

ADOPTING LARGE SIBLING GROUPS

Experiences of Agencies and Adopters in Placing Sibling Groups for
Adoption from Care



August 2010

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A PROJECT FUNDED BY THE SIR HALLEY STEWART TRUST

AND THE HADLEY TRUST

EXECUTIVE SUMMARY

This study aimed to understand more about: a) the experience of adopting a large sibling group from the perspective of the adoptive parents and b) the experience of social workers in recruiting, preparing and supporting such adopters. Specifically the study explored the motivation of sibling group adopters, variations in the practice of adoption agencies, the experiences of the adopters and the rewards and challenges of adopting a large sibling group. In this study a sibling group is defined as three or more siblings.

SAMPLE AND METHOD

Fourteen adoption agencies - five local authority adoption teams (LAs) and nine voluntary adoption agencies (VAAs) - were recruited, and all had had three or more siblings placed with their adopters in recent years. Sibling group placements comprised 2% - 10% of all adoptive placements in these agencies. To recruit adoptive parents, the 14 agencies sent out letters to adopters who had taken a large sibling group, inviting them to take part in the study. Publicity through Adoption UK also elicited responses from other sibling group adopters. The final sample of 37 sibling group adopters came from England, Wales and the Isle of Man; 20 had been approved by a VAA and 17 by a LA. These families had a total of 119 children and young people placed with them: 30 groups of three siblings, six groups of four and one group of five. One family had eight children, having adopted a second group of four siblings.

Face-to-face semi-structured interviews were conducted with adoption managers and social workers in the LAs and VAAs and with the sibling group adopters. The interviews looked at the whole adoption process and explored agency practices and the experiences of the adopters, including what they found helpful and unhelpful. All the adopters completed the General Health Questionnaire (GHQ28) and also a Strengths and Difficulties Questionnaire (SDQ) on each of their children. Quantitative data were analysed in SPSS and qualitative data in NVivo.

The sibling group adopters (n=37)

Nearly all the sibling group adopters were childless couples under the age of 50, and all of them were white. The most striking feature of these adopters was their determination and commitment to doing whatever was best for their children. Most of these parents were not afraid to challenge professionals to ensure their children got the necessary support.

The adopted children (n=119)

There were 70 girls and 49 boys, including four sets of twins. Most of the children were under age ten, and in four sibling groups all the children were under age five. Most siblings were narrowly spaced in age, having been born within 10 – 12 months of each other.

All the children had been placed with two parents, including one female same-sex couple. Almost half of the siblings had been living in separate foster homes before being re-united in adoption. Two of the sibling group placements had partially disrupted in recent months, and as a result three children were now living in foster care.

The children were placed with their adoptive families on average a year later than most adopted children in England. Those placed with a VAA adopter were significantly older than those placed with an LA adopter.

ADOPTERS' MOTIVATIONS

Most of the parents (86%) in the study chose to adopt due to infertility, four said that adoption was their first choice as a means of having a family, and one couple adopted because they wanted to do something worthwhile. The majority (89%) wanted to adopt siblings right from the start. Usually they were thinking of two siblings initially, but nearly a third said they had always wanted a large family.

Adopters' reasons for wanting to adopt a sibling group included: their belief that a family should consist of more than one child (59% had grown up in a sibling group); not wanting to repeat the adoption process; thinking that this would give them a better chance of adopting younger children or obtaining children more quickly; believing passionately that it was 'wrong' to separate siblings; relishing the challenge of adopting a sibling group, and thinking it would be easier than adopting a single child. Most were confident in their ability to parent a sibling group and attributed this to having a strong marital/partner relationship and good support networks.

DECIDING WHETHER TO KEEP SIBLINGS TOGETHER

LAs make the decision to keep siblings together or to separate them. Although the benefits of keeping sibling groups together were understood, LA managers said that various factors often made this difficult. Barriers to sibling group placements included: a shortage of adopters willing to take three or more siblings; limited financial resources to pay the inter-agency fee required for a placement with another agency; relatives wanting to separate

siblings; concerns that adopters would be overwhelmed by the children's needs, and delays in court proceedings. Sometimes local courts and guardians also opposed adoption plans.

