

# Barnardos

## Post Adoption Service Evaluation

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May 2021



  
**Barnardos**

Because childhood lasts a lifetime





## **Barnardos Post Adoption Service Evaluation**

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## Foreword

I would like to welcome the evaluation of Barnardos Post Adoption Children's Service and the publication of the findings by Dr Mandi MacDonald and her team at Queens University Belfast. It is important that public services are subject to review to ensure value for money and the provision of good quality services to meet the needs of our most vulnerable children and their families.

Since 2019 Barnardos have provided a National Post Adoption Service for children, commissioned by the Child and Family Agency, Tusla Adoption service. The service was originally set up in 2009 by Tusla, then known as the HSE Children and Families Directorate, in response to high level of demand from adoptive parents seeking support and advice to assist in the parenting of their adopted children. Many of these children, often having been exposed to early life trauma and abuse in addition to being adopted, required access to a specialised service to address their needs.

Barnardos who have a long history of providing a high-quality service to adopted adults, birth mothers and adoptive parents since 1977 were commissioned to provide this. The service was initially offered to children and families in the eastern region but due the level of demand for access to the service from all parts of the country it was subsequently expanded to a national service in 2019.

Tusla keenly recognises the need to provide a dedicated and specialist independent post adoption supports to compliment the services provided by our own National Adoption Social Work Teams and TESS, the education support service to children. The challenges these children face often impacts on all aspects of their lives including their attendance at school and their ability to manage the school environment.

Barnardos is now working in partnership with Tusla to provide individual and group supports to children and teenagers who were adopted in Ireland as well as from many countries around the world. On foot of the implementation of the Adoption Amendment Act 2017, the service will play a key part in supporting the increasing number of children who are adopted from the foster care system in support of the introduction of permanency planning in the child protection and welfare system.

This independent evaluation of the post adoption services for children demonstrates that Tusla's investment in expanding the service to have a national reach is delivering a high quality and relevant service for adopted children, teenagers, and parents.

Families have responded very positively to the range of supports available and the improved accessibility of these supports in terms of their location. There are now Barnardos Post Adoption Centres in Cork and Galway, as well as Dublin. The ongoing needs of this cohort will be continually monitored to ensure equal and easy access for all adopted children in the country to this specialised service.

The voices of the young people who took part in the study add to our understanding of the importance of accessible and empathetic professionals to assist them in navigating the complexities of adoption. The voices of the parents emphasise the ongoing need for focussed and specialised post adoption skills to support them with their, sometimes very challenging task, of parenting children who have sustained early loss and trauma.

I want to wish adopted children and their families health and happiness in to the future. Tusla, hopes that their partnership with Barnardos through the provision of this specialised service will assist in making this a reality.

**Foreword by Ms Siobhan Mughan, National Manager for Adoption Services Tusla**

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## Acknowledgements

We are very grateful to the parents, young people and the professionals working in this field who took the time to respond to our surveys and participate in interviews. We appreciate the honesty and the level of detail with which they shared their thoughts, feelings and experiences.

We would also like to thank Barnardos Post Adoption Service management and staff – this evaluation could not have been completed without their enthusiasm, hard work and organisational skills.

Ethical approval for the evaluation was granted by Tusla Research Ethics Committee and we would like to thank the review group for their guidance and careful consideration of the project methodology.

This study was initiated and funded by Tusla in partnership with Barnardos. We welcome their commitment to understanding and learning from the experiences of adoptive families, and their contribution to identifying and sharing best practice in post adoption support.

Section one.

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# Summary





## Introduction

Children adopted from care, either internationally or locally, can have diverse, and often more complex, needs to their non-adopted peers. Many children adopted internationally from institutional care, or domestically from foster care, will have experienced significant early adversity. Early adversity can cause emotional, behavioural, developmental and attachment-related difficulties. However, research also suggests that adopted children can and do thrive because of the high commitment of adoptive parents, their responsive parenting (Koss *et al.*, 2020), and the availability of post adoption support services aimed at supporting adoptive family relationships (Misca, 2014). Reinforcing the child's network of caring adults is a crucial component of care for children who have experienced early adversity or childhood trauma, and systemic approaches are recommended to support children who experience trauma-related difficulties (Bath, 2008), meaning that support for adoptive families should be targeted at both individual and interpersonal levels.

For services to be effective it is crucial that they are readily available to families in a timely manner. However, in a range of studies in different countries, adoptive families have experienced difficulties in accessing and availing of the services they need, when they are needed. In Ireland, the arrangements for the provision of adoption services have changed considerably over time, and with recent legislative reform, adoption is moving to a more central position within the child welfare system (O'Brien & Mitra, 2018). Thus, the quality and effectiveness of post adoption services in meeting adopted children's needs should be examined.

To address the needs of adopted children and families in Ireland, Barnardos National Post Adoption Service (PAS) is funded by Tusla, the Child and Family Agency, to support parents to meet the needs of their adopted children and teenagers, many of whom have experienced significant early trauma. Initially, the service had a single base in Dublin and offered a therapeutic post adoption service to children mainly adopted through intercountry adoption (ICA). From 2019, the service was made available to all adopted children, including those adopted from foster care, and was expanded to cover a national remit, with additional centres opened in Cork and Galway. As a result, the service saw a rapid increase in referrals, almost doubling in the first year of expansion – from 158 referrals in 2018 to 331 in 2019.

The PAS offers a suite of support targeted to varying levels of need and different developmental stages. The main service offerings are:

- A national helpline and email advisory service;
- Therapeutic individual and family work with children and teenagers individually or together with their parents;
- Group work with children and young people;
  - ▶ Group work with children (8-11 years) and parents together
  - ▶ Group work with teenagers (13-15 years)
- Group support and training for adoptive parents;
- School consultations and bespoke trainings (on request).

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## Therapeutic approaches

There are three main models of therapeutic intervention employed by staff of Barnardos Post-adoption service:

- **Dyadic Developmental Psychotherapy (DDP)** holds that children who have been hurt and/or neglected within their families in their early years can suffer developmental trauma that results in difficulties in attachment; the children find it hard to feel safe and secure with their parents; there are difficulties in intersubjectivity; the children find it hard to give and take in relationships. In this context, parents can struggle to manage the child's behaviour and connect to them emotionally. DDP works actively with the parent-child 'dyad' as the platform for healing. Parents are taught a specialised, trauma-informed parenting approach while children learn emotional regulation and interpersonal relationship skills.
  - ▶ DDP has a developing research literature and is showing good promise of effectiveness and (to date) no evidence of harm, it is continuing to build its evidence base support via good-quality research studies, although it is still too early to state that it is an evidence-based therapy in the full technical sense.
- **Theraplay** is a child and family therapy for building and enhancing attachment, self-esteem and trust. It is used with families of children who demonstrate the following behaviours: withdrawal, depression, noncompliance, regulatory problems, attention deficit hyperactivity disorder (ADHD), or attachment issues/complex trauma. Theraplay sessions create an active, emotional connection between the child and parent or caregiver, with the aim of a changed view of the self as worthy and lovable, and of relationships as positive and rewarding. It utilises interactional play to re-create experiences of secure attachment formation between parent and child.
  - ▶ Theraplay has a strong established research literature, including both controlled and non-controlled studies, showing good promise of effectiveness and (to date) no evidence of harm. However, limitations of these studies mean that Theraplay needs to continue to build its evidence base particularly via good-quality controlled studies, if it to achieve the status of an evidence-based therapy in the full technical sense.
- **Sensory Attachment Intervention (SAI)** holds that negative experiences in the womb and in early childhood impact on one's capacity to cope with stress throughout life. Traumatized children and adults tend to operate in persistent fear mode, which impedes the capacity for filtering out "irrelevant" sensory experiences such as background sights and sounds. SAI involves dynamic activation and de-activation of the sympathetic and parasympathetic systems. Parents are invited to participate in child-led play and learn about the process of self-regulation and co-regulation, and thus learn how to activate and how to inhibit arousal states in a fun and nurturing way that is appropriate to the sensory-attachment needs of their child.
  - ▶ There is emerging evidence in support of a sensory-based approach to treatment and it has potential to demonstrate effective outcomes.

## Evaluation Methods

In 2020, Barnardos commissioned the School of Social Sciences, Education and Social Work in Queens University Belfast to evaluate the service to extend and deepen understanding of the value of the Post Adoption Service model of work with participating children and parents, and to inform ongoing service development.



The evaluation aimed to identify:

- The range of need among service users;
- How need is addressed through the various service elements;
- The evidence base for the potential effectiveness of intervention approaches;
- Service users' assessment of the support offered;
- Referring professionals' assessment of the service accessibility and effectiveness;
- Priorities for potential service enhancement.

The evaluation sought the perspectives of a range of stakeholders and service users: adoptive parents, adopted young people, professionals in the field of adoption, the PAS staff team. All participants had direct experience of the service. Data collection methods included:

- Documenting service processes and pathways;
- A review of the research evidence on the PAS main therapeutic approaches;
- An online survey for adoptive parents (completed by 204 adoptive parents);
- An online survey for professionals in the field of adoption (completed by 22 professionals);
- Semi-structured individual interviews with nine adoptive parents,
- Semi-structured individual interviews with 10 adopted young people (aged 12-18years);
- Semi-structured individual telephone interviews with eight professionals;
- Focus group interviews with PAS staff.

Survey response frequencies were calculated and content analysis (Krippendorff, 2013) undertaken of qualitative data generated by open-ended survey questions to organise comments into themes, quantifying how many participants shared each theme. Transcripts of semi-structured interviews were input to Maxqda data analysis software to facilitate an inductive approach to thematic analysis (Braun & Clarke, 2006).

Ethical approval was granted by Tusla Research Ethics Committee. Initial approval for the evaluation was gained in May 2020. This coincided with nationwide restrictions on travel and social contact imposed by the Irish government to curb the spread of Covid-19. In response to pandemic restrictions, the PAS transitioned quickly to remote working practices, continuing to deliver the service via telephone and video calls. The pandemic impacted the schedule of data collection for this evaluation. Online surveys were conducted as scheduled in May – June 2020. In-person interviews with adoptive families and PAS staff had to be postponed and an alternative Covid-safe protocol designed. Interviews subsequently took place in November 2020 via the Microsoft Teams video conferencing platform. At the time of data collection, therefore, the PAS service was being conducted via online video calls, telephone and email.

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## Summary of Key Findings

### Adoptive Parents' Perspectives

#### Online Survey For Adoptive Parents

- The 204 adoptive parents who completed the online survey collectively had experience of all elements that the PAS offers, and most had been engaged in two or more different aspects of service provision.
- Almost all respondents rated their experience of the service very highly and had found their engagement helpful.
- One fifth of adoptive parent respondents had approached the service because they had been feeling stressed about parenting (n=43). However, their concerns related primarily to emotional or behavioural difficulties for their adopted children. They sought support for the following issues for their child or young person (in order of prevalence):
  - ▶ Behavioural difficulties (n=108)
  - ▶ Anxiety (n=82)
  - ▶ Emotional immaturity (n=81)
  - ▶ Issues with social skills (n=67)
  - ▶ Attachment difficulties (n=66)
  - ▶ Difficulties with school (n=61)
  - ▶ Low self-esteem (n=56)
  - ▶ Aggressive or risk-taking behaviour (n=50)
  - ▶ Loss and grief (n=34)
  - ▶ Understanding birth information (n=25)
  - ▶ Race or ethnicity issues (n=23)
  - ▶ Support for contact with birth family (n=22).
- Many noted improvement in these areas as a result of engagement with the service. Direct benefits identified for adopted children included notable improvements in: emotional difficulties, behaviour problems, self-esteem and difficulties at school.
- Two thirds of adoptive parents completing the survey indicated that their child had attended a group session for young people, and almost all (94%; 67) said this had been helpful.
- Most adoptive parents identified direct benefits to themselves in terms of: lowered stress; a better understanding of their child; feeling less isolated and more confident in their parenting; a better relationship with their child; feeling more comfortable communicating with their child; and better knowledge of how to access other supports.
- The predominant theme in comments to open-ended survey questions was the value of increased parental confidence engendered by the high level of: i) emotional support; ii) increased understanding of their children's needs; and iii) advice they received. The positive impact on the parents was seen as most significant contribution to helping their children.

### **Interviews with Adoptive Parents**

- Adoptive parents identified a range of issues that their children were struggling with, including: attachment; peer relationships (bullying and difficulties in making and keeping friends); lack of self-esteem and self-confidence; poor emotional regulation; behavioural difficulties; poor mental wellbeing; and identity issues.
- Adoptive parents were less explicit about their own needs. The two most common issues they mentioned were: understanding of the child's needs, feelings and behaviours; and appropriate guidance on how to deal with the children's behaviours.
- Adoptive parents described PAS as beneficial and useful. They particularly valued the following features of the service provision:
  - ▶ The personal approach and feeling that they knew and were known by staff;
  - ▶ Staff were approachable and readily available;
  - ▶ Staff were highly knowledgeable and experienced in adoption-related issues;
  - ▶ the consistency in the staff team;
  - ▶ Group sessions were well-organised, informative and helped them feel “on the same boat” as other parents; and
  - ▶ Staff communicating with the child's school outlining issues and how to deal with them.
- A particular benefit of the service was its long-term approach. Parents recognised that their children's issues often could not be resolved quickly and needed extended engagement that changed as they grew older. Parents valued the fact that their children were able to form a positive and long-lasting connection with their worker.
- Prior to the nationwide expansion, the geographical distance to attend services in Dublin had been prohibitive for some parents. Access to the service had increased with the opening of centres in Cork and Galway and was appreciated by parents who were able to make fuller use of the range of supports offered.

### **Adopted Young People's Perspectives**

- The young people we spoke to highlighted the emotional experiences of adoptees, suggesting that a sense of insecurity and finding it hard to trust people might be common.
- The two main support needs they identified for adopted children and young people were:
  - ▶ The opportunity to talk openly about adoption; and
  - ▶ To have their experiences as adoptees understood by those around them.
- Young people identified four main needs among adoptive parents:
  - ▶ Insight to understand their adopted children's feelings;
  - ▶ Guidance on how to approach adoption-related issues with their child;
  - ▶ Skills to communicate openly about adoption;
  - ▶ Emotional support to provide comfort when the things that adopted children say or do are hurtful or confusing.

- Like their parents, the young people we spoke to were very positive about their experience of the PAS and the benefits they had achieved through attendance at groups and individual sessions. As one young person said: “It’s definitely made my life and my family’s life a lot better.”
- Young people very much appreciated the one-to-one opportunity to talk about personal issues with someone outside of their family. Individual sessions were a safe space in which to speak openly about their thoughts and feelings without fear of causing offence or hurt, as they felt they might with parents. They enjoyed learning more about adoption and about themselves.
- The aspects of the service that young people most appreciated were:
  - ▶ The personal approach of the service and consistency of the staff team, allowing them to get to know one or two staff members very well;
  - ▶ Longer term engagement meant that their worker had come to know and understand them very well;
  - ▶ Staff were flexible and responsive to their changing needs, offering more frequent sessions when these were needed, but not insisting on seeing the young person if things were ‘good’;
  - ▶ As they got older, they faced different challenges and appreciated the way their worker tailored the sessions to their changing interests and abilities;
  - ▶ Staff created a relaxed, welcoming and informal environment in which the sessions felt light and enjoyable; and
  - ▶ The opportunity to interact with adopted peers.
- The young people we spoke to identified three main benefits arising from their individual therapeutic sessions:
  - ▶ The opportunity to talk about adoption;
  - ▶ Gaining insight into their own needs and reactions; and
  - ▶ Learning to manage stress and difficult feelings.
- They identified benefits that their parents had gained through engagement with the Post Adoption Service:
  - ▶ Access to guidance about adoptive parenting;
  - ▶ A better understanding of the young person and their needs and behaviours; and
  - ▶ Emotional support to help them overcome feelings of worry and sadness.
- Several of the young people we spoke to reported that relationships within their family were more positive and harmonious following their engagement with PAS and that they were now more comfortable about talking openly with their parents.

### **Perspectives of Professionals**

- Professionals recounted a wide range of needs of adopted children which were thought to vary depending on the individual child; their age and stage; their placement; whether they were intercountry or domestic adoptions; and their early life history, so that the support offered needed to be tailored rather than a ‘one size fits all approach’. Common issues identified included:

- ▶ Sense of identity and belonging;
- ▶ Emotional dysregulation and anger outbursts;
- ▶ Poor social skills impacting children's capacity to make friends and their school experience; and
- ▶ Risk-taking behaviour.
- Complex child presentations were also reported to place considerable strain on the family system. Parent support was, therefore, highlighted as critically important. Participants spoke of how PAS worked very well with parents, helping them to see what they could do differently rather than focusing on changing the child's behaviours.
- Intercountry adopted children's needs were thought to differ from domestic adoptions in the following ways:
  - ▶ Previous histories of institutionalisation which could result in developmental delays, behavioural challenges and sensory issues;
  - ▶ Children's unknown early life histories;
  - ▶ The abrupt nature of transition; and
  - ▶ Transracial adoption issues and identity challenges.
- Participants also noted some of the additional pressures experienced by adoptive parents who may have waited a long time to become a parent. This was thought to leave parents with few informal support opportunities with peers and reluctant to seek help with fears that they may be judged.
- Professional participants noted how adoptive parents benefited from a specialist service as adoptive parenting was considered different to 'normal parenting' given the complex range of children's needs.
- The fact that PAS offers a specialist post adoption service delivered the following benefits:
  - ▶ Parents could check out which issues were normal development issues and which were connected to adoption;
  - ▶ Long-term support for parents to adapt to children's continuously changing developmental needs;
  - ▶ Supports parental wellbeing, which critically influences how children cope;
  - ▶ Supports parents to talk to their children about their history; and
  - ▶ Understands and responds supportively to children with behavioural difficulties and developmental delays.
- Participants commented on the referral process, noting how the response had been swift and 'helpful' for both the parent and the professional. This was reported as a 'highlight' as it was thought to prevent family breakdown and encouraged professionals to refer to the service again.
- All professional participants spoke very highly of the service. A range of helpful practices were noted:
  - ▶ Working first with the adoptive parents to help them change or adapt their responses;
  - ▶ Avoiding problematising or 'blaming' the child;
  - ▶ Flexibility of the service in meeting the unique needs of the child and family;

- 
- ▶ Longer term involvement, with families able to return if and when needed;
  - ▶ Communication between the service and the referring professional; and
  - ▶ Outreach and responding to information requests about the service.
  - Participants spoke positively of the outcomes of service engagement and identified the following benefits for children and young people:
    - ▶ Improved attachment;
    - ▶ Normalising help-seeking; and
    - ▶ Meeting other adopted children with similar concerns.
  - Children were also thought to benefit from the services received by their parents:
    - ▶ Parental ability to respond more appropriately to the child's behavioural needs;
    - ▶ Talking openly and positively about birth families; and
    - ▶ Addressing issues of race and identity.
  - Adoptive parents were perceived to benefit from increased reassurance, confidence and hope, feeling that the service 'understood' their circumstances.
  - The independence of PAS from statutory social work was thought helpful to parents, allowing them the 'freedom to talk' about emerging challenges, which they might not have felt 'comfortable' to do with a social work service that had initially undertaken their pre-adoption assessment.
  - Parent group work allowed adoptive parents to meet others experiencing similar challenges, countering a sense of isolation.
  - Given the changes to adoption in Ireland, professionals highlighted the need to expand the service beyond meeting the needs of intercountry adoptees to domestic adoptions as well as children in foster care or long-term residential care. There were concerns that domestically adopted children could be 'forgotten' with very limited post-placement support.

### **Suggestions for Service Enhancement**

Each of our participant groups identified suggested priorities for further enhancing and developing what they considered an already very helpful service.

