



The UEA Moving to Adoption model:
a guide for adoption social workers,
fostering social workers and
children's social workers

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How to cite this guide:

Neil, E., Beek, M, & Schofield, G. (2020) The UEA Moving to Adoption model: a guide for adoption social workers, fostering social workers and children's social workers. Norwich: University of East Anglia, Centre for Research on Children and Families.

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1. Introduction

When children cannot safely return home from foster care, adoption provides legal security, love and belonging in a new family. However, the child's move to adoption can also involve the loss of key relationships with birth family members and foster family members as well as their social and cultural identities as part of those families. It is important that social work practice places the child's emotional needs at the centre, whilst also supporting the foster carers and the prospective adoptive parents.

In traditional practice, the move to adoption typically takes place in 5 – 14 days, according to the age of the child. After the move, children often do not see their foster carers again for 6 – 12 weeks and for some there is no further contact, although some adopters choose to remain in touch.

There have been concerns regarding this practice model. Research (Selwyn, 2015, Neil, Young and Hartley, 2018) shows that in some cases, these rather abrupt moves are distressing for children and for adopters and foster carers. In these cases, there may be links to poorer child outcomes and even disruption. Professionals have expressed uncertainty about how to plan and support these moves in a more child focused way.

From 2016 – 2018, therefore, a practice development project¹, funded by the Sir Halley Stewart Trust, took place at the Centre for Research on Children and Families, University of

East Anglia, UK. The research team was Elsbeth Neil, Mary Beek and Gillian Schofield. Two local authorities (Norfolk County Council and the London Borough of Southwark) worked in partnership with the UEA research team to pilot an adapted approach to moving children to adoption. We have drawn on their experiences, and the feedback received from the foster carers and adopters involved in the project to develop the UEA Moving to Adoption model for supporting children's moves to adoption.

The UEA model is not prescriptive in determining how children should be moved to adoption. Instead, it is governed by a set of principles within which a range of practice might occur. The model is, therefore, responsive to local conditions and applicable across the full range of regional variation in adoption policies and procedures in England and Wales. It is also applicable within the different legislative frameworks, policies and procedures of Scotland and Northern Ireland. The governing principles of the model can also be applied to the range of alternative moves that children might make, for example from short term to long term foster carer or to family and friends care.

This practice guide outlines the UEA Moving to Adoption model and its underpinning framework, the Secure Base model www.uea.ac.uk/providingasecurebase. The guide explores how this approach can inform social work practice as children make the move from foster care to adoption and we hope that it will be helpful to the range of professionals who are engaged in helping to make their moves successful.

¹ Moving to adoption: a practice development project: Research Briefing
Neil, E, Beek, M & Schofield, G (2018) Centre for Research on Children and Families, UEA

The key principles of the UEA Moving to Adoption model

The key principles:

- Opportunities for the foster carers and adopters to build a positive relationship should be promoted at an early stage in the moving process, as this is helpful to the success of the move.
- The child and the adopters should be given opportunities to become familiar with each other through play and observation prior to adopters undertaking any caregiving tasks.
- All arrangements and timescales should focus on the needs of the child.
- The child's feelings about the move should be held in mind, and responded to sensitively.
- Some continuity of foster family relationships and environment will support the child in managing the loss of the foster family and building trust in the adoptive family.
- There should be flexibility in the planning, in consultation with the child, the families and the social workers, to allow for emerging circumstances and needs.

2. The legal and policy framework

The Statutory Guidance on Adoption (2013), applicable in England, contains just one paragraph on making the move to adoption:

5.5. One of the matters to be discussed and agreed is the proposed arrangements for introducing the child and the prospective adopter. These will of course vary depending on the age of the child, and all the circumstances. In some cases a lengthy series of introductory meetings of increasing duration will be needed. It is essential that everyone involved is clear about what is planned, how they can discuss with the agency whether the arrangements are working in a way that is helpful to them and how any changes to the plan will be made if necessary. It will be especially important for the foster carer's own social worker to be part of the meeting if the foster carer is going to be involved in a protracted period of introductions. What is important is that both the child and prospective adopter feel well prepared before the placement and are happy with the pace of the introductions and the date of placement.

It is notable that flexibility in planning is referred to here, with reference to a range of issues: responsiveness to the age of the child, to 'all the circumstances' of the case, and also to changing circumstances. Specific timeframes are not suggested, but the importance of good communication between all parties is highlighted, as is support to the foster carer and good preparation of the child and the adopters.

However, there are also some significant details omitted from this piece of guidance. Firstly, although it is suggested that 'everyone involved' is clear about the plan, it is important to specify who this might include – namely, the child (as applicable), the foster carers, the adopters, the fostering, adoption and child's social workers and also birth family members, especially if their contact is planned for this period.

Secondly, the guidance suggests that it is especially important for the fostering social worker to be involved if there is to be a 'protracted' period of introductions, implying that it is less important if the introductions are to be shorter. In fact, the involvement of the fostering social worker is essential in all cases, since all plans will inevitably involve the foster carer, supported by their social worker.

Similarly, regarding the role of foster carers during the move, the significance of the foster carers' role is somewhat minimised. For example, it is suggested that the child and the adopters should be well prepared, but the foster carers' preparation is not mentioned.

However, after the move it is suggested that:

Sometimes... visits from or meetings with grandparents, or former foster carers, may be beneficial to the child.

Regarding all forms of contact after the move, the guidance suggests that arrangements most likely to be successful are those which are planned and mutually agreed with the adopters, and have the details and expectations set out and confirmed in writing. The guidance also stresses the importance of clear boundaries and expectations for all parties in contact arrangements.

3. Theory and research

Eighty-percent of children placed for adoption are under five when placed, having typically spent 1–2 years with foster carers, often from soon after birth. During this time it is likely that the foster carers will have become the child's trusted source of nurture and reassurance and close and loving relationships will have developed. The move to adoption involves moving from trusted caregivers to adopters³ with whom the child will need to build trust and new attachments.

Key questions that arise for those who are supporting children through this process can be informed by theory and research, as follows:

What do children think and feel when they are moved to adoption?

Bowlby (1969) suggests that selective attachments develop from the age of about 6 months. From this time, children usually show a clear preference for one or more caregivers; when distressed they will seek to be near this person, and separation itself can provoke distress and protest.

Children under three years (the usual age range for adoption) can feel the absence of their parent figure (the birth parent and/or the foster carer) but have limited capacity to understand the reasons for the separation and to hold the absent caregiver in mind. For these children, the move is likely to be especially confusing and disturbing.

Further development occurs at the age of about 3 years, when children can take the perspective of their caregiver into account, and can rely on mental representations of him or her to cope with brief separations. These developments may help the child to cope with the move, but if these children have experienced exposure to trauma or multiple separations, this is likely to have had a negative effect on their emotional and cognitive development. They are therefore more vulnerable and more likely to experience fear, an acute sense of abandonment and negative memories of past separations (Bowlby, 1980; Lanyado, 2003; Burnell et al, 2009; Hindle and Schulman, 2008).

Therefore, all pre-school children and many older children will not only struggle to understand why they are moving to a different family but also find it hard to manage emotionally.

How do children show their feelings when they are moved to adoption?

It is understandable for children to experience a range of both positive and difficult feelings when they are moved to adoption. For many there will be excitement and positive anticipation, but there will also be feelings of sadness and loss. Difficult feelings in the new family may be shown in a range of age related ways. For example crying, asking for the foster carer, rejecting the new parent, or disturbance in their playing, eating, sleeping or toileting.

³ Throughout this guide, the term 'adopters' is substituted for 'prospective adopters' and may apply to either a single or a two parent adoptive home.

However, children do not always show their feelings directly. For example, some children who are angry or worried become controlling or rejecting towards adults who are trying to care for them. Some children avoid their painful feelings and appear not to care that they are moving, or may seem excited and keen to move quickly (Lanyado, 2003).

