

# Exploring the Benefits and Challenges of a Support Service for Adoptive Parents: A Case Study of Evaluating the Adopter Champions Programme

Maria Kambouri<sup>1\*</sup>, Fiona Curtis<sup>1</sup>, Yota Dimitriadi<sup>1</sup>, Megan Ravenhill<sup>2</sup>, Lucy Coleman<sup>1,3</sup>

<sup>1</sup>Institute of Education, University of Reading, Reading, UK

<sup>2</sup>PACT Charity, Reading, UK

<sup>3</sup>Vanson Bourne, Newbury, UK

Email: \*m.kambouri@reading.ac.uk, f.r.curtis@reading.ac.uk, y.dimitriadi@reading.ac.uk, Megan.Ravenhill@pactcharity.org, lucycoleman137@outlook.com

**How to cite this paper:** Kambouri, M., Curtis, F., Dimitriadi, Y., Ravenhill, M., & Coleman, L. (2024). Exploring the Benefits and Challenges of a Support Service for Adoptive Parents: A Case Study of Evaluating the Adopter Champions Programme. *Open Journal of Social Sciences*, 12, 437-469.

<https://doi.org/10.4236/jss.2024.123029>

**Received:** February 19, 2024

**Accepted:** March 26, 2024

**Published:** March 29, 2024

Copyright © 2024 by author(s) and Scientific Research Publishing Inc.

This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

## Abstract

Adopters often face challenges during the process of adoption which may occasionally lead to adoption disruption. When aiming to minimise disruption, it is important to look closer at the support provided to adopters, to understand what works and what could be improved; however, there are few studies that focus on what works best. This paper seeks to address part of this gap, by exploring the benefits and challenges of a support service for adoptive parents, namely the Adopter Champions programme. The study explored the key issues faced by adopters and their experiences of the Adopter Champions programme, aiming to understand if and how such programmes can help adopters. Employing a sequential mixed methods approach, a survey was shared with 55 families that had received support from the Adopter Champions programme with four then interviewed. The findings confirm how important it is for adoptive parents to have access to support and people that can understand and advise them, such as other adopters, and therefore how this is worth investment from the government. While the study highlights the importance of having support available and for government to invest in this, it is recommended that more studies like this are conducted to identify what types of support are more beneficial for adopted parents.

## Keywords

Adoption, Family Support, Adoption Disruption, Support Services, Adopter Champions

## 1. Introduction

Adoption provides a child or children, who cannot be raised by their own parents, a new family. It is a legal procedure which transfers parental responsibility for the child to the adoptive parents. In the adoption process 'adoption disruption' is always a possibility (Wijedasa & Selwyn, 2017). Adoption disruption refers to a breakdown in the adoption placement where a child is placed back into foster care. This area is under-researched probably because this only affects around 3% of adoptions in England (Wijedasa & Selwyn, 2017). Nevertheless, adoption disruption has significant impacts, with financial implications to the government and potential emotional trauma for the adopted child and adoptive parents (DfE, 2014; McSherry & McAnne, 2022).

There have been no national studies on adoption disruption in the UK (Department for Education, DfE, 2014), while most research into post-adoption support tends to focus on the first 1 - 2 years after placement (Rushton & Dance, 2002; Rushton & Monck, 2009). However, according to Selwyn et al. (2014), it seems that two thirds of disruptions are instigated by parents. A report by DfE highlights that research consistently shows that one of the key factors associated with adoption disruptions relates to delay and lack of support to adoptive families (DfE, 2014). Therefore, when aiming to reduce adoption disruption, it is important to consider how to improve parent-child relationships and how to ensure access to quality support for adoptive families. The following paper explores the role that specific support programmes play in supporting adoptive families post adoption, to overcome challenges and reduce adoption disruption. It specifically does this by focusing on the Adopter Champions Programme (provided by PACT: Parents and Children Together), which is used as a case study to understand what can help to support adoptive families.

It is important to look closer at the support provided to adopters, when exploring the gap in relation to failure to help children and families facing difficulties post-adoption, in order to support adoption success and the well-being of the new families. This is because governments are required to provide child protection and to do all they can to ensure that children are safe (Article 19, 1989). Failure to help children and families facing difficulties post-adoption could be considered a form of child neglect. In the UK, in most cases, child protection is delivered by other bodies, such as family support (DfE, 2014), but there is little evidence around what support works. This paper addressed part of this gap, by exploring the benefits and challenges of a support service for adoptive parents, namely the Adopter Champions programme. The study focused on the key issues faced by adopters and explored the adopters experience of the Adopter Champions programme, aiming to understand and learn how such programmes can be used to help adopters.

### The Adopter Champions Programme

Parents and Children Together (PACT) is a charity established in 1911 and cur-

rently based in the South of England; it runs community projects supporting vulnerable children and adults facing a range of issues while it also finds, trains, prepares and supports people who want to become a parent through adoption. One of the programmes that it runs is the Adopter Champions programme, which provides peer support for people navigating adoptions, aiming to reduce adoption disruption. During 2021-22 alone PACT placed 78 children with 56 families and 117 families were supported by the Adopter Champions team. To qualify for the role of Adopter Champion, one must have been an adopter for a minimum of 5 years and have adopted children who have been through/are currently in their teenager years. It is also a requirement to have experience overcoming issues relating to the adoption process, as this might help when supporting new adopters through the Adopter Champions service.

After being referred, a family's needs are assessed to establish how to support them most effectively, generally resulting in them being assigned the member of the Adopter Champions team who would be most appropriate to support them in the current stage of their journey. Most families then become part of the Supporting Adopters Peer Program (SAPP), which entails a series of six calls (usually phone calls), lasting roughly an hour, over a two-month period. Adopter Champions may also communicate with families via email or text, particularly in circumstances where a family is unable to engage with telephone calls. Following this, a review assesses if further support is required. During the SAPP program, the role of the Adopter Champion is to support adopters and help them to understand their child's feelings and actions. As well as providing verbal support, the Adopter Champions team also covers post adoption support, and referrals for things such as packages for therapy. Notably, any family that has adopted through PACT is entitled to request support directly, even if they no longer have an active social worker.

During these interactions, the Adopter Champions aims to listen to the adoptive parents and provide verbal support, understanding and empathy. They also attempt to empower parents and guide them in overcoming any problems they are encountering, either by drawing on their own experiences, suggesting therapeutic parenting strategies, or recommending research into further strategies that may best suit the child. Another important part of the role is helping a family understand their child's past experiences and trauma and how those link to their behaviours. If necessary, the Adopter Champions can identify the potential need for a family to undergo therapy.

## 2. Literature Review

### 2.1. Key Issues

A DfE report in 2014 identified that two thirds of adoptions face some sort of challenging behaviour from the adoptive children, including one quarter in which this is described as a major issue. A range of issues can affect adoptions, with the key ones being the age of adoption and the experiences of the child prior to

adoption. Key challenges include a difficulty in forming a parent-child relationship, specifically in relation to achieving a secure attachment, difficulties with managing behaviour, feeling mentally and physically exhausted, and negative impact on marital relationships (DfE, 2014). All of these challenges seem to contribute to adoption disruption, with child to parent violence (CPV) and delays or lack of support to adoptive families being two of the key factors (DfE, 2014; Goodwin & Madden, 2020). This is important as while adoption can ensure a normal child development when successful, adoption disruption can impact children's development negatively, especially in relation to overall health and social well-being, including mental, behavioural or neurodevelopmental disorder (Johnson, 2002; Heady et al., 2022).

On entry into care, Sempik et al. (2008) note that the focus of concern is the prevalence of emotional and behavioural difficulties. Many adopting families report that children face high levels of social, emotional and behaviour difficulties and it is very common for adopting parents to think about removing the adopted child (Selwyn et al., 2014). These behaviours can culminate in the disruption of the adoption, particularly if the adoptive children's behaviour includes violence and frequent running away (Sempik et al., 2008; Wijedasa & Selwyn, 2017).

Before the 1980s, adoption largely involved relinquished babies, but since that time the children who are available for adoption are likely to have experienced trauma, neglect and/or abuse (Quinton & Murray, 2002). Adopted children, who have been through traumatic experiences, bring these lived experiences, memories and traumas with them into the adoptive family home (Rushton & Dance, 2002). Three quarters of disrupted adoptees had been abused or neglected and this history of abuse leaves a legacy of relationship difficulties (Selwyn et al., 2014). To understand what is happening in an adoptive family, there needs to be an understanding of what has happened to the child(ren) in the past, their understanding of home and parents, and their expectations. For instance, "children who experience maltreatment from within their families can suffer trauma that is devastating to their physical and psychological development. The label 'developmental trauma' has developed to describe this trauma and to guide diagnosis" (Golding, 2020: p. 371). The effects of abuse and neglect appear to be both cumulative and pervasive: the earlier the recognition and an intervention occurs, the stronger the likelihood of harm being minimised and eventually possibly even negated (Ward et al., 2014). Below, a few of the different approaches to interventions are presented and discussed.

Unsurprisingly, disruptions usually happen in the teenage years (Selwyn, Wijedasa, & Meakings, 2014) but it is likely that problems leading to the ultimate disruption start much earlier. Disruptions are more likely for placements after four years old, particularly placements of teenagers. The adoption process can play a part, for example, delays to the finalisation of the adoption and multiple previous placements are more likely to lead to disruption (Berry & Barth, 1989;

Wijedasa & Selwyn, 2017). Selwyn et al. (2014) asked [adoptive] parents how they thought their child felt on leaving home. Just over half (54%) thought the young person had been either pleased or relieved to be leaving the family, whilst a quarter were thought to have been upset or troubled by it. The remaining young people were thought to have had mixed feelings or parents did not know how they felt about leaving home (Selwyn et al., 2014). It is worth noting that the study reported on the perspectives of the adoptive parents, not the youth.

## 2.2. Responding to Key Issues

The trust-bond between parent and child is very important and the only way to achieve stability and enable a child to develop better communication skills (Elliott, 2013; Golding et al., 2019; Hughes, 1998, 2012; Perry, 2009). McCrory (2020), believes it is possible, with the right parenting and home environment, for a child to survive severe trauma or neglect and thrive in adulthood, although in cases of the most severe forms of neglect, some researchers are less optimistic (e.g. Cairns, 2002). However, adoptive parents have their own lived experiences and expectations which they bring to adoption, most of which are based on being brought up by birth parents. Therefore, they have built in parenting styles and preferences that have been modelled by those around them. Rushton and Dance (2002) state that a different style of parenting is required for adopted children, a therapeutic parenting style, which is for parenting traumatised and/or adopted children (Elliott, 2013). For example, therapists working in the field of Attachment Disorder (Golding et al., 2019; Hughes, 1998; Perry, 2009) developed Dyadic Behaviour Therapy (DDP), in which the focus moves from simply teaching parenting strategies to the parent-child dyad and communication that facilitates and enables a child to trust and develop a more appropriate sense of self. Training in a therapeutic parenting style can help to prepare adoptive parents for most eventualities, however, reality is rarely the same as the textbooks (Rushton & Monck, 2009) and, over time, as the child(ren) learn to trust and feel safer the full extent of the trauma experienced is often released (Wilkinson & Bowyer, 2017). This means that parents are constantly having to adapt and find strategies as new issues and behaviours come to the surface.

