

**Dissertation Volume 2**

Literature Review

Empirical Research Project

Reflective Commentary

University College London

Submitted in partial requirement for  
the Doctorate in Psychotherapy (Child and Adolescent)

## DECLARATION

I declare that the material submitted for examination is my own work. The ideas and findings of others have been referenced in accordance with the guidelines provided and any work by others has been acknowledged.

I understand that anti-plagiarism software may be used to check for appropriate use of referencing.

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## Table of Contents

Acknowledgements.....	6
<u>Impact statement.....</u>	<u>7</u>
<b><u>Part 1: Literature Review.....</u></b>	<b><u>8</u></b>
Abstract.....	9
Introduction.....	11
Context: The changing landscape of adoption .....	12
Matching and information sharing in the UK .....	13
Adoption outcomes .....	14
Methodology.....	16
Risk factors .....	17
Key risk factors related to the child .....	18
Preadoption maltreatment .....	18
Placement history of child.....	19
Age of child at placement.....	19
Emotional and behavioural difficulties.....	20
Attachment difficulties.....	21
Siblings: Together or apart .....	21
Information not being shared.....	22
The communication of Information: current practice .....	24
A mismatch.....	28
Social workers' external challenges .....	28
Social workers' internal challenges .....	29
Adopters' internal and external challenges .....	31

Discussion.....	33
Conclusion.....	37
<u>References.....</u>	<u>38</u>
<b>Part 2: Empirical Study.....</b>	<b>49</b>
Abstract .....	50
Introduction.....	51
Rationale for the study.....	54
Aims and research question.....	54
Methodology.....	55
Context .....	55
Design.....	55
Participants and recruitment.....	55
Procedure and data collection.....	56
Data analysis.....	57
Ethical considerations.....	58
Reflexive statement .....	58
Analysis and Discussion .....	59
Theme 1: Holding adopters .....	60
Theme 2: Making Sense of What Lies Beyond .....	62
• Reading between the lines .....	62
• Soft information .....	64
• Linking .....	67
Theme 3: What gets in the way.....	68
• The unknowable .....	69
• The unspeakable.....	70
• The unheard.....	71
Implications for practice and future research.....	73
Strengths and limitations.....	75
Conclusion.....	76

References.....	77
<b>Part 3: Reflective Commentary .....</b>	<b>85</b>
Introduction : A clinical researcher or a researching clinician? .....	86
The Matching Process.....	87
Someone else's baby.....	88
The long awaited and wished for baby .....	90
Navigating the journey.....	91
"Oh my god this is reality now" .....	92
Making sense of what lies beyond.....	94
Meaning making and sitting with uncertainty.....	95
Bringing it all together.....	96
References.....	98
<b>Appendices.....</b>	<b>100</b>
Appendix A Information to share prior to interview.....	101
Appendix B Participant Information sheet .....	102
Appendix C Consent form .....	106
Appendix D Interview schedule .....	108
Appendix E Annotated transcript .....	111
Appendix F Mind map .....	112
Appendix G Codes sorted into themes .....	113

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## Impact Statement

A review of the literature identifies that sharing information about the child with prospective adopters forms an essential part of the Social Worker's (SW) role in the adoption process. It suggests that families experience better adoption outcomes when information is shared. However, many families report not having adequate or complete information. There is a paucity of research focusing on the information-sharing process. More specifically, there exists no research on the social workers' perspective of this and the barriers they may face. The rationale for conducting this study was bound up in this gap in the existing literature.

The second part of this thesis, a small-scale qualitative study, seeks the views of social workers in the adoption field. It aims to explore their perspective on information sharing and to begin a further discussion about this much-neglected aspect of the adoption process. It uses data collected from interviews with social workers from one local authority.

Findings offer insight into the SW's perspective suggesting information-sharing is a complex multifaceted process. It highlights the relational aspect of the process, the need to look beyond what is written down and the importance of helping adopters understand both implicit and explicit meaning.

This understanding has implications for social work practice and the need to ensure practitioners are allowed sufficient time to support this vital element of their role. Furthermore, the research highlights the importance of the ongoing relationship between social workers and adopters beyond the placement. It considers what can get in the way of the process and suggests ways of addressing this.

Part One: Literature Review

**Can Social Workers Give the Full Picture? :**

**A Narrative Literature Review of Risk Factors and their Communication to Prospective  
Adopters.**

Word Count: 8807



## **Abstract**

### **Context**

Adoption is now used to provide a secure and stable family for children unable to be looked after by their birth family. Research findings suggest the majority of adoptive families remain stable, however a small percentage experience disruption and a substantial percentage experience serious challenges. There are a number of risk factors associated with instability and disruption within adoptive placements.

### **Aims**

This study aimed to synthesise and review the current understanding pertaining to pre-adoption risk factors and the communication of these to adoptive parents.

### **Methods**

A literature search across various scholarly databases was undertaken. This review, carried out as part of a clinical doctorate in psychoanalytic psychotherapy, is considered through a lens of psychoanalytic theory.

### **Results**

A review of the literature highlighted a number of risk factors associated with placement instability and disruption. This included parents not being given clear and detailed information by professionals. The searches identified a paucity of research focused on information sharing with prospective adopters. The available literature suggested that a significant proportion of parents report not receiving adequate information about their child prior to adoption.

### **Conclusion**

Findings suggested further research is required to understand the benefits, effectiveness and challenges faced specific to the communication of information to adoptive families from both the adopters and the professionals' perspectives. Implications for clinical practice and future research were discussed.

**Key words**

Adoption, adoption disruption, social workers, prospective adopters, risk factors, matching, information sharing.

## Can Social Workers Give the Full Picture? :

### A Narrative Literature Review of Risk Factors and their Communication to Prospective

#### Adopters.

Within the context of the UK, both the aims and process of adoption have changed considerably over the last century.

Adoption is now recognised as:

*A legal procedure through which a permanent family is created for a child whose parents are unwilling, unable or are legally prohibited from caring for the child. The focus in good adoption practice is the long-term welfare of the child. Successful adoption provides a permanent home which is secure and meets the individual child's needs. (Triseliotis, Shireman & Hundleby, 1997, p.1)*

The adoption population is now largely comprised of children who have experienced early adverse experience characterised by abuse and neglect and, as a consequence of being at risk, have been accommodated by the local authority (LA) (Meakings, Shelton & Coffey, A. 2016, Randall, 2013; Selwyn, Meakings, & Wijedasa, 2014). Although numbers are relatively low, adoption has been considered by policymakers in England as the "gold standard" approach to permanence and stability for the looked-after population (Featherstone, Gupta & Mills, 2016). According to the latest figures from the Department for Education (DFE) (April 2020 - March 2021) in England alone 80,850 children were looked-after by the LA. During this year, 2,870 (3.5%) of looked after children in England were placed for adoption (DFE, 2021). A study which used national administrative data sets, compiled of 40,000 adopted children, found that at the time of placement, 71% were under 4 years old, 27% were aged 4-11 and 1% were 11 or older (Selwyn et al., 2014).

### **Context: The Changing Landscape of the Adoption Population**

Adoption practice has changed considerably over recent decades and current practice has brought to the fore the guiding principle of meeting the needs of the child. Historically this had not been the case. Adoption had been considered a means to providing an heir in Ancient Greek and Roman times, a source of free labour in the 19<sup>th</sup> Century and then, following World War 2, a way of creating a family for infertile couples (Triseliotis et al., 1997). During this post-war period, the emphasis was on finding a baby that would "fit" the family based on physical and religious grounds (Quinton, 2012). It was also a largely secretive process where little, if anything, was shared about the child's past (Triseliotis et al., 1997).

Societal changes towards the end of the twentieth century, including the acceptance of single parents, availability of contraception and legal abortions (Bearak, Popinchalk, Alkema & Sedgh, 2018) meant there were fewer relinquished babies available for adoption (Fenton-Glynn 2016; Meakings et al., 2016). Around this time, policy and legislative changes, the Children Act 1975 and Adoption Act 1976, brought about changes to adoption practice which included adoption being managed by professionals (Lewis, 2004). In addition, greater powers were granted to the authorities to remove children from their birth parents (Parton, 1985) and as a consequence, the adoptive population became largely comprised of children in care (Randall, 2013; Selwyn et al., 2014). At this point, the underlying aim of adoption was governed by the assumption that a stable family would enable these children to return to a "normal trajectory" (Quinton, 2012, p.14).

Further legislative changes, The Adoption and Children Act 2002, focused adoption practice more on "*the rights and interests of children*" bringing it in line with the United Nations Convention on the Rights of the Child, 1989 where "*the best interests of the child shall be the paramount consideration in making decisions concerning adoption.*" (Article 21). The objective being; to find a stable and loving home *for* the child (DFE, 2021) while providing emotional and legal security (Thomas, 2013), supporting them to overcome early adversity (Quinton, 2012) and

improve developmental outcome (Dance & Rushton 2005; Palacios & Brodzinsky, 2010; Van IJzendoorn & Juffer, 2006). Compared to children who remained in the care of the LA, the findings indicated that adoption did provide long term improvements in growth, attachment security and cognitive ability (Van IJzendoorn & Juffer, 2006).

While the majority of adopters provide a permanent and stable home for their child, some families experience placements which break down. In addition, a substantial number of families experience serious struggles and an unsettled and unstable family life (Selwyn et al., 2014; Simmonds, 2012) with many having to manage complex needs and multiple problems (Featherstone et al., 2016).

### **Matching and Information Sharing in the UK**

The highly complex process of finding a suitable family for a child in order to provide the "*stable and loving home*" begins with the process of matching. As set out in the Children Act, 1989, "*matching children's needs and adoptive parents' capacities is seen as the key to increasing the stability of adoptive placements and improving outcomes.*" (Quinton, 2012, p.xi). To ensure a successful match, a good understanding and assessment of both parties is vital. To do so would necessitate taking into account the child's needs and the adopters' capacity to manage these (Farmer & Dance, 2016; Mesie, 2016; Quinton, 2012; Simmonds, 2016;).

The introduction of The Children Act 1989 signalled a move away from confidentiality where difficulties may be ignored or minimised, to the practice of openness within adoption (Quinton, 2012). It is now recognised that clear and detailed information about a child which offers a balanced and realistic view needs to be shared with adopters (Brodzinsky, 2008; Selwyn, Sturgess, Quinton & Baxter, 2006; Sinclair, Baker, Lee & Gibbs, 2007). This should enable them, in the first instance, to make an informed judgement as to whether they feel they can meet the needs of the child (Adoption UK, 2022; Quinton, 2012). In addition, adopters need to be made aware

of the challenges they may face so that they are properly prepared for the adjustments needed to meet the child's needs within the family. (Brodzinsky, 2008). As the Department for Education (DFE) guidance states "Successful matching depends on good assessments, clear support plans, careful decision making and a high level of information sharing between professionals" (Research in Practice, 2014, p.1).

In the UK all information about the child should be contained within the Child Permanence Report (CPR). The CPR is an extensive document collated by the social worker which provides a thorough assessment of the child including; their history, information about their birth family, relationships, development as well as current presentation and needs (Dance, Ouwejan, Beecham & Farmer, 2010). This document is used by the court to help determine whether adoption is the appropriate path for a child. In turn the document is used by professionals to inform the matching process and by adopters to find out about their prospective child. According to the DFE (2013), the CPR "will be the source of the information about the child on which the prospective adopter will rely" (p.47-48). Sharing this information with adopters resides as one of the responsibilities that the adoption social worker undertakes. Research in Practice (RIP) (2014), which draws on focus group discussions with practitioners, states "Identifying what information is needed and the best way to communicate it should be a priority" (p.1).

### **Adoption Outcomes**

For purposes of this review, adoption disruption has been taken to mean when an adoptive child has left home prematurely under the age of 18 and is not expected to return (Selwyn et al., 2014). Since there are no official statistics for adoption disruption in the UK, data can only be gathered from research (Randall, 2013). The figures reported in studies vary greatly. A prospective study which collected data between 1993-2003 (Rushton & Dance, 2004) reported incidences of disruption at 23% but this research only looked at late adoptions, (5-11 years). More recently

Selwyn et al., (2014) used national data sets of 37,335 children of all ages adopted between 2000-2011 combined with data from adoption managers to calculate the incidence of disruption. This showed a markedly lower incidence of disruption at 3.2% across the whole of England although the authors suggested the numbers were underreported. Interestingly, a comparatively higher disruption rate of 9% was reported in a second element of Selwyn's (2014) study based on a survey of 689 adopters. Irrespective of this, similar figures were reflected in data provided by Adoption UK. Their annual report, *The Adoption Barometer*, based on an anonymous online survey of adopters, reported disruption rates of: 3% in 2018, 4% in 2019 and 3% in 2020.

The range of figures outlined above, reflect the limitations as to how reliable data on disruption is both reported and compared. Key terms are understood and operationalised in different ways across studies (Palacios, Rolock, Selwyn & Barbosa-Ducharme, 2019a; Selwyn et al., 2014). Disruption has been measured in some studies as pre-adoption order, some as post-order and others both (Coakley 2005, Coakley & Berrick, 2007; Palacios et al., 2019a; Selwyn et al., 2014). Additionally, there are demographic differences between the samples of the studies. While some focused on specific populations such as late adoptions, others looked at the whole adoptive population (Palacios et al., 2019a). Finally, a lack of formal reporting (Berry, 1988/2017) and systematic recording of information (Paniagua, Jiménez-Morago & Rivera, 2019) raised uncertainty around the accuracy of the data suggesting that many cases of disruption and instability go unreported (Palacios, 2020).

Although since the 1970's the success of an adoption has typically been measured in terms of disruptions (Coakley & Berrick, 2007), disruption itself is not always an accurate indication of the success or failure of a placement. A sizable proportion of placements remain problematic with families having to manage complex and challenging behaviours, relationship difficulties and poor emotional regulation. (Rushton & Dance 2004; Selwyn et al, 2014; Smith, 2014; Meakings et al., 2016; Adoption UK, 2019). Recent figures have suggested around a quarter of placements

continue with significant challenges: Selwyn et al.'s (2014) study found between 21-25%, and the study by Adoption UK (2019) reported 24%. These findings indicated that disruption forms only a small proportion of placements facing serious challenges. They demonstrate how essential it is to understand what can be done to support these families and placements.

