



**Special Guardians and Adopters Together**  
**Connections Survey**

**December 2018**

## Contents

---

Foreword .....	3
Summary.....	4
Introduction .....	7
Methods - Design of the Survey and data collection.....	8
Findings.....	9
Ethnicity of respondents and respondent’s children .....	10
Gender and partnership status of respondents .....	10
Family composition .....	10
Current age profile of children and age at placement .....	12
Separation from brothers and sisters.....	13
Annual Household Income and financial support .....	13
Respondent’s relationship with child’s birth mother or birth father .....	14
Level of acceptance with birth father and birth mother in relation to respondent’s caring role .....	15
Information provided to adopters about consideration of the child’s wider family as carers .....	16
Reasons for the child being taken into care .....	17
Respondent’s understanding of the term ‘emotional harm’ .....	18
Respondent’s views about the impact of removal from birth parents on a child.....	21
Birth parents’ mental health and life experiences/adversity .....	23
Health and wellbeing of birth parents after child’s removal.....	23
Support given to birth parents after child’s removal .....	24
Birth parents’ drug and alcohol use .....	24
Social media training for respondents .....	25
Respondents’ experiences of services and support provision .....	25
Going back into care .....	27
Discussion .....	31
Summary of findings.....	31
Consideration of findings in the light of previous research .....	32
Risk of harm vs actual harm of removal .....	33
Why do adopted and special guardian children re-enter care?.....	34
Concluding Comments.....	37
Request for Support from SG&AT.....	38

## Foreword

---

We are very grateful to all those who took part in this survey.

The system can be a divisive one. Divisive of children and families, and of birth families and adoptive families. As parents and lifelong carers, we are able to see, over the course of childhood, adolescence and through adulthood, how our children and young people are affected by their early life experience. We can also see the impact of their being separated from their parents and their brothers and sisters. If we are family adopters, or kinship carers, we may be able to appreciate how birth parents cope after the child's removal. Our perspective is thus an important and valuable one to legislators and policymakers who try to develop a system that gives children the best chances in life.

## Summary

---

### Introduction

Special Guardians and Adopters Together is a peer led campaigning group. We come together in system that can be so divisive of adopters and birth families because we yearn for change and a better way. We started our group and we come together because we recognise that until we can properly appreciate the perspectives of others, including our perspective - as parents and carers of some of the UK's most vulnerable children, the transformational change that we all long to see will continue to elude.

The BASW enquiry into the role of the social worker in adoption has bravely highlighted some serious ethical problems with adoption in the UK. As adopters and special guardians raising children who have lost the right to live with their birth parents and possibly, quite often, also lost the right to grow up with their brothers and sisters, we see the impact of removing a child - and it is us who must deal with the consequences of this removal. We make a life-long commitment to parent and care for some of the most vulnerable children in the UK. We do this in a system that is 'child focused' rather than family centred, where we do not seem to have much of a voice and can often struggle to be heard at all. The infrastructure does not support this. We are essentially, as was recognised in the Care Crisis Review 'done to' by others, whether they be health or social care professionals, academics, practitioners of the law, legislators and policy makers, or the many different organisations who represent our interests. From our perspective, this can be a system that disempowers parents and carers.

The report puts forward our perspective – the perspective of the parents and carers who raise the children who have been removed. Much too often it seems, from our perspective, we are seeing our children having to re-enter care when support is not there for us.

In this report we considered the impact of removing a child, or the child re-entering care, on the child, the child's birth parents, the child's wider birth family, and the child's adoptive and special guardianship parents, carers and family members.

We conducted a survey in August 2018, having been invited to present at the Transparency Project conference in September. This report considers the findings of the survey and builds on the knowledge gained from previous surveys and reports we have undertaken during 2018, which are all published on our website.

***Special Guardians and Adopters Together Interim Report: March 2018***

***Building Trust with Special Guardian and Adopted Children: April 2018***

***School Exclusions Report: May 2018***

***EHC Plans for Special Guardianship and Adopted Children. An Enquiry: June 2018***

***Working Together to Help Our Children: June 2018***

### Findings

Our survey has raised some important concerns about the legacy of grief, which compounds the trauma of abuse and neglect. Findings are summarised below:

1. 171 respondents took part in our survey parenting and caring for 290 adopted, special guardianship and kinship care children. 78 are adopters, 89 are special guardians and 18 are kinship carers.
2. 93% of adopters, 94% of special guardians and 80% of kinship carers are 'White British' or 'White European'. The corresponding percentage figures for the children are 85%, 89% and 64%.
3. 90% of respondents are female. More special guardians (30%) and kinship carers (40%) are single carers than adopters (16%).
4. Adopters are more affluent than special guardians and kinship carers. Most kinship carers had a household income of £20k or less.
5. Adopters parented older children. More special guardians had children placed before the age of one. Most children were placed between the ages of 1 to 3 years
6. Kinship carers and special guardians looked after more children in total in the family, but adopters looked after more adopted children/children from the care system. More adopted children were separated from siblings than other respondent groups.
7. Reasons for children needing to become looked after were broadly similar for the three respondent groups. Neglect was the most common reason followed by risk of future emotional harm. Thirteen respondents reported that 'risk of future emotional harm' was the sole reason for the child's removal.
8. The impact of separation from birth parents and siblings was inseparable from the trauma of abuse and neglect. Although respondents' thought being removed at a younger age was better, and consistent care, even children cared for by special guardians almost from birth were affected. The impact of trauma was unpredictable and might play out differently in siblings. Children missed their birth parents and siblings and carried grief they struggled to deal with.
9. A considerable number of special guardians and kinship carers had to deal with a degree of conflict when birth parents did not accept their caring role with a similar number finding their role was accepted.
10. 20% of special guardians and kinship carers reported being put under 'extreme pressure' to take on the children.
11. Approximately a quarter of adopters and special guardians reported that information provided by children's services did not enable them to care safely for the child. This number was lower for kinship carers but with small numbers of kinship carers taking part and responding to this question this figure may not be reliable.
12. Many respondents were not totally clear from a legal perspective what is meant by emotional harm and this term had not been explained to most respondents.
13. There was a degree of uncertainty about the meaning of emotional harm across all respondent groups. It was an ambiguous term that was interpreted in different ways. It was considered potentially problematic as the sole reason for removal of the child when the impact of removal and of separation and loss was so great.
14. More adopted children had re-entered care than with other respondent groups. Adopters were concerned about emotional harm in the care of the corporate parent after a child had gone back into care.
15. The children's birth parents suffered with high levels of mental illnesses, with depression and anxiety being the most common disorder. They were often care experienced and abuse survivors themselves. Most adopters did not know if support was provided after the child had been removed. Support was provided in some cases through charities or the LA. Special guardians would have liked to see birth parents receiving better support before children were removed whilst others considered removal to have been necessary and beneficial.
16. Drug and alcohol abuse were common in birth parents and respondents reported this worsened after the child's removal in less than 10% of cases.

17. Birth mothers suffered more than birth fathers after removal of a child in terms of health and wellbeing being affected.
18. Most respondents across all three groups had received no training in social media. Less than 10% of adopters had received training in social media that was considered helpful.
19. Adopters experiences of positive support dropped after the Adoption Order was made.
20. Less than 10% of adopters and special guardians considered that their overall support had been 'good' or 'excellent'.
21. Adopters had much higher rates of children going back into care in this survey sample.
22. Partnership working after a child had gone back into care was hard to achieve and none had achieved it under a Section 31 Care Order. Relationships were fraught and difficult. Respondents felt blamed and victimised by agencies.
23. Adopters described poor outcomes for children who are cared for by the corporate parent and they felt these children are emotionally harmed.

Although respondents were self-selecting and may have been motivated to take part because of the challenges and difficulties faced, the experiences of our respondents accurately reflect the concerns expressed by parents and carers in the numerous closed social media groups to which we belong. We use these groups to 'offload' and try to support each other, as our lives are often hugely stressful in ways that are rarely appreciated.

#### Recommendations

We have no recommendations or suggestions. We put forward many suggestions in previous reports. If they have been given any consideration at all, it is not with us. Any input we have been able to make is very minimal. Now, after so much data has been gathered and much hard work done, we must come together and talk about the changes we feel are needed. We must first create safe 'platforms of engagement' to do this where there can be dialogue and discussion, whilst respecting the need for anonymity and privacy of children and families.

We must find more ways to come together and talk – so we can all be part of the transformational change that needs to happen.

## Introduction

---

We are a peer-led, peer supported campaigning group, bringing together the perspectives and experiences of adopters and special guardians. We seek to develop understanding and knowledge about what can help and support our children to heal, thrive and enjoy their childhoods and teenage years. The loss, trauma, separation and grief our children live with profoundly affects them, and our family life.

In bringing our perspectives together, as adopters and special guardians, we learn from each other in a system that generally divides and separates birth families from adoptive families. Coming together has helped us see that we face many similar problems and challenges. What we all have in common is that we are passionate about our children's welfare and wellbeing. We want them to have the very best that life can offer. To realise their potential. To feel loved and cherished - and be raised in a family where they will be surrounded with love and hope. In our cases this is often after they have started life with great adversity and always after they have suffered loss.

With this survey, which we called the Connections Survey, we have sought to develop an enquiry process that was started by the BASW enquiry<sup>1</sup> on the ethics of the role of the social worker in adoption. We seek greater understanding about the impact of removal on a child and on the birth family.

---

<sup>1</sup> [https://www.basw.co.uk/system/files/resources/basw\\_55744-7.pdf](https://www.basw.co.uk/system/files/resources/basw_55744-7.pdf)

## Methods - Design of the Survey and data collection

---

The impetus for this survey came from an invitation to contribute to the debate about 'emotional harm' at a conference held by the Transparency Project in September 2018. A survey was considered a useful way to explore the topic in the short time period we had before the conference. Surveys are a useful method to capture the views and experiences of a range of people whilst providing anonymity.

In seeking the views of our group members about the scope of the survey, members were very clear that they/we wanted to think about emotional harm in the widest context – giving some consideration to the emotional harm that our children may suffer when they are unable to live with their birth parents, or if they re-enter care from adoption or special guardianship.

In developing the survey questions, we sought input from group members, from Sarah Phillimore, who invited us to the conference, from the Family Rights Group, and from Professors Anna Gupta and Brigid Featherstone.

The survey was piloted on the group and open to adopters, special guardians and kinship carers. Data was collected between 4/8/18 to 19/8/18, with the survey publicised on our website and social media platforms. We asked respondents and members of our respective communities to share the survey. None of the 45 questions asked were compulsory as some questions would not have been relevant for all respondents. The survey was intended to be quick to complete and the average completion time was 11 minutes. We collected data anonymously.