Consequently, if parents understood where the adopted child's behaviours have come from and why a child is behaving in a specific way (Rushton & Dance, 2002) they could then develop their own strategies or understand the strategies being used during therapeutic interventions and be more willing to adapt and adopt new strategies (Archer, 2000; Bomber, 2007; Elliott, 2013). Cairns (2002), also notes the importance of helping the child to understand their experiences in the context of what has happened to them, neutralising some of the switches and triggers that cause dysregulation by creating "safety valves", an emotional literacy-based means of communicating their fears and feelings with others, then rebuilding the child's core assumptions about "self" (Janoff-Bulman, 1992). Adoptive parents can work alongside the therapist with their child, to gradually deactivate their child's "threat system", and be part of the process of regression, tran-

sition and learning new life-skills, enabling their child to develop a new more accurate sense of self (Cairns, 2002).

There is a lot of pressure on adoptive parents who end up feeling blamed, labelled, and misunderstood when their child's behaviour remains extremely challenging. Howe (1990), in his survey on post adoption support, found that parents need a chance to talk about how they as parents felt and to speak with people with a better understanding and appreciation of what it is like to be an adoptive parent. Sturgess and Selwyn (2007) indicate that adoptive parents may consider non-adoptive family and friends as unable to cope with the demands of looking after an adopted child, as they fear that non-adoptive family and friends would over-simplify an adopted child's behaviour or judge the parents for the challenging behaviours seen in the adopted child (Weistra & Luke, 2017). Adoptive parents think that other adopters are more able to offer "appropriate help", but location, brevity of acquaintance or the desire not to burden them are likely to restrict their use (Phillips, 1990; Ponomarenko et al., 2018).

Despite the benefits of having access to adopters' groups, parents of adopted children report several reasons for not using such programmes, including a lack of awareness of their existence, their inconvenience, and a perceived reactive rather than proactive approach (Dhami et al., 2007). However, when parents know about the availability of support, they use it more (Wind, Brooks, & Barth, 2007), and the use increases over time as problems emerge during adolescence and beyond. Therefore, understanding how adopters experience programmes that allow parents who have adopted children to support new adopters (such as the Adopters Champions programme), can help to understand what works for parents and how to further develop such programmes to encourage and increase engagement.

Bearing in mind the importance of early recognition and intervention for a stronger likelihood of the harm to be minimised and/or negated, and the lack of studies examining the impact of similar adoption support services, the focus of this study was to explore the benefits and challenges of a support service for adoptive parents, specifically the Adopter Champions programmes, offered from PACT to adoptive parents. The research question was: What are the key issues faced by adopters and what are their experience of the Adopter Champions programme? The study's theoretical framework was based on social constructivism which is the view that learning occurs through social interaction and the help of others, often in a group. This is closely in line with the key principle of the Adopter Champions programme, which is the idea that experienced adopters are supporting new adopters, therefore learning from them through social interactions. Social constructivism posits that the understanding an individual develops is shaped through social interaction (Vygotsky, 1978).

### 3. Materials and Methods

The study is strongly framed within an interpretive research paradigm as we are mainly interested in understanding people's experiences and generating a rich

and deep understanding of the phenomenon being investigated. Adopting this paradigm allowed to see participants as humans who are active rather than passive. This enables to produce rich data, high in validity, despite the small numbers, as interpretivism focuses on personal meanings and motivations. However, we make no claims to objectivity within this process, and we also recognise the limitations of the small sample of parents that were interviewed (Creswell, 2014). The approach has its limitations, and since it focuses on one specific programme and there was no control group, it was not our intention to compare or generalise the findings. Our intention is not to present the Adopter Champions as the panacea and solution to all problems that adoptive families encounter, but to merely use it as an example from which to learn from.

A sequential small-scale mixed methods approach was used to explore the opinions and experiences of those who have interacted with the Adopter Champions programme and form conclusions and recommendations in relation to this support service. In stage one we undertook an online survey (n = 55) followed in stage two by four follow up interviews. The survey was developed based on key themes identified as a result of the literature review and an annotated bibliography that was developed which mainly focused on input from Selwyn et al. (2014), Wijedasa and Selwyn (2017), Gleitman and Savaya (2011), Balzano et al. (2018), Vinnerljung and Hjern (2011), Dhimi et al. (2007), Wind et al. (2007), Reilly and Platz (2004), Barth and Miller (2000) and Hartinger-Saunders et al. (2015) (see **Appendix A**). The interview process was decided to stop after 4 interviews as saturation was reached. The research adopted an interpretivist approach, aiming to understand the adopters' experiences (Creswell, 2014). Social reality is multiple and if we want to acquire knowledge of it, we must investigate the subjective understanding of those who construct their realities through their interactions (Grix, 2004). Therefore, we focused on exploring the lived experiences of a specific group of parents, to understand their perspectives of being involved in the Adoptive Champions programme. The study followed the ethical procedures of the University of Reading (in line with BERA guidelines) and gained ethical approval by the university's ethics committee before proceeding with any data collection. All participants were informed of the aims of the study and their involvement in it, as well as their right to withdraw at any time and their rights of anonymity and confidentiality and provided signed consent before engaging in any form of data collection.

### 3.1. Data Collection Process and Sample

The data collection included a survey sent to all past and present users of the PACT's Adopter Champions service (n = 55) (see **Appendix B**), followed by four interviews with adoptive parents and users of the service (see **Appendix C**). The opportunity to take part in the survey was offered to all 55 families that received support from the Adopter Champions programme in the preceding 12 months. Due to GDPR rules, PACT could not share the contact details from

their list of 55 individual families who had received support from the Adopter Champions programme in the preceding 12 months. PACT had to send out the University's letter inviting them to take part in the research to all 55 families.

The survey consisted of 2 sections, the first of which focuses on the background and behaviours of the adoptive children, from the perspective of the parents, and the second on the parents' experiences with the services provided by PACT. The survey was developed in partnership with the PACT representative. The survey was piloted with three adopters that currently work for PACT. The three adopters received support from the Adopter Champions in the past but would not take part in the data collection process. Their feedback helped to revise and clarify some of the questions and helped with testing the completion time as well. An invitation to take part in the survey was then sent via email (from the agency) to all the parents that had been through the Adopter Champions programme along with an information sheet and details of the study. The parents were offered the opportunity to ask any questions before completing the survey online.

In-depth follow up interviews were conducted with four families to explore issues that were highlighted from the questionnaire further. From those parents that received support from the Adopter Champions programme in the preceding 12 months, families for the interviews were selected based on work completed or nearing completion, to ensure that families had time to implement some of the parenting strategies and the support offered. Therefore, families that received 3 or fewer support sessions (meaning that the support was still ongoing) were removed from the list and the rest were invited by PACT to participate. An invitation to take part to the study was sent to all families that met the criteria via email (from the agency), along with an information sheet and details of the study. The parents were also offered the opportunity to ask any questions before signing the consent form. A total of 8 families (from those invited) consented to being interviewed and their contact details were then shared with the research team as soon as consent was received. Four interviews were then conducted with those that accepted the invitation, as the other 4 families withdrew their consent due to busy family schedules and/or COVID-19 disruptions. Notably, interview data saturation was noted after the fourth interview, so this did not have a negative impact on the study.

### **3.2. Data Analysis**

The survey data was used to provide a descriptive picture of the sample because of the small numbers but also because the aim was to follow up with interviews. The transcripts from the interviews were read by all the members of the research team and the research assistant and were and colour coded to identify some initial patterns. The transcripts were then imputed in NVivo and systematically analysed using the software to organise the patterns into themes through a process of organisation and re-organisation. These were then further organised to allow



for some further categorisation. This inductive approach allowed for a comprehensive immersion into the data through the development of the following themes: *Emotional support, Empathy, Personal growth, Normative references, Strategic and knowledgeable advice, Intervention with third parties, Helpful strategies, and Structure of support*. These themes are further presented in the findings chapter (Section 4.4).

The findings are presented in the following section in relation to the research question and conclusions are drawn in relation to what we can learn from these when supporting adoptive parents. The final discussion part aims to draw from both the quantitative and qualitative results, when summarising the key findings and offering some recommendations.

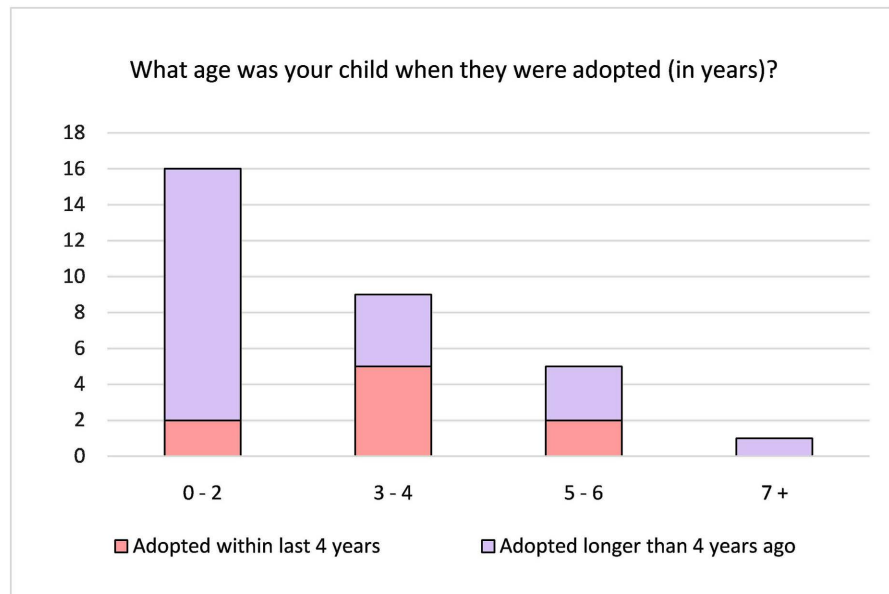
## 4. Results

The following section will present the quantitative and qualitative findings in relation to the research question and specifically a) the key issues faced by adopters and b) the adopters' experiences of the Adopters Champions programme, but first, some descriptive statistics are provided to present the background of the participants involved in the study.

### 4.1. Descriptive Statistics

A total of 23 surveys were completed by parents, giving a response rate of 41.8%, of which 35% are single child households, 52% have 2 children, 9% have 3 children and just 4% have 4 children. The age of children in single child families ranged between 4 and 11 years. Of the 12 families with 2 children, most (67%) had 2 adopted children, 17% had 2 children who were placed but not yet adopted, and the final 17% had a biological child first prior to adopting. Ages for children in 2 child households ranged between 2 and 17 years, with the age difference between the two children varying from 1 to 6 years. Of the 2 respondents with 3 children, one family adopted all 3, and the other had 2 biological children prior to adopting. The final respondent, who listed 4 children, had 3 children who were biologically their own and 1, the third eldest, who was adopted. All the families with 3 or more children adopted their most recent child more than 4 years ago. Interestingly, none of the respondents, who adopted within the last 4 years, had any children who were biologically their own. Finally, just over half (52%) of respondents stated that their child was aged 2 or younger when adopted, with the youngest child of these being 6 months old (**Figure 1**). Only 1 child, who was 8 at the time, was older than 7 years old when adopted.

