

# The Research and Evaluation that underpins the Adopting Together Service

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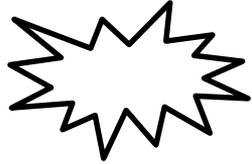
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Llywodraeth Cymru  
Welsh Government

# ADVERSE CHILDHOOD EXPERIENCES

- ▶ Public Health Wales found 14% of a sample of the general population had experienced 4 or more ACEs (Bellis, 2016).
- ▶ Data from the Wales Adoption Cohort Study showed that 44% of children had experienced 4 or more ACEs prior to being placed for adoption.
- ▶ Information is being collected on the number of Adverse Childhood Experiences (ACEs) through Trauma-Nurture Timelines.
- ▶ Of the children placed via Adopting Together, all had experienced on average **7 or more ACEs** and 100% had experienced Neglect and Domestic Abuse prior to being placed for adoption.

# ACES - Experienced by the children placed via Adopting Together



Verbal Abuse  
**54%**



Physical Abuse  
**46%**



Sexual Abuse  
**23%**



Parental Separation  
**85%**



Domestic Violence  
**100%**



Mental Illness  
**92%**



Alcohol Abuse  
**54%**



Drug use  
**77%**



Incarceration  
**46%**



Neglect  
**100%**

# ADOPTIVE PARENT WARMTH AND CHILD HEALTH

- Adoptees' internalizing symptoms and externalizing problems followed expected trajectories, but scores were higher than general population.
- Internalizing problems decelerated for children exposed to low risk (or, children who experienced high risk did not show same deceleration).
- Exceptionally warm adoptive parenting associated with a remarkable reduction in internalizing and externalizing scores.
- Limitations: sample size; experience in utero; reliance on self-report.

# ADOPTIVE PARENT WARMTH AND CHILD HEALTH

Pre-adoptive risk can exert long-term effects on children's psychological health

- Increasing adoptive families' access to support
- Encouraging families to seek support
- Increasing awareness of available support

Anthony, R. E., Paine, A. L. and Shelton, K. H. (2019). Adverse childhood experiences of children adopted from care: The importance of adoptive parental warmth for future child adjustment. *International Journal of Environmental Research and Public Health* 16(12), article number: 2212. ([10.3390/ijerph16122212](https://doi.org/10.3390/ijerph16122212))

# THE FOUR COMPONENTS OF ADOPTING TOGETHER

## 1. Training and Recruitment

- Specific recruitment of adopter (child specific recruitment)
- Adopter-led profiling events
- Enhanced therapeutic training for adopters

## 2. Team for the Child Meeting

- Team for the Child meeting prior to formal matching – led by Clinical Psychologist
- Adopting Together Buddy – Adoption UK Cymru

## 3. Therapeutic Transitions

- Therapeutic transition sessions through structured play – pre and post move to adoptive family

## 4. Psychological Consultation Meetings

- Three consultation meetings post placement for adopters with Clinical Psychologist



## Team for the Child meeting

- Social Worker, Adopters and Foster Carers evaluate the meeting
- Adopters complete Hospital Anxiety and Depression Scale (HADS)
- Foster Carers complete Strengths and Difficulties Questionnaire (SDQ) for the child

## Transitions & Consultation Meetings

Foster Carers & Adopters:

- SDQ – Child Mental Health
- HADS – Parental mental health
- PSI – Parent Stress Index
- PFQ – Parent Reflective Functioning
- TAQ – Thinking about your child (Golding)

# FEEDBACK: PROFILING EVENTS

## ***(Prospective Adopter)***

*“.....the info provided is strong, concise, useful and it's a great project. Having social workers/foster carers there is brilliant”....*

## ***(Social Worker)***

*“Very good for the adopters to have 1:1 time with the social workers – really brought the child to life”*

# FEEDBACK: TEAM FOR THE CHILD MEETING

## **Foster Carer**

“I feel this a very positive experience, it very useful as a foster carer to meet and build a relationship with the adopters which I feel will only create a more positive move, less stressful to a degree for the child. Encourages a positive relationship and helps build a keeping contact.”

## **Social Worker**

“I found the meeting really kept the child’s experiences in mind and it helped me think about how the child responded to traumatic events/experiences. I also liked that professionals, foster carers and adopters were able to positively communicate about the child’s experiences and start to think and work together.”

## **Adopter**

“The meeting was an absolute eye-opener. It was an unique opportunity and gave us first hand insights. Having a foster carer in the room is a huge benefit and a psychologist to offer professional insight is hugely important....”

# FOSTER CARER FEEDBACK: TRANSITIONS

- (Name)'s telephone calls after the session explained and made sense of certain behaviours displayed at the time. It also helped to deal with situation between sessions.
- The sessions are awesome and I can really see that they help the children to deal with all the very difficult emotions they are feeling. And acknowledging what a huge step it is for them.

# ADOPTER FEEDBACK: TRANSITIONS

- The best thing is the transition worker has got to know the children a little bit. There is no other professional involved who has had involvement that is still around to offer support and advice like her.
- I think our daughter has benefitted from being at an amazing foster carer's home for two years. That placement, and the insights provided to us by the FC, by (name) and by (name) (especially though the meeting for the child) gave us tools to understand what our child is going through and to see things through her eyes, and allowed her to trust us and be accepting of our love and care. I feel we are trying (and succeeding) in addressing her needs and concerns and that she trusts us and is starting to feel secure in our home. I feel so grateful that we were selected for the Adopting Together project.

# THANK YOU



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