



**Adoption
Central
England**

Practice Guidance

Later Life Letters

October 2021



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1. Introduction

Adoption Central England (ACE), hosted by Warwickshire County Council, brings together adoption services for Coventry City Council, Herefordshire Council, Solihull Metropolitan Borough Council, Warwickshire County Council and Worcestershire Children First. ACE provides quality services for adoptive families within these geographical areas. ACE provides therapeutically informed services, with Dyadic Developmental Practice (DDP) being the model used within the agency by practitioners, and with adoptive families; from the beginning of their adoptive journey to the ongoing support provided post adoption.

2. Purpose of a Later Life Letter

This document sets out the reasons for a Later Life letter; the purpose of the letter and best practice in ensuring that the contents of the letter are as detailed, thorough and accurate as possible. Later Life letters should be written by a social work practitioner who knows the child, their history and the reasons for their adoption. Ideally this is the child's social worker. The letter should explain the child's history, including pre-birth details, until the time that they were adopted. The letter should be sufficiently detailed so that when the letter is shared with the adopted young person they will have a good knowledge of factual details and as much comprehensive information as possible about their birth family, and time spent in foster care (if applicable) before they were adopted.

3. Legislation

Some local authorities within ACE provide Later Life letters at the second statutory review of the child's placement within their adoptive family, but other local authorities within ACE adhere to the legislation which states that the Later Life letter should be given to the adopters within ten working days of the adoption ceremony, (more commonly known as the 'celebration hearing').

Adoption Agencies Regulations 2005 (Regulation 35)
Adoption and Children Act 2002 Guidance (2011) Chapter 5

4. Equality

All children must have a Later Life letter, and each sibling must have their own individual letter. Best practice in writing the Later Life letter needs to take account of the child's individual needs. If a child has disabilities and will have a limited ability to read, and may be understand the letter themselves, then thought should be given to



providing alternative means of making the letter accessible to the adopted young person. Consideration needs to be given to the provision of a letter in Braille, using signs and symbols and being creative in using other methods of imparting the information in a manner accessible to the young person. A Later Life letter written to a child from a black and ethnic minority background, should explain the reasons for the child being placed in a transracial adoptive home, if this is the case, with explanation given as to the reasoning behind this decision.

5. Child/Young Person

Adopted children should have had access to their Life Story Book and have been familiar, in a more simplistic child friendly way with the reasons for their adoption and how they came to live with their adoptive family. However, Life Story Books tend to be a 'softer' way of informing young children of their adoptive journey and as the child becomes an adolescent and enters young adulthood the Later Life letter should much more extensively develop, and add significantly to, the information that was available in their Life Story Book.

Later Life letters are invariably long and they are probably easier to read if divided into sections with headings and sub-sections. There are no hard and fast rules about what should be put in the letter, but it should be written for a child/young person and the language should not be too formal, but neither should it be too childish. An addendum of terms may be useful to aid the flow of the letter, as social care and court documents can be very 'acronym heavy' and if each abbreviation is explained in detail it will be more difficult for the letter to flow well.

The letter should explain the process which began, either at, or before the child's birth. Making the child the integral part of the story and explaining where the child was whilst events unfolded is helpful in giving the young person a sense of their history and journey towards their adoptive family. Care should be taken to include all moves the child had, either to family members or foster carers and as much detail about the time spent with these families as is possible should be included.

The involvement of social workers involved with the child and social care departments should be included, and the court processes and the role of guardians, judges etc should be explained. The chronology is a useful starting point to explain the child's journey to them and give some shape to the letter. When the young person is of an age when they will read the letter, it should be borne in mind that they may be reaching the difficult adolescent years and struggling with identity issues and on-going trauma. Identifying information in Later Life letters i.e. giving specific addresses may lead the young person to be able to trace their family. Due to social media this is now very easy for young people to do and whilst it is hoped they would



do this with the support and help of their adoptive families, this could be an idealistic stance and caution about details and locations, after consideration of potential risks is necessary in writing the letter.

As the letter is an important document for the young person it should be as free of errors as possible, factually correct and written in a friendly, personalised manner. No matter how much life story work the young person has had they should still have access to a well written Later Life letter in order that they can fully understand their history, culture, background and how they came to be adopted.

See **Appendix 1** for an example of a Later Life Letter.

6. Birth Family

A Later Life letter should obviously include as much detail about the child's parents as is possible. Information about the child's parents should include details about their own early life experiences, their family, education, work and interests but should also try to provide personal detail about their personalities and give some details about their relationship at the time of the birth and following court proceedings. If the birth father is putative, then only more limited information can be given in the letter, but as much detail as possible should be shared, including whether the putative father accepted paternity and the steps that were taken to obtain the details. The birth parents should be referred to as birth mother and birth father in the letter to avoid confusion and misunderstanding.

If siblings have been placed separately from the child, then it would be hoped that they had been able to maintain contact once placed for adoption. However, as this is often not the case then information in the Later Life letter should be as comprehensive as possible about the reasons why the children could not be placed together and the reasoning behind these decisions. Details of any extended family members should be added, but it is thought best that only those who played a relevant part in the child's life, before they were adopted, should be included as otherwise it can become confusing for a child/young person.