According to the survey results, the primary reason for the removal of a child from their birth family was neglect, with 48% of respondents specifying that this was the case for their child. Other reasons which were stated by multiple respondents included unsafe environment, substance abuse and violence within the home. It was specified by 9% of respondents that the child they adopted had siblings who had also been taken into care.



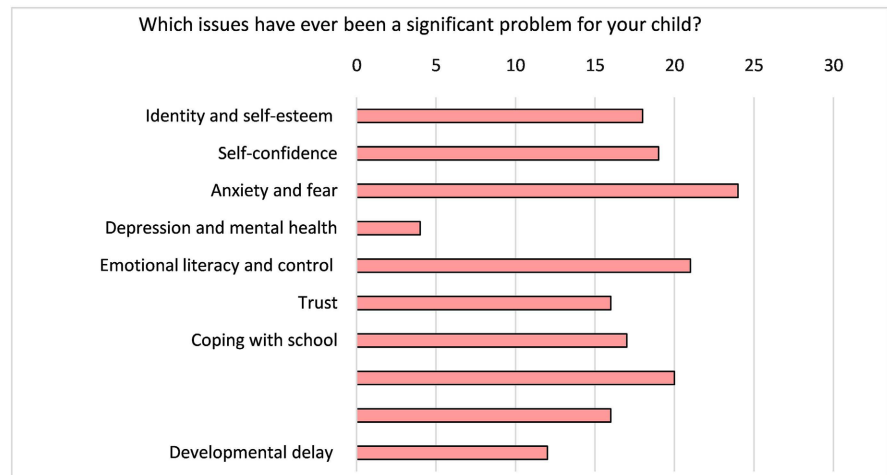
**Figure 1.** Age of child when adopted.

Respondents indicated that, prior to adoption, all the children included in the survey had at least 1 foster placement, with 29% of these having 2 or more. The maximum number of foster placements any child had was 4, as was the case for 2 children, both of whom were adopted longer than 4 years ago. One respondent specified that although their child only had one foster placement, they also had 3 stays in respite/family trial. Of the 13 families who responded, one indicated that their child had previously had an adoptive placement. No child experienced 2 or more adoptive placements.

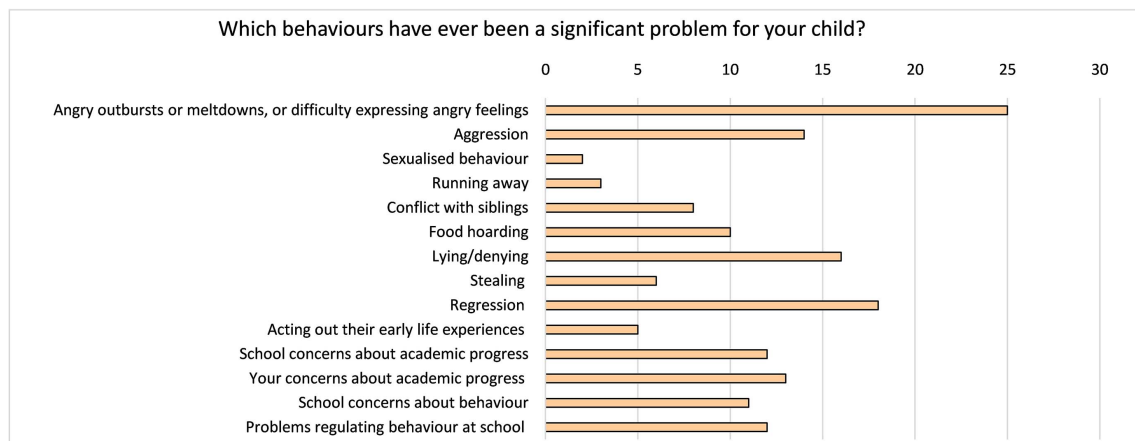
#### 4.2. Key Issues Faced by Adopters

The quantitative data (Figure 2) indicated that the most prevalent issue experienced by adopted children was anxiety and fear, with 75% of respondents stating that their child has had a significant problem with this. Emotional literacy and hypervigilance were also high scoring issues, with, respectively, 66% and 63% of respondents stating that their child had had significant problems with these issues at some point. The least commonly experienced issue was listed as depression, with only 13% of respondents indicating mental health had been a significant issue for their child. Depression was most commonly specified to be a significant issue for children aged 8 - 11 years. The data shows that the most frequent problems experienced by children over the age of 12 were issues with identity and self-esteem, and friendship and relationship management.

In addition, the data indicated (Figure 3) that angry outbursts/meltdowns were the most common behaviour exhibited in adopted children, with 78% of respondents indicating this was a significant problem for their child. Regression and lying were also common problematic behaviours, with, respectively, 56% and 50% of survey participants listing this as an issue for their child. Running



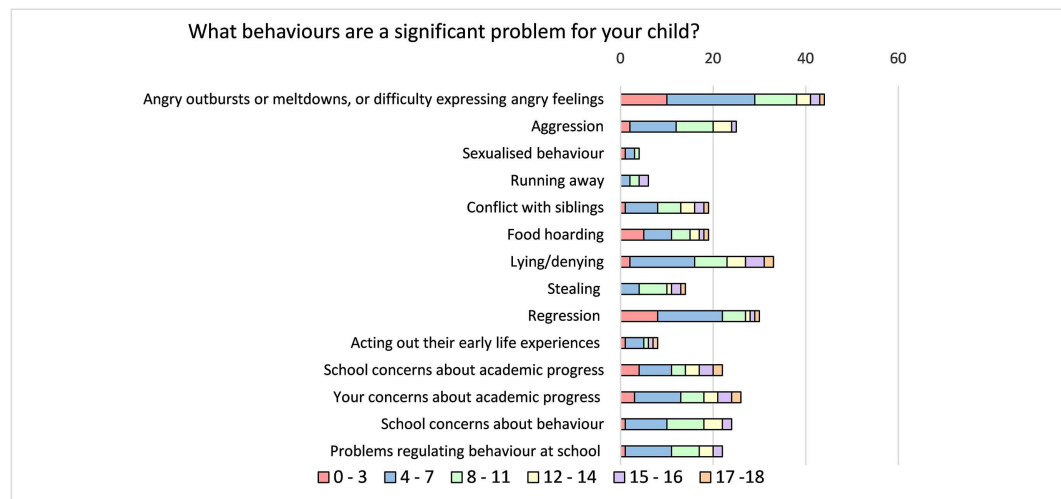
**Figure 2.** Significant challenges for the adopted children.



**Figure 3.** Challenges in behaviour.

away and sexualised behaviour were the least exhibited problematic behaviours, with respectively 9% and 6% of the surveyed families experiencing a significant issue with these. This might be because both issues are influenced by age, with running away tending to be more of a teenage issue, and sexualised behaviour tending to be apparent earlier in the adoption, with younger children “acting out” their trauma.

Respondents indicate (**Figure 4**) that their child most commonly experienced significant problems with the listed behaviours when between the ages of 4 and 7 years, with the exception of stealing—which was most common in children aged 8 - 11 years—and running away—which was listed as equally prevalent in children aged 4 - 7, 8 - 11 and 15 - 16 years. For children over the age 12 or over, the most commonly exhibited significant behaviour was lying/denying, followed by school and parent concerns about academic progress. Certain behaviours posing more significant problems when children are in specific age ranges is most likely influenced by a child’s developmental stage, with their cognitive abilities increasing as they age.



**Figure 4.** Significant problems with behaviour in relation to age—unit of analysis = N.

The above findings were further reinforced by the qualitative data. Of the four interviewed adopters, only one had a biological child prior to adopting, which led to a “steep learning curve” when the adopted children first came home. All the children were placed in their adoptive homes when aged between 15 - 19 months, except for the final child in the family with three adopted siblings, who was 10 months old. The adopters reported that their children seemed to settle into their new environments relatively well, but as the children grew older, the adopters reported that they experienced an increase in problematic behaviours, with one parent stating that it got to the point where they “struggled to like” their child.

Specifically, three of the adopters specified high levels of anxiety in their child, particularly regarding change, which they were usually able to manage through implementation of routines. Problems with attachment and hypervigilance were also common with, respectively, three parents stating that their child struggled with these. Two of the adopters reported that they had experienced violence in the home, including hitting, kicking, and throwing things, with one parent receiving a significant head wound from an object thrown by their adopted child. When asked what caused them to contact the Adopter Champions team, all the adopters discussed getting to a point where they struggled to manage their child’s behaviour any longer, with several specifying that they did not know how to deescalate their child.

In relation to friendships, two of the other adopters indicated that, although their child does have friends, they have difficulty maintaining peer relationships, with one stating that her child’s friends are beginning to be “wary” of him due to his outbursts. One adopter discussed how her child could be “too physical” with peers which led to friends being unable to “cope with him for long”. This adopter stated that she predicts her child will be invited to fewer playdates in the future because of his challenging behaviour. One of the adopted children has a close friendship with another adopted child of a similar age which his parent

describes as “fabulous”, stating that the intuition between the two boys is fantastic and allows them to deescalate each other’s outbursts.

### 4.3. Adopters’ Experience with the Adopter Champions Programme

In relation to the Adopter Champions Service, most survey participants indicated that they felt positively about their experience (Figure 5), with 70% of families strongly agreeing that they felt emotionally supported and 61% either agreeing or strongly agreeing that the service made a difference to their child (although it is worth noting that the service is primarily there to support parents, hence some forms of support would not directly impact the child). Furthermore, 74% of the participating families reported that they learnt useful information during their interactions with the service, compared to 13% who disagreed (with a further 13% selecting that they neither agreed nor disagreed). Finally, 48% of the survey participants agreed they felt empowered when dealing with third parties because of the Adopter Champions service, compared to 9% who indicated they did not feel empowered, and 43% who did not specify either way, possibly as they had not required support for this.

Seeking support regarding a child’s behaviour at home was the most frequent reason for accessing the service, with 87% of the survey participants choosing this. Support regarding parenting techniques (61%) and a child’s behaviour at school (52%) were also frequent reasons. Only one respondent sought help from the Adopter Champion Team on issues relating to their child’s disclosures, contact visits and DLA (Disability living allowance) applications. Where “Other” was selected, the survey participants specified that they received professional advice from PACT regarding online safety. Upon breaking down the data (Figure 6), it can be observed that 37% of respondents who adopted longer than 4 years ago received support regarding attachment issues and understanding attachment disorder, compared to 0% of those who adopted more recently. Only respondents who adopted within the last 4 years sought support with settling a child into a family.

