Act 2002 (which followed the Prime Minister's Office's review of adoption law and practice in 2000) aimed to make the adoption process more efficient and transparent, and to increase the opportunity for looked after children to be adopted where appropriate. The Act also brought in new arrangements for post-adoption support and contact with birth families. Although passed in 2002, much of the Act did not come into force until 30 December 2005.

Situation in Leeds

3. There has been a decrease in the number of people being approved as adopters in recent years in Leeds, and a consequent decline in the number of adoptions. It was this information that initially triggered the Scrutiny Board's concern and prompted our inquiry.
4. We were told that there were a number of reasons identified as contributing to this fall:
 - A decision was taken two years ago to prioritise long term fostering applications as a response to existing problems with a shortage of such carers. At this time the Fostering and Adoption service was delivered jointly so staff prioritised these cases over adoptions. The service was restructured into distinct teams in November 2005.
 - The types of children needing adoption have changed so that more children have complex needs in terms of behaviour, age and cultural heritage (particularly mixed heritage children) but it takes longer to find, assess and match them with adopters. Adoptive parents are also waiting longer before applying for Adoption Orders (in some cases up to two years) because they want to be sure that their relationship with the child has stabilised and that they feel that they will be able to cope in the long term.

- A shortage of field workers led to considerable delays in report writing and responding to potential matches, with adoption not being given priority. We were assured that this situation had improved.
 - Allowing prospective adopters to attend the Adoption Panel meeting has slowed down the approval process. A third Adoption Panel is required to manage the level of business, but this has not yet been achieved because of the need for a third medical adviser. We were told that this was the subject of ongoing negotiations with the Health Trust.¹
 - Understaffing of the adoption section. The size of the team has been increased in response to comments in external inspection reports. However it will take time for the effects to be seen.
5. We were told that as a consequence of the actions taken in response to the issues identified above, the numbers of adoptions in Leeds was rising again. The recent Annual Performance Assessment of Children's Services carried out by Ofsted recognises this.
 6. Nevertheless, the annual report on Adoption Panel activity for 2005/06 acknowledges the need for Social Workers in area teams to be enabled to give priority to complete reports required for court applications on time.

The adoption process – adopters

7. Leeds Social Services, as an adoption agency, is responsible for recruiting, assessing, matching and providing support for adoptive parents. In brief, once a prospective adopter comes forward they will be assessed for suitability and receive training through Social Services. Some authorities carry out preparation training after approval to adopt, others carry it out before, often using it as part of the assessment process. In some authorities, including Liverpool, training is now competency based. Whilst this is the case for fostering in Leeds, it is not yet the case for adoption.
8. A home study report will be completed for the prospective adopter. This will entail a number of home visits by social workers and a detailed investigation of the family background, as well as interviews with referees. The report includes details of the age range and number of children that the prospective adopter and the agency agree they wish to adopt. This report is known as Form F and will later be shared with the social workers of children identified as a possible match.
9. An Adoption Panel will consider the assessments and decide whether to recommend that the prospective adopter is suitable to adopt. The final approval rests with the designated Adoption Agency decision-maker, which in this case is the Chief Officer – Children's Services². The Panel

¹ We were subsequently informed that a third medical adviser was agreed in November.

² The Chief Officer – Children's Services is now the Chief Officer – Children and Families

may give advice to the Agency on the age and number of children that may be adopted.

10. There is a right of appeal for prospective adopters whose applications are turned down, including an Independent Review Mechanism. This can result in a recommendation that the Adoption Agency changes its decision, although it cannot be required to do so.
11. Once approved as an adopter, the agency will seek to match a prospective adopter with a suitable child or children. Depending on how specific the adopter's requirements or preferences are, this may take some time, and can involve access to the registers of children available regionally through the Yorkshire Adoption Consortium or nationally through the National Adoption Register.
12. Any potential match will be presented to the Adoption Panel for consideration, and a decision made by the Chief Officer – Children's Services, before the adult and child meet up and a placement can begin.
13. During the matching process the prospective adopter will have access to a child profile report which contains information including health, education, birth family history and placement needs, as well as a profile of the child's personality, behaviour and abilities. This may be supplemented by additional reports where appropriate, for example from a foster carer or a specialist.
14. We heard that authorities are careful to share as much information as possible with prospective adopters. This follows past cases elsewhere where adopters have sued other authorities for withholding information at the time of the adoption.
15. The authority must assess the family's support needs before the Adoption Panel is asked to approve a match and adopters are requested to comment on why they feel they are suitable parents for the child and any potential adoption support issues. A further assessment can be requested at any time until the child is 18.
16. Once a potential match has been considered by Adoption Panel and approved by the Chief Officer – Children's Services, then arrangements can be made to introduce the child or children and the adopter(s). This process is overseen by the respective social workers who will review progress with the placement and advise when the adopter(s) can formally apply to the court to agree the legal adoption. The timescale for settling in during placements can vary, particularly dependent on the child's age. An Adoption Order cannot be applied for until a child has been in their placement for at least 10 weeks.
17. Prospective adopters are reviewed after one year if still awaiting a placement by the adoption agency and re-submitted to the Adoption Panel if there are any concerns about their continued registration.

The adoption process – children

18. There are three different ways a child can become adopted:
 - The child is part of a step-family and wishes to be adopted by their parent's new partner. In this instance the new partner makes an application to the court and the Adoption Agency's role is limited to providing a report for the court (non agency adoption)
 - The parents decide it is better for their child to be adopted – 'relinquished' children (agency adoption)
 - Social Services are involved and believe it is in the child's best interests to be adopted by a new family (agency adoption)
19. Non-agency adoptions also include adoption by close relatives or anyone who has cared for the child for three years (or in the case of foster carers after one year).
20. We did not look at inter-country adoption as part of our inquiry.
21. Where a child is relinquished, the birth parents will receive counselling, and an independent worker from Cafcass (the Reporting Officer) is involved to ensure that the parents understand the steps they are taking before a decision is made. The Reporting Officer also witnesses the parents' formal consent. There are a number of points at which the birth parents may subsequently change their mind and Social Services are obliged to either return the child, or seek a Placement Order if they feel the child should not be returned. No formal consent to adoption can be given before the child is at least six weeks old.
22. In making adoption decisions, the court and adoption agencies must have regard to a welfare 'checklist' to ensure that the child's welfare is given paramount status. This checklist includes consulting with birth parents and ascertaining the child's wishes and feelings. We heard in our visit to Liverpool that their early experience of the new Act was that this could lengthen the adoption process for relinquished babies, as time might have to be spent tracing family or persuading a reluctant mother to tell her family of the baby's existence, in order to consider the family as alternative carers.
23. In most cases however, adoption will follow on from a decision that a child can no longer live with their birth parents. Preventative work may already have taken place with the family to try and ensure the family can stay together. The child may be on the child protection register or be looked after by the local authority. In the first instance a care planning meeting will take place to consider possible options for the child. These include foster care, family network care or residential care as well as adoption. The options actively considered will vary dependent on the specific circumstances and the age of the child – for example it is unlikely that a child under ten would be placed in residential care.