Decisions to keep siblings together or to separate them were generally made during a permanency planning meeting. LA managers said that children's social workers were not always experienced in assessing sibling relationships and attachments and sometimes specialist assessments were commissioned. Social workers usually searched for three to six months for sibling group adopters before they considered other options. When siblings had to be separated, social workers sometimes delayed telling children that they were to be placed separately because of the intense emotion this provoked.

RECRUITING SIBLING GROUP ADOPTERS

Although adoption agency staff mentioned the need to keep siblings together in their recruitment materials, this was often stated briefly. Most adoption agencies did not make extensive use of advertising because of the costs involved, but some were very enterprising in seeking media coverage. Word of mouth was described as the best recruitment tool. It is worth noting that 22% of our adopters chose sibling groups, because they had heard about the distress suffered by children who were not placed with their siblings and believed it was 'wrong' to separate siblings. Adoption agencies could perhaps persuade more potential adopters to do the same by including anonymous case studies and personal statements by sibling group adopters or children in their publicity materials, media interviews and presentations.

Some agency staff stressed the importance of having a rolling programme of recruitment and not recruiting exclusively for particular categories of children. It was important not to discourage potential adopters who might be able to offer more, as some adopters chose sibling groups when they had initially wanted only one or two children.

The Adoption Register was much appreciated by all agencies, because it enabled LA staff to locate approved adopters quickly for specific children. However, the reluctance of some LAs to pay the inter-agency fee for a VAA placement limited their use of the Adoption Register and may have contributed to the failure of an initiative by four VAAs to find adopters for children who had been waiting longest for adoption in one region.

When asked what 'makes a difference' when recruiting adopters for a specific sibling group, agency staff emphasized the importance of providing very good information, having a social worker who really knows the children, and offering adoption allowances and a support package so that sibling group adopters feel reassured that they will be able to manage. The initial response to prospective adopters was also very important.

All the VAA adopters said that they had chosen their adoption agency because they liked their attitude or approach, but only 47% of LA adopters said this. Two-thirds of all the adopters had approached a LA first, but some decided to go to a VAA instead. Five of the adopters were rejected by the LA which they initially approached but were subsequently accepted by another adoption agency. They stated that the reasons given for their rejection were that the LA did not need any more adopters; had no children who could be placed with them; or did not want to place children with a same sex couple, a member of the armed forces or those wanting to adopt rather than having birth children.

ASSESSMENT AND PREPARATION

Generally staff in adoption agencies were experienced and the workforce was stable. The confidence of staff in assessing prospective sibling group adopters was attributed to practical experience. Specialist training on dealing with sibling issues in adoption did not appear to be widely available.

Adoption staff were looking for couples, who could respond to the needs of each child as well as coping with the sibling group. Other key factors were the desire and motivation to do this; experience of working with or caring for children, and a parent who was able to stay at home with the children. Most agencies expected the adopters to have a strong relationship and support network, to have large enough accommodation and be financially secure. They also spoke about sibling group adopters needing to be realistic, practical, resourceful and resilient. Some also emphasized flexibility, intuition and self-awareness and the physical and emotional capacity to respond to a challenge. Most were not prepared to place sibling groups in households with other children, but some said that *adult* birth children could be very helpful in supporting sibling group adopters.

Four days training was usually provided for prospective sibling group adopters and only two agencies (both VAAs) indicated that additional training was readily available. Agency practice differed in whether they shared profiles of waiting children with prospective adopters, arranged for them to meet adopters who already had a sibling group, or involved their extended family in preparation.

Most of the VAAs and one LA said that they often encouraged prospective adopters to consider taking more children, if they assessed them as having the ability to do this. This could be empowering for adopters, but there was a fine line between encouragement and pressure. Five adopters said that they had been pressured or persuaded to take a sibling group, and two of these placements had partially disrupted.

