Mapping ADOPTION Support in Scotland

Part 1: Initial findings from survey analysis

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Initial findings from survey analysis

Introduction

Adoption is a major life event with long-term implications for children and their adoptive and birth families. Adoption support that is effective, timely and accessible can play an important role in helping to mitigate the challenges that may face anyone affected by adoption.

Ten years on from the introduction of legislation designed to improve access to adoption support (Adoption and Children (Scotland) Act 2007), the Mapping Adoption Support project set out to document what adoption support looks like in Scotland now. To date there has been no systematic mapping and analysis of support services currently available for adopted children, adoptive families and birth parents.

As a first step towards addressing this gap, AFA Scotland and Adoption UK Scotland have undertaken a scoping study funded by Scottish Government of a) the adoption support services provided by local authorities and voluntary organisations and b) adoptive parents' experiences of accessing adoption support.

Surveys

Two online surveys, hosted by Survey Monkey were developed for this project. The questions drew on selected previous research and literature on adoption support and input from AFA Scotland and Adoption UK Scotland staff. Feedback on draft versions was sought from a Local Authority head of service, a director of a voluntary adoption agency and two senior academics.

A link to the survey for **adoption support services** was sent to all adoption agencies (local authorities and voluntary organisations) and identified independent organisations throughout Scotland in July 2018 (n = 37 in total). The survey included questions about the nature of adoption support provided, how it was delivered and who could benefit from it. Agencies were asked to identify examples of best practice and what would help to develop adoption support services in their area.

A link to the survey for **adoptive parents** was circulated to Adoption UK Scotland's networks: via social media channels in August and October 2018 and at face-to-face events for families throughout this period. The survey included questions about their adopted child's experiences; how they were faring as a family; the types of support they had accessed, would have liked or anticipated needing in the future; and space to share other aspects of the joys and challenges of adoptive family life.

Survey of agencies

By mid-November 2018, **31** agencies across Scotland had responded, comprised of 27 of the 32 local authorities (an 84% return rate), plus 3 voluntary adoption agencies and 1 independent support organisation.

The agencies reflected the diverse nature of the adoption support provision across Scotland, in size, range of services and location. Services offered by respondents cover a full range of areas including large urban, urban, small towns and rural settings (Scottish Government Urban Rural Classification, 2018).

Agencies were encouraged to share information openly and so we have omitted the names of agencies where they describe particular challenges or services that they felt were lacking.

Who is support provided for?

All agencies, including local authorities and voluntary agencies, reported that they offer support for adoptive parents, adopted children/young people and adopted adults, either directly or via contract with one or more external organisations.

Nearly all local authorities indicated that they also offer some form of support for birth mothers (n=23; 96%) and birth fathers (n=22; 92%). Of the four voluntary/independent organisations, two provide services for birth mothers, birth fathers and birth siblings of adopted children.

Three-quarters of local authorities offer support to siblings by adoption (n=18; 75%) and adoptive family members (n=18; 75%) but slightly fewer to birth siblings of adopted children (n=15; 63%).

Only five local authorities (21%) offer support to any other relative or group affected by adoption. This support is generally provided on an ad hoc basis, *'provided there was something useful we and they felt we could offer'.*

What kind of support is provided?

A breakdown by agency is provided in the separate 'Adoption Support Hub – a guide to support services across Scotland' that accompanies this report. As the guide was developed, additional agencies provided key details and so it includes more local authorities than those who participated in the full surveys reported here.

How is support provided?

The majority of services to adoptive families were provided in-house by local authorities or voluntary adoption agencies. 17 of the 31 local authorities that responded contracted out some services; two of these agencies indicated that they contract out the majority of services.

Of these, Barnardo's Scottish Adoption Support Service was most frequently used (by 12 local authorities who responded) to provide some or all of their adoption support services. Post Adoption Central Support Scotland (PACS) provide services for three agencies (Stirling, Clackmannshire and Falkirk), and Gap Scotland (Group for Adopted People – Central Scotland) was also cited by Stirling and Falkirk. Scottish Borders have contracted out most of their services to Adoption UK Scotland, or commission specific support from other independent organisations such as ADAPT Scotland. At least two local authorities provide their adopters with a year's membership to Adoption UK Scotland or New Family Social (a social network for LGBT foster and adoptive families) and others were considering introducing this.