24. The key process is the assessment of the birth parents' ability to care for the child. Although all the professionals try to minimise the time taken by such assessment, it is such a draconian step to remove a child from its birth parents permanently that those making the decision need to be sure that they have all the relevant information. Where this requires specialist reports for the purposes of care proceedings, the shortage of experts in a particular field can lead to delays.
25. If Social Services believe that adoption is the best option, the child's social worker will prepare a permanency report for an Adoption Panel – known as a Child Permanence Report (CPR) Form E.
26. We noted that CPR Form E does not make any specific reference to the five Every Child Matters outcomes. It is focused rather around the Adoption and Childcare Act requirements to meet the long-term interests of the child. The two frameworks are clearly not incompatible.
27. The Adoption Panel will consider the proposal for adoption and make a recommendation to the agency decision-maker, the Chief Officer – Children's Services. If the Chief Officer – Children's Services decides that the child should be placed for adoption an application for a placement order will be made in the relevant court.
28. Prior to the implementation of the Adoption and Childcare Act in December 2005, some cases were twin-tracked, i.e. a child's case was presented to Panel to recommend adoption whilst other options were being explored. For example in 2005/06 84 children were accepted for adoption, but of these 84, 17 never actually proceeded to adoption. 7 returned home, 3 went to live with family network carers and 7 were placed in long term foster care with a view to a future Special Guardianship Order. However, since the introduction of the new Act this is no longer possible.
29. In some circumstances Social Services will carry out a pre-birth assessment, for example where an expectant mother's previous children have been adopted. Such children may go into foster care at birth, but the courts may insist that an assessment be carried out after the child's birth before adoption can be pursued.
30. Babies may be adopted by a family which has already adopted their older siblings.
31. Only a magistrate or a judge can make the legal decisions that lead up to a child being adopted. This follows three stages:
 - A Care Order - this allows the local authority to carry out the child's Care Plan
 - A Placement Order – to allow a child to be placed with a prospective adopter
 - An Adoption Order – this confirms the adoption of a child by the adoptive parent(s)

32. Adoption Order applications can be determined by
 - A Family Proceedings Court (magistrates' court)
 - An Adoption Centre (designated County Court)
 - High Court
33. We heard from Judge Hunt about the role of the county court in adoption proceedings. He told us that there are seven judges in West Yorkshire who deal with adoption proceedings. Adoption work is a speciality within the family work specialism, with 21 circuit judges in West Yorkshire carrying out such work. Appointments are made by the Lord Chancellor on the basis of individual willingness and aptitude.
34. We learned that in general, in the courts' experience, solicitors are able to accurately judge which cases should go to which level of court. In the main, the magistrates court will only deal with uncontested cases.
35. Once an application has been received a 'first directions' hearing will take place, usually after about 4 weeks. This hearing will set a timetable for receiving any reports the court needs in order to make a final decision, and any other arrangements. It may also set a date for the final hearing. In some cases, a first directions hearing may decide to transfer a case to a higher court, usually on the grounds of complexity.
36. In most cases it is anticipated that the local authority will apply for a Placement Order at the same time as the Care Order. The Care Order is significant in that the threshold criteria is met "that the child has suffered or is likely to suffer significant harm" and the making of the Placement Order suspends the Care Order allowing the agency to place the child for adoption once a match has been identified and approved by the Chief Officer – Children's Services on the recommendation of the Adoption Panel.
37. In most cases the application for a Placement Order can be made during the Care Order proceedings. This is dependent on scheduling the Adoption Panel date for recommending that the child should be placed for adoption and the Placement Order should be applied for within the required timescale set by the court.
38. The witnesses involved in the legal process recommended twin-tracking as a precautionary measure ie building in dates for Adoption Panel from the start even when rehabilitation was being considered, in order to avoid delays later in the process.
39. We heard that the court and social services timetables did not always run together smoothly. This could be due to something as simple as a particular member of staff being on holiday. We also heard from adoptive parents how frustrating administrative delays were, when the process was already fairly lengthy and any additional wait was seen as a significant proportion of a very young child's life.

40. Judge Hunt urged all concerned to work to ensure that all the processes are so streamlined that the Care Order and Placement Order can be made at the same time. He considered that it is damaging for all concerned when this cannot be done, as the test of a child's best interest in both cases is virtually the same and it is very distressing for the birth parents to be put through two very similar hearings.
41. In all Placement Order applications the court appoints a Cafcass officer as the child's guardian to protect the interests of the child.
42. Cafcass - the Children and Family Court Advisory and Support Service – is a national non-departmental public body, set up in 2001. It is independent of the courts and social services. Cafcass functions in family proceedings in the courts are to
- Safeguard and promote the welfare of the child
 - Give advice to the court
 - Make provision for the child to be represented
 - Provide information, advice and support for children and their families
- Cafcass officers are qualified social workers.
43. The guardian will make a report for the court explaining the inquiries they have made and say what they think should happen. This is a detailed report which contains similar information about the child to that prepared for the Adoption Panel. An important part of every practitioner's work is to spend time talking and listening to children to find out what they think and how they feel.
44. It is the role of Cafcass to be independent of the birth parents and the local authority, to act as the voice of the child. In the main they will endorse the proposals in the local authority's care plan.
45. Ultimately it is the court that decides what will happen, based on what it thinks is best for the child. In coming to this view it will take account of the guardian's views and also the child's wishes and feelings as reported by the guardian. Our adoption managers perceived Cafcass guardians to have a strong influence on the decisions made in relation to individual cases.
46. The Adoption and Children Act 2002 includes requirements to ensure that the consent of the birth parents is addressed at an earlier stage in the adoption process than previously. The court must be satisfied either that the parents agree to adoption or the court must decide to dispense with consent on the grounds that the parents cannot be found, are incapable of consenting or that the child's welfare requires it.
47. The local authority can later apply to revoke a Placement Order if the plan for the child changes, for example if an adoptive placement has not been found and it is felt long term fostering may be a better option.