Most adopters could not identify how sibling issues had been addressed during their assessment and said their training had not prepared them for taking a sibling group. They wanted preparation to be more focused on sibling issues and on managing the children's behaviour. Some complained that always presenting 'the worst case scenario' could deter potential adopters. However, they appreciated being put in touch with other sibling group adopters. Those who subsequently received preparation for coping with the *specific* children whom they were going to adopt, found this very helpful.

Children also need to be well prepared, but LA managers said that children's social workers were not always experienced in preparing children for adoption. Two adopters in our sample stated that their children did not know why they were being adopted, and one child thought it was because her foster carer had died. One manager pointed out that children need to know about their *specific* adopters, so they are not expecting a 'mummy' and a 'daddy' when they are being adopted by a same sex couple.

LINKING AND MATCHING ADOPTERS AND CHILDREN

Adoption agencies differed in their willingness to share information. For example, some did not include babies in photographs of sibling groups, because they wanted to be sure that the adopters wanted all the children, not just the baby. VAA staff said that some LAs were reluctant to let them read the children's case files, and that this limited their ability to prepare the adopters.

More than a third of the adopters (37%) said they knew immediately that these were the right children for them, when they saw the children's profile. Usually this was a direct response to seeing a photograph of the children. They were delighted if one or all of the children resembled them physically. However, written descriptions of the children in profiles and child permanency reports were also crucial in enabling adopters to feel some connection or empathy with them. Usually it was information about what the children liked and the activities they enjoyed that stimulated this reaction. For adopters who were not irresistibly drawn to one sibling group, the deciding factors were often the age, sex and health of the children.

Adopters said that the most helpful sources of information were foster carers, social workers, and the child permanence and medical reports. All of the 14 adopters (38%) who attended child appreciation days, found this helpful. However, only 11 adopters (29%) were satisfied that they had received all the necessary information, and many complained that information was missing or was provided late in the adoption process. In some cases health professionals or social workers were said to be very pessimistic about the children's potential, and this left the prospective adopters feeling unsupported and unsure.

INTRODUCTIONS, TRANSITION AND PLACEMENT

Adoption staff reported a common introductions procedure, in which the adopters were introduced to the children in their foster home over an average 10 – 14 day period and gradually spent more time with the children, taking responsibility for their personal care. When siblings were living in separate foster homes, they were nearly always brought together for the first meeting, but times were also specified for the adopters to get to know each child individually. Introductions sometimes took longer for older sibling groups. In two cases where the time allowed for introductions was only a week or a few days, the adopters said this was too short and overwhelming.

Factors taken into account by adoption agencies when planning the start of a sibling group placement included: the need for children to settle in with their new parents before starting school, ideally at the beginning of term; the need for both parents to be at home for the first two weeks; and the need to avoid Christmas, any anniversaries that the children might find difficult and also Fridays, because support services would be difficult to access at the weekend. Factors that might lead to consecutive placements were: being re-united after living in separate foster homes; a disparity in ages, especially if one sibling was a baby; one child having very difficult behaviour, or practicalities such as travel arrangements. Agencies generally preferred to move all the children into their new adoptive home simultaneously. In this study all, except three, of the 37 sibling groups were placed simultaneously.

Adopters often had to travel long distances for introductions, especially VAA approved adopters who were more likely to live in another region. It was very helpful when the children's authority booked conveniently located self-catering accommodation for the adopters, as this meant that they had somewhere to relax and get to know the children.

The adopters appreciated foster carers, who welcomed them into their home; who were enthusiastic about the adoption and had prepared the children well; who stepped back so that they could have time alone with the children; who made it clear to the children that the adopters were mum and dad but also quietly offered support, and who concealed their emotions at the final handover. Although 86% of the adopters described the foster carers as helpful, a third (12) had experienced problems with foster carers, who could not bear to part with the children.