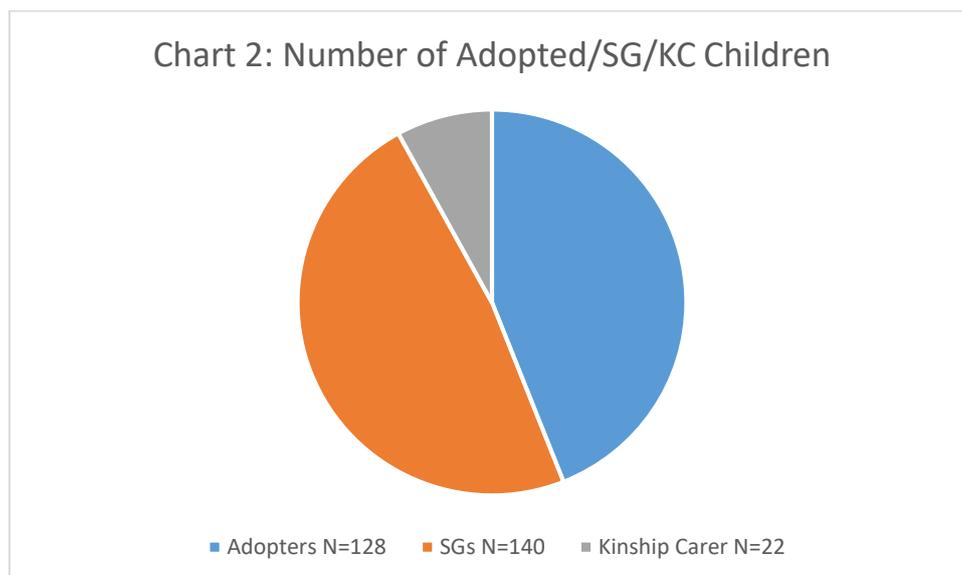
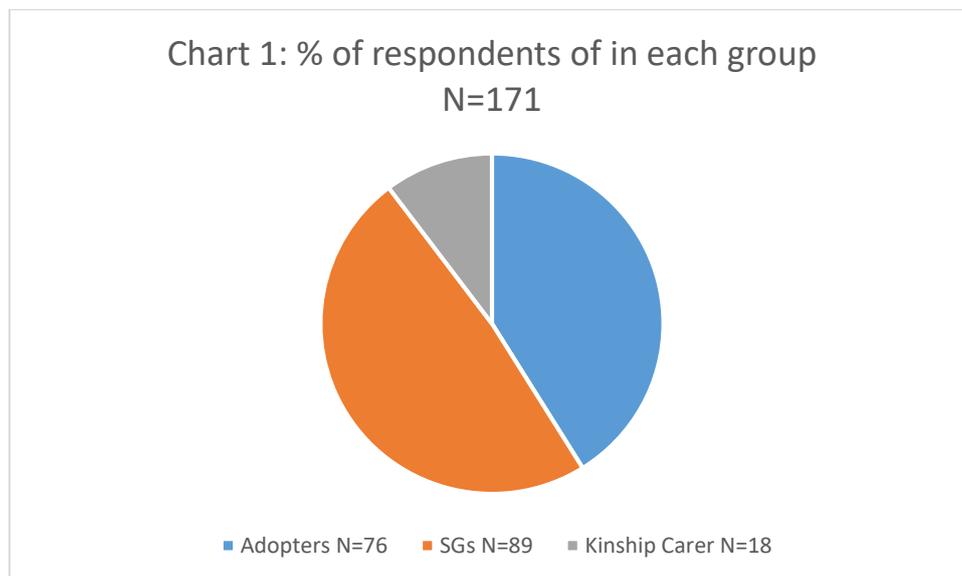
## Findings

---

Findings are reported below. Where respondents have commented positively we have included these comments. If no positive comments were given we have selected a range of responses to show diverse experiences. As not all respondents answered every question the number of respondents is provided per question.

### Number of respondents and children within each respondent group

Our survey had 171 eligible respondents parenting and caring for 290 children, including those who had left home (Charts 1 and 2). The proportion of adopters, special guardians and kinship carers can be seen in the chart below. Two respondents were both adopters and kinship carers, one respondent was an adopter and special guardian, and one respondent was a special guardian and a kinship carer.



## Background information about families and children

155 Respondents were from England, seven from Scotland and twelve from Wales. As with previous surveys there have been no respondents taking part from Northern Ireland.

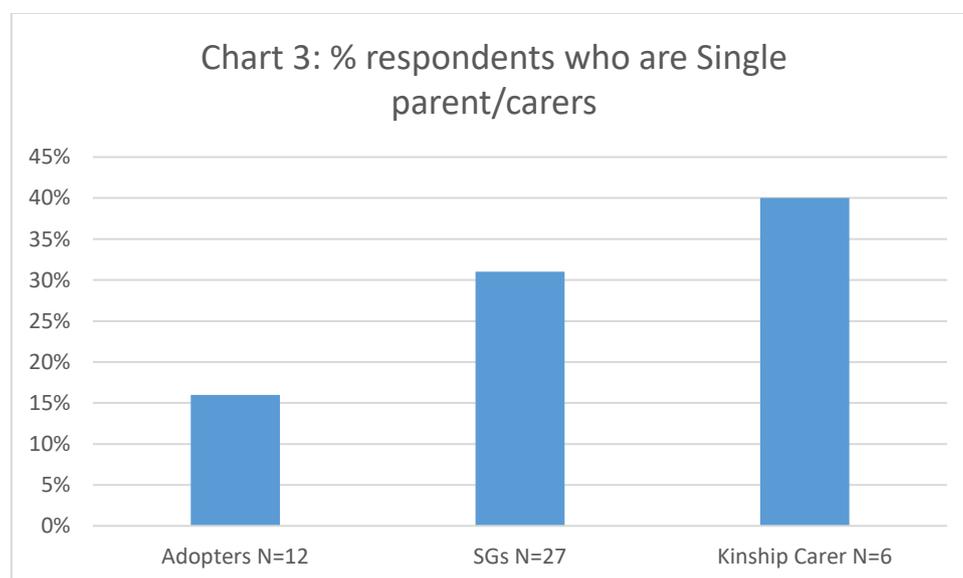
## Ethnicity of respondents and respondent's children

Most respondents and children were White British. The percentage of respondents who were either 'White British' or 'White European' was 93%, 94% and 80% respectively for adopters, special guardians and kinship carers. Numbers of 'White European' respondents were however small: 3/68, 2/82 and 1/15 for each of the respondent groups. The figures for the children were 83%, 89% and 64% being described as 'White British' or 'White European'. 1/74, 2/86 and 1/17 children from the respective respondent groups were described as 'White European'. There were only 2 children described as 'Black British' 'Black African' 'Black Caribbean' or 'Black Other' in the population sample and only two children described as 'Asian Bangladeshi' 'Asian British' 'Asian Indian' 'Asian Pakistani' or 'Asian Other'. 13/170 children were described as having 'Mixed Ethnicity'.

## Gender and partnership status of respondents

More than 90% of respondents were female. Seven adopters, four special guardians and one kinship carer were men.

There were less single parent adopters and more special guardians and kinship carers who are single carers (Chart 3) in the population sample.



## Family composition

Overall special guardians and kinship carers looked after more children in total within the family than adopters. Chart 4 shows the number of each respondent group looking after three or more children. However more kinship carers and special guardians were caring for only one previously looked after child and a proportionally greater number of adopters (96/128), parented more than one adopted child.

Chart 4: % of respondents parenting/caring for 3 or more children altogether

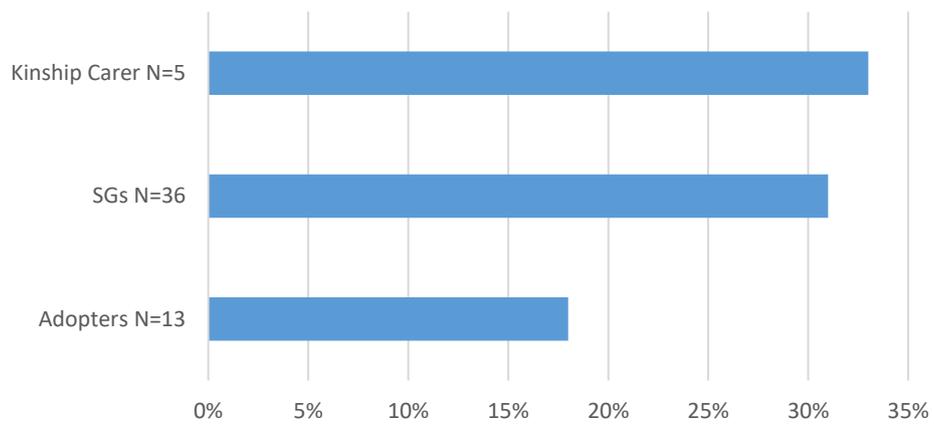
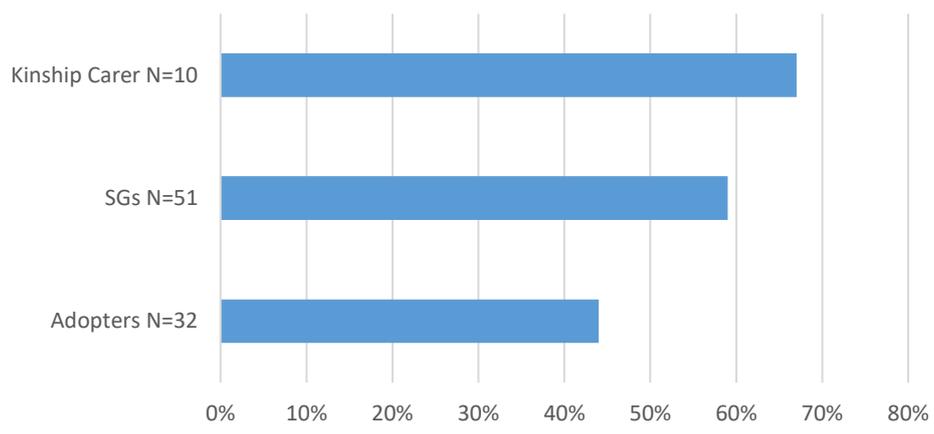


Chart 5: % respondents caring for only 1 adopted/SG/KC child



### Current age profile of children and age at placement

The current age of the respondent's children is shown in Chart 6. Adopters parented older children than special guardians and kinship carers. The differential in numbers between the number of children in this chart and Chart 2 is because not all respondents answered this question.