- Adoptive parents suggested:
  - ▶ Courses about parenting older children or teenagers;
  - ▶ More courses in general, particularly outside of Dublin, with more sessions; and
  - ▶ Issue-specific group work, e.g. For parents of children with Foetal Alcohol Syndrome.
- Young people suggested:
  - ▶ Having input to the group workshops from adopted young people;
  - ▶ Organising overnight trips for adopted young people to get to know each other better; and
  - ▶ More activity-based work in individual sessions.

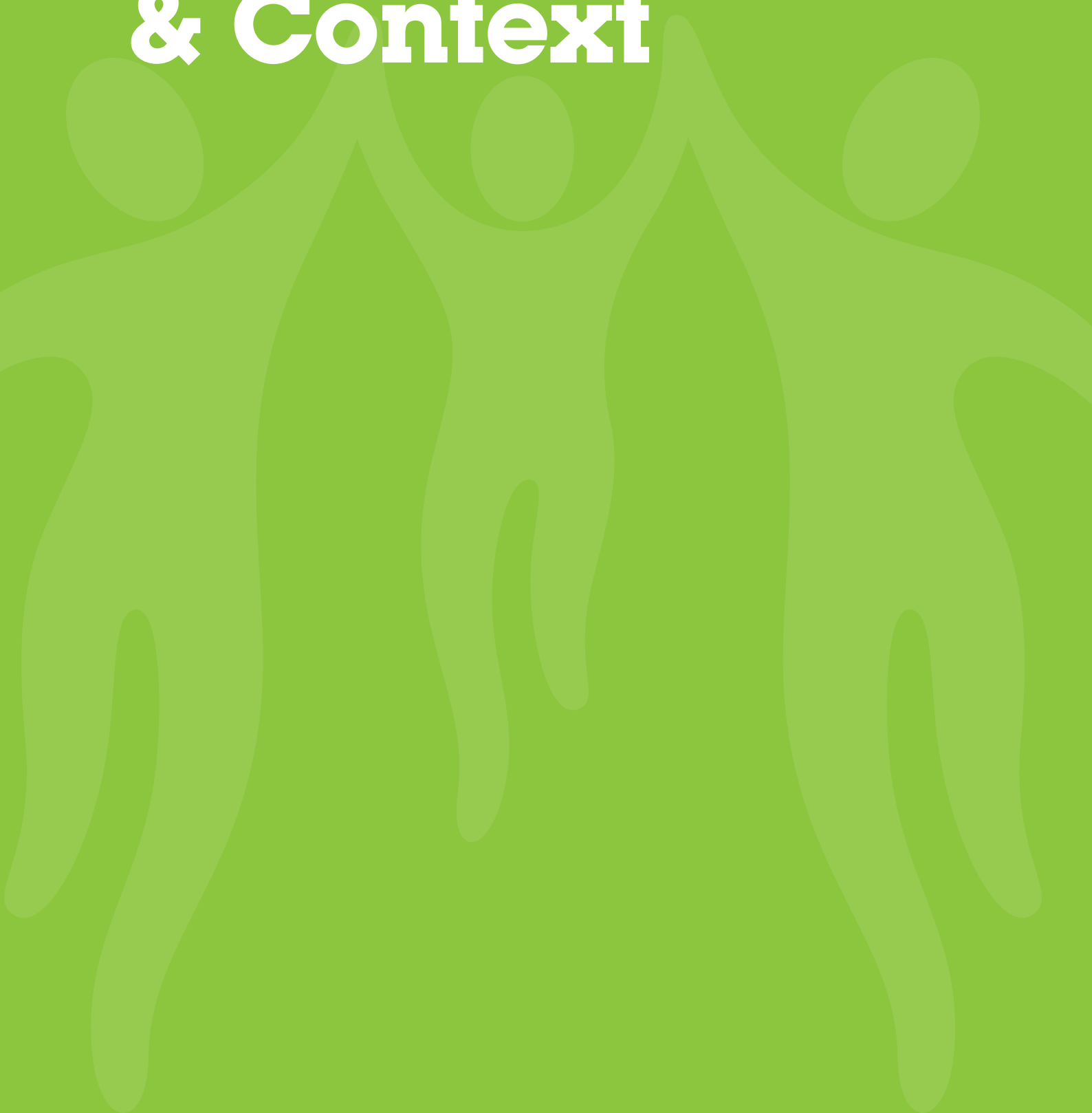


- Professionals suggested:
  - ▶ Further extending the geographical reach and accessibility of the service in other regions of Ireland;
  - ▶ Outreach from PAS to local social work teams to build better working relationships with referrers, with increased knowledge of each other's work;
  - ▶ A consultation service for social workers, given their expertise and independence, which might enhance the services offered to children and families; and
  - ▶ Further expanding the current engagement and outreach with schools.

Section two.

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# Background & Context



Since 2008, Barnardos Post Adoption Service has been working intensively with children who have been adopted from abroad and their parents. The children attending the Post Adoption Service range in age from 4-18 years and were born in Russia, Kazakhstan, Ethiopia, Colombia, Thailand, Vietnam, Guatemala, Romania, India, China, USA, Colombia, South Africa, Mexico among other countries. Most of these children, although by no means all, experienced significant early neglect and trauma and come to their adoptive parents between the ages of six months and eight years. Some have experienced multiple moves between birth family, hospital and various institutions prior to their adoption in Ireland. As a result, many have had little or no experience of a consistent attachment figure before adoption.

While the vast majority of children and parents who have availed of PAS services to date are intercountry adoptions, since 2019 there has been an increase in professional referrals and self-referrals by parents for domestically adopted children, including those adopted from the care system in Ireland. Referrals of children adopted from the UK foster care system and now living in Ireland have also increased. Various activities, including meetings and presentations, have been undertaken to promote the new regional service and build relationships with local service providers. It is anticipated that the number of domestic adoption referrals will increase in the coming years.

## Adoption in Ireland

In Ireland, the practice of adoption has undergone progressive change since the 1952 Adoption Act first introduced adoption as a statutory process, with the legislation having undergone numerous amendments. The 1952 Adoption Act only allowed children born outside marriage (between six months old and seven years old) to be adopted. Adoptions were primarily consensual in nature and took place within private law. Only married couples living together, the birth parents or relatives of a child, and a widow could adopt. Since the early 1970s, considerable transformation occurred in adoption practice, partly as a result of the introduction of an unmarried mother's allowance in 1973, the abolition of the status of illegitimacy in the 1980s, and the social stigma attached to pregnancy out of wedlock fading. All this led to a decline in the numbers of children being adopted (O'Brien & Palmer, 2016). By 1990, just 8% of non-marital children were placed for adoption (Greene *et al.*, 2008).

The 1988 Adoption Act introduced further substantial changes by making provisions that allowed for the adoption of children in exceptional circumstances, even if it was against the wishes of their birth parents and regardless of the birth parents' marital status. However, adoption remained primarily consensual in nature, as there was a high threshold set for abandonment (i.e. the complete failure of parental duty until the child was aged 18).

Notable changes in respect of intercountry adoption emanated from the introduction of the 1991 Adoption Act, which introduced a requirement that Irish residents wishing to adopt from abroad had to complete an assessment of suitability carried out by the Health Service Executive (HSE) or a Registered Adoption Agency (Greene *et al.*, 2008). From the early 1990s, there was a significant growth in intercountry adoption, initiated by the Romanian orphanage crisis and the publicity it received in the media. This coincided with a significant decrease in domestic adoption.

From 1991 to September 2019, a total of 4,989 children were adopted from abroad by Irish resident parents, with the vast majority (4,282) being adopted between 1991 and 2010. Since

then numbers have decreased, with 707 intercountry adoptions between 2010 and 2019, with children adopted from Russia (n=215), Vietnam (n=114), Ethiopia (n=111), USA (n=79) and China (n=49) (AAI, 2019).

While the numbers of children adopted internationally have fallen over the past decade, there has been a slight increase in the number of children adopted from foster care in Ireland. The Adoption Bill 2012 offered a new pathway to legal permanency for children in the care system, as it lowered the threshold of abandonment outlined in the 1988 Act. This was followed by the Adoption (Amendment) Act 2017, which legislates for the adoption of any child whose parents have failed in their parental duties where adoption is in the child's best interest and a proportionate response to the birth family situation. Thus, the introduction of the new Act "has re-positioned adoption from a periphery position based in the private domain to more of an adjunct to the care system based in the public domain" (Palmer & O'Brien, 2019, p. 400).

So far, the number of children adopted from the care system has remained low. However, adoptions from long-term foster care are slowly rising, from 17 in 2013 (AAI, 2015) to 25 in 2018 (AAI, 2018).

From January 2014 to December 2019, there were 123 adoptions from long-term foster care, 60 of which (49%) involved children aged over 16 (late age adoptions from long-term foster care – LTFC) (AAI, 2020).

## Research on Adopted Children's Needs and Outcomes

There is a large body of national and international research assessing adopted children's health, wellbeing and education in comparison to those not adopted. Most adopted children experience some early adversity, which has a negative impact in a range of outcomes. However, research has also shown the extent of recovery and the incidence of catch-up that occurs after children are adopted (Palacios *et al.*, 2014). In this review, we will distinguish between research focusing on intercountry adoption, and research focusing on adoption from care.

### Intercountry Adoption Research

Most of the current service users in the Barnardos Post Adoption Service are intercountry adopters and adoptees. Given the timescales involved in administering intercountry adoption, children are rarely adopted in infancy and the quality of care they receive while in their country of origin is variable (Greene *et al.*, 2008) and is often situated in group institutional facilities, which can impede the development of secure attachments. In addition, many international adoptees often have histories of pre-natal and early deprivation, including maternal stress and poor health, and prenatal drug exposure (Hegar & Watson, 2013).

Greene *et al.*'s (2008) comprehensive study of outcomes for internationally adopted children in Ireland noted that international adoptees had a higher rate of mental health and behavioural difficulties than Irish children generally, with up to a third of the adopted children displaying persistent emotional, behavioural and attachment-related difficulties.

Similar findings regarding internationally adopted children have been found in a range of countries, with internationally adopted children displaying more behaviour problems than non-adopted children. However, behaviour problems have been found to be dependent on a range of factors, including children's characteristics at time of adoption (Gagnon-Oosterwaal *et al.*, 2012).

When comparing intercountry adoptees with domestic adoptees, findings are not clear-cut. In a large meta-analysis of 64 studies, Juffer and Van IJzendoorn (2005) found that international adoptees presented fewer behavioural problems than domestic adoptees, and were less often referred to mental health services than domestic adoptees. However, in terms of self-esteem, in a later meta-analysis of 18 studies, Juffer and Van IJzendoorn (2007) found no difference between transracial and same-race adoptees, and no difference between adoptees and non-adopted peers across 88 studies.

### **Adoption from Care**

It is well established in international literature that children in state care<sup>1</sup> are a vulnerable social group who are at greater risk of suffering poor mental health (see Tarren-Sweeney, 2008). This group of children and young people often come from multiply disadvantaged families, and experience multiple attachment and trauma-related difficulties (Dejong, 2010). Indeed, the complex range of needs and experiences of children in care are thought to be inadequately represented by medical psychiatric diagnoses, as they present with a combination of multiple 'lower level' difficulties that are below clinical thresholds for single psychiatric diagnostic categories, yet reflect greater impairment (Dejong, 2010; Tarren-Sweeney, 2008, 2013).

While the numbers of children adopted by their foster carers in Ireland is currently low, recent legislative developments are likely to see rates increase. These adopted children will have similar histories of adversity with the same complex developmental implications as their peers who remain fostered. Indeed, in the UK, given that thresholds for adoption from care are so high, children adopted from foster care may have the most adverse histories (McSherry *et al.*, 2013). McSherry *et al.*, (2015), in a review of the physical and mental health of 'Looked After Children' in Northern Ireland, found that 40% had been diagnosed with behavioural problems, 35% with emotional problems and 21% with depression or anxiety, and that many of these children and young people had difficulty accessing appropriate services.

### **Post Adoption Support**

Despite all the difficulties previously mentioned that adopted children may experience, research also suggests that adopted children can and do thrive as a result of the high commitment of adoptive parents and the availability of post adoption support services (Misca, 2014). Post adoption services are intended to support the child and their adoptive family, and ultimately prevent traumatic and costly breakdowns (Hartinger-Saunders & Trouteaud, 2015). Lee *et al.*, (2020), in a sample of 1,414 in the USA, classified adoptive families into five groups

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**1 In Ireland, the term 'state care' refers to children in 'out of home' care. This corresponds with the term 'looked after children' used in the UK.**

according to their distinct post-adoption needs that would require different supports. These were: families with low needs; families with needs related to adoption adjustment; families with adoption-specific needs; families wanting support specific to their youths' special needs; and families with needs that are both adoption-specific and related to youth special needs.

Soon after adopting a child, families might have a range of needs. In the Wales Adoption Study, Meakings *et al.*, (2018) identified the main support needs of newly-formed adoptive families (n=96). These included the promotion of children's health and development; the reinforcement of family relationships; the development of children's identity; the management of contact with birth parents; and financial and legal assistance. In terms of health, nearly a third of adoptive parents required help to deal with their children's emotional and behavioural difficulties. Most of these had children over the age of four at placement. However, the authors also found that most children in their study were not considered by their parents to need specialist therapeutic intervention. These findings are consistent with findings from a previous qualitative study of adoptive parents in England on the first six months that the child had been placed with them for adoption (Bonin *et al.*, 2014), where specialist health and mental health services were used by a small number of families. However, early detection of problems that start soon after placement has been deemed critical to avoid breakdown (Palacios *et al.*, 2019).

As the adoption progresses, adoptive parents may need support in relation to a range of challenges. In a study of families that contacted an adoption support programme in the USA, Waid and Alewine (2018) found that the most common were child emotional-behavioural difficulties, caregiver strain, and school-related challenges. Like other studies (Rolock & White, 2016), they also found that the transition from childhood to adolescence was particularly difficult for some adoptive families, and recommended that post adoption service providers bolster supports for adoptive families during this time. Adult adoptees might also need some supports. In fact, a recent systematic review identified three main needs: contact with birth family, ethnic identity and birth culture, and psychological support (Sanchez-Sandoval *et al.*, 2020). The authors highlighted the limited existence of evidence-based interventions for this group.

The timing of services is particularly relevant for its effectiveness. Thus, services should be available and accessible in a timely manner (Lushey *et al.*, 2018). In an earlier evaluation of post-adoption services in Canada, Dhimi *et al.*, (2007) found that parents need these services at specific times, particularly after a stressful or traumatic event, or soon after the adoption, and then at significant developmental points in the child's life (i.e. starting school, transition to becoming a teenager and to becoming an adult). Thus, they recommended services to be targeted at the families who need them most, at the time when they most need them, and to aim to deal with specific concerns. The authors also found a low level of service usage, often because of a lack of knowledge of the availability of services, services being offered at inconvenient times and locations, and reluctance to ask for help due to stigma or other social support available.

In terms of the accessibility of services, in the USA, Hartinger-Saunders and Trouteaud (2015) found that 60% of their participating adoptive families (who adopted children from the care system) experienced at least one instance when they needed a post adoption service but did not access it. Families adopting older children were more likely to be unable to access the services they needed. Respite care was identified as one of the largest unmet needs, and trauma-specific post adoption services were also a need frequently unmet. The most common barriers they found to accessing services were: lack of awareness of where to find services and of what to look for; and the perception of past services as not helpful.



Similar barriers were found in a recent evaluation of a post adoption support service in the northwest of England. In that study, Harlow (2019) found that before the service was created, parents had found a number of difficulties in obtaining appropriate support. These included: difficulty in defining the problem and finding out what is the appropriate agency/professionals to approach (resulting in to-ing and fro-ing referrals between agencies); adoptive parents' fear of being seen as a failure; professionals' lack of knowledge on how to address child's needs; and dearth of resources.

In England, while Local Authorities (LAs) are not required to provide post-adoption services, they do have to carry out an assessment of need for post-adoption support if an adoptive family requests it, and it appears that the majority of adoptive families are never informed of this entitlement. Lushey *et al.*, (2018) argue that post-adoption support services should be the norm rather than the exception. They conducted a small-scale survey of 22 local authorities in England and found that families generally asked for an assessment when the adoption was at risk of breaking down. In fact, 73% of Local Authorities claimed that families often or very often requested an assessment at that stage. LAs were often approached as a last resort rather than when difficulties began to emerge. The authors also found that there was often a lack of capacity in the adoption and post-adoption team, lack of resources for service provision, and lack of specialist knowledge and expertise. Indeed, this corresponds to findings from a review of the literature on adoption breakdown. Palacios *et al.*, (2019) highlighted issues with the availability and quality of mental health services for families in crisis, a lack of information about available services, and parents' fear of being blamed and controlled by adoption services.

The lack of specialist knowledge and expertise among professionals and mental health services has been highlighted in different studies (Hegar & Watson, 2013; Atkinson *et al.*, 2013; Tarren-Sweeney, 2010; Hartinger-Saunders *et al.*, 2019). For instance, in the context of intercountry adoption, there is a dearth of mental health practitioners who are familiar with the needs of post-institutionalised children (Hegar & Watson, 2013). Atkinson *et al.*, (2013) highlight the need of 'adoption-competent' mental health services. They found that one of the difficulties for adoptive families to obtain effective support was the shortage of mental health professionals that understood adoption issues; and that adoptive families valued therapists that had special training on these issues, particularly in terms of adoption, trauma, attachment, and grief. These authors developed an evidence-informed training programme to promote adoption competency among mental health professionals. Educational professionals often also have a lack of specialist knowledge of adoption, and Stother *et al.*, (2019), in their critical review, argued for the need for effective post-adoption support across educational settings at all stages of a child's educational journey.

A range of studies have pointed out what post-adoption services should be focusing on. As previously mentioned, some authors, such as Hartinger-Saunders *et al.*, (2019), highlight the importance of trauma-informed services and trauma-specific interventions, as well as the need for mental health professionals to be trained to address adoption-specific issues. They also suggest the need to provide training (which enhances understanding about complex trauma) and support for adoptive parents, as a lack of such has been associated with adoption failures. Authors have suggested targeting adoption support at: family communication patterns and dynamics (Crea *et al.*, (2014), and families experiencing difficulty with parenting difficulties of parenting a child with multiple behavioural problems (Testa *et al.*, (2015); and active outreach to intercountry adoptive families.

Section three.

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# **Barnardos Post Adoption Service**



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## Development of the Service

As detailed in Chapter 1, Ireland has a complicated and changing history with adoption that includes: the stigma associated with having children outside marriage; the primacy given to marriage and ‘the family’ contributing to high thresholds for domestic adoption; the rise and fall of intercountry adoption from the early 1990s; and the more recent move toward domestic adoption of children from the care system. These changes are mirrored in the development of Barnardos Post Adoption Service (PAS), which has been responding to identified need since the late 1970s. Most recently, due to the 2017 legislative reform, adoption is becoming more central within the public child welfare system, which means a restructuring of social work service delivery models (O’Brien & Mitra, 2018).

The Barnardos Post Adoption Service helpline was opened in 1977 with services gradually developing to include post adoption counselling, support and group work to birth mothers, adopted adults and adoptive parents. The group work service to birth mothers and adopted adults started in 1990 and 1994 respectively. The Post Adoption Service runs in tandem with the Origins Service, funded by the Department of Education, which provides family tracing for people raised in the Industrial School system,.

Given the increasing numbers of intercountry adoptions through the 1990s and early 2000s, Barnardos was commissioned in 2007 by Tusla (the Child and Family Agency) Adoption Services (Eastern Region) to develop a specialised post adoption therapeutic service for children adopted from abroad and their parents in the Dublin, Kildare and Wicklow areas.