Themes and examples

An explicit aim of the surveys was to elicit examples of good and promising practice that agencies could identify either in-house or provided by external services. Although many responses were relatively brief, below we have highlighted four main themes from the data provided, with examples of agencies who either reported well-developed approaches or specific issues in providing these services.

Range of services for adoptive families

- The survey highlighted the very wide range of services provided across Scotland, from a dedicated worker who oversees adoption contact in Glasgow, to a group for adoptive dads in Perth & Kinross, specialist groups for different ages of children in Edinburgh, and dedicated adoption support workers in local authorities such as Dundee.
- Only a small number of local authorities mentioned specific links with other teams within the council. In some local authority areas with smaller populations these links were reported to be working well and providing support, for example, therapeutic support or support with education. Few responses mentioned referrals to CAMHS, although this may partly reflect the nature of the questions asked in the survey.
- Peer support was recognised as important, including drop-in groups, family fun days, and opportunities for adopters to meet via training and workshops. This was also echoed in the responses from adoptive parents, reported in the next section. Spending time with other adopters and practitioners was felt to help identify both adoptive families who were dealing with expected levels of challenges in family life, and those who might need greater support or intervention to address specific difficulties.
- Local authorities also indicated the valuable role that smaller organisations can play in providing targeted support. For example, Group for Adopted People (GAP) in Central Scotland is run 'by adopted people, for adopted people' and encourages peer support and learning, while Post Adoption Central Support (PACS) offer individual support and publish booklets on attachment. Other services that were cited include ADAPT Scotland, Includem, Young People in Mind and the Family Change Project in Perth.

Lifelong nature of adoption support

- The most comprehensive support provision for adopted children and their adoptive families was offered by agencies who saw the case for support as automatic. These agencies 'normalise' support from an early stage and engage families on an on-going basis, so that families remain connected to the agency throughout and not only at the point of seeking specific support.
- Several local authorities and voluntary agencies gave examples of keeping in regular contact with families

via newsletters and emails to inform them about services. Each of these forms of contact with adoptive families offered an opportunity to encourage them to keep in contact with the agency and raise any concerns at an early stage.

- A number of agencies, including those highlighted below, particularly emphasised the building of lifelong relationships with adopted children and their families. As one of the voluntary agencies notes below, low staff turnover can contribute to retaining consistency in relationships with families and allowing practitioners to learn from longer-term experiences of those affected by adoption.

St Andrew's Children's Society:

"We make it very clear (and normalise this early on in Preparation and onwards) that we expect to have an ongoing relationship with our families, as the children being placed are already, at best subject to significant changes in their early life, and at worst have suffered significant harm and trauma. Support is provided throughout the settling in period up to the legal adoption. When the legal adoption is achieved we then design a post adoption agreement with the family, advising them of what services are on offer, the invitations and notifications they will receive about training, support etc, and will acknowledge if input is required at that stage too. There are times when families just want to get on with their family life, and may not get back in touch until later on, when they see/ experience something that is concerning them."

East Lothian Council:

"All adopters are offered access to regular emails from the team - detailing events run by the local authority, Adoption UK Scotland, etc. These include family days, workshops, training days/ evenings (Non Violent Resistance, Talking about Adoption, life story work, education issues, etc.). Emails also sent out regularly with links to research, news items, outside services, local information etc. Workshops are a good way of adopters staying in touch and enable them to offer peer to peer support. Access also given to training usually offered to foster carers and practitioners as needed, (such as self regulation training that several adopters have benefitted from). Additional support offered to those in need, including attendance at school meetings, Theraplay-informed support sessions, one to one sessions with parents and /or children/young people, access to consultation/ formulation with 'in house' clinical psychologist. We have a large library of adoption related books which can be accessed by adopters."

Scottish Adoption:

"We promote a culture of maintaining a life-long relationship with adopted children and their families. We maintain the relationships via email communication and invites to social activities such as family fun days, our annual duck race and a range of workshops (WiseUp, Talking About Adoption, social media, music, school transitions etc.) which all our families are invited to. We also run activities specifically for adopted children and young people. Within the context of these relationships, self-referral is the main way that our more significant adoption support services are accessed."