When children's outward behaviour is not congruent with their feelings, adults may make the wrong interpretation. For example, research with foster carers and babies has shown that if babies demonstrate self-reliant behaviour in distressing situations, carers may withhold nurture, feeling that the baby does not want or need nurture (Stovall & Dozier, 2004).

Children who show little outward sign of emotion during their move to adoption can, therefore, be perceived as 'fine', and difficult underlying feelings may not be taken into account. Caregivers may be dealing with their own intense emotions at this stage (Lynes and Siteo 2019) and so find it harder to tune in to those of the child. Caregivers or professionals who are in touch with the child's difficult feelings may find it hard to raise the subject, for fear of spoiling the positive direction of travel (Boswell and Cudmore, 2014).

It is essential that children are helped to express the full range of their feelings and that they receive support with these feelings if they are to recover from their losses and re-build trust. This is important before, during and after the move (Lanyado, 2003; Schofield and Beek 2018; Hindle & Shulman, 2008; Browning 2015). If the grieving process is not supported, feelings of unresolved grief can emerge after the move, later in childhood or even in adolescence and 'interfere with the forming of new attachments' (Fahlberg, 1994).

How important is it to achieve a positive move?

Research into adoption outcomes has suggested a statistically significant relationship between rushed or stressful moves and unsettled or disrupted adoptions (Selwyn et al, 2015).

This is supported by data gathered from a survey of over 300 adopters of children aged 0 – 17 years (Neil, Young and Hartley, 2018). One third of the adopters felt that their child's move had been extremely or somewhat difficult, and where this was the case, there was a statistical link with poorer adoption outcomes. Difficulties for the child, as perceived by adopters, were timings that were not at the child's pace and abrupt endings of the foster placement, which did not allow the child to grieve.

What can help children when they move?

Loving and trusting relationships with the foster carers form the foundation of a positive move to adoption. These relationships are therapeutic in that they can help the children to recover from early harm, promote healthy development and support future attachment relationships. The Secure Base model (Schofield and Beek, 2014) provides a framework for understanding the positive impact of these relationships and the ways in which they can support the child before, during and after the move.

For more details of the Secure Base model and practice resources see www.uea.ac.uk/providingasecurebase.

Sometimes, concerns are expressed that a child who feels loved and fully included in their foster family will find it harder to settle with their adoptive parents. However, we know that this is not the case. Rather, loving and trusting relationships in foster care help to form a solid foundation for building trust in a new family, in the following ways:

- They will help the child to see himself⁴ as worthy of consistent loving care. He will feel confident that he is loved and loveable and this will help him to accept and enjoy his new family.
- They will help the child to expect that his new parents can also be trusted and will be there to meet his needs. He is therefore more likely to take the risk of forming new relationships.
- They will help the child's social and emotional development (for example, how to show feelings, accept comfort and enjoy family life). This is a good basis for rewarding interactions (bonding) between the adoptive parents and the child.
- They will support the child's developmental recovery. For example, his social skills, interactions with peers, his educational progress and his physical well-being will be improved – all helpful in building positive adoptive family relationships.

It is important to note that the attachment relationships with foster carers cannot be 'transferred' to the adopters, as the child will need to learn to trust the adoptive parents. However, positive relationships with foster carers will provide a secure foundation from which the child will gradually take the risk of trusting in their new adoptive parent(s) and building new attachment relationships.

Is it helpful for children to have ongoing contact with their former foster carers?

The Care Enquiry (2013) refers to children's close relationships as 'the golden thread' that runs through their lives and suggests that continuity of relationships is essential in helping children to understand the past and construct their identity. This, along with a strong sense of belonging in the permanent family were highlighted by the Care Enquiry as crucial to children's well-being.

There has been professional uncertainty regarding the role of foster carers after the child has moved. Some professionals have promoted early and frequent contact while others have delayed or ended the contact, feeling that it would be confusing to the child (Boswell and Cudmore, 2014). Although no directly relevant studies of this issue have been published, research into children separated from their primary caregivers for hospitalisation suggests that the ongoing presence of an existing attachment figure, remaining available and continuing to have a supportive role, can reassure and help children, rather than adding to their confusion (Bowlby, 1980; Robertson, 1989)

A gradual transition process, which acknowledges the losses involved for the child and includes the ongoing but decreasing involvement of the foster carer, has been identified as key in helping children to make a positive move to adoption (Breier et al, 1988; Winnicott, 2004; Aldgate and Simmonds, 1988). Browning (2015) also proposes that the impact of the move can be 'softened' for the child by a gradual transition process with gradually decreasing contact with foster carers, overseen by a well-functioning professional team.

⁴Throughout this guide, the terms 'he' and 'she' are used interchangeably when referring to children.

4. The UEA Moving to Adoption model

The UEA model outlines three key stages of the move, as follows:

Stage 1: Getting to know each other

Stage 2: Making the move

Stage 3: Supporting relationships after the move

The UEA model is not prescriptive about timescales or the details of planning for each of these stages. Rather, it suggests six key principles that should be held in mind and applied flexibly according to individual needs and the particular circumstances of each move.

The key principles are as follows:

- Opportunities for the foster carers and adopters to build a positive relationship should be promoted at an early stage in the moving process, as this is helpful to the success of the move.
- The child and the adopters should be given opportunities to become familiar with each other through play and observation prior to adopters undertaking any caregiving tasks.
- All arrangements and timescales should focus on the needs of the child.
- The child's feelings about the move should be held in mind, and responded to sensitively.
- Some continuity of foster family relationships and environment will support the child in managing the loss of the foster family and building trust in the adoptive family.
- There should be flexibility in the planning, in consultation with the child, the families and the social workers, to allow for emerging circumstances and needs.

The three stages of the UEA model, and the principles that guide them are explored below. Each stage is described in terms of its aims and objectives, the events that may occur within it and the roles of the professionals involved. Case examples from a range of sources, including a foster carer diary, are provided to illustrate each of the stages.

Stage 1: Getting to know each other

Introduction

Stage 1 of the UEA model refers to a period of time after the match between the adopters and the child has been identified. The aim of Stage 1 is to prepare for the intense period in which the child makes the move to the adoptive home (Stage 2). Stage 1 involves a gradual process of familiarisation in which the foster carers and the adopters, and similarly, the adopters and the child, can get to know each other and begin to build trust, *without the adopters taking on caregiving tasks for the child*.

During this period, the foster carers can develop confidence in the adopters' capacity to understand, love and care for the child. Adopters can observe the relationship between the child and the foster carers and build trust in the foster carer's capacity to support the child through the move. When the child becomes involved in the meetings, they will see that their trusted foster carer is comfortable in the presence of the adopters and so feel more able to take the risk of building trust in their new parents.

There is regional variation in the number of contacts between the child and the adopters that take place before the match is taken to the adoption panel for recommendation, and this should be negotiated locally. However, adoption panels are increasingly supportive of (or expect) at least one face to face meeting to have occurred before they consider the match (CoramBAAF, 2017).

In some cases, adopters will have had opportunities to see or even meet or play with the child which are used as part of the decision making as to whether or not this is a suitable match. In these cases, it is still important that the Stage 1 activities take place, as described below, in preparation for the move. The reason for this is that once the decision to proceed with the match is made, both the adopters' and the foster carers' mindsets will be different; they will be thinking and feeling about the child as the future child of the adoptive family, with all the accompanying changes that will occur in their relationships with each other and with the child.

Key principles at Stage 1

- Opportunities for the foster carers and adopters to build a positive relationship should be promoted at an early stage in the moving process, as this is helpful to the success of the move.
- The child and the adopters should be given opportunities to become familiar with each other through play and observation prior to adopters undertaking any caregiving tasks.