Further developments came in 2018 when Tusla commissioned an expansion of the Barnardos Post Adoption Service. The aim was to make services available nationally with the service remit revised to include domestically adopted children, including those adopted from foster care. In addition to the base in Dublin, two new Post Adoption Centres were established in Cork City and Claregalway. The new all-Ireland service was formally launched by the Minister for Children and Youth Affairs Katherine Zappone on 19th June 2019. It is funded by Tusla, client donations and training income.

## Aims and Objectives of the Service

Barnardos Post Adoption Service provides a specialist therapeutic service to adopted children and teenagers who were born abroad or in Ireland, including children adopted from the care system, and their adoptive parents. The original service design was based on best practice models of working with children impacted by early trauma developed in centres such as the London Post-Adoption Centre and “Family Futures”, London. Therapeutic approaches include Theraplay, Dyadic Developmental Psychotherapy (DDP) and Sensory Attachment Intervention.

The service tends to have long-term relationships with families who present with different needs at various stages of the life cycle. Adopted children and young people present with a range of additional needs as a result of their early life history and fractured relationships. These include: attachment issues which may present as behavioural difficulties or challenges; high anxiety levels; school and learning problems; low self-esteem; vulnerability to bullying; emotional immaturity; difficulty with social skills; loss and grief; requiring assistance in understanding birth information; identity development including issues of race and ethnicity; support in relation to contact with birth family members.

Adoptive parents are also known to have additional needs. These include: understanding the impact of trauma on child development and behaviour; understanding and responding to challenging behaviours; sharing background information with their child; supporting their child's identity development; addressing school concerns; supporting contact with birth family members.

### **Overall Aims and Objectives**

The Post-Adoption Service aims to provide adopted children and young people and their families with the right support at the right time, tailoring intervention to meet identified need.

As a whole, the service seeks to achieve the following outcomes:

- Enhance the wellbeing of each adopted child or person (including improved self-esteem with regard to their adoptive identity, increased capacity for learning and development, improved peer relationships);
- Support and strengthen the parent/child relationship and communication about adoption; and
- Enhance parenting capacity with regard to adoption-specific issues (e.g. Birth parent contact, sharing background information, understanding the needs of adopted children).

This can be further broken down into the following outcomes:

- Improved parental understanding of the impact of early trauma on children and teenagers;
- Improved parental understanding of the additional tasks of attachment-focused parenting;
- Opportunities for children to explore understanding of birth information, loss and identity issues;
- Increased parental strategies to increase their children's self-esteem and positively manage their children's behaviour;
- Improved relationships within the family; and
- Improved capacity for learning and development.

### **Service Overview**

A range of services and interventions are provided to address the multifarious needs of adopted children and their parents and families. All services are trauma-informed, attachment-focused and adoption-specific. These services have been developed over time, drawing on models of international best practice (further detail is provided below and in Chapter 3). A full range of services is offered in the three regional centres. Current child and family services in brief include:

- A national helpline and email advisory service;

- Therapeutic services for adopted children and teenagers individually or together with their parents;
- Group work with children and young people:
  - ▶ Group work with children (8-11 years) and parents together; and
  - ▶ Group work with teenagers (13-15 years).
- Support for adoptive parents:
  - ▶ Group support and training for adoptive parents; and
  - ▶ Individual consultation sessions for adoptive parents.
- School consultations and bespoke trainings (on request).

Barnardos Post Adoption Service also provides therapeutic services for adopted adults and their birth and adoptive family members, and a group work support service for birth mothers and adopted adults. These services are not included in this evaluation report.

## Current Service Delivery

### Referral and Service Pathways

There are two distinct referral pathways to the Barnardos Post Adoption Service:

- **Self-referral by parents:** Parents can contact the service for assistance by calling the centre directly or using the PAS confidential helpline or email advisory service. They can also complete a self-referral form and post or email to the service.
- **Professional referral:** Professionals (such as social workers, teachers, health professionals, other relevant professionals or agencies) can refer to the PAS by contacting the service and completing a written referral form.

**Initial telephone assessment:** Following referral, an initial telephone assessment is undertaken by a professional staff member with the identified parent to ascertain need and discuss service options. Where the family have been referred by a professional, telephone consultation with the referring professional and other relevant professionals (where appropriate) are arranged with parents' consent.

**First meetings:** Parents are offered an individual meeting within 3-4 weeks where deemed appropriate. At this first meeting, a comprehensive social history is taken, inclusive of what is known about the child's early life, the parent's entry to adoption and their first experiences together. An extensive psychosocial, educational and behavioural assessment is also conducted to inform decision-making. Support and advice are provided on immediate concerns. Information is given about PAS group workshops and trainings, and other peer support networks. Following assessment, if suitable for PAS therapeutic services, the family are placed on the waiting list for individual or parent/child therapeutic support. Parents and/or children are invited to attend relevant group work, training and support groups when offered in their locality.

**Allocation:** Monthly therapeutic allocation meetings are held at each PAS centre. Tusla referrals are prioritised as per the service level agreement and are allocated according to the

length of time on the waiting list, parent/child needs and worker capacity. Self-referrals are prioritised on the basis of need and risk, and the involvement of other services. At the time of evaluation, the average waiting time was between two months (Cork and Galway) and five months (Dublin).

Reasons for declining or postponing PAS therapeutic services: There are a number of reasons why individual therapeutic support may be deemed inappropriate and, where this is the case, parents are guided to other relevant services. Reasons for declining or postponing referrals include:

- If the child's needs are being currently met by another service;
- Where it is assessed that the parent needs psychotherapy/counselling for other issues as a priority;
- Where a full multidisciplinary assessment is deemed necessary e.g. if Autism or Foetal Alcohol Syndrome is suspected;
- Where a sensory assessment by an Occupational Therapist is recommended; or
- If there is a high risk of self-harm and a concurrent referral to Child and Adolescent Mental Health Services (CAMHS) is advised.

### **Children and Family Services**

Helpline and email advisory service: The helpline and email service is confidential and professionally staffed. The telephone helpline is open on a part-time basis, Tuesday and Thursday 10am-1pm. Emails are responded to in full-time office hours. General advice and support is offered, with links to peer support networks and resources provided. Staff assess the need for further appointments, and, when appropriate, a follow-up call or appointment is offered to discuss parent requests in greater detail and undertake an initial assessment. Parents are facilitated to join the distribution list for parent and child group work.

Therapeutic interventions: Therapeutic sessions (between 8-12 per family) are provided to adopted children and teenagers individually, together with their parents or a combination of both, depending on assessed need:

- Parent/child dyadic work is undertaken to address attachment or relationship difficulties; severe child/young person anxiety; parental under-confidence.
- Individual therapeutic work with children and young people is dependent upon age and undertaken when assessed that the young person needs their own space to talk; where the young person may feel inhibited by the parent's presence or concerned about their feelings; or where adoption identity is the primary referral issue.
- Parenting work alone is undertaken to enhance parental understanding of the impact of early trauma on child emotions and behaviours; support age-appropriate sharing of background information or prepare for homeland visits; support parental confidence and enhance parenting skills; or when children and young people are reluctant to engage.

Following a comprehensive child/parent assessment, occasionally using the Marschak Interaction Method (video-recorded Theraplay assessment), a therapeutic plan is discussed



and agreed with parents (and young people) at the outset of the work. Regular reviews are scheduled to monitor progress with cases closed following the final review. Many families return for planned single 'check-in' sessions to affirm and embed therapeutic benefits.

Underpinning therapeutic approaches include Theraplay, Dyadic Developmental Psychotherapy and Sensory Attachment Intervention. Interventions are adapted to the unique needs of the child/young person and parent, and may use a range of techniques including mindfulness and visualisation; life story; art work; family tree work; sensory aids; games; identity 'parts of me' methods.

The overall aims of PAS therapeutic interventions are to strengthen the parent/child relationship; promote secure attachment; improve the child's emotional regulation and stress management; and support parents to understand their child's behaviour; stay emotionally regulated; and become more emotionally available to the child. Established measures of social, emotional and behavioural needs have recently been implemented. At the outset of engagement, parents and children now complete questionnaires that include:

- Strengths and Difficulties Questionnaire (child report and parent report).
  - ▶ Behavioural screening questionnaire consisting of five scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and pro-social behaviour (Goodman, 1997).
- 'Me as a Parent' questionnaire (parent report).
  - ▶ Measures parents' perceptions of their self-regulation related to parenting. Contains four sub-scales reflecting self-efficacy, personal agency, self-sufficiency, and self-management (Hamilton *et al*, 2014).
- Emotion Regulation Checklist (parent report).
  - ▶ A standardised questionnaire that evaluates two dimensions of children's emotion regulation: lability/negativity and emotion regulation (Shields & Cicchetti, 1997).
- Rosenberg Self-Esteem Scale (child report).
  - ▶ Measures self-worth by assessing both positive and negative feelings about the self (Rosenberg, 1965).

### **Support for Adoptive Parents**

Individual consultation sessions for adoptive parents: The focus of these parent-only sessions is decided in collaboration with the parent. These sessions aim to enhance parental wellbeing and support parents to better understand and respond to their child's needs. Topics include understanding attachment and early life trauma or neglect; responding to child behaviours or emotions; sharing background information with children; exploring identity issues for adopted children; responding to school-related issues. Staff advise parents regarding the readiness of their child/young person for group workshops.

Group support and training for adoptive parents: A range of group work trainings are also available for adoptive parents. These vary in length and include sessions focusing on "Parenting Skills for Adoptive Parents" or "Raising Adopted Teenagers". In addition, bespoke trainings are designed for particular cohorts of adoptive parents, such as parents who have adopted from the USA or Vietnam.

### **Group Work with Children and Young People**

Group work with children (8-11 years) and parents together: “Let’s think about adoption” is a single interactive workshop of 2-3 hours duration for adopted children aged 8-11 years (maximum of 10 children per group) together with a parent or parents. It runs several times through the year. Many adoptive parents state that their children are reluctant to talk about adoption. By providing a safe group setting with other adopted children, this workshop aims to open up discussions about adoption, which can be carried on later at home with parents. The core purpose is to give adopted children an opportunity to consider how they might confidently answer questions about their adoption or ethnicity outside the home, as well as enable communication with parents about adoption-related issues. It aims to support children’s self-esteem by assisting them to talk about their adoptive identity and country of origin in a strength-orientated child-friendly way. The workshop design draws on the “Wise Up” programme (USA) and Theraplay interactive games. An explanatory handout is available for parents attending.

Group work with teenagers (13-15 years): “The Different Parts of Me” interactive workshop is designed for adopted young people aged 13-15 years. This single workshop occurs at several times throughout the year and lasts 2-3 hours. Adolescence can be a challenging time for both young people and their parents, raising critical issues of identity. The teenage years can be further complicated for adopted young people who may not know much about their early history or have conflicted feelings about their past or adoptive identity. The workshop brings together adopted young people who may have similar experiences and feelings, and creates a safe, fun and supportive context to start to explore what adoption means for them. It aims to boost young people’s self-esteem by supporting integration of their adoptive identity; enhance a sense of belonging; and act as a springboard to enable further communication with parents about adoption-related issues.

Tailored group work for identified cohorts of children: The service also responds to requests for workshops with specific groups and children and teenagers, e.g. workshops for Asian and Ethiopian born children at the request of peer support networks.

New initiatives: A series of four linked sessions called “Cool 4 School” aimed towards helping children deal with school-related anxiety was piloted in the Galway centre with eight children attending over six sessions. This received a good response and will be repeated once Covid-19 restrictions are eased.

### **School Consultations and Bespoke Trainings (on Request)**

Consultations and trainings are provided to schools on request as a support to adopted children’s education needs and integration in their school community. These include training sessions such as “The Adopted Child in School”, which seek to equip teachers and school staff to better understand the impact of attachment disruptions and early life trauma and neglect on adopted children’s development and behaviours, and be able to respond more supportively and effectively.

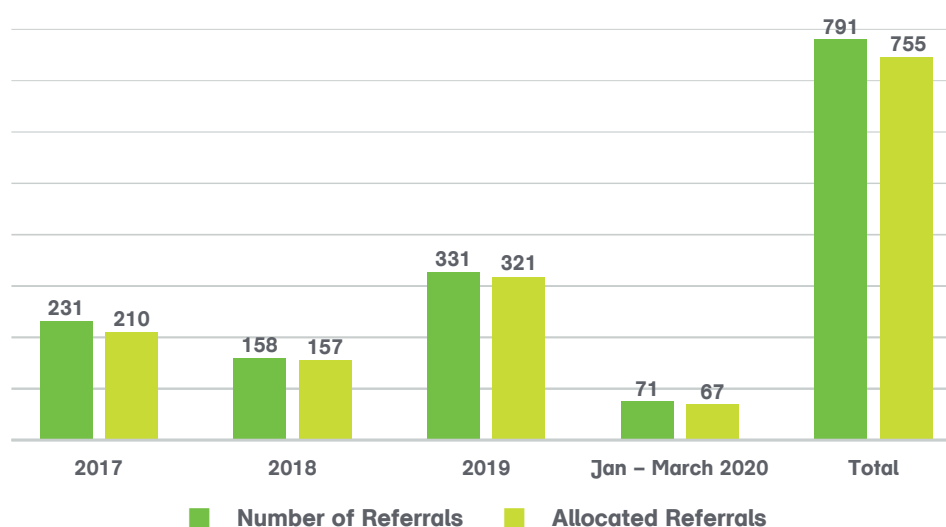
### Staffing Structure and Expertise

Barnardos Post Adoption Service has seven therapeutic staff, all but one working part-time, covering the three centres in Dublin, Cork and Galway. They are highly skilled and experienced practitioners, coming from a variety of backgrounds including social work, psychology and social care, with a range of trainings in different therapeutic modalities including child psychotherapy, systemic family therapy and play therapy. Additional funding from Tusla in 2019 enabled training for all staff in Level 1 Theraplay and Level 1 Dyadic Developmental Psychotherapy facilitating a common approach across the three regional centres. Furthermore, training in trauma-informed approaches is being delivered across Barnardos to all staff directly involved in providing services to children and families.

### Service Activity 2017–2020

Between 2017 until end of March 2020, the service had received 791 referrals. The majority have been allocated (95%) (see Figure 1). While 2018 saw the least number of referrals (n=158), in 2019, these more than doubled to 331.

**Figure 1:** Referrals by year 2017 – March 2020



Most referrals were self-referrals (62%). The next two most common sources of referral were parents and the Tusla social work and referral form (see Table 1).

**Table 1:** Sources of referral 2017 – March 2020

Sources of referral	N	Allocated referrals
Self-referral	488	475
Parent	193	172
TUSLA social work and referral forum	51	51
Child and Adolescent Mental Health	5	5
Doctor/GP	1	1
Addiction services Non HSE	1	1
CFA Social Work	7	7
Community Agency	3	2
Community Welfare Officer	3	3
Family Referral	1	1
Family Support Worker - TUSLA	6	6
Hospital Staff	4	4
HSE Psychology	14	14
Non-Tusla social worker	1	1
Other Barnardos service	5	5
School staff	7	7
One left blank	1	0
<b>Total</b>	<b>791</b>	<b>755</b>

Up until 2019 the PAS was based in Dublin only and therefore all referrals to that date are recorded as being located in Dublin (i.e. 74% of all referrals, and 73% of all allocated referrals) (see Table 2).

**Table 2:** Referrals by service location 2017 – March 2020

Service Location	N	Allocated referral
PAS (Dublin)	583	552
PAS Cork	113	111
PAS Galway	95	92
Total	791	755

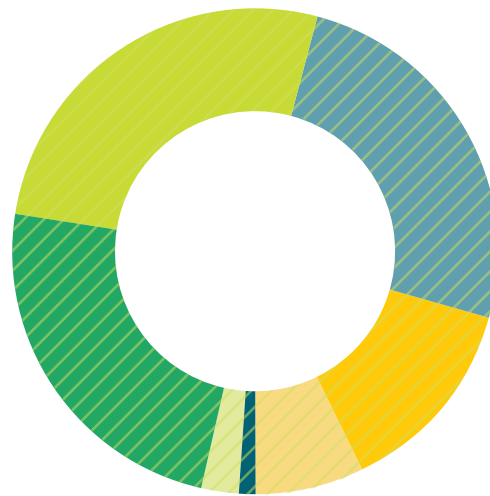
In terms of service users, the biggest number were parents. Children referrals had the highest proportion that had not been allocated (8% compared to 2% of parent referrals) (see Table 3).

**Table 3:** Referrals by service user 2017 – March 2020

Type Of Service User	N	Allocated Referral
Child	302	278
Parent/step-parent/carer-guardian	481	473
Other	4	4
Blanks	4	0
Total	791	755

A variety of service were requested in the referrals. The most common being parent and children work, individual work with parent(s) and individual work with the child.

**Figure 2:** Referral by service requested



- Parent and child work, 211
- Individual work: parent(s), 200
- Individual work: child, 107
- Family work
- Post-adoption training 10
- Other, 18
- Not specified, 189

The average length of time between referral received and allocation was 39 days. Eighty per cent of referrals were allocated in less than two months.

**Table 4:** Length of time from referral to allocation

Length of time	Referrals
0 days	187
less than week (1-6 days)	68
Between 1 wk and 2 wks	91
Between 15 to 30 days	127
Between 31 to 60 days	129
Between 61 and 100 days	67
Over 100 days	85
<b>Total</b>	<b>754</b>

In total, 376 families availed of the service between 2017 and March 2020 (11 of them having two children that used the service and one having three). Most of them in Dublin (81%), but others in Galway (9%) and Cork (10%). Services were availed of by 240 adopted children and young people (a few of them over 18), 354 parents (or sets of parents), two grandparents and one step-parent. Of these 376 families, as of March 2020 108 were open cases actively availing of services.

In terms of services provided:

- 81 children have received 'individual work' (average number of sessions attended = 4.1);
- 245 families have availed of 'individual work' for parent/s (total number of parents = 368) (average number of sessions attended = 1.9);
- 75 families have attended joint parent sessions (average number of sessions attended = 1.8); and
- 147 families have availed of parent-child work (average number of sessions attended = 5.6)



Section four.

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# Therapeutic Approaches



The main therapeutic approaches that underpin the work of the PAS service are Dyadic Developmental Psychotherapy (DDP), Theraplay, and Sensory Attachment Intervention. For each of these this section summarises: underpinning theory; target population; target issues; anticipated outcomes/changes; modality of delivery; levels of training available; assessment of available evidence of 'effectiveness'.

## Dyadic Developmental Psychotherapy

Dyadic Developmental Psychotherapy (DDP) was developed in the 1990s by Dan Hughes (a clinical psychologist) in South Portland, Maine, USA. DDP is a psychotherapeutic treatment method for families that have children with symptoms of emotional disorders, including complex trauma and disorders of attachment. It is often used to treat children in foster care and adoptive families, especially those who have experienced trauma, abuse or neglect, seeking to address traumatised children's difficulty developing a secure attachment with their foster or adoptive parents.

In 2009, the Attachment-Focused Treatment Institute was founded to oversee the training, certification, accreditation, research, and expansion of DDP. The Nurturing Attachments Group Work programme is an associated DDP-informed intervention developed by Kim Golding.

### Underpinning Understanding

DDP holds that children who have been hurt and/or neglected in their early years can suffer developmental trauma due to these experiences and, as a consequence, they find it difficult to feel safe and secure within their new families. The experience of being parented in the present reminds children of the way they were cared for in the past and, even though they are no longer being maltreated, the children feel as though they are, or think that they might in the future. The children are afraid of 'parents' and develop a range of ways to manage these high levels of fear.