Over recent years there has been a growing body of research examining the risk factors linked to disruption and instability in adoption (Palacios et al., 2019a). This review aimed to draw on this literature to identify the current understanding of the risk factors associated with adoption disruption and instability. It then focused more specifically on exploring whether these risks are communicated by professionals to prospective adoptive parents. This is considered from both the perspective of the adoptive families and the social workers.

### **Methodology**

Research was collated through systematic database searches for journal articles and book chapters on scholarly databases which included PsychInfo, Social Care Online, Social Policy in Practice and Social Science and clinical papers through Psychoanalytic Electronic Publishing (PEP) web. Searched terms included: 'adoption', 'risk', 'adoption disruption', 'communication', 'information sharing', 'preparation', 'adopters,' 'social workers'. Key papers were identified which were then used to identify further studies.

The review included studies relating to pre-adoption risk factors as well as the communication of these to prospective adopters. This included peer-reviewed quantitative and qualitative research articles, clinical papers, practice guidance, evaluations, reports, and UK policy documents. One unpublished study was included given its relevance to the paper's aims and this was made available to the author by researchers at the Anna Freud centre. This review aimed to cover key papers but is not exhaustive.



No studies were found that exclusively explored the communication of risk factors to adoptive parents. Therefore, the findings of this review were drawn from studies which include any findings pertaining to the communication of information to adopters as part of its broader scope. The review focused on UK literature but some studies from outside the UK were included. It will be important to consider the findings with an awareness of the difference in adoption populations and framework in mind.

Only publications written in English were reviewed.

### **Risk Factors**

A high incidence of the adopted population has suffered maltreatment in their birth families (Selwyn et al., 2014). Common adverse experiences include chronic home conditions, neglect through to physical, emotional, and sexual abuse and, parental alcohol and drug misuse, parental mental health difficulties and vulnerable mothers with abusive partner histories (Randall, 2013; Selwyn et al., 2014). Meakings and colleagues' recent study of 374 families in Wales found that 53% of mothers of children who came into care at birth were known to have experienced serious domestic violence during pregnancy, 32% of children had been exposed to drugs and alcohol in utero (Meakings, Shelton & Coffey, 2016) and 95% of children adopted from birth families had experienced neglect or abuse.

Research has highlighted the long-lasting effects of early adversity on brain development and stress response systems (Lupien, King, Meaney & McEwen, 2001; McCrory, De Brito & Viding, 2010; Teicher, Samson, Anderson & Ohashi, 2016) alongside neurocognitive impairments (Kavanaugh, Dupont-Frechette, Jerskey & Holler, 2017). In addition to this, attachment difficulties, and externalising behaviour of children having witnessed Intimate Partner Violence, (Fong, Hawes & Allen, 2019) and, poor mental health and emotional wellbeing, including self-harm and suicidal thoughts (Radford et al., 2011) also plays its part. These findings serve to

highlight the significant challenges that some adoptive families can face given the complex and long term needs of the children they adopt.

The following section summarises the key risk factors identified in the literature associated with placement disruption or instability. Given the wide number of variables and complex interplay between children and their environment, there is a need to consider individual risk factors in the context of other interconnected factors (Barbosa- Ducharme & Marino, 2019; Palacios, 2019a). While many of the earlier studies identified factors in isolation, more recent research has understood disruption and/or instability to be the cumulative impact of a number of risks rather than one risk in isolation (Barbosa-Ducharme & Marino, 2019; Palacios, 2012, 2019a; Randall 2013). Further research is required to consider the risks jointly (Palacios et al., 2019a; Randall, 2013). Risks have been subdivided into three areas: as related to the child, the adopters or the services (Palacios et al., 2019a). Inevitably these three areas need to be considered in the context of one another. However, for purposes of this review, which is focused on the communication of risks to adopters, the focus has been placed on child-related risk factors. Comprehensive details of the service/systemic factors and the adopter-related factors were discussed by Palacios et al. (2019a).

### **Key Risk Factors Related to the Child**

#### *Preadoption maltreatment*

Poorer placement outcomes have been associated with children's prior experiences of maltreatment including neglect, physical and emotional abuse (Howe, 1997; Palacios, 2019a; Selwyn et al., 2014; Smith et al., 2006), domestic violence (Selwyn et al., 2014) and sexual abuse (Nalavany, Ryan, Howard & Smith, 2008).

These adverse experiences may be expressed by children in the form of emotional problems and challenging behaviours (Quinton, 2012). For instance, one study found that children who

have witnessed domestic violence are more likely than other children to develop a conduct disorder (Meltzer et al., 2009).

Other studies suggested that poorer placement outcomes were indicated for children who have experienced preferential rejection, defined as emotional abuse and rejecting behaviour from the birth parents being directed to them only. (Quinton et al., 1998; Rushton et al., 2001; Rushton & Dance, 2004).

### *Placement history of child*

Studies have shown that a higher number of placement moves prior to adoption can impact the stability of the adoption (Rolock et al., 2019; Selwyn et al., 2014). Multiple placement moves for children in care have been linked to a much greater risk of emotional and behavioural difficulties (Jones, et al., 2011; Rubin et al., 2007; Ward 2009). The extent and range of loss that children face was highlighted in Randall's (2013) study and included grandparents, siblings and foster siblings. Theory can help us understand how repeated separations can reactivate earlier traumas stirring mistrust, fear, and a sense of abandonment (Hindle & Shulman, 2008) and lead to cumulative trauma (Kenrick, 2000). Inevitably these factors can impact the child's capacity to form trusting relationships with other adults.

### *Age of child at placement*

Notably, a large number of studies have concluded that the age of the child at the time of placement has a strong association with disruption. The risks increase with the age of the child. (Coakley, 2005; Evan B Donaldson Institute, 2004; Panigua et al., 2019; Parker, 1999; Rushton & Dance, 2004, 2006; Selwyn, 2014; Thomas, 2013). Selwyn's UK study (2014) reported placements were thirteen times more likely to disrupt for children placed at four years old or above compared to those placed as infants. Researchers have linked this to accumulated adversity with the likelihood these children will have been exposed to maltreatment and neglect for longer

(Barth & Berry, 2008; Palacios et al., 2019a; Paniagua et al., 2019; Nadeem, Waterman, Foster, Paczkowski, Belin & Miranda, (2017). This study found children who were 4 or above, when placed in their adoptive families, exhibited significantly higher levels of externalising problems. Interestingly Howe's (1997) study concluded that if the older placed children had received good early care they did not experience the same difficulties, although no other studies were found to substantiate these findings. In addition, children who had spent longer in their birth family felt greater loyalty to their birth parents. Again, this contributed to difficulties in placement. (Meakings et al., 2018, Smith & Howard, 1991).

### *Emotional and behavioural difficulties*

Serious emotional and behavioural problems were seen as key risk factors (Barth and Berry, 1988; Evan B Donaldson Institute 2004; Selwyn et al., 2014; Smith and Howard 1991; Rushton and Dance, 2004, 2006). A high incidence of violent behaviour was identified in almost 2/3 of breakdowns (Selwyn et al., 2014). Selwyn et al.'s study found that problems with behaviour and emotional problems began soon after placement and included; attachment difficulties, manipulation and control, anger and aggression, and inappropriate sexual behaviour. By adolescence the behaviours of concern included aggression, violence, oppositional behaviour, criminal offences and running away (Selwyn, 2014). As already mentioned, the majority of adopted children have experienced abuse and/or neglect. Growing up in adverse circumstances impacts brain functioning, development, behaviour and mood as well as the capacity to self-regulate (Tarren-Sweeney & Vetterre, 2013). While children develop these behaviours and defences as a means of survival in the face of frightening situations and physical threats, alongside feelings of helplessness and dependency (Kenrick, 2000), in more normative circumstances, they appear maladaptive (Simmonds, 2008). Research has highlighted a direct correlation between the level of emotional and behavioural issues demonstrated by the children and the level

of parenting stress (Brannan, Heflinger & Bickman; Brannan & Heflinger 2006; 1997; Vaughan, Feinn, Bernard, Brereton, & Kaufman, 2013).

### *Attachment difficulties*

Attachment problems have also been found to be linked with disruption. (Panigua, 2019; Schmidt, Rosenthal & Bombeck, 1988; Smith & Howard, 1991). One study reported that attachment difficulties were cited in 60% of disruptions (Palacios et al., 2015, cited in Palacios et al., 2019a). Children who have experienced maltreatment in their early lives will often find it difficult to trust adults and, as a consequence, will have developed different attachment patterns as a way of helping them survive. According to attachment theory (Ainsworth, 1978; Bowlby, 1969) the early relationships with primary caregivers inform children's expectations of future relationships with other adults. Children whose experiences are characterised by neglect and abuse instinctively learn to adapt in order to survive. Notably, one study found that children with disorganised and insecure attachment styles were more likely to show externalising behaviours including lying, cheating, aggression, hyperactivity, inattention, impulsivity, and bullying (Fong et al., 2019). Given the relational element of attachment, this risk factor is difficult to unpick from other variables as it is necessary to bear in mind the parents' capacity to relate and form an attachment with the adoptive child. (Palacios, 2020).

### *Siblings: Together or apart?*

Multiple studies with diverse and often contradictory results indicated inconsistent findings regarding the impact of siblings being placed together or apart on adoption outcomes. Some studies found little difference in disruption rates between single placements and sibling groups (Barth, Berry, Yoshikami, Goodfield & Carson, 1988; Smith & Howard, 1991) although Barth et al., (1988) found higher rates when siblings were placed with other children. On the other hand, a study by the Maudsley Family Studies Team in the UK of 133 late adopted children found outcomes were better when siblings were placed together. These findings need to be

considered in the context of other factors such as the level of conflict between siblings prior to adoption (Rushton, Dance, Quinton & Mayes, 2001). In contrast, other studies found siblings being placed together as having a negative impact on placement stability (Randall, 2013; Selwyn, 2019). This inconsistency could indicate an area that needs more research.

### **Information not Being Shared**

As previously stated, research and policy both in the UK and further afield, has recognised the importance of professionals identifying and communicating comprehensive, clear and detailed information. Brodzinsky's (2008) work at the Evan B Donaldson Adoption Institute in the US found that in order for parents to meet the needs of the child, full and accurate information must first be shared covering all aspects of the child including; their unique history, physical and medical history, previous placements and any other pertinent information about their birth family.

In fact, a review of the literature suggested that the act of failing to share information regarding the child-related risks explored above presented a risk in itself. A number of studies found a correlation between the sharing of insufficient or inaccurate information and poorer outcomes (Barth & Berry 1988; Barbosa-Ducharme & Marinho, 2019; Berry, 1997; Farmer & Dance, 2016; Randall, 2013; Schmidt et al., 1988; Selwyn et al., 2006, 2014).

One possible explanation was that if the reality of the problems were not shared during the matching process, poorer matches were made. This in turn had a significant bearing on poorer outcomes either in relation to the quality of the placement or its stability (Farmer & Dance, 2016).

Other studies proposed placements were made more vulnerable when adopters were not provided with accurate information as they formed both idealistic and unrealistic expectations (Barth, 2002; Panigua et al., 2019; Randall, 2013; Schmidt et al., 1988; Selwyn et al., 2014). In this respect they were not adequately prepared for the possible difficulties related to adopting a specific child (Quinton, 2012). As Adoption UK states "*It is vital to the success of any adoptive*

*family that everything that is known is shared. Failure to do so can leave adoptive parents unprepared for the challenges that may lay ahead'* (2021, p.31). Moreover, it has been suggested that without this prior knowledge, parents may unknowingly re-enact early experiences (Freud, 1914, Sprince, 2008). Parents may unwittingly be drawn into recreating situations where children feel forgotten, overlooked or ignored. Feelings which could be intolerable for children who have experienced severe neglect (Kaniuk, Sargent, Steele et al., 2005).

Knowledge about the children, in itself, supported parents to contextualise some of the challenging and rejecting behaviours and understand the experiences they faced (Roy, 2020; Woolgar, 2016). Unsurprisingly, parental sensitivity and responsiveness have been found to correlate to placement stability (Quinton, Rushton, Dance & Mayes, 1998). Research also suggested that communication of the risks allowed protective factors, such as support plans, pre and post-adoption to be arranged (Brodzinsky, 2008; Rushton & Dance, 2006).

Conversely, some researchers and professionals warned against making generalised assumptions about risk factors. While acknowledging the need to communicate openly and honestly to parents the prevalence of challenges within certain risk factors and the need consider the realistic potential impact of these risks (Brodzinsky, 2008; Lee, Kobulsky, Brodzinsky, & Barth, 2018; Woolgar, 2013), some have advocated a move away from "*deterministic thinking*" (p.39) towards a more individualised approach, sensitive to the experience of each child (Brodzinsky, 2008; Woolgar, 2013). Of note, Woolgar (2013, 2016) has also pointed out that the risks identified not only vary considerably between families but also between individual children within each family. More recently the charitable organisation, Adoption UK, (2022) has promoted "good practice" as to how adopters should receive comprehensive information about their adopted child. As part of this process they advocated that new adopters should have the opportunity to meet those who have played a significant role in their child or children's earlier life including foster carers and birth family members. This is in addition to their call, the previous year, for a full therapeutic

assessment for every child with a permanence plan to be carried out before placement, and shared with adopters.

### **The Communication of Information: Current Practice**

This literature review found a paucity of research focusing solely on the communication of risk factors to adopters. However, data which reported how well-informed parents felt prior to adoption was identified within a number of wider adoption studies. Important insights, first noted in two US studies, suggested a high number of parents did not feel adequately informed (Barth & Berry, 1988; Nelson, 1985). In Barth and Berry's study, three fifths of parents viewed the information about the child as either too positive or too negative and some parents felt either deceived or deliberately misinformed. Nelson's (1985) qualitative study of fifteen families who had adopted children with special needs and had all experienced adoption disruption, found that 52% reported being given insufficient or inaccurate information. In this study parents largely felt this was due to gaps in the history rather than deception. When considering the findings of both studies it is important to acknowledge the difference in adoption population in the US, with fewer stranger adoptions. Selwyn et al., (2014) highlighted this can make research findings in adoption difficult to compare to those in the UK. Nonetheless these studies remain significant.