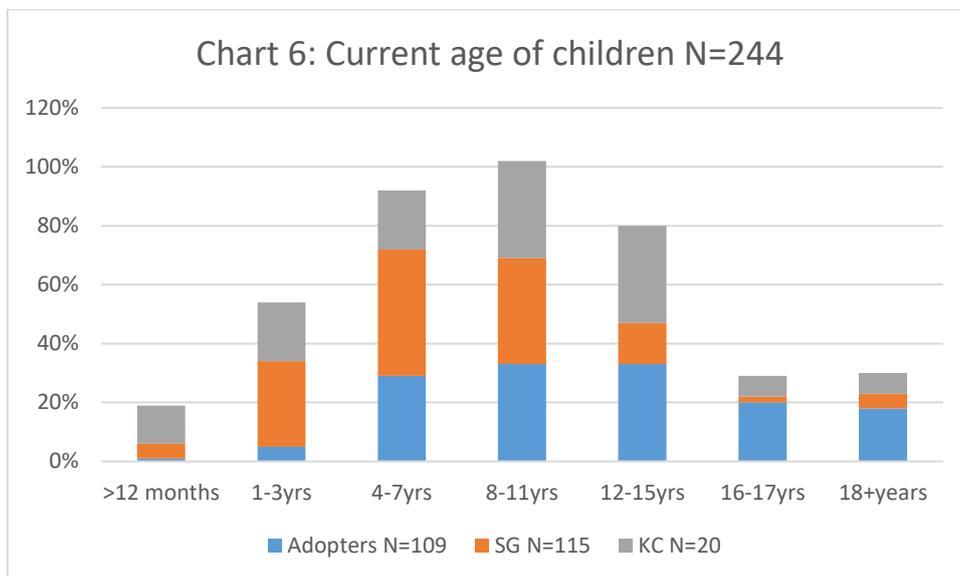
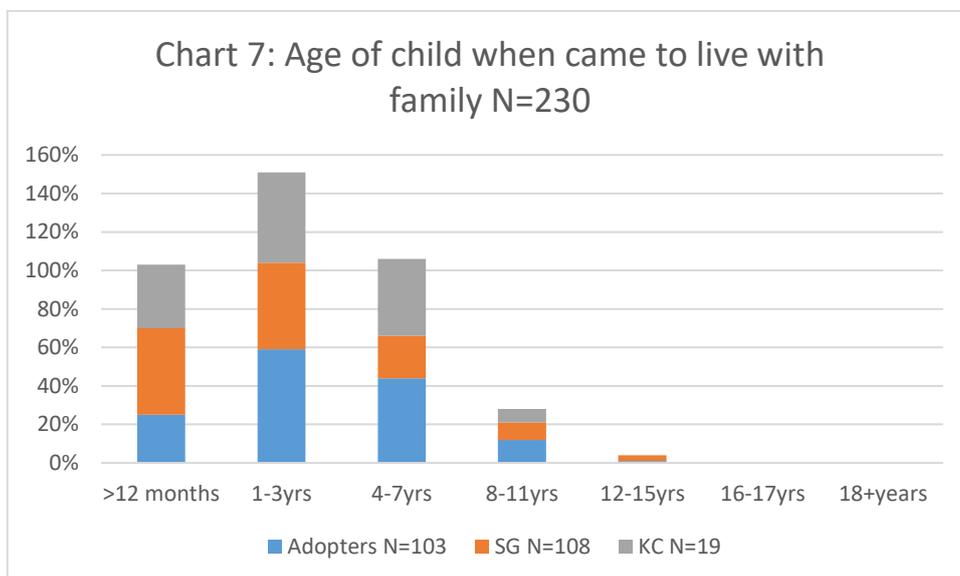
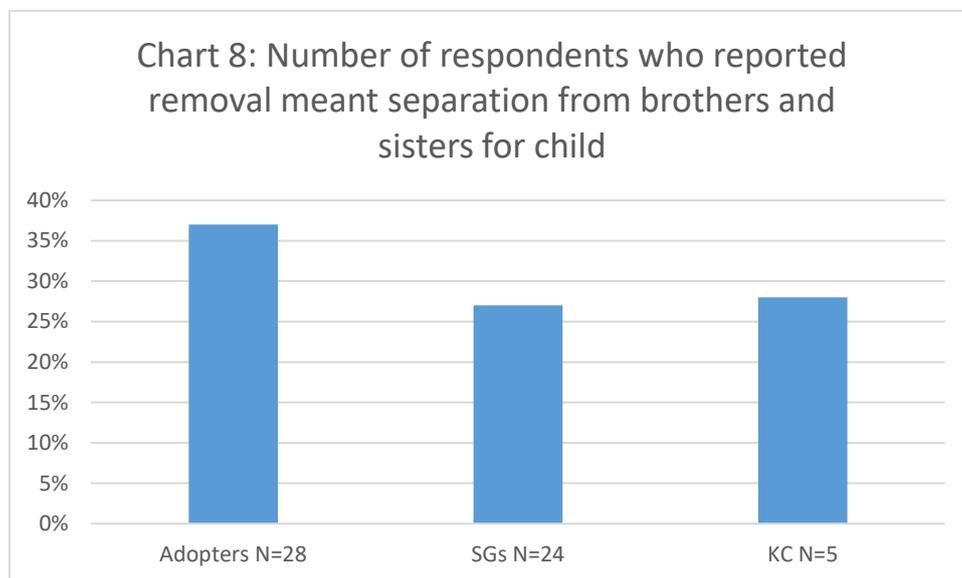


Chart 7 shows the age profile of adopted, special guardianship and kinship care children at placement with the family



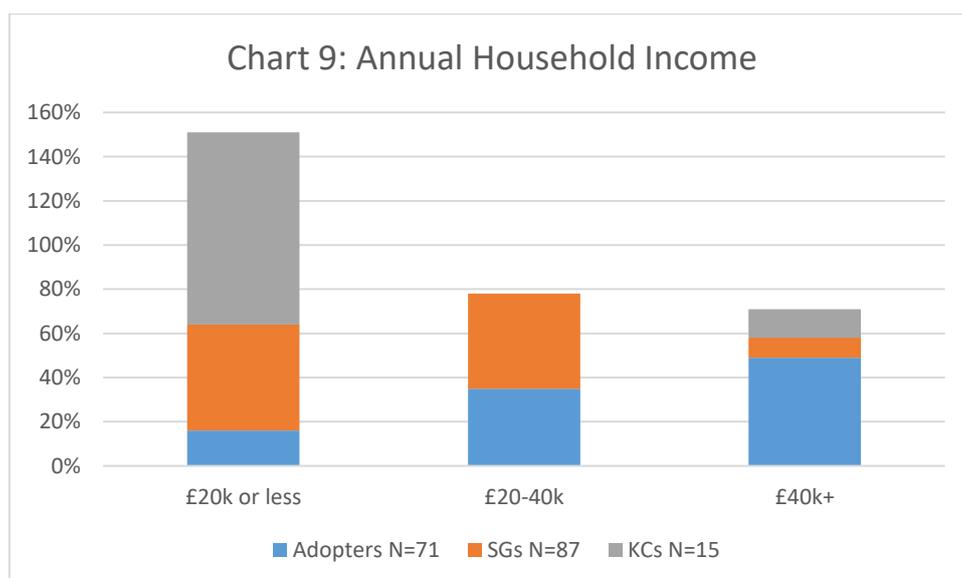
### Separation from brothers and sisters

Chart 8 shows the number and percentage of each respondent group's children for whom there was a separation from brothers and sisters



### Annual Household Income and financial support

Adopters were more affluent than special guardians and kinship carers. Most kinship carers lived on annual household incomes of less than £20k (Chart 9).



25 special guardians and five kinship carers commented about the financial support they received

## Special Guardians experiences of financial support

*"We receive £260 every 4 weeks from LA. This is not in line with fostering rates"*

*"Means tested and for two years only then stops"*

*"LA keep trying to stop SGO allowance"*

*"It always goes down and now I have my own child I'm not able to claim anything for her it's ridiculous"*

*"They only give small allowance not what I was told they would give"*

*"I have continuously been refused financial support despite asking"*

*"We only get support for one of the two children"*

*"They have given us the maximum amount, but this is only £98 a week. I left full time employment to do this"*

*"Financial support has been minimal, allowance does not reflect what was provided when child was in care, also had to give up career as foster carer, no children could be placed due to high care demands of child"*

*"None given. We were told to buy all equipment we would need. and we would be reimbursed, then SS reneged on this promise. No SGA provided"*

*"Money has been reduced because of DLA being present"*

*"Complaint went in as they stopped allowance. I had nothing to feed a diabetic child who injects five times a day and as mental health this complaint as just been upheld"*

*"It was a struggle to receive initially but once SGO was pushed for our solicitor and guardian made sure it was brought to attention in courts and we have had help since with no problems"*

## Kinship Carers comments about financial support

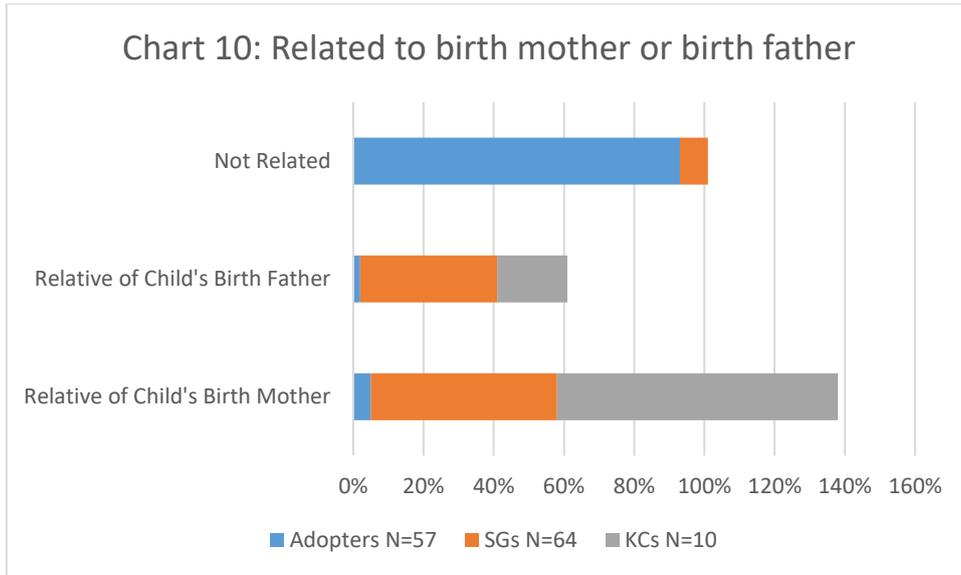
*"We had to appeal to our local MP to get a proper fostering allowance. We were told that we could have a nominal amount. When it was clear this was a long-term placement we asked for more help as I had to stop work to care for this infant. I was told that 'they were not allowed' to give relatives money and that 'we don't want you to get used to the money because when you adopt him it will stop, and 'it would cost you money to bring up your own child so what's the difference'. Once that nonsense was out of the way we received a decent allowance and now we get an adoption allowance"*

*"We had to wait nearly two years for financial support"*

*"No money ever"*

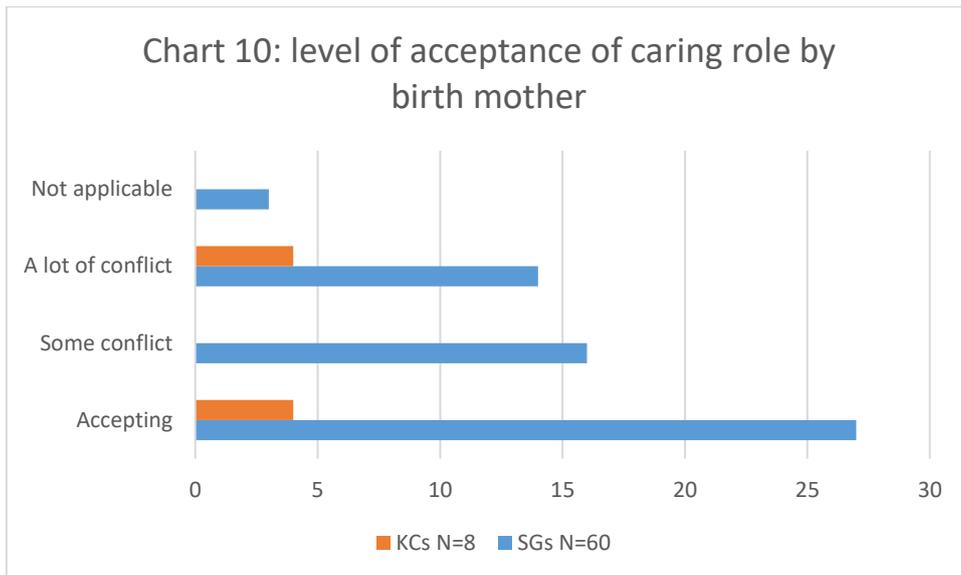
## Respondent's relationship with child's birth mother or birth father

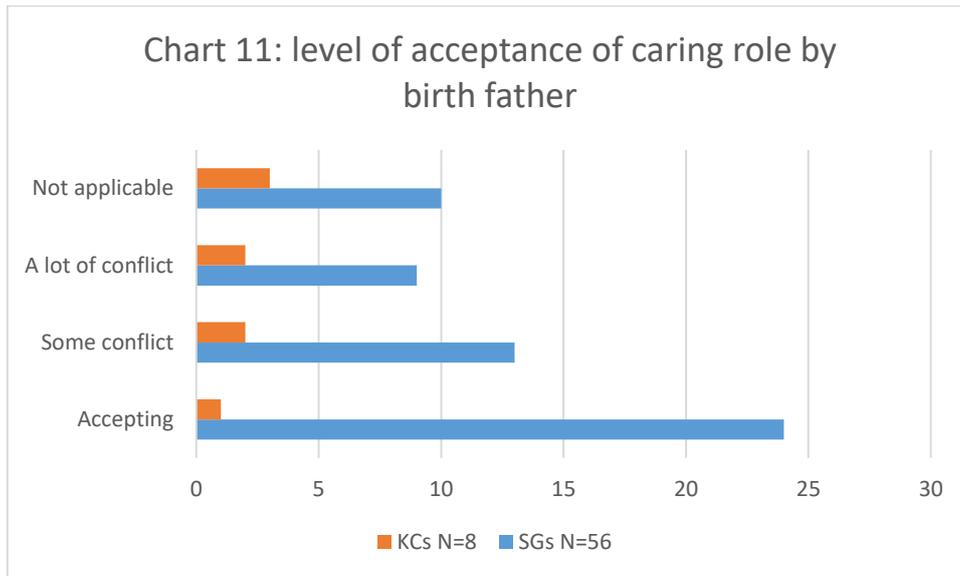
More respondents in this survey were related to the child's birth mother than birth father. Adopters were not generally related to the child's birth parents with several exceptions who were kinship adopters.