Conceptually their difficulties are understood as:

1. Difficulties in attachment; the children find it hard to feel safe and secure with their parents.
2. Difficulties in intersubjectivity; the children find it hard to give and take in relationships.

In this context parents struggle to manage the child's behaviour and find it hard to connect emotionally to their children.

DDP works actively with the parent-child "dyad" as the platform for recovery. Parents are taught a specialised, trauma-informed parenting approach while children learn emotional regulation and interpersonal relationship skills. These processes occur simultaneously in order to facilitate a trusting and secure relationship between parent and child. This becomes integrated into the child's autobiographical narrative, which over time becomes more coherent.

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## **Process**

Dyadic Developmental Psychotherapy involves the child and parents working together with the therapist who begins treatment by teaching parents 'PACE' parenting. PACE stands for playful, accepting, curiosity, and empathy. Parents are taught to interact with their child and work to understand their child's behaviour, while remaining calm (emotionally regulated), even in tough situations. In general, DDP treatment adheres to the following structure:

1. The therapist starts by getting to know the parents, assessing their parenting styles, and then teaching them the PACE method.
2. The therapist then helps parents practise and prepare for their role in the therapeutic process of engaging their child in session. Part of this preparation includes the exploration of the parents' own attachment histories and how they may respond to their child's behaviour.
3. When the therapist believes the parents are ready, the child is invited into therapy.
4. The therapist will spend time modelling how to talk with the child, ascertaining the child's own understanding of his or her history, and teaching the child emotion regulation.
5. The therapist will then ask the child to talk with his or her parents and a theme will be identified. For example, the theme of 'abandonment' may come up. The therapist will assist parents and their child in their interaction, helping them explore the chosen theme safely. The therapist will coach the parents to help the child make new meaning out of the abandonment that was experienced.
6. The therapist will conduct several sessions in this manner and will occasionally have parent sessions in order to check in and recalibrate as needed.
7. Treatment will be terminated when the therapist assesses that the child is securely attached and the intersubjective connection occurs without the aid of the therapist.

Through this process it is believed that: the child will gain a more secure attachment; their controlling behaviours will reduce; they will find relationships easier; be able to regulate their emotions more easily; manage stress better: and be better able to understand their emotional experience.

## **Evidence of Effectiveness**

DDP has been found to be rated at level 3 'Promising Research Evidence' on the California Evidence-Based Clearinghouse for Child Welfare Scientific Rating Scale<sup>2</sup>, indicating a method that has research study outcomes that have been published in a peer-reviewed journal. In early linked studies, Becker-Weidman (2006) investigated the outcomes of using DDP with children with trauma-attachment disorders. Sixty-four subjects ranging from 5-16 years of age who were either adopted or residing in foster care were recruited – 34 in the DDP treatment group and 30 in the control group, who were evaluated and received non-DDP intervention from other providers. The researchers predicted:

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**2 This scale is a 1 to 5 rating of the strength of the research evidence supporting a practice or programme. A scientific rating of 1 represents a practice with the strongest research evidence and a 5 represents a concerning practice that appears to pose substantial risk to children and families.**

1. Decreased scores on an Attachment Disorder questionnaire, which required the caregiver to rate on a scale from 1 to 5 how often their child engages in specific behaviours.
2. That the treatment group would show decreases on a number of scales on a standardised measure of emotional and behavioural problems, measuring how withdrawn, depressed, anxious and aggressive the children were and their level of social and thought problems.

Significant positive differences were found within the DDP treatment group. Three years later 24 of 34 of the treatment group participants and 20 of 30 of control group participants took part in a follow up study, showing that children who had received DDP continued to demonstrate significant behavioural and attachment-based improvements up to four years following treatment.

These early preliminary studies showed promising results but lacked methodological robustness, such as by randomised controlled trials (RCTs). It was therefore suggested that DDP be considered an evidence-supported practice (ESP), rather than an evidence-based therapy (EBT) (Mercer *et al.*, 2010; Mercer, 2014). Hughes *et al.*, (2015) in response accepted this suggestion and acknowledged the limited research evidence base.

In a recent literature review (Apeiranthitou, 2021) the effectiveness of the psychologically-based dyadic caregiver–infant/child interventions, including Dyadic Developmental Psychotherapy (DDP), were assessed. The review concluded that researchers have been hesitant to confirm the effectiveness of DDP, stressing the imperative need for RCTs and further investigation.

This is not an unusual situation in this field. In 2015, the National Institute for Health and Care Excellence (NICE) outlined several interventions thought to be useful when supporting young people with attachment difficulties (including DDP) and recommended, due to limited good-quality evidence, that randomised control trials and qualitative research are conducted into parent and children's experiences of these therapies.

The qualitative evidence base has continued to grow. For example, Wingfield and Gurney-Smith (2019) conducted semi-structured interviews with 12 adoptive parents who had completed DDP therapy. Adoptive parents felt they had increased insight into their child's mind and how to better support their child, and acknowledged the dyadic nature of DDP, feeling it helped build trust and security and supported co-regulation.

In summary, while DDP has a developing research literature and is showing good promise of effectiveness and (to date) no evidence of harm, and is continuing to build its evidence base support via good-quality research studies, it is still too early to state that it is an evidence-based therapy in the full technical sense.

## Theraplay

Theraplay was developed by Ann M. Jernberg (psychologist) in the 1960s in Chicago, USA. It is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and 'joyful engagement'. It targets children aged 0–18 who demonstrate the following

behaviours: withdrawn, depressed, noncompliant, regulatory problems, attention deficit hyperactivity disorder (ADHD), or attachment issues/complex trauma.

Theraplay is a short-term, attachment-based intervention used with both biological and foster families for high-risk and preventative cases, and is used in a variety of treatment settings, including domestic violence shelters, psychiatric hospitals and residential centres.

The Theraplay Institute (TTI) maintains a catalogue that lists a wide variety of materials, training opportunities, and methods of contact for providers of services worldwide. TTI offers a textbook about the approach, videos showing proper use of the techniques, and practical aids such as flip cards of activities and handbooks.

### **Underpinning Understanding**

Theraplay utilises non-symbolic, interactional play to re-create experiences of secure attachment formation between parent and child. It is based on the natural patterns of playful, healthy interaction between parent and child. Theraplay sessions create an active, emotional connection between the child and parent or caregiver, with the aim of a changed view of the self as worthy and lovable, and of relationships as positive and rewarding.

The interactive sequences are carefully structured by the therapist to make possible the pleasure of being together and shared enjoyment in the child's mastery. These elements of shared positive emotions are understood to be crucial in restructuring the attachment relationship towards greater organisation and security.

### **Process**

Theraplay uses practitioner guidance to create playful and caring child-adult interactions that foster joyful shared experiences. These activities build attunement and understanding of each other – replicating relationship experiences that are known to promote secure attachment. The interactions are personal, physical and fun – a natural way for everyone to experience the healing power of being together.

Theraplay interactions focus on four essential qualities found in healthy parent-child relationships:

- **Structure:** The adult, the leader in the relationship, creates organisation and predictability for the child, which communicates safety.
- **Nurture:** The adult provides caring that can calm and soothe the child in a manner that makes them feel good physically and emotionally.
- **Engagement:** The adult is present in a manner that the child experiences being seen, heard, felt, and accepted.
- **Challenge:** The adult supports the child in the acquisition and mastery of new skills, enhancing the child's sense of competence and confidence.

With the support of the Theraplay practitioner, parents learn to play with their child in a way that establishes felt safety, increases social engagement, expands arousal regulation, and supports the development of positive self-esteem for both the child and the parent.

Through a series of 18–25 weekly sessions, with four follow-up sessions at quarterly intervals over the next year, the therapist guides the parent and child through playful, fun games, and developmentally challenging and emotionally nurturing activities. The very act of engaging each other in this way is thought to help the parent regulate the child's behaviour and communicate love, joy, and safety to the child.

### **Evidence of Effectiveness**

There is a good range of both controlled and non-controlled research studies on Theraplay published over the past 20 years. Theraplay has been found to be rated at level 3 'Promising Research Evidence' on the California Evidence-Based Clearinghouse for Child Welfare Scientific Rating Scale<sup>3</sup>, indicating a method that has research study outcomes that have been published in a peer-reviewed journal. Theraplay has been accepted by the U.S. Substance Abuse and Mental Health Services Administration for inclusion on the National Registry for Evidence-based Programs and Practices. Money *et al.*, (2020) conducted a systematic literature search to assess the effectiveness of Theraplay for children under 12. The review highlighted the small evidence base, mixed quality research methodology and high levels of heterogeneity in how Theraplay is practised and evaluated. Only six eligible quantitative articles were identified, meaning there was a lack of rigorous evidence eligible to offer conclusions into Theraplay's effectiveness. Of the eligible studies, Theraplay was found promising in its effectiveness when used with internalising and externalising difficulties, dual diagnoses and developmental disabilities.

### **Controlled Studies**

Theraplay was rated effective for reducing internalising problems based on one randomised controlled trial study (Siu, 2009). This study was limited by small sample size (46), reliance on self-reported measures and lack of follow up. Theraplay was rated promising for reducing autism spectrum disorders and conditions, again based on one controlled study by the same researcher (Siu, 2014). This study was limited by a lack of randomisation, small sample size, and lack of follow-up.

Wettig *et al.*, (2011) evaluated the effectiveness of Theraplay in treating shy, socially withdrawn children in a non-equivalent control study with 189 participants aged between two and six years of age. Results indicated that children improved significantly on assertiveness, self-confidence, and trust. Social withdrawal was reduced, and expressive and receptive communication improved. Improvements were maintained over a two-year period without relapse. This study was limited by a lack of randomisation, generalisability due to ethnicity and reliance on self-reported measures. Tucker *et al.*, (2017) evaluated the impact of Sunshine Circles, a teacher-led group process using social-relationship principles from

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**3 This scale is a 1 to 5 rating of the strength of the research evidence supporting a practice or program. A scientific rating of 1 represents a practice with the strongest research evidence and a 5 represents a concerning practice that appears to pose substantial risk to children and families.**

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Theraplay conducted across six preschool sites in the Midwestern United States. Students in these groups improved significantly compared with controls in social-emotional skills, behavioural regulation, problem solving, and fine motor control.

### **Non-Controlled Studies**

Hiles Howard *et al.*, (2018) evaluated the impact of Theraplay for parents and children with autism spectrum disorder in a single group pre-test/post-test study involving eight participants. Results indicated that both parents and children significantly improved across sessions according to the therapist evaluation. These findings suggest that, as the intervention progressed, both children and parents became better at interacting during the therapy sessions. This study was limited by a lack of randomisation, lack of control group, small sample size, and lack of follow-up.

Francis *et al.*, (2017) evaluated an attachment-based therapeutic Theraplay intervention designed to bridge the gap between the emotional wellbeing of Looked After Children (LAC) and their engagement in education. Twenty LAC between the ages of five to 11 from nine schools participated in the project over eight months. The mixed method study used a repeated measures design. Strengths and difficulties questionnaires were used pre- and post-intervention; semi-structured interviews with teaching staff were conducted and children's views were gathered. Quantitative results show a reduction in the children's total strengths and difficulties stress scores post-intervention. Qualitative feedback shows noticeable changes in the children's relationship skills, confidence and engagement with education.

Robinson *et al.*, (2009) chronicled a seriously disturbed adopted adolescent's experience in an attachment focused residential programme at which the primary treatment was Theraplay. This case study demonstrated that it is possible to improve the outcome for adolescent development by directly meeting the adolescent's attachment needs through the Theraplay model.

Weir, *et al.*, (2013) outlined a model for integrating family systems theory with Theraplay to create a new approach entitled Whole Family Theraplay (WFT) and provided a preliminary report of a pilot study demonstrating the efficacy of that model with adoptive families. The sample was 12 adoptive families from which 23 parents and 30 children participated in the study. The findings were that very few items from the chosen measures were statistically significant. However, three items measuring family communication, adults' interpersonal relationships, and children's overall behavioural functioning showed statistically significant favourable improvement. The authors concluded that WFT did show promising results and is worth further study with an improved research design. This study was limited by the small sample size, lack of a control group, and the failure to use mixed methods.

Weir *et al.*, (2020) examined the impact of Whole Family Theraplay as an effective play therapy treatment with mothers in recovery from substance abuse and their children with attachment issues in an inpatient substance abuse rehabilitation facility. The sample consisted of 175 total participants, which included 78 mothers and 97 children, and employed a pre-test/post-test quasi-experimental design. Scores indicated that women/mothers had reduced symptoms of distress and improved their mental health functioning. Their children demonstrated improved interpersonal relationships, reduced interpersonal distress, and improvement in overall mental health functioning.



In sum, Theraplay has a strong established research literature, including both controlled and non-controlled studies, showing good promise of effectiveness and (to date) no evidence of harm. However, limitations of these studies mean that Theraplay needs to continue to build its evidence base particularly via good-quality controlled studies, if it to achieve the status of an evidence-based therapy in the full technical sense.

## Sensory Attachment Intervention

Sensory Attachment Intervention (SAI) was developed in the early 2000s by Éadaoin Bhreathnach (Occupational Therapist) based in Northern Ireland, in recognition of the special sensory attachment needs of children with complex trauma. SAI is an integrative approach to the treatment of children and adults who have suffered abuse or severe neglect. Short courses on SAI for professionals are provided in Northern Ireland and England, and SAI level 1 and level 2 certification is provided. It is not clear that this training is externally accredited.

### Underpinning Understanding

SAI holds that negative experiences in the womb and in early childhood impact on one's capacity to cope with stress throughout life. There is a tendency to either: flee and fight, freeze and dissociate, or fluctuate between these stress states when there is a hint or a reminder of traumatic events. Traumatized children and adults tend to operate in persistent fear mode. They maintain a state of hyper-vigilance. This impedes the capacity for filtering out "irrelevant" sensory experiences such as background sights and sounds.

'If a child is sensory defensive, i.e. they have intolerances of certain sounds, lights, touch, smells, foods and even temperature, or is unable to interpret and organise incoming sensory information for use, everyday experiences can be unpleasant and even overwhelming.'  
(Radwan, 2009, p. 20)

SAI follows the neurological principle of use-dependent learning, i.e. all parts of the brain can modify their functioning in response to specific patterns of activation.

SAI primarily focuses on regulation of arousal by seeking to facilitate modulation of the body senses through the just right combination of up regulating and down regulating experiences, which in turn enables higher level sensory, emotional and cognitive functioning. Intervention involves dynamic activation and de-activation of the sympathetic and parasympathetic nervous systems.

### Process

In the case of children, the sensory and attachment patterns of carers are addressed, as attachment is a co-regulation process. Parents are invited to participate in child led play. Sessions are filmed so that parents can observe and learn about the process of self-regulation and co-regulation. They learn how to activate and how to inhibit arousal states, in a fun and nurturing way that is appropriate to the sensory-attachment needs of their child.

### **Evidence of Effectiveness**

No peer-reviewed scholarly articles on the application or effectiveness of SAI specifically have been located. The main sources of information are the originator's website: <https://www.sensoryattachmentintervention.com/> and a short feature in Adoption Today magazine (Radwan, 2009).

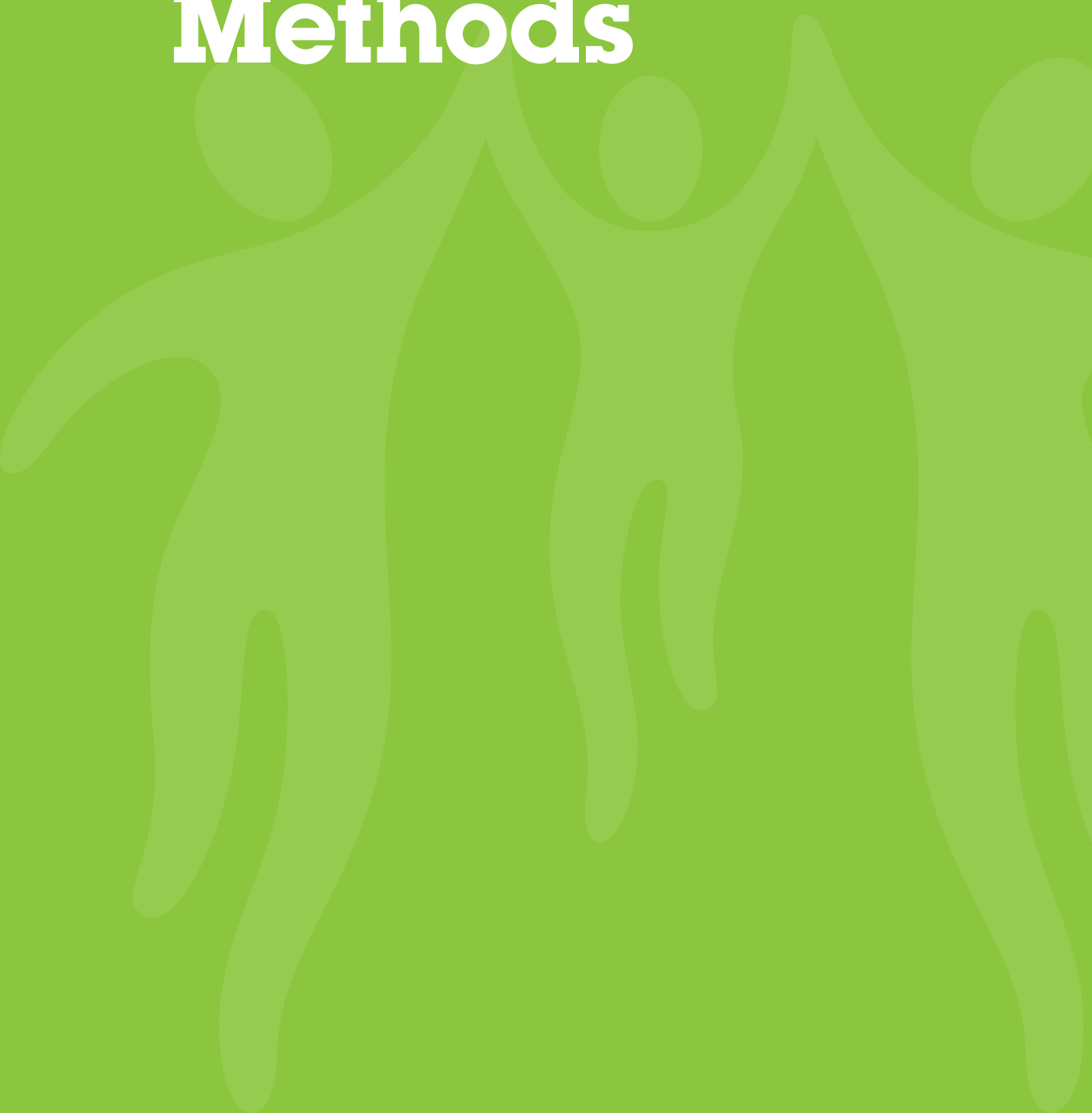
An evaluation (non-peer-reviewed) by West (2011) of a small pilot of the Just Right State Programme (JRSP), also developed by Bhreathnach on the same principles as SAI, found early indicators that the programme has a positive impact on children with sensory processing difficulties. The pilot was run in schools in Devon with 20 pupils who are on the autistic spectrum or have ADHD and noted reduction in anti-social behaviour, increased ability to self-regulate and an increased ability to engage with peers. Pre- and post-programme standardised measures were used, however there was no indication of significance and no control group. Nonetheless, this evaluation suggested promising emerging evidence.