In further comments relating to this section, one survey participant hailed their Adopter Champion as a “*life saver*” and another described the Adopted Champions service as an “*amazing resource*”. One respondent, who indicated that their experience of the Adopter Champions service had not taught them useful information or made a difference to their child, gave the following explanation indicating that there were at least some benefits experienced:

*“It didn’t really help me anymore apart from knowing another family had the same problems and understood why I was anxious about the safety of my child now and in the future”.*

Overall, the survey participants reported that they were overwhelmingly happy with their experience of the Adopter Champions service (Figure 7), with 96% of respondents agreeing or strongly agreeing with the statement compared to just 4% who indicated they were unhappy with their experience of the service.

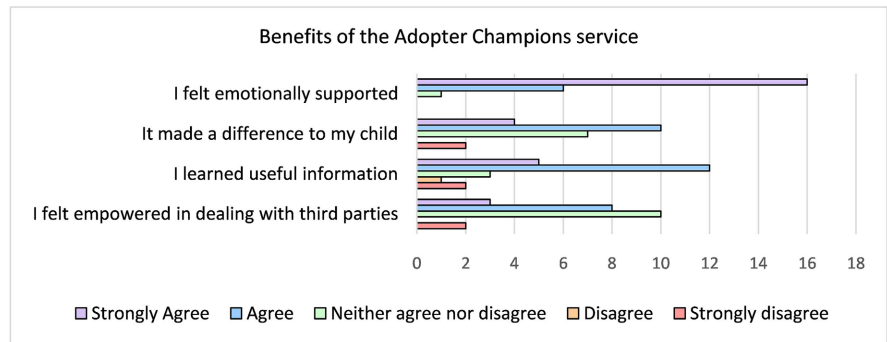


Figure 5. Benefits of the Adopter Champion Service—unit of analysis = N.

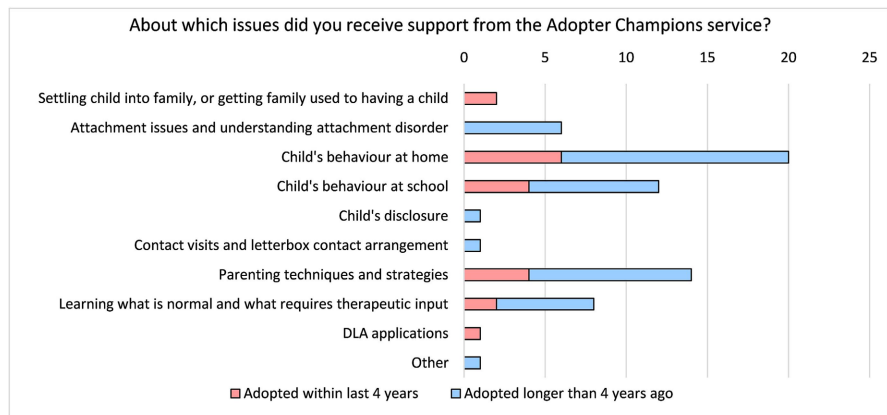


Figure 6. Support from Adopter Champions Service—unit of analysis = N.

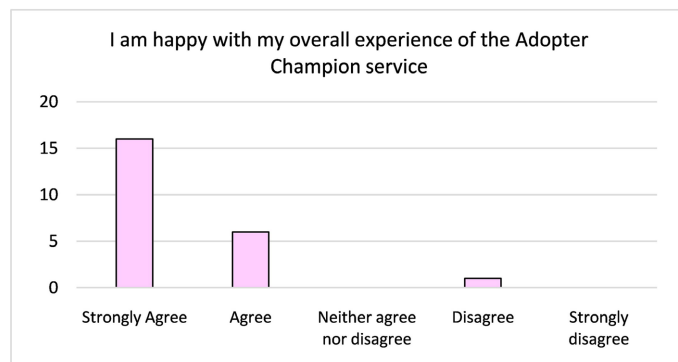


Figure 7. Levels of satisfaction with the Adopter Champions Service.

When asked to explain, respondents identified the pragmatic and wide-ranging nature of the advice:

*“The advice has been invaluable and so practical. It has cemented in the theory from our reading and helped us to implement it” (Parent C)*

As well as specific sharing of knowledge:

*“The Adopter Champion was extremely knowledgeable, reassured us when having to deal with school issues which helped us feel more confident and able to manage the issues with clear outcomes in mind” (Parent A)*

Respondents also valued the opportunity to talk, referring to the empathetic

nature of the support (“*It was great to speak to someone who could empathise from personal experience*” Parent F) and the empowering and re-energising nature of the experience (“*We always come away from a session with renewed vigour*”; “*Every time I left the call, I felt like I had been in therapy for myself.*” Parent D)

The qualitative data confirmed the above and added some further depth to the data. All interviewees expressed that they had a positive experience with the Adopter Champions programme, with one stating that they are “experiencing a far better home life” since seeing their Adopter Champion. When analysing the qualitative data, the following themes were derived:

**Emotional support:** The adopters described their Adopter Champion sessions as a “place to vent” and that made them feel that they “had someone in their corner”. One stated that their Adopter Champion helped them see the “light at the end of the tunnel”. Several adopters expressed that they “valued the honesty” of their Adopter Champion, as it allowed them to establish rapport and trust.

**Empathy:** The adopters appreciated having someone who could understand and empathise with them. Two of the adopters noted that PACT had paired them with an Adopter Champion who had experienced similar circumstances with their children which they found “really helpful”. The adopters described their Adopter Champion as having “an empathetic ear”. One adopter specified that it wasn’t simply the adoption experience that made the Adopter Champions so helpful but that they have “experience of a high need in adopted children”. One adopter also highlighted their appreciation of the lack of judgement when talking to their Champion, stating “I could have the same conversation with anybody else in my network, and there would be judgement” (Parent C).

**Personal growth:** The adopters described their Adopter Champion sessions as providing an “opportunity to reflect”. Three of the adopters also described how their Adopter Champion helped them understand their own needs, which led to them being calmer and better able to support their child.

**Normative references:** The adopters stated that they valued the helpful advice that the Adopter Champions were able to offer. Two adopters expressed that it was “really helpful to know what was considered normal behaviour for an adopted child” and that their Champion helped reassure them that they are ‘not alone’ in their struggles.

**Strategic and knowledgeable advice:** All four of the adopters stated they received advice and support from their Adopter Champion regarding third parties. Several adopters shared that it was helpful to receive advice from someone who was “knowledgeable” on the topics. One adopter discussed how PACT were able to help liaise and arrange assessments “much quicker” than other authorities and said their Adopter Champion advised them on how to get certain assessments through the adoption support fund. Two adopters said that they received support and advice from their Adopter Champion around educational matters, with one stating that his Adopter Champion’s “skills and experience” were helpful in guiding him through interactions with his child’s school. They stated that they

were much more receptive to advice from their Adopter Champion as they had a “wide range of experience” to draw upon when recommending courses, workshops, and parenting strategies.

**Intervention with third parties:** One of the adopters stated that their Adopter Champion has not only put them in touch with PACT’s education team but has also been in direct contact with the child’s teacher to assist the school with supporting the child’s needs. One stated that they felt that their Adopter Champion “empowered them” to challenge what was best for their child.

**Helpful strategies:** Adopters appreciated that their Adopter Champion would always recall and refer to previous conversations, which made them feel heard. Furthermore, the Adopter Champions were “really good” at highlighting the improvements that had been made since previous sessions which enabled the adopters to recognise their progress and “see how far they’ve come”. Several adopters also expressed how useful their Champion was in helping them see the “bigger picture” and implement long term strategies. Two of the adopters expressed that they found the “informal” nature of their session helpful, with one saying that it felt like “talking to your mum or older sister”. The other stated that the “peer relationship” that was established was what makes the programme so “useful” and “unique”.

**Structure of support:** All adopters stated that the length of time they spent interacting with their Adopter Champion worked well for them. They valued the flexibility of the programme, with the adopters stating they were able to spread their sessions over several months or extend their contact time with their Adopter Champion. One adopter stated that phone calls were the ideal means of contact for them as it was less of a time commitment whereas another discussed how “lucky” they were that their Adopter Champion lived locally as it meant they could meet in person. They elaborated that meeting in person meant they could use the hour to “walk in the fresh air” and it also enabled their Adopter Champion to briefly meet their child which they felt was “really helpful”. Two of the adopters stated that the time-limited nature of the sessions worked well as it encouraged them to make the most of their Champion and “do things within a timeframe”. Both also noted that they found the Adopter Champions service most useful when they were in crisis. Several of the adopters concluded that they feel reassured knowing that they can get back into contact with the Adopter Champions service should they need to, with one stating that “PACT is there with a waiting hand that you can turn to” (Parent A).

Interviewees were asked about potential ways the Adopter Champions service could be improved, and three of them suggested that the service could facilitate an informal chat for adoptive parents who may not be at crisis point but would benefit from being able to talk about their feelings and provide mutual support. If this could be organised on a geographical basis it could allow physical meetings, as one interviewee suggested. Another suggestion was that it would be helpful for PACT to check in with adoptive parents when key milestones for their child’s development were occurring or upcoming. They specifically expressed



that it would be useful if PACT were proactive about tracking when adopted children are about to enter school, if only to iterate that they have people who can give advice on educational matters. One adopter stated that they felt PACT could have “really helped” with the attaining of their child’s EHCP but, but at the time, they were unaware that this was an option. They further said that they may have made different choices regarding their child’s education if they had been able to get “advice and help” from PACT regarding school placement, which they think would have helped their child’s early years in education be “less traumatic”.

Finally, one of the adopters suggested that PACT allow adopters to opt-in to having their contact information shared with other adopters in their area. This would enable the adopters to form relationships with other parents facing similar experiences and potentially lead to friendships being established between the adopted children. The above suggestions signify how much adopters need and appreciate opportunities to interact with people that have had similar experiences and can offer support.

## 5. Discussion

When exploring the role that charities like PACT play in supporting adoptive families post adoption, our findings reveal that the main strategies for remediation include training in therapeutic parenting skills, therapy for adoptive child and others, developing knowledge of causation in parents and teachers, and providing emotional and practical support to parents. This agrees with other studies that show that such strategies can be successful and are highly desired by parents (Elliott, 2013; Golding et al., 2019, 2020; Hughes, 1998, 2012; Perry, 2009; McCrory, 2020).

The survey and interview findings show that the issues and behaviours identified in the literature were experienced by the families that took part in this study, and that these were particularly prevalent in primary-school aged children. In families with multiple adopted children, the first adopted child was indicated to experience more significant issues than the second child. Our findings show that when adoptive parents have support from the adoption agency as well as other adoptive parents, they feel more able to deal with challenges (Hughes, 2012; Perry, 2009). Multiple approaches of therapy, parental training and practical guidance are particularly valuable (McCrory, 2020).

The findings also indicated that although they are likely to seek advice and emotional support from other adopting parents, they would not rely on this group for practical support. However, they would rely on them for practical advice instead. Sometimes this might be simply because they do not want to burden other adoptive parents, feeling that they are perhaps already overextended and not able to offer practical support. Another reason could be that practical support might be difficult to organise (Phillips, 1990), with location playing a significant role. Additionally, adopters may not know any other adoptive parents (Ponomarenko et al., 2018) or have only recently befriended them, and hence

may feel more comfortable seeking practical support from long term friends and family, with whom they have established relationships.