Many birth parents, for obvious reasons, do not agree with the plan of adoption for their child, however birth parents' wishes for their child should be included in the Later Life letter. If, for example, they wished for their child to be involved in a hobby or activity they themselves enjoyed then this should also be included, and their hopes for their child's future.

It is important that the content of the Later Life letter is very clear as to the reasons why the child could not live with their birth parents/wider extended family. The decision to place a child for adoption is based on the 'last resort' and that 'nothing



else will do', (Re B (Care Proceedings Appeal) 2013), therefore the rationale for the local authority's decisions and that of the Court should be explained in detail. More explicit explanations than given in the Life Story Book are required in order that the child/young person can know the reasons why their birth family could not care for them, and that the decisions were made in their best interests, i.e. to protect them, keep them safe and was the only option available for them. Positive information about their birth parents' involvement in their adoption process, if applicable, their final contact with their birth parents and their birth parents meeting with their adoptive parents should be included in the letter.

7. Adopters

It is always hoped that the child's adoptive parents have been using their child's Life Story Book, memory boxes, photographs etc as supportive tools in explaining their child's history, identity and culture. If this has been the case then much of the information in the Later Life letter will be familiar to the child/young person although mental health issues, court proceedings etc are likely not to have been spelt out in such specific detail.

Adoptive parents must choose the time when sharing the Later Life letter with their child, and there can be no definitive age/time that is correct. Adoptive parents know their child best and know what other events are taking place within their child's life so the timing of sharing the letter must rest with them.

The letter can be used by adoptive parents as an aid in explaining their child's life history and the background of their life before being adopted and should be used in a positive way. The adoptive parents should be given the letter in draft form so that they can be as happy as possible with the content before the final copy is given to them, as they are responsible for sharing the letter with their child. Contentious areas and amendments should be resolved at this stage so that the final version of the letter is the best 'working tool' of the child's life story that adoptive parents have to work with and share with their child.

Adoptive families understandably wish to spare their child information from their past that is hard to read and difficult to hear. During the adoption process, and beyond the adoption order, ACE provides training events and support via in-house training events and through accessing support from the Adoption Support Fund (ASF) to enable adoptive parents to be supported in sharing their child's life story with them. This should be part of an on-going process of enabling their child to be able to understand and talk about their pre-adoption history so that the sharing of the Later Life letter, at an appropriate time, is just a continuation of their child's story.



8. Social Worker

The Later Life letter is such an important document for the child's social worker to complete, and in a role with many competing demands it can be hard to find the time to do justice to such an important document for an adopted child/young person. Social workers can be supported in the task by literature*, research, training and reading examples of well written letters. It should be acknowledged that it is a difficult letter to write, is a time-consuming task, but the importance of a child having a well written letter explaining their pre-adoption life cannot be over-stated.

The Later Life letter needs to be an honest reflection of the child's history and as meticulously as possible reflect the birth family's circumstances at the time that the decision was made for the child to be removed from their family and placed for adoption. The child must be the centre of the letter and given clear explanations so that the young person will know why they were adopted. Many, many elements of the child's journey are painful, difficult and challenging for social workers to write about, however this task should not be shied away from and the social worker must write as factually as possible in order that the young person can have the full, 'un-edited' version of their life history. Adults who are adopted have access to both their social care files and a summary from their adoption files, including various documentation, and so the Later Life letter needs to be congruent with the information that the adopted adult may access.

However the social worker writing the letter needs to utilise their practitioner skills and take a thoughtful, cautious and a sensitive approach to sharing information about the birth parents, their background and the factors which led to the child being placed for adoption and consider whether the child or young person needs to know this information, considering the caveat given above. Unrelated health information regarding birth mother for example, is her information and consideration should be given in sharing some of the detail with an adopted child and deciding to whom this information belongs.

It helps the letter to be relevant to the child and their history if the social worker imagines what they would wish to know about their life story if they were an adopted child. As well as facts and details, information about the social worker's knowledge of them as a much younger child, personal details and information about the adopted child's birth parents and other siblings, as well as the factual content will help the letter to 'come alive' for the adopted child and although poignant and often painful to read will give a personalised record of their life story.

Writing the letter in sections has been found to be helpful. This also helps adoptive parents to share the Later Life letter in stages, which can be more helpful for the child. In this way the child/young person can try to understand difficult information in



a more manageable way, and given some of the traumatic life experiences and histories that are often contained within the letter can be the best approach, with the child moving onto more difficult sections as they are able to cope with the content.

9. Conclusion

The Later Life letter should be an honest account of the child's pre-adoption life story and should accurately outline the circumstances of the child's family and the reasons for the decisions that were made, both by the local authority and during the Court proceedings. As noted above the narrative of the letter should contain as many personal anecdotes as possible, but should be factually correct, and care should be taken to separate opinions from facts. The Later Life letter is a chance for the child's social worker to offer explanations of complex family situations. It is a chance to give a child/young person the reasons and explanation, but not 'excuses' as to the need there was at the time, for them to be adopted. The child/young person is due this letter explaining their life story and history.