What happens in Stage 1?

Meetings between foster carers and adopters, without the child present

- Stage 1 should begin with some face to face contact between the foster carers and the adopters, providing opportunities to get to know each other as adults and to begin the process of working together to support the child through the move.
- As the foster carers and adopters begin to establish a trusting relationship, their anxiety will be reduced and they will become more able to focus on the emotional needs of the child. This will be of benefit to the child at the point where they become involved in the meetings. They will see that their foster carer trusts the adopters and so feel more willing to begin the process of building trust in their new parents. As this adoptive parent put it:

I feel that we were given the chance to develop a good relationship with the foster family which, in the end, helped our child feel more comfortable with us.

- The Secure Base checklist (see resources) is a useful tool to be completed by the social worker or foster carer and shared with the adopters at this stage. This can provide a focus for discussion, with, perhaps, the foster carer providing more examples of attachment related behaviours and how the adopters might respond to the child.
- In all cases it would be expected that there is a detailed discussion about the child, in which the foster carer would share their experiences of caring for the child, the child's likes and dislikes and how best to support the child's emotional and physical well-being – and for the adopters to respond and ask any questions that they may have.

- The nature and frequency of the meetings is necessarily diverse, depending on the range of personalities and circumstances involved. The following examples represent some of these variations:
 - Female foster carer and female adopter meet for coffee on two occasions, while the child is at Nursery
 - Foster carers and adopters meet on neutral ground on two occasions during the evening
 - Foster carers and adopters meet once in the foster home, while the child is at school
 - Phone conversations and exchange of emails, photographs, messages or videos may take place between any of these meetings
- For the majority of foster carers and adopters in the UEA Moving to Adoption pilot study, these adult meetings were successful and valued by all concerned, and warm relationships developed easily:

We got to know them (the foster carers) well before we even met our son. They were supportive, intuitive, understanding and amazing. (Adopter)

- In a small number of cases, foster carers or adopters indicated a degree of impatience and eagerness for the next steps of meeting the child to take place. The risk here is that the (understandable) desire for forward momentum has an impact on the whole moving process and results in less attention being paid to the child's needs and feelings. Training and support is key in helping foster carers and adopters to understand the value of getting to know each other at this early stage in the moving process and to see it as positive preparation for making the move.

Observe and play sessions

- Observe and play sessions involve the prospective adopters having planned contact with the child, with the foster carer present. The adopters and the foster carers should be carefully prepared for these sessions. They should be advised that during the sessions the adopters should avoid caregiving tasks. Instead, they should take a back seat and observe the child interacting, as normal, in the foster family, perhaps play with the child (if the child initiates this/is comfortable with it) watch television with the child, read stories or share simple local outings (e.g. to the park) with the child and foster carer. The benefits of this approach may be seen later in the process, as this adoptive father notes:

His trust was helped by playing games with us and so on for several visits - so we established an element of fun first then moved on to carer duties.

- It should be explained to both parties that throughout the observe and play session, the foster carer will take the caregiving role and act as a secure base for the child. For example, if the child falls over, the foster carer will offer comfort and reassurance and settle the child. This helps to minimise the child's anxiety, allowing them to become familiar and comfortable with the adopters, before taking the next step of trusting them to care for him or her.

- Observe and play sessions will vary in number, frequency and quantity, depending on factors such as the age of the child, the anxiety level of the child and geographical considerations. Examples from the UEA Moving to Adoption pilot study are:
 - Adopters make 5 visits to foster home over 8 weeks (child 4 ½ yrs)
 - Adopters make 2 visits plus e communication over 1 week (child 9m)
 - Adopters share a series of 4 family outings with the foster family (child 2 yrs)
- Ideally, observe and play sessions build on the trusting relationships already established between the foster carers and the adopters and can have the additional benefit of conveying this trust to the child. When the child is able to pick up signals that the adults value and trust each other, they will feel a greater sense of safety in building trust themselves, as noted by this adoptive mother:

Each time, when we arrived, the foster carer made a point of giving us big hugs in front of our son, so he would know she thought we were OK.

- In a small number of cases, foster carers or adopters might feel impatient for 'hands on' caregiving to start sooner than planned, or the child themselves might ask for the adopters to be more involved. In these cases there may need to be some flexibility, with adopters taking on some caregiving tasks (for example, helping the child to put on shoes before an outing) but with the foster carers continuing to take the lead in the primary caregiving tasks such as feeding and nappy changing. It should be held in mind that the aim is for the child to build trust and feel comfortable with the adopters before taking the next step of trusting them to care for him or her.
- An adoption social worker reflected on the importance of observe and play opportunities as follows:

I think what was particularly helpful (in making a positive move) was the first meetings between children and adopters with no pressure on adopters to do any caring tasks and for the children to develop a playful relationship first with adopters.

And the following adopter of a second child found the Stage 1 visits particularly helpful in terms of helping the whole family to prepare for the arrival of a new child:

The initial meetings with the child helps you to really plan for that particular child and what the reality may look like. It gives you plenty of time to adjust to the thought that this child will join your family. It helped us to prepare (birth child) and it was reassuring to us that they could play well and we could see how the dynamics would change in our family.

Case example

Stage 1: Getting to know each other

Observe and play visits for Toby (9 months)

Toby had been in foster care for 6 months. He had recently developed a selective attachment to his foster carers and was reluctant to accept care from anyone else, even familiar adults. His foster carers and social workers felt that he would need additional time to become familiar with his prospective adopter before they began caregiving tasks for him. A series of Stage 1 visits were planned, over 5 consecutive days, as follows:

Day 1 The adopter and the foster carer meet for coffee without Toby

Day 2 The adopter spends a morning with the foster carer and Toby, observing all of the foster carer's caregiving tasks and play activities

Day 3 The adopter spends an afternoon with the foster carer and Toby, observing all of the foster carer's caregiving tasks and joining in some play activities

Day 4 The adopter spends a morning with Toby, taking a lead in play activities

Day 5 The adopter spends an afternoon with Toby, playing and accompanying the foster carer to the park where they play with Toby on the swings and in the sand pit

These daily visits helped Toby to become familiar with the adopter and to see them as a person who he could trust enough to engage and have fun with. They also enabled the adopter to feel confident in taking the next steps of caregiving tasks for Toby.

Case example

Stage 1: Getting to know each other

Observe and play visits for Alfie (5 years)

Alfie had a history of several moves and changes of caregiver. A previous adoption placement disrupted after three months. Alfie was moved to a new foster home where he settled well. After 9 months, new prospective adopters were identified.

Alfie was well prepared for his new family by his social worker and foster carer. They worked together, showing him photographs of the home and family, giving him simple information and answering his questions. He said that he was worried because he didn't know the adopters and he didn't know what his bedroom would be like. He was reassured when he was told that he would get to know them a bit at a time, while still living with his foster family, and that he would visit the house and his bedroom with his foster mother before he moved.