Barnardo's SASS (Scottish Adoption Support Service)

> *"Life-long nature of our intervention. Variety of services provided throughout the life span. Consistent team membership and low staff turnover, which allows for meaningful relationships and sound knowledge base heavily influenced and informed by the work with adult adoptees."*

Support for birth parents

- 24 of the 27 local authorities who responded indicated that some support is provided to birth mothers/fathers/relatives, although levels of support varied widely. Other agencies were planning or had started setting up new services – for example, Angus Council were trying to set up a group for birth parents affected by adoption. A number of respondents reflected that this was an area where they felt provision was notably lacking.
- Some agencies pointed out the potential difficulties in engaging birth parents, when their relationship may have been based on child protection and care proceedings:

> *We try and offer support to birth family members however this is difficult as we are also the team pursuing adoption for their child.*
> ***(Local authority respondent)***
>
> *There needs to be a greater variety of support for birth families, especially those who feel that they cannot come back to the authority who removed their children.*
> ***(Local authority respondent)***

- However, some local authorities highlighted developments in their work in this area. Examples below describe some of the services being offered.

Inverclyde Council:

> *"Birth Ties Support Project - offers support to any birth family member affected by adoption, this includes advice and counselling, practical support and support with life story and contact. Birth parents are automatically referred to Birth Ties Support Project from permanency planning meeting and followed up at 4 distinct points in the process. Evaluation is built into Birth Ties Support Project along with quality of life questionnaires."*

Dumfries and Galloway Council:

> *"We offer a counselling service to birth parents… Letterbox contact goes from strength to strength"*

East Renfrewshire Council:

> *"Provide a letter box exchange to birth families. Provide origins counselling to birth family members… provide on-going support to birth family members, quarterly adoption support group, family work re: origins counselling, direct work with birth parents in permanence cases…*

East Renfrewshire Health and Social Care Partnership is a small local authority and provides a good standard of care to birth family members affected by adoption - this is reflected in our Care Inspectorate reports… We provide valuable/relational-based practice support to birth parents (often completing home visits) for letterbox contact."

Renfrewshire Council:

"This is an area of development in last 2 years. We have now started to allocate adoption staff to birth parents to support them through permanence/court stages and to help with providing letters and information to their children. This is proving very worthwhile to some parents who are engaging with our team."

Provision of services

- The most notable pattern was the variability across the country, with a higher concentration and greater range of services available across the central belt of Scotland, including the east and west coasts. Much of this is likely to reflect the geographic and demographic differences between local authority areas: it is to be expected that adoption support services in or near major cities and those in areas with smaller populations, often spread across large areas, would face different challenges. Nonetheless, differences were also noted between local authorities that would appear, on the surface at least, to be relatively similar. Further research is needed to explore how other important factors such as leadership, practice experience and resource allocation influence the provision of support.
- In carrying out this survey of support services and speaking to agencies who were providing information, we were made aware of how acute the impact can be when key staff change or services are reorganised and how long it can take for services to adapt.
- Respondents emphasised the value of partnership working and the need to support universal services, including schools, to understand the challenges for adopted children.
- We asked agencies about how they sought feedback from service users. Although this was less common than we anticipated, some agencies had carried out surveys and others reported using informal routes to collect information. With a few exceptions, feedback was mostly sought from adoptive parents rather than children and young people or birth parents.

Survey of adoptive parents

By mid-November, **74** adoptive parents had responded to the adopters' survey.

Respondents included adoptive mothers (87%), adoptive fathers (12%) and one adoptive mother and child who completed the survey together. In terms of households at the time of the adoption, 74% (n=54) were in heterosexual relationships, 19% (n=14) were single adopters and 7% (n=5) were in same-sex relationships (7%). Responses came from across Scotland: more than two-thirds of local authority areas were represented. Almost all families were living in the same local authority area as they were when they adopted their child(ren).

These adoptive parents had adopted between one and three children. In total they had 127 children, between one and six children each including birth and foster children in the family (96 children were adopted/placed for adoption, three were fostered and 28 were birth children).

