



Gwasanaeth
Mabwysiadu
Cenedlaethol

National
Adoption
Service



If you care... Care About Adoption

A GUIDE FOR HEALTHCARE PROFESSIONALS

When you care for the health of a child who is adopted, you are part of building the brighter future that they deserve.

Many adopted children have experienced trauma in their early lives, and will continue to need careful support to feel safe and to nurture their development for several years, even after being settled with a permanent family. As a healthcare professional, your approach to caring for an adopted child and their family can make a positive difference to their lives.

The National Adoption Service has developed this short booklet as part of its Framework for Adoption Support, to raise awareness of adoption amongst healthcare practitioners so you can better understand and support the needs of adopted children and their families.



How well informed are you about adoption?

Adoption has changed significantly over the last 30 years. In the past, most adopted children were relinquished by their birth parents as infants; however, the modern-day scenario for many children who become adopted is to have been removed from their birth families to safeguard their welfare.

In 2017-18, over 80% of children who were adopted in Wales (having been looked after by local authorities) were aged 1–4 years and nearly 18% were aged 5–9 years. All will have experienced some form of loss by being taken into care, and the majority will also have experienced abuse and/or neglect. For many children this can begin in the womb, with exposure to alcohol, other substances and domestic abuse. Some adopted children may also be at increased risk for genetic conditions and developmental difficulties (including ADHD or autism spectrum conditions), and mental health difficulties.

It is important to recognise how early trauma and attachment experiences can affect children who have been taken into care and subsequently adopted – in some cases, for many years after adoption. They may have specific physical or developmental needs around:

- forming trusting relationships
- speech and language difficulties
- learning delays or difficulties
- managing strong emotions
- coping with transitions and change
- sensory processing



What are the biggest challenges for adoptive families?

In 2017-18, Adoption UK consulted over 200 adoptive families across Wales. Many told us that they would like practitioners across primary and secondary care services, including CAMHS, to understand more about the challenges they face, particularly:

- support from professionals for the use a child's preferred name, and recognition of the child and adoptive family's best interests in doing so;
- encouraging professionals to talk about adoption as just another way in which family life can be enjoyed, importantly using the correct words – Birth parents, Birth Mother, Birth Father, not Real Mother or Real Father;
- the detrimental effect of families needing to frequently repeat their stories to professionals, along with reciting known information from their child's birth family medical history;
- the impact that early childhood trauma (including abuse and neglect) can have on the physical and emotional well-being, or on the behaviour, of children and young people – often presenting during key transition points such as change of school and puberty;
- the impact of poor or disrupted attachment and its implications for all other relationships, particularly in forming new family relationships;
- health-specific issues, including Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Syndrome Disorder (FASD), antenatal substance exposure and Neonatal Abstinence Syndrome (NAS), inherited genetic conditions, Global Developmental Delay (GDD). Correctly diagnosing these early can ensure the child is supported throughout their life;
- gaining access to therapeutic approaches that are known to be effective in adoptive families, including Non-Violent Resistance (NVR), Theraplay and Dyadic Developmental Psychotherapy (DDP).

For more information on trauma, health issues and therapies, read our In Depth sections.



How can you support an adoptive child and their family?

In consultation with adoptive families, the National Adoption Service has identified areas where healthcare professionals like you can positively contribute to the well-being of adopted children, young people and their families by:

- recognising that the effects of their early traumatic experiences can persist beyond becoming adopted;
- prioritising the needs of adoptive children for further support;
- understanding that use of language in adoption is complex with implications for personal identity, and being sensitive to the wishes of parents about how they and their child/children are identified;
- having agreed pathways in place for adopted children to receive therapeutic and psychology services to meet their physical and emotional well-being needs;
- providing clear information about available services for adoptive families and how these can be accessed.



In Depth: the potential impacts of early childhood trauma

A child who has experienced early trauma may have emotional or mental health problems stemming from these early experiences. The details of a child's early years and family history might not be fully known, so it's important to work with adoptive families to be as informed as possible and to offer suitable management services.

Physical well-being

The majority of children placed for adoption will have come through the care system so their immunisations will be up to date and any current health problems will have been addressed prior to them being adopted. However, they may have some chronic health problems e.g. dental problems, vision or hearing concerns or growth issues from early neglect and missed health appointments prior to them going into care which should be considered.

Emotional well-being

Children are at particular risk of trauma causing future behavioural, emotional, mental and physical health issues because of their rapidly developing brain. A child who has experienced early trauma may show a rapid response to stress, loud noises, finding themselves in a position they're uncomfortable with, accompanied by the characteristic 'fight' or 'flight' response. To alleviate the child's distress, try creating a calm, reassuring and soothing response.