The 'observe and play' sessions for Alfie spanned Christmas and covered 30 days, as follows:

- Day 1** Adopters visit foster home (1 hour)
- Day 2** Adopters attend Alfie's 5th birthday celebration at local park
- Day 4** Adopters visit foster home after school, to observe and play (2 hours)
- Day 6** Adopters visit foster home after school, to observe and play (2 hours)
- Day 7** Adopters send card to Alfie
- Day 9** Foster carer takes Alfie to adopters' home, for lunch
- Day 11** Adopters visit foster home after school, to observe and play (2 hours)
- Day 12** Adopters visit foster home after school, to observe and play (2 hours)
- Day 13** Adopters attend Alfie's school play with foster carers
- Day 15** Adopters visit after school and take Alfie out to tea, with foster carer
- Day 19** Adopters attend school assembly and 'goodbye from class and teacher' ritual with foster carers
- Day 22** Adopters visit for afternoon (observe and play)
- Day 23** Christmas eve – adopters visit in the morning and visit local park with Alfie
- Day 24** Christmas day – Facetime call
- Day 25** Boxing Day - Facetime call
- Day 28** Adopters visit foster home 10am – 4pm. Play, make lunch for Alfie and foster carer
- Day 30** Local trip out

- These observe and play sessions enabled Alfie to become very familiar with the adopters and to feel confident and happy that they would become his parents.
- The visit to the adopters' home after the first week of contacts was effective in reducing Alfie's anxiety. After the visit he frequently referred to his new bedroom, the family cat and other elements of the house and he was able to ask more questions and begin to anticipate the reality of the move.
- The schedule enabled the adopters to be present for key events in his life (his birthday, the school play) and to be part of the process of letting go of his life in the foster home (attending the school farewell assembly).
- Some sessions involved the foster carers and the adopters sharing enjoyable activities (the school play, a restaurant meal) conveying a shared commitment and interest in Alfie and his well-being.
- The schedule included face to face contact but also contact when apart (the adopters sent a card when there was a gap in the visits, facetime calls were made) – demonstrating that the adopters were continuing to hold him in mind even when he could not see them.

Case example

Lucy's move to adoption at 12 months old: a foster carer's diary⁴

Today we had the second observe and play visit. Lucy's adoptive parents visited for 2 1/2 hours and it was a very relaxed, easy visit. They are so aware of not overpowering her, moving things along at her pace and giving her plenty of space. Considering it is nearly three weeks since she saw them, there was definitely a questioning look about her - a slight spark of recognition. It was definitely helped by using photographs of the adopters in the run up to the visit. I had asked them to laminate A4 sized head and shoulders photos of themselves which I began using with her on Wednesday. She can hold them, chew them, play with them during the day, and then I attach them to her cot bars so we can say good night to mummy and daddy and it will be the first thing she sees in the morning when she wakes.

- Adopters install a low light on the landing if this is familiar to the child.
- A child in a pet free foster home is be familiarised with larger dogs as there is one of these in the new family.
- Discussion of familiar items that the foster carer will send with the child (e.g. cutlery, dishes, cups) so that the adopters are aware of this in advance.
- A foster carer uses the adopters' suggestions and recipes to prepare different foods that the child will encounter in the adoptive family – and vice versa.

Case example

Lucy's move to adoption at 12 months old: a foster carer's diary

Together we are thinking about minimising the number of things that will change when she moves. We've agreed that the adopters will borrow our car seat for a few weeks for several reasons – she isn't quite big enough for the next sized seat and it would be a waste of money for them to be buying two in such a short time, she is happy and comfortable in the car seat we have and it will keep that familiarity, it fits on the buggy they have bought and also, because I will be visiting for a while after her move, they can let me have it when they've finished with it.

Preparing for significant changes and some continuity in the new family

- Stage 1 can also provide opportunities for foster carers and adopters, with the support of their social workers, to identify significant changes the child will encounter in the new family, while building in some opportunities for continuity. Examples of practical adjustments that could be made in either family to achieve continuity of the child's environment are as follows:

⁴A foster carer who participated in the the UEA pilot study kept a detailed diary charting her foster child's move to adoption. Excerpts from the anonymised diary are used to illustrate key events before, during and after the move, from the foster carer's perspective.

The roles of the professionals at Stage 1

Planning Stage 1

- At the start of Stage 1 the plan for contact between the foster carers and the adopters should be drafted in consultation with the professional network, the foster carers and the adopters. Foster carers and adopters are likely to have good ideas about what is needed to make the move work well, but they may also feel anxious and this may lead them to over-commit themselves, or to appear inflexible. Social workers who are sensitive to this can promote reflection and self-awareness and steer a plan that is child centred but also comfortably achievable for the adults. The needs of existing children in both families will need to be taken into account and plans made to include them in the visits, as and when appropriate. A plan that feels manageable for all concerned and sensitive to the child's needs can be agreed at this stage.
- When the Stage 1 plan has been agreed, it should be made clear that (apart from small adjustments) any proposed changes to it should be referred back to the respective social workers. This enables the responsible social workers to retain their oversight of the process. They will want to discuss the reasons for any proposed changes and follow through those that feel helpful for the child. But they may also need to resist suggestions from foster carers or adopters that the plan should be radically changed, ensuring at all times that the child's needs remain central.

Supporting Stage 1

- The team around the child will need to support and monitor the meetings that are taking place at Stage 1 but it is important to be proportionate in this. Unless difficult issues are emerging, it is probably not necessary for social workers to contact foster carers

and adopters after every meeting. Instead, a lighter touch plan of telephone availability and/or e contact might be preferred.

- In some cases, the relationship between the foster carers and the adopters can develop very rapidly, and frequent contact by phone and messaging can be an enjoyable part of stage 1 for foster carers and adopters. These rapidly developing relationships between the adults can lead to them to make their own adjustments to the plan, overlooking the need to consult with social workers. In such situations it is possible that, unintentionally, children's needs become lost in the enthusiasm of the adults. Social workers need to be alert to this possibility and may need to guide people back to the agreed plan for the child.
- In a small number of cases, foster carers or adopters may express concerns during Stage 1. Foster carers may feel uncertain about the adopters' commitment or capacity to parent the child. Adopters may have concerns about their capacity to care for the child or the capacity of the foster carers to support the child's move. Lower level concerns may be discussed and successfully mediated by the relevant social worker. However, more serious concerns may be indicators of underlying issues that need to be discussed by all of the professionals in the team around the child, and a plan made to address them.
- Key to the success of each of the meetings during Stage 1 is that foster carers and adopters are helped to feel comfortable with the idea of getting to know each other, and to understand the value of doing so. It is also important that the professionals communicate well with the families and each other, seeking and sharing feedback and making necessary adjustments. This strengthens the team around the child in readiness for the next critical stage – that of making the move into the adoptive family.

Stage 2: Making the move

Introduction

Stage 2 of the UEA model covers the period of more intensive visits and contacts that culminate in the child's official move to the adoptive family. Stage 2 begins after the Stage 1 contacts have occurred. Two indicators will determine when it is time to begin Stage 2. Firstly, the foster carers and the adopters will have established some trust and rapport and will feel ready to work positively together on the moving plan. Secondly, the child will feel comfortable in the presence of the adopters, enjoying their company through playful activities, with the foster carer remaining near at hand.

The dual aims of Stage 2 are firstly for the adopters to feel confident in caring for the child on a daily basis and secondly for the child to

indicate trust in the adopters' capacity to meet his needs. These goals are achieved through a series of almost daily contacts between the adopters and the child, enabling the child to experience the adopters as his caregivers across the full range of caregiving tasks. When appropriate levels of confidence and trust have been established, the child is ready to move to the adopters' home. This move marks the end of Stage 2.

Overall, it is important to remember that this period is an intensive one and requires considerable physical and emotional time and energy. The UEA Moving to Adoption pilot study indicated that the maximum manageable period with almost daily visits is about 15 days.

Key principles at Stage 2

- All arrangements and timescales should focus on the needs of the child.
- The child's feelings about the move should be held in mind, and responded to sensitively.
- There should be flexibility in the planning, in consultation with the child, the families and the social workers, to allow for emerging circumstances and needs.

What happens in Stage 2?