Finally, the participants recognised the importance of services like PACT and its resources in the adoption process and as a support during challenges, especially around child's behaviour at home, schooling and dealing with other educational stakeholders, like the SENCo. However, they also recognised that they may have been underusing resources such as the Adoption Hub and referring to such points of support when the need arose. They also recognised that when the family is in crisis it is difficult to have time and the "head-space" to stop log onto their computer, log into the HUB, research what they need to know, whilst keeping the children safe.

A supportive network of friends and family is always important for new parents, but particularly crucial for new adoptive parents. Regrettably, the interviewed adopters discussed how friends and family were unable to support them in the ways they needed and sometimes disappeared completely. The adopters stated that their networks lack of understanding and experience of adoption meant they were unable to provide practical support and sometimes even emotional support and advice (Frost & Goldberg, 2020). As such, support from organisations such as PACT can be crucial in this context, and this is further discussed below in relation to the Adopter Champions programme.

In addition, the participants indicated that they have had overwhelmingly positive experiences with the Adopter Champions programme. The data highlighted the value and impact of the Adopter Champions programme with 96% survey respondents stating that they had a positive experience with the Adopter Champions programme, 74% expressing that they had received useful information and 70% indicating that they felt supported. The adopters stated that they particularly value the flexibility of the programme and expressed appreciation for the dedication and expertise of the Adopter Champions. When interviewed, the adopters highlighted the value of interacting with other adoptive parents, stating that they sometimes found that nonadopting friends and family were unable to provide appropriate support and advice.

### **5.1. Implications for Policy and Practice**

The findings confirm that the Adopter Champions programme supports adopters in multiple ways, including providing emotional support and practical advice. The Adopter Champions are particularly effective as they can draw upon their own experiences as both adopters and parents who have overcome issues. The Adopter Champions express that they think the programme works well but suggest that it could be improved if it operated on a larger scale and offered face-to-face interactions between both the adopters and their Adopter Champion, and between multiple adoptive families, in line with Barth and Miller (2000). Of particular value seems to be the informality and flexibility of the programme, and the commitment and experience of the Adopter Champions. The adopters also express the importance of having a strong support network and specifically

highlight the helpfulness of interacting with other adopters, something also noted by [Frost and Goldberg \(2020\)](#).

Physical meetings between multiple adoptive families can provide a beneficial environment for both the children and the parents ([McCrory, 2020](#)) and something that participants thought would be beneficial. Administering these activities can be expensive and difficult due to issues with location and time commitments, so an alternative means of facilitating contact between adoptive families could also be effective. Having the funds to offer more interactive and therapeutic activities would be ideal. Potentially, the Adopter Champions programme could be further improved by offering more therapeutic activities, as these allow the opportunity for both parents and children to meet and befriend one another. This is particularly important when considering that [Sturgess and Selwyn \(2007\)](#) indicate that there are drawbacks to using non-adopting family and friends for practical support, including that they may struggle to cope with the demands of looking after an adopted child ([Sturgess & Selwyn, 2007](#)).

In a 2007 study conducted by Weistra and Luke, participants discussed how non-adopting relatives and friends often have misunderstandings about adoption, which can lead to them either over-simplifying an adopted child's behaviour or judging the parents for the challenging behaviours seen in the adopted child. The study's participants further highlighted the importance of being able to seek support from other adopters, as they are able and more likely to offer appropriate help ([Weistra & Luke, 2017](#)). A complementary list of helpful materials and courses for the friends and relatives of adopters to make use of, could also have a positive impact as it would allow them to better understand the adopted child and more effectively support their parents.

The above findings are important if support services consider setting up systems to offer peer support (such as "Buddy's" or "Mockingbird"), including practical support to adoptive parents. Our findings indicate that care and planning should be taken to formalise such support systems effectively. Similar adoption support schemes have been implemented with success in the UK. [Ott et al. \(2020\)](#) describes one such Mockingbird system, which aims to replicate the support available through an extended family network by offering sleepovers, advice, and peer support to foster families. The outcomes of this model were shown to be extremely positive, reporting increased wellbeing for both children and families ([Ott et al., 2020](#)) and increased workforce stability. The study states that the Mockingbird model has been adapted for adopting families with positive preliminary results, but studies remain scarce.

## 5.2. Strengths, Limitations and Future Directions

The key finding is that the Adopter Champions programme seems to offer emotional support and practical advice which enables the adopters to better support and understand their adopted children. Following the analysis of the data, several key insights related to the Adopter Champions programme and the adoption experience were revealed, offering useful insight to the experiences of adopters.

The findings also suggest that the Adopter Champions programme is a unique and extremely valuable service which allows adopters to be supported by those who have been through similar experiences (Barth & Miller, 2000) but it can still be improved by offering more face-to-face meetings and more therapeutic activities. The study has limitations, and it would be inappropriate to generalise the findings, but it offers useful insights into the adopters' experiences and their needs.

In countries where there is close state supervision of adoptions, with counselling for adopting parents and prompt referral of adopted children to medical and mental health services, the outcomes for adopted children are more positive, with adopting children reporting good relationships with parents and peers and high self-esteem (Gleitman & Savaya, 2011). This study has highlighted the importance for organisations like PACT to continue to be able to offer their services to the community and to be able to continue to run programme such as the Adopter Champions programme. The impact to the lives of families and adopted children is significant and programmes like the Adopter Champions can play a catalyst role in the adoption being successful or not. Therefore, funding to support the sustainability of such services, and also their further development and expansion (e.g. to be able to offer peer support and practical support as discussed above) is essential and its importance should not be overlooked by government.

## 6. Conclusion

A report by DfE highlights that research consistently shows that one of the key factors associated with adoption disruptions relates to delay and lack of support to adoptive families (DfE, 2014). It is common for adopting families to experience behavioural challenges, which in rare and extreme cases lead to disruption. This is likely to be due to the impact of pre-adoption experiences of the child including abuse, trauma and neglect which commonly manifest themselves as problematic behaviour as the adoptive child reaches puberty (Child Welfare Information Gateway, 2015; McCrory, 2020; Peterson et al., 2014; Wilkinson & Bowyer, 2017; Zung, 2017).

This paper explored the role that charities like PACT play in supporting adoptive families post adoption, to overcome challenges and reduce adoption disruption. It specifically focused on the Adopter Champions Programme offered to adoptive families, which was analysed and explored as an example to learn what works and what can be improved when aiming to support adoptive families more widely. The survey data was used to provide a descriptive picture of the sample whereas the interviews helped to identify key themes. The findings were presented in relation to the research question and the key themes identified and conclusions were drawn in relation to what we can learn from these. While the study highlights the importance of having support available and for government to invest in this, it is also important to continue to explore what type of support is

more beneficial for adopted parents, and it is recommended that more studies like this are conducted in order to further address the gap in the literature.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

## References

- Archer, C. (2000). *Next Steps in Parenting the Child Who Hurts: Tykes and Teens*. Jessica Kinsley Publishing.
- Balenzano, C., Coppola, G., Cassibba, R., & Moro, G. (2018). Pre-Adoption Adversities and Adoptees' Outcomes: The Protective Role of Post-Adoption Variables in an Italian Experience of Domestic Open Adoption. *Children and Youth Services Review*, *85*, 307-318. <https://doi.org/10.1016/j.childyouth.2018.01.012>
- Barth, R., & Miller, J. (2000). Building Effective Post-Adoption Services: What Is the Empirical Foundation? *Family Relations*, *49*, 447-455. <https://doi.org/10.1111/j.1741-3729.2000.00447.x>
- Berry, M., & Barth, R. (1989). Behavior Problems of Children Adopted When Older. *Children and Youth Services Review*, *11*, 221-238. [https://doi.org/10.1016/0190-7409\(89\)90022-4](https://doi.org/10.1016/0190-7409(89)90022-4)
- Bomber, L. (2007). *Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools*. Worth Publishing.
- Cairns, K. (2002). *Attachment, Trauma and Resilience: Therapeutic Caring for Children*. BAAF.
- Child Welfare Information Gateway (2015). *Understanding the Effects of Maltreatment on Brain Development*. U.S. Department of Health and Human Services, Children's Bureau, Issue Brief 2015.
- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Sage.
- Department for Education (DfE) (2014). *Beyond the Adoption Order: Challenges, Interventions and Adoption Disruption*. Research Report.
- Dhami, M., Mandel, D., & Sothmann, K. (2007). An Evaluation of Post-Adoption Services. *Children and Youth Services Review*, *29*, 162-179. <https://doi.org/10.1016/j.childyouth.2006.06.003>
- Elliott, A. (2013). *Why Can't My Child Behave?: Empathic Parenting Strategies That Work for Adoptive and Foster Families*. Jessica Kinsley Publishing.
- Frost, R., & Goldberg, A. (2020). "People Said We Were Nuts... I Understand What They Were Saying Now": An Exploration of the Transition to Parenthood in Sibling Group Adoption. *Children and Youth Services Review*, *116*, Article 105209. <https://doi.org/10.1016/j.childyouth.2020.105209>
- Gleitman, I., & Savaya, R. (2011). Adjustment of Adolescent Adoptees: The Role of Age of Adoption and Exposure to Pre-Adoption Stressors. *Children and Youth Services Review*, *33*, 758-766. <https://doi.org/10.1016/j.childyouth.2010.11.020>
- Golding, K. (2020). Understanding and Helping Children Who Have Experienced Maltreatment. *Paediatrics and Child Health*, *30*, 371-377. <https://doi.org/10.1016/j.paed.2020.08.002>
- Golding, K., Hudson, J., & Hughes, D. (2019). *Healing Relational Trauma with Attach-*