48. Until an Adoption Order is made, parental responsibility is shared between Social Services, the birth parents and the approved adopters, although social services will determine how each party can exercise that parental responsibility. The continuation of parental rights after the making of a Placement Order is a change from previous legislation when a child was 'freed for adoption'.
49. Subsequent to the making of a Placement Order, birth parents are able to apply for leave to oppose the making of an Adoption Order. To be granted leave they will have to show that there has been a change in circumstances since the Placement Order was made.
50. We asked about birth parents' right of appeal against a decision to take their child away from them, and the potential for this to delay a resolution of the case for the child involved. We were informed that there are very limited grounds for appeal with strict time limits and criteria for any legal aid. Whilst a parent might not accept the decision for the child to be adopted, very few actually actively challenged it. Very few cases lead to an appeal as a basis for appeal has to be demonstrated before leave to appeal is granted, and in most instances the court will have covered all the relevant issues in coming to its original decision.
51. Because the birth parents maintain a share of parental responsibility until the point where an Adoption Order is made, albeit they can only exercise this through Social Services, they have a right to be notified of the final hearing.
52. Adoptive parents told us that this can cause anxiety about the possibility of birth parents successfully challenging the making of an Adoption Order. This anxiety persisted despite the low probability of it actually occurring, and the very limited circumstances in which the courts would allow the birth parents to oppose the Order. It seems that as adopters approach the final hurdle they become increasingly anxious about a last minute problem. This is understandable at the end of such a long and complex process.
53. The effect of an Adoption Order is to extinguish the parental responsibility of a child's birth parents and to transfer it permanently and solely to the child's adopters, who become the legal parents. The child's birth certificate is replaced by an adoption certificate showing the adopters to be the child's parents. A child may apply for a copy of their original birth certificate once they reach the age of 18 and indeed may already have a copy as already as part of Life Story Work materials supplied during work done earlier with the child.
54. Locally, adoption hearings are dealt with in two stages. The prospective adopters are only required to attend the second hearing, which is essentially a celebration of the legal adoption, with the child and adoptive parents attending court to receive a certificate of adoption. Photographs are taken and a present is often given.

55. There is a fee for adoption applications, but in some cases financial assistance is available on a means tested basis. Leeds City Council meet the cost where a child is adopted from care.
56. There is a setting up grant for adopters of £500 for each child placed by the Agency. Ongoing financial support is banded according to the child's support needs and is means tested in most cases. The new Act allows more flexibility than in the past. Sometimes a one-off payment might be made, for example to assist with adaptations for a disabled child or a bigger car for adopters taking a large sibling group.

Adoption Panels

57. Leeds currently has two Adoption Panels meeting monthly. Discussions have been ongoing for some time to establish a third panel in order to deal with the volume of business more effectively and minimise delays for all parties. At present the authority is awaiting the PCT's decision on a business case to provide a third medical adviser.³ In the meantime existing panels are meeting more frequently to try and clear some of the backlog.
58. Each Adoption Panel has the following membership:
- Chair (an independent person)
 - Vice Chair (senior social worker)
 - 1 social worker
 - 2 councillors
 - 1 medical adviser
 - 1 education representative
 - 3 independent people (eg an adoptive parent, adopted adult, social worker from a voluntary agency or community representative)
59. Each Panel has the services of a legal adviser and a professional adviser. They are not members of the Panel. The professional adviser is a social worker with at least five years relevant post qualifying experience and management experience.
60. The Panel is quorate when at least five members including the chair or deputy, social worker and an independent member are present. The agency decision-maker (the Chief Officer – Children's Services) approves new Panel members. At least two of the adoptive parents we met during our inquiry were Adoption Panel members.
61. The Adoption Panel makes recommendations in the following areas:
- Whether adoption is in the best interests of the child, including advice about contact issues and whether an application should be made for a Placement Order
 - Whether a prospective adopter is suitable to be an adoptive parent
 - Whether a prospective adopter would be a suitable match for a particular child

³ This has now been approved

62. The Panel also considers disruption reports, which are prepared when an adoption breaks down, in order to learn any lessons. The Panel produces an annual report on its work.
63. Since January 2006 prospective adopters have been able to attend the Panel meeting where they are being assessed as suitable adopters. This has lengthened the time taken to deal with each case to about 50 minutes, but initial feedback has been positive from both the Panel - who are able to clarify quickly and directly any outstanding questions - and from adopters, who feel more fully involved and assured that the Panel is getting full and accurate information.
64. At present adopters in Leeds do not attend Adoption Panel discussions about potential matches. This is under consideration for the future, but when asked for their views about this during evaluation of attendance at the earlier stage of the process, some adopters felt that any issues would have been addressed at the first session and they would not feel as strong a need to attend again.
65. The average number of items for a Panel meeting across all three categories of its work is 11 items, with paperwork running into hundreds of pages needing to be read in advance of the meeting.⁴
66. The Panel's medical adviser evaluates health information about children put forward for adoption, their birth parents and prospective adopters, and advises on the implications for adoption. Where necessary the adviser will seek additional information and report this to the Panel.
67. The medical adviser also guides Social Services on the information about the child's health that should be provided to the prospective family before placement, and will meet to discuss this with prospective adopters on request.
68. Some reports, eg health reports, are only considered to be valid for a specific time period and may therefore need to be updated between stages of the process, depending on how quickly an adoption proceeds.
69. We spoke to a social worker who had chaired one of the council's Adoption Panels and to one of the medical advisers. We learned that the medical information can be hugely influential in the process, identifying the child's health and any special needs, as well as assessing adoptive parents' suitability.
70. The medical adviser told us that she carried out 101 medicals last year, with a simple case taking 3-4 hours. She visited each child being considered for adoption at home. Her role included trying to collate the

⁴ By February 2007 the average number of items had been reduced to 8. This had caused delays in some applicants coming to Panel, but this should be resolved with the establishment of the third Adoption Panel.

birth family's medical history and trying to predict future needs, although it was not always possible to do this. She will meet the prospective adopters to discuss a child's medical history and give them a balanced view of potential future issues, as far as they can be predicted.

71. However it was acknowledged that during the matching process the optimism and excitement of all parties could lead adopters to have a slightly 'rose tinted' view and perhaps not ask all the questions they wish they had when they look back later, or perhaps not to fully understand the significance of the answers they are given. Staff do not wish to be overly negative. Nevertheless it was clear that over the last five years medical advisers had become far more open to discuss medical issues with adopters than they had been in the past. Today's adopters had far more information available to them before adopting than ever before.
72. For prospective adopters, the GP carries out an initial medical, and the Panel's adviser will seek clarification of any queries arising from this.

Contact Arrangements

73. We learned that it is increasingly common for contact agreements to be drawn up as part of the adoption process. In most cases these take the form of exchanging letters and photos at specified intervals to keep birth children in touch with their birth parents and vice versa. Social Services provide a letter-box exchange service to maintain confidentiality of identity and addresses. In a limited number of cases there may be face to face contact with siblings and birth parents.
74. The increasing expectations of contact can present a challenge for some adoptive parents, although in other cases it is seen as a positive way of responding to a child's natural curiosity about their birth family. Some of the adoptive parents we met told us about meeting with their child's birth parent at the time of adoption and, although it had been a stressful experience, they felt it meant they could share that knowledge with the child later. In another case there was regular contact with birth siblings. In other cases adoptive parents had deliberately chosen not to meet the adoptive family in order to retain their anonymity due to the families living in close enough proximity to be recognised later.
75. We also heard that it can be upsetting for some children if the agreed contact is not made by a birth parent, or they do not access information sent by the adopters.
76. It can be upsetting for adopted children if they are not able to see their siblings. However sibling contact is more problematic where one sibling remains with the birth parents, as there may be a risk of manipulation by the parents.
77. As a minimum, the Social Services Adoption Archive maintains a record that the adopted child can access when they reach adulthood.

78. All forms of contact are voluntary arrangements, unless a court order is made. However adopters do sign up to the agreements. It is rare for the courts to attach a contact order to an adoption order.