Level of acceptance with birth father and birth mother in relation to respondent's caring role

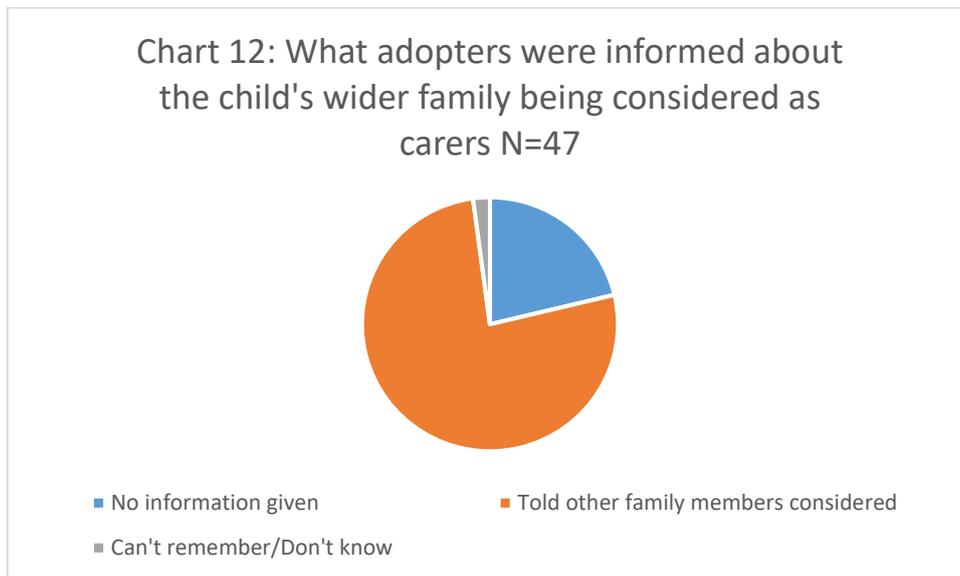
Charts 10 and 11 show the degree of acceptance and conflict that special guardians had to deal with in relation to their caring role.





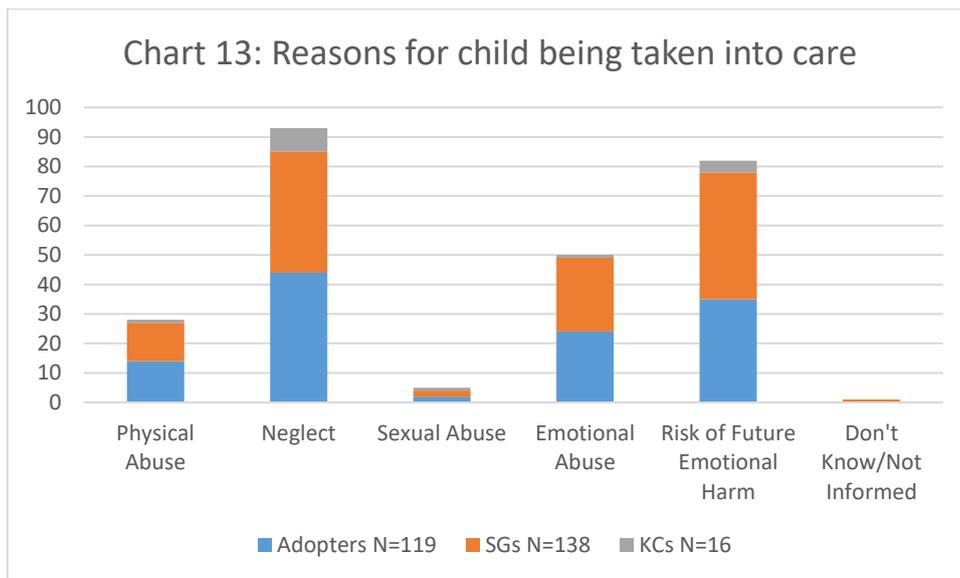
Information provided to adopters about consideration of the child’s wider family as carers

36 of the 47 adopters responding to this question had been informed that family members had been considered as potential carers for the child. Ten adopters reported not being informed about this at all and one respondent said they could not remember (Chart 12).

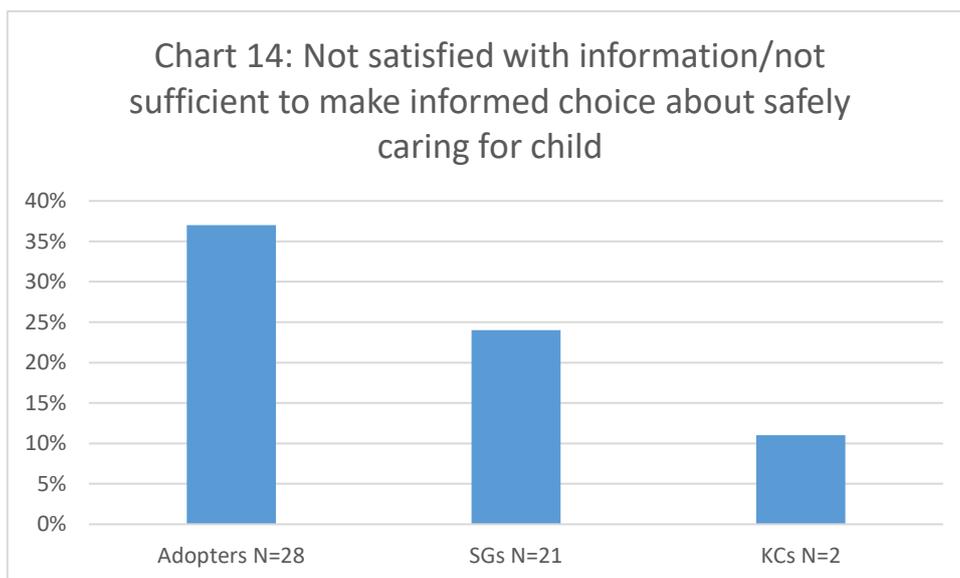


## Reasons for the child being taken into care

The most common reason given to respondents for the child being taken into care was neglect with the second most common reason being risk of future emotional harm – Chart 13. Thirteen respondents reported that ‘risk of future emotional harm’ was the sole reason for the child being taken into care: four adopters, eight special guardians and one kinship carer. Other reasons for the child being removed were: drugs and alcohol abuse, homelessness of birth parents combined with drug problems, risk of sexual abuse with siblings being sexually abused by family members, drug/alcohol abuse of birth parent and witnessing violence, removal of 13 other siblings due to abuse and neglect.

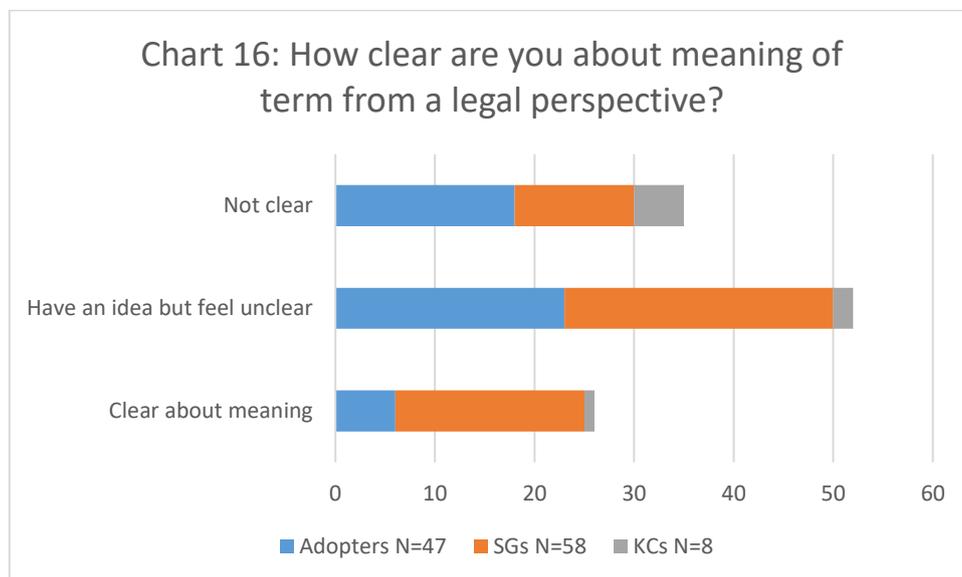
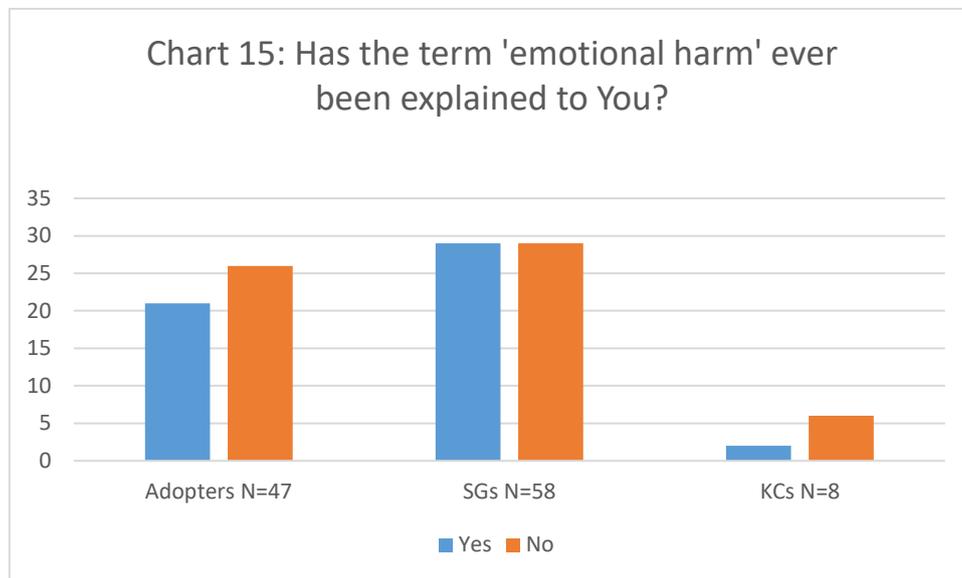


More than 35% of adopters reported being unsatisfied with information they had been given about the child to enable them to safely provide care – 24% of special guardians and 11% of kinship carers considered this to be the case also (Chart 14).



Respondent's understanding of the term 'emotional harm'

Charts 15 and 16 show respondent's understanding of the term emotional harm – whether the term was ever explained to them, and whether they are clear of it's meaning from a legal perspective.



In response to an open question about what they thought was meant by the term 'emotional harm' respondents gave quite different answers.

Views of adopters about 'emotional harm'  
19 adopters provided comments.

- Several adopters said they did not understand what the term really meant or found it too nebulous to be helpful. Some postulated it was about emotional abuse.
- Most adopters providing comments expressed concern about the emotional harm done to a child by the system through removal of children.
- Adopters were unhappy to be viewed as a source of emotional harm to their children and felt the corporate parent was in fact far more harmful.