*CoramBAAF Good Practice Guide – Writing A Later Life Letter, Fran Moffat, 2012



SAMPLE OF A LATER LIFE LETTER

Printed on Local Authority Letterhead

10th December 2020

My dear Tommy

It feels very strange to be writing to you in 2020, as I know you will not be reading this letter until you are ready, which will be several years from now. By then I am not sure you will remember who I am and why I am writing to you, so I will explain.

Tommy, my name is JS and I was your social worker from June 2019 - November 2020. I first met you on 20th June 2019. The thing I remember most about you was your sense of humour. I can recall that a bird had pooped on the window of your foster carer, CE's house and I said "that's not very nice, after all the food C has given them. They should be blowing her kisses instead". Quick as a flash you said "perhaps that's how birds blow kisses!" which made me roar with laughter!

I am skipping about now, but as you read this letter, you will see that it explains things in more detail to your life story book. This letter is for you to read when you are older and when you need more adult answers about your early life and your birth parents. You may find this letter hard to read and you may need some support from someone you trust.



Tommy, as you know from your life story book, your birth mother is called AL and your birth father is called LD.

A was born on 1st February 1990 in C. L's mother is TI, but A has never known many details about her father. A knows that her father is Asian and that he was born in India, but she has no other information about him - not even his name. A has a brother called C, who is 7 years older than her and a sister called K who is 2 years younger than her.

A was not known to Social Care as a child, so our information about her childhood is bit sketchy. However, from what we do know, we can get an idea of what life was like for A.

A has said that from the age of seven, she spent most of her childhood being a carer for her mother, because her mother had significant mental health issues. This meant that A missed out on going to school regularly and it also meant that she missed doing fun things.

A missed a lot of school from the age of seven. A went to AC Secondary School. She did take her GCSE's but only achieved E's, F's and G's in her exam results. A felt that she was treated differently from her brother and sister and that she was often punished by her mother for the slightest thing. This must have been really hard for A and she would have seen and heard things which children should not have to see or hear. This sort of thing does sometimes take its toll on youngsters when they become adults and sadly, this is what happened to A.



A moved away from the family home when she was just a teenager. By the age of 15, A had started to suffer with depression and anxiety. This may well be due to the long-term stress of living with her mother's significant mental health issues and caring for her mother. By the age of 15, A had been prescribed anti-depressant tablets.

When A was 16, she had two sessions of Cognitive Behavioural Therapy (CBT- is a talking therapy that can help you manage your problems by changing the way you think and behave. It's most commonly used to treat anxiety and depression, but it can be useful for other mental and physical health problems) as it was felt that this could help her mental health issues. However, A stopped the therapy as she found it to be unhelpful. A did have some further sessions of CBT in 2011 and this time she felt it did stabilise her mental health symptoms. A attended college as a teenager and completed a childcare course.

In 2012, A met your birth father LD.

I know a bit more about L's early life, because his family were known to Social Care. Let me tell you what I know.

LD was born on 24th July 1985 in C. L is the son of L and PD. L has two brothers: SD who was born on 01/01/84; and PT who was born on 28/07/1980; and a sister LT who was born on 27/08/1976. L grew up in C.

L had an awful, traumatic childhood and again, we can see that this had an effect on L when he became an adult. L has said that when he was young his



mother was the victim of domestic abuse by one of her partners and that L saw this happening. This is very frightening for a child.

In 1995, at the age of 10, L was sexually abused by a local man. The records show that L was placed in foster care for about twelve months shortly after this happened. Again, this would have been awful for L - to be abused and then to be removed from his family.

But from L's description his mother was not a kind person. He says that when he came out of foster care and went back to live with her, he was not allowed to have any contact with his birth father and that his mother was emotionally and physically abusive towards his brother.

L has said that he went to BG Primary School in C and then moved to DH School. L then attended P Secondary School. His favourite subjects were Art and Drama. L says that he sat all of his GCSEs and got a C in English Literature and an A in Art; he left school when he was fifteen years old.

In 2000, L moved in with his sister LT and he started using cannabis. He would have been 15 at this time.

Nothing further is known of L until 2008, when he was charged with Common Assault and criminal damage. He was given a fine and a conditional discharge. LD worked at a double-glazing firm called XX as a canvasser when he left school, for around six to seven months. He left XX for a similar job for more money at ZZ firm.



At the age of seventeen he left the double-glazing business and worked in various labourer jobs and agency jobs until he was twenty years old.

L began a relationship with a woman called YS in 2009. They had a daughter called M who was born on 27th September 2010.

Things did not go well and in February 2011, L physically assaulted Y, whilst he was drunk. M was caught up in the attack, and she suffered an injury to her foot as a result. L was arrested and he was convicted of battery and assault of a child and he went to prison.

A Non-Molestation Order was made by the court, which meant that L could not have any contact with Y or M. When L came out of prison, he breached that order, by trying to have contact with Y and M. As a result, in December 2011 L was given a 12-week custodial sentence.