MEASURING THE WELL-BEING OF CHILDREN AND ADOPTERS

All of the sibling group adopters completed two standardised measures, which are used to identify mental health issues in children and in adults. The majority of the children (54%) scored within the normal range of the Strengths and Difficulties Questionnaire (SDQ) (i.e.

falling within the responses that would be expected from a group of peers); 10% were borderline, and over a third (36%) were in the abnormal range. The proportion in the abnormal range was higher than would be expected in a general population sample but lower than that found in other samples of looked after children. Although the majority of children were within the normal range, 81% of families had at least one child with an abnormal score. Those who had scored 20 or more on the SDQ total difficulties score (general population mean is 8) were reported as not doing very well.

Adopted children differed from the general population on all the subscales, and problems in peer relationships were the main area of difficulty for all age groups. The total difficulties score increased with age but was *not* associated with age at placement but with the child's current age. The older the child the more likely the score was to be higher. While many children had difficulties, adopters were also able to identify many prosocial behaviours, such as sharing readily and being kind to younger children.

Fifty-four percent of adopters scored within the normal range of the General Health Questionnaire (GHQ). Thirty-five percent of adopters attributed their poor mental health (anxiety and depression) to being an adopter. The adopters' scores on the GHQ and the children's scores on the SDQ were correlated: the higher the children's score the more likely it was that the adopter's mental health was abnormal. This reflects the demands made by adopted siblings and the stress and anxiety involved in trying to meet all their needs. It is a clear indication that some sibling group adopters will need substantial support to enable them to do this.

At the end of the interview the researcher made a rating of the warmth expressed by the adopters about the children. High warmth ratings were recorded in respect of 79% of children and moderately high for 13%. Unsurprisingly, lower warmth tended to be expressed for older siblings with very challenging behaviour (including the three children who returned to foster care). However, some parents were able to express high warmth and commitment to the children irrespective of their emotional and behavioural difficulties. Warmth ratings were *not* correlated with high SDQ scores.

Nine families were rated by the researcher as having major problems. The *number of siblings with difficulties* (rather than the severity of an individual child's difficulties) was associated with the placement being rated as having major difficulties.

CONTACT WITH SIBLINGS LIVING ELSEWHERE

Just over three-quarters of the children had full or half-siblings who were living elsewhere. Five of the families had been approached to take another sibling, but only one was likely to

take another child. Only about half of the adopters thought that they had received a good explanation of other siblings' circumstances. About two thirds of the sibling group adopters initially received support in dealing with contact (usually letterbox contact), and almost half said they were still receiving help. In particular, this was needed for face-to-face contact involving birth relatives who were caring for other siblings. At the time of the research interview, children in 15 of the adoptive families had face-to-face or letterbox contact with another sibling - over half (54%) of those with siblings elsewhere. Agencies and adopters tended to assume that contact with full siblings was more important than with half-siblings, and some adopters thought that very young children would not understand an explanation about their other siblings.

Adopters thought that contact had less meaning for younger children, who often did not recognise their other siblings, but contact seemed to provoke more mixed responses in older children. While some children were pleased to see their siblings, this was not always the case. Children in the same sibling group often responded differently to contact visits and this made contact difficult for the adopters to manage.

ADOPTION SUPPORT

All the LA staff stated that most sibling group adopters would be given financial support. Usually this included a fixed amount per child as a 'setting up grant' to cover the cost of furniture and essential equipment. However, staff in VAAs were concerned that regular adoption allowances were reducing in frequency, which could deter potential applicants and restrict the adoption of sibling groups to those with significant financial resources. Some of the adopters in our sample had been in conflict with LAs over the provision of allowances, but most (78%) received an adoption allowance when the children were placed and 95% received a setting up grant.

While LA staff recognised that it would benefit children if the allowance was sufficient to enable one parent to stay at home, most said they were unable to provide this for all sibling group adopters. Just under half of the adopters received a high enough allowance to enable one parent to stay at home. LAs were sometimes willing to pay for a house extension or a larger car for sibling group adopters, but often they were expected to have a large enough home and car already. Agencies expected most support to come from family and friends, but it was clear that many adopters felt unable or unwilling to rely on relatives for day-to-day support. All the agencies provided adoption support groups, and the adopters particularly appreciated being put in touch with other sibling group adopters.