A recent literature review of sensory-based interventions in the occupational therapy literature (McGeevy & Boland, 2020) identified nine conceptual papers and nine empirical studies. While none specifically referenced SAI, many of the reviewed programmes had similar features. All the empirical studies were limited by small sample sizes and/or non-generalisable results. None included randomised control groups. The two (Israeli) studies had matched control groups (Engel-Yeger *et al.*, 2013; Engel-Yeger *et al.*, 2015), however the first had a heterogeneous range of traumatic events and, in the second, the "healthy" controls were not assessed for history of trauma, and additionally there was little consideration of the specific cultural context in which these studies took place. The current state of the evidence is well summarised by McGeevy and Boland (2020, p. 49) when they state that there is a deficit of high-quality empirical support for sensory-based interventions. There is, however, emerging evidence in support of a sensory-based approach to treatment and it has potential to demonstrate effective outcomes.

Section five.

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# **Evaluation Methods**



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## Aims

Barnardos commissioned the School of Social Sciences, Education and Social Work in Queens University Belfast to evaluate the national Post Adoption Service to extend and deepen understanding of the value of the PAS model of work with participating children and parents, and to inform ongoing service development. The evaluation sought the perspectives of a range of stakeholders and service users: adoptive parents, adopted young people, professionals in the field of adoption, the PAS staff team. All participants had direct experience of the service. The evaluation aimed to identify:

- The range of need among service users;
- How need is addressed through the various service elements;
- The evidence base for the potential effectiveness of intervention approaches;
- Service users' assessment of the support offered;
- Referring professionals' assessment of the service accessibility and effectiveness;
- Priorities for potential service enhancement.

Staff and managers from PAS were consulted at all stages of the evaluation to identify the most appropriate methods. They were involved in recruitment of interview participants and distribution of the survey questionnaires. A PAS user representative reviewed the participant information sheets, consent and assent forms, and the draft survey questionnaires to ensure that they were comprehensible and written in appropriate language.

Data collection for the evaluation was scheduled to be completed between May and November 2020. This coincided with nationwide public health restrictions on travel and social contact imposed by the Irish government to curb the spread of Covid-19. In response to pandemic restrictions, the PAS transitioned quickly to remote working practices, continuing to deliver the service via telephone and video calls. The pandemic impacted the schedule of data collection for this evaluation.

Online surveys were conducted as scheduled in May–June 2020. In-person interviews with adoptive families and PAS staff had to be postponed and an alternative Covid-safe protocol designed. Interviews subsequently took place in November 2020 via the Microsoft Teams video conferencing platform. At the time of data collection, therefore, the PAS was being conducted via online video calls, telephone, and email.

## Data Collection

Data collection for the evaluation included:

- An online survey questionnaire for adoptive parents who have used the service;
- Semi-structured interviews with children aged 12-18 years;
- Semi-structured interviews with adoptive parents who have used the service;
- Online survey questionnaire and semi-structured telephone interviews with referring professionals and service managers with responsibilities relevant to adoption; and
- A focus group interview with Barnardos Post Adoption Service practitioners.

The manager of PAS assisted with recruitment of all participants by:

- Distributing an email invitation to participate in an online survey to eligible adoptive parents;
- Identifying a sample of service users, young people and adoptive parents, and issuing invitations to participate in a semi-structured interview;
- Arranging the date and time and setting up the MS Teams platform for semi-structured interviews with participant young people and adoptive parents;
- Distributing an email invitation to participate in an online survey to referring professionals and adoption service managers;
- Scheduling the focus group interview with PAS staff.

Having the PAS manager act as gatekeeper in this way meant that the evaluation team did not need to be given personal contact details for invitees or participants.

### **Desk-Based Analysis**

In order to understand the processes and practices employed by PAS, we undertook a consultation with the management team and senior staff. This, along with a review of all project documentation, allowed us to develop a description of the service, referral processes and pathways through the various elements of the service. It also allowed us to describe the project's working ethos and therapeutic orientation.

To further map referrals and service provision, we reviewed routinely collected service data spanning the period 2017 – March 2020. This information was anonymised and aggregated, which meant that no service users were identifiable from the data obtained by the evaluation team. Information reviewed included: numbers using each element of the service provision, referral source, main reason for referral, repeat service use, and demographic information in relation to service users, i.e. age, gender, home location (county), and type of adoption.

To further understand the evidence base for therapeutic intervention we undertook a literature review in relation to the three main therapeutic approaches utilised by PAS: Theraplay, Dyadic Developmental Psychotherapy, and Sensory Attachment Intervention.

We reviewed theoretical and practice literature produced by the authors of these approaches and evaluated the research evidence on their outcomes and effectiveness.

### **Online Survey for Adoptive Parents**

A total of 204 adoptive parents completed the online survey.

Approximately 1800 adoptive parents have registered on the post adoption service mailing list for information about workshops and trainings. An email was sent by the PAS manager, on behalf of the researchers, to all adoptive parents on this list. The email contained an invitation to complete the survey, participant information and consent, and a link to access the survey questionnaire hosted by Survey Monkey.

Questionnaire responses were anonymous, and email and IP address tracking were disabled so that the origin of completed questionnaires could not be traced.

The survey questionnaire was designed to elicit adoptive parents' evaluation of and satisfaction with the service. It comprised a series of tick-box and Likert style questions and open text comment boxes asking: which of the range of services offered by Barnardos Post Adoption Service respondents had used; their main reasons for engaging with the service; how beneficial they found the service; and any suggestions they have for service improvement.

### **Individual Semi-Structured Interviews with Adopted Young People and Adoptive Parents**

A total of nine adoptive parents and 10 adopted young people (from nine families) aged 12-18 years participated in an individual semi-structured interview.

A sample of 10 paired adoptive parents and adopted children aged 12-18 years was identified by the PAS manager and administrator. This sample was purposively selected to reflect a cross-section of service users who, collectively, had experience of the full range of supports and interventions offered by the PAS and to reflect the current geographical reach of the service. The qualitative data from these participants was intended to add depth and contextual detail with no expectation that it would be representative or generalisable.

The sample of potential participants was randomly selected from a longer list of families who had received a service from PAS. They had all been attending the service for a period of between 10 years and one year, and some were currently still attending. Their circumstances reflected the broad range of issues for which families attend. Taken together they had experience of the full range of services on offer from PAS, and represented a geographical spread that included attendance at PAS centres in Dublin, Cork and Galway.

Invitation letters and participant information leaflets were sent to the sample of adopted young people and parents, and their willingness to participate in the evaluation ascertained. PAS staff arranged a suitable date and time for interview with all those who indicated a willingness to take part and initiated an online meeting with the evaluation team via MS Teams. Once introductions were made, Barnardos staff left the online meeting and were not present for any part of the interviews.

Adopted young people were aged between 12 and 18 years. Adoptive parent and adopted child participants were from the same family, but were interviewed separately. Young people aged under 16 years had a parent present in the same room throughout their interview, while those aged 16–18 years could choose to have a parent present for all or part of the interview or not at all.

Interview questions focused on service users' evaluations of service referral and access processes, the perceived benefits of service use, and suggestions for service improvement or development. A range of questions and prompts were asked under six main subject areas:

- Needs of adopted children
- Needs of adoptive parents and families
- Seeking and accessing support from Barnardos Post Adoption Service

- Services received
- Service satisfaction
- Service development ideas

### **Online Survey and Telephone Interviews with Professionals**

A total of 22 professionals completed an online survey and eight of these participated in an individual telephone interview.

Barnardos sent an invitation email, on behalf of the researchers, to all professionals who had referred a child or family to the service within the preceding three years (approx. 63), and to service managers in Ireland with responsibilities relevant to adoption. The email contained an invitation to complete the survey, participant information and consent, and a link to access the survey questionnaire hosted by Survey Monkey.

The survey questionnaire comprised a series of tick-box and Likert style questions and open text comment boxes asking: the main reasons for referral; evaluation of service provision and processes; perceived benefits of service use for the child or family referred; any suggestions they have for service improvement. All responses were anonymous unless the respondent chose to provide their name and contact details.

At the end of the survey, a final question asked whether the respondent would be willing to participate in a telephone interview and, if so, to provide their name and work telephone number. From among the professionals who completed the survey, eight provided their contact details and participated in a telephone interview. They represented a mix of health and social care professionals and adoption service managers.

Semi-structured telephone interviews probed survey themes in more detail. Questions were asked under five subject areas:

- Needs of adopted children
- Needs of adopted parents
- Referring families for support from Barnardos post-adoption service
- Service satisfaction
- Service development ideas

### **Focus Group Interview with PAS Practitioners**

At the time of the evaluation there were seven practitioners delivering the PAS service, with two of these individuals also holding management roles. The five PAS practitioners not in management positions participated in one focus group interview. They represented all three geographical centres. Questions and prompts focused on perceptions of staff regarding: the range of need among service users; the perceived benefits delivered by the service; the strengths and weaknesses of current service provision and delivery processes; and suggestions for service development.



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## Data Analysis

From quantitative survey data we calculated frequencies and averages, using filtering questions within Survey Monkey to explore relationships between categories. Qualitative data generated by responses to the open-ended survey questions were input to Maxqda data analysis software to facilitate a content analysis (Krippendorf, 2013). This involved organising comments into themes and quantifying how many participants share the various views that these themes represented.

Individual semi-structured interviews with service users, and telephone interviews with referring professionals were recorded on a separate digital audio recording device, and transcribed by Queens University transcription staff. Pseudonymised transcripts were input to Maxqda data analysis software and analysed for key themes. We took an inductive approach to thematic analysis of the interview data (Braun & Clarke, 2006), identifying key ideas that emerged from the interviews as well as looking for pre-set themes determined by the interview schedules.

The focus group interview was audio recorded, transcribed and input to Maxqda software. We analysed the conversation of the group as a whole (group data), rather than the comments of individuals (individual data) or the interaction of the group (group interaction data) (Onwuegbuzie *et al*, 2009).

## Ethical Approval

Ethical approval was granted by Tusla Research Ethics Committee. Initial approval for the evaluation was gained in May 2020. Approval was granted in October 2020 in relation to amended protocols to undertake semi-structured and focus group interviews using MS Teams. The evaluation was designed to ensure three key ethical provisions were met: privacy; voluntary participation based on informed consent; and participant welfare.

### Privacy

- Participants were recruited by PAS using contact details held by staff in the normal course of their work. Therefore, researchers were not given the names or contact details of any potential participant.
- Online survey responses were anonymous – except for those professionals who opted to participate in a follow-up telephone interview and who provided their name and work telephone number for this purpose.
- Interviews with adoptive families were scheduled by the PAS manager and administrator. The researchers only had access to the participant's first name and, for young people, whether they were aged 1-15 yrs or 16-18 years. Email and/or postal addresses were given by adoptive parents who wished to receive a summary report.
- Although Barnardos staff assisted with recruitment, they were not told the detail of what any participant said in their interview.
- In the interview transcripts, names were replaced with pseudonyms or with generalised nouns and pronouns (i.e. 'foster carer', 'sister', 'he/she/they').

- Full pseudonymised interview transcripts were available only to the researchers from Queens University Belfast.
- In all outputs the research team have taken care not to disclose sequences of events or clusters of information that could lead to 'jigsaw' identification of any individual.
- In accordance with Children First Act 2015, a protocol was in place for onward reporting of any reasonable concerns of harm, or risk of harm, to children.

### **Voluntary Participation**

- Participation by adoptive parents, adopted young people, professionals and PAS staff was entirely voluntary, on an opt-in basis.
- Information sheets or emails were given to all prospective participants to enable them to make a decision about whether or not to take part. These encouraged potential participants to consider the information carefully and consult with others, if they wished, before making a decision.
- The evaluation researchers reviewed the content of the information sheets verbally with participants before obtaining informed consent or assent.
- Participant information made it clear that: participation was voluntary, and that participating or not participating would not affect any service provision to themselves or their family.
- Interviews were only conducted after gaining participants' informed consent or assent.
- Adoptive parents were asked to give consent to participation on their own behalf and to give consent for their child's participation.
- Young people aged under 18 years gave informed written assent.

### **Participant Welfare**

The following measures helped ensure participant welfare and comfort, and minimised the risk of distress.

- The participant information sheet clearly identified the subject matter of the research. This was reviewed again during the process of gaining informed consent.
- The researchers were experienced at interviewing on sensitive topics.
- All participants were told that if they did not want to answer a question they did not have to, and that they could stop the interview, take a break or reschedule if they wished.
- For interviews with young people aged 12 – 15 years a parent was present in the same room throughout the interview. Young people aged 16 years or older could choose to have a parent present or not.
- There was a short 'de-briefing' conversation immediately following the research interview to ascertain how the participant has experienced the interview.

Section six.

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# **Findings – Adoptive Parents & Young People**

## Adoptive Parent Survey

A total of 204 adoptive parents completed the online survey – 185 adoptive mothers and 19 adoptive fathers. A further 56 individuals visited the survey and responded affirmatively to the initial consent question but did not answer any further questions. These responses were removed from the final analysis.

Most respondents had adopted either one (n=121) or two (n=74) children. Overall, they had adopted a total of 295 children: 134 male, 136 female and 25 preferred not to specify gender. At the time of the survey these children were in the following age brackets:

0-3 years n=10; 4-7 years n=30; 8-12 years n=113; 13-15 years n=80; 16-18 years n=40; 19+years n=22.

Just over half of respondents (n=107) had heard of the PAS from another adoptive parent or through word of mouth. Thirty parents had been put in touch with the service by Tusla, 33 by other service providers including country-specific peer support groups, an adoption agency, or professional not specialising in adoption (teacher, doctor or psychologist). Thirty-six had conducted their own online search for support.

### Service Use and Overall Satisfaction

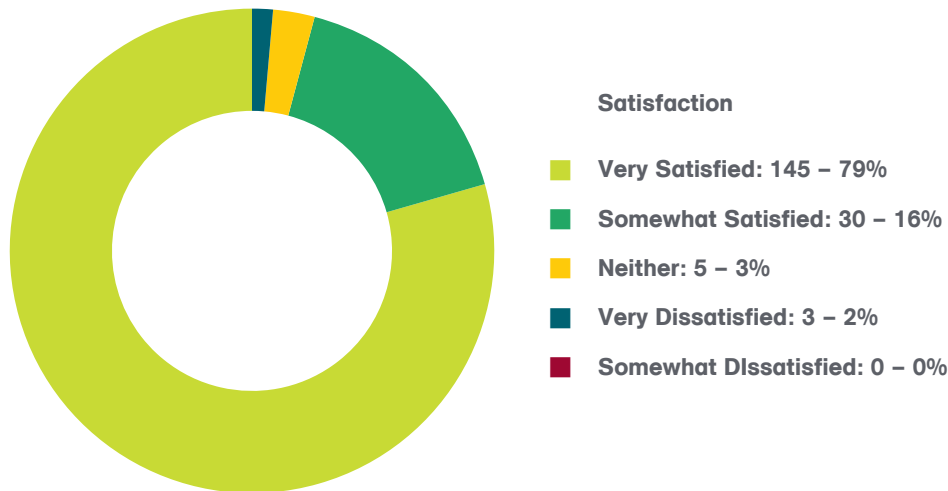
Respondents had been involved with the following range of support provided the post-adoption service:

- Helpline or email advisory service – 103 (51%)
- Therapeutic sessions – 117 (57%)
- Workshops for adoptive parents – 146 (72%)
- Group for 8-11 yr olds – 47 (23%)
- Group for 13-15 yr olds – 22 (11%)

Most respondents had had involvement in more than one aspect of the service: a fifth had received support from one element of the service (21%; 43); a third from two elements of the service (32%; 66); a fifth from three elements (22%; 44); and a sixth of respondents had been involved with all four elements of the service (16%; 33). A small minority of respondents (8%; 18) did not indicate which specific elements they had received but gave their evaluation of the service overall.

Adoptive parents were asked to indicate how satisfied they were with the service they received from PAS overall (Figure 3). Of the 183 respondents who answered this question, most (95%) were satisfied with the service they received. A large majority (79%; 145) said they were very satisfied and a further 16% (30) were somewhat satisfied. Only a very small minority of adoptive parents were ambivalent (3%; 5) or dissatisfied (2%; 3) with the service they received.

**Figure 3:** Overall satisfaction with PAS service



Most respondents indicated that they had found it easy to access the post-adoption service. Of the 183 respondents who answered this question, over a third found service access to be quite easy (37%; 67), and a half found it very easy (50%; 92). A small minority (5%; 9) had some difficulty accessing the service. Of these, two had been referred by Tusla, two had heard of the service by word of mouth and three through their own online searching; five had made contact with the advice service and four had not; four had attended therapeutic sessions, six had availed of workshops for parents, and two had availed of groups for children. In their open-ended comments, some respondents explained the nature of their difficulty with access as being either due to issues with the navigation of the Barnardos website or the location of services being far from their home. They also emphasised, however, the helpfulness of the service once they did make contact.

### Reasons for Involvement with the Service

Figure 4 shows the main issues for which adoptive parents initially sought support. Respondents were able to give more than one response to this question. The largest response category was ‘behavioural difficulties’ with over half of adoptive parents (53%; 108) indicating this as an issue that brought them to make contact with the PAS. The second and third most prevalent issues were the ‘child or young person’s anxiety’ (40.2%; 82) and emotional immaturity (39.7%; 81). Approximately one third of respondents indicated issues with social skills (33%; 67), attachment difficulties (32%; 66), or difficulties with school (30%; 61), while approximately one quarter had issues with low self-esteem (27%; 56) or aggressive or risk-taking behaviour (25%; 50). One fifth of respondents had been feeling stressed about parenting (21%; 43). Less prevalent issues were loss and grief (17%; 34%), needing assistance in understanding birth information (12%; 25), race or ethnicity issues (11%; 23) or support for contact with birth family (11%; 22).

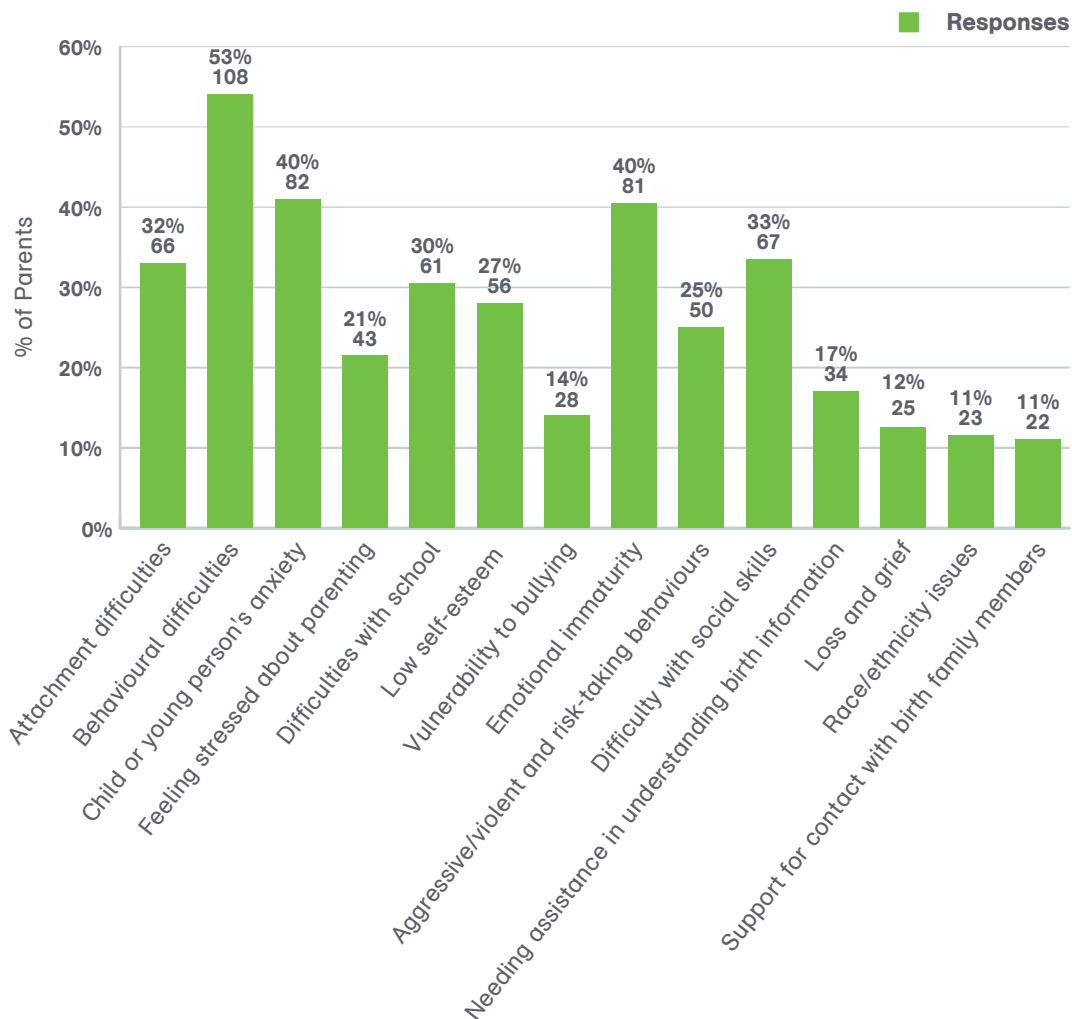
In the open-ended comments to this question, 15 respondents indicated that they had no specific issues but wanted general guidance in order to parent their adopted child to the best of their ability or to prepare for potential future issues:

**‘We did not have a specific issue, but we wanted to be prepared for the future.’**

**'I just wanted to be the best adoptive parent I could be so I wanted to get as much information and advice on all aspects of intercountry adoption as I possibly could.'**

Other issues identified were: wanting advice on how to communicate about adoption (six comments); eating problems (one comment); sleep problems (one comment); addiction (one comment); and wanting meet other adoptive parents for peer support (three comments).