The adopters take on caregiving tasks in the foster home

- The moving plan should be structured to allow a series of adopters' visits to the foster home. These should cover each part of the daily routine, including the child waking and going to sleep. There should be planned opportunities for the adopters to share and then take the lead in:
 - Making drinks, making and serving food or feeding the child
 - Nappy changing, toileting, bathing, washing and dressing, daytime naps and bedtime routines
 - Offering support when the child is needing help
 - Simple outdoor activities that the child is known to enjoy - for example, a short visit to a local park. (NB Long days out, spent in unfamiliar surroundings, are not recommended as they are likely to be physically and emotionally exhausting and to raise the adopters' and the child's anxiety).
- These practical tasks can best be supported by a foster carer who is able to 'coach' the adopters in how to read and respond to the child's verbal and non-verbal signals. For example, how the child's behaviour or appearance might alter when they are tired, or hungry, or worried and which caregiving approaches are most helpful. This will help the adopters to respond confidently to the child, which will, in turn, reduce the child's anxiety.
- Throughout the Stage 2 visits to the foster home, it is important that the foster carer remains physically and/or psychologically available to the child. From the child's perspective, it will feel safer to place their trust in the new parents if, at the same time, they can also trust that their loved and familiar caregivers are 'there for them' if needed.
- Skilled foster carers will manage their physical availability with subtlety. For example, initially they may remain in the room while the adopters are feeding the child, but engage themselves in another activity. When the child is comfortable with this, the foster carer may go into another room, with the door left open so that they can be occasionally seen and heard by the child. This flexibility, determined by the child's level of comfort, will enable the child to use both the foster carers and the adopters as a secure base and to gradually trust that the new parents can meet their needs.
- Psychological availability should be managed in ways that allow the child to hold the foster carers in mind when they are apart. For short separations, verbal reassurance can achieve this (for example, during a visit to the park, the adopters might talk gently to the child about going back to (*foster carer's name*) to have lunch). For longer separations (for example, during an all-day or overnight stay at the adoptive home) photographs of the foster family, or an exchange of messages or videos may be used to reassure the child.
- Trusting relationships between the foster carers and adopters, established in Stage 1, will help the foster carers and adopters to work together and be flexible in their caregiving roles, as this foster carer describes:

By the time it got to the hands on stage, we knew each other well so it was easy going. If he needed that little bit of reassurance I provided it, passing him back when he settled.

Lucy's move to adoption at 12 months old: a foster carer's diary

Stage 2, day 1

The adopters watched while I fed her in her high chair. Then I stepped back and adoptive Mum gave Lucy her yoghurt, which she was delighted about. She adores yoghurt and I knew she would happily allow her new Mum to feed her this!

The child's needs and feelings are assessed and responded to

- A key focus for foster carers, adopters and professionals in Stage 2, as in Stage 1, is to tune in to the range of both positive and difficult feelings that the child is likely to be experiencing, and to ensure that these feelings are responded to sensitively. It is important, therefore, that the adults around the child are able to reflect on and respond to his or her emotional state as Stage 2 progresses.
- Key points:
 - Ensure that foster carers, adopters and professionals are observing and thinking about the child's emotional state and taking note of how they are expressing or not expressing their feelings. Hold in mind that children do not always show their feelings directly.
 - Help children to recognise, name and express positive and difficult feelings both about leaving the foster family and joining the adoptive family. Reflective questions such as 'I wonder if you feel sad when...'; 'I wonder if you're thinking about...' can help children to put their feelings into words.

- Ensure that there are opportunities to communicate the full range of children's feelings within the professional network.
- Help adopters and foster carers to expect and manage signs of anxiety and uncertainty in the child. Encourage them to work together. Initially, the foster carer might need to step forward to comfort the child. Further on in the plan, the foster carer might remain available but support the adopters to provide comfort.
- Be prepared to slow the pace of the visits if there are signs of the child's distress. The child may need time to have their feelings acknowledged and understood by their trusted adults, before being able to progress towards the move.
- Ensure that adopters and foster carers have a reflective space in which their thinking and feeling can be shared with professionals and sensitively responded to.
- Trusting relationships already established in Stage 1 will help all parties to work together in the best interests of the child. This can mean having some flexibility in the plan, in line with changing needs and circumstances, while also keeping a focus on the child's needs and feelings.
- In some cases, the plan may be monitored on a daily basis, with inbuilt flexibility according to the child's emotional progress, as described by this adopter:

Our baby's feelings were put central. Each day, every adult concerned evaluated how well she was doing -whether we needed to slow things down or speed it up. Brilliantly flexible, but very careful too.

Lucy's move to adoption at 12 months old: a foster carer's diary

We spent the morning at a local working farm, somewhere Lucy is familiar with. Lucy was upset by the sheep bleating although she usually enjoys this. She appeared very watchful, wary and hyper vigilant, showing signs of regression to how she had been when first placed. It is so hard when a little one is looking to you for reassurance, not to immediately to give them the comfort they need. But at this stage it was very important for Lucy to know I was there but to be comforted by her new parents, and she was fine with this.

The child becomes familiar with the adoptive home

- The child's first visit to the adoptive home should be planned on an individual basis. Some older children might need the reassurance of seeing their new home before they start to build trust in the adopters and a short visit, accompanied by the foster carer, might be made at an early point in Stage 1. Other children might be reassured by seeing photographs or a video of the adopters' home, their new bedroom and so on.
- At the point where the caregiving begins to take place in the adopters' home, (e.g. when the child first goes for a meal) the role of the foster carer will change. The child needs to experience the (now familiar) adopters as caregivers and to feel their comfort and reassurance at sensitive points such as going off to sleep or waking up. The role of foster carer, therefore, is to encourage the child to feel that the adopters are safe and loving people and that their home is a safe and enjoyable place to be in.
- When the child is being placed at a distance, the foster carer's physical presence will need to be supported by the provision of accommodation nearby.
- There should be a plan for the foster carer's physical presence to reduce gradually, but their psychological presence to remain. Psychological presence can be achieved in a range of ways. For example, photographs of the foster carers can be placed prominently in the adoptive home and referred to regularly by the adopters and/or the adopters can talk warmly to the child about the foster carers when they are not present. For older children an early overnight stay with the adopters can be supported by a Skype call or exchange of messages with the foster carers.
- Each of these steps can help the child to hold the foster carers (and familiar family members, pets etc.) in mind, to know that the foster carers are still thinking and caring about them and to be reassured that they will see the foster carers again soon. The goal is for the child to continue to benefit from the secure base relationship with the foster carers whilst they begin to build secure base relationships with their new parents.

Case example

Stage 2: Making the move

Visits for Toby (9 months), placed locally (See page 12 for Stage 1 visits for Toby)

- Day 1** Adopter visits 12 – 2. Adopter prepares simple lunch with Toby watching in high chair and foster carer nearby. Offer to Toby finger food. Feed dessert if Toby comfortable. Hand over to foster carer if not. Adopter beside foster carer for nappy change and putting T in cot for nap.
- Day 2** Adopter visits 3 – 5 pm. Prepares and serves tea as yesterday. Play on floor with Toby after tea.
- Day 3** Adopter visits 10 – 12. Alongside foster carer when he wakes from morning nap. Adopter changes nappy and dresses Toby for outing. Short outing to swings (very familiar for Toby). Adopter pushes buggy with foster carer beside.
- Day 4** Adopter visits 2 – 6. Picks Toby up when he wakes from nap. Changes nappy. Brings him downstairs. Foster carer greets him and is in and out of the room. Adopter gives drink and snack. Adopter takes Toby to swings without foster carer. Play in sitting room (foster carer in and out of room). Adopter prepares and serves tea to Toby.
- Day 5** Rest day
- Day 6** Adopter visits 11 – 5. Carries out all caregiving tasks during this time, with foster carer available but in the background. Foster carer may give advice on calming Toby if needed or may step forward if Toby upset and cannot be calmed by adopter.
- Day 7** Adopter arrives 6.15 a.m and attends to Toby as he wakes. Adopter does all caregiving until afternoon nap (to include a visit to the swings without foster carer). Adopter takes a break in the afternoon and returns to prepare and serve Toby's tea. Adopter baths Toby (foster carer in and out of bathroom). Dries and dresses, looks through familiar book. Gives bottle and puts in cot. Uses same routine as foster carer if he doesn't settle (sit beside cot, hand on his tummy, soft, reassuring words). Foster carer makes judgement about whether or not to intervene if he becomes distressed and cannot be settled.
- Day 8** Foster carer takes Toby to adopter's home for 10.30 am. Stay, reassure him. Have lunch together. Foster carer to take Toby home after around 3 hours.
- Day 9** Foster carer takes Toby to adopter at 12. Leaves when he is settled. Return for review of moving plan meeting at 2.30 pm. Foster carer then takes Toby home.
- Day 10** Adopter collects Toby 10-10.30 am. Spend the rest of the day at her home, return to foster home for tea and bedtime routine.
- Day 11** Adopter collects Toby around 10 and bring home for the day and overnight. Foster carer to arrive and be there for tea time/ bedtime. Foster carer to be available but adopter to do all caregiving tasks.
- Day 12** Placement day. Foster carer to phone adopter and go through any issues that have arisen and answer any queries.