In the UK a significant number of adoptive families have reported dissatisfaction with the information shared (Adoption UK, 2017, 2019, 2020, 2021, 2022; Selwyn et al., 2014) although there is a huge range in figures which vary from 24 to 69 %. The qualitative element of Selwyn and colleagues' longitudinal national study focused on interviews with adoptive parents of adolescents where the placements had disrupted or where there had been significant challenges. Findings showed that in 69% of the disrupted placements, adopters felt that insufficient information had been shared prior to placement. Details about the child's history, birth family and important medical information were identified as lacking. In some cases, adopters reported they only discovered vital information once the adoption had broken down. While these findings



allowed an insight into the experience of some adopters, they were based on a specific group of families in which placements had disrupted. As such, this group represents only a small proportion of adoptive families and therefore may not be representative of all families' experiences. Notably, it has also been identified that adoption SW provision varied across local authorities in the UK, an understanding echoed elsewhere. (Lewis, 2004; Adoption UK, 2019)

Recent studies, which incorporate the broader adoption population, found the rate of parents reporting insufficient, incorrect, or misleading information as significant, although substantially less than Selwyn et al. (2014) figures. According to the survey carried out jointly between Adoption UK and the BBC for File on 4 (2017), just over a third of adoptive parents believed that information sharing had not been thorough or entirely correct. Subsequent annual reports, 'The Adoption Barometer', produced by Adoption UK reported marginally lower levels of dissatisfaction. In 2019, 2020 and 2021, 27%, 23% and 24% respectively of parents "*did not think they were given all the information they needed before their child/children moved into their family.*" (2021, p.10). These figures were based on placements early in their life cycle and arguably parents may not be fully aware of what they do not know yet at that point. In contrast the survey undertaken in 2017 included families where children had been placed for longer which could account for the higher rate being reported. To further complicate findings it is known that adopters can be reluctant to acknowledge difficulties (Sims, 2018) for fear of being seen as failing or concern their children might be taken away.

The difference in reported data between Selwyn's study and the broader Adoption UK studies could indicate a link between poor information at placement and the possibility of a future breakdown (Selwyn et al., 2014). These findings were echoed in a research study into the matching process for harder to place children in England (Farmer & Dance, 2016). The authors highlighted the crucial role of accurate and full information being provided on the CPR report. They found that in one third of the 149 placements, the information did not provide a full and

accurate depiction of the child. This reflected concerns previously raised as to the quality of these reports. (Quinton, 2012; Thomas, 2013). Quinton (2012) also questioned the quality of the assessments of the child which form the foundations of these reports suggesting these were "very variable" in quality. While it is beyond the scope of this paper to examine this further, the quality of the assessment and therefore the quality of the information clearly forms a crucial element of the process and warrants further exploration. Findings suggested that when difficulties were underplayed with new parents, the quality of the match was poor. In turn, poor matches resulted in challenging or disrupted placements (Farmer & Dance, 2016).

None of the aforementioned studies used any sort of measurement to quantify how informed parents felt. An empirical study in the US was found which used a scale of 1-4 ranging from no information to a great deal of information. The researchers reported that 58% of parents in their study did not receive enough information and 37% reported that the child's problems were more serious than professionals had reported (Reilly & Platz, 2003). This could be a tool applied in future research to gain a clearer picture alongside the qualitative measures.

Considering the findings in more detail, Selwyn et al.'s (2014) qualitative study reporting the experience of carers, identified that the majority of parents who stated that information had been withheld or downplayed reported that social workers had "purposefully withheld" information. Only a small number believed it to have been an oversight. Another recent study which explored parents' experience of adoption preparation, found a correlation between parents' level of satisfaction with their preparation and the different risk factors they faced (Lee et al., 2018). It was evident that parents of children who had experienced maltreatment, prenatal substance exposure, emotional problems, learning problems and behaviour problems felt significantly less prepared. While this particular study focused on preparation as a whole; education and information sharing, the findings could offer further insight into parental satisfaction reported in other studies, however more research would be needed to clarify this.

Even though Selwyn's (2014) study deals with real experiences, it does have its limitations. Firstly, the information was given retrospectively and as such reliant on parents recall. It is possible that the parents' perception of the information shared was interwoven with their difficult experiences (Lee et al., 2018). Secondly, it was only collected from one time point and from one perspective. That said, even with these limitations the findings offer important insight and provide the building blocks for further research. This could offer potential opportunity to collate parents' views with information from the social worker, collected at different time points.

A recent empirical study which followed 41 prospective adopters across five Regional Adoption Agencies (RAAs) between November 2018 and March 2020 reported that most parents had the opportunity to meet with foster carers and health professionals to ask questions or raise concerns once the match had been agreed. One participant reported how helpful the narrative from the child's psychologist was (Lewis & Selwyn, 2021). It is recognised, however, that practice is not consistent across LA's (DFE, 2021; Schofield, Beek, Ward & Sellick, 2011) and this study was based on only five RAA's.

Finally, research has identified that even when information was shared, families needed support to understand not only its significance but also how issues can develop and change over time (Brodzinsky, 2008; Selwyn et al., 2014). This includes the developmental challenges the children would face in the light of their early trauma across their various stages of development (Selwyn et al., 2014).

The literature highlighted a mismatch between the perspectives of some professionals and adopters (Palacios et al., 2019a). A few studies suggested that in some cases the professionals believed they had given and explained the information, yet the parental feedback suggested otherwise (Barth & Berry, 1998; Selwyn et al., 2014). A number of possible explanations could be gleaned across the literature, however there were no studies which considered this question

per se. This tension can be considered in the context of the complex external realities and internal challenges the social workers can experience as well as those the adopters may face.

### **Social Workers' External Challenges**

Social workers have faced increasing pressure to place children quickly, meeting associated targets at a time of ever-increasing demand for services and workload in the context of budget constraints (Unison, 2014). Sagar & Hitchings (2007) study, based on three services within one LA, suggested these demands have impacted negatively on effective communication with prospective adopters. This report also indicated some social workers found it very difficult to communicate to adopters the levels and nature of difficulty the children that are available for adoption may face. Practitioners expressed frustration with their lack of training which they cited as resulting in their inadequate communication with potential adopters. (Sagar & Hitchings, 2007). These findings were collated in the context of a huge overhaul to the adoption services and therefore need to be considered accordingly. However, a number of recommendations for adoption professionals, including adequate training, supervision and support for adoption workers and reflective practice, have also been proposed on the basis of a study looking at more recent practice. (Selwyn et al., 2014). The British Association of Social Workers (BASW) study in 2018 collated views from social workers, birth families, legal professionals, adoptive parents and adults who were adopted as children, and echoed these earlier findings (Featherstone et al., 2016). According to their findings adoption social workers continued to face challenges in terms of limited capacity, cuts to services and ever-increasing demands for resources. Respondents felt greater value was placed by managers on paperwork, than spending time with families.

Quinton's comprehensive review (2012) acknowledged that, given the young age of many of the children placed, assessments would need to be speculative and as such may not be completely accurate. In addition, social workers do not always have access to the full details of the child's

early life or the extent of the risk factors including the impact of the trauma or level of abuse (Quinton, 2012; Randal, 2013; Reilly & Platz, 2003; Selwyn et al., 2006). This can be further compounded by the accessibility difficulties around information for older children (Brodzinsky, 2008) and the fact that certain issues only emerge post-placement (Selwyn et al., 2006; Randall, 2013.) Some authors have highlighted the need for greater transparency with parents about the issues surrounding incomplete information. (Lee et al., 2018; Selwyn et al., 2006).

### **Social Workers' Internal Challenges**

In addition to the external challenges social workers face, the literature identified internal pressures which may impact the process. Shoemith (2016), a former director of Children's Services, has discussed the "*state of denial*" (p.49) of knowledge and information that social workers and other professionals take on when working with distressing information about children. She argued this can lead to a lack of knowledge and awareness of adversity/risk/abuse. She suggested that the denial protects everyone from information that is often too disturbing or unbelievable. Bowlby (1988) discussed this idea of unconsciously shutting off from information "what information is to be accepted and what is to be excluded are readily intelligible as reflecting what is at any one time in the persons best interests" (Bowlby, 1988, p.112). This is explored further in more recent psychoanalytic writing. Sprince (2008), described how the reality of the trauma and neglect that some infants and children have experienced can be too difficult for adoptive parents and professionals to bear let alone keep in mind. As Miller (2008) described "*We have no wish to believe it. Our minds shy away from thoughts of a harmless baby's pain.*" (Miller, 2008, p. 60).

Psychoanalytic understanding, in particular the concept of "triple deprivation" (Emmanuel, 2006), can help contextualise how the deprivation and abuse that children have experienced can impact how professionals work with children and families. This concept built upon Henry's (1974) work

on "double deprivation". Henry (1974) described how the defences a child develops in order to manage the primary deprivation they had experienced in their birth family left them unable to take in subsequent good care. This was called secondary deprivation and came from internal sources. (Henry, 1974). Building upon this and Britton's notion of the "*repetitious actions which transfer a pattern of relationships from one situation to another*" (Britton, 1981 p. 48-9), Emanuel (2006) explained how the defences can then be replicated by the professionals in the network or organisational setting and the child's early experiences re-enacted. As Britton suggested "*the cast changes but the plot remains the same*". The child is thus exposed to "triple deprivation". The child's early neglect could be replicated in many ways: through a failure of communication from service to service, the child being forgotten about within the service or where the adults put their needs ahead of those of the child and inadvertently neglect the needs of the child. This could be seen, for instance, when the adoptive parents' desire for a child and the social worker's wish to place the child may be prioritised (Sprince, 2008).

Social workers involved in the matching process have to grapple with a range of issues in order to capture both the positive attributes of the child as well as their challenging behaviours and characteristics. The chances of placement are improved when children are shown in a more positive light and when the risks had been minimised or played down. (Sprince, 2008; Randall, 2013). However, failures to include the risks have led to serious omissions as highlighted in Randall's (2013) study which identified one case where sexual abuse had been excluded. Some studies suggested this is a difficult balance to get right. Cousins (2003) suggested that often the information shared highlighted the child's deficits rather than portraying the whole child. This was also highlighted by Lewis's (2018) findings with some respondents having reported information shared as "unnecessarily negative" (p.42). Similarly, a study by Coram (Mesie, 2016) identified reports which were too problem-orientated. It suggested a need to explore the positive characteristics of the child in order to provide a more balanced and realistic appraisal (Mesie,

2016). Notably, an overly negative appraisal of risks was understood to impact the parents' belief in their capacity to manage (Brodzinsky, 2008).

### **Adopters' Internal and External Challenges**

Within the literature there was little exploration as to what may make it difficult for adopters to take in the information although some explanations were gleaned which could shed some light on the internal and external challenges the adopters may face.

Selwyn et al.'s (2006) study of 130 children found that some adopters acknowledged that they hadn't "heard" the information communicated to them by the social workers during the matching process (Selwyn et al., 2006). This study highlighted that information was shared with adopters at a busy and exciting time when they were in the process of becoming parents. Consequently, they may not have been able or ready to take in the information at this point. Similarly, The Adoption Intervention Study (Kaniuk, Sargent, Steele, Hodges & Henderson, 2005) which used the story stem technique, discovered that some parents found it difficult to "hear" what was being communicated by their children in their stories.

While more evidence is needed, the literature offered possible explanations to understand why adopters may not be able to "hear" this information. The wish and urgency to have a family can supersede the taking in of relevant information (Brodzinsky, 2008; Sprince, 2008). This could lead to a lack of receptivity on the part of some prospective adopters who "downplayed" the risks they had been told (Palacios, 2012; Schmidt et al., 1985). It was also indicated that adopters and professionals can be drawn into "impenetrable optimism" (Sprince, 2008) and the belief that if children are given enough love, the impact of the early adverse experiences are negated (Brodzinsky, 2008; Smith, 2014). Child psychoanalytic psychotherapist Sprince (2008) suggested this desire for a "clean slate" prevents adopters from taking in the potential impact of the trauma.

The belief that you could wipe the slate clean is reminiscent of earlier adoption practices where it was believed that a child just needed a new beginning and would have no memory of the trauma experiences within their birth families (Quinton, 2012; Simmonds, 2020). This reflects a common misperception of infantile amnesia (Freud, 1953) that what cannot be remembered in terms of images is not relevant. Psychoanalytic thinking believes that early experiences and relationships influence future feelings and behaviours. There is now wider evidence of how these preverbal memories are laid down and stored (Schoore, 1994, 2012) and how traumatic memories are carried unconsciously in the body (Van der Kolk, 2015).

An inability to take information in could also be attributed to the long, highly complex and emotionally intense process of adoption. Although Lewis's (2018) small-scale qualitative review of adopters' experience of adoption transition did not examine information sharing, it described the adopters' overall feeling as being overwhelmed and under close scrutiny. This can be further compounded, in many cases, by parents' feeling of emotional vulnerability having managed the stress and losses associated with infertility (Brodzinsky & Huffman, 1988; Groza & Rosenberg, 1998).

Understanding this challenge has led researchers to suggest the need for careful judgement of communication timing by professionals to ensure parents are ready to take it in (Selwyn et al., 2006; Palacios et al., 2019a, Brodzinsky, 2008). In some instances, information was found to feel more relevant to some parents post-adoption, where it aided understanding of behaviours, relationships or other problems arising at that time (Palacios et al., 2019a; Selwyn et al., 2006). It was recognised this communication of the risk factors needs to be addressed with ongoing support (Brodzinsky, 2008; Palacios et al., 2019a; Selwyn et al., 2006).

Finally, tensions between adoptive parents and professionals were understood to have undermined the parents' receptivity to the information and support being offered (Brodzinsky,



2008). Lewis's (2018) study reported adopters' mixed experience of social work support during the transition period with a significant proportion of the respondents describing the relationship in a negative way. Psychoanalytic thinking would propose this to be understood in terms of the impact of the dysfunctional couple within the psyche of the adopted child which can be acted out in the professionals around the child (Solomon, 2020).