Post Adoption Support Service

79. We learned that the department has led in the area of post adoption support, having had a specialist post since 1999, before a team of four was formally established three years ago.
80. It is now recognised that many children who are adopted will present extra challenges to parents, often years after the adoption. Other children within the family may also need support, as well as the adopted children themselves.
81. Patricia Swanson's article 'Why Adoption is Different' included in Barnardo's adopter recruitment pack reminds us that "no child placed for adoption reaches this point unscathed. There is always something that's gone wrong." The evidence from parents we met at the support group emphasised this. However early a child is adopted, there are likely to be some issues that the adoptive family will need to address at some point in the future.
82. Overall, we recognised that the climate of adoption has been and continues to change. It is becoming more difficult to place children for adoption as ever younger children have difficult needs. The new arrangements seek to recognise and respond to this by providing more resources for support to adopters to parent children likely to have problems from the outset.
83. Whereas in the past, there was little post adoption support or financial help, adoption was no longer a 'cheap option' for the authority, with a range of community support needed to deliver successful permanent placements in the long term.
84. It is hoped that the availability of post adoption support will increase the number of adopters willing to consider older children and those with more complex needs. It will also reduce the risk of disruption once a child has been adopted as this is extremely distressing for all concerned. The evidence we heard from adoptive parents certainly bore this out.
85. Some post adoption support is provided through voluntary agencies. This includes supported lodgings provided by Barnardo's Futures as a support to older adoptees and their families, who may need a break from each other.
86. The authority is obliged to provide an independent source of advice on adoption to birth parents. A voluntary agency based in Leeds, After Adoption Yorkshire, provides this support under contract with the Council.

We learned that support, counselling and advice may be requested at the time of adoption or later, sometimes many years on. When we visited Newcastle, we met with a member of their adoption team whose role is specifically to provide support to birth families. She carries out her role in conjunction with the independent provider, including holding a monthly support group meeting.

87. We were told that one of the reasons for contracting out support to birth families was that they may, understandably, not wish to receive support from the very agency that oversaw their child's adoption from them.
88. Some of the strategies and services provided by the department's adoption support team to adoptive families include:
 - Support groups for adoptive parents and adopted children
 - Soft play sessions for young children and their parents
 - Telephone advice line
 - Joint working with the Education Support Worker, to provide training in schools.
 - Life stories and later life letters to provide young people with information on their family and early life
 - Letterbox arrangements for continued exchange of news with other family members including siblings
 - Attachment skills, including play based attachment work. The importance of attachment is recognised in the current popularity of attachment therapy, although there are very few trained practitioners in the UK yet compared to the US where parents and children expect access on an ongoing basis.
 - Referrals to the Child and Adolescent Mental Health Service
 - A regular newsletter for all adoptive families
89. We also learned that a transition group for Year 6 pupils is planned for this coming year, to help with preparation for secondary school.
90. Having been extensively assessed during the adoption process, some adoptive parents persist in feeling they should be able to cope themselves with whatever happens after the adoption, despite the message about the availability of post adoption support being stressed from the training course onwards.
91. The regular newsletter for adopters highlights the availability of the various support services. A growing number of parents access this support, but not the majority.

Adoption Policy in Leeds

92. In common with other agencies whose policies we saw, Leeds Social Services adoption agency eligibility criteria make it clear that applications are accepted from couples (whether married, unmarried, in civil partnerships and including same sex couples) as well as single people.
93. Most criteria we saw would not consider couples whilst they are undergoing fertility treatment; would seek to match children with adopters from their own heritage for preference but not at the expense of prolonging the child's wait for a family indefinitely; and would not normally place young children under two in families with smokers.
94. One area within the Leeds policy that we did not see explicitly stated in those other examples was a presumption that adopters would still be under 60 by the time the adopted child reached 18, or exceptionally that only one member of a couple would be over 60.
95. Also there was a presumption in Leeds that children under two would not be placed in adoptive families with birth children, unless they were part of a larger sibling group or had special needs. Whilst we did not see such criteria applied elsewhere, this may be a method of managing the higher levels of demand for younger children. Newcastle, for example, reserved the right to apply special criteria to manage demand.
96. We asked about the policy on keeping siblings together. We learned that wherever possible Leeds aims to keep siblings together. However, the overriding concern should be the needs of individual children and in some cases this may lead to the use of different placements. The experience of the children had to be taken into account in making such decisions, as well as the practical considerations of how many children an adoptive family could take on. If siblings are split up a high level of contact, preferably direct contact, would normally be sought.
97. We were told that it was felt to be preferable wherever possible to match a child with parents of the same heritage, but that if this was not possible within a reasonable period, then parents of a different heritage would be considered, as successful placement with a family was the paramount consideration.

Adoption Panel Statistics

98. We heard about the number of children placed for adoption over the recent past. The Adoption Panel provided us with the following statistics about adoption in Leeds.

	Adopters approved by Panel	Children accepted for adoption	Children matched with adopters
2000/2001	59	94	83
2001/2002	72	108	94 (12 inter-agency)
2002/2003	81	81	84 including (12 inter-agency 7 Consortium 1 Voluntary agency)
2003/2004	55	98	63 including (8 inter-agency 1 Consortium)
2004/2005	43	76	63 including (2 inter-agency 2 Consortium 4 Voluntary agency)
2005/2006	59	86	66 including (9 inter-agency 6 Consortium 4 Voluntary agency)

99. As further background, we received anonymised information about the 54 children currently on referral for adoption and the 32 approved adopters awaiting a match. We learned that managers review these profiles at a regular 3 weekly meeting to ensure potential matches are identified and pursued as quickly as possible.
100. During 2005/06 one placement disrupted during the introductory period and one after eleven months. In the former case a new placement was found. In the latter case long term foster care was considered to be a better option. The older the child at adoption, the greater is the risk of disruption to the adoption. Nationally the rate of disruption is around 10% for children of 8 and over. Leeds' record is better than the average.
101. 5 children were matched with their foster parents during 2005/06, a small decrease on the previous year.
102. Of the children accepted for adoption in 2005/06 62 were White British, and 22 of other, mainly mixed, heritage. 49 of the 59 families approved for adoption were also White British. Of the matches agreed 53 out of 66 were White British children.
103. We learned that sometimes it is not appropriate to place black and minority ethnic children within the Leeds area, due to the close knit communities that exist for some ethnic groups.