Shortly after L came out of prison, he met up with A in March 2012, and they dated for a short time. Because of his offence (when M was injured) L is classed as a PPRC - a person posing a risk to children. When A met L, she says that she did not know this. She was friends with L's cousin RH and she met L through her.

A found that she was pregnant with you Tommy, but by the time you were due to be born, L was back in prison again. He was given another 20-week custodial sentence in November 2012 as he had again breached the Non-Molestation order.



On 28th December 2012, Social Care were contacted by a midwife at the local hospital who were worried by the fact that A was coming across as reluctant to share any information about your birth father. The midwife was concerned that A may be in a domestically abusive relationship. Also, A would not give the nurse her home address, and she had missed some of her ante-natal appointments. There was a concern from the hospital that A may be misusing drugs and alcohol.

Social Care did not pick up this referral as they concluded that there was no evidence to suggest A couldn't meet your needs.

However, on 3rd January 2013 there was a further call to Social Care from midwifery with the same concerns, but some additional information. They had learnt that your birth father's name was LD and that he was in prison for sending abusive text messages to his ex-partner. This time Social Care did get involved - they agreed to make an assessment of the situation.

You were born on 4th January 2013 by normal delivery at the local hospital; your birth weight was recorded as 2.03kgs. You were diagnosed with hyperthermia when you were born, and you were treated by placing you on a heated mattress. When you were discharged from hospital, you and A were living in a room at A's cousin's house.

On 24th January 2013 the Initial Assessment was completed. This is where the social workers find out as much as they can about the family and what life is like for the children. It was noted that LD was known to Social Care as a risk to



children, as he had injured his child, MS. A said that once L came out of prison, she would not have let you have contact with him, now that she knew about L's background.

However, because of the worries, there was a Strategy Discussion on 8th February 2013. A **Strategy discussion/meeting** takes place when there are concerns about a child, and the purpose is to get all the information together from everyone that knows the family, and to decide if any action needs to be taken, and if so, what this should be.

At the strategy meeting on 8th February it was noted that A had not taken her anti-depressant medication for one week because she couldn't get to the GP for a new prescription, and that she had asked the social worker if you would be better off in care. Also, since L had been released from prison, he had been harassing A. There was also concern about A's lack of knowledge around child development. It was agreed that a Core Assessment should be completed with the family. This is a more detailed assessment.

In the meantime, on 15th February 2013, you and A moved into bed and breakfast accommodation at SP in C.

Unbeknownst to the social worker in March 2013, L and A had another casual encounter and A became pregnant with J. The social worker did not find out about this until sometime later.



In fact, the social worker did not find out that A was expecting J until 23th November 2013. A then admitted that J's dad was L. She said she only met up with him a couple of times, leaving you with R, and that is how J came to be. This was also when A admitted that L was now on your birth certificate. She had originally registered you with the surname of L but later on she re-registered you in the surname of D, and L would have had to be with her to do that. This has to be done within 10 weeks of initial registration. We know L was in prison until 15th February 2013 so it would be after that.

Anyway, back to the story as it was unfolding.

On 2nd April 2013, the Core Assessment was completed. It was decided that you and A should be supported under a Child in Need plan. This is a plan of support and there are regular "Child in Need" meetings to make sure everyone is doing what they are supposed to, to keep children safe.

This support continued over the following year.

On 25th January 2014, the local hospital rang Social Care to say that A had gone into premature labour and had given birth to J in the back of an ambulance. Staff at the hospital said that A had been challenging and aggressive in her behaviour and that she had to be restrained by medical staff during the birth. J was placed in the Special Care Unit because she was born at 34 weeks - she was premature.

While J was in the Special Baby Care Unit, her urine was tested, and her test results came back positive for amphetamines. Hospital staff couldn't be sure when A had used amphetamines, but they said it would have been within a few days before giving birth to J. As you will know, this is not a good thing for a baby to be exposed to.

Because of these things and because of the worries that A had not been honest about seeing L again, the Local Authority decided to start **care proceedings**. On 6th February 2014 **Interim Care Orders** were granted in respect of you Tommy and J, your sister.

When a matter has been taken to court (this is called "**care proceedings**") the social workers and the birth family are given a plan of action and a timetable which sets out when things must happen. Often the court will ask experts to assess the birth family to see if they are able to look after their children and to write a report about their findings. The Judge will also ask if there are any family members who would be able to look after the child if birth parents are not able to do it. After all this has been done, everyone must go back to court for the judge to hear all about the findings of the reports and what has been happening. The judge will then make a final decision about what should happen to the child.

An Interim care order is an order made by the court which gives shared parental responsibility to Social Care. It means that Social Care can keep the child safe because they have the right to take the child away from the birth



parents and place the child in foster care. This is a very serious matter and it only happens when there are some grave concerns.

The Local Authority wanted to make sure you were kept safe, so using their parental responsibility, they placed you and A in a mother and baby foster placement in B with KS on 6th February 2014. J had to stay in hospital because she was not yet fit for discharge.

On 17th February 2014, J was well enough to be discharged from hospital and so she was placed with A and you with KS in the mother and baby foster placement.

KS became a very important person for you and J at this time.