Case example

Stage 2: making the move

Visits for Fleur (3 years), placed at a distance

Week 1: Whole adoptive family (including grandmother) move in to rented house close to foster home for 1 week. During this time, the adoptive mother, sometimes accompanied by different family members, spends some time each day with Fleur in the foster family home, or on short local outings. The two families will work out the detail of the plan for each day on a daily basis. By the end of the week, the adoptive mother will have observed and then taken over each part of Fleur's daily routine.

End of Week 1: Fleur travels with adoptive family to their home. Whole foster family follow in their car and go to rented accommodation near to the adoptive family for four nights. On the first day, foster mother helps adoptive mother to settle Fleur in her new home. Foster mother stays until Fleur is asleep in the evening. Over subsequent three days, all foster family members have an opportunity to visit the adoptive home once. Foster mother visits each day, gradually reducing her visits to just an hour or two on the last day. The two families will work out the detail of the plan for each day on a daily basis.

N.B. The two contrasting case examples above illustrate that the UEA model is not prescriptive. In each case, the particular circumstances of the case have been taken into account to create moving plans that adhere to the key principles of the model.

The roles of the professionals at Stage 2

Planning Stage 2

- The Stage 2 contacts between the adopters and the child in the foster home and then in the adoptive home should be planned in consultation with the professional network and the foster carers and adopters.
- Foster carers and adopters should be empowered to work together to support the child. Their shared commitment to a positive move should be respected and their views and suggestions taken into account. At the same time, the perspectives and wishes of the foster carers and the adopters should be heard separately, by their respective social workers. This ensures that the plan is mutually acceptable.
- Stage 2 planning must be sensitive to the needs and circumstances of the adopters and the foster carers. Geography, personal characteristics, additional responsibilities and the needs of other family members are all important considerations. Adoption and fostering social workers can ensure that important issues are taken into account for their respective families, but they may also need to promote co-operation and help the two families to understand each other's needs and perspectives.
- Allowing time, within the plan, for rest and reflection can be important for the adults to process the (inevitably) emotionally charged events of Stage 2.
- The plan should be individualised to take into account the specific needs of the child. The age of the child is one factor but each child will be different. For example, some babies will take longer than others to comfortably accept caregiving routines from their prospective adopters. An older child who has been with a foster family for some time may need several months to process her losses and adjust to the realities of the new family life – or be ready to move more quickly in some cases.
- The possibility of the plan being adjusted to meet changing needs and circumstances should be held open throughout Stage 2. Unexpected events (illness, extreme weather, family emergencies etc.) can arise in any situation. Foster carers and adopters should feel empowered to make some adjustments between themselves (for example, to cancel a trip to the park if the weather is unsuitable). But it should also be clear that suggestions for significant changes to the plan (e.g. significant changes to the timing of a visit or whether or not the foster carer is to be present during a visit) should be referred to the coordinating social worker (usually in the adoption service). The local authority holds parental responsibility for the child at this stage and it is vital that the appropriate social workers can take ownership of the moving plan and feel confident that the child's needs remain central.
- An interim planning review is an essential element of the planning process in Stage 2. This should draw together the perspectives of all members of the team around the child (and the child themselves as appropriate). There should be a clear focus on the emotional well-being of the child.

- The decision about the child's readiness to make the move to the adopters will normally be agreed at this point and will depend on the presence of key indicators of the child's developing trust in the adopters. For example, the child should be comfortable to receive food, personal care and nurture from the adopters. He should be able to seek and receive help from them (as appropriate for age and personal characteristics) and appear reasonably relaxed and confident in his new home. Within the moving plan, there should be a shared understanding that the placement day might be put back to ensure that these indicators are sufficiently established.
- Fostering and adoption social workers should ensure that they can have separate conversations with the foster carers and adopters at key points during Stage 2. Difficult issues can be hard to discuss in the presence of others.
- Adoption social workers should ensure that, in a two parent couple, both partners are spoken to individually. For a single applicant, it might also be important to speak individually with a key supporter.
- Foster carers and adopters should feel able to contact a social worker at any time. They should be made aware of their own social worker's availability and who should be contacted if they are not available.

Supporting Stage 2

- Social worker contact with the foster carers, adopters and child will need to be more frequent during Stage 2. There will be examples of the child's growing trust in the adopters to share and celebrate, but there may also be strong and sometimes difficult feelings for each party and these need to be acknowledged and processed with the support of the respective social workers.
- In a small number of cases, the foster carers, adopters or child may be having concerns about the move. Good teamwork in the professional network is essential to ensure that these are responded to appropriately and sensitively.

Stage 3: Supporting relationships after the move

Introduction

Stage 3 of the UEA Moving to Adoption model covers the period from the placement day through to the first statutory review. The full range of relationships are significant through this stage – including those between the adopters and the child, the foster carers and the child, the foster carers and the adopters, and those of the social workers between themselves and with the child and the families. In some cases the child/adopters' relationships with birth family members also need to be supported.

The aim of Stage 3 is to enable the adopters and the child to continue the process of building their relationship, with the child experiencing the adopters as their primary caregivers, while at the same time coming to terms with the loss of the foster carers as their primary caregivers. For foster carers, this stage involves their ongoing involvement as they support the child in making the move to the new family, while at the same time, letting go of their role as the primary caregiver for the child and taking on a new role as a supporter of the adoptive family.

Key principles at Stage 3

- Some continuity of foster family relationships and environment will support the child in managing the loss of the foster family and building trust in the adoptive family.
- The child's feelings about the move should be held in mind, and responded to sensitively.
- There should be flexibility in the planning, in consultation with the child, the families and the social workers, to allow for emerging circumstances and needs.

What happens in Stage 3?

Placement day

- The placement day (sometimes referred to as moving day) marks the formal beginning of the placement for adoption.
- The UEA model suggests that the placement day is not seen as the ending of the child's relationship with the foster carer. Rather, it is part of the gradual process of the child building trust in the adopters, a process which will continue to be supported by a series of visits from the foster carer after the placement day.
- When trusting relationships between the foster carers and the adopters have been built through Stages 1 and 2, the plan for foster carer visits can reduce anxiety for all: the child will be reassured that she will see the foster carer again after the move, foster carers will be reassured to know that they can help the child to settle in their new home, and adopters will be reassured by knowing that they can rely on the foster carer's support and advice during the early days of the placement. In this context, the child's feelings can be acknowledged more openly. For example, this adopter shows empathy for the enormity of his three year old's losses as he reflects:

His transition to us would have been very harsh for him without them (the foster carers) involved when he made the move. It was essential.