Impact of poor or disrupted attachment

When a child has a poor attachment to their parent, they may not have learned how to regulate their emotions or self-control in a positive way. They often struggle with resilience and take longer to recover when frightened or upset. This can affect all relationships they encounter.

Psychological attachment is the emotional bond that typically forms between child and caregiver, which forms the foundation for social, emotional and cognitive development. Often the impact of attachment disorder on a child's sense of self and their capacity to form attachments with caregivers can pose major challenges for adoptive parents, as well as teachers, health professionals or any adult they come in to contact with.

Behaviour

Adoptive families can often struggle to manage emotions and behaviour linked to early trauma. The child may need support from a trusted adult at transition points, for example starting school or puberty - someone who can understand what they find difficult and help them to regulate their behaviour, preparing them for the next phase of the task they're undertaking.

In Depth: approaching and diagnosing health issues

Adoptive children who have suffered trauma can suffer from specific physical health issues. It's important to remember that these issues form part of the child's history but should not "label" or stigmatise the adopted child. This way, the family unit can be supported rather than further harmed.

Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Spectrum Disorder (FASD)

If a baby is exposed to alcohol in the womb, he/she may show signs of FAS or FASD. These include physical attributes (smaller head, poor growth, distinctive facial features), physical health problems (such as hearing and vision problems), neurodevelopmental problems (such as learning difficulties, autism, ADHD). Correctly diagnosing FAS and FASD early can ensure the child is supported throughout their life.

Antenatal substance exposure and Neonatal Abstinence Syndrome (NAS)

Most drugs of abuse, such as opioids, amphetamines, marijuana and nicotine easily cross the placenta. If a baby is exposed to drugs in the womb they may experience a range of withdrawal symptoms collectively known as Neonatal Abstinence Syndrome (NAS). Symptoms include (but are not limited to) tremors, irritability, sleep disturbances, hyperactive reflexes, feeding difficulties and gastrointestinal problems. As well as NAS, exposure to drugs in utero can have long-lasting implications for foetal growth and brain development including birth defects, seizures, developmental delay and learning disabilities.

Global Developmental Delay (GDD)

A child who has suffered early trauma and neglect may take longer to reach certain development milestones and some may never achieve them fully. This might include walking, talking, learning, socialising and developing emotional responses. GDD can be caused by the birth mother becoming ill or using substances during pregnancy, lack of oxygen during birth, inherited genes, or illness during early childhood (like meningitis).



In Depth: parenting styles and therapeutic approaches

Parenting is challenging for all parents, but parenting children who have had a difficult start in life can be even more so. It's important to understand what drives the child's behaviour, rather than simply reacting to it. Therapeutic parenting helps children feel a greater sense of security and resilience, focusing on the interactions between caregivers and children, helping to build trust and self-esteem, while managing feelings and behaviour. Several therapeutic approaches are available which parents may find useful or supportive. These include but are not limited to the following examples.

Non-Violent Resistance (NVR)

Often children who've experienced early childhood trauma will suffer behavioural issues as a result. NVR is an approach which has been specifically developed for responding effectively to aggressive, violent, self-destructive and controlling behaviour in children. It is being successfully used with anxious young people, whose obsessive-compulsive behaviour controls the family or who isolate themselves socially.

Theraplay®

Trauma-experienced children may suffer with low self-worth and have a negative attitude towards relationships. Theraplay® is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun. Theraplay® sessions can create an active, emotional connection between the child and parent, helping an adoptive child to view relationships as positive and rewarding.



Dyadic Developmental Psychotherapy (DDP)

This form of psychotherapy can be particularly affective as it was developed specifically as an intervention for children who have experienced emotional trauma, resulting from chronic early maltreatment within the caregiving relationship. The primary goal of DDP is to support children in developing the ability to maintain attachment-based relationships with parents and caregivers. It holds the parent-child relationship in high regard and uses this "dyad" as the platform for healing.



Further support

The National Adoption Service is an innovative collaborative organisation supported by Welsh Government, which brings together all local authority and voluntary adoption agencies in Wales. Our aim is to improve adoption support services for all adoptive families.

We provide useful information for everyone who may be affected by adoption – including adoptive families, people who may be considering adoption and professionals who provide services to adoptive families.

You can find more information, including research and case studies, on the needs of adoptive children on our website: www.adoptcymru.com

Other sources of information you may find useful include:

Special educational needs or disabilities

www.snapcymru.org

Autistic Spectrum Disorder

www.autism.org.uk

Attachment Theory

<https://fosteringandadoption.rip.org.uk/topics/attachment-theory-research/>

Attention Deficit Hyperactivity Disorder

www.youngminds.org.uk

Fetal Alcohol Syndrome

www.nofas-uk.org

Sensory Processing Disorder

www.sensory-processing-disorder.com

Oppositional Defiance Disorder

www.lanc.org.uk/related-conditions/oppositional-defiant-disorder