- ment-Focused Interventions: Dyadic Developmental Psychotherapy with Children and Families*. W. W. Norton and Company Inc.
- Golding, K., Phillips, S., & Bomber, L. (2020). *Working with Relational Trauma in Schools: An Educator's Guide to Using Dyadic Developmental Practice*. Jessica Kingsley Publishers.
- Goodwin, B., & Madden, E. (2020). Factors Associated with Adoption Breakdown Following Implementation of the Fostering Connections Act: A Systematic Review, *Children and Youth Services Review*, *119*, Article 105584. <https://doi.org/10.1016/j.childyouth.2020.105584>
- Grix, J. (2004). *The Foundations of Research*. Red Globe Press.
- Hartinger-Saunders, R., Trouteaud, A., & Johnson, J. (2015). Post Adoption Service Need and Use as Predictors of Adoption Dissolution: Findings from the 2012 National Adoptive Families Study. *Adoption Quarterly*, *18*, 255-272. <https://doi.org/10.1080/10926755.2014.895469>
- Heady, N., Watkins, A., John, A., & Hutchings, H. (2022). Prevalence of Neurodevelopmental Disorders and Their Impact on the Health and Social Well-Being among Looked after Children (LAC): A Systematic Review Protocol. *Systematic Reviews*, *11*, Article No. 49. <https://doi.org/10.1186/s13643-022-01923-6>
- Howe, D. (1990). The Consumer's View of the Post Adoption Support Centre. *Adoption and Fostering*, *14*, 32-36. <https://doi.org/10.1177/030857599001400211>
- Hughes, D. (1998). *Building the Bonds of Attachment: Addressing Love in Deeply Troubled Children*. Jason Aronson Inc.
- Hughes, D. (2012). *Parenting a Child with Emotional and Behavioural Difficulties (Parenting Matters)*. BAAF.
- Janoff-Bulman, R. (1992). *Shattered Assumptions: Towards a New Psychology of Trauma*. The Free Press.
- Johnson, D. E. (2002). Adoption and the Effect on Children's Development. *Early Human Development*, *68*, 39-54. [https://doi.org/10.1016/S0378-3782\(02\)00017-8](https://doi.org/10.1016/S0378-3782(02)00017-8)
- McCrory, E. (2020). *The Guidebook to Childhood Trauma and the Brain*. UK Trauma Council.
- McSherry, D., & McAnee, G. (2022). Exploring the Relationship Between Adoption and Psychological Trauma for Children Who Are Adopted from Care: A Longitudinal Case Study Perspective. *Child Abuse & Neglect*, *130*, Article 105623. <https://doi.org/10.1016/j.chiabu.2022.105623>
- Ott, E., McGrath-Lone, L., Pinto, V., Sanders-Ellis, D., & Trivedi, H. (2020). *Mockingbird Programme: Evaluation Report*. Department for Education.
- Perry, A. (2009). *Teenagers and Attachment: Helping Adolescents Engage with Life and Learning*. Worth Publishing.
- Peterson, A. C., Joseph, J., & Feit, M. (2014). *New Directions in Child Abuse and Neglect Research*. The National Academies Press.
- Phillips, R. (1990). Post-Adoption Services: The Views of Adopters. *Early Child Development and Care*, *59*, 21-27. <https://doi.org/10.1080/0300443900590103>
- Ponomarenko, A., Kaniuk, J., & Mesie, J. (2018). *Findings from a Longitudinal Study of Early Placements: Messages for Policy and Practice*. Coram Centre for Early Performance.
- Quinton, D., & Murray, C. (2002). Assessing Emotional and Behavioural Development in Children Looked after Away from Home. In H. Ward, & W. Rose (Eds.), *Approaches to Needs Assessment in Children's Services* (pp. 277-308). Jessica Kingsley Publishers.

- Reilly, T., & Platz, L. (2004). Post-Adoption Service Needs of Families with Special Needs Children: Use, Helpfulness, and Unmet Needs. *Journal of Social Service Research, 30*, 51-67. [https://doi.org/10.1300/J079v30n04\\_03](https://doi.org/10.1300/J079v30n04_03)
- Rushton, A., & Dance, C. (2002). *Adoption Support Services for Families in Difficulty: A Literature Review and UK Survey*. BAAF.
- Rushton, A., & Monck, E. (2009). *Enhancing Adoptive Parenting: A Test of Effectiveness*. BAAF.
- Selwyn, J., Wijedasa, D., & Meakings, S. (2014). *Beyond the Adoption Order: Challenges, Interventions and Adoption Disruption*. Department for Education. <https://doi.org/10.12968/cypn.2014.15.28>
- Sempik, J., Ward, H., & Darker, I. (2008). Emotional and Behavioural Difficulties of Children and Young People at Entry into Care. *Clinical Child Psychology and Psychiatry, 13*, 221-233. <https://doi.org/10.1177/1359104507088344>
- Sturgess, W., & Selwyn, J. (2007). Supporting the Placements of Children Adopted Out of Care. *Clinical Child Psychology and Psychiatry, 12*, 13-28. <https://doi.org/10.1177/1359104507071051>
- Vinnerljung, B., & Hjern, A. (2011). Cognitive, Educational and Self-Support Outcomes of Long-Term Foster Care versus Adoption. A Swedish National Cohort Study. *Children and Youth Services Review, 33*, 1902-1910. <https://doi.org/10.1016/j.childyouth.2011.05.016>
- Vygotsky, L. S. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Harvard University Press.
- Ward, H., Brown, R., & Hyde-Dryden, G. (2014). *Assessing Parental Capacity to Change When Children Are on the Edge of Care: An Overview of Current Research Evidence*. Loughborough University Centre for Child and Family Research for the Department of Education.
- Weistra, S., & Luke, N. (2017). Adoptive Parents' Experiences of Social Support and Attitudes towards Adoption. *Adoption & Fostering, 41*, 228-241. <https://doi.org/10.1177/0308575917708702>
- Wijedasa, D., & Selwyn, J. (2017). Examining Rates and Risk Factors for Post-Order Adoption Disruption in England and Wales through Survival Analyses. *Children and Youth Services Review, 83*, 179-189. <https://doi.org/10.1016/j.childyouth.2017.10.005>
- Wilkinson, J., & Bowyer, S. (2017). *The Impacts of Abuse and Neglect on Children; and Comparison of Different Placement Options: Evidence Review*. Department for Education.
- Wind, L., Brooks, D., & Barth, R. (2007). Influences of Risk History and Adoption Preparation on Post-Adoption Services Use in US Adoptions. *Family Relations, 56*, 378-389. <https://doi.org/10.1111/j.1741-3729.2007.00467.x>
- Zung, R. V. (2017). *Adverse Childhood Experiences (ACEs) and Impact on Physical Health*. Beyond Good Health. <https://wellnesssanctuary.au/adverse-childhood-experiences-aces/>

## Appendix

### Appendix A. Annotated Bibliography Reviewed to Develop Survey Questions: Families.

Study	Lit review	Participants	Methods	Findings
<p>Selwyn, Wijedasa, &amp; Meakings (2014). <i>Beyond the adoption order: challenges, interventions and adoption disruption</i>. London: DfE.</p>	<p>Disruption is differently defined: between placement and finalisation, between pre and post order, or longer term leaving adoptive home. Disruption factors include child age at placement and behaviour, birth family factors, system factors. No link with child disability. Issue re siblings. Need to understand child's loss, sense of life coherence.</p>	<p>Survey of 390 parents, interview with 70 parents,</p>	<p>Data set of adoption records in England and Wales. Survey of adoptive families and interviews of disrupted adoptions and challenging adoptions: wellbeing measures, interviews with social workers, adoption managers and adoptees</p>	<p>2/3 of disruptions happen in teenage years. Gender and ethnicity not relevant, age of adoption was. 3/4 of disrupted adoptees had been abused/neglected. Foster carer adoptions were no more stable than stranger adoptions. 1/3 had no problems, 1/4 had major challenges, 9% had teenagers leaving home after challenging behaviour. High levels of social, emotional and behavioural difficulties, even when "going well". 1/4 of "left home" parents were depressed/PTSD but identified growth in their lives. Significance of introduction and foster carer support. Problems emerged at puberty—anger, aggression, sexualised behaviour, crime, running away, allegations of abuse. Common to have conflict with siblings. Some contact with birth families. Some bullying re being adopted. Most families had thought about removing child. Lost touch with adoption agency when needed support. Dissatisfied with service, but appreciated good social workers. Needed more mental health services and respite care. School difficulties. 80% of disruption occurred after violence, 43% regularly ran away. 2/3 of moves from home were instigated by parents. Post-disruption life unstable, friends or Care. Adoptees relieved by move, parents relieved/distressed. Looking back, parents criticised self and services—wouldn't recommend but had positives. After disruption adoptees mostly kept in touch with adopting family.</p>



## Continued

<p>Selwyn, Wijedasa, &amp; Meakings (2014). <i>Beyond the adoption order: challenges, interventions and adoption disruption</i>. London: DfE.</p>	<p>Disruption is differently defined: between placement and finalisation, between pre and post order, or longer term leaving adoptive home. Disruption factors include child age at placement and behaviour, birth family factors, system factors. No link with child disability. Issue re siblings. Need to understand child's loss, sense of life coherence.</p>	<p>Survey of 390 parents, interview with 70 parents,</p>	<p>Data set of adoption records in England and Wales. Survey of adoptive families and interviews of disrupted adoptions and challenging adoptions: wellbeing measures, interviews with social workers, adoption managers and adoptees</p>	<p>1/3 were NEET, vulnerable, depressed, lack of belonging. Most had not wanted to be adopted but unrealistic image of birth family. Conclusion: lower disruption rate than expected as adoptive parents were tenacious and committed. Social work has "all or nothing" approach which is unrealistic, victim/abuser not appropriate. History of abuse left legacy of relationship difficulties. Recommendations of appropriate support eg life story work. Recommendations for further research.</p>
<p>Wijedasa, D., &amp; Selwyn, J. (2017). Examining rates and risk factors for post-order adoption disruption in England and Wales through survival analyses. <i>Children and Youth Services Review</i>, 83, 179-189.</p>	<p>Little is known about adoption disruption in England and Wales because of lack of data and changes in names and records and location.</p>	<p>Data set of adoption records in England and Wales: 565/36749 (Eng) and 35/2317 (Wales) disrupted</p>	<p>DfE information provided longitudinal database, survey of LA adoption managers on looked after children then adopted, and date of disruption</p>	<p>Disruptions are rare but more likely for placement age of 4+, delay in finalisation of adoption, teenage adoptees and previous multiple care placements</p>
<p>Gleitman &amp; Savaya (2011). Adjustment of adolescent adoptees: The role of age of adoption and exposure to pre-adoption stressors. <i>Children and Youth Services Review</i>, 33, 758-766.</p>	<p>Attachment theory, plus pre-adoption trauma indicate adoptees should lead to adjustment problems. Factors include age, institutionalisation, multiple placements, abuse/neglect, pre-natal drugs</p>	<p>169 adolescents in Israel adopted between birth and 9 yrs old</p>	<p>Self reports of self-esteem, problem behaviours, peer and parental relations and communication, substance use, and school enrolment. Data on pre-adoption life events and age</p>	<p>Moderately close relations with parents, age appropriate peer orientation, few teenage problems</p>
<p>Balenzano, Coppola, Cassibba, &amp; Moro (2018). Pre-adoption adversities and adoptees' outcomes: The protective role of post-adoption variables in an Italian experience of domestic open adoption. <i>Children and Youth Services Review</i>, 85, 307-318.</p>	<p>Controversy over whether adopted children show significantly worse outcomes of later adjustment and behavioural problems. Pre-adoption adversity includes low birth weight, illness and disability, as well as abuse and neglect, institutions and foster care (conflicting findings re Romanian and Chinese adoptees).</p>	<p>37 adolescents and 22 emerging adults who had been adopted through Italian system of open adoption (contact with birth family maintained)</p>	<p>Data on pre-adoption stressors from files, questionnaire re birth family contact, interview re adult attachment, inventory re family environment, self-report re distress and wellbeing, test for self-esteem</p>	<p>Attachment moderated the impact of age of adoption, foster care and biological children in the adopting family; quality of adoptive family relationships moderated impact of birth-family contact. Importance of parenting support programs for adopting family.</p>