Yorkshire Adoption Consortium

104. As an adoption agency, the local authority is obliged to belong to a local consortium of adoption agencies. Leeds was instrumental in establishing the Yorkshire group.
105. We learned that the consortium brings together all adoption agencies in the region including voluntary agencies, with the aim of increasing the possibilities of matching for children and families in the area. The consortium has appointed a coordinator based at NCH in Leeds, who identifies potential matches from the information provided by the various adoption agencies, and provides information to the child's social worker for follow-up. Leeds placed 16 children through the Consortium between 2002 and 2004.
106. Inter-agency matches between local authorities via the consortium are made on a no charge basis; instead the authority incurs credit or debit points for providing or taking a child from the register. Should an individual authority's balance go beyond a debit or credit of 10 points, then they would expect to be charged or receive a fee, in order to maintain a balance between partners. Inter-agency fees remain payable to voluntary agencies.
107. When we visited Liverpool and Newcastle we discovered that the operation of regional consortia varies considerably. Neither region operated the points scheme used in Yorkshire. In the North West the consortium was seen more as a policy and strategy development forum than as a marketplace.
108. The appointment of the consortium administrator had improved the number of matches made through the Yorkshire consortium. This was particularly important for children who cannot be placed locally either for their own safety, or because some local minority ethnic communities are very localised.
109. With the consortium we learned that smaller authorities tend to place children on the register immediately as children are more likely to need to be placed outside the authority's area than in a big city like Leeds.
110. The debit and credit system operated by the Yorkshire Adoption Consortium was seen as a bonus. Inter-agency placements through the national register can cost between £12,000 and £20,000.
111. The consortium administrator confirmed that recruitment issues were similar across the region, as was the profile of families involved in adoption.

112. From our visit to Liverpool we learned about Adoption 22. This is the recently established consortium for the North West region, although previously Liverpool had been a member of the well-established Merseyside consortium. Whereas the Yorkshire and Humber consortium operates predominantly as a marketplace, Adoption 22 tends to take a more strategic role. For example the development of new protocols in response to the new Act had been shared across authorities. In addition the members of the consortium effectively used their combined influence to draw up protocols for consistent working with Cafcass across the region, to tackle areas of regular disagreement.
113. It was later suggested that the lack of a BAAF (British Association of Adoption and Fostering) office in the north west region may account for the enhanced role being taken by this group. There are BAAF regional offices in both Leeds and Newcastle.

National Adoption Register

114. The authority must also provide details of people approved as adopters and children awaiting adoption to the National Adoption Register. The aim of this is to maximise the opportunities for matching. Last year 7 children and one adopter from Leeds were matched in this way.
115. The National Adoption Register uses a national database to identify possible matches which are then referred to the respective local social workers to pursue on behalf of the children and prospective adopters. In most cases, children and adopters are referred to the register within 3 months, unless it is recognised at the outset that they are unlikely to be matched quickly locally, when they may be referred immediately.

Voluntary Agencies

116. Adoption Barnardo's Yorkshire and NCH are voluntary adoption agencies operating across the region including Leeds. Both agencies specialise in matching children who are more difficult to place. This includes older children (school age), larger sibling groups, children from minority ethnic communities, those with disabilities and younger children with a family history of mental health problems or drug or alcohol abuse.
117. Voluntary agencies recruit, assess and prepare prospective adopters for matching with children identified for adoption by Social Services. The voluntary agencies have their own Adoption Panels.
118. NCH operates a same race placement policy. Barnardo's is committed to this where possible but will consider other matches.

Range of permanency options

119. We were conscious right from the outset of our inquiry that current thinking and practice in relation to providing security to children unable to live with their birth families emphasises permanency as opposed to any one solution such as adoption. Therefore, although our inquiry has deliberately focused on adoption, we recognise that this will not always be either possible or desirable as an outcome for some children and young people, and we also looked briefly at some of the other permanency arrangements that provide an alternative outcome.
120. This range of permanency options recognises that for some children, especially perhaps those who come into the care system at an older stage, their attachment to their birth family is strong and needs to be maintained. In his report 'Children's Views on Standards' the national Children's Rights Director passes on a number of messages about adoption from young people, including "make sure no foster child feels that they have to be adopted."
121. Leeds, like many other local authorities, is keen to encourage foster carers, particularly family network carers, who are looking after children under Care Orders to consider other permanency options where appropriate, such as adoption, Special Guardianship Orders or Residence Orders. To ensure that such decisions are made with paramount regard being given to the child's welfare rather than financial issues, Leeds has tried to ensure a level playing field in terms of the financial benefits associated with each option.
122. Leeds Social Services has produced a draft guide for foster carers on considering permanency options. The booklet sets out the process for a foster carer wanting to move to a Residence Order, Special Guardianship Order or adoption. It also seeks to clarify the financial support that can continue to be made available, and the impact on benefit eligibility. The aim is to facilitate foster carers moving to provide a greater level of permanency for children in their care, without financial considerations acting as a barrier.
123. Children who are looked after are likely to have suffered from adverse early circumstances and this can have a profound effect on the way that they manage their relationships within their family, peer group, school and in their wider lives. A stable home life can help these children make progress in all aspects of their lives.
124. Research shows that the most stable and beneficial placements for looked after children are with long term carers. Where children know that their carers are committed to bringing them up to adulthood they are able to put down roots and concentrate on other aspects of their lives. This generally results in better educational, health and social outcomes for children.

125. If Social Services agree with the proposal for a Residence Order or Special Guardianship Order they can apply to discharge a Care Order and invite the court to make a Residence Order or Special Guardianship Order in favour of the foster carer. The carers themselves must apply for the Order. Social Services will pay the fee where they agree this course of action is in the child's best interests.
126. The transfer to Adoption Agency regulations means that there are some differences between the ongoing allowances payable to foster carers who adopt as opposed to those who are granted a Residence Order or Special Guardianship Order.
127. Authorities will differ in their emphasis on particular permanency options, especially perhaps as a child grows older. For example a long-term foster placement might be seen as a faster and more appropriate route to stability than adoption.
128. Cafcass commented that they sometimes feel very disappointed when a child is considered to be 'too old' for adoption and never presented to the Adoption Panel, because the social worker believes that there is no realistic chance of them being adopted. This was particularly distressing given that the hardest group to place is boys over three years old. Nevertheless Cafcass acknowledged the existence of good schemes for long-term foster care that do sometimes turn into adoption or Special Guardianship Orders. They also accepted the resources required for the sort of targeted recruitment required to secure suitable adopters for 'harder to place' children.

Special Guardianship Orders

129. A Special Guardianship Order transfers most parental rights, but does not sever the formal connections with a child's birth family. As with adoption, there is no longer a requirement for Social Services involvement. A Special Guardianship Order ceases to have effect when the child reaches 18.
130. The Special Guardianship Order is seen as particularly attractive for foster carers, as it removes the need for continued social work involvement in an established care arrangement, without formally severing the ties with a child's birth family.
131. 7 Special Guardianship orders were currently being pursued. It was felt that a Special Guardianship Order would be most attractive to long-term foster carers providing a stable 1-1 placement and who were unlikely to consider fostering another child, or perhaps repeat foster carers who did not feel the need for Social Services input.
132. Local experience suggested that the biggest barrier currently for foster carers considering a Special Guardianship Order was a concern that Social Services may no longer be able to supervise any ongoing contact arrangements with the birth family, as was the case presently. Social

Services subsequently confirmed that support may be available in some cases.