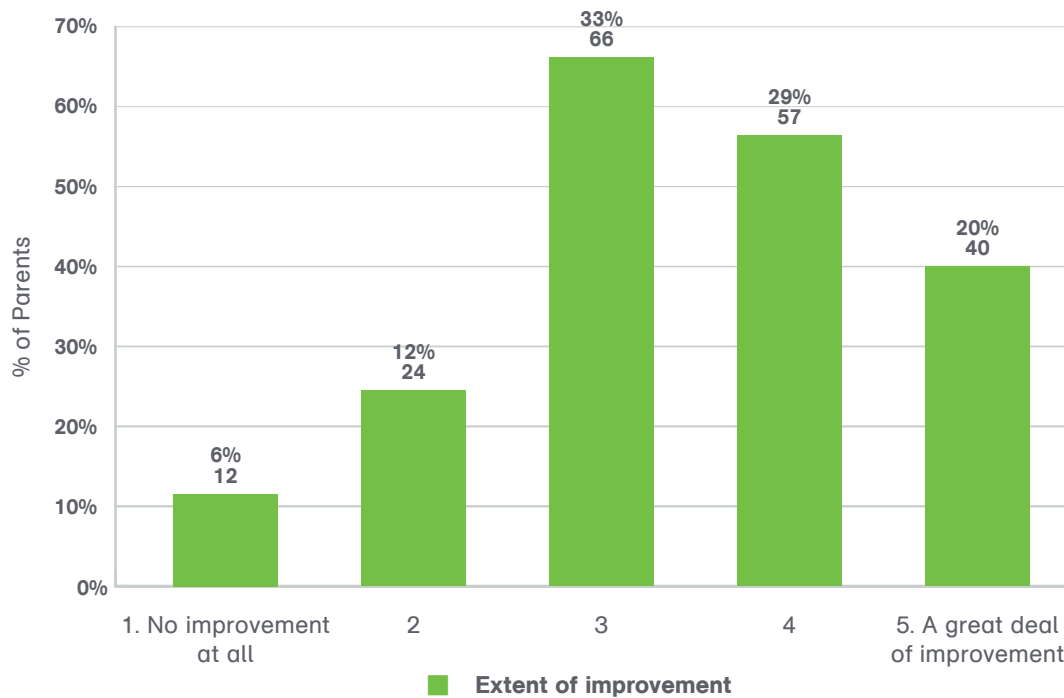
**Figure 4:** What were the main issues that brought you and your family to make contact with this service?



Respondents were asked to indicate on a 5-point scale the extent to which these issues had improved since becoming involved with the service (1= no improvement at all; 5= a great deal of improvement). Of the 199 adoptive parents who answered this question, more than half felt that since becoming involved with PAS they had experienced some (29%; 57) or a great deal of improvement (20%; 40); a third selected the mid-point on the 5-point scale (33%; 66) (Figure 5).

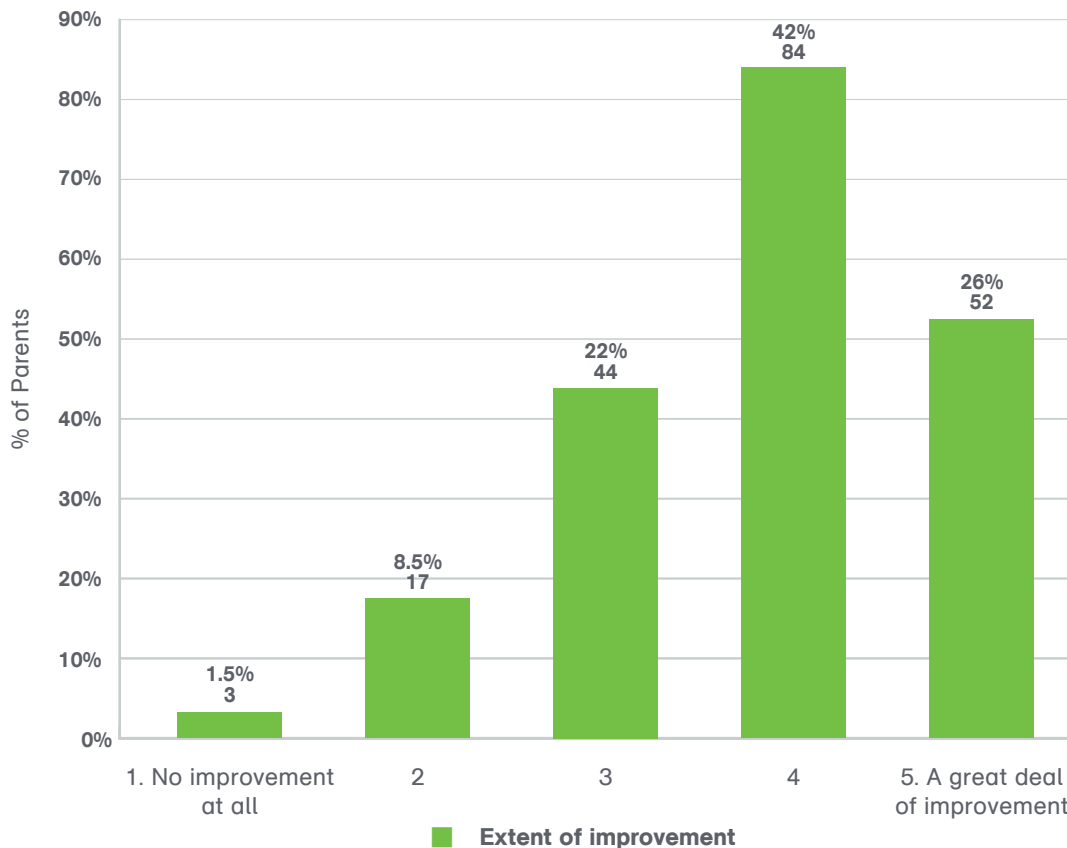
A minority of adoptive parents indicated that they had experienced little (12%; 24) or no improvement (6%; 12) in the issues for which they sought help. Two of those who reported little or no improvement indicated in their comments that services had been postponed due to the Covid-19 pandemic and a further three were in the very early stages of engagement.

**Figure 5:** Since becoming involved with the service, to what extent do you feel these issues have improved?



When asked about the extent to which their own ability to cope with these issues had improved (Figure 6), the majority indicated some (42%; 84) or a great deal of improvement (26%; 52) while only a small minority had experienced little (8.5%; 17) or no improvement in their own coping (1.5%; 3).



**Figure 6:** To what extent has your own ability to cope with these issues improved?


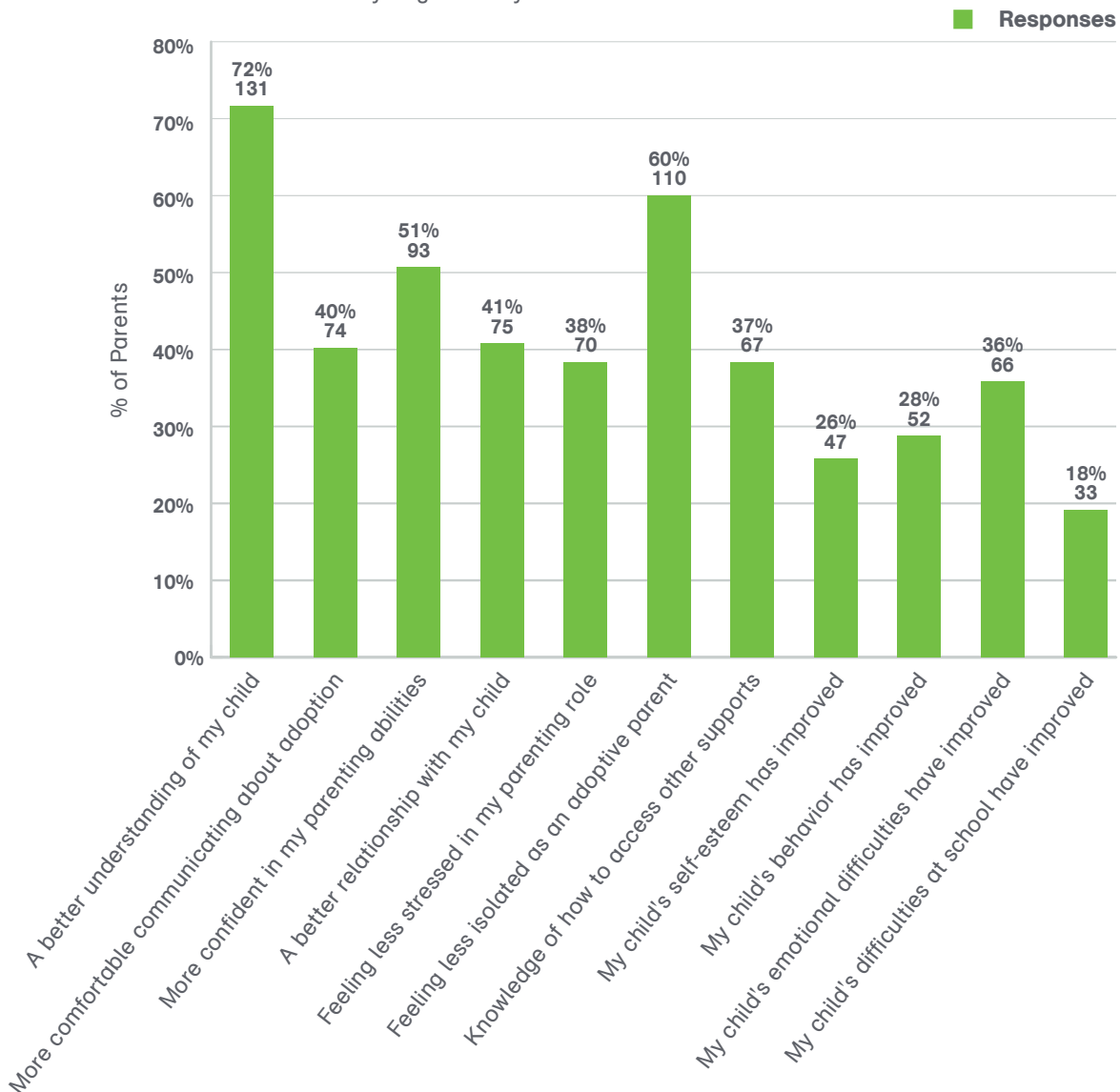
Those referred by Tusla were least likely to indicate a great deal of improvement in the issues they approached the service with – only 8% (3) compared with 71% (27) of those who had heard of the service through word of mouth.

Among those who had experienced no improvement in their issues, over half indicated little (33%; 4) or no improvement (25%; 3) in their own coping but the remainder indicated some (8%; 1) or a great deal of improvement (33%; 4) in their coping ability. Similarly, 65% of those who noted improvement in their issues also indicated significant improvement in their coping abilities (n=26).

Not surprisingly, those who indicated a great deal of improvement in their coping ability were significantly more likely to indicate a great deal of improvement in the issues they sought support for, and those that indicated limited improvement in coping were significantly more likely to indicate limited improvement in these issues. Most of the eight respondents who indicated either ambivalence or dissatisfaction with the service generally (Figure 1) also indicated that they had experienced no (n=3) or limited (n=4) improvement in the issues for which they sought help.

Adoptive parents were asked to identify, from a list, what benefits they gained from their involvement with the service (Figure 7).

**Figure 7:** Which, if any, of the following benefits did you get from your involvement with the service?



Direct benefits to adoptive parents in terms of a lowered sense of isolation or stress, and a greater sense of confidence and knowledge were most prevalent. Of the 183 respondents who answered this question, almost three quarters (72%; 131) felt that they had a better understanding of their child as a result of participation in the service, 60% (110) felt less isolated as a parent and over a half (51%; 93) were feeling more confident in the parenting abilities. Approximately two fifths of respondents indicated that they now had a better relationship with their child (41%; 75) and/or were more comfortable communicating with their child (40%; 74). Over two thirds were feeling less stressed in their parenting role (38%; 70) and/or had better knowledge of how to access other supports (37%; 67). In their open-ended comments to this question, 12 respondents emphasised the benefit of having their issues understood and feeling that they were not alone in their difficulties:

**‘Reassurance that we were not on our own.’**

**‘Feeling that we have people to turn to who know how to help.’**

Direct benefits identified for adopted children or young people were less prevalent, though identified by a sizable minority of respondents. Over a third (36%; 66) indicated that their child's emotional difficulties had improved, and slightly more than a quarter indicated that their child had experienced improvement in their behaviour (28%; 52) or self-esteem (26%; 47), although fewer (18%; 33) indicated improvement in difficulties at school.

### **Helpline or Email Advisory Service**

Just over half of respondents (n=103) indicated that they had used the email or telephone advisory service. Three quarters of these respondents had used this element of the service within the past three years (n=75), with 55 adoptive parents accessing advice within the past year.

Almost everyone who used this service indicated that they were very satisfied (91%; 92) with the extent to which they were listened to by Barnardos staff, and very satisfied with the level of professional competence of staff (96%; 98). All respondents found the advisory service either somewhat helpful (24%; 24) or very helpful (76%; 78) in relation to the issues for which they sought advice.

A small minority of respondents were dissatisfied with the extent they were listened to by advisory staff (3%; 4). All had accessed this service within the past two years, and none had been referred to the service by Tusla. In the open-ended comments, suggestions for further helpline support included: guidance for intercountry adoptees who wished to trace birth family; an online adoptive parent forum.

### **Therapeutic Sessions**

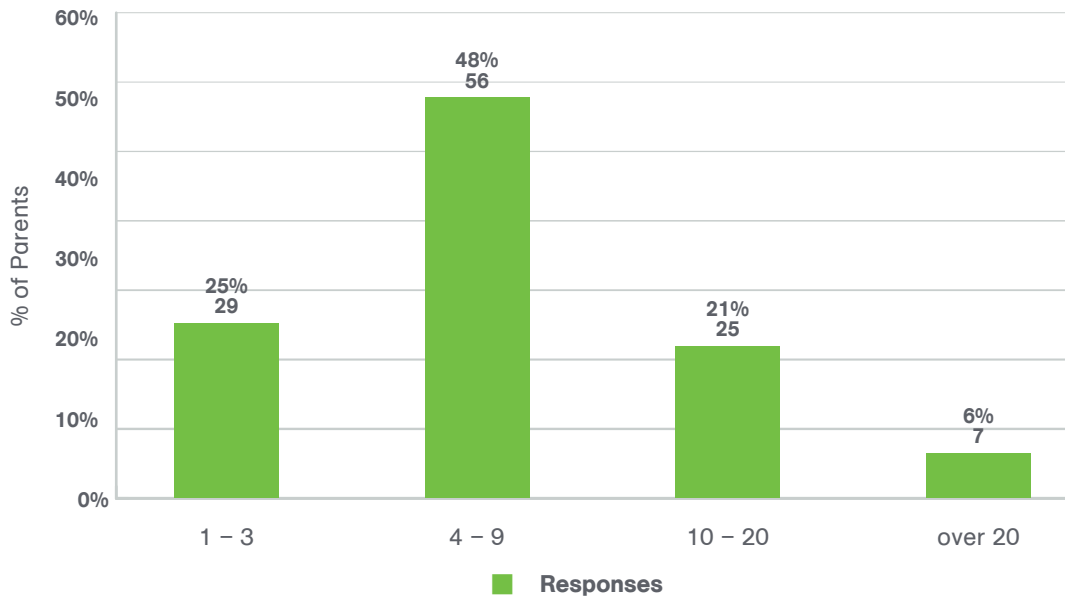
Fifty-nine per cent (n=117) of respondents indicated that they or their child had attended therapeutic sessions. Most of these had availed of this service within the past three years (65%; 77). Most respondents were not attending sessions at the time of the survey (60%; 70) while a quarter indicated that they were still attending sessions occasionally (27%; 31). Only a minority were attending therapeutic sessions regularly at the time of the survey (14%; 16).

The most common number of sessions attended was between four and nine sessions (Figure 8), while more than a quarter of respondents had attended 10 or more sessions (27%; 32).

In two thirds of families, the parent and child had attended sessions together (66%; 77). In just under a third of cases the parent and child had both attended sessions but separately (30%; 35), or it was only the parent who had attended (28%; 33). In just a minority of families, the child had attended therapeutic sessions but the parent had not (15%; 18).

The majority of respondents (92%; 108) were very satisfied with the extent to which they were listened to by staff member providing the therapeutic support, and very satisfied with their level of professional competence (94%; 109). Most respondents had found these sessions either somewhat helpful (22%; 26) or very helpful (74%; 86).

**Figure 8:** How many sessions have you and your family had with PAS?



One respondent rated the therapeutic sessions as somewhat unhelpful and three were ambivalent, rating sessions as neither helpful nor unhelpful. All had attended sessions within the past year, three within the past six months. In their open-ended comments, one of these respondents indicated that sessions had taken place online via Zoom because of the Covid-19 pandemic restrictions.

### Workshops for Adoptive Parents

Three quarters of survey respondents (74%; 146) had attended a group workshop for adoptive parents, most within the past three years (67%; 98). Most respondents were very satisfied (81%; 118), and a further 15% (n=22) somewhat satisfied with the level of professional competence of staff who facilitated the workshop. Almost all found the group somewhat (33%; 47) or very helpful (63%; 90).

There was a small minority of respondents (n=3) who were dissatisfied the professional competence of workshop facilitators, or who did not find the group helpful (n=2). One of these respondents indicated the reasons for their evaluation in their comments. Theirs was a domestic adoption, and at the group attended between one to two years ago, they felt staff expertise lay with intercountry adoption and that services targeted to the needs of domestic adopters were limited. As most other group attendees had adopted intercountry they also found less peer support than they had anticipated.