Providing continuity and enjoying change

- After the placement day, there will be many changes for the child to negotiate in every aspect of their life. There are three strands of support to the child that foster carers, adopters and professionals can offer at this stage.
 - It is important to think sensitively about what the child might be experiencing and feeling and to be alert to the fact that even small difference (for example, a different brand of breakfast cereal) can feel significant and unsettling for a child. Talking about things being different and naming some of the feelings that the child might be experiencing as a result of this can be helpful.
 - Providing continuity of environment, where possible, can reduce the child's anxiety. With this in mind, it is common practice for adopters, in consultation with the foster carers, to provide some continuity of the sensory environment after the move - continuity of bedding (unwashed) and clothing from the foster home, the use of the same washing powder, bedtime routines, toys, rhymes, stories and songs are all positive examples of this.
 - It is important for children to be helped to experience additional pleasures and enjoyable experiences in their new family. For example, in the UEA Moving to Adoption pilot project, a six year old enjoyed Lego and was excited by a new Lego set waiting for him in his adoptive home, along with a special nightlight, and a special shelf for his toys. A three year old valued his foster carers' commitment to send him updated photos of their pets after the move – and was also thrilled by his new toys.

In summary, good practice at this stage involves a sensitive attunement to the changes that have occurred for the child, some continuity of environment where possible, and a spirit of enjoying and looking forward, as the following adopter describes:

His bedroom was much bigger than his old one so we filled it with his belongings and photos. We put similar wall stickers up and photos of his foster parents and siblings next to his bed. We talked about things being different and how he might be feeling. We had a lot of fun with his new toys. He settled into his bedroom well.

Foster carer has contact with the child immediately post placement

- The moving plan should be structured to allow a series of foster carer visits and contacts with the child and the adopters in the days and weeks after the placement day. The purpose of this contact is to support the child's growing trust in the adoptive parents. There are various ways in which foster carer visits and contacts can achieve this:
 - The child's anxiety is reduced by the foster carer visiting the adoptive home. The adopter can provide verbal reassurance that this will happen and older children can benefit by having a chart or calendar that show when the next visit is due.
 - The child is reassured by seeing that loved adults do not simply 'disappear' and that they continue to show their care and interest. In the child's mind, this may reduce the risk that the adopters might 'disappear' in a similar way.
- The adopters' anxiety is reduced by knowing that the foster carer is available to provide advice on caregiving, if requested. Adopters who are less anxious may be more able to focus on helping the child to settle and enjoy their new surroundings.
- The foster carer can demonstrate pleasure and enjoyment of the new environment.
- The foster carer can demonstrate trust in the adopters as the caregivers of the child.
- By the beginning of Stage 3, the adopters will be familiar with the child's routines and preferences and they will have learned strategies to calm and reassure the child when needed. With this foundation in place, it is important that once the move has been made, the child experiences the adopters as their primary caregivers and that the foster carer visits support the new adoptive relationships.
- The role of the foster carer during the visits, therefore, is that of a warm and encouraging supporter of the adoptive family. They will need to encourage the child to feel that the adopters are safe people and that the new home is a safe and enjoyable place to be. Visits should be time limited and purposeful (e.g. a cup of tea, a chat and a short play) and not involve the foster carer undertaking caregiving tasks.
- Some adopters and foster carers may be uncertain about what should be talked about with the child or when the child is present. For example, foster carers may be unsure about whether to refer to other foster family members or other elements of the child's life in their family, as they may worry that this will upset the child. Talking through these concerns in advance can help foster carers and adopters to feel more confident and relaxed during the visits.

- The frequency and nature of the visits need to be highly individualised, primarily according to the needs of the child but it also shaped by the capacities of the foster carers to support the adoptive family and the relationship that has developed between the foster carers and the adopters.
- A child with a history of anxiety around change may need to be reassured by the physical presence of the foster mother during part of every day for the first few days. This might involve being present for most of the first day, staying locally to facilitate an early visit the next day, and then a sequence of visits, gradually reducing in time and frequency.
- An older child may be more able to hold the foster carer in mind when they are apart and feel reassured by planned Skype calls interspersed with visits. For instance, one child was reassured by the foster carers sending a video each evening, in which they were waving, smiling, saying 'goodnight, sleep tight', 'thinking of you' and 'see you soon'. The adopters were able to show this to the child before their bedtime routine and felt it to be extremely helpful.
- This fostering social worker summarises her thoughts on the benefits of the Stage 3 foster carer visits for both the child and the adopters:

Contact with foster carers helped adopters meet the child's needs with confidence whilst also accepting guidance on issues they were faced with. This provided the child with continuity and a familiar approach which helped child be reassured their needs would be met and his trust in adopters to develop.

Lucy's move to adoption at 12 months old: a foster carer's diary

It was so wonderful to see the huge beaming smile and excited look on Lucy's face when I walked in the day after moving day. She put up her hands for a cuddle and my heart melted. This quickly changed to her looking around, confused, a little unsettled and for the first 20 minutes she really didn't know whether she wanted to be with me, daddy or mummy. A perfectly normal reaction at this stage - it not only showed her attachment to me but also the growing bond and trust with her adoptive family. She was then happy to play on the floor and potter between us while we chatted and had coffee.

Helping the child to manage feelings around foster carer visits

- Children will show a range of reactions to the foster carer visits. Some may show pleasure at seeing the foster carer, appear to enjoy the visit and show no particular distress on parting. This may be associated with positive relationships having been established between the foster carer and the adopter during Stages 1 and 2, as this adoptive father of a 1 year old describes:

He recognised her (the foster mother) and was happy to see her, but was not clingy and just played with all of us or with his toys. It was like he felt it was normal to have all of us there relaxing like we did during our visits to the foster home.

- Other children may look to the foster carer for comfort and nurture in the early visits. For example, a baby might reach out to be held by the foster carer, or crawl across the room to her. This can create both positive and more difficult feelings for the foster carer and the adopter. For the child, the most helpful response might be for the foster carer to offer a hug and some warm words, and then gently encourage the child to reconnect with the adopter.
- When a child is confused or distressed by the foster carer visits, this will need to be carefully explored by all of the adults involved. It is important to remember that difficult feelings connected with separation and loss are wholly understandable at this stage and when they are shown overtly, they provide opportunities for the adopters to provide reassurance and comfort, as this adoptive mother describes:

The visits were definitely helpful. They allowed him to express his feelings (i.e. that he missed the foster carers) and be reassured, allowed him to know he was still thought about and cared about.

Case example

Helping a 5 year old child to manage her feelings of love and loss

Mia enjoyed her foster carer's visits but on one occasion, pulled the scarf from her foster carers' neck and was reluctant to part with it. With the adopter's agreement, the foster carer allowed her to keep it. The adopter found the scarf in Mia's bed the next morning and used it to talk about her love for her foster carer and sadness on parting - and to reassure Mia that the foster carer would visit again. The adopter reported that Mia seemed to move on emotionally after this and show greater trust and affection in her adoptive family.

Foster carer has contact with the child in the longer term

After the first six weeks of the adoptive placement, it is to be hoped and expected that the child's trust in the adoptive parents will be developing and any visits or contacts with the foster carer planned beyond this point will have a different purpose and value for the child.

Firstly there is the ongoing comfort for the child of knowing that they were loved and valued in the foster home and that the foster family continue to hold them in mind and show interest in their lives. Secondly, ongoing visits or contact can be important for the child's future sense of identity, providing information about the child's early months and years, deepening understandings of birth family members and increasing the sense of continuity in the child's life story.