## Discussion

This review has drawn on findings from research, clinical and psychoanalytic papers and policy to identify the key risk factors associated with placement instability and disruption in adopted families. It goes on to examine what the current body of research could tell us about the communication of the child's preadoption risk factors to adoptive parents.

Placing current adoption practice within an historical framework highlighted the changes in both the adoption population and practice, providing a context within which information sharing needs to be considered. Societal and policy changes mean that the current adoption population now is largely comprised of children who have experienced early adversity and have been removed from their birth families. (Meakings et al., 2016, Randall, 2013; Selwyn et al., 2014). Findings from research into the impact of early adversity served to highlight the significant challenges that some adoptive families can face given the complex and long term needs of the children they adopt. These included the long-lasting effects of early adversity on brain development and stress response systems (Lupien, King, Meaney & McEwen, 2001; McCrory, De Brito & Viding, 2010; Teicher, Samson, Anderson & Ohashi, 2016) alongside neurocognitive impairments (Kavanaugh, Dupont-Frechette, Jerskey & Holler, 2017), attachment difficulties, and externalising behaviour (Fong, Hawes & Allen, 2019) and, poor mental health and emotional wellbeing (Radford et al., 2011).

Adoption practice has shifted from a predominantly secretive process (Triseliotis et al., 1997) to a more open practice (Quinton, 2012). It has now been recognised that information sharing contributes to families having a more stable and sustainable family life (Brodzinsky, 2008; Selwyn, Sturgess, Quinton & Baxter, 2006; Sinclair, Baker, Lee & Gibbs, 2007). Clear and detailed information enables adopters to: understand whether they can meet the needs of the child (Adoption UK, 2022; Quinton, 2012), to be adequately prepared for the adjustments needed to meet their child's needs (Brodzinsky, 2008) and to have realistic expectations of both themselves as parents and their children (Barth, 2002; Barth & Berry 1988; Quinton, 2012, Randall, 2013). Statutory guidance highlighted that the information about a child should be contained within the CPR and communicated by the social worker to the adoptive parents. (Dance et al., 2010; DFE, 2013). The information should be a thorough assessment of the child including; their history, information about their birth family, relationships, development as well as current presentation and needs (Dance, Ouwejan, Beecham & Farmer, 2010).

A body of research was identified which highlighted a number of key risk factors which effect placement stability. Given the varied methodologies and definitions used in adoption studies (Palacios et al., 2019a; Selwyn et al., 2014) it was not possible to identify exact figures, but the literature suggested that, while a relatively small number of placements disrupt, (Adoption UK 2019, 2020; Selwyn et al, 2014) around a quarter of all placements experience serious challenges (Rushton & Dance 2004; Selwyn et al, 2014; Smith, 2014; Meakings et al., 2016; Adoption UK, 2019). The risks included preadoption maltreatment (Nalavany, Ryan, Howard & Smith, 2008; Howe, 1997; Palacios, 2019a; Selwyn et al., 2014; Smith et al., 2006) placement history (Rolock et al., 2019; Selwyn et al., 2014), emotional and behavioural problems (Barth and Berry, 1988; Evan B Donaldson Institute 2004; Selwyn et al., 2014; Smith and Howard 1991; Rushton and Dance, 2004, 2006), attachment difficulties (Panigua, 2019; Schmidt ,Rosenthal & Bombeck, 1988; Smith & Howard, 1991) and age at placement (Coakley, 2005; Evan B Donaldson Institute,

2004; Panigua et al., 2019; Parker, 1999; Rushton & Dance, 2004, 2006; Selwyn, 2014; Thomas, 2013). The literature highlighted inconsistent findings regarding the impact of siblings being placed together or apart on adoption outcomes. Some suggested little difference in disruption rates (Barth, Berry, Yoshikami, Goodfield & Carson, 1988; Smith & Howard, 1991) whereas other studies found siblings being placed together as having a negative impact on placement stability (Randall, 2013; Selwyn, 2019). This is an area that needs further research.

It was found that the lack of communication of comprehensive information to adopters was a risk in itself in adoption stability and outcomes (Barth & Berry, 1988; Barbosa-Ducharne & Marhino, 2019; Berry et al., 1996; Farmer & Dance, 2016; Randall, 2013; Selwyn et al., 2006, 2014; Tomas 2013). Although, to the best of the author's knowledge, there were no current studies which focused solely on the communication of risk factors to prospective adopters, the limited literature available, suggested that sharing full information with prospective adopters is interrelated to outcomes (Adoption UK, 2021). The research acknowledged the complex interplay between multiple factors and as such they should not be considered in isolation (Barbosa-Ducharne & Marino, 2019; Palacios, 2012, 2019a; Randall 2013). Some of the literature warned against making generalised assumptions about risk factors, highlighting the need to consider a more individualised approach and be sensitive to the experience of each child (Brodzinsky, 2008; Woolgar, 2013)

There was limited data pertaining to how well-informed adoptive families felt regarding the child's risk factors although there were a number of studies which highlighted deficits in information shared (Farmer & Dance, 2016; Reilly & Platz, 2003; Selwyn et al., 2014). The most recent literature indicated that a large proportion of families felt they were well informed. However, a substantial number (approximately a third) questioned the accuracy and adequacy of the information that was shared reporting insufficient, incorrect, or misleading information (Adoption UK, 2017, 2019, 2020, 2021, 2022; Selwyn et al., 2014). Notably, these figures were

based largely on one source and further work is needed to gain a fuller understanding of the adopters' experience of information sharing.

The review revealed a disparity between the social workers' practice of sharing full information and the parents' reported experience (Palacios et al., 2019a). While more evidence is needed, the literature offered possible explanations. There was some evidence that social workers can experience a number of practical and systemic challenges such as workload and budgetary constraints (Unison, 2014), lack of training (Sagar & Hitchings, 2007) and not having access to all of the information about a child (Quinton, 2012; Randal, 2013; Reilly & Platz, 2003; Selwyn et al., 2006). Some authors highlighted the need for greater transparency with parents about the issues surrounding incomplete information. (Lee et al., 2018; Selwyn et al., 2006).

Psychoanalytic theory was offered as a way of understanding the tension and the possible defences at play from both the social workers and the adopters' perspective. This included the idea of social workers and parents unconsciously shutting off from painful and distressing information (Bowlby 1988; Shoesmith, 2016). Emmanuel's (2006) concept of triple deprivation whereby the primary deprivation the child experienced is re-enacted by the network (Henry, 1974) was also considered. In addition, the conflictual issues that social workers have to grapple with were highlighted: Sprince (2008) and Randall (2013) suggested that the chances of a placement being made were improved when children were shown in a more positive light and when the risks had been minimised or played down. Palacios (2012) and Schmidt et al. (1985) proposed that some adopters' focus on having a family may lead them to downplay the risks. One study suggested that parents may not be ready to take in or "hear" the information during the adoption process (Selwyn et al., 2006). Other literature suggested that the information may not be deemed as relevant by some adopters holding the notion of a "clean slate" (Sprince, 2008) whereby if children are given enough love, the impact of the early adverse experiences are negated (Brodzinsky, 2008; Smith, 2014).

## Conclusion

In conclusion, despite openness in information sharing having been identified as an important factor in the adoption process, it would seem there is a dearth of literature and empirical evidence in this area. The limited number of studies identified within this review highlights the substantial gap in the knowledge and the need for further research in the field. Overall, existing research does not address the tension between the social workers' practice and the adopters' experience. Of particular note, was the significant lack of qualitative research considering the social workers' perspectives on the information-sharing process. Further research is required to understand the benefits, effectiveness, and difficulties from both the adopters' and the professionals' perspective. It could also be important to further explore why adopters may not be able to "hear" or take in the information. Further clarity of all of the above could influence practice and enable practitioners to contribute further to greater stability within adoptive families.

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Part Two: Research project

**“Reading Between the Lines”:**

**Navigating the Information-sharing Process with Prospective Adopters. A Qualitative  
Exploration of Social Workers' Perspectives**

Empirical Study

Word count 8007

*We want it to work for the child, we want it to work for the adopters [...]when I walk away I want to know that I've made a family, a family that can cope and can manage. And that we've armed them with enough information that they can take away with them to manage and you know, have a happy life with the child. (Sam)*

## **Abstract**

### **Context:**

The importance of social workers (SW) sharing information with prospective adopters is now widely recognised. Little research or attention has been given to the information-sharing process, in particular the social workers' perspective.

### **Method**

This small-scale qualitative research project explored and analysed data collected from five in-depth semi-structured interviews with adoption SWs. It focused on their experience of the information-sharing process. The interviews were audio recorded, transcribed verbatim and analysed using reflexive thematic analysis.

### **Findings and conclusion**

Three main themes were reported: 'Holding adopters', 'Beyond the written facts' and 'What gets in the way'. The analysis highlighted that information-sharing is a multifaceted and ongoing process. It identified the importance of the relational aspect of the social workers' role, the need to help adopters interpret and understand the information, as well as identifying some barriers that can get in the way. Implications for practice are considered.

### **Keywords**

Adoption, information-sharing, social worker, prospective adopter, matching process.

## Introduction

### Context

The majority of children who are placed for adoption in the UK have been removed from their birth family due to a significant risk of harm or an early experience characterised by abuse and/or neglect (Department for Education (DFE), 2018, Randall, 2013; Selwyn, Meakings & Wijedasa, 2014; Simmonds, 2020). Around 80% of children placed for adoption have spent between one and two years with foster carers often from birth (Neil, Beek & Schofield, 2020), in addition many of these children have experienced multiple disruptions (Hindle & Shulman, 2008) with repeated separations. This has the potential to result in cumulative trauma (Kenrick, 2000). The primary aim of adoption is now on the provision of a 'secure environment' to meet the welfare needs of this population in order to overcome the effects of early adversity (Quinton 2012). The majority (85%) of adoptions in the UK are 'stranger adoptions' whereby there is no biological relationship between the child and adoptive parents (Ivaldi, 2000; Selwyn et al., 2014).

There is a consensus around the importance of sharing full information about children and their early histories with prospective adopters<sup>1</sup>. (Adoption UK, 2021; Brodzinsky, 2008; Paine et al., 2021; Quinton, 2012; Tomas, 2013). This increased culture of openness replaces the previous practice whereby adoption was shrouded in secrecy and little information was shared with adopters or the children (Triseliotis, Shireman & Hundleby, 1997). Statutory guidance in the UK states 'It is essential that agencies make available to the prospective adopter all material facts about the children that may be placed in their care' (DFE, 2013, p.88).

Research has confirmed the impact of adverse early experiences on children's emotional, behavioural, and cognitive capacities. This includes poor care in utero and after birth, abuse and

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<sup>1</sup> Throughout this study 'adopters' will refer to 'prospective adopters' and may apply to either a single or a two parent adoptive home.

neglect. (Kavanaugh et al., 2017; Lupien et al., 2001; McCrory et al., 2010; Paine, Fahey, Anthony & Shelton, 2021 ; Teicher, Samson , Anderson & Ohashi, 2016 ; Simmonds, 2020). Consequently, parenting of these children can be an immense task (Shelton, Merchant & Lynch, 2020) with adopters often having to manage a complex level of need including children who may be rejecting, persistently non-compliant, violent and/or aggressive (Rushton & Monck, 2009). Adopters, therefore, need specific parenting skills in order to help children recover from these early experiences (Quinton, 2012).

Accurate and clear information supports the adopters' understanding of behaviours that may emerge and the best ways of managing them. It also allows adopters to develop realistic expectations which consequently has a positive impact on adoption outcomes. (Barth, 2002; Quinton, 2012, Randall, 2013). In addition, adopters have reported how coming to terms with their children's stories had helped them to accept their complex difficulties (Roy, 2020). Conversely, research has indicated that unrealistic expectations are a risk factor for disruption (Coakley & Berrick, 2008; Panigua, et al., 2019; Randall, 2013; Schmidt et al., 1988; Selwyn et al., 2014).

The role of collating and communicating this information forms part of the responsibilities of social workers (SWs) during the adoption process. An extensive document, The Child Permanence Report (CPR), is written and contains a thorough and accurate assessment. The assessment is comprised of the child's history in their birth family and in care, history of any abuse or neglect, physical and emotional development, presentation, relationships, and any other needs (DFE, 2013). When a match is being considered the CPR, along with any further assessments and medical reports, is shared with parents and submitted to the Adoption Panel (DFE, 2013).

However, significant concerns about inadequate information sharing have been raised. (Randall, 2013; Selwyn et al., 2014; Dance & Farmer, 2016). In some instances, children's needs were

played down while in others important details were omitted, sometimes deliberately, sometimes accidentally (Randall, 2013). Selwyn et al.'s (2014) study identified that adopters felt they knew 'surprisingly little' about the child's birth and early history and, in placements that had broken down, 69% of adopters reported full information had not been shared. Farmer's and Dance's (2016) study suggested that a third of adopters reported missing some required information. Furthermore, Adoption UK's surveys in 2019, 2020 and 2021 found that 34%, 27% and 24% of adopters who responded were dissatisfied with the information that had been shared.

Concerns have been raised about the quality of the CPR reports (Randall, 2013; Tomas, 2013; Quinton, 2012). Tomas (2013) highlighted inadequately completed and inaccurate CPRs, reporting that some adopters experienced their children to have more profound emotional and behavioural difficulties than anticipated. Randall (2013) identified 'significant gaps' between the children's files and their CPR. Farmer and Dance's (2016) study found that only two-thirds of the CPRs fully reflected the information held in the child's files. Tomas's (2013) review also identified the challenge for SWs writing these reports, knowing that adopted children and birth parents may have access to potentially distressing information in the future. Tomas (ibid) also identified omissions within the assessments that had been used to inform these reports.