### Groups for Adopted Children and Young People

Two thirds of adoptive parents (36%; 71) completing the survey indicated that their child had attended a group session, most attending between one to two (34%; 24) or between three and five (29%; 20) years previously. Forty-seven young people had attended the Let's Think About Adoption group for 8-11 year olds, and 22 had attended the Different Parts of Me group for 13-15 year olds (two respondents did not specify which group was attended). Almost all respondents were very satisfied (87%; 61) or somewhat satisfied (10%; 7) with how the group was run. Evaluations of the helpfulness of the groups was less overwhelmingly positive, but most adoptive parents found that their child's attendance at the group was very (56%; 40) or somewhat (38%; 27) helpful. The small minority of respondents who indicated ambivalence about the helpfulness of the group (6%; 4) based their assessment on the groups for older adolescents.

### Analysis of Adoptive Parent's Free Text Survey Comments

#### Impact of the Service

The free text comments in relation to the survey questions 'Is there anything you would like to tell us about how the Post Adoption Service has helped you or your child?' and 'Would you like to tell us anything else about your experience of the service?' (Q34 & Q35) can be considered together. They elicited similar information and a number of respondents in their response to the second question simply referred the reader to their previous answer. The themes are presented in descending order of prevalence.

The predominant theme (over 42% n= 69, of all relevant comments n=166) from the responses to these questions was the increased confidence engendered in the adoptive parents due to the high level of i) emotional support, ii) increased understanding of their children's needs, iii) and advice they received. It is telling that the positive impact on the parents was seen as most significant contribution to helping their children.

#### i) **emotional support**

One respondent metaphorically described the service as, 'a safe harbour'. Two other respondents gave voice to their sense of support in the following terms:

**'From beginning to end a fantastic experience. When my husband and I attended a session I felt there was no judgment being made of us even when I was admitting to having made mistakes in my dealings with some of my child's issues. I was reassured that I had done my best with the knowledge I had at that time. This was a great relief to me.'**

#### ii) **increased understanding of their children's needs**

The specialised knowledge the PAS staff shared with parents was described as a turning point by a number of respondents. Trauma-informed and attachment-based understandings helped parents to relate differently to their child and manage their challenging behaviours differently. The following quotations are illustrative of this.

**‘Contact with the service has completely changed my understanding of my son’s difficulties and my interpretation of his behaviour. That alone is hugely helpful to me in approaching our challenges differently and hopefully more successfully.’**

**‘Barnardos were the first people to explain multi-sensory difficulties children experience post care in orphanages. That really helped us to understand our son’s behaviour and anxiety.’**

**iii) advice they received**

There was appreciation of helpful and specific advice to parents, which supplemented the underpinning theoretical understandings.

**‘I was given specific and helpful advice on how to deal with my child’s anxieties and how they might be related to loss associated with adoption.’**

**‘It has been a turn-around for us as parents in our understanding of issues that have come up for our teenager & equipped us with how to deal better with these challenging issues & behaviours.’**

The second largest number of responses, 16% (n=26) were non-specifically very positive about the service, e.g. ‘very helpful’.

The unique knowledge and consistency of key staff was commented on by 16 respondents (10%). There was a strong sense that this combination was not available to them from any other service:

**‘Staff have an excellent understanding of the challenges for internationally adopted children and their parents which from our experience is not generally the case with other services or certainly therapists.’**

**‘The needs of intercountry adoptive children are in my view very unique and Barnardos was the only place we found with the expertise to deal with these needs.’**

In terms of specific programmes, workshops for parents (11 comments, 7%) and individual counselling for children (10 comments, 6%) were mentioned positively. Appreciation of being with other parents who understand what you are going through combined with the staff’s expertise were key elements of the workshop experience, typified by the following comments:

**‘The parent workshops are a great place to share issues and concerns that adoptive parents understand.’**

The benefit of individual counselling for their children was seen as a vital supplement to what the parents could provide:

**'In times of stress, when a parental ear won't suffice, our son has total confidence in expressing his feelings through Barnardos.'**

**'It gives my child the message that there is a safe place for her to go with worries and I hope this is something she will take into her teens with her, when she may not want to confide in her parents about troubles.'**

Six respondents described how, following participation in these services, they were helped to talk better together with their children:

**'It has greatly helped how my daughter and I talk about her adoption and how she talks about it with other people outside the family.'**

**Also it has been very helpful when you bring your child in that we can talk to our therapist who really acts as a middle person who listens to both sides of the story and will come up with some ideas as how to work with both parent and child to try and resolve the problems.'**

One respondent felt there was insufficient support for 'tracing', one who felt they did not receive sufficient support from the service, and one who thought the website was difficult to navigate. This is remarkably low number of neutral or negative comments in a survey of this kind. Overall, the value of the service was summed up by the following comment:

**'I have always found the Barnardos Post Adoption service to be extremely professional and hugely knowledgeable about adoption parenting and post-adoption difficulties. My own experience is that it can be extremely isolating being an adoptive parent trying to make sense of your child's behaviour and challenges and give them the help that they need. Despite their best efforts, even your own family doesn't understand but when you make contact with Barnardos Post Adoption Service it's like coming home! It's such a relief and a comfort to talk to someone who not only knows and understands what you are talking about but can also explain it to you and help you and your child to move forward.'**

### **Service Improvements**

When asked 'Is there anything you think Barnardos could do differently in order to improve the service?' (Q 36) the greatest number of free text comments related to the desire to see greater geographical accessibility to the service (n=26, 43%). Some of these respondents recognised that their experience was prior to the recent expansion to Cork and Galway, but there was still desire for further expansion.

**‘I had little face to face contact because Barnardos do not cover people living in Wexford.’**

**‘I am delighted to see that the service has expanded and has opened in Cork. I hope that this means we will access it more and our children will benefit. I think the government should fund access to ongoing services for all adopted children.’**

A small number of respondents (n=4) suggested increasing access via online services, perhaps influenced by the current context of the COVID-19 pandemic:

**‘Services are needed on a wider regional basis i.e. outside of bigger urban centres and now with everyone so much more comfortable with online platforms like Zoom, it should be easier to access make services available.’**

The second largest category of comment (n=19, 31%) was that there should be more service provision, i.e. more workshops for adoptive parents, more groups and one-to-one sessions for children, and more resources (and staff) to make this possible. There was a desire to see the range of workshops increased, as they could seem a bit repetitive for parents with a long association with the service and due to the need to address the changing complex needs of adopted children. The following comment is illustrative:

**‘It’s important to continue to develop and run workshops on topics which are relevant to the children’s and parent’s needs. The children are growing up and issues are becoming more complex e.g. seeking contact with birth families, traveling back to birth countries, social media, making friends, self-esteem issues, race, and so on...’**

A small number of respondents (n=4) commented that the service could be better advertised:

**‘Advertise the services a bit more I contacted the adoption agency 4 yrs ago looking for help and Post Adoptive services started in Cork 2 yrs ago yet I only heard about their services through word of mouth NOT from the adoption social worker.’**

Two respondents noted that there could be more effective communication re. particular events, ‘just email to let us know about workshops’.

The project staff were perceived as holding great expertise regarding adopted children’s needs and two respondents suggested that they develop a stronger role in advocating for adopted children and their families with other agencies:

**‘Advocate for better recognition of trends in the neurology and psychology of adoptive children e.g. early trauma, learning difficulties, fear of failure, indiscriminate affection, need to please and feel accepted making them a target for bullying or worse. The Department of Education should allow a SNA based on adoption.’**



Additionally, there were individual comments suggesting that the Barnardos Post Adoption Service could do family work, home visits, psychological assessments, and be automatically informed if an adopted child registered with a school.

## Interviews with Adoptive Parents and Adopted Young People

### Children's Needs

#### Adoptive Parents' Perspectives

When asked about adopted children's needs in general, adoptive parents identified a range of needs their children had. They talked about 'special needs' or 'extra needs' adopted children had because of being adopted.

Some also argued that these needs differed depending on the age and stages of the children (i.e., small children, pre-teens, and adolescents). One also referred to differences depending on the children's early histories, and implied that each child would then need a different parenting style. In terms of age, adoptive parents recognised that smaller children might have issues with bonding and attachment, while pre-teens and teenagers might experience added difficulties when they start to grasp the meaning of adoption, and struggle with identity concerns and the concept of difference.

In general, the most common issues adoptive parents identified were:

- Attachment and bonding:

**'She wanted to love us but she just couldn't make that connection.'**

**'He has attachment disorder, I suppose if you call it, and it took years to build up and kind of a trustable bond with him.'**

- Peer relationship difficulties, including bullying at school and difficulty in making and keeping friends

**'There was few enough birthday parties that she was ever invited to because she would meet you today and by tomorrow, she would be your bestie, and she would be obsessed with you, and just be you and her and nobody else to the exclusion of everybody else. And then when that would all go wrong, she would have nobody and she would be all alone.'**

**'Kids who might have been ok with her for the first couple of years started to bully her, started to call her names, started to tell her to go home to her own country, ask her who her real mother was, asked her what I paid for her, very hurtful hateful things this child couldn't comprehend.'**

- Lack of self-esteem and self-confidence

**‘They tend to be unsure of themselves, they are very shy, they don’t love themselves very much, they feel very different from a very young age.’**

- Poor emotional regulation, impulsivity and behavioural difficulties at home and school

**‘She was so vulnerable and gullible she hadn’t a clue and yeah, girls at school were getting her to rob things in shops. [...] they were giving her instructions in school to do all these things that she was doing.’**

- Learning difficulties

**‘She would have loads of learning difficulties...  
She can’t process words too much, you know, either.’**

- Poor mental wellbeing

**‘She just cried and cried and cried and said she didn’t like herself anymore and didn’t want to go to school’**

- Identity issues, including finding out about their origins, and feelings of difference

**‘There was also the kind of realisation for her as she grew older, what it meant to be adopted, the actual impact of losing your family, losing your home, why a mother wouldn’t want you, she couldn’t understand why any mother would leave her child up for adoption.’**

**‘Most general people don’t really have a good understanding of it of adoption and certainly kids don’t really get it at all.’**

### **Young People’s Perspectives**

The young people we spoke to referred to the emotional needs of adoptees, that could be long-lasting and have a particular impact on their close relationships. Drawing on their own experiences and their perception of adoption in general, they suggested that a sense of insecurity, feeling unloved, and finding it hard to trust people might be common.

**‘I went through a phase where I felt like my parents didn’t love me and they could give me away like my birth parent did.’**

**‘There is never going to be a day when an adopted child says I’m fine with it.’**

One young person emphasised, however, that these feelings are not inevitable and cannot be presumed to be the case for everyone.

**'I don't notice that I am different than other kids I don't need to go to Barnardos and talk about why I'm different and how much it affects my life because it doesn't.'**

The two main support needs they identified for adopted children and young people were the opportunity to talk openly about adoption and to have their experiences as adoptees understood by those around them, including parents, relatives, teachers, and peers. They emphasised the importance, but also the challenges, of open family communication. They need to be told about their background and be able to ask questions about their birth family but noted that some young people can be reluctant to raise these issues with parents, concerned that they might hurt their feelings. The opportunity, therefore, to talk with someone independent of the family and with other adopted young people was perceived as a key need.

**'I found it quite difficult to talk to my parents about the situation and I was like one of the main worries about me being adopted was offending my parents so like if I said I missed my mum I'd feel that was very hurtful towards them.'**

In terms of the need to feel understood, the young people suggested that teachers and parents could receive training and advice to help them understand adopted children better – particularly to be more attuned to how they express their thoughts and feelings and how to respond sensitively.

**'They need to understand that a lot of the time we don't understand what is going on and how if we say something irrational it's not directed at them it's just that we are still trying to figure out what's going on in our heads.'**

**'I think especially for teachers it needs to be a big aspect that they look into. If a child is coming in upset, you can't just be like "well home is the problem". I think they need a small bit of knowledge to know "well look I know this is upsetting you and I don't think it should be all pushed aside"... I just think it would help you know.'**

For both a sense of being understood and an opportunity to talk freely about adoption, young people need the opportunity to interact with adopted peers. They also need help, however, to find and build these peer relationships, as few of the young people we spoke to had met other adoptees among their own informal networks but had appreciated being brought together by Barnardos and other organisations.

**'There are some aspects that your parents won't understand that someone who is adopted will understand.'**

**‘I feel having friends that are adopted does help because you can like, you can talk to them... you are both in the same situation.’**

In terms of their own need for support, the young people we spoke to had all been referred to Barnardos by their parents with the intention of having someone outside the family to talk to, or ‘open up to’ about the experience of adoption.

**‘I needed to talk to someone, and my parents were not really the people to talk to.’**

### **Adoptive Parents’ Needs Adoptive Parents’ Perspectives**

Adoptive parents were less explicit about their own issues and needs. They talked, however, about the impact of their own personal circumstances, for example, how lone-parenting could make it more challenging to cope with a child’s difficulties as there was no one else to share decisions. The two most common needs of adoptive parents that came through from their interviews were:

- Gaining understanding of the child’s needs, feelings and behaviours; and
- Appropriate guidance on how to deal with the children’s behaviours.

They talked about needing to parent their children ‘differently’ than they previously anticipated they would.

**‘Well it would be a different kind of parenting, not the kind of parenting you ever dreamt you would be doing, to be quite honest... as in when you’re in a confrontational situation, to learn how to self-regulate yourself, when you’re more regulating these children and how to allow distance and how to repair basically.’**

### **Young Parents’ Perspectives**

Echoing their perception of children’s needs, the young people identified four main needs among adoptive parents:

- Insight to understand their adopted children’s feelings;
- Guidance on how to approach adoption related issues with their child;
- Skills to communicate openly about adoption; and
- Emotional support to provide comfort when the things that adopted children say or do are hurtful or confusing.

**‘They need skills to tell their child about it... just to get told about how they were adopted just so they kind of have some idea what they are saying before they go in.’**

**‘They are going to get things thrown at them by us that they are not prepared for and I think they need a lot more insight into how an adopted child feels, not for their benefit but for like the parents benefit, and knowing how to deal with it and knowing not to get hurt by it as well ya know, there’s a lot of comfort they need.’**

### **The Service Adoptive Parents’ Perspectives**

Adoptive parents were generally very positive in their general description of the Barnados Post Adoption Service. Thus, they described the service as: ‘beneficial’; ‘immensely useful’; ‘supportive’; ‘excellent’; a ‘life-saver’; ‘always welcoming’; and as ‘giving hope’.

### **Personal Referral**

Only one of the adoptive parents was referred by a professional, although she had already heard about the service beforehand. However, for the other adoptive parents, it was mostly through hearing through official channels when doing their preparation course, other voluntary organisations or the parent ‘Googling’ for help.

**‘I was Googling something one day about adoption and that and Barnardos name came up and I clicked into it and am I didn’t expect to see anything and at that time they were running courses for adoptive parents and they there was one in Cork and it was literally the month after they had opened the Cork office so I signed up.’**

**‘When you’re doing your preparation course now, they mention it, they mentioned the Barnardos service. At that time, which is twelve years ago, there was only the Dublin office and say, when we went to Barnardos first, there would have been quite a long waiting list.’**

**‘I just kind of came across it because I was really desperate.’**

### **Accessibility**

Some of the parents interviewed did not live in Dublin. When there were no offices other than the Dublin one, adoptive parents who knew of the service were often put off by the distance they had to travel to attend courses. However, once the service expanded to other areas, these parents either started accessing the service for the first time or were able to access it more often than previously. Opening offices in Galway and Cork has made the service more accessible.

**‘We couldn’t just keep making the weekly trip to Dublin we were both working and [Child] was in school.’**

**‘We have been left alone for a long time without having anyone to unless you were in**

**Dublin and that wasn't easy to get to someone in Dublin, but since it's in Galway, it's easier, you have someone if something crops up you can ring.'**

Apart from geographical distance, parents did not identify any other barriers in accessing the service. One of them described accessibility to the service as 'simple'.

### **Personal Approach – Individual Relationships with Staff**

All the parents described the personal approach of PAS, in that they felt very close to the leading staff of the service and mentioned their names repeatedly. One of the parents even talked of them as 'my friend for life'. Parents spoke of their availability, as being 'there for you' when you needed them and being 'able to talk with them for hours'.

**'If you mentioned there was an issue she'd say or he'd say I'll talk to you about that at such a time or give me a ring and I'll talk to you about it so you always felt that they were always there for you and they were always willing to hear your issue no matter how small you felt it was or big you felt it was, they always they would take the time.'**

**'[PAS worker] gave me her phone number and said that anytime I had a crisis no problem she was in Dublin but call her anyway and she saved me. I definitely cried many times on the phone to her (...) having somebody on the outside (...) that's there for you when you need, it is really, really reassuring even if you don't use it, just knowing they are there and they send you a little email now and again saying I hope you are ok here's a new course it's huge...'**

They also described staff as being non-judgemental but challenging them:

**'What I loved about [PAS worker] was, unlike some counsellors who just leave you talk and say, you know, am oh well if that's the way you feel, that's the way you feel and you have to respect your feelings and your thoughts on that, [PAS worker] always challenged us and she agreed with us at times and other times she would question us, not in a judgemental way.'**

The relationship between their children and the staff/counsellors was also described as positive. They talked about them having a long-lasting connection, the children feeling comfortable and at ease, and willing to attend sessions.

**'He loves going out to her and they have a great relationship, he likes her, and it makes a big difference when they like the person.'**

**‘He was happy enough to do it, he never once said I don’t want to do this, he’s been very happy. So obviously he was finding it beneficial because children, especially teenagers, if they don’t get something out of it, they give up very quickly.’**

### **Long-term Approach**

The interviews with adoptive parents and children revealed that the relationship with the PAS was a long-term one. Parents and their children had used the service at different points in time and over a long period.

**‘I’ve took breaks through the years as well. I sort’ve got lost in the whole thing and forgot about them and I wish I hadn’t have, because we were trying to deal with my son and our daughter on our own. I went back to [PAS worker], to her meetings. I realised you know, this is fantastic, it’s like she’s almost living in my life, you know. And so, I tap in over the years again to various courses, you know.’**

**‘They did maybe eight or ten week sessions, say that would have been about two years ago, but [PAS worker] suggested that we just, you know, keep in touch, touch base every couple of months and that’s what we’re doing.’**

Parents acknowledged that they needed long-term help, and that the processes they were going through were slow. They really appreciated the commitment the staff were making towards them.

**‘They were willing to support her throughout...they wouldn’t give her four session then walk away, that’s what I was afraid of ‘cos this is a long-term thing that’s happened, over the last five or six years, you just can’t solve it in five or six sessions, you know, you have to be with that child over a period of time, it’s a slow process, it’s not going to be a miraculous thing overnight, you know, am the fact that they have said we, we committed ourselves to this child now, and she can contact us at any stage.’**

Despite parents expressing their satisfaction with the service, not everyone had had their children’s difficulties resolved. Parents recognised that these issues might need long treatments and could not be eased in a short time. One mother argued that nobody seemed to be able to provide answers to their difficulties, although she could see improvements, and another felt that her child still had many issues that needed more therapy and was concerned that her sessions were becoming less frequent.