There was a Court Hearing held on 19th February 2014. The court had to track L down through a DWP search. **A DWP search** is a search through information held by the Department of Works and Pensions - it is usually the address from which a person is claiming benefit. L was located in C. LD came to court and said that he was now living in C and that he wished to be party to proceedings. (This means he wanted to get involved in the court process and he wanted to be assessed to see if he could care for you and J).

L had gone to live in E for a while after being released from prison in 2013, but he had come back to C.



In March 2014, the social worker completed a Viability Assessment of L. A **viability assessment** is a short assessment to see if someone in the family can look after you and keep you safe. If a person passes this, they will then have a **Connected Persons Assessment**. This is an assessment of a family member to a very in-depth, high level to see if they can look after a child in the long term. The outcome of L's viability assessment was negative, because of his history of domestic violence, his conviction for an assault of a child (M), his lack of honesty and his "associates".

By this time L was asking for contact. He missed the first one but did attend on 15/4/2014. You and J met L for the first and only time on 15th April 2014. You would have been 15 months old and J would have been nearly 3 months old. The contact lasted one hour and is said to have gone ok, but the recording for it is blank - I am sorry that I have not got any more details for you. I only found from the records that the contact had gone "OK" by trawling through court reports. This court report also said that L did not stay in the building when he was told to, and he came out with you to KS's car. Also, after the contact, A said that L had taken photos of you both and put them on social media. A also said that the day after contact, you had a bruise and so she did not want L seeing you and J again.

L then failed to attend court, and apart from a call made to the social worker in October 2014, he stopped making contact with Social Care. L has since said that he started using cocaine in 2014.



Around this time, L's sister LT also got in touch with the social worker and put herself forward as a carer for you and J.

In June 2014, KS raised concerns with the social worker about A who seemed to be very stressed. It was also shared that her bedroom was very untidy.

Nonetheless on 8th July 2014, A was given her own property by the local council (B) and C Social Care gave her funding to buy goods and furnishings for the flat. You, A and J moved into the property on 29th July 2014. It was at 32 OC in B. Meanwhile, L had got into more trouble with the police and in October 2014 L was given a suspended sentence for a robbery and assault of an unknown male. On 11th November 2014 there was a final court hearing and you and J were made subject to 12-month Supervision Orders. A **supervision order** gives the Local Authority the legal power to monitor a **child's** needs and progress while the child lives at home or somewhere else. A social worker will advise, help and befriend the child. This will mean they give help and support to the family as a whole, for the length of the order - in your case this was 12 months.

In February 2015, the Health Visitor contacted the social worker with concerns about your home conditions. The health visitor said that there was medication on the sofa, and cigarettes and tobacco on the kitchen tops which were really cluttered. The social worker visited the flat and thought that although it was untidy, it wasn't dirty.



However, then the nursery rang, saying that J had been brought to nursery by KS and that she had a bad cough. Nursery said that A had contacted them to say that J was staying with KS as "*she only settles for her*".

There were more concerns on 6th May 2015, when A brought J into nursery wearing a dirty nappy that was bursting, leaking all over the room. It was nursery's opinion that the nappy hadn't been changed for some time. Nursery staff said that J was often brought in by KS but that you were being brought in by A.

Then on 17th July 2015, A's mental health took a downward turn. The health visitor had to call an ambulance as A was presenting as suicidal. You and J went to stay with KS under a private arrangement.

A was very mentally unwell at this time and she went to hospital and she was admitted voluntarily as an inpatient on a mental health ward, where she stayed for ten days.

On 22nd July 2015 a staff nurse looking after A, contacted Social Care to say that A was having suicidal thoughts. The following day KS told the social worker that A had been very volatile with staff on the ward and would not engage with anyone.

On 27th July 2015 A was detained under Section 5(2) of the Mental Health Act due to a further deterioration in her mental health. At this time, A was presenting as paranoid and aggressive.



Being "**sectioned**" is very different from going into hospital voluntarily with mental ill health. When a person is sectioned under section 5(2) of the Mental Health Act, it allows the responsible consultant or their nominated deputy to detain an existing informal in-patient for a maximum period of up to 72 hours in order to make arrangements for their assessment for detention **under Section 2 or Section 3** of the Mental Health Act 1983.

The Mental Health Act means people can be kept in hospital for their own safety. As you imagine there are very strict rules and regulations about this, but it does not happen unless a person is very ill indeed.

Three days later A told the social worker that she had a medical problem and would need surgery.*

A said that she wanted to get better physically and mentally before having you and J back in her care.

A was discharged home from hospital in August 2015. A was allocated a Community Psychiatric Nurse to help her manage her mental ill health.

After this, A spent lots of time at KS's home. You and J were still being looked after by KS, but KS did go away on holiday for 2 weeks from 7th - 25th August and so you and J went to stay with another foster carer, called FF who lived in W (I know F - she is great fun!)



On 25th August 2015 there was a call to the social worker from D Hospital in B. A had gone into the A&E Department that day with suicidal thoughts.

The social worker visited A two days later as they wanted to put a Working Agreement with A in place. **A working agreement** is an agreement which is between Social Care and the family and it sets out what is expected of them to keep the children safe and well looked after.