133. There is a Special Guardianship Officer to provide support to those seeking Special Guardianship Orders, and this service will be reviewed as the number of children on Special Guardianship Orders increases.
134. It was acknowledged that it would be important to monitor trends to ensure that the pool of foster carers available for new children entering care was maintained. This highlighted the potential impact of seeking the best outcome for an individual child on the authority's duty to meet the wider needs of Leeds children.
135. The number of Special Guardianship Orders were being counted alongside adoption figures in government monitoring of local authorities' performance.

Residence Orders

136. A Residence Order is a court order that decides who a child or young person should live with. A Residence Order also ends Social Services involvement, but balances the parental responsibility between the birth family and the carer.

Long-term foster care

137. A permanent foster care placement enables the continued involvement of a Social Worker whilst providing greater stability for the child.

Recruitment of adopters

138. We asked whether prospective adopters coming forward were generally aware of the new context and the kinds of children needing to be adopted. We were told that there are still a number of people coming forward who cannot have their own birth child and want to adopt a freely given baby. The preparation training gives people an awareness of the types of issues they are likely to face and the skills they will need. It is important for prospective adopters to be realistic about what they can cope with.
139. The authority also needs to be clear about the sort of people it is looking for as adopters, and to get this message across in recruitment as well as training and assessment. We felt that the public understanding of adoption is out of date, and therefore the service is likely to be missing out on people who could help.
140. We discussed the Leeds Social Services target of 90 adopter approvals per year and the rationale behind it. We learned that the adoption staff had agreed that this was a realistic target if the teams are fully staffed (7 assessment staff). It was not based on the demand for adoption. Clearly the larger the pool of prospective adopters, the better chance of a good match for children, although there could also be implications for the length of time some adopters wait, for example for the most popular categories

such as younger girls. There are only a limited number of adopters willing to take on the more difficult children.

141. Assessments are sometimes prioritised if prospective adopters are identified as a possible match for a harder to place child or children, for example to match the child's heritage or for a sibling group.
142. We learned that under the new legislation unmarried couples, including same sex couples, are now able to adopt jointly provided they are deemed to be in an 'enduring family relationship'. This is a change from the previous situation where only one partner in such a relationship could legally adopt the child. This may increase the number of unmarried couples willing to adopt.
143. Staff felt that it was too early in the operation of the new arrangements to judge the impact, for example in relation to increased rights for birth parents and the impact on prospective adopters. We wondered whether the growth in contact arrangements would begin to blur the distinction between adoption and other permanency options.
144. We queried whether it was possible to recruit people more generally to look after children in care, rather than specifically as foster carers or adopters. It appears that the current approvals process does not enable this. However one option for the child is concurrent planning. This is considered particularly suitable for very young children. Concurrent planning involves the simultaneous development of two care plans – one for rehabilitation with birth parents and a parallel plan for adoption (possibly by a foster carer) if rehabilitation fails.
145. However concurrent planning is considered to be resource intensive, and involves risks for the potential adoptive parents, so has not been used extensively locally at this point.

Black and minority ethnic (BME) adopters

146. We were told that the lack of sufficient BME adopters is a national problem. NCH has set up a specific agency to recruit BME adopters in London, and both NCH and Barnardo's are used locally to help match BME children.
147. Social Services now employ two part time Asian workers, one African Caribbean worker and one white worker to carry out development and outreach work to increase the pool of adopters. It can take time for such work to pay off, but so far there seemed to be more success in the Asian communities than the African Caribbean communities. Seven new BME adopters had been approved in the first five months of 2006/07.
148. The representative from NCH told us about the Black Families Project they set up in London a couple of years ago with an all black staff to provide

role models for adopters. Following successful results they are seeking a national roll out.

149. We asked his views on why there was a shortage of BME and mixed heritage adopters. He told us that an ICM poll on attitudes to adoption commissioned for National Adoption Week had revealed a surprising lack of information about who can adopt. The widely held perception still reflects the historical position of adoption as a white middle-class activity, rather than the reality of its being open to all. There was a clear message here for publicity.

Resources for adoption

150. A national protocol introduced three years ago set a target of 70% of Care Orders to be dealt with by the courts within 40 weeks. Leeds achieves a rate of just over 50% which is better than most of the rest of the country. Nowhere achieves the targets due to a shortage of judges. Numbers have not increased in line with the doubling of family case loads in the last 15 years.
151. The court is under a duty to allocate an appropriate share of resources to each case, and to actively manage cases to minimise delay for the child.
152. We also learned that the protocols for judicial case management specifically acknowledged that delay is considered harmful in law, but recognises the need to balance this against the importance of making the right decision for a child's future.
153. We learned that the court paperwork had increased with the application of the new Act, which we found regrettable.
154. We asked about delays with checks such as CRB checks. Judge Hunt told us of the importance he attached to checking the family background of prospective adopters. He suggested that the system would be more effective if responsible authorities could have instant direct access to the appropriate records on computer.
155. We also heard from Judge Hunt and Cafcass about their involvement in private law cases, for example where a separating couple are disputing future arrangements for the custody of their children between themselves. Judge Hunt told us that such cases were taking up an increasing proportion of the resources available for family cases, and that this had a knock on impact on the time taken to deal with adoption proceedings.
156. We learned that there are quarterly meetings between representatives of Social Services, Cafcass and the courts to address common issues. Our visit to Liverpool demonstrated how these types of meetings were being used to good effect to develop consistent practices.

157. The local authority must appoint Independent Reviewing Officers (IROs) to monitor the cases of all looked after children. Their role is to prevent 'drift' in implementing a child's Care Plan. Although part of the Social Services department, Independent Reviewing Officers are line managed separately from the Social Workers whose cases they are reviewing.

Recruitment and retention of staff

158. We discussed recruitment and retention as Social Services had recently had a number of adoption team vacancies to fill following the restructure. We learned that a good applicant had withdrawn after being offered a post as they would lose benefits accrued in their previous job in a voluntary agency. The NCH representative on our Board confirmed that this could be an issue for staff moving in either direction between local authority and voluntary sector adoption agencies. Adoption workers are required to have at least one year's post qualifying experience, therefore the pool of staff is limited. The loss of accrued benefits such as leave entitlement, sick pay and redundancy protection was a deterrent to movement between the sectors. Even where an applicant may have had previous local government service this would not count, as continuous service was the prerequisite.
159. We learned that Leeds City Council's membership of the Joint National Council (JNC) for local authority employment means that the City Council is tied to national terms and conditions such as those relating to leave entitlement. Terms and conditions are only transferable between agencies designated nationally as 'associated employers'. This does not currently cover staff working (as in this case) in another sector but where the overall pool of staff is limited.
160. Where an authority has withdrawn from the JNC it may decide to honour the existing terms and conditions of an employee joining from another organisation. The only discretion currently available to Leeds City Council would be to offer a financial incentive to offset any loss of benefits, and this would need to be carefully considered in terms of setting precedents.
161. The only other possibility would be to make a case at national level for the inclusion of staff from other adoption agencies within the scope of 'associated employers', or to encourage the JNC to modify their stance. The wider implications of such a move would need to be taken into consideration.
162. We heard that the ceiling for Social workers in the adoption teams is spinal column point 38, whilst in child protection it is spinal column point 40.
163. Staff often work at evenings and weekends for home visits, and there is a need to be flexible to accommodate this on both the employee and employer's side. We were not sure whether flexible working patterns were promoted in recruitment literature.