*“The care order application states we are unable to meet our daughter's emotional needs- since re-entering care she has engaged in far more risky behaviour - overdoses, self-harm requiring hospital treatment, suicidal ideation - therefore unlikely that other placements are meeting her emotional needs either. Her psychological issues are recognised as highly complex, so it feels unnecessary to state a care order is needed because we cannot meet her needs. We have fought for information to better understand our daughter's problems and be part of the solution including attending a parents' therapy group (to understand her therapy), yet still we are seen as unable to meet her needs. Further emotional harm is being done to my daughter as she has been moved 5 times in 14 months, exacerbating any attachment difficulties”*

*“I don't know what 'emotional harm' means legally, but I do know that our daughter has suffered emotionally from the intervention of social workers in her life, and even now considers all social workers to be dangerous”*

*“We requested help for our adopted daughter, but social services blamed us for the emotional harm. If professionals do not understand the trauma of the emotional harm adopted children continue to face once they've been adopted, how are we as adopted parents supposed to cope?”*

*“I understand it to mean that unless the birth parents significantly changed, my girls would be at continued risk of emotional abuse as a result of the things they were witnessing”*

*“Emotional harm suggests that a person is not cared for in an appropriate way or is treated in an inappropriate way which leads them to have issues of poor self-worth, anxiety and vulnerability to further exploitation (or more serious mental health issues). This comes from being abused, bullied or neglected. It seems to me that this will be the case for the majority of children who have been removed from their birth families. I also believe that being 'in the care of the local authority' means 'corporate parenting'. This cannot provide the love and affection needed by children. Surely this also leads to emotional harm?”*

*“Don't know what it really means but I know our eldest child who is now 11 has struggled since being placed. He can't accept anything, and it's had an impact on him, us and his siblings. We have a sad little boy”*

*“Social workers like to talk about emotional harm, but it is nebulous. What does it really mean and how does it manifest itself?”*

*“Emotional harm has happened to my son in institutions that I believe has possibly been far worse than emotional harm ‘done’ to him in home environments of any kind. I doubt his birth parents despite their difficulty’s locked him in rooms and subjected him to prone restraint, but I wasn’t there, so I don’t know. For some reason, even though documented, the authority seem to allow institutional emotional abuse to go unchallenged!”*

Special Guardians and Kinship Carer’s views about ‘emotional harm’

24 special guardians and four kinship carers provided comments about emotional harm. A range of views were expressed.

- At one end of the spectrum respondents considered it a useful safeguarding tool, whilst at the other end of the spectrum respondents expressed a view that it was open to being abused.
- Respondents expressed uncertainty about what it really meant but considered the consequences of emotional harm to be serious in terms of lasting damage and attachment issues.
- There was concern expressed about ‘risk of emotional harm’ being the sole reason to remove a child when the removal itself would be so traumatising.

*“It is an incredibly valuable safeguarding tool that prevents children having to go through abuse in the future. Prevention is better than the cure”*

*“Not sure”*

*“The damage can be irreparable”*

*“Negative remarks, neglect”*

*“Emotional harm means lack of love, feelings and security being provided”*

*“I believe emotional harm is a blanket term that can be a result of any type of abuse or neglect. My LO is still suffering emotional harm from neglect, abuse and being moved from home to home. The risk of future emotional harm to me, means that the parent/carer has demonstrated actions/beliefs that contradict the ‘in the best interests of the child’ statement”*

*“I feel it’s a way for SS to remove when they don’t have any real basis for removal, it’s abused!”*

*“I don’t know what this is. At all. As a guess I would assume that a difficult/ stressful/unsafe home could cause emotional harm? Sorry, I don’t know”*

*“Ours was ‘risk of future emotional harm’, which seems a very subjective and tenuous reason to remove a child, with all the trauma that entails”*

*“The children were emotionally harmed by removal from their mother even though it was in their best interest. They continue to suffer emotional harm as they are too young to understand why they cannot live with mum even though they wish to”*

*“I think it’s to do with violence in the home”*

*“Leads to attachment issues”*

*“Birth parents unable to put the needs of the child before their own. This may include indulging in risky behaviour, poor relationship choices i.e. domestic violence, chaotic life styles”*

*“There were plenty of reasons why they were removed, they had no future with their parents due to being carers at a young age, they were neglected and would have carried on being neglected. Future relationships that they would make were questionable”*

Respondent's views about the impact of removal from birth parents on a child  
Respondents were asked in an open-ended way to tell us what impact they felt the removal from the birth parents had on them.

Adopters' views about the impact of removal on the child

- 28 Adopters provided comments.
- The impact of trauma and of separation was seen as immense and inseparable.
- It was felt that the child's removal from parents/family could be a traumatising experience
- Some children grieved for and missed birth parents and siblings

*"The impact is unimaginable. The children feel anxious and threatened but cannot understand or articulate why. The children feel lost and abandoned and unsafe, even when the adoptive home is a safe place..... The children are deeply misunderstood. They are seen as difficult and defiant. They are in emotional turmoil. It is almost impossible to see when this gets better for the child. Until they can learn to trust others and confide, they are trapped"*

*"Traumatic for the older one who was six and a half when she was removed from Birth mother to go into foster care but maintains she wasn't told where she was going by SW apart from being told they were taking her to McDonalds, but then never went home. Remembers birth mother crying at the window of their flat"*

*"The removal was very hard on my adopted son. He was removed from school, which led to school anxieties later on when he became securely attached to me. The separation from his siblings has a great impact on him - they were adopted separately. It was the right thing to do as the children needed so much attention individually, but very hard. He has put it in a box and shuts it away.... He has no wish to connect with his birth parents"*

*"Hideous dark worry crippling ADHD in one and high levels of depressive fear in the other"*

*"I assume the impact of separation is partly responsible for subsequent behaviour and relationship problems. It is impossible to say to what extent this has impacted the child compared to the trauma of being neglected"*

*"One adoption was a planned and carefully prepared adoption after an unintended pregnancy. The other was a contested adoption, removed at birth with earlier siblings also removed. The first does not appear to have had a huge impact on the child (now 18+). We are coping with complex needs related to attachment and developmental delay from early life trauma in our youngest child - removal appears to have had considerable impact"*

*"The impact was huge and difficulties wide ranging and possibly life-long"*

*"My adoptive daughter has lasting issues about her removal from her birth family. She used to sob uncontrollably and was inconsolable. She feels an enormous hole and although she reached out for affection and wanted to 'attach', she was unable to"*

*"One of our children didn't want to be adopted because he wouldn't be able to see his half-sister any longer"*

*"Terrible really traumatised to be separated from sibling"*

*"My son was one of the youngest in the family. His older siblings were placed in foster care and younger siblings were adopted. The only contact is via letterbox. My son has a huge feeling of grief and loss and misses his siblings very much"*

*"Lifelong lack of trust in adults. Plus, relief at finally feeling safe"*

*“Devastated that she can no longer see/speak to birth mum”*

Special guardian’s views on the impact of removal on the child

- 44 SGs described a range of diverse experiences.
- Some special guardians felt that better support should have been given before removal
- Respondents commented that brothers and sisters could respond very differently to the removal and this was attributed to their different experiences.
- Continuity of care was considered beneficial – special guardians tried their best to keep children out of foster care
- Special guardians spoke about the positive impact of being cared for by them instead of their birth parents - giving the child a better life
- Special guardians noticed that the responses of children were complex, puzzling and unpredictable and even children who had been with special guardians since soon after birth could have great difficulties

*“Emotional/psychological issues before/after contact, massive impact of being only child removed with the four born since (starting less than a year after SGO granted) remaining with birth mother with no SS involvement. Definitely a case where so much better if SS had supported birth mum instead of removing child”*

*“Our daughter suffered severe PND after her fourth child was born. It didn’t matter how often and how bad things were no one would listen to us until it was too late. Eight months after we took the children in our daughter died. The children lost their mum and we lost our daughter who we had really lost months prior. SS didn’t offer counselling and it was the undertaker who suggested a Nelsons Journey for the children, as for us our hearts are broken for ever”*

*“I have had little one since she was three days old, but she has possible attachment issues”*

*“Our SG children are brother and sister, but we’re also separated from another brother. The oldest was 10 when he came to us and it seems he is old enough to appreciate what we have done for him. It has been harder on the youngest who was two when she came to us and holds a lot of resentment towards us all (even though she is so young)”*

*“Our little girl wasn’t removed from her birth mother, she was abandoned by her”*

*“Being put in to foster care was the worst part as our little one didn’t know she was coming home to someone she knew”*

*“Able to have stability”*

*“Having a better life than they would have had”*

*“First granddaughter never lived with birth parents, she has been with us 9 years, the other little one did live with mum for 3 and a half years, this little lovely has an attachment disorder, she can be very violent and unpredictable, we are waiting psychotherapy, and is under CAMHS, couldn't cope with mainstream school, now has an EHCP and is at a SEN school”*

*“Child removed into care soon after birth then remained in care until SGO granted at 10 months. No known effect as yet. Has contact with all immediate biological family*

*“Both of my granddaughters were removed from mum at birth and came straight to me so far there has been no impact as they do not know any different. That impact will come as they get older and start to question the situation”*

Kinship carers' views about the impact of removal on the child

Five Kinship Carers provided brief comments in response to this question describing attachment difficulties and the child missing their mother.

*"The child was too young to remember living with her birth mother and had never really formed much of an attachment to her"*

*"Extremely upset mostly about missing mum"*

*"Attachment issues, abandonment issues, trust issues"*

*"Only child removed"*

*"He has an attachment disorder"*

Birth parents' mental health and life experiences/adversity

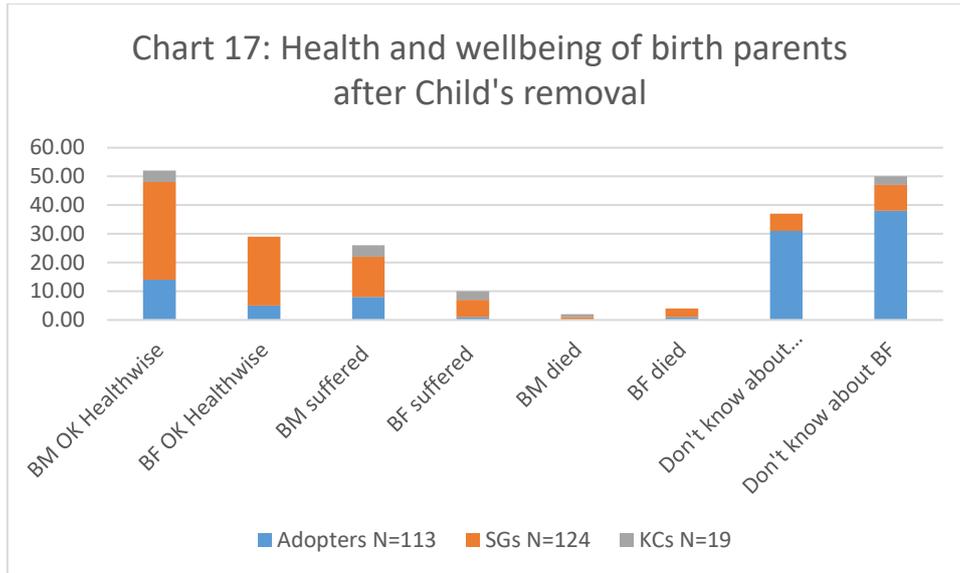
Respondents were asked about the mental health and adverse experiences of the child's birth parents. Responses can be seen below in Table 1.