While an increasing number of studies have considered the risk factors that determine the stability of an adoptive placement (Selwyn et al., 2014; Quinton, 2012; Palacios et al., 2019), there remains an absence of research specifically looking at the communication of these risk factors to prospective parents during the adoption process. Findings suggest risk factors fall into three main areas: factors linked to the child, the adoptive parents and those linked to systemic adoption practice (Palacios et al., 2019). While Palacios (ibid) highlights these three main areas are interconnected, for the purposes of this study which considers the communication of risk factors to adopters, the focus will solely be on those associated with the child. These include emotional and behavioural problems (Barth & Berry, 1988; Evan B Donaldson Institute, 2004;

Selwyn et al., 2014; Smith & Howard, 1991; Rushton & Dance, 2004, 2006.), attachment difficulties (Panigua, 2019; Smith & Howard, 1991), age at placement (Coakley, 2005; Panigua et al., 2019; Parker, 1999; Rushton & Dance, 2004, 2006; Selwyn et al., 2014; Thomas, 2013) and placement history (Selwyn et al., 2014, Rolock et al., 2019).

Good quality information not being shared has been identified as a risk factor and linked to poorer adoption outcomes (Barth & Berry, 1988; Barbosa-Ducharme & Marhino, 2019; Berry et al., 1996; Farmer & Dance, 2016; Randall, 2013; Selwyn et al., 2006, 2014; Tomas 2013). Barth & Berry's (1988) qualitative study identified that the risk of disruption more than doubled when information wasn't shared. Importantly, they found the provision of information to ameliorate the risk factors in placements deemed to be higher risk. They suggested that incomplete or inaccurate information led to adopters having unrealistic expectations of the child as well as their own capacity to meet the child's needs. In the other aforementioned studies, conclusions drawn about information sharing formed part of a wider study and was not explored in detail.

### **Rationale for the Study**

Although research has identified that poor and inconsistent information sharing with prospective adopters is a risk factor in terms of outcome, there is currently no research that has examined the experiences and views of SWs in this process. Understanding the SWs perspective could provide increased clarity and transparency in the process and help determine any potential barriers to information-sharing.

### **Aims and Research Question**

This qualitative study aimed to explore how adoption SWs manage the process of communicating information about the child to prospective adopters. It sought to answer the question: what do social workers perceive to be the facilitators and barriers?

## Methodology

### Context

This study was stimulated by an unpublished quantitative audit on adoption matches made between April 2003 and April 2005 (n=116) by a specialist adoption team in a Local Authority (L.A.) outside London which collected longitudinal outcome data in 2011 and 2019. The current study was carried out in parallel with a study considering the SW's perspective on matching<sup>2</sup>.

### Design

The purpose of this qualitative interview-based study was to explore the experiences of SWs in the adoption field within one Local Authority (LA), more specifically their experience and perspective of information sharing with prospective adopters. This exploratory study was guided by an experiential research approach using Reflexive Thematic Analysis (RTA) (Braun & Clarke 2006, 2013, 2019). This approach aims to make sense of the lived experiences whereby the participants' interpretations are 'prioritised, accepted and focused on' (Braun & Clarke, 2013 p.21). The study was designed and implemented by two researchers who worked closely at each stage of the project, working collaboratively to recruit, collect and transcribe data.

### Participants and Recruitment

Sampling was selective and participants were required to be fully qualified SWs, currently working in the adoption field, previously or currently employed in the child adoption and assessing team of the aforementioned LA. Initial contact with previous team members and current team manager(s) (n=16) was made by research collaborator and author of the audit. Interest was followed up by the researchers and further information was provided. Individual interviews (n=5) were arranged at the participants' convenience. Prior to the interview participants

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<sup>2</sup> Author of parallel study will be referred to as co-researcher.

were emailed a clear explanation as to the context and purpose of the research. (Appendix A,B, & C).

The sample of five SWs (four females, one male) comprised of an experienced social worker, two senior SWs, a team lead and a practice manager. Their experience ranged from two to 18 years in the adoption field with an overall average of 12 years social work experience. Two participants had worked in the child adoption team at the time of the audit but one now worked at a local independent adoption agency, the other held a managerial role within LA adoption services. The other three participants were adoption SWs (parent workers): a SW with 15 years' experience, a senior SW and a practice manager. Two of the five participants had post-adoption experience. During the interview participants were asked to draw on previous as well as current experience.

### **Procedure and Data Collection**

The interview schedule was formulated following a literature review and comprised two sections: the first on the matching process and the second on information sharing. Following two pilot interviews with adoption SWs from other trusts the questions were revised, in collaboration with the co-researcher, research supervisor and senior psychotherapist. The final interview schedule consisted of six questions based on the matching process (parallel project) and seven on information sharing (current project) . The participants were invited to reflect on their experience of sharing information with prospective adopters and were encouraged to use case material to illustrate their thinking (Appendix D).

Individual interviews were carried out online using Zoom and lasted between 75 and 120 minutes. Each interview was audio recorded, then transcribed verbatim using Orthographic transcription as described by Braun and Clarke (2013), which transcribes spoken words and sounds. The interviews were delivered jointly with the co-researcher, each researcher led and



transcribed their respective sections. Full transcripts were reviewed by both researchers and data from each full interview was analysed for this study.

### **Data Analysis**

Face-to-face (virtual) in-depth semi-structured interviews were undertaken, as recommended by Braun and Clarke (2013), as a method suited to an experiential approach. This allowed participants to talk about their individual experiences and points of view as well as allowing for identification of commonalities across the data-set. The sample of five permitted an in-depth analysis of the rich data allowing 'the deep understanding permitted by information-rich cases' (Sandelowski, 1994).

The study employed RTA (Braun and Clarke, 2006, 2019) and followed Braun and Clarke's (2020) six phases method. In phase 1, familiarisation with the data was achieved through transcription of the SW's interviews followed by active listening and reading of the full recordings and transcripts. In phase 2, each full interview was systematically coded highlighting and labelling anything relevant to the information-sharing process to generate the initial codes looking for meaningful patterns (Appendix E for annotated transcript). Interviews were analysed in random order to counterbalance any 'order effect' (Braun & Clarke, 2013). In phase 3, the codes were analysed and organised into the main overarching themes and subthemes using a mind map (Appendix F and G). The most prevalent themes seen in most participants interviews were identified and some of the more isolated material was discarded. As example, one participant discussed the impact of online working during Covid-19. While important to consider, there was not enough detail to make a coherent subtheme. These findings were reviewed with the co-researcher and the research supervisor, considering further the audience and the original research question. In the subsequent phases the themes were reviewed, guided by the original research question and audience, in order to address the question of the SW's experience.

Transcriptions were also re-examined to ensure the themes remained grounded in the original data and fully represented the SWs' perspective on information sharing. They were then collated into the overall story and named. Quotes from SWs were collected and cleaned up (Sandelowski, 1994). Finally, analysis continued through the writing of the report.

To help assure trustworthiness and credibility, the analysis was discussed and reviewed at each stage with the co-researcher and senior research supervisor. A reflexive stance was taken which aimed to acknowledge the researchers' own perspective and theoretical stance. To support this, a research journal was kept throughout to reflect on the process and progress at each step.

### **Ethical Considerations**

This study received approval from University College London (UCL) Ethics committee (Ref:0389/049). Written consent to record the interviews was obtained from all participants and their right to withdraw at any time was explained to them. Contact details of the research supervisor were provided should participants want further clarifications or in the event of any distress caused during the interviews. Gender-neutral pseudonyms were used to maintain anonymity and any identifiable details were excluded or disguised from transcripts. All data was stored securely, and recordings were destroyed following transcription.

### **Reflective Statement**

The research was undertaken within a paradigmatic framework of interpretivism and constructivism. A constructivist approach suited this study as it recognises meaning and meaningfulness as the central criteria in the coding process whilst also acknowledging the importance of recurrence in the data. This allowed the richest and most prevalent material to be determined. The research was also guided by an inductive approach focusing primarily on themes being derived from the data rather than being theoretically driven. This enabled extensive, rich data to be condensed into a summary of findings with clear links being established between the original research question and the patterns identified in the raw interview data.

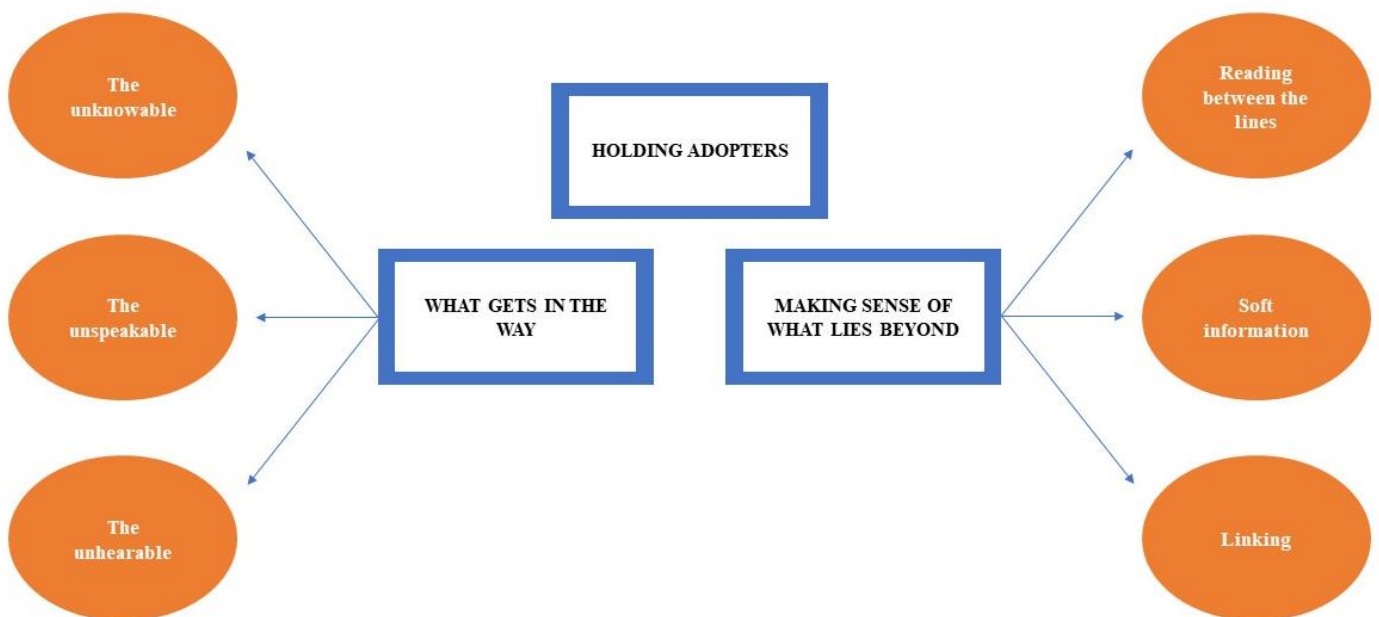
The research was conducted in the context of a clinical doctorate in Child and Adolescent Psychoanalytic Psychotherapy. The data analysis was therefore informed by the researcher's values and assumptions as a clinician in a Child and Adolescent Mental Health Service (CAMHS) with looked-after children. Braun and Clarke (2020) consider the analysis as an active process, acknowledging 'the researcher's subjectivity as an analytic resource' for knowledge production while recognising the importance of 'reflexive engagement with theory data and interpretation' (p.3).

### Analysis and Discussion

Analysis of the data highlighted three distinct but interrelated main themes with six subthemes (Figure1). These themes do not attempt to report everything that was discussed however they represent some salient themes.

**Figure 1**

*Final Thematic Map: Themes and subthemes*



In the analysis that follows each theme is presented and discussed in turn using examples of data to help capture the participants' experiences and views.

### **Theme 1: Holding Adopters**

This first theme, within which there were no identified subthemes, captured the relational aspect of the SWs' role in the information-sharing process. It considered how available and receptive the SWs are to the adopters' needs. It was evidenced within the SWs' descriptions how attuned they were to the needs of their adopters and how this understanding informed their role. Their relational role echoed the focused attention and concern Winnicott described as '*the holding environment*' (1960) provided by the mother for the infant characterised by consistency, reliability, and protection from internal and external impingements.

In the first instance, the participants recognised how hard the complex birth family histories can be for adopters to manage. They described how they made a judgement early in the matching process whether the adopters would manage the content based on their understanding of them. As Charlie explained, '*Part of my relationship with them is to try and understand what they are going to be like when I come to talk about things*'. We heard that if they believed the adopters would not manage the implications of the information they would not proceed with the match.

In addition, the SWs were aware of the complex interplay between the adopters' own histories and vulnerabilities and the information shared about a child. As Pat explained:

*'Can my adopters sit with this story, with this narrative of this child? Is this something that is manageable for this particular person? [...] Could it be triggering to them?'* (Pat)

While it was widely accepted that the adopters' histories would not necessarily prevent a match being made, the SWs remained aware of this information. One such example concerned a

potential match for a child whose family background included domestic abuse with an adoptive mother who had experienced domestic abuse as a child:

*'It's not to say that that would rule anybody in or out [...]. In some ways, she understands better, her level of empathy is really high. But at the same time, it's that acknowledgement that it's not just going to resonate [...], and it's about how you support people with that and it's about making sure that they are prepared for that.'* (Pat)

Whether there were echoes of the adopters' history or not, the SWs were receptive to their needs and appreciated the importance of being alongside them to offer support. Sam explained *'It's really emotionally distressing to hear some of that information. I wanted to make sure I was there to talk it through with them so that they could really understand.'*

This support seemed especially significant in light of research which highlighted how overwhelmed adopters can feel during this initial period of the adoption process (Lewis, 2018). Bion's (1962) formulation on Reverie, the mother's capacity of accepting and digesting the emotional experience of the infant, processing it, and handing it back in manageable amounts in a tolerable form can help us understand the SWs important role of digesting, thinking, and talking together with the adopters offering the information in processed, manageable amounts.