To help focus the analysis, in line with previous research (Neil et al, 2018), we asked survey respondents to answer most questions about the youngest adopted child in each family. These children were aged between two years and 20 years. 53% (n=37) of children were female; 47% (n=33) were male.

Just over half (57%; n=36) were approved as adopters by a local authority and 41% (n=26) were approved by a voluntary adoption agency (the remaining respondents did not answer this question).

Percentages below are based on number of respondents to individual questions; missing data are noted if below n=70 (95%).

Overview

To gain a general overview of the experiences of those adoptive parents who responded, we asked a general question taken from a previous research study (Neil et al, 2018), to gauge how parents considered the placements were going overall.

It's going really well – 29% (n=20)[1]

We are/I am managing – 31% (n=21)

We are/I am struggling to manage – 16% (n=11)

1 **69 of 74 respondents answered this question.**

Only one child had left the family home to live in residential care and his adoptive parent saw him four times a week.

A further 17 respondents (25%) in our survey elected to give a narrative response, which illustrated a very wide range of experiences.

> *"Every waking minute of every day is like walking through an emotional minefield. My wife is physically assaulted by our child every day. Life is not terrific."*
>
> **(Father of daughter, aged 6 years)**

> *"We've recently received good support and are currently coping well. However, changes at school are having a big impact upon her emotions and behaviour, in turn making daily life and relationships very difficult. We anticipate a continuation and escalation of this as the transition towards and at high school occur in 18 months time."*
>
> **(Mother of daughter, aged 10 years)**

As one respondent highlighted, when family life was going well this was not necessarily because it was easy but because adoptive parents had worked hard to re-arrange their own lives and seek appropriate support.

> *"Things are going well because I have given up work to become a full-time carer and we have had support. Things are not going well by accident"*
>
> **(Mother of son, aged 6 years)**

Range of needs

Adoptive parents describe a range of issues that their children are struggling with and which would benefit from support.

In response to the question ***'Has your child received a diagnosis of a mental health, behavioural or emotional issue (including attachment issues)?',*** parents reported that nearly a third of children (32%; n=27) had received a diagnosis of a mental health, behavioural or emotional issue. These included diagnosis for emotional issues (11 children), a diagnosis of behavioural issues (9 children), a mental health condition (4 children), and FASD (4 children) or other diagnosis including ADHD or attachment disorders (5 children). The source of the diagnosis (such as a GP or specialist medical practitioner) was not always specified. A further seven children were currently undergoing assessments, or their parent(s) were trying to get a diagnosis.

In addition, some adoptive parents anticipated possible diagnoses in the future based on similarities to older

siblings' symptoms or behaviour. Three parents reported their child had spoken about suicidal thoughts. For others, although no diagnosis had been given, their children still had significant difficulties in some areas of life, as in the two examples below.

> *"Needs are severe enough that he is in special education, hyperactivity is profound: he cannot sit still. He has sleep issues, tantrums/rages experienced daily, he is clumsy and possibly dyspraxic and has difficulty making friends. He is easily overwhelmed and has difficulty in new situations or when routine changes."*
>
> **(Mother of son, aged 6 years)**
>
> *"We feel he is on the borderline of many things - ASD, ADHD, learning disabilities - but not severe enough for any diagnosis. However taken together his issues cause him serious difficulties with behaviour, learning and social skills"*
>
> **(Mother of son, aged 13 years).**

Provision of information

A majority of adopters who responded did not think they got the full information they needed before their child was placed. In answer to the question ***'Did you feel you received all the relevant information about your child's history and future needs?'***[2], respondents answered:

- Yes 41% (n=27)
- Somewhat 35% (n=23)
- No 24% (n=16)

Parents had received a range of information, with the most common format being written reports[3]:

Written information (Form E, CAPR, or other report(s)	84% (n=56)
Medical reports	52% (n=35)
Other information provided by professionals	48% (n=32)

In addition, 64% (n=43) had met the child's foster carer, 18% (n=12) had met the child's birth parent(s) and 9% (n=6) had previously been the child's foster or kinship carer. One adopter had met their child at an Adoption Activity Day.