Case example

Some benefits for a child of ongoing contact with their foster carer

Amy, at the age of 3, moved from my care to her adoptive family after previously being placed with two different foster carers. After the planned visits we all kept in touch quite regularly. This was of immense benefit to Amy as she had many unanswered questions as she grew older – very important to her but seemingly trivial to the adults around her. An example of this was when Amy asked her adoptive mum to contact me to find out if I collected her from her previous foster carer or if the carer had brought her to my house. This seemed quite an insignificant piece of information to hand on and could have easily been lost, but to Amy it was the beginning of many additional questions about her early life. Another piece of the jigsaw puzzle of her life was slotted into place which would never have been possible if we hadn't kept in touch with her adopters. (Foster carer)

The roles of the professionals at Stage 3

Planning stage 3

- The plan for the placement day and the Stage 3 contacts between the foster carer and the child in the adoptive home should be drafted in consultation with the professional network and the foster carers and adopters.
- External factors, such as geography or the needs of other children in the foster family will need to be taken into account when planning the foster carer visits. When the local authority can offer allowances to the foster carer for a period after the move, in acknowledgement of the additional time and tasks involved, this can provide necessary practical support as well as a welcome recognition of the importance of this stage of the moving process.
- The possibility of the plan being adjusted to meet changing needs and circumstances should be held open throughout Stage 3. Unexpected events (illness, extreme weather, family emergencies etc.) can arise in any situation. Foster carers and adopters should feel empowered to make small adjustments between themselves but it should also be clear that suggestions for significant changes to the plan should be referred to the social workers and the role of the adoption or child's social worker as the co-ordinator of the plan should remain clear.
- In a small number of cases, if the foster carers or adopters report very difficult feelings around the visits for themselves or the child, and these feelings appear unmanageable, even with skilled social work support, it may be necessary to end the visits. Important here is that the child is gently told that the visits have come to an end, preferably by the foster carers and the adopters together and that

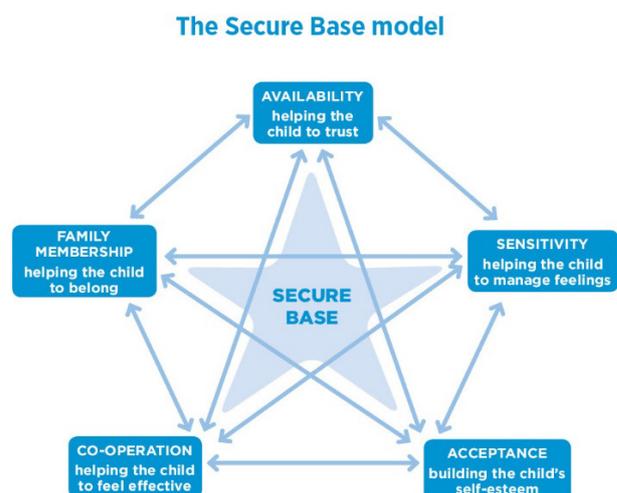
the child is reassured that the foster carer will continue to care about them and hold them in mind. A range of indirect contact might be considered to support this message.

Supporting Stage 3

- Stage 3 marks a shift in the relationships between the foster carers and the child and the adopters and the child and skilled social work will be needed to support these changes.

Adopters

- The key task for adoptive parents in Stage 3 is to provide secure base caregiving which will help the child to develop their trust and sense of security and belonging in the adoptive family. The Secure Base model (Schofield & Beek, 2014) provides a framework helping adopters to provide parenting approaches that can help with this.



- Adopters can be supported to think about parenting approaches that reflect each of these parenting dimensions and how they might be individualised in ways that are acceptable for their particular child. For example, for a child who does not seem comfortable with the physical closeness of sitting on a lap, availability might be demonstrated by sitting beside the child on the sofa to share a book or a toy.
- Building the child's adoptive family identity and helping them to enjoy their new experiences and relationships will be an important focus during these early weeks. Adopters can also be supported to think sensitively about how the child might be thinking and feeling about their previous relationships and identity, and how to help the child to acknowledge, name, and manage these feelings.
- The early weeks of an adoption placement can also involve a complex mix of positive and difficult feelings and responses for adopters. As well as happiness and excitement, feelings of anxiety, loss of identity, loneliness, disappointment, low mood and physical symptoms are common and adopters may need encouragement to share these and in some cases receive specialist support and advice.
- In addition to the planned social worker visits, adopters should be made aware of their own social worker's availability and who should be contacted if they are not available.

Foster carers

- For foster carers, Stage 3 involves letting go of their role of providing secure base caregiving for the child, whilst also supporting the child's growing trust in the adoptive family. This process is likely to create mixed feelings for foster carers and their family members. There will be pleasure and satisfaction in seeing the child settle in their new family but at the same time, a sense of grief and a need to mourn the loss of the child.
- Foster carers may need sensitive support from their social worker, including encouragement for all family members to acknowledge their feelings, and find ways of talking about them.
- There may be a strong desire for another placement very quickly, and while this might be helpful in some cases, it is important for the social worker to feel confident that all family members are ready to provide physical and emotional availability and respond sensitively to a new child in the family.

References

- Aldgate, J and Simmonds, J (eds) (1988) *Direct Work with Children*, London: BAAF.
- Boswell, S and Cudmore, L (2014) 'The children were fine': acknowledging complex feelings in the move from foster care to adoption, *Adoption & Fostering*, 38(1): 5–21.
- Bowlby, J (1969) *Attachment and Loss: Vol 1, Attachment*, London: Hogarth Press.
- Bowlby, J (1980) *Attachment and Loss, Vol 3: Loss, Sadness and Depression*, New York: Basic Books.
- Breier, A, Kelsoe, JR, Kirwin, PD, Beller, SA, Wolkowitz, OM, Pickar, D (1988) Early parental loss and development of adult psychopathology, *Archives of General Psychiatry* 45 (11) 987 – 93.
- Browning, A (2015), Undertaking planned transitions for children in out of home care, *Adoption and Fostering*, 39(1): 51-61.
- Burnell, A, Casteil, K and Cousins, G (2009) *Planning Transitions for children moving to permanent placement: what do you do after you say hello?* Family Futures Practice Paper.
- Fahlberg, V (1994) *A Child's Journey Through Placement*, London: BAAF.
- Hindle, D and Shulman, G (eds) (2008) *The Emotional Experience of Adoption: A Psychoanalytic Perspective*, London: Routledge.
- Lanyado, M (2003) The Emotional Tasks of Moving from Fostering to Adoption: Transitions, Attachment, Separation and Loss, *Clinical Child Psychology and Psychiatry*, 8:3, London: Sage Publications.
- Lynes, D and Siteo, A (2019) Disenfranchised grief: the emotional impact experienced by foster carers on the cessation of a placement, *Adoption and Fostering*, 43(1) 22 - 34.
- Meakings, S and Selwyn, J (2016) 'She was a foster mother who said she didn't give cuddles': the adverse early foster care experiences of children who later struggle with adoptive family life, *Clinical Child Psychology and Psychiatry*, 1:11, London: Sage Publications.
- Neil, E., Young, J., & Hartley, L. (2018). *The Joys and Challenges of Adoptive Family Life: A Survey of Adoptive Parents in the Yorkshire and Humberside Region*. Norwich: Centre for Research on Children and Families, UEA.
- Robertson, J and Robertson, J (1989) *Separation and the Very Young*, London: Free Association Books.
- Rutter, M (1971) Parent-child separation: psychological effects on the children, *Journal of Child Psychology and Psychiatry*, 12, 233 – 260, Great Britain: Pergammon Press.
- Schofield, G and Beek, M (2014) *The Secure Base model: promoting attachment and resilience in foster care and adoption*, London: CoramBAAF.
- Schofield, G and Beek, M (2018) *Attachment Handbook for Foster care and Adoption*, London: BAAF.
- Selwyn J, Meakings S and Wijedasa D (2015) *Beyond the adoption order*, London: CoramBAAF.
- Stovall-McClough, K and Dozier, M (2004) Forming attachments in foster care: infant attachment behaviours during the first two months of placement, *Developmental Psychopathology*, 16(2), 253 – 71.
- The Care Inquiry (2013) *Making not breaking: building relationships for our most vulnerable children*, online document: <http://www.thewhocarestrust.org.uk>.



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