Evidence from Visits

164. As part of our inquiry we visited Liverpool and Newcastle City Councils to discuss how they organise their adoption services and to learn from any good practice. We also met with some young people who had been adopted and some adoptive parents. The remainder of the summary of evidence presents the key messages from each of these meetings.

Liverpool

Structure

165. As in Leeds the adoption and fostering teams are separate. The adoption team includes 12 Social Workers and 2 Team Leaders, one of whom takes a lead on strategic and financial issues and advises the Adoption Panel, with the other having more of an operational focus. The team also includes a ½ time therapeutic Social Worker and a ½ time drama therapist. This is a bigger team than in Leeds.
166. A key difference is that in Liverpool the adoption team take on a child's case as soon as adoption is confirmed as the plan for the child's future. This change was made in response to problems with cases 'drifting' once the adoption plan was approved, as child protection crisis responses were understandably prioritised over family finding by Social Workers in the Safeguarding and Support team.
167. The transfer of cases (and staff) into the adoption team has allowed Social Workers in the team to progress adoption cases more quickly, and was singled out as the most effective measure taken by the authority to tackle delays.
168. An additional benefit is that the adoption team is now automatically notified as soon as adoption is identified as a possible plan for a child. A member of staff in the adoption team will then work with the allocated Social Worker to advise them on the process as it develops, until the point at which a decision is made and the case transfers to the adoption team. For example they will advise on the early commissioning of adoption medical reports, to avoid delays at the Adoption Panel.
169. A 300% improvement had been achieved in adoption figures between 2002 and 2005, but this had now peaked. The increase can be partly attributed to the encouragement of long term foster carers to adopt, a policy also followed in Sheffield with similar results.

Family finding

170. Liverpool has around 60 children with adoption plans at any one time. At the current time there were only 8 children for whom they were having any difficulty finding a family. Difficulties were mainly due to significant special needs or behaviour issues, or complex family contact arrangements. The authority had been successful in placing sibling groups but mainly due to nationwide recruitment through 'Be My Parents'.

Children relinquished for adoption

171. There was always a balance to be struck between considering extended family care and the lower chance of a successful adoption later if this option should break down. Experience in Liverpool suggested that it was much harder to achieve successful adoption for boys over 4 years old, and slightly older for girls. For this reason, children were tracked to ensure their long-term best interests were protected.
172. Nevertheless, we also learned that the majority of foster carers in the city were extended family carers.

Recruitment of adopters

173. The authority had appointed a specific recruitment and advertising officer for the fostering and adoption services. This was someone with a media background rather than a social worker.
174. Monthly information evenings were held for people wanting to explore adoption. Potential adopters were prioritised, for example those willing to take sibling groups.
175. The training for adopters consisted of 3 days of preparation training and 1 day's assessment, and was competency based. The feedback from prospective adopters was very good. The competency basis to assessment seemed to be the trend, including with foster carer training.

Recruitment and retention of staff

176. This was not an issue for the adoption service. The introduction of senior social worker grades up to £33,000 helped. Consideration is also currently being given to loyalty payments after 3 and 5 years. In addition staff in Liverpool worked 37.5 hours per week for 35 hours pay, thus accruing an additional day off every 4 weeks and a day and a half every 12 weeks.
177. The authority's massive investment in technology meant that all of the adoption team had a laptop, mobile and blackberry, and many of the team members were teleworkers, which was popular in terms of organising their work life balance.

Newcastle

Structure

178. Two notable roles in the adoption team include a Social Worker for Birth Families, and a dedicated Independent Reviewing Officer for adoption cases (line managed outside the team).

Family Placement

179. Newcastle does not make a lot of use of the regional consortium for placements. When advertising children for adoption they advertise nationally for preference over the local area.

180. Locally, there has been a rise in the last 6 months in the number of babies and pre-birth cases identified for care.

Degrees of permanency

181. Only 7.2% of looked after children under 16 are in residential care, with only 3 units containing 19 beds available within the city. No children under 10 are in residential care. The shift from residential care to foster care had been a deliberate policy.

Recruitment of adopters

182. Newcastle recruits adoptive parents from within a 50 mile radius of the city. They hold an information evening once every two months in the city centre, coinciding with late night shopping. There is a presentation, and social workers on hand to talk to everyone individually.
183. Preparation groups also run every two months, so people are not waiting too long. In fact some people have come forward from other authorities because they had no planned training in the near future.
184. Advertising has included Yellow Pages, Metro stations, bridge banners, website, and the Centre for Life. Feedback collected from prospective adopters has made reference to all of these sources.
185. There are no specialist workers within the team for black and minority ethnic adoption. The local diversity of minority ethnic backgrounds makes it difficult to target such work. The authority relies on the Sahara Project through the local consortium. Through the consortium they can assist potential adopters to access every authority in the region and carry out a joint assessment.

Disruptions

186. Newcastle has been very successful recently in preventing disruptions. Following a number of breakdowns a few years ago, an independent reviewing officer (IRO) was appointed in 2002. There have been no disruptions since November 2004. This is attributed to a combination of good matching, and also the proactive role of the IRO. Where the IRO identifies a need for support the resources are quickly assigned to provide this at an early stage.

Recruitment and retention of staff

187. There have been no vacancies in the adoption team for 2½ years, despite problems across Social Services in attracting experienced staff. The team includes senior practitioner roles.
188. We talked about post qualification (PQ) training, and learned that Leeds City Council is piloting a family placement qualification as an alternative to the existing childcare scheme. It was hoped that this would be a more relevant PQ option for some staff.

Timescales

189. Newcastle expected the time taken for adopters from initial inquiry to the Adoption Panel decision to be 6-8 months. For children in care, the 4 month review should lead to a permanency plan. Concurrent planning was also discussed, with adoption staff in both Newcastle and Leeds highlighting that it required a high level of resources to support the adults, and is therefore not often used.

Cooking Crew

190. We met with 8 young people from the 'Cooking Crew' at Pizza Hut. The Cooking Crew is a support group for adopted children, run by Social Services. The group was set up about 18 months ago to help young people who have been adopted in forming peer group relationships. The young people meet weekly on a Tuesday evening. They take part in a range of activities and cook and eat together.
191. Young people make a commitment to attend regularly in order that they can all get the maximum benefit from the mutual trust, support and friendship that develops within the group. They attend for about a term. Normally the group would not allow two pupils from the same school or siblings to attend the group at the same time.
192. Some of the young people who have attended the Cooking Crew will also receive support from other services, including one to one support from a Connexions Personal Adviser, and also CAMHS services.
193. The young people completed a brief questionnaire for us before we met up with them. The information from this is summarised below:
- Two of the young people were less than 6 months old when they were adopted; three were between 2 and 3 years old; and two were eight years old.
 - Of those who were old enough to remember, most felt that they had been listened to before a decision was made and that their views made a difference. Nobody said that this was not the case.
 - Five of the eight young people were told what was happening while they were being adopted, at least some of the time, including three who said they were told all of the time.
 - When we asked who had helped the young people when they were being adopted, besides their mum and dad, they mentioned foster parents, social workers and siblings.
 - We also asked who helped now. Answers again included mum and dad, siblings and named adoption support staff.
194. We gave the young people the opportunity to tell us anything else they wanted to. We received two comments – "I'm happy!" and "I think most people should adopt older children because they need parents – not much time left."