The participants also described their role involving the promotion of further conversations about the information: in terms of exploring how the parents may feel, highlighting any areas of concern and supporting the parents to know the questions to ask other professionals. One participant also described how this process can include the need to challenge parents or say things they may not like to hear. (S)he gave an example:

*'They were desperate to put the order in saying 'it will be fine' and I'm like, 'look, we don't know. I can't let you put the application in until we have more information.' Sometimes*

*we have to hold them back as well as push them forward, we are there to look after them and make sure everything is in place.'* (Sam)

## **Theme 2: Making Sense of What Lies Beyond**

This second theme is comprised of three subthemes and explores how there is far more to information-sharing than simply sharing the written facts in a CPR at one point in time. Data suggested that adopters need support to understand both the explicit and implicit content. It also highlighted the importance of looking beyond what is written down, including hearing from those who have known their child. It also considers how, beyond placement, many parents require further support to revisit the information about the child in order to contextualise behaviours.

### ***'Reading between the lines'***

The data analysed suggested that SWs need to fully engage with the information, taking an active role in interpreting, analysing and discussing it in order for it to be fully shared. One participant suggested unless this is done, the parents may be *'walking into it blindly'* not having had the full picture shared with them. *'If you read between the lines you can kind of get an understanding of what it might have been like for the child and that's the bit you can share with the adopters.'* (Sam)

As well as a reference made to supporting parents' understanding of terms used such as neglect, all participants reflected on the active role they took in helping parents see beyond the explicit content. Words such as *'unpick'*, *'analyse'* *'challenge'* *'interpret'* and *'discuss'* were used. The implication being that without this support and professional insight the adopters may not be aware of, or fully understand, the meaning or significance of the information they are given. Notably, Selwyn (2014) reported this to be an area of practice some parents felt to be lacking and Adoption UK (2021) reported the implication of the information was not always apparent to adopters.

Alex explained how they use this insight and understanding to help parents gain a fuller picture.

*'You're never going to know the full ins and outs of what happened to that child on a daily basis you're only really going to know the big events that lead to professional involvement. But you can pick out themes, and so there might be themes of neglect, you know of missed health appointments, of the child not being taken to school, children being seen looking dirty.'* (Alex)

The excerpt above conveys the uncertainty there can be with the information available. Interviewees reported the need to question and look at the clues in order to help parents gain a fuller picture as the case below demonstrates.

*'We know that birth mother used drugs and alcohol and she didn't work, we know she hung around with people that were known to be risky adults, and we know that there's an occasion where she left one of her children in a pushchair in the park and went off with a male into a house. All the signs point to sex working.' But that's never said, nothing in the paperwork ever said she's a sex worker.'* (Pat)

Here the professional experience and insight was used to analyse what was written, the *'what if's'* as one participant described them, reflecting the speculative element of the assessment and understanding of a child's needs that Quinton (2012) has previously acknowledged. Participants talked about the importance of considering these unknowns, to help prepare adopters for the possible implications of disclosures made further down the line and *'how their behaviours might manifest when they are living with them.'* (Sam)

*'It's promoting that conversation about risk that the child slept on the floor because they wanted to know who was coming into their room [...] so don't be, don't be alarmed if you sneak into their bedroom in the middle of the night to pull the quilt over them that they freak out.'* (Sam)

This understanding as to how the children might respond could support adopters to have realistic expectations which previous research has identified as an important factor for placement stability. (Barth, 2002; Coakley & Berrick, 2008; Quinton, 2012; Randall, 2013).

This approach, however, doesn't come without professional dilemmas. As Pat suggests some may question the validity of this information given the uncertainty.

*'Actually, some people say that's not fair, because you can't give something that you don't know that isn't necessarily true [...] But I think people need to really think things through carefully, really be aware of what that might mean.'* (Pat)

### ***'Soft information'***

The second subtheme considered the importance of *'soft information'* namely, the information that isn't captured in written reports but is gleaned through establishing good communication and relationships with people who have played a significant role in the children's lives. *'A lot of the information that we get about history is soft information that we pick up from conversations with people rather than what is written in the report'* (Sam)

A common idea reflected in the data was that some information about the child and their experience could only be captured by the lived experience of being with that child. One of the children's SWs described building a close relationship with the child through daily visits, play-based activities and joining ordinary everyday events such as having tea with them. (S)he explained *'We knew these children inside out [...] we would give the adopters everything we had.'* (Jessie)

Psychoanalytic theory can help us understand how valuable the experience of *'knowing how it is to be with the child'* can be in terms of understanding the child. Children who have experienced trauma are often not able to put these experiences into words. They could be too unbearable or not held consciously in memory perhaps as they were preverbal experiences (Music, 2016, Van



der Kolk, 2015). By reflecting on how they are left feeling being with the child, the children's SWs could be in touch with an important source of information.

A second source of soft information was obtained first-hand through others who had relationships with the child. From the accounts given by the SWs, this could be facilitated by hearing about the lived experience of foster carers, birth families and meetings with other professionals who had been involved in the child's life. One SW described how they ran 'child appreciation days'. These provided an opportunity for the adopters to meet all of the professionals and a way of '*bringing the information alive*'.

*'The adopters were given information about this child's history that was from the horse's mouth, it was from the SWs that were going out doing visits, the SW that removed the children, the primary school teachers that kept reporting it to professionals, what we called the little gold dust bits of information.'* (Alex)

The participants expressed in particular, the importance of facilitating positive communication and relationships between the adopters and foster carers in order to glean an accurate reflection and truer sense of the child.

*'The idea is to get a link between the foster carer and the adopter straight away [...] it's about communication [...] then we get them to have a dialogue between themselves which doesn't involve us as SWs, I think too many SWs spoils the broth.'* (Charlie)

This '*absolutely key*' role was attributed to the foster carer for two reasons. They could share their lived experience with the child offering their own sense of what's it like being with them. It was also acknowledged that foster carers could be a rich source of information having often had communication with birth parents at contact and network meetings.

This echoes findings from Boswell and Cudmore (2014) and Mesie (2016) who highlighted the crucial role of this relationship. This attitude was widely shared amongst interviewees and for the most part, they reported it worked well. It was acknowledged, however, that the relationship between foster carer and adoptive parents could be problematic at times and therefore needed a proactive approach of the SW to make this work. This reflects previous findings (Boswell & Cudmore, 2017; Browning, 2015; Randall, 2013; Selwyn et al., 2014). Selwyn's study found approximately one-third of adopters experienced foster carers as obstructive with some reportedly not disclosing important information. Psychoanalytic theory on splitting (Klein, 1946) can help make sense of the splits and rivalries that can occur within the professional networks around the child which can lead to miscommunication (Emanuel, 2006; Conway, 2009). One participant suggested that foster carers may hold back information fearing the reality may put off adopters.

Two of the SWs spoke of promoting direct contact with the birth parents as a valuable source of information. This approach was in keeping with the philosophy of 'The Children Act 1989' which advocated a partnership with families.

*'We encourage meeting the birth parents as well and that often is very informative, it gives so much more colour. And it's so helpful for adopters because all the paperwork is quite demonizing and then you meet the real person and it shapes things differently in people's minds.'* (Pat)

The inclusion of the birth parents in this process may help to give a more realistic picture and challenge assumptions that the birth family are morally bad whereas the adoptive family are idealised and viewed as 'the good, stable and loving family' (Warner, 2015, p.111). Hollenstein et al. (2003) found information about birth parents, in particular the birth mother, had a positive influence on the adopters' perceptions of birth parents.

### *Linking*

The third subtheme considered how information sharing is a dynamic process which continues once children have been placed. It explored the need for continuing professional support including SW's revisiting and making use of the information with adopters in order to link current challenges to previous adversity and trauma. The importance of this has previously been recognised in Selwyn et al.'s (2006) study which suggested this needs to be a process that continues throughout a permanent placement and highlighted more recently by Shelton, Merchant & Lynch (2020).

The idea of information sharing as an ongoing dynamic process was shared by all participants. We heard how the SWs felt some adopters didn't appreciate the relevance of the information until they found themselves dealing with the impact of the child's early trauma first-hand.

*'It's not until they actually have a child in place they realise information is important [...] nobody actually knows what that means in terms of how it impacts them until they're living that experience.'* (Pat)

The participants shared a number of case examples where adopters were supported to revisit the information in order to provide a context to current behaviours.

*'They left the children for three days with her mum, while they got things set up [...] but wondered why they got this almighty kick off'. I said 'Let's remember back, mum used to leave them with her mother for four days and go off on the drink and not come back for them'.* (Sam)

Once links were made and understood, parents could be helped to respond more therapeutically. *'It's about helping an adopter to understand, to look at the behaviour, stop and*

*think what might be going on behind it. [...] we need to unpick it and see what might be the reason why.*' (Sam)

These more appropriate therapeutic responses may be particularly significant in light of the suggested reparative effect of sensitive adoptive parenting to counter the impact of early adversity (Scofield & Beek, 2006; Van der Dries et al., 2009). If adopters are not supported to link current behaviours to previous experiences, they could unwittingly be drawn into repeating the child's early abusive or neglectful family dynamics rather than understanding and responding appropriately (Solomon, 2020). These re-enactments are driven by unconscious material from the child's past (Freud, 1914). Not having this opportunity to reflect has been linked to placement difficulties and/or disruption (Selwyn et al., 2014).

### **Theme 3: What Gets in the Way**

This theme comprises three subthemes and aims to capture the factors that could '*get in the way*' of adopters having all the information. These include external factors as well as unconscious defences that both SWs and adopters may experience.

While three participants reported experience with SWs from out of county who had not shared adequate information, one of which was reported as '*wilfully neglectful*', all interviewees reported that within their local team all available information was shared with adopters. This was echoed in Charlie's sentiment '*You share everything. Full stop*'. However, the two SWs with post-adoption experience also described adopters reporting that they had not been given all of the information. This tension reflects findings identified in the literature (Adoption UK, 2019, 2020, 2021, 2022; Selwyn et al., 2014).

### *The unknowable*

This subtheme considers a number of factors that, for some families, can mean it is not possible to know all of the information no matter how determined the SWs were ‘digging’, ‘trawling’, ‘delving’, or ‘doing the spade work’. It was recognised that this differed from case to case with SWs having access to more information for some children than others.

The participants spoke about a number of systemic factors that could contribute to some information being unknown which included: the birth parents not having been known to the LA and/or being reluctant to share information with services (Jessie); the court preventing information from being shared with the adopters due to an ongoing legal case (Charlie); a lack of continuity when SWs have left the role and another takes over the case (Sam) and finally differing quality of the case recording (Alex).

Our interviewees also acknowledged that even with carefully documented histories it is not possible to know every detail. *‘We tell them “We’re not flies on the wall, we don’t know everything that goes on, there’s going to be more, you have to be prepared, that this is just a fraction, this is what we know”.* (Pat). Charlie referred to the need to be honest with adopters and tell them you don’t have all of the information *‘You can only give them what you’ve got and they have to be able to deal with that uncertainty, what might come out in the future or left not knowing’.* (Charlie)

This uncertainty could leave adopters in the difficult position of needing to be prepared to discover the unknown but also being prepared not to know. This gap of the unknown may serve as a painful reminder that they weren’t always a part of their child’s life. The sense of ‘going on being’ (Winnicott, 1956) can only be held from when they became the parent and not from birth. This painful gap could help us to understand why some adopters may feel they didn’t have all of the information.

This appeared to be difficult for some adopters to bear. The participants described being asked specific questions to a level of detail which was not possible to answer. This placed them in the position of not providing all of the information. For example: *‘One adopter asked me “How dirty was the house, how many dirty nappies on the floor?” and I was like well I wasn’t there I can’t give you the specifics’.* (Alex)

Although not discussed in detail, all SWs mentioned how unexpected behaviours and/or disclosures could appear post-placement as the child settles and grows up. Alex described a case where a child exhibited previously unseen violent behaviour despite there being no known violence in the history. Similarly, Charlie shared a case where sexualised behaviour emerged post-adoption, where abuse had been unknown.

Britton's (1981) work on understanding the primitive mechanisms and defences that can be re-enacted by the network, offers a narrative as to why SWs may be experienced by the adopters as providing inadequate information or withholding. In this sense, early deprivation of the child is being mirrored in the network.

### ***The unspeakable***

This subtheme relates to the potential struggle SWs may knowingly and unknowingly face in sharing information.

One participant expressed a concern that some SWs may unintentionally hold back information if they fear it could be the last chance of finding a match for a particular child. Another suggested a SW that (s)he had worked with on a case *‘had shared enough.... but maybe held back bits in the hope that it wouldn’t be needed’.* On the other hand, all participants clearly stated that in spite of the challenging nature of the material they never held anything back. *‘I never downplayed anything, it wasn’t a case of...erm, I really want them, if I just kind of say yeah you know there’s some [whispers] sexual abuse in the background.’* (Pat)

Another idea conveyed was how unspeakable the '*horrific histories*' may be. One SW described there being occasions when the information had been particularly difficult to manage. *'The content of something has been something I've not been able to cope with, it's been too big and too distressing for me[...]you think how could that happen to a child.'* (Pat)

One interviewee explained it was easier to share the more concrete or medical facts such as foetal alcohol syndrome or disability but, harder to share emotive information such as sexual abuse. It was notable that when the SWs recounted cases involving sexual abuse or incest, they struggled to put the narrative together as coherently, speaking in incomplete sentences and with more pauses. This appeared to demonstrate the difficulty of putting some of the children's histories into words.

Menzies-Lyth's (1960) work on organisational defences considered how unconscious defences prevented professionals (nurses) coming into touch with painful and difficult feelings. It suggested that professionals lacked confidence in their own ability to manage the emotional distress. Applying this understanding could go some way to explain why SWs might feel they had shared all of the information while there may be an unconscious attempt to keep these difficult thoughts and ideas at bay.

### ***The unhearable***

This subtheme considers how the adopters' defences may inhibit an awareness of the information. Despite being given the information they may defend against uncomfortable feelings through a resistance to hearing or taking it in. As one SW explained:

*'Adopters just see a child and don't want to acknowledge that anything might not be right[...] I think a lot of the information can get a bit lost or maybe not taken on board.'*

(Alex)

Close examination of the data identified three main reasons why this may be. Firstly, the content of the histories can be hard to listen to and emotionally distressing to connect with. Charlie shared an example where a birth parent was charged with an extremely violent murder. We heard how this crime was unthinkable for the adopters. The story *'was too much for them they couldn't deal with it[...]/ they sanitised it'*, creating an alternative, more digestible narrative.