In A's case the working agreement set out clear boundaries around safe contact and stated that she needed to return to her own property. This did not go down well. A threw the working agreement at the social worker and was shouting and swearing in front of you and J and making threats that she would harm herself if she had to return home. A's presentation got worse during that day, and this resulted in her being admitted as an inpatient to the ST Hospital in B. At this time, it seemed that her diagnosis was of an Emotionally Unstable Personality Disorder.

At this point, Social Care applied to a resource panel for funds for a parenting assessment of A. Social Care were granted funding for the parenting assessment and a psychiatric assessment.

A parenting assessment is a long, detailed report written with the birth parents which looks at whether they will be able to look after children properly and keep them safe. It looks at all the things parents need to do such as providing basic care, like keeping children fed, clothes and clean, to giving them warmth and love and care, to giving them good routines and boundaries. It also



looks at any personal problems that birth parents might have that may get in the way of them being able to be good enough parents, and if anything can be done about these problems.

A **psychiatric assessment**, or psychological screening gathers information about a person within a **psychiatric service**, with the purpose of making a diagnosis.

On 9th November 2015 the Local Authority held a pre-proceeding meeting with A as they knew that the Supervision Order was about to expire, but they had worries about you and J, and felt that you needed to be protected by law.

A **legal pre-proceedings meeting** is a meeting where Social Care explains to parents what their worries are, and what they need to do to avoid the matter being taken to court. It is taken very seriously as this is the last step before going to court.

Birth parents were also sent a letter about it, explaining what this meant.

In December 2015 Social Care managed to set up a Working Agreement with A around Christmas contact with you and J, including overnight contact. The social worker made checks on you at home during this time and saw that you were both ok.

The Psychiatric Assessment of A was completed by Dr PT on 16th February 2016. Dr PT concluded that A's mental health symptoms were not typical for a diagnosis of a Personality Disorder, and his diagnosis was that A has a **Recurrent Depressive Disorder**. He said that this meant that A was at high risk



of further depressive episodes in the future which are highly likely to impact on her normal functioning.

I am not an expert in mental health, and what I would say is that if you need more information about this, there are organisations which can provide you with information and advice. These may have changed by the time you are old enough to look, but at the moment MIND is a good starting point.

Back to your story.

On 29th February 2016 there was a pre-proceedings review meeting where the plans were discussed. It was agreed that you and J would slowly be going back to live with A, in a planned way with lots of checks being made. At this time, KS told the social worker that she was struggling with her own health and that she had spoken to A about you and KS returning to her care. A had said to KS that it was not her job to have you two when KS was unwell. A had also said that she was concerned about how she would cope with you both, as neither of you were sleeping through the night. The social worker tried to speak to A about these concerns, but A became verbally aggressive to the social worker.

As a result, at the review meeting on 31st March 2016 A was asked to attend Anger Management Therapy. This had also been recommended in the Psychiatric Assessment.



A refused to attend group therapy but agreed to 1-1 Anger Management Therapy, but then on 19th April 2016, she cancelled her first Anger Management Therapy session.

There was another Pre-proceedings Meeting on 22nd April 2016 where the social worker wanted to talk to A about the plans for you pair to go home with A. It was made clear that A had to attend Anger Management Therapy. The plan was extended, as A was going to be having surgery for her medical problem.

When A did not turn up for her Anger Management Therapy session on 26th April 2016, the social worker rang her. A said that the call had woken her up. The social worker offered to pick A up from the train station at noon, but A cancelled the appointment.

Later that day the social worker visited A at the family home, where she was having contact with you and J. The social worker was worried as A spent most of the visit shouting at you and J and threatening to discipline you both, but not following through. The conditions of the flat were cluttered, including dangerous items in the reach of you children.

On 3rd May 2016 the social worker phoned A to tell her that the Anger Management Therapy session was cancelled, as the worker running it was off sick. A said that she had forgotten about the appointment and was still in bed. This was worrying.

A sent the social worker an email on 9th May 2016, saying that she was worried about having the care of you and J that day as the hot weather was making her



dizzy. Then the next day A cancelled the social worker's home visit and said that she didn't have you children in her care as she felt unwell.

The Health Visitor contacted the social worker on 12th May 2016, after KS told her that she had had to pick you and J up from A's flat that weekend, as A was struggling. The foster carer also reported that she had heard A inside the flat shouting and swearing at J, as you and J had spilt water on the bathroom floor. On 17th May 2016, the social worker rang A to arrange a home visit. A said that you and J were not in her care that day - she had cancelled your overnight stay as she was feeling physically unwell.

Three days later there was a meeting with A and the Social Care Team Manager. A admitted that she was suffering with spells of anxiety and could not cope having you and J back in her full-time care. You and J were still living with KS on a voluntary basis - that is with A's agreement - not under any court order. The legal basis for this is Section 20 of the Children Act 1989.

When A had her operation on 23rd May 2016, KS said that A had not had contact with you and J for ten days prior to her operation.

All of this was adding up to a very worrying picture for Social Care. You and J were in limbo at KS's and A was making it clear that she could not manage your care.