Table 1: Health conditions and experiences of birth parents

	Adopters N=109	SGs N=138	KCs N=17
Depression/Anxiety	21	33	8
Bi Polar	6	14	0
Personality Disorder	8	14	2
Schizophrenia	1	3	0
Learning disability	11	14	1
Other mental health conditions	13	17	3
Physical health issues	1	8	1
Terminally ill	0	0	1
Abuse survivor	21	13	2
Care experienced	22	13	0
Died	1	3	1

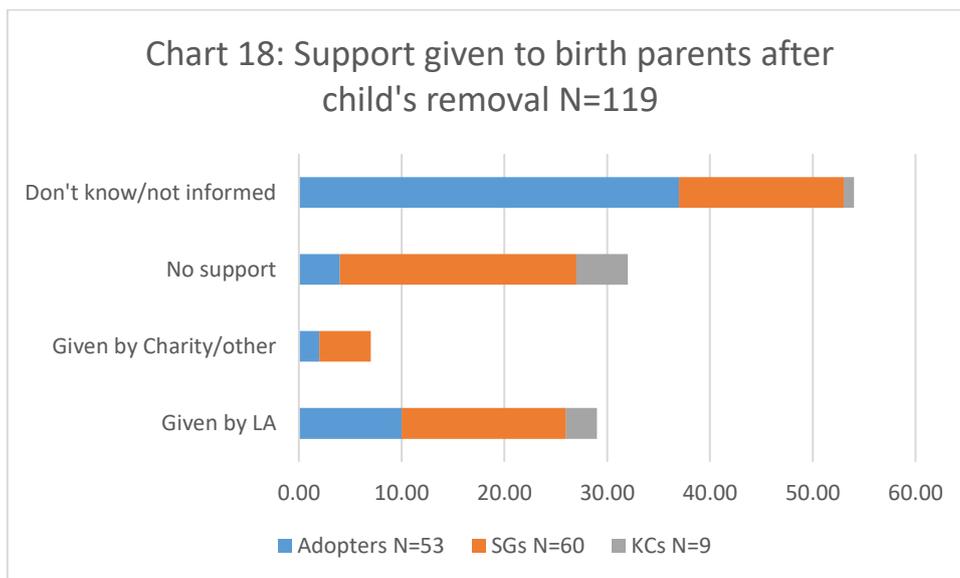
Health and wellbeing of birth parents after child's removal

The health and wellbeing of birth parents after a child's removal, from the perspective of survey respondents, and where this is known, can be seen in Chart 17



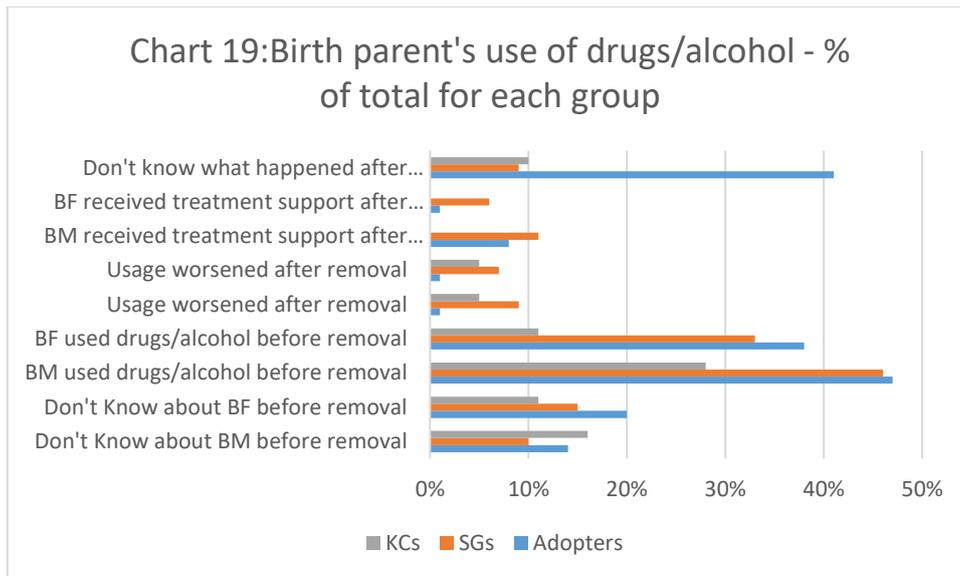
Support given to birth parents after child's removal

Respondents were asked about whether support had been given to birth parents after the removal of their child(ren). Responses can be seen in Chart 18.



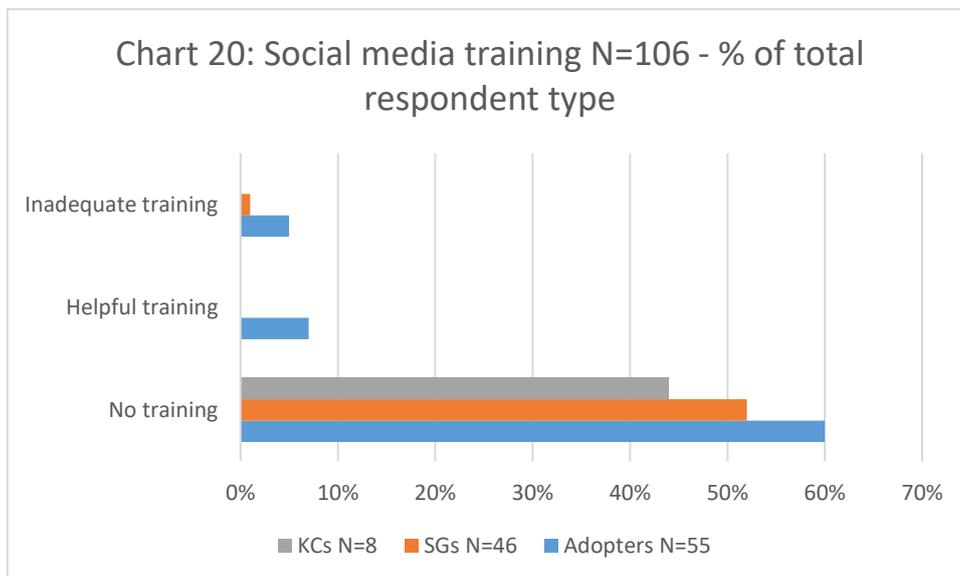
Birth parents' drug and alcohol use

Chart 19 shows the drug and alcohol use before and after removal of their child(ren), where this is known



#### Social media training for respondents

Social media is having a huge impact on our families. Chart 20 shows the amount of training received about social media by each respondent group and whether this was considered helpful. Most respondents had received no training and only a few adopters had found their training helpful.

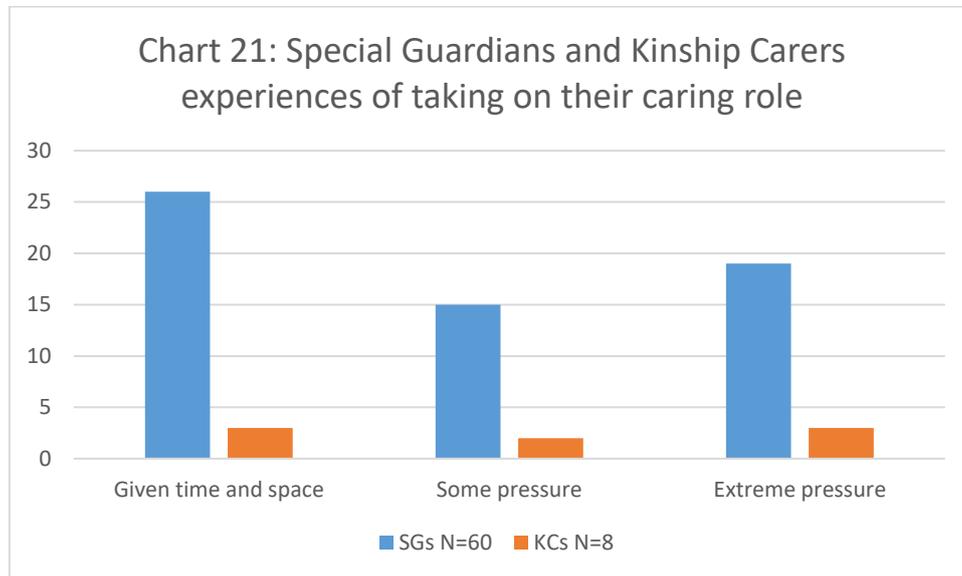


#### Respondents' experiences of services and support provision

##### Respondents' experiences of decision-making and support in taking on their caring role

53/57 special guardians and 6/9 kinship carers were supported by the LA in taking on their caring role but in 4/57 cases with special guardians and 3/9 kinship care cases this was opposed.

26/89 special guardians and 3/18 kinship carers felt they were given time and space to come to a decision about their caring role. However, 19/89 special guardians and 3/18 kinship carers spoke of extreme pressure to take on the child(ren) (Chart 21).



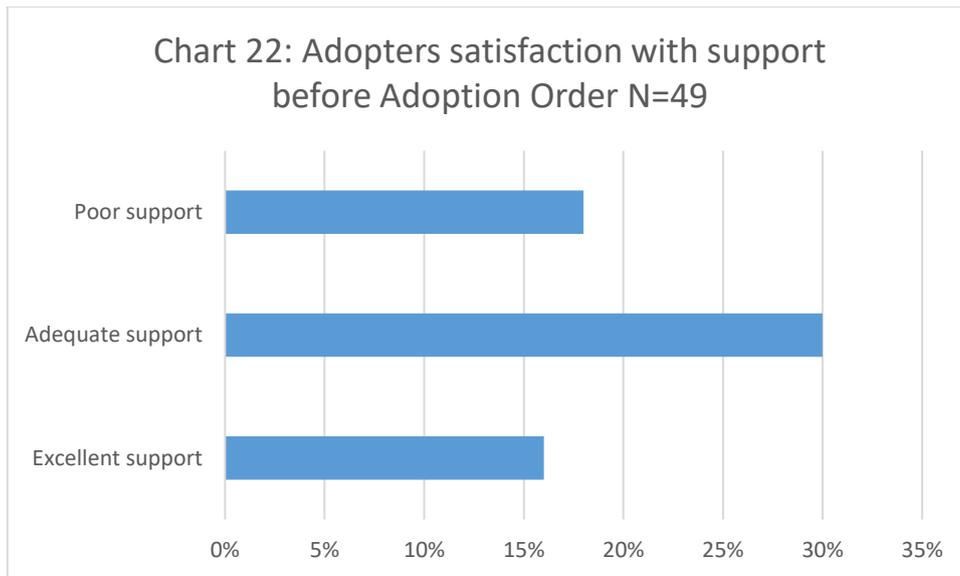
*“We didn’t understand the implications of SGO living on state pension and never claiming benefits we were worried about finances and wanted to continue as kinship fosters especially as our daughter had only died a few months prior. We were told that the children would be removed from our care and that it would be seen that we weren’t committed!”*

*“At child conference we were told they were to be removed and we had to decide now if we (aunt and uncle) or maternal grandparents were taking them. We were given 30 mins to discuss”*

*“As a step grandmother who has had a lot of trouble from my step children and their mother this was and continues to cause sleepless nights. My husband was adamant that the girls could not be adopted out as they were his granddaughters and no matter what we could cope, I felt that however much we loved these young children adoption would take them away from the disruptive dynamics of the girls maternal family let alone their fathers history I often felt that a new start for such young children should have at least been considered but to mention this? The council’s opinion is always to try and keep children within the family and that contact with mother was beneficial to a child, so they know where they come from”*

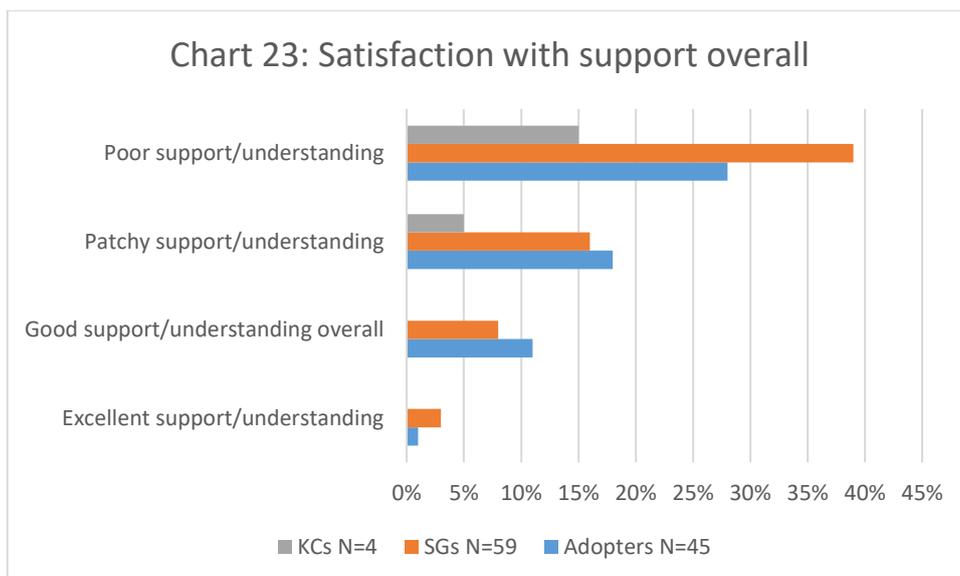
*“It was Birth mum who pressured us”*

Adopters views about support before the making of the Adoption Order  
 Adopters views about support before the making of the order can be seen in Chart 22