2 **n=66 of respondents answered this question**
3 n=67 of respondents answered this question

A number of parents described how the information they received seemed to them now to have been 'sugar coated' or did not explain the implications of information in the Form E. This suggests that with the benefit of hindsight, although information was provided, it was not clear to parents at the time what this would mean for their child.

> *"We had no understanding of how severely our daughter had failed to form an attachment with any caregiver. We didn't understand the likely impact this would have on her behaviour. We didn't read between the lines re: the Form E. … We didn't understand the extent that birth Mum suffered domestic abuse whilst pregnant. We had no information re: birth father. No-one highlighted the impact this was all likely to have on our daughter. We weren't prepared for the child to parent violence, the extreme anger and lack of support."*
>
> **(Mother of daughter, aged 6 years)**
>
> *"With the younger child, he has come to us with way more emotional and behavioural problems than we were led to believe during our pre-placement conversations with his workers. We are managing but there have been times when we have struggled."*
>
> **(Mother of son, aged 6 years)**

This emphasis on the importance of sharing information fully and explaining the potential implications of particular experiences chimes with findings from the ***Permanently Progressing?*** research currently underway and led by the University of Stirling (Whincup *et al.*, forthcoming).

In terms of **life story materials**, 73% of respondents reported their child had arrived with life story materials, and 27% that no such materials had been provided. The range of life story work described varied substantially, from detailed and comprehensive to just a few mementoes from foster carers. A number of respondents comment that the information from birth parents was minimal or that they were presented negatively in the child's life story, which made it difficult to know how to share information with children.

> *"A student social worker was tasked with the job of completing a book with him. The book was incomplete, when my son came to me he told me social work had stolen him from his birth family. The book had no information about his past, just his name and recent photos."*
>
> **(Mother of son, aged 14 years)**
>
> *"Only given a photo album from the Foster carer, mostly photos of our son and not many with significant people from the time in Foster care. I had to constantly ask his social worker to give us more info and photos of birth family and that took a year. She eventually brought a family tree and a later life letter. We have no life story work from his social worker."*
>
> **(Mother of son, aged 5 years)**

Those parents who had more positive experiences highlighted receiving photographs (a mixture of the child, former foster carers and birth parents), later life letters, life story books and other items of sentimental value. Three parents commented that later life letters had included incorrect information. In terms of formatting, one commented that laminating photographs into a book had damaged them.

> *"Photos from foster family and written info of milestones which were great."*
>
> **(Mother of daughter, aged 13 years)**
>
> *"Very detailed well put together but limited input from birth family"*
>
> **(Mother of son, aged 5 years)**

Types of support

Informal support such as talking to family, talking to friends and talking to other adopters [4], were the most common ways to seek support. Meeting other adoptive parents, either through groups or individually, was described as important because ''***they are the ones who truly know what you are going through".***

	Currently use this type of support	Would have found it useful but not available	Expect this will be useful in future	Feels less important/ applicable to me/us
Talking to family	67% (n=34)	16% (n=8)	2% (n=1)	18% (n=9)
Talking to friends	69% (n=36)	12% (n=6)	6% (n=3)	13% (n=7)
Talking to other adoptive parents	69% (n=35)	24% (n=12)	8% (n=4)	2% (n=1)

Among the general on-going support typically offered by agencies without a specific assessment, online forums and support groups were most popular.

4 n=52 respondents answered this question

	Currently use this type of support	Would have found it useful but not available	Expect this will be useful in future	Feels less important/ applicable to me/us
Online forums	46% (n=23)	8% (n=4)	12% (n=6)	34% (n=17)
Support groups for adoptive families	39% (n=20)	25% (n=13)	14% (n=7)	22% (n=11)
Social events for adoptive families	23% (n=12)	23% (n=12)	15% (n=8)	38% (n=20)
Telephone helpline	14% (n=7)	10% (n=5)	27% (n=14)	51% (n=26)

In terms of more targeted and individual support there were mixed responses, with high levels of respondents indicating support would have been helpful but was not available – this reached over 50% for support with behaviour management, support with adoption-related education needs and support to improve family life. Professional support was most valued when it was ***'empathetic',*** '***knowledgeable'*** and ***'practical'.***