So, at the next Pre-proceedings meeting on 16th June 2016, it was agreed that the Local Authority should again start initiate Care Proceedings for you and J.



The social worker told A of this plan on 23rd June 2016. Two weeks later, on 7th July 2016, A withdrew her Section 20 consent for you and J to stay in foster care. You and J returned home to A's full-time care the same day.

There was a court hearing on 19th July 2016. A Working Agreement was put in place with A. This made it clear that A needed to work with services such as Anger Management Therapy and to allow social work visits to the home.

On 25th August 2016, there was another court hearing. The Judge agreed to another Parenting Assessment of A, and also a Parenting Assessment of LD and his new partner Ms T, who had been traced and found to be now living in DT in W. In addition, it was ordered that there should be a Special Guardianship Assessment of your paternal aunt LT.

On 9th October 2016, LT told the social worker that she no longer wished to be assessed as a long-term carer for you and J.

The Parenting Assessment of A was completed on 7th November 2016. The outcome of the report was negative because of concerns about A's lack of ability to make changes in order to meet J and your needs, poor home conditions and A's mental and physical health. It was recommended that there should be a further mental health assessment of A.

The Parenting Assessment of L and his new partner got off to a fairly promising start, as L said he had changed and that he was now in a stable relationship. This assessment was supposed to conclude in October 2016.



An Interim (part done) Parenting Assessment of L and Ms T was completed on 16th November 2016. The recommendation was that L should have some parenting classes and do some domestic abuse work and that he would also need to provide photographs of himself for you children.

The thinking was that as L was asking for contact with you and J, you and J would need to be prepared for this, as you did not know L at all. This is why L was asked to bring in photos of himself so that you and J could be shown them, and then the social worker could prepare you for meeting him. L delayed this again and again, which meant the plans for you and J were also delayed too. L eventually brought some photos into the office in February 2017.

In the meantime, the assessment of L had drawn to a halt as he failed to work with Social Care. The assessment concluded that L's childhood experiences had impacted on him into adulthood, as he went onto have a violent criminal history which included domestic abuse, (it was known that there had been more domestic abuse with a new partner in June 2015 and that the police had been called) and also that L had been charged with a violent robbery and assault of an unknown male in 2014. Also despite efforts by Social Care to obtain the photographs, L had failed to provide these. Therefore, the Parenting Assessment ceased and was deemed negative.

On 24th November 2016 there was another Court Hearing, at which the Cafcass guardian raised concerns about A's care of you children and recommended that you were both removed from A's care. The Court did not agree to your removal and a further hearing was arranged for the 5th December 2016.



Let me explain what a Cafcass guardian is. A **Cafcass guardian** is a special sort of social worker who works with children when the court become involved with a family. The guardian's most important role is to make sure that the Local Authority's decisions for children protect them, promote their welfare, and are in their best interests. It is a very important job.

After this, A attended the first of her six Anger Management Therapy sessions on 29th November 2016.

There was another court hearing on 5th December 2016 and the judge ordered a Special Guardianship Assessment of KS and a Psychological Assessment of A. In the meantime, the Local Authority decided to **parallel plan** for you and J. Parallel planning is when the Local Authority works 2 plans for a child at once. This means that time is not wasted for that child. The 2 plans that were being looked at were: a) you stay with A, if her parenting/psychological assessment was positive; b) you would be adopted if the parenting/psychological assessment of A was negative.

Social workers also have to make sure there is no one else in the family that could look after you, and this is why there was to be an assessment of KS. You were given a permanency social worker called SY. I wonder if you remember her?

The permanency social worker works alongside your allocated social worker. A permanency social worker becomes involved in a child's life when it is felt that there is a chance that the child may need to be placed for adoption.



The first job a permanency social worker has to do, is to get the medical paperwork signed by the birth family so that the child can have a big medical where we hear all about any special needs they may have and find out how we can help meet these needs. Lots of birth parents get worried about this paperwork as they think if they sign it, it means they are signing their child away to adoption. **THIS IS NOT THE CASE** - it just means that the child can have a medical.

You and J attended your adoption medicals with A. During the medical it was noted that you were below the centile in terms of your height, and the paediatrician wanted to refer you to the growth clinic. A became very angry and aggressive towards the Paediatrician when this was being discussed.

In the meantime, your social worker did some work with you and J about L on 15th March 2017. You didn't want to see a photo of him at that time, but A later showed you a photo of L.

On 24th March 2017, the Psychological Assessment of A was completed by Dr SQ . Dr SQ reported that she was in agreement with Dr PT's previous diagnosis that A was suffering from Recurrent Depressive Disorder. Dr SQ believed that A would not benefit from any psychological intervention for two reasons: firstly she does not recognise any need for her to change, and secondly, her avoidant, defensive and emotionally dismissive personality style is a major obstacle to her making any progress. "These are features of her personality which are unlikely to change due to their ingrained nature".



This meant that there would always be worries about A caring for you and J as the doctors felt that she could not make the changes needs to keep you safe and well looked after.