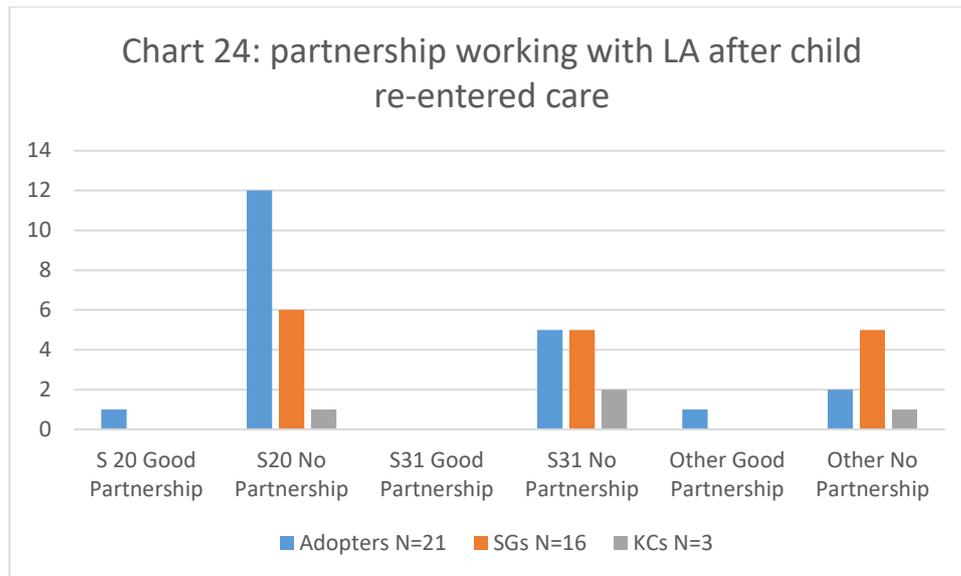
Respondent's views about overall support

Respondent's views about overall support can be seen in Chart 23



#### Going back into care

After a child had re-entered care from adoption, special guardianship or kinship care, it was clear that partnership working was hard to achieve (Chart 24) and no parent or carer felt they had been able to achieve this under a Section 31 Care Order.



This seemed to be more of an adopter issue. No Kinship carers commented on this and only four special guardians made comments, two of which were to say the question was not relevant as the child had not re-entered care and they could not envisage this happening. One special guardian reported their child had been ‘given back’ because of attachment problems and behavioural issues but did not comment further. The quotes below are all from adopters

#### Impact or re-entering care on the child

All comments provided accounts of a negative impact of re-entering care. Here are three examples.

*“Our daughter removed herself initially, due to mental health and identity issues which became more complex when she re-entered care. She has lived in five different places as well as times back home since she re-entered care. Her behaviour and psychological problems have worsened significantly (overdoses, self-harm, absconding, shoplifting, CSE claims) and her struggles with identity have worsened”*

*“It was terrible....My son tried to take his own life twice in care and self-harmed continually. He was in residential care as no foster carers could be found who would take him on. He wanted to come home for three and a half years but no dialogue about it was achievable”*

*“Our relationship with the LA became and still is, strained. We are our son's only advocate. The support afforded to him is poor, his physical, emotional and mental health needs have been ignored and some in authority seek to sabotage our relationship. They can't as we have a very good relationship, which has improved since we have parented our son at a distance”*

#### Impact on the parent(s) and family

*“Our adopted daughter was beyond parental control. Once social services finally took us seriously and allocated her a place at a therapeutic residential centre, the rest of the family could then breath and become a family's again”*

*“My mental health has suffered dramatically, mainly by the way we have all been treated by Social Services. I have been treated for PTSD and referred for counselling. I have had extended periods of sick leave from work. My relationship with my sister, which had previously been very close, is now non-existent. I have spent*

*so much time attempting to achieve some degree of understanding from professionals and have a positive impact on my daughter's life that I have had little to devote to my son and my elderly mother. I have also spent hours and hours submitting and dealing with complaints against the local authority"*

*"Generally, life has improved, although the guilt remains"*

*"Care proceedings and my child being removed and re-entering care, against his wishes and mine, changed my life - it took years to rebuild it. I was unable to work for a period and had to be signed off with stress"*

*"My birth son was affected while she lived with us but also when she re-entered care. He has suffered from anxiety and his relationships with others have deteriorated. Other members of extended family have also been affected and my relationship with them has changed for the worse"*

*"I had a nervous breakdown. I became unable to work and the charity I worked for suggested I consider whether I really wished to remain there. I took a month sick leave under doctor's orders. Work said it was inconvenient and paid for a doctor's report to confirm that I really was ill. I returned to work, handed in my notice and have never worked again. Even simple household admin seems beyond me now"*

*"Low moods, grieving emotions, sometimes relief, numbness, tearfulness, anxiety that he will come back to hurt me again"*

*"It had an enormous impact on me emotionally. I felt like a failure even though I knew it wasn't my fault. It made me question myself and my values and I felt I was in a mad world where all my lifelong held beliefs were wrong. I didn't know what being a mum meant any more as all the love, loving nurturing things I'd done for her were twisted and thrown in my face, not only by daughter but repeated by children's SWs. I lost my confidence and didn't recognise the person I was anymore"*

Impact on the working relationship with support professionals

*"I have made several complaints about the way the local authority deal with my daughter's care. I have received acknowledgement and apology for this but still nothing has changed. The LG Ombudsman is about to initiate a complaint on behalf of my daughter. I feel demonised by many professionals and do not trust them at all"*

*"They have offered no support to us as parents to help keep the family together but have only focused on our daughter's rights and "moving the case along". They have taken a wholly adversarial approach at formal meetings. We have had to make complaints to ensure action is taken in our daughter's best interests. We have been ignored and misrepresented"*

*"Initially when our son re-entered care from custody, and child protection social workers were involved, there was no working relationship at all. They had no working understanding of trauma and how that trauma impacted on family dynamics!"*

*"They belittled our parental responsibility. We submitted monthly reports. but these were ignored as being "emotional". Our daughter undertook a psychiatric assessment without our involvement or knowledge. She also claimed sexual assault by someone and the foster career went with her, not us; we were never asked. At no time did the SWs try to help reunite us. They were more concerned with informing our daughter of her rights and giving her loads of money, which she spent on a sleeve of tattoos"*

*"The local authority did not work in partnership - I felt victimised and they seemed to exploit my child's vulnerabilities"*

*"I felt constantly hurt and undermined especially by SWs giving their subjective uninformed opinions, they fabricated their reports for LAC reviews and never once challenged our daughter's lies. Horrendous. It has*

*opened my eyes to a massively flawed system where poorly trained uninformed SWs are able to hold people's lives in their hands based on little or no evidence and this system needs changing urgently"*

*Only one respondent described a disruption before the Adoption Order was made<sup>2</sup>.*

*"The time before disruption was very traumatic due to constantly treading on egg shells as not receiving support on how to deal with violent child towards me and younger sister. Husband and our marital relationship was suffering immensely.....We were treated like criminals and made to believe that the disruption was down to us being too focused on our own needs rather than the kids by SS and they closed ranks. However, chair of disruption meeting agreed that we should never have been put in this situation as kids weren't a good match and that although we had insight into files, we hadn't been appropriately prepared for possible consequences of experienced trauma especially by older sibling..... we were struck off the adoption register, just about managed to get some counselling out of SS and have over the past three years successfully rebuilt trust and patched our marriage, however that mistrust of professionals is still there and might never leave me. Also, I'm a teacher by profession and the accusations of violence towards the child could have severely impacted my future.....we kept asking for help but it wasn't forthcoming apart from "trust in your parental instincts & support each other"..... I still miss them, and it makes me sad that they were told we were going to be their forever mummy & daddy to then only be ripped away from us seven months later"*

---

<sup>2</sup> We use the term disruption only if the child returns to the care system before the Adoption Order is made. Once the Adoption Order is made parents retain parental responsibility or it is shared with them.

## Discussion

---

### Summary of findings

Findings of the Connections Survey are summarised below:

24. 171 respondents took part in our survey parenting and caring for 290 adopted, special guardianship and kinship care children. 78 are adopters, 89 are special guardians and 18 are kinship carers.
25. 93% of adopters, 94% of special guardians and 80% of kinship carers are 'White British' or 'White European'. The corresponding percentage figures for the children are 85%, 89% and 64%.
26. 90% of respondents are female. More special guardians (30%) and kinship carers (40%) are single carers than adopters (16%).
27. Adopters are more affluent than special guardians and kinship carers. Most kinship carers had a household income of £20k or less.
28. Adopters parented older children. More special guardians had children placed before the age of one. Most children were placed between the ages of 1 to 3 years
29. Kinship carers and special guardians looked after more children in total in the family, but adopters looked after more adopted children/children from the care system. More adopted children were separated from siblings than other respondent groups.
30. Reasons for children needing to become looked after were broadly similar for the three respondent groups. Neglect was the most common reason followed by risk of future emotional harm. Thirteen respondents reported that 'risk of future emotional harm' was the sole reason for the child's removal.
31. The impact of separation from birth parents and siblings was inseparable from the trauma of abuse and neglect. Although respondents' thought being removed at a younger age was better, and consistent care, even children cared for by special guardians almost from birth were affected. The impact of trauma was unpredictable and might play out differently in siblings. Children missed their birth parents and siblings and carried grief they struggled to deal with.
32. A considerable number of special guardians and kinship carers had to deal with a degree of conflict when birth parents did not accept their caring role with a similar number finding their role was accepted.
33. 20% of special guardians and kinship carers reported being put under 'extreme pressure' to take on the children.
34. Approximately a quarter of adopters and special guardians reported that information provided by children's services did not enable them to care safely for the child. This number was lower for kinship carers but with small numbers of kinship carers taking part and responding to this question this figure may not be reliable.
35. Many respondents were not totally clear from a legal perspective what is meant by emotional harm and this term had not been explained to most respondents.
36. There was a degree of uncertainty about the meaning of emotional harm across all respondent groups. It was an ambiguous term that was interpreted in different ways. It was considered potentially problematic as the sole reason for removal of the child when the impact of removal and of separation and loss was so great.

37. More adopted children had re-entered care than with other respondent groups. Adopters were concerned about emotional harm in the care of the corporate parent after a child had gone back into care.
38. The children's birth parents suffered with high levels of mental illnesses, with depression and anxiety being the most common disorder. They were often care experienced and abuse survivors themselves. Most adopters did not know if support was provided after the child had been removed. Support was provided in some cases through charities or the LA. Special guardians would have liked to see birth parents receiving better support before children were removed whilst others considered removal to have been necessary and beneficial.
39. Drug and alcohol abuse were common in birth parents and respondents reported this worsened after the child's removal in less than 10% of cases.
40. Birth mothers suffered more than birth fathers after removal of a child in terms of health and wellbeing being affected.
41. Most respondents across all three groups had received no training in social media. Less than 10% of adopters had received training in social media that was considered helpful.
42. Adopters experiences of positive support dropped after the Adoption Order was made.
43. Less than 10% of adopters and special guardians considered that their overall support had been 'good' or 'excellent'.
44. Adopters had much higher rates of children going back into care in this survey sample.
45. Partnership working after a child had gone back into care was hard to achieve and none had achieved it under a Section 31 Care Order. Relationships were fraught and difficult. Respondents felt blamed and victimised by agencies.
46. Adopters described poor outcomes for children who are cared for by the corporate parent and they felt these children are emotionally harmed.