	Currently use this type of support	Would have found it useful but not available	Expect this will be useful in future	Feels less important/ applicable to me/us
Support with behaviour management	15% (n=8)	56% (n=29)	17% (n=9)	12% (n=6)
Support with adoption-related education needs	17% (n=9)	52% (n=27)	17% (n=9)	13% (n=7)
Specialist therapeutic support	12% (n=6)	43% (n=27)	14% (n=7)	24% (n=12)
Support to address child-to-parent violence	4% (n=2)	38% (n=20)	10% (n=5)	48% (n=25)
Support to address sexualised behaviour or harmful sexual behaviour	0% (n=0)	10% (n=5)	13% (n=7)	77% (n=40)

	Currently use this type of support	Would have found it useful but not available	Expect this will be useful in future	Feels less important/ applicable to me/us
Better support or treatment for my child's health needs or disability	12% (n=6)	48% (n=15)	4% (n=2)	38% (n=20)
Support for sibling relationships within my/our adoptive family	6% (n=3)	25% (n=13)	23% (n=12)	48% (n=25)
Support in relation to FASD	4% (n=2)	27% (n=14)	6% (n=3)	63% (n=33)
Support to improve family life	15% (n=8)	54% (n=28)	6% (n=3)	27% (n=14)
Support with issues related to my child's cultural needs	0% (n=0)	0% (n=0)	6% (n=3)	94% (n=49)
Support with adoption disruption or break down	0% (n=0)	18% (n=9)	4% (n=2)	78% (n=39)

In terms of support related to birth family and child's life story, nearly a quarter of respondents to these questions indicated that they currently received support. The relatively low levels of direct contact arrangements between adopted children and their birth families may explain the high proportion who described this type of support as less applicable/important at the current time. However, 50% (n=26) expected that support with unplanned family contact or tracing would be useful in the future. These expectations are in line with the experiences of adopters in previous research whose children are older than this cohort, partly in reflection of the increase in potential contact routes via social media.

	Currently use this type of support	Would have found it useful but not available	Expect this will be useful in future	Feels less important/ applicable to me/us
Support with planned/regular birth family contact e.g. writing letterbox letters	22% (n=11)	12% (n=6)	8% (n=4)	61% (n=31)
Support with unplanned birth family contact/ tracing of birth relatives e.g. social media awareness	2% (n=1)	10% (n=5)	50% (n=26)	40% (n=21)
Support to access more information about my child's history and previous experiences	6% (n=3)	29% (n=15)	25% (n=13)	40% (n=21)
Support with life story work	14% (n=7)	41% (n=21)	33% (n=17)	12% (n=6)

Summary and conclusion

The results reported above offer a snapshot of current adoption support provision and the experiences of adoptive parents in Scotland. Alongside this, the data have been used to develop a guide to adoption support services, which will accompany this report and be made available as a PDF via the AFA Scotland and Adoption UK Scotland websites. For each agency who responded to the survey or subsequently, it provides contact details and information about the services they provide or offer via referral to other organisations. This report and the map of services represent the first step in developing further work. This scoping study has helped us to identify priority areas for more detailed exploration through future research.

From the agencies who responded, the majority of services were focused on the needs of adopted children/young people and adoptive parents. With some notable exceptions, far less provision was reported for birth parents, either in-house or via referral to external agencies. As some respondents pointed out, it can be difficult for birth parents to be expected to seek support from the same agency that is involved in placing their child away from home. However, those agencies who have developed services have experience that could be shared more widely to ensure birth parents' needs are not overlooked.

A central question that remains is how such a diverse set of needs can be met. The sheer range of services that adoption support agencies provide, or would want to provide if resources were available, underlines this. Adopters also reported that they had sought, or would welcome, additional support across a range of areas, from behaviour management to life story work and specialist therapeutic services.

Our surveys focused primarily on provision within local authority and voluntary adoption agencies but the responses from both agencies and adoptive parents highlighted other potential sources of support, with varying reports about how experienced they were in the specific experiences of adoption. Very few agencies mentioned additional sources of financial support. For example, there was only one example of Self-Directed Support being used to support adoptive families, although SDS is a national policy and an approach that could be used more widely to provide personalised support. In the short term, the survey highlighted some areas where further signposting to information might be useful. Adoptive parents mentioned the difficulty in finding clear information about wider supports, for example not knowing when they became eligible for Child Benefit.