Lewis (2018) suggested that adopters (consciously) didn't listen. They didn't want to hear the information nor how bad things could be. Freud's (1893) patient Lucy R. described 'I didn't know—or rather I didn't want to know. I wanted to drive it out of my head and not think of it again.' (Freud, 1893, p.117). The primitive defence mechanism of denial, 'the strange state of mind in which one knows and does not know a thing at the same time' (ibid, footnote, p.117), would mean that the reality of what 'they didn't want to know' is rejected and therefore not taken in. This understanding of the distress and trauma being too painful, becoming 'invisible' and going unheard is something that has been recognised in Serious Case Reviews (Laming, 2003). This view is consistent with the ideas proposed by Boswell and Cudmore (2017) who described the 'blind spot' whereby the painful loss that the children can experience when they move is prevented from being acknowledged.

Notably, the data offered no reference to the significant loss adopters may have faced if they have experienced infertility or miscarriage. This is reportedly between half to over three-quarters of adopters (Adoption UK, 2022; Selwyn et al., 2014). These issues are often left unresolved and painful feelings can arise again when adopters are given information about the birth families (Brodzinsky, 1997). Consequently, parents may defend against these uncomfortable feelings through resistance to hearing or taking in the information.

All of the participants reported a tendency for adopters to believe that the care and love they could provide would mitigate the effects of any adverse early experiences. This echoed previous



findings (Brodzinsky, 2008; Quinton, 2012; Simmonds, 2020; Smith, 2014). As a consequence, information could be minimised and/or forgotten by some adopters: *'It will be fine because they'll give this child love, they'll give them stability, it's only because of what they've gone through in the past, but we won't be like that we'll change their world'* (Sam). The data suggested adopters may understand emotional life as being linear, the idea that you can switch off from the past and move on to the next stage. This being the case, the adopters' potential fears of the child being contaminated or irreparably damaged by an early experience are not acknowledged suggesting a sense of 'if you don't know about it, it didn't happen'. Psychoanalyst, Steiner (1985) talked about the 'turning of a blind eye' to defend against unwanted truths. Instead of acknowledging the facts they are 'misrepresented, distorted or covered up' (p.167).

Thirdly, another barrier that was recognised was that adopters were expected to absorb a large quantity of information at a time when they were facing the arduous demands of the '*emotionally charged journey*' (Pat). Participants described the intensity of emotions experienced during the adoption process and also noted it as a process in which adopters were being judged. This reflected Lewis's (2018) findings of adopters feeling 'under scrutiny' and Kirton's (2013) recognition of the adoption process as 'very demanding' and 'intrusive' (2013, p.98).

### **Implications for Practice and Future Research**

The findings from this study shed light on the social workers' perspectives of the information-sharing process which have important implications for practice. They reinforce the understanding that the information-sharing process requires far more than simply 'sharing' a written report. SWs, in their attuned parental role, need to help adopters decode the information, explain the possible implications and the revisit the information post placement. The findings also identified the importance of 'soft information', that which isn't written down but shared by others who know the child in their respective capacities. The findings would suggest

that for adopters to be fully informed adequate resourcing of SWs is vital in allowing for the necessary time and support for this ongoing relational process.

Another key finding was that the histories can be hard to know, hear and to speak about. The SWs' accounts offered insight into the role unconscious defences can play in the process. They identified a number of underlying tensions which can make it hard for some adopters to connect with or hear the information. This information could be fed back to services, social care and CAMHS, with an aim of encouraging network support. This could be addressed by a Child and Adolescent Psychoanalytic Psychotherapist (CAPPT) offering consultation to the network, giving consideration to the defences and thus could lead to the conscious capacity to address the dynamics both at an individual and systemic level. Such an approach could enable the unknowable, unspeakable and unhearable to be considered rather than denied. Psychoanalytic thinking could also help support the network to consider the children's behaviours as a form of communication and use the feelings that are engendered as a way of gaining insight into the children's internal world.

It is hoped that this small-scale study may serve as a starting point for further exploration. Whilst the data served as a rich source of information there are many questions left unanswered and the paucity of current research suggests there are a number of avenues that could be taken. Further consideration could be given to defining what constitutes enough information, opening up a series of questions: can adopters can ever know it all? ; Do adopters feel able to ask open and honest questions about the information during a process in which they are being judged? ; Do adopters find 'soft information' more meaningful or easier to take in? ; The impact of online working for information sharing in the context of Covid-19? Building on this, further studies might also involve a quantitative survey triangulating the responses of SWs and adopters, complemented by a qualitative exploration.

It would be interesting to consider the child 'appreciation' day which suggests an emphasis on the positives. However, further exploration is still required as to whether this makes it more difficult for professionals to talk about difficult or challenging behaviours for potential fear of being negative, being seen as demonising the child and/or adversely affecting the adopters' view of the child.

### **Strengths and Limitations**

The findings should be considered in the context of the strengths and limitations of the study. The small sample size was chosen to allow for an in-depth and thorough analysis of the rich data. It is recognised, however, that given the small sample size and specific context of the team findings may not represent the experience and practice of all SWs as practice varies across the country (Adoption UK, 2020). Further research might consider replicating the study in a different context to compare the findings. Nonetheless, the current study can contribute to the wider understanding and practice of information sharing and the unconscious defences that may get in the way.

This study only includes views and experiences of social workers who came forward and therefore there may have been practice we were not exposed to. Partaking practitioners were all experienced, were more likely to be proactive, reflective, and confident in their own practice.

A strength was the range of experience the participants had in terms of when, how and at what level they worked within the trust. Experience ranged from two participants having worked as child SWs in the LA team at the time of the audit, to three working within the parent SWs team at present. Although we had hoped to include a participant currently working as a child SW none progressed to arranging the interviews. This may be understood in the context of potential systemic pressures within that specific team. While the data from the child SWs perspective was based on previous practice and may be susceptible to memory bias, both practitioners continue

to work in the adoption field and demonstrated a great capacity to reflect on their own practice perhaps helped by the passage of time.

The interviews were conducted online by two child and adolescent psychotherapists in training and this may have had a bearing on the responses given but the extent to which is largely unknown. To attempt to minimise any social desirability, which could impact how transparent the participants could be, all interviewees were made aware that confidentiality and anonymity would be maintained throughout the data analysis and reporting.

Vast amounts of data were collected and the information extracted was deemed pertinent to the focus of the study. The reflexive element remains a strength of the study, but findings should be understood in the context of the author's relationship with the material, values and assumptions as a child psychotherapist, working closely with social workers.

### **Conclusion**

This study aimed to offer insight into the views and experiences of SWs during the information-sharing process. It offered a preliminary understanding of the process, identifying some of the potential challenges that SWs and families face.

While three distinct themes were identified there was clear interplay between them all. Together the three themes, 'Holding adopters', 'Making sense of what lies beyond', and 'What gets in the way' illustrate the complexity of the process and the ongoing multifaceted approach that is required to support adopters to have all the information.

The understanding gained offers a number of important points for those currently working in the adoption field to consider. These may offer potential to improve the process and in turn the outcomes for adopted children and their families.

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## Appendix A

### Information Details

Information provided to potential participants as part of the study recruitment process. Shared with interested participants alongside the participant information sheet (see the page below).

### *Example of Email communication*

“Dear XXX,

I hope our email finds you well during these uncertain times.

We have been given your contact details by Dr XXX who has been collaborating with our research supervisor xxxxxx at the Anna Freud Centre as you expressed an interest in taking part in our doctoral research projects on adoption.

We would like to thank you for this.

As part of this research, we are interested in getting the perspectives of social workers working in the adoption field as we feel this is an area that hasn't been given enough attention in research in the past. We are specifically interested in social workers' experience of the matching process as well as information sharing with prospective adopters. We have attached to this email the information sheet and at the end of this email a summary of the themes we are looking to explore with you in the interview. If we agree to proceed with the interviews, we will also share by email the consent form.

Our plan would be to have an interview on Zoom and with your permission, audio record it. We anticipate this would take approximately an hour.

We are mindful of how busy you must be during this period and wonder when a convenient time might be. We have kept some Tuesday mornings open within the next few weeks as this is a day that we have dedicated time for our research in the training. Alternatively, we would be happy to consider other possible weekdays or arrange this for an evening or a weekend if that would be more convenient for you.

Please do let us know if you have any questions regarding any of the above. We would be happy to talk more before arranging the interview.

We look forward to hearing from you.

Best regards,

XXX and XXX

## Interview Information

In the first part of the interview we are interested in learning more about your views and experiences as a social worker during the matching process of a child to prospective parents in order to understand more about how this might relate/explore potential links with the adoption outcome/success. We would also like to know more about what works well in the process from your point of view but also challenges you face when working in the matching field and how you manage these.

In the second section we are interested in getting an understanding of your experience of information sharing with prospective adopters. For example, the type of information that is shared about the child's history and needs, if there is some information you feel is more important to share and perhaps some you might not share. Any thoughts around what works well in this process and some of the challenges you might face.

Sometimes particular cases might come to mind that might help illustrate your thoughts and we would be really interested in hearing about these. Please be assured that the details will all be anonymised and that you have the right to withdraw from the research at any point or not answer any questions that you don't feel comfortable answering.

## **Appendix B**

### **Participant Information Sheet**

#### ***Challenges and Information Sharing during the Adoption Matching Process: Social Workers' Role and Perspectives***

You are being invited to take part in a research project. Before you decide to take part, it is important for you to understand why the research is being done and what participation will involve. Ask the researcher(s) if there is anything that is not clear or if you would like more information.

#### **What is the purpose of this project?**

The research aims of this study is to explore and understand social workers' perspectives and experiences of the adoption matching process, including challenges of information sharing.

#### **Why have I been chosen?**

An unpublished audit on adoption matches was completed between April 2003 and April 2005 (n=116) in [ Name of LA](Silver, 2007;unpublished). The results of this audit inspired and gave rise to the idea of the current research study.

Hence, you have been approached to take part in this study because you are either working or have worked as a social worker within the service. All social workers who have worked or are currently working in this team were considered as participants. This selection was based on convenience and there were no further excluding criteria.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part in the project. If you do decide to take part, you will be given this information sheet and will be asked to sign a consent form that we will keep as a record. You do not have to answer any questions you do not want to and can withdraw at any time without giving a reason. If you decide to withdraw you will be asked what you wish to happen to the interview you have provided up that point.

#### **What will happen to me if I take part?**

Social workers will be interviewed individually with a semi-structured interview. Due to Covid-19 restrictions this interview will be conducted by video using an online platform and audio-recorded. We would encourage the interviews to take place in a quiet space that can also ensure confidentiality.

Once you have agreed to take part in this study you will be asked to sign a GDPR compliant consent form. You have the right not to answer any questions and to withdraw up to 4 weeks following the interviews. You will have the opportunity to ask any questions by email or phone prior to the interview. This opportunity will also be provided again at the beginning of the interview. The questions will invite you to share your views regarding two main areas. One area is related to information sharing during the adoption process. Specifically, you will be asked about practice and views regarding communicating the child-related risks factors to adoptive parents. The other main area will invite you to reflect on your role related challenges during the adoption matching process.

The recorded interviews will then be transcribed and analysed using a qualitative approach (thematic analysis) to allow for an exploration of your views and experiences related to the researched area.

### **How will data be stored?**

It is important to let you know a few things about how data will be stored. Audio recordings will be securely stored in password secured folders in Anna Freud National Centre for Children and Families (AFNCCF) drives until transcriptions are complete and verified.

Once the interviews have been transcribed, the recordings will be deleted and all information stored will be pseudonymised.

Transcriptions of the interviews will be stored in AFNCCF secured drives in password secured files until the data analysis has been completed and the results written up. Data will be deleted permanently by December 2021.

Encrypted USB will be used if data transfer has to take place.

Consent forms will be kept separate from data in a locked cabinet in the AFNCCF until the end of data analysis. Consent forms will be safely destroyed in an AFNCCF confidential paper shredder.

Only researchers and the researcher supervisor will have access to the data.

Data will be used for the purposes of this specific study and will be deleted at the end of the project (December 2021).

An Ethics Committee has checked the research project

All research projects are looked at by an independent group of people, called a Research Ethics Committee, to protect your rights. This research has been reviewed and agreed by the UCL Research Ethics Committee (Project ID Number: Ethics 0389/049).

What are the possible disadvantages and risks of taking part?

It is not anticipated that participating in this study will cause you any distress. However, we are mindful that this may occur. We have made sure to discuss in detail the design of the interview schedule with the research supervisor to ensure that the questions are sensitively constructed. Also, we would like to remind you that you do not have to answer questions if you do not wish to do so and that you have the right to withdraw your data up to 4 weeks after the interviews. All data will be pseudonymised.

If for any reason you do become upset during the interview we will offer to stop recording, and only re-start the interview if/when you are ready to do so. You will have the opportunity to talk through the interview experience at the end of the session if you like. Should you feel that you need to talk further, you are encouraged to contact the research supervisor (contact details provided at the end of this form). You are also encouraged to bring any professional and personal issues arising from these interviews to your supervision or seek out other appropriate professional support.

What are the possible benefits of taking part?

The study is voluntary and therefore will not be a paid one. We cannot promise that the study will have any direct benefits. However, we believe that you might find having a space to reflect on some issues related to your everyday practice beneficial.

You will also have access to a (pseudonymised) report of the results regarding



yours and your colleagues' views on practice and challenges related to your role as a social worker and views on information sharing. This information will also be made available to them, which they may find beneficial.

What happens if something goes wrong?

If you wish to complain, or have any concerns about any aspect of the way that you have been approached or treated by members of staff, please contact xxxxxx, the Principal Researcher, at xxxxxx. If you then feel that your complaint has not been handled to your satisfaction, you can contact the Chair of the UCL Research Ethics Committee at [ethics@ucl.ac.uk](mailto:ethics@ucl.ac.uk). If you are concerned about how your personal data is being processed, please contact UCL in the first instance at [data-protection@ucl.ac.uk](mailto:data-protection@ucl.ac.uk). If you remain unsatisfied, contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: <https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdp-r/individuals-rights/>.