## Consideration of findings in the light of previous research

There is a dearth of comparative information about special guardians, kinship carers and adopters since the Selwyn report (2014). This means that modernisers of adoption and special guardianship, policy makers and legislators have little reliable information to inform decisions about policy and service development. There is no rigorous formal policy evaluation done.

As parents and carers, working alone, without funding or support and with our parenting and care obligations we cannot undertake rigorous policy research. However, we can conduct surveys and reflect on our experiences together to think about what is happening on the ground, and what might make things better – and this is what we have done. We hope we will be listened to.

For the past year SG&AT have conducted peer led research into the difficulties and challenges faced for adopters and special guardians with this being our third survey. Our reports and presentations, which can be seen on our website<sup>3</sup> are as follows:

**Special Guardians and Adopters Together Interim Report: March 2018**

**Building Trust with Special Guardian and Adopted Children: April 2018**

**School Exclusions Report: May 2018**

**EHC Plans for Special Guardianship and Adopted Children. An Enquiry: June 2018**

---

<sup>3</sup> <http://specialguardiansandadopterstogether.com/sgat-surveys-research-reports/>

## Working Together to Help Our Children: June 2018

Our Connections Survey builds on knowledge gained from previous reports and it has highlighted some important concerns, most notably in respect of the grief that children carry, which we must as families, absorb and deal with. The impact of being removed from parents and siblings is enormous and lifelong. It creates further trauma – so there needs to be very good reasons to remove a child.

Some of the information in this survey and our previous surveys gives cause for concern. The negative health impact of the parenting caring role and fact that 10% of respondents in the Health and Wellbeing survey suffered with PTSD for example. We are not battlefield soldiers. We are parents and carers trying to do our best for children suffering early life deprivation, abuses and losses of a magnitude it is hard to sometimes comprehend. We are perplexed that there is so little interest shown in the health problems experienced by parents and carers as a result of the demands of our parenting/caring role. It does seem rather uncaring.

Respondent bias may inevitably be a factor in our self-selecting surveys. Respondents with more negative experiences of services, or more extreme cases, may have been more inclined to take part and comment. From our perspectives however, what is reported in this survey and others, is an accurate reflection of the many posts we see in the various closed peer support groups we belong to. We are free to talk openly about difficulties we experience in these groups where many speak of struggle and feel too much is asked and expected of them.

### Risk of harm vs actual harm of removal

A false positive is where an error is made, and the intervention is applied when it is not required. False positives in adoption and special guardianship must be minimised because the impact of the intervention is so drastic, particularly with adoption. Safeguarding can be a harrowing ordeal for mothers, fathers and children. The wellbeing of mothers is particularly important in the case of neonatal and breastfeeding infants and concerns have been raised in parliament recently by campaigning groups such as Legal Action for Women seeking to protect breastfeeding from state intervention. The removal process itself may be a traumatising experience for the mother of the developing foetus, or the parents of a young infant or child. If the birth parents are themselves vulnerable, perhaps lacking trust in professionals and services, suffering with mental health problems, or victims of domestic violence or coercive control, then the pressure and stress of a child protection investigation can itself overwhelm, and cause immense stress. Babies and children absorb this stress, infants particularly are extremely sensitive to their environment. The removal process can also be traumatising for young children who associate social workers with being removed and seeing their parents upset. A child may also be taken away from school or nursery, separated from siblings, and not able to return home. This would be hard for an adult to deal with.

One would also want to avoid false positives leading to children who were previously 'looked after' returning to care, with no way back to their family. The perspectives of parents and carers about the child's or young person's needs can be very different from professionals and agencies. This leads to conflict. We raise these children, many of whom have trauma related 'invisible' disabilities. Our understanding about what the child's problems and difficulties are, and how they can best be supported, develops over time. Yet, it can easily be that this tacit knowledge<sup>4</sup> is not valued as a resource by the state if our children re-enter care. In this scenario we risk being marginalised or even discarded, in a child focused system, as part of the problem and a potential 'risk of harm' to the very children we sought to help. This does not help our

---

<sup>4</sup> See for example: <http://specialguardiansandadopterstogether.com/understanding-a-traumatised-child/>

children who may in some cases be retraumatised just by the presence of social workers re-entering their lives after many years, or become de-stabilised when they live apart, because of their earlier losses and a sense of failure that can be felt on their part. No one wants the child to feel they have failed, least of all us. Rejections of us, which may come from a loss of hope, and a fear of future failure (as this may be the child or young person's perspective), can so easily be misinterpreted, or just taken at face value. The report the social worker writes, which the corporate parent uses, states 'the child does not want to see the parent/adopter/carer'. The reality is the child cannot bear to say goodbye, over and over again.

### Why do adopted and special guardian children re-enter care?

This is the third survey where we have seen a marked difference between the number of adopted children and special guardianship children re-entering care. We are puzzled by this. From our social media peer support groups, we do hear about special guardianship children going back into care and their guardians unable to expedite support, and ending up victimised in court, but this scenario really does seem to be more common for adopters.

Many will have positive experiences of adoption and special guardianship, however, some of the systemic problems that make things hard for us and potentially lead to poor outcomes, which we have collectively experienced and talked about include:

1. A blame culture where the behaviour of the child, which stems from trauma, is attributed to lack of parental capacity/poor parenting.
2. Inadequate financial support. Not complying with guidance.
3. Poor recognition of invisible disabilities and conditions that are common in adoption, special guardianship and kinship care such as autism and FASD.
4. Children being placed with carers or homes that are unsuitable and far away from family.
5. Poor understanding of adoption and special guardianship issues on the part of allocated workers and services. CAMHS provision is very patchy for example.
6. Overstretched social workers and poor continuity of care.
7. Managers making decisions that are negative and over rule, so meetings can be a waste of time – closed ranks.
8. The Adoption Support Fund not being available if a child is 'Lack of LAC'. This is when family members have pulled out all the stops to prevent the child going into care, but it later emerges that assessment and or help is needed.
9. Poor accountability – formal complaints take too long to investigate and mean the damage is done by the time an investigation is completed.
10. CAMHS not providing therapy until a child has stabilised rather than providing therapy to help them become stabilised.
11. No respite unless a child is made 'looked after', which results in the child's sense of permanence being undermined.

#### **After a child has re-entered care there may also be additional problems:**

12. A focus on the child in isolation rather than holistic family centred support.
13. Misuse of Section 20 – cases allowed to drift.

14. With S31 Care Orders - shared parental responsibility that is not properly shared.
15. Adversarial courts where adoption expertise is often lacking and there is poor misunderstanding about the impact of trauma on family life. Parents and carers who sought help are treated and viewed as a potential or actual source of harm to the child they wished to help.
16. Discrimination issues – children of single carers/parents and ethnic minority parents/carers, where the child’s religious beliefs are not supported.
17. No models or frameworks for rehabilitation and reunification other than one that presupposes further abuse and neglect
18. Independent Reviewing Officers that are not truly independent and not IROs following the IRO handbook.
19. Cafcass Guardians that base decisions on ‘the least worst option’ rather than flagging up that no good options exist. We seem to be the only group suggesting that legal frameworks are not working.
20. The Adoption Support Fund not being available when a child re-enters care and there is ‘no intention to reunify’ on the part of the local authority.
21. Family relationships not being supported if our children re-enter care. We have seen cases where contact that is punitive of children and highly restricted – not being allowed to spend Christmas with their family or adopters not allowed to make eye contact with their children or wave back if they wave.
22. Selectivity about a ‘child’s wishes and feelings’. Paying attention when the child does not want to go home and ignoring them when they say they do.
23. No work done to try and get a child back home as an ultimate outcome, achievable or not.
24. A lack of commitment to adopters, special guardians and kinship carers. When things go wrong, in the hardest of circumstances, we are treated as if we have failed.

According to government statistics<sup>5</sup> there were 180 adopted children, 270 special guardianship children and 110 children under a Residence or Child Arrangements Order who re-entered care in England in the year ending March 31<sup>st</sup> 2018. The reliability of these figures is however rather poor when information on the legal status of 3,870 of the 32,050 children that entered care during this year is missing/unknown.

It is vitally important to understand the reasons why these children went back into care when their parents and carers were so rigorously assessed, and Orders were made by the state to give over parental responsibility for a vulnerable child. Surely questions need to be asked of these parents and carers, who then give so much, about what, from their perspective, would have helped or possibly prevented the child going back into care? It also seems important to understand if everything is being done to help relationships between parents, carers and their children to be maintained, or rebuilt where necessary, as the separation may trigger earlier separation traumas and destabilise the child or young person. This is especially likely to be the case if contact is restricted and curtailed, whilst blameless parents and carers who will be there long after agencies are gone, are essentially excluded from the child’s life during a child or young person’s critical years. It is difficult to fathom why these cases are not being thought about and we suggest that perhaps a proportion of these cases could be considered by Ofsted with the child’s parents, special guardians or kinship carers.

---

<sup>5</sup> See SDDA 903 - year ending March 2018, National Tables, Children looked after in England including adoption. Table C1

We would welcome the opportunity to have dialogue about our research and our lived experiences of services, as we cannot see how complex problems can be solved without us, as 'experts by experience', being part of the discussion. This is what we feel should happen next. The issues and concerns we have raised in our various reports are of such a serious nature, and we need to talk about what to do about it.

## Concluding Comments

We have attempted to consider the impact of removing a child from their birth parents. We wanted to get beyond 'happy ever after' narratives and present a more realistic picture of the impact of removing a child, and the grief this leaves us having to deal with as families. We have looked at emotional harm as a reason for removing a child and considered views about this term and what it means. We have tried to understand what it is like for a child if they must go back into care, as well as considering the impact of this on the wider family and primary caregivers who make a lifelong commitment. We have tried to understand how well the system was doing in terms of supporting second families.

Our survey has raised some important concerns about the legacy of grief, which compounds the trauma of abuse and neglect. We have also considered why adoptions and special guardianships break down from our experiences/perspectives and in the light of this survey and others we have conducted.

We have no recommendations or suggestions. We put forward many suggestions in previous reports. If they have been given any consideration at all, it is not with us. Any input we have been able to make is very minimal. Now, after so much data has been gathered and much hard work done, we must come together and talk about the changes we feel are needed. We must first create safe 'platforms of engagement' to do this where there can be dialogue and discussion, whilst respecting the need for anonymity and privacy of children and families.

We must find more ways to come together and talk – so we can all be part of the transformational change that needs to happen.

## Request for Support from SG&AT

This last year has seen a great deal of hard work done by our group to collect data through surveys, which we hope will be of interest and value to policymakers and legislators modernising adoption and special guardianship. We are entirely reliant on public support. We therefore ask whether you might consider helping us. Please, if you can, make a contribution to cover our running costs and expenses, and assist us to take our work forwards in any way you can.

If you are an adopter, a birth parent, a foster carer, a kinship carer, an academic, a health or social care professional, a legal professional, or involved with service and policy development please work with us and please think about how we can come together – with us. Help and advice from all quarters are gratefully received.

We warmly welcome all special guardians and adopters to join our campaigning group – you will find links to a membership application form on the website.

Here is a link to our Just Giving page for donations.

[https://www.justgiving.com/crowdfunding/adopters-together?utm\\_term=2DAWqVP7G](https://www.justgiving.com/crowdfunding/adopters-together?utm_term=2DAWqVP7G)