On 18th April 2017, the Special Guardianship Assessment of KS was completed. The outcome of the assessment was negative, because of a number of things. KS had her own health worries, and it was felt that she lacked understanding of the concerns about A's care of you pair; and that she could not manage the relationship between A and herself whilst ensuring your safety.

A further Parenting Assessment of A was completed on 25th April 2017. The outcome of the report was negative. The assessor concluded that whilst A clearly has affection for both you and J, despite the intensive support package put in place by Social Care, her care of you two was not good enough.

On 26th April 2017 there was a Looked After Review. These are meetings to look at what the best plan would be for you and your sister. As you may know there are regular reviews when you are in care. This is where decisions and plans are made.

The Looked After Review recommended a **Plan of Permanency** for you and J. SY, the permanency social worker had to write a big report and give it to the Agency Decision Maker, so that they could decide if adoption was in your best interests or not.



The plan of adoption was agreed by the Agency Decision Maker on 18th May 2017.

On 29th June 2017 there was one Final Court hearing and you and J were made subject to a **Placement Order** and Care Order following a three-day contested hearing. The Placement order gives the Local Authority the right to place you for adoption.

You and J were placed in foster care on 29th June 2017. You went to live with CE or N as she liked to be called. I am sure that you had some happy times living with CE but when I met you in June 2019, I felt that we could do better for you.

By this time, SY, the permanency social worker had left. There had been a long delay in trying to find you the right family and SY had written an assessment about you and J, because there were worries that you were not getting on together. SY felt that it might be best if you had separate adoptive families and that was what she had been looking for before she left.

When I met you both, all I could see was two funny, lively kids, who could play together and share and take turns. You did have your fall outs, but then so do most kids, particularly ones who have had a rough time.

I decided to make another assessment and I spoke to everyone that knew you and I spent a lot of time getting to know you properly and doing some work with



you both. I have to say that I really enjoyed this! We had some fun times together with you guys!

I was very pleased that most people who knew you, wanted me to find a family for both of you (CE was the only one who disagreed), so that is what I did. We had a wonderful family finder called RH and she is the one who found Mummy and Mum.

I have to say that as soon as I met Mummy and Mum in October 2019, I knew they were the ones. I was so excited that RH had to practically sit on me on the train on the way home! I was bouncing about like Tigger!

There was lots of planning to do, but I also wanted to make sure that you got some special time with A before you left.

You had been having some contact with A after you went into foster care, but it had been very "bitty" - you had only had 8 contacts between June 2017 and August 2019. This was in part due to A's admissions to hospital.

We had some nice contacts with A in the run up to your move and I hope this helped her and you.

I told A that I had found you both a family on 26th November 2019 and then part of my job was to support her over the next few months. I had help from a lovely social worker called BV who works for the Family Connexions service at Adoption Central England. BV helps birth parents of adopted children and she is



very good at it. She came to your final contact with A on 17th January 2020 - do you remember her? KS also came.

Adoption Panel approved the match between Y and HM and you and J on 13th January 2020. This was a very happy day for them!

I came to tell you about your new family on 23rd January 2020 and I will never forget your reaction. You were ready to pack your bags there and then! You and J had already met Mummy and Mum at an activity day which me and CE brought you to, and after that you had several play dates together, to get to know them. So, by the time the match was approved at panel, you knew them well, and as far as you were concerned, you were ready to go! I had to cool your jets and get you to write them a letter instead. I bet they have kept it!

You began introductions to them on 3rd February 2020.

A review of the introductions was held on 10th February 2020 and it was agreed that the introductions were going really well and that you should move to your new home on 17th February 2020.

In March 2020 the world was hit by a pandemic called coronavirus which meant that we were locked down and all social workers had to start visiting our families virtually, rather than face to face. This was hard as I would much rather have seen you properly.



I did get to visit you over the computer and to have one last visit in November 2020. I was so happy to see you with a family of your own, and to know that you had the chance of a happy life ahead of you.

I was so pleased to see how much you changed over the next few months. You just settled in so well and you were so happy and bubbly and funny! It was lovely to see. I could see that you felt loved and that you were appreciated for being the great kid that you were. It was all I ever wanted for you.

On 23rd November 2020 the Judge made an **Adoption Order** for you, which meant that you became **Tommy M** and you became a member of your family in a legal way.

After the adoption order is made, you are supposed to have a celebration hearing in court, where all the friends and family come along. It is a big event - a really happy day. Unfortunately, you have not had this because the courts got locked down, due to the virus. We are still not back to normal, and the courts are not yet open.

So, Tommy that brings us to the end.

Before I go, I just wanted to say a word about something that reading this letter may have brought up for you.

Tracing birth family should always be your decision. Sometimes young people are curious about their birth family and sometimes they just don't want to know.



Either way it should always be up to you, when and if you want to. From what I know about Mummy and Mum I know that they will support and help you either way. I do hope that as you grow up, you will feel able to talk to them. They are such understanding people they will be able to help you.

I hope that this letter has helped you in some small way. I know that it must be hard to make sense of things at times and I hope this answers some questions. I really do wish you all the very best for your future - you deserve it.

JS

NB * The Social Worker completing this letter did inform Tommy of his birth mother's medical condition, but the information has been removed from this sample.