## Continued

<p>Vinnerljung &amp; Hjern (2011). Cognitive, educational and self-support outcomes of long-term foster care versus adoption. A Swedish national cohort study. <i>Children and Youth Services Review</i>, 33, 1902-1910.</p>	<p>Adopted children do better than children returned to parents' care. Fostered children do less well, more on a par with those staying with parents.</p>	<p>900 adoptees, 3100 fostered children and 900,000 majority population in Sweden.</p>	<p>Data analysis of adoption and fostering records, and tests at conscription, primary school, college degree, public welfare recipient</p>	<p>Fostered children did less well than adoptees on school performance, cognitive competence, educational achievement and self-support, and both did less well than majority population.</p>
<p>Dhami, Mandel, &amp; Sothmann (2007). An evaluation of post-adoption services. <i>Children and Youth Services Review</i>, 29, 162-179.</p>	<p>Adoption is generally the most secure home, post-adoption services can help with disruption issues, particularly for unrelated adoptions and inter-cultural issues. Services include education (info/advice), clinical (medical and counselling) and material (subsidies/respite care). Differences re availability/access of services.</p>	<p>Survey of post-adoption service usage in British Columbia. 43 adoptive parents of 68 adoptees completed, 25 gave minimal details</p>	<p>Self-completion survey re family information, usage and usefulness of services, adoptee information</p>	<p>Parents said they would use services, but didn't because they lack awareness of existence, are inconvenient, have sufficient alternatives, adoption agency's reactive rather than proactive approach. Parents were concerned about openness, wellbeing and behaviour. Need services after stressful events and significant development points. Parents found a positive impact on their understanding but less on child's behaviour.</p>
<p>Wind, Brooks, &amp; Barth, (2007). Influences of risk history and adoption preparation on post-adoption services use in US adoptions</p>	<p>Most children placed in USA have SEN. Resilience theory shows the influence of risk/protective factors. Theories about the adoption life cycle: anticipation, accommodation, resistance, restabilisation. Risk factors: environmental/biobehavioural. Pre-adoption preparation: counselling, information, support. Post adoption services: general/clinical—helpful but inconsistent.</p>	<p>Longitudinal survey of 560 adoptive parents in California</p>	<p>Survey looking at pre-adoption risk (exposure to drugs/alcohol, disability, behave problems, history of abuse/neglect/multiple placements, receipt of pre-adoption services and use of post-adoption services</p>	<p>Pre-adoptive risk history and preparation influence use of post-adoption services—better informed parents use post services more. Use of post-adoption services increases over time, as later problems emerge e.g. interest in biological family, and identity.</p>
<p>Reilly &amp; Platz (2004). Post-adoption service needs of families with special needs children: Use, helpfulness, and unmet needs. <i>Journal of Social Service Research</i>, 30 (4), 51-67.</p>	<p>Association of access to support and service with successful adoption experiences. Services needed include self-help groups, respite care, advocacy, sibling support, emergency and crisis intervention, access to staff, financial support, special education services.</p>	<p>249 special needs adoptive families in Nevada</p>	<p>Survey re need and satisfaction with services inventory, positive outcome incl: parental satisfaction, relationship with child, overall impact on family</p>	<p>Majority report good outcomes. Medical support and subsidies most needed and obtained. Unmet needs include counselling and in-home support. No difference between foster parent adoptions and strangers</p>

## Continued

<p>Barth &amp; Miller (2000). Building effective post-adoption services: What is the empirical foundation? <i>Family Relations</i>, 49(4), 447-455.</p>	<p>Family relationships are lowest in teen years (59% felt warmth) then return to 80% after 19. Most parents would adopt again, even after disruption. 10% - 16% of special needs adoption will disrupt—lower than guardianships or fostering. Reasons for (contested) adoptee problems: genetic defects, adoption process, families' readiness, adoptees' grief, attachment. Possible influence of greater reporting by adopting families (middle class). Child factors: age on adoption significant because longer period of neglect, stronger ties, resistant habits, more unstable placements; fetal alcohol. Family factors: more disruption from strangers, younger, educated mothers. Pre-adoption and post-adoption services</p>	<p>Four projects in USA</p>	<p>Review of 4 project findings</p>	<p>Parents want a) education/information about child and issues b) clinical services—counselling and respite, c) material services: subsidies, medical care, special education. Attachment theory over-used in education—focuses on history instead of divergence from adoptive family. Psychoanalytic theory unhelpful. Multisystemic family therapy and assertive community treatment are more promising</p>
<p>Hartinger-Saunders, Trouteaud, &amp; Johnson, (2015). Post adoption service need and use as predictors of adoption dissolution: findings from the 2012 National Adoptive Families study. <i>Adoption Quarterly</i>, 18(4), 255-272.</p>		<p>437 adoptive parents in USA</p>	<p>Online survey re ticklist of post-adoption services needed and accessed, and how valuable. Identification of whether adoption had dissolved or not</p>	<p>17% dissolution. Substance abuse treatment, educational advocacy and parent support groups predicted (absence of) adoption dissolution.</p>

## Appendix B. The Survey.

1. How old is your child/are your children? Please indicate whether adopted, placed but not yet adopted, or biologically yours.
  - 1.1.a. oldest child-age
  - 1.1.b. oldest child
  - 1.2.a. next oldest child-age
  - 1.2.b. next oldest child
  - 1.3.a. next oldest child-age
  - 1.3.b. next oldest child
  - 1.4.a. next oldest child-age
  - 1.4.b. next oldest child
- 2) How old was your child/were your children when adopted?
  - 2.1.a. oldest adopted child-age
  - 2.2.a. next oldest adopted child-age

**Continued**

---

- 2.3.a. next oldest adopted child-age
  - 2.4.a. next oldest adopted child-age
  - 3. What were the reasons that the child was removed from the birth family (if known)?
  - 4. How many fostered or adoptive placements did your child have before you adopted him/her (if known)?
    - 4.1.a. fostered-number of placements
    - 4.2.a. adoptive-number of placements
  - 5. How far away was your child's birth family from you, at the time of adoption?
  - 6. How is/was your child educated?
    - 6.1.a. mainstream state school, academy, free school, college or similar-age
    - 6.2.a. special needs or behaviour specialist state school-age
    - 6.3.a. independent school-age
    - 6.4.a. home schooled-age
    - 6.5.a. other-age
  - 7. Did your child come to live with you within the last four years?
  - 8. What issues are a significant problem for your child?
    - 8.1.a. Identity and self-esteem—At what age have these been significant? (you can tick more than one)
    - 8.2.a. Self-confidence—At what age have these been significant? (you can tick more than one)
    - 8.3.a. Anxiety and fear—At what age have these been significant? (you can tick more than one)
    - 8.4.a. Anger and anger management—At what age have these been significant? (you can tick more than one)
    - 8.5.a. Depression and mental ill health—At what age have these been significant? (you can tick more than one)
    - 8.6.a. Emotional literacy and control—At what age have these been significant? (you can tick more than one)
    - 8.7.a. Trust—At what age have these been significant? (you can tick more than one)
    - 8.8.a. Coping with school—At what age have these been significant? (you can tick more than one)
    - 8.9.a. Hypervigilance and/or need for reassurance—At what age have these been significant? (you can tick more than one)
    - 8.10.a. Friendship and relationship management—At what age have these been significant? (you can tick more than one)
    - 8.11.a. Developmental delay—At what age have these been significant? (you can tick more than one)
  - 9. What behaviours are a significant problem for your child?
    - 9.1.a. Angry outbursts or meltdowns, or difficulty expressing angry feelings—At what age have these been significant? (you can tick more than one)
    - 9.2.a. Aggression—At what age have these been significant? (you can tick more than one)
    - 9.3.a. Sexualised behaviour—At what age have these been significant? (you can tick more than one)
    - 9.4.a. Running away—At what age have these been significant? (you can tick more than one)
    - 9.5.a. Conflict with siblings—At what age have these been significant? (you can tick more than one)
    - 9.6.a. Food hoarding—At what age have these been significant? (you can tick more than one)
    - 9.7.a. Lying/denying—At what age have these been significant? (you can tick more than one)
    - 9.8.a. Stealing—At what age have these been significant? (you can tick more than one)
    - 9.9.a. Regression—At what age have these been significant? (you can tick more than one)
    - 9.10.a. Acting out their early life experiences—At what age have these been significant? (you can tick more than one)
-

---

**Continued**

- 9.11.a. School concerns about academic progress—At what age have these been significant? (you can tick more than one)
- 9.12.a. Your concerns about academic progress—At what age have these been significant? (you can tick more than one)
- 9.13.a. School concerns about behaviour—At what age have these been significant? (you can tick more than one)
- 9.14.a. Problems regulating behaviour at school—At what age have these been significant? (you can tick more than one)
- 9.a. Please add any further comments about your child's behaviour that you wish to include
10. Do you have any more adopted/placed children? If so, did they come to live with you within the last four years?
11. What issues are a significant problem for your child?
- 11.1.a. Identity and self-esteem—At what age have these been significant? (you can tick more than one)
- 11.2.a. Self-confidence—At what age have these been significant? (you can tick more than one)
- 11.3.a. Anxiety and fear—At what age have these been significant? (you can tick more than one)
- 11.4.a. Depression and mental ill health—At what age have these been significant? (you can tick more than one)
- 11.5.a. Emotional literacy and control—At what age have these been significant? (you can tick more than one)
- 11.6.a. Trust—At what age have these been significant? (you can tick more than one)
- 11.7.a. Coping with school—At what age have these been significant? (you can tick more than one)
- 11.8.a. Hypervigilance and/or need for reassurance—At what age have these been significant? (you can tick more than one)
- 11.9.a. Friendship and relationship management—At what age have these been significant? (you can tick more than one)
- 11.10.a. Developmental delay—At what age have these been significant? (you can tick more than one)
12. What behaviours are a significant problem for your child?
- 12.1.a. Angry outbursts, meltdowns or difficulty expressing angry feelings—At what age have these been significant? (you can tick more than one)
- 12.2.a. Aggression—At what age have these been significant? (you can tick more than one)
- 12.3.a. Violence towards parents—At what age have these been significant? (you can tick more than one)
- 12.4.a. Sexualised behaviour—At what age have these been significant? (you can tick more than one)
- 12.5.a. Crime or risky behaviour—At what age have these been significant? (you can tick more than one)
- 12.6.a. Running away—At what age have these been significant? (you can tick more than one)
- 12.7.a. Substance abuse—At what age have these been significant? (you can tick more than one)
- 12.8.a. Food or food hoarding—At what age have these been significant? (you can tick more than one)
- 12.9.a. Behaviour regulation—At what age have these been significant? (you can tick more than one)
- 12.10.a. Makes potentially unfounded accusations of abuse—At what age have these been significant? (you can tick more than one)
- 12.11.a. Conflict with siblings—At what age have these been significant? (you can tick more than one)
- 12.12.a. Regression—At what age have these been significant? (you can tick more than one)
- 12.13.a. Lying/denying—At what age have these been significant? (you can tick more than one)
- 12.14.a. Stealing—At what age have these been significant? (you can tick more than one)
- 12.15.a. Acting out their early life experiences—At what age have these been significant? (you can tick more than one)
- 12.16.a. School concerns about academic progress—At what age have these been significant? (you can tick more than one)
- 12.17.a. Your concerns about academic progress—At what age have these been significant? (you can tick more than one)
- 12.18.a. School concerns about behaviour—At what age have these been significant? (you can tick more than one)
-