195. Other things that the young people told us during discussion covered the following topics:

- Contact – they liked the letterbox contact arrangements, which seemed to work well. Some of them kept in contact with siblings as well as birth parents through this route. One young person had been upset by a birth parent finding and ‘watching’ them from a distance.
- Siblings – several of the young people told us about their siblings. Some had contact with siblings and others did not. One young person was upset that she is not allowed to contact her sister until she is 16. Another told us that they had been separated from siblings in foster care but brought back together when they were adopted.
- Bullying – some of the young people had experienced bullying at school because they were adopted. In some cases people had made lurid suggestions about why they had had to be adopted, based on media horror stories of violence etc. This was in no way true of their own circumstances but was based on a media image of some of the reasons for family breakdown, and was very hurtful, especially if the young person did not know their own full history.
- Foster care – several of the young people had had a number of short-term foster carers before being adopted. Staff confirmed that a shortage of foster care placements meant that children were likely to be moved frequently, especially where they had to be removed from their birth family urgently.
- Social workers – we were concerned that some young people might also have had several different social workers dealing with their case
- The Cooking Crew group – there was clearly a strong bond of mutual support throughout the group and with the staff. Several good friendships had developed. The young people clearly enjoyed the activities.

196. We are very grateful to the young people for sharing some of their thoughts and experiences with us, especially as we appreciate that sharing these experiences can be difficult and painful.

Adoptive Parents

197. We met with 11 adoptive parents, who we contacted through the post-adoption support service. Some of them were regular attenders at a support group for adopters run by Social Services. We also received written comments from two parents who were unable to attend the meeting.

198. The parents we met with were a mix of couples and single parents. Some had their own birth children and others had decided to adopt because they were unable to have their own children. Some were going through the adoption process for a second time to increase the size of their family, and they were able to compare their experiences across time.

199. On the whole, this was a positive comparison, as adoptive parents felt that attitudes had improved, for example to single adopters. The preparation and training was felt to have improved. Also the timescales and delays had improved from the past, although there were still frustrations and concerns about the length of time some parts of the process took, and understandable frustration about avoidable administrative delays. For example when told that a report could not go to the Adoption Panel because it was waiting to be typed, one parent just wanted to offer to type it herself.
200. This frustration was compounded by the knowledge that any delays meant longer in a foster placement or placements for a child. Adoptive parents felt that this was particularly important in terms of the attachments that a young child might be forming with a range of adults, and the extension of any negative and unsettling behaviour that could result. Adopters were concerned that delays could significantly extend the proportion of a young child's life experience in care, when the accepted wisdom was that the earlier a child could be settled with a permanent family the better.
201. Interestingly, a couple of the parents were now independent members of Adoption Panels, and one told us how she now recognised some of the delays that had previously frustrated her as being normal.
202. The parents also found the increased rights of birth parents within the court process a challenge to deal with. It caused anxiety right up until the final Adoption Order stage that the birth parents might successfully challenge the adoption, even where adopters knew this was highly unlikely in reality. Adopters also highlighted the extensive assessment work carried out even where birth parents had had a number of previous children removed from their care. They felt that the increased rights of the birth parent to have the opportunity to prove they could be a successful parent put some children at greater risk than would have been the case in the past.
203. Another issue that came up during discussion was the sense of isolation between approval as a prospective adopter and the time of matching. Adopters often felt nervous and guilty about being seen to 'pester' busy staff to see if a match might have been found.
204. Parents expressed concern about the turnover of staff, and the number of part-time staff, and the impact of this on the length of time that progressing cases could take. This was coupled with anecdotal evidence of 'drift', where chance conversations between social workers had led to matches that could perhaps have been formally identified earlier.
205. Some parents felt that they had not fully appreciated the extent of the difficulties that a child might face when they were originally approached about a match. It was suggested that the excitement felt about a positive match needed to be complemented by a clear understanding of the reports

that had been produced about a child. With the benefit of hindsight some parents wished they had asked more questions at an early stage to prepare adequately. They commented on reports being written 'in code'.

206. Some of the parents told us that they had recruited friends as adopters as a result of their own experiences, as well as returning themselves to adopt more children. In addition they praised the information bus that had been used to provide publicity and initial information about adoption. They felt this was an effective way of encouraging people to find out a little bit more, if they felt that they might be interested, as people might just pop in.
207. All of the parents were extremely appreciative of the post-adoption support services, and we heard how crucial a role it has played in some cases in providing the ongoing support that has enabled adoptive placements to continue in situations where they may have broken down in the past. Parents acknowledged that this support might be needed at any time during a child's growing up, not necessarily close to the time of adoption. They also benefited from mutual support that has been established between adoptive parents.
208. Contact was an important issue for the parents we met, and clearly was one where some struggled to know how best to respond to the needs of their child to know about the birth family, whilst managing the stresses and upset that contact – either direct or indirect – could bring in the short term. Contact could include the adoptive parent meeting birth parents at the time of the adoption. In some cases children met up regularly with siblings.
209. All the parents recognised and promoted the importance of life story work with their children. We learned a lot about the change in attitudes, and how adopted children are now expected to be told that they have been adopted much earlier in life than had been the case in the past, when many may not have known until they were teenagers or adults, if then. We began to get a little bit of a sense of the challenge that this can pose for families, despite the recognised benefits of children knowing the truth about their background.
210. A strong theme of the discussion was problems at school. These included: a general lack of awareness from some teachers of how to meet the needs of adopted children, for example how to handle work about families; the extent of bullying of adopted children; meeting resentment from other parents when an adopted child was perceived as disruptive; and fighting to have a child's special educational needs, recognised, assessed and met.
211. During the discussion, it was suggested that the liaison with education had improved for looked after children, but that adopted children perhaps still had a tendency to fall through the net. Many of them would be vulnerable to developing special educational needs at some point as a result of their early experiences, yet because they were no longer in care and had a new family, their needs were not being proactively promoted to the same extent.

212. Despite this, we also heard from some parents about good examples of school responses, particularly led by individual headteachers who were more aware of the needs of adopted children.
213. One parent told us about the difficulty of funding assessments that were required to diagnose their child's special needs in the first instance. Had the child remained in care then this expense would have fallen to the local authority. However it was now an unanticipated financial strain for the family. Funding to address the special needs of adopted children was highlighted as an area of growing concern as children with more significant ongoing issues are adopted.
214. Overall, we gained a sense of the determination of these parents to face the challenges and provide their adopted children with a loving environment, and their appreciation of the support that they needed to do this successfully.

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