The findings from both agencies and adopters indicated that life story work varied considerably. Helping children to understand their personal histories, which are often complex and involve dealing with distressing information or traumatic experiences, is an on-going task for adoptive families and those who support them. Research with adopted adults has highlighted that important questions about identity and belonging continue long beyond childhood, and may need to be revisited in light of other transitions (Triseliotis, Feast and Kyle, 2005).

A number of agencies reported that they were actively reviewing their service arrangements, while others were monitoring the introduction of new arrangements. This suggests that efforts to promote more sharing of examples of good practice would be well-timed to make an impact. Several agencies highlighted areas where they would like to provide more support than they are currently able to offer, and that a shared strategic approach or more training would be helpful. The national sharing of good practice examples would help agencies to pool their expertise. As part of building on the results of these surveys, the Adoption Task Force, which has provided a forum for discussion of this work as it developed, is exploring the possibility of a Practice Exchange Workshop later in 2019.

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References

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Use of support services by adopters: summary of responses

	Currently use this type of support		Would have found it useful but this has not been available		Expect that this will be useful in the future		Feels less important/ applicable to me/ us		Total
Talking to family	66.67%	34	15.69%	8	1.96%	1	17.65%	9	51
Talking to friends	69.23%	36	11.54%	6	5.77%	3	13.46%	7	52
Talking to other adoptive parents	68.63%	35	23.53%	12	7.84%	4	1.96%	1	51
Social events for adoptive families	23.08%	12	23.08%	12	15.38%	8	38.46%	20	52
Support groups for adoptive families	39.22%	20	25.49%	13	13.73%	7	21.57%	11	51
Online forums	46.00%	23	8.00%	4	12.00%	6	34.00%	17	50
Telephone helpline	13.73%	7	9.80%	5	27.45%	14	50.98%	26	51
Support with behaviour management	15.38%	8	55.77%	29	17.31%	9	11.54%	6	52
Support with lifestory work	13.73%	7	41.18%	21	33.33%	17	11.76%	6	51
Training for adopters	33.33%	16	29.17%	14	14.58%	7	22.92%	11	48
Support with education needs related to my child's adoption	17.31%	9	51.92%	27	17.31%	9	13.46%	7	52
Specialist therapeutic support	11.76%	6	52.94%	27	13.73%	7	23.53%	12	51
Support to address child-to-parent violence	3.85%	2	38.46%	20	9.62%	5	48.08%	25	52
Support to address sexualised behaviour or harmful sexual behaviour	0.00%	0	9.62%	5	13.46%	7	76.92%	40	52
Support with planned/ regular birth family contact, e.g. writing letterbox letters	21.57%	11	11.76%	6	7.84%	4	60.78%	31	51
Support with unplanned birth family contact/ tracing of birth relatives, e.g. social media awareness	1.92%	1	9.62%	5	50.00%	26	40.38%	21	52
Support for sibling relationships within my/ our adoptive family	5.77%	3	25.00%	13	23.08%	12	48.08%	25	52
Support with issues relating to my child's cultural needs	0.00%	0	0.00%	0	5.77%	3	94.23%	49	52
Support to access more information about my child's history and previous experiences	5.77%	3	28.85%	15	25.00%	13	40.38%	21	52
Better support or treatment for my child's health needs or disability	11.54%	6	48.08%	25	3.85%	2	38.46%	20	52
Support in relation to Foetal Alcohol Spectrum Disorder	3.85%	2	26.92%	14	5.77%	3	63.46%	33	52
Support to improve family life	15.38%	8	53.85%	28	5.77%	3	26.92%	14	52
Support with adoption disruption or break down	0.00%	0	18.00%	9	4.00%	2	78.00%	39	50
Other forms of support (please give further details)									14
								Answered	52
								Skipped	29

Mapping Adoption Support in Scotland

Part 1: Initial findings from survey analysis

Part 2: A guide to support services across Scotland

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