**Continued**

---

- 12.19.a. Problems regulating behaviour at school—At what age have these been significant? (you can tick more than one)
  - 12.a. Please add any further comments about your child's behaviour that you wish to include
  - 13. Do you have any more adopted/placed children? If so, did they come to live with you within the last four years?
  - 14. What issues are a significant problem for your child?
    - 14.1.a. Identity and self-esteem—At what age have these been significant? (you can tick more than one)
    - 14.2.a. Self-confidence—At what age have these been significant? (you can tick more than one)
    - 14.3.a. Anxiety and fear—At what age have these been significant? (you can tick more than one)
    - 14.4.a. Anger and anger management—At what age have these been significant? (you can tick more than one)
    - 14.5.a. Depression and mental ill health—At what age have these been significant? (you can tick more than one)
    - 14.6.a. Emotional literacy and control—At what age have these been significant? (you can tick more than one)
    - 14.7.a. Trust—At what age have these been significant? (you can tick more than one)
    - 14.8.a. Coping with school—At what age have these been significant? (you can tick more than one)
    - 14.9.a. Hypervigilance and/or need for reassurance—At what age have these been significant? (you can tick more than one)
    - 14.10.a. Friendship and relationship management—At what age have these been significant? (you can tick more than one)
    - 14.11.a. Developmental delay—At what age have these been significant? (you can tick more than one)
  - 15. What behaviours are a significant problem for your child?
    - 15.1.a. Angry outbursts or meltdowns, or difficulty expressing angry feelings—At what age have these been significant? (you can tick more than one)
    - 15.2.a. Aggression—At what age have these been significant? (you can tick more than one)
    - 15.3.a. Sexualised behaviour—At what age have these been significant? (you can tick more than one)
    - 15.4.a. Running away—At what age have these been significant? (you can tick more than one)
    - 15.5.a. Conflict with siblings—At what age have these been significant? (you can tick more than one)
    - 15.6.a. Food hoarding—At what age have these been significant? (you can tick more than one)
    - 15.7.a. Lying/denying—At what age have these been significant? (you can tick more than one)
    - 15.8.a. Stealing—At what age have these been significant? (you can tick more than one)
    - 15.9.a. Regression—At what age have these been significant? (you can tick more than one)
    - 15.10.a. Acting out their early life experiences—At what age have these been significant? (you can tick more than one)
    - 15.11.a. School concerns about academic progress—At what age have these been significant? (you can tick more than one)
    - 15.12.a. Your concerns about academic progress—At what age have these been significant? (you can tick more than one)
    - 15.13.a. School concerns about behaviour—At what age have these been significant? (you can tick more than one)
    - 15.14.a. Problems regulating behaviour at school—At what age have these been significant? (you can tick more than one)
    - 15.a. Please add any further comments about your child's behaviour that you wish to include
  - 16. What issues are a significant problem for your child?
    - 16.1.a. Identity and self-esteem—At what age have these been significant? (you can tick more than one)
    - 16.2.a. Self-confidence—At what age have these been significant? (you can tick more than one)
    - 16.3.a. Anxiety and fear—At what age have these been significant? (you can tick more than one)
    - 16.4.a. Depression and mental ill health—At what age have these been significant? (you can tick more than one)
    - 16.5.a. Emotional literacy and control—At what age have these been significant? (you can tick more than one)
-

**Continued**

- 
- 16.6.a. Trust—At what age have these been significant? (you can tick more than one)
- 16.7.a. Coping with school—At what age have these been significant? (you can tick more than one)
- 16.8.a. Hypervigilance and/or need for reassurance—At what age have these been significant? (you can tick more than one)
- 16.9.a. Friendship and relationship management—At what age have these been significant? (you can tick more than one)
- 16.10.a. Developmental delay—At what age have these been significant? (you can tick more than one)
17. What behaviours are a significant problem for your child?
- 17.1.a. Angry outbursts, meltdowns or difficulty expressing angry feelings—At what age have these been significant? (you can tick more than one)
- 17.2.a. Aggression—At what age have these been significant? (you can tick more than one)
- 17.3.a. Violence towards parents—At what age have these been significant? (you can tick more than one)
- 17.4.a. Sexualised behaviour—At what age have these been significant? (you can tick more than one)
- 17.5.a. Crime or risky behaviour—At what age have these been significant? (you can tick more than one)
- 17.6.a. Running away—At what age have these been significant? (you can tick more than one)
- 17.7.a. Substance abuse—At what age have these been significant? (you can tick more than one)
- 17.8.a. Food or food hoarding—At what age have these been significant? (you can tick more than one)
- 17.9.a. Behaviour regulation—At what age have these been significant? (you can tick more than one)
- 17.10.a. Makes potentially unfounded accusations of abuse—At what age have these been significant? (you can tick more than one)
- 17.11.a. Conflict with siblings—At what age have these been significant? (you can tick more than one)
- 17.12.a. Regression—At what age have these been significant? (you can tick more than one)
- 17.13.a. Lying/denying—At what age have these been significant? (you can tick more than one)
- 17.14.a. Stealing—At what age have these been significant? (you can tick more than one)
- 17.15.a. Acting out their early life experiences—At what age have these been significant? (you can tick more than one)
- 17.16.a. School concerns about academic progress—At what age have these been significant? (you can tick more than one)
- 17.17.a. Your concerns about academic progress—At what age have these been significant? (you can tick more than one)
- 17.18.a. School concerns about behaviour—At what age have these been significant? (you can tick more than one)
- 17.19.a. Problems regulating behaviour at school—At what age have these been significant? (you can tick more than one)
- 17.a. Please add any further comments about your child's behaviour that you wish to include
18. Please tick any services that you have used (you can tick more than one)
- 18.a. If you selected Other, please specify:
19. Please tick any of the following types of informal support that you were able to call on at the time of asking for Adopter Champion support (you can tick more than one)
- 19.1.a. immediate or extended family
- 19.2.a. friends (possibly non-adopting)
- 19.3.a. other adopting parents
20. Have you used the Hub on the PACT website?
21. If you rarely or never use the hub, why not?
22. At what age was your child when you first asked for support from the Strengthening Families team?
23. Why did you seek support from the Strengthening Families team?
-

**Continued**

---

- 23.1.a. Help with life-story work and therapeutic support of adopted child—How often did you ask for support for this purpose?
  - 23.2.a. Information about adopting process, expectations etc.—How often did you ask for support for this purpose?
  - 23.3.a. Information about diagnosis of child's needs—How often did you ask for support for this purpose?
  - 23.4.a. Advice on understanding child's behaviour, including signposting to resources—How often did you ask for support for this purpose?
  - 23.5.a. Support with parenting techniques, boundary-setting, communication etc.—How often did you ask for support for this purpose?
  - 23.6.a. Empathy and peer support—How often did you ask for support for this purpose?
  - 23.7.a. Advice on parental coping strategies—self-care, marital strains, shame etc.—How often did you ask for support for this purpose?
  - 23.8.a. Help with dealing with school, SENCo, EHCP etc regarding child's behaviour or emotional literacy—How often did you ask for support for this purpose?
  - 23.9.a. Help with dealing with school, SENCo, EHCP etc regarding home education—How often did you ask for support for this purpose?
  - 23.10.a. Help from PACT education specialist—How often did you ask for support for this purpose?
  - 23.11.a. Help requesting professional intervention eg accessing therapy, liaising with local authority social services, interpreting child's behaviour—How often did you ask for support for this purpose?
  - 23.a. Please add any further comments about why you asked for support that you wish to
  - 24. About which issues did you receive support from the Adopter Champions service?
    - 24.a. If you selected Other, please specify:
  - 25. What were the benefits of using the Adopter Champions service?
    - 25.1.a. I felt emotionally supported
    - 25.2.a. It made a difference to my child
    - 25.3.a. I learned useful information eg about available help, the adoption support fund, DLA applications, my rights etc
    - 25.4.a. I felt empowered in dealing with third parties
    - 25.a. Please add any further comments on the benefits of using the Adopter Champions service that you wish to
    - 25.b. I am happy with my overall experience of the Adopter Champion service
      - 25.b.i. Please explain your answer
  - 26. How has the experience of adoption affected you?
    - 26.1.a. I have found it rewarding and positive, even when there are difficult times
    - 26.2.a. It has made me a better person
    - 26.3.a. I have had to change my expectations of acceptable behaviour
    - 26.4.a. I have had to change the culture and norms of family life
    - 26.5.a. My PACT training prepared me for the reality of adoption
    - 26.6.a. It has strained the relationship between myself and my partner
  - 27. In an ideal world, what kind of support would you like?
    - 27.1.a. Individual face to face—Rate these options with 1 being your first choice and 5 being your last (do not give a number if you would not want an option)
    - 27.2.a. Part of a group face to face—Rate these options with 1 being your first choice and 5 being your last (do not give a number if you would not want an option)
-



**Continued**

- 27.3.a. Telephone—Rate these options with 1 being your first choice and 5 being your last (do not give a number if you would not want an option)
- 27.4.a. Video call—Rate these options with 1 being your first choice and 5 being your last (do not give a number if you would not want an option)
- 27.5.a. Email—Rate these options with 1 being your first choice and 5 being your last (do not give a number if you would not want an option)
- 27.a. How frequently would you like to access this support?
- 27.a.1.a. Individual face to face—Tick how frequently you would like to have this support
- 27.a.2.a. Part of a group face to face—Tick how frequently you would like to have this support
- 27.a.3.a. Telephone—Tick how frequently you would like to have this support
- 27.a.4.a. Video call—Tick how frequently you would like to have this support
- 27.a.5.a. Email—Tick how frequently you would like to have this support
- 27.a.i. How long would you want this support to be made available?
28. What else should we have asked you about?

**Appendix C. Interview Questions: Families.****Families Interview Questions**

- 1) Tell me a little bit about you and your child/ren.
- 2) How was your experience when your child/ren moved in with you, how they settled in? Did you anticipate it would be like that?
- 3) What were the child's needs/issues? What behaviour was a problem?
- 4) What caused you to seek the help of the Adopter Champions service? How old was the adopted child that caused the need for help? How long had he/she been in your family?
- 5) If you have more than one child, how do their needs differ? Do you think your second adopted child experienced problems at an older/younger age than your first adopted child?
- 6) How did your child's needs affect your family—your relationship with your other children, their relationships, your relationship with your partner and extended family?
- 7) How did the Champions support you and your family? Share some ideas about advice & support about parental coping strategies & child behaviour approaches that you received. How was that information communicated & how effective was it for you?
- 8) What are key strengths of the Adopter Champion Service? what weaknesses?
- 9) What would you suggest are key points for the Adopter Champion Service to develop further?
- 10) Share any "breakthrough" moments when you realised something that gave you the keys to unlocking your understanding or ability to help your child.
- 11) What advice would you give to new adopters?