Will information about me be kept private?

Interviews will take place in an encrypted virtual platform. Participation in the video call will require a unique password. Video recordings will be securely stored in password secured folders in Anna Freud National Centre for children and Families (AFNCCF) drives until transcriptions are complete and verified. The transcription of the interviews will take place in the AFNCCF during which all names and references to places or other people will be pseudonymised. Once the interviews will have been transcribed, the videos will be deleted and all information stored will be pseudonymised.

Transcriptions of the interviews will be stored in AFNCCF secured drives in password secured files until data analysis has been completed and results written up. Data will be deleted permanently by December 2021. Encrypted USB will be used if data transfer has to take place.

Names will have been replaced with pseudonyms and any other identifying information will be changed when transcribing and analysing data. Further pseudonymisation will take place where deemed necessary when writing up the results of this research for thesis or further publication purposes to protect participants' confidentiality.

Data protection

All data will be collected and stored in accordance with the General Data Protection Regulation (GDPR), which takes over from the Data Protection Act in May 2018. Your personal data will be processed for the purposes outlined in this information sheet. The legal basis that will be used to process your personal data will be the provision of your consent on the consent form that will be provided to you. Data will be deleted by August 2023.

What happens next?

Please discuss the information above with others or ask the researchers if you would like more information. You can keep this information sheet to look at whenever you need to. If you decide to take part, you will need to give consent (on a written form) before you do the interview.

## Researchers contact details

xxxxxx (Doctoral Student): [xxxxxx@ucl.ac.uk](mailto:xxxxxx@ucl.ac.uk)  
 xxxxxx (Doctoral Student): [xxxxxx@ucl.ac.uk](mailto:xxxxxx@ucl.ac.uk)  
 xxxxxx (Research Supervisor) :[xxxxx@annafreud.org](mailto:xxxxx@annafreud.org)

Thank you for reading this information sheet and for considering taking part in this research project.  
 Privacy Notice

This note is to outline what we do with the information that you share with us as part of this project and your rights about our use of that information. These rights are as set out in the [General Data Protection Regulation \(GDPR\)](#), which takes over from the Data Protection Act in May 2018

This research project will hold the following data on you:

1. Here you need to outline any data you will hold about that individual (personal data – name, age, address), consent forms, questionnaire data, anything else.

Under the ‘General Data Protection Regulation’ you have rights with regard to your personal data, including:

- The right to know who is using your information.
- The right to understand what information is being collected and how it is being used.
- The right to correct incorrect records
- The right to request that data is removed/deleted
- The right to request that data be held but not used unless necessary
- The right to a copy of your data in a useable format

The Anna Freud National Centre for Children and Families, is collecting and processing the data from this project. We will not be moving any information, outside the EU and will ensure that it remains safe at all times.

We will look after the data for a period of 6 months until they are pseudonymised until the end of the project in August 2023. After this period, data will be securely destroyed. If you have any worries or questions about our research, the data processing, or your involvement in the project please contact:

Clinical Research Tutor & Supervisor:

Xxxxxxxxxxxxxx The Anna Freud National Centre for Children and Families, & School of Life and

Medical Sciences, Faculty of Brain Sciences, Division of Psychology and Language Sciences, UCL

## Appendix C

### Consent Form

**Project title:** Challenges and Information Sharing during the adoption matching process: Social Workers' Role and Perspectives

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

By signing this form, you are agreeing that:

- You are happy to take part in the study
- You understand that we will use your responses to questions to inform doctoral research projects. This will be read by people outside of this research, however, no information will be used to identify you or any family you worked with.

**Please initial each box if you agree with the statement:**

1. I have read the notes written above and the information sheet and understand what this project involves.
2. I understand that participation is voluntary and that I am free to withdraw at any time without giving any reason.
3. I consent to my interview being audio recorded and understand that the recordings will be stored anonymously, using password-protected software and will be used for training, quality control, audit and specific research purposes.
4. To note: If you do not want your participation recorded you can still take part in the study.
5. I consent to the processing/use of my personal information for the purposes of this research project. I understand that such information will be treated as

strictly confidential and handled in accordance with all applicable data protection legislation.

6. I understand that it will not be possible to identify me in any publications. All data gathered in the study will be stored anonymously and securely.

7. I agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this study.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

xxxxx \_\_\_\_\_

Researcher

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

xxxxx SA \_\_\_\_\_

Researcher

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Supervisor: xxxxxxxxxxxx Ethics number: 0389 049

## Appendix D

### Interview schedule

#### Warm up

Explain a little about being interested in hearing their perspectives and experiences from working in the adoption field as it seems that what social workers say/think about their role in the matching process and information sharing are missing from current research.

We have done some initial analyses of data coming from adoption matches made in XXX during the period of April 2003-April 2005; preliminary results showed some interesting aspects of matching and information sharing so we thought it would be interesting to hear your views/thoughts on them.

We are going to start with some generic questions, we will then think more about the matching process and then move on to information sharing. Sometimes particular cases might come to mind that might help illustrate your thoughts and we would be really interested in hearing about these. Please be assured that the details will all be anonymised.

If there are any questions that you don't feel comfortable answering please do just let us know.

1. How long have you been working as a Social Worker in the adoption field? (*probe: when did you qualify, where have you worked? How long in adoption? How long within this particular team?*)
2. Could you tell us a little bit about the set up of the team you are working in now, and your particular role within the team?

#### Part A: Matching

**In the first part of this interview we are interested in getting your views and experiences of your role during the adoption matching process between a child to prospective parents**

1. What do you / adoption SWs have to take into account when considering a parent-child match?
2. How do you understand your role during the matching process? (*prompt: Do you find your role changing in different cases? Has this role changed since you started working in the adoption field?*)
3. *Preliminary findings from the data we mentioned above suggest a positive link between social workers' original confidence in the match with placement stability/success. We would be interested to hear whether this fits with your experience.*
4. Can you think of a particular time when you felt things worked well during a matching process? (*prompt: What do you think helped? Why do you think it worked well?*)  
*PROMPT - I wonder whether there are other things that work well from your point of view in the matching process?*

5. Can you think of a particular time when a matching process was very challenging for you? *(prompt: What happened, how did you manage?)*  
*PROMPT - I wonder whether there are any other major challenges that you have had to manage during a matching process?*

6. Tell me a bit about the emotional challenges of decision making during the matching process considering especially the context of tight timeframes in adoption?

*PROMPT -Are there particular difficulties that come from working with the pressures from the professional network? Use of thinking spaces, like reflective practice?*

### Part B: Information sharing

In the second part of this interview we would like to get an understanding of your experience around sharing information about children and their history with adoptive parents.

**Preliminary findings from the data suggest a link between some of the factors about the child and their background and the placement stability or success of the placement (such as the number of prior placements, if the child has been harmed by parents, behaviour problems). By stability I'm thinking about whether there are serious challenges for families within the adoption placement rather than just placement breakdown.**

1. *From your experience, what do you think are the significant factors that can impact the stability of the placement?*
2. *We are interested to understand whether and how these 'risk factors' are communicated to adoptive parents? (prompt: Are there aspects about the child's history you would always share?, what are these? any you might not share?)*
3. Can you tell us about information sharing with the prospective adopters in your team/ when you were in the team? (prompts *Whose role is it? How do you share this information? Is there a particular time in the adoption process?*)
4. *Are there ever/other things that get in the way of being able to share all of the information? (e.g. challenges as a profession/ in the adoption process/ system that you face?)*
5. *Can you tell us about a time when it has been really challenging/ difficult for you to share this information/ information about a child's history?*
  - a. *(prompt: What do you think made it difficult? What do you think the major challenges are in sharing the information? Why might it be hard to share the right information?)*

6. *A recent survey by adoption uk in 2019 found 27 % of parents felt the information shared was not thorough or factually correct. I wondered if you had any sense of why it might be that adoptive parents feel like that? (prompt: give examples- time, difficult information as professionals to read- carers not understanding the information ?*
  
7. *Can you think of a time when the parents might have felt that they didn't have enough or the right information? and this having had an impact on the placement?*

### Closing

Is there anything else that we've not covered that you feel would be useful to share?

Thank you for taking part!

## Appendix E

### Annotated transcript

SW2: Well, I think it's when they they read the information as well, so the emotion and the photo in the video is what kind of really builds that connection.

SW2: But they also read the child's permanency report, I read it. And they will read it as well, so they're building a picture on the child they're getting information about the parents and even the grandparents and the type of life, parents and the grandparents have had.

SW2: And so, I think all the steps that they go through is building up to them making that decision, and also for myself by reading the information, there are times when I have pulled couples away from a child. Because, although they've felt a connection there, when I read the information and then gone and spoke to the social worker, I've come back and I've said actually i'm not sure you can do this.

SW2: You know, let me talk about of why and and you know I will talk to them about I will be honest so, even if they are building that connection I, you know, part of my role is to highlight areas where I think there might be concern. Umm, we had one little girl who they took on as a relinquished baby and some things came up in the medical and I was very against them, the child had moved in and then things came up and I was very against them, putting in their application to the court until we've got this cleared up.

SW2: And that was quite an emotional journey, because they so desperately wanted to put the order in. It'll be fine, it will be fine and i'm like look, we don't actually know.

SW2: Let's get these genetic tests done, let's get the results of that and then prove me wrong, I hope, I'm wrong. Erm, but I can't let you put that application in until we know what the results are. So, it's not always easy to manage their expectations and their emotional journey, but that is part of that matching, we have to pull them back, sometimes, as well as push them forward. We are there to manage and look after them and make sure everything's in place to confidently know that they can take this child on.

Info can be positive  
Info can make a link/connection

Reading CPR  
sw's active involvement  
adopters given the history,  
info creates a picture

Process- info needed for decision  
making

Sw as parent , revery  
difficult decisions  
honesty  
have in mind adopters  
capacity

honesty  
parents need help to understand  
need to interpret info

Need to have full info  
looking after adopters

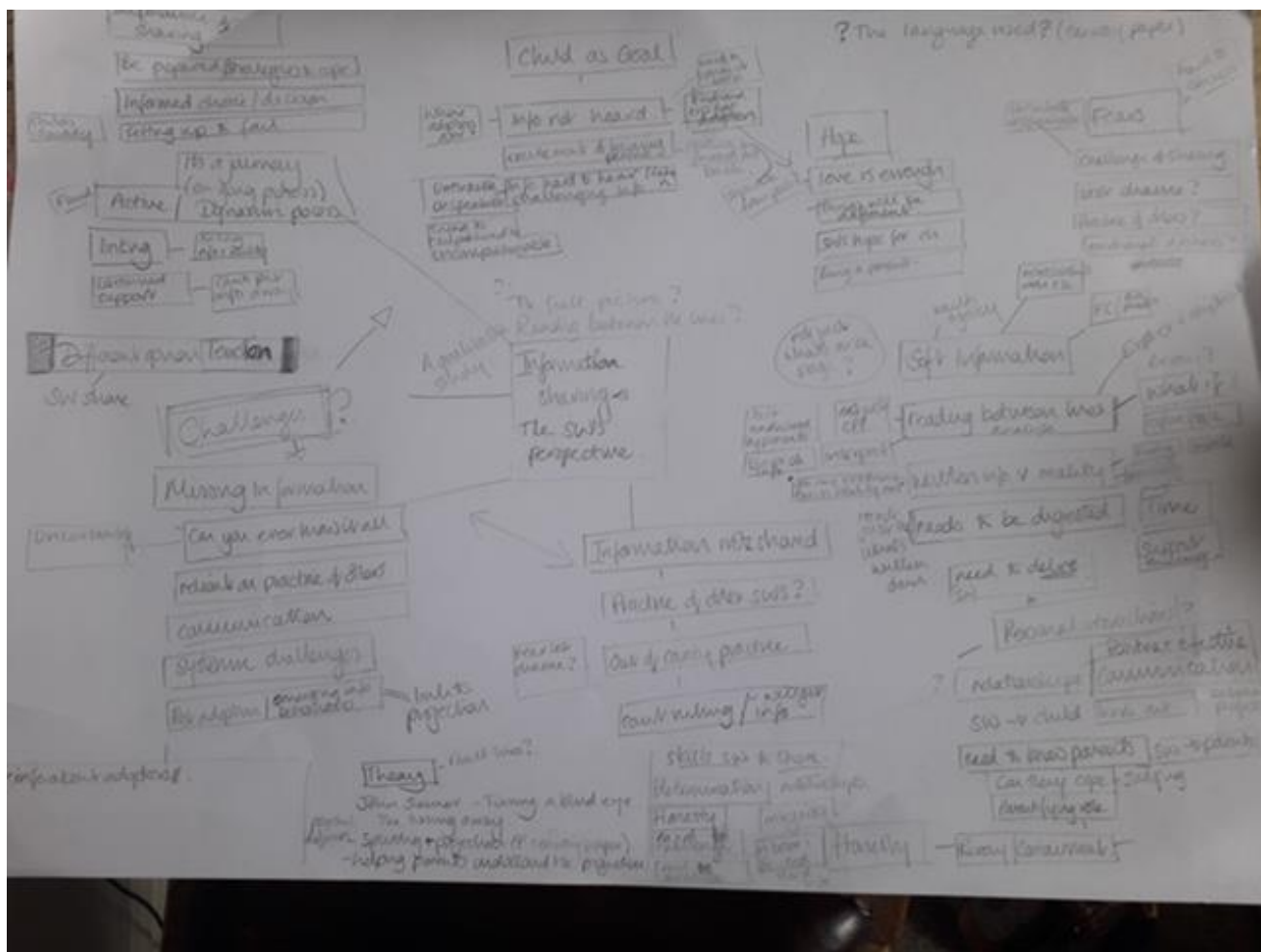
Parents urgency to adopt  
uncertainty  
adopters hope

Need full info

Challenging role of sw  
Emotional journey for parent  
sw as parent  
Informed decision  
childs needs are primary



Appendix F Mind Map



## Appendix G

### Codes sorted into themes