LAs were very reluctant to provide home help, although this was really appreciated by adopters who were exhausted by mountains of washing and ironing and needed a break

from domestic chores to spend more time with the children. This service was viewed as essential by many adopters, particularly those who were trying to cope with challenging behaviour or continual bedwetting. LAs were also reluctant to provide respite care, except as a last resort when placements were about to disrupt. VAA staff suggested that respite care did not need to include over-night stays but could be some form of day care.

Most of the support given to adopters came from social workers. Nearly twice as many VAA adopters stated that they received emotional support from their social worker compared to LA adopters, but there were examples of good practice in LAs as well as VAAs. Adopters appreciated social workers who made time to visit; helped them to understand things from the children's perspective; advocated on their behalf with other agencies, and helped to devise strategies to manage difficult behaviour. Some social workers were highly skilled at devising strategies for helping children with attachment difficulties to feel more secure e.g. using visual timetables to reinforce routines. It was also very helpful when children's social workers knew the children well and could provide explanations for their behaviour or fill in details of their history.

Almost half of the sibling group adopters stated that at least one of their children had received therapy. Many adopters thought that therapeutic interventions had 'worked wonders'. However, gaining access was not easy. LA staff reported long waiting lists and problems in financing therapy for children. There was no statistical association between children's high SDQ scores and the provision of therapeutic services, which indicates that services were not always targeted at the children with the more severe problems. There also seemed to be a particular lack of services for children under the age of six with severe mental health problems.

Five adopters, who were all struggling to deal with challenging behaviour and attachment difficulties, said they had refused to apply for an adoption order until the necessary support was provided.

Schools could help by ensuring the provision of learning support to enable children to catch up and by working with children to improve their behavior. However, school staff sometimes had little understanding of adopted children. Difficulties reported included: not recognizing that 'looked after' children should have the highest priority for admission; delays in assessing children for a special educational needs statement (which prevented learning support from being provided), and not allowing children to use their adopted surname before the order was made.

Most of the sibling group adopters who had obtained an adoption order were still receiving an adoption allowance and some other form of support. VAA adopters reported greater satisfaction with the services they had received. From all the adopters' accounts, services were useful and very much appreciated but the demand was higher than the supply.

HOW WAS THE ADOPTION WORKING OUT?

Adoption had transformed the lives of the adopters. Some highlighted the constant tiredness and the stress of trying to meet the children's needs, and a quarter of the adopters said this had put a strain on their marital relationship. Others spoke about the ways in which their lives had been enriched beyond measure and thought that having the children had brought them closer together. They also emphasized the importance of being self-aware, supporting each other and being united in their approach to parenting.

Almost two-thirds of adopters reported that their relatives had responded positively to the children and welcomed them as part of the family. However, in about 30% of adoptive families, tensions were reported with extended family members. Surprisingly, only three adopters mentioned their family and friends, when they were asked what had been most helpful to them.

About half the children quarrelled constantly, usually just low level bickering, but four families were concerned that quarrels often turned into physical fights. However, the children were also very close to each other and most spent a lot of time together. The adopters had most difficulty in managing children's challenging behaviours and attachment difficulties, persuading 'parentified' children to relinquish the care of their siblings, and meeting the needs of individual children within the sibling group. Five adopters had faced the additional stress of parenting for long periods on their own; two had separated from their husbands and the others had a partner in the armed forces.

The most helpful source of support for most adopters had been their own social worker, and some felt supported by the whole adoption agency. Adopters described examples of good practice from workers in LAs and VAAs, but twice as many VAA adopters rated the service they had received as excellent or good in comparison with LA adopters. The service provided by children's social workers was rated the lowest. The quality of the adoption social worker's relationship with the adopters often appeared to be the defining factor, which made them feel positive or negative about their adoption experiences.

The adopters said that most of their adopted children were making good progress. Many children were described as "blossoming", and some of their more severe behaviours were reducing or had stopped. The majority of adopters strongly believed that the right decision had been made to keep the children together. Almost two-thirds of the adopters stated that they would recommend adopting a sibling group to others.