**‘You see what’s going on with him at the moment is very complicated and it hasn’t been resolved, but it’s very hard to resolve it. It’s just kind of an ongoing thing. I don’t know how to solve what’s going on in his head at the moment. (...) They don’t seem to have an answer to what’s going on at the moment. She did make a bit of a breakthrough last week with him but it’s still not perfect yet. It is doing good, what she’s done.’**

## Helpful Practices

Adoptive parents highlighted the wealth of expertise, experience, and knowledge of staff. That was often contrasted with the lack of experience and understanding of adoption that they felt other services had, particularly CAMHS. In fact, adoptive parents who had any experience of CAMHS were critical of them. In addition, some of the services or aspects of the Barnados PAS were highlighted as particularly useful by the adoptive parents interviewed. This included:

- The service being focused on adoption and its effects on the child

**‘[PAS worker] was a complete breath of fresh air because she came across as if she knew exactly what we were talking about, the other people were psychologists dealing with you know a whole host of children with a whole host of problems, [PAS worker] was completely focused on adoption and the effect that adoption would have.’**

**‘I suppose the qualifications of the counsellors, that they aren’t just normal counsellors, that they are specifically trained in adoption and adoption issues.’**

- Letters to the children’s school or CAMHS outlining issues and how to deal with them

**‘So I think when the school realised having realised what the issues are for [Child] and it was very simply put. It wasn’t put in a big complex document, it was very simply written and explained.’**

**‘[Child] was having a lot of problems in school with the teachers... So [PAS worker] sent a letter, with a list of strategies and understanding [Child], where she’s coming from and they’ve read it and I’ve seen a big change this term.’**

- Courses and group workshops which they felt were well-organised and made them feel “on the same boat” as other parents

**‘It was very good because everybody had the opportunity to speak and share, if you wanted to. They were, I would say, they were very, very well run sessions and you came away feeling you weren’t alone, you weren’t going crazy, you know, because it wasn’t just you.’**

## Young People’s Perspectives

Like their parents, the young people we spoke to were very positive about their experience of the PAS and the benefits they had achieved through attendance at groups and individual sessions. They described the service as ‘brilliant’ and ‘fantastic’, and one young person had an encouraging message for staff:

**‘You should all be really proud of what you have done because it’s definitely helped me, and it’s definitely made my life and my family’s life a lot better.’**



**'I just think it's a brilliant service and it's helped me a lot.'**

### **Accessibility**

Most of the young people indicated that they were very nervous about their first individual session with Barnardos staff, but after their first session, during which their worker tended to use games as an ice-breaker, they became more comfortable talking. Some had started individual sessions during the Covid-19 pandemic, and these were conducted online. Some young people felt this was actually an advantage as they felt less nervous talking via Zoom. Others whose sessions moved from in-person to online felt that this remote way of working was only effective because they already had established a relationship.

The young people indicated that their need to speak with a counsellor would fluctuate from week to week or month to month, and they found Barnardos staff to be flexible and responsive to their changing needs, offering more frequent sessions when these were needed, but not insisting on seeing the young person if things were 'good'. Some young people appreciated having the choice and control to whether to speak with their worker as and when they felt the need.

**'It started off weekly and then it would depend on how I'm feeling so, if one week was good, I wouldn't feel the need to go, and then obviously with Covid it stopped so we had to do it over Zoom calls so that was really only when I needed someone to talk to.'**

**'Last time I was over there I said everything was going fine so I began a longer break, so I had to see her see if I needed to talk to her again after Christmas... it's all up to me.'**

### **Personal Approach**

Similar to their parents, the young people emphasised the personal approach of the service and felt they benefited from getting to know one or two staff members very well. The same staff who had led the group workshops also offered individual sessions and remained as their nominated worker over time. They were able to gain trust in the expertise of these workers and were confident that they would be responsive and available when needed. One young person emphasised this consistency as a strength of the service.

**'I wouldn't believe in switching over people because I think once a child gets comfortable with one person it's very hard to move on to another.'**

### **Longer-term Engagement**

Two of the young people we spoke to had been involved with the service for several years, having attended the range of group workshops at different ages and individual therapeutic sessions. For the older youth, these sessions had reduced to once or twice a year, but they still appreciated the opportunity to check in with their counsellor. They felt that over the years their individual worker had come to know and understand them very well.

As they got older, they faced different challenges and developed a more mature understanding of adoption. They appreciated the way their worker tailored the sessions to their changing interests and abilities.

**‘[PAS Worker] is still very gentle but they are a lot less... just talks more serious about things, like on my life and not just on adoption, more serious things now. Where back then it was more about my emotions and my feelings now it’s the broader kind of how I’m getting on in school and friends and everything, so has done it very gently.’**

### Helpful Practices

While several of the young people had attended group workshops, they spoke to us mainly about their experiences of individual therapeutic sessions. They very much appreciated this one-to-one opportunity to talk with someone, feeling more comfortable about addressing personal issues in this more private format.

Counsellors were described as good listeners and young people felt they could say anything to their worker without judgement, and that individual sessions were a safe space in which to speak openly about their thoughts and feelings and ‘get it out’. However, they also appreciated that their worker did not pressurise them to talk. They felt that staff respected their preferences about what to focus on in the sessions and allowed them the choice of whether to talk or not to talk on any particular day.

**‘They are so kind and they listen to you and consider your issues and that they were there to listen and to help you get through it I found it so helpful.’**

**‘I could say what was in my mind and just say it...  
I just needed to say it, get it out, get it out.’**

**‘It’s really good like you know they are aware about what they are talking about. but they are not pressuring you to talk about it if you don’t want to.’**

They described their counsellors as ‘kind’, ‘gentle’ and ‘understanding’. While young people did not feel pressure to talk about specific topics, they appreciated that their worker gently guided them to consider adoption related issues. In these sessions, they enjoyed learning more about adoption and about themselves.

Young people reported that staff created a relaxed, welcoming and informal environment in which the sessions felt light and enjoyable. Workers used games, drawing and fun activities, and this helped to break the ice and allowed young people to feel more comfortable talking. Some young people enjoyed sensory elements such as music or blowing bubbles or sitting with a soft toy.

**‘They always made me feel at home you know it wasn’t that serious, just more like free, we both sat on couches and just talked, pleasant.’**

**‘I didn’t realise she was doing it for a purpose like playing all these games and now I realise she was but back then I didn’t really realise.  
Interviewer: You were going and having a nice time?  
That’s probably what made it good as well like, it wasn’t too serious.’**

One young person highlighted ways that parents could be helpful by understanding and accepting that some sessions could be emotional, that they might even feel upset afterwards, offering comfort when needed but not prying into the reasons for this or asking for the content of sessions to be repeated.

**‘I would have come out and they would have understood that I may not want to speak about it I was never ever asked to repeat what was said in the session it was just I’m feeling upset I need a hug I need to talk and they would have just listened.’**

### **Benefits and Outcomes for Children Adoptive Parents’ Perspectives**

Adoptive parents argued that the PAS had helped children in a variety of ways. They had noticed a series of benefits for their children, including:

- An increase in self-esteem and confidence;

**‘All of that helped and that gave him a certain security and confidence in himself.’**

- Better self-awareness and understanding of themselves and who they are;

**‘She probably will not ever get over this trauma but she definitely has learned to recognise what it has done in her life and what it does in her life and what she needs to manage it so she’s a very very different child now compared to what she was’**

- Self-regulation and behaviour improvements at home and in school; and
- Knowing that there is somebody else that understands them and is there for them.

**‘[Child] will say, well [PAS worker gets me. That’s really brilliant ... to hear him saying that, because to be honest, we don’t get him! Teenager! You know?’**

### **Young People’s Perspectives**

The young people we spoke to identified three main benefits arising from their individual sessions with Barnardos Post Adoption Service counsellors:

- The opportunity to talk about adoption
- Gaining insight into their own needs and reactions
- Alleviation of stress and difficult feelings.

It was clear that being able to talk freely about adoption with someone outside of their family was of great importance to the young people. Their counsellors were knowledgeable about adoption and therefore understood what young people were trying to communicate. The fact that staff were independent of the family, and the young people had no emotional ties or loyalties to them, meant they could speak openly and honestly about adoption and their birth family without fear of causing offence or hurt, as they felt they might with parents.

**‘I just find it easier now, like some of the stuff I would’ve talked to with [(PAS worker)], I wouldn’t have talked about with anybody. It’s just easier.’**

**‘You’re not afraid to hurt their feelings... so it’s really like able to talk to someone I know won’t take offence at anything I say.’**

The young people reported that they had learned a good deal about adoption generally from their counsellors, and this gave them a different perspective on their circumstances. They had also gained insight into their own personality and make-up. Some noted that this was particularly important to them as they had previously struggled with feelings of self-dislike. Counsellors helped them to gain a more positive outlook and a more positive view of themselves.

**‘She’s honestly just really helped me understand that not all of this needs to affect your life and that I do have a future that doesn’t have to be based of the trouble I had when I was younger... now I am not half as upset about it.’**

**‘It helped me in so many ways to love myself more and to feel like I am included and matter and not to really dislike myself.’**

**‘It helps me understand things I do now or reasons I might think certain ways and it just all ties together now so.’**

**‘How different parts of me worked... it was like a map of me and different types of my body and how I worked and stuff and where I got some of my looks from and my emotions and feelings or something qualities yeah.’**

Several of the young people acknowledged that they often experienced challenging thoughts and feelings such as anxiety and stress, and physical symptoms of stress such as stomach aches and ‘over-thinking’. They reported that individual sessions allowed them to vent difficult emotions, helped to alleviate their stress and gave them strategies for managing their feelings at home and at school.

**‘I was able to open up was really it felt like I was able to take the pressure off my shoulders and like just inner stress you know let it out and just talk about it like she was able to give me advice sometimes about how to say it to my parents or how to say it to someone else.’**

**‘Just happiness there would have been a lot of like sadness around me and that was never who I was because it was as I went into my teens it got worse and my parents always used to say where’s the happy bubbly child gone, and they can honestly say they got that back since I have gone there.’**

### **Benefits and Outcomes for Adoptive Parents Adoptive Parents’ Perspectives**

Adoptive parents felt the PAS had also helped them as parents in different ways. The benefits that they had experienced were:

- Better understanding of their child, their child’s feelings and behaviours;

**‘I think it was really important for me to understand how my adoptive child feels ... I certainly I did not have that understanding. It gave me a better understanding but also how to deal with it and to be with it so important not to minimise it, really is, what she was saying to me, don’t minimise it.’**

- Improved parenting skills;

**‘Because em.....you know so easy to lose your temper with [Child] and send her to her room before and now she’s.....she was prolonging it. She seeks chaos. Once you know she’s doing it you know how to step in now and say the right thing to bring her back, you know [...] Has given me a lot of advice working with [child] now, that I use. So it has helped my parenting skills hugely.’**

- Feeling that more parents are “in the same boat”, and not feeling alone anymore;

**‘We all went round the room and told our story and it was like your nodding your head and thinking, yeah, that’s me, ... yeah, that’s definitely my daughter... For once, we kind of felt it not just us, we are not alone, there is more in this boat with us, and everybody has experienced the same things.’**

- Reassurance that there is someone to call when they are concerned about something:

**‘From having nobody to really have a true understanding of it. [...] and then to have this service, where they’ve so much experience dealing with girls like [child], you know, all the time and after talking to them I knew they knew what I was talking about. They weren’t judging me, being a certain kind of a parent. It was just lovely to have that.’**

### **Young People’s Perspectives**

The young people identified certain benefits that their parents had gained through engagement with the Post Adoption Service. In particular, parents had access to guidance about adoptive parenting, a better understanding of the young person and their needs and behaviours and emotional support to help them overcome feelings of worry and sadness.

**‘Interviewer: can you think how Barnardos helps your mum?  
Well it helped her not to worry as much and not to cry as much... and she  
got to kind of understand what it was like for me as well, it helped her.’**

**‘Parent: Do you think it’s helped us?  
Yeah because you don’t see me as naughty anymore.’**

### **Benefits and Outcomes for Adoptive Families Adoptive Parents’ Perspectives**

Adoptive parents also argued that family relationships had improved. They talked about a sense of peace in the home that was not there before availing of the service.

**‘The happiness in the house is incredible and the relationship  
of all four of us together... we are not living on edge now.’**

Some also felt that the service had enabled and enhanced the bonding with their children.

**‘The last one we went to there was a bit of a breakthrough, we  
were playing games and we were touching hands and stuff.’**

### **Young People’s Perspectives**

Several of the young people we spoke to reported that relationships within their family were more positive and harmonious following their engagement with PAS. One noted there were now fewer ‘big tantrums’ in the home, and another said that while sibling relationships were still not particularly close, they now were ‘not fighting all the time’, which was a very welcomed outcome. One young person spoke of how the individual sessions had given her a fresh appreciation of her family and recognition of their love for her.

A key benefit was improved communication within the family. While most still valued the ability to talk about adoption with someone outside the home, several reported that they were now more comfortable about talking openly with their parents.

**‘Well, I would never really talk to my mum about it. We were always close,  
I just never really talked to her about that stuff, but now we can talk  
about anything and we are even closer than we were.’**

### **Suggestions for Improvement Adoptive Parents' Perspectives**

Parents appeared very satisfied with the Service, although some were able to identify some things that they would like to see in the future, including:

- Courses about parenting older children or teenagers;
- More courses in general, particularly outside of Dublin, with more sessions;
- Issue-specific group work e.g. for parents of children with Foetal Alcohol Syndrome;

**'With the group sessions, you might get one and then you mightn't get another one for another six months. It would be lovely to continue with one.... maybe one every month and they get to build a bit of a relationship.'**

Thus, the courses were very popular among parents, who wanted the Service to provide more of them and these to be geographically accessible to them. Some also recognised that the Service was limited due to resources and staffing levels, which means a wait to access the service.

**'They just didn't seem to have enough staff on the ground at the time. It's obviously getting a bit better now but I'd say the wait times are still.....there's still wait times.'**

However, parents also felt that staff were doing above and beyond what they could with what they had.

### **Young People's Perspectives**

Young people enjoyed activity-based sessions in which they could draw or listen to music and suggested that they could do even more of this within sessions, particularly to ease them into talking and listening at the beginning of sessions.

**'When I walk into the room I want to sit on the beanbag and listen to music.'**

One young person emphasised that the current format of offering primarily face-to-face services to young people was preferable to a telephone service. They also cautioned that accessing information about adoption on the internet was not always helpful and that young people may need assistance to process such information.

**'You get helped differently when you are talking face to face.'**

**‘I think if things were said on the internet and sometimes when you are younger like than me you wouldn’t fully understand what they mean whereas if somebody of explaining it to you in person you understand it differently.’**

Other suggestions that the young people had for developing the service included:

- Having input to the group workshops from adopted young people

**‘So like it would just be brilliant to hear it from an adoptive child instead of like an actual adult you know... so I think it will be a really good insight for adults to gets a talk from someone who is (adopted) regardless if whether it’s a teenager or an adult because... when a person is standing there you can see it in their face what hurts them what doesn’t you know so.’**

- Organising over-night trips for adopted young people to get to know each other better as this might lead to more engagement in the group work than the current timetable for workshops

**‘I would have thought like a group trip would have been fab. I think it’s quite nervous if you go into a meeting with others because a meeting is so formal, but I think if you set up a group and you go off somewhere even for like an overnight and you get to know the people it would have been a great ice breaker.’**

- Bigger offices with more space, and more beanbags

**‘Well like the place is really small otherwise I wouldn’t change a thing.’**



Section seven.

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# **Findings – Professionals**

The background of the page features a light green color with a pattern of stylized human figures in a darker shade of green. The figures are arranged in a way that suggests a crowd or a group of people, with their arms raised or outstretched, creating a sense of movement and community.

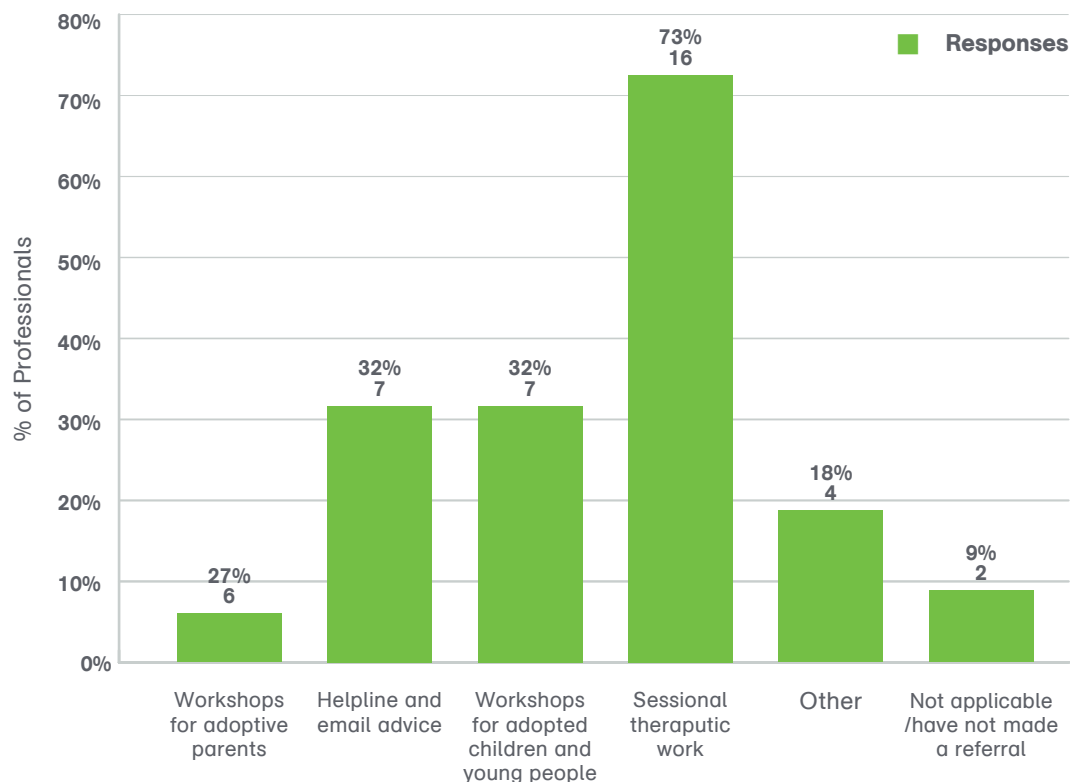
### Online Survey for Professionals

A total of 22 professionals responded to the online survey – 12 were qualified as social workers, one as a psychologist and 9 were from other professions. Twenty respondents had made a referral to Barnardos PAS within the last three years and two were managers with responsibilities relevant to adoption. Of the 20 practitioners, 16 had made between one and three referrals, three had made four to ten referrals, and one had made 20 referrals.

As illustrated in Figure 9 below, 16 referrals were for sessional therapeutic work, seven for workshops for adopted children and young people, seven for the helpline and email service, six referrals were for workshops for parents and four were for other services.

All 22 respondents (100%) were very satisfied with the level of professional competence of Barnardos Post Adoption Service staff.

**Figure 9:** What services have you referred families to?



Nineteen referrers indicated that they were very satisfied with the ease of making the referral, with two somewhat satisfied. More than 90% (20) of respondents indicated on a 5-point Likert Scale (1= very difficult; 5= very easy) that it was either quite easy (32%; 7) or very easy (59.0%; 13) for families to access the Barnardos PAS. One respondent indicated that it was neither easy or difficult and one indicated that it was quite difficult for families to access the service.

There were 15 free text responses to the question 'Would you like to tell us anything else about your experience of referring families to the service?' Seven were regarding the simplicity, responsiveness and efficiency of the process, for example:

**'I found Barnardos very helpful and found referral form was easy to complete and straight forward.'**

**'Very helpful staff when I called, received referral form promptly when requested, and had a speedy response to referral after it was submitted.'**

**'This was the easiest most efficient and helpful service I have ever referred to.'**

Three mentioned the quality of the PAS staff and services:

**'Barnardos offers an invaluable service for adult adoptees regarding therapeutic services I know they will be have a long running professional and experienced service/team look after them.'**

Two commented on the feedback they received from PAS staff:

**'I was kept updated in that when there was meetings with my clients.'**

**'Received a positive professional and ongoing response on the one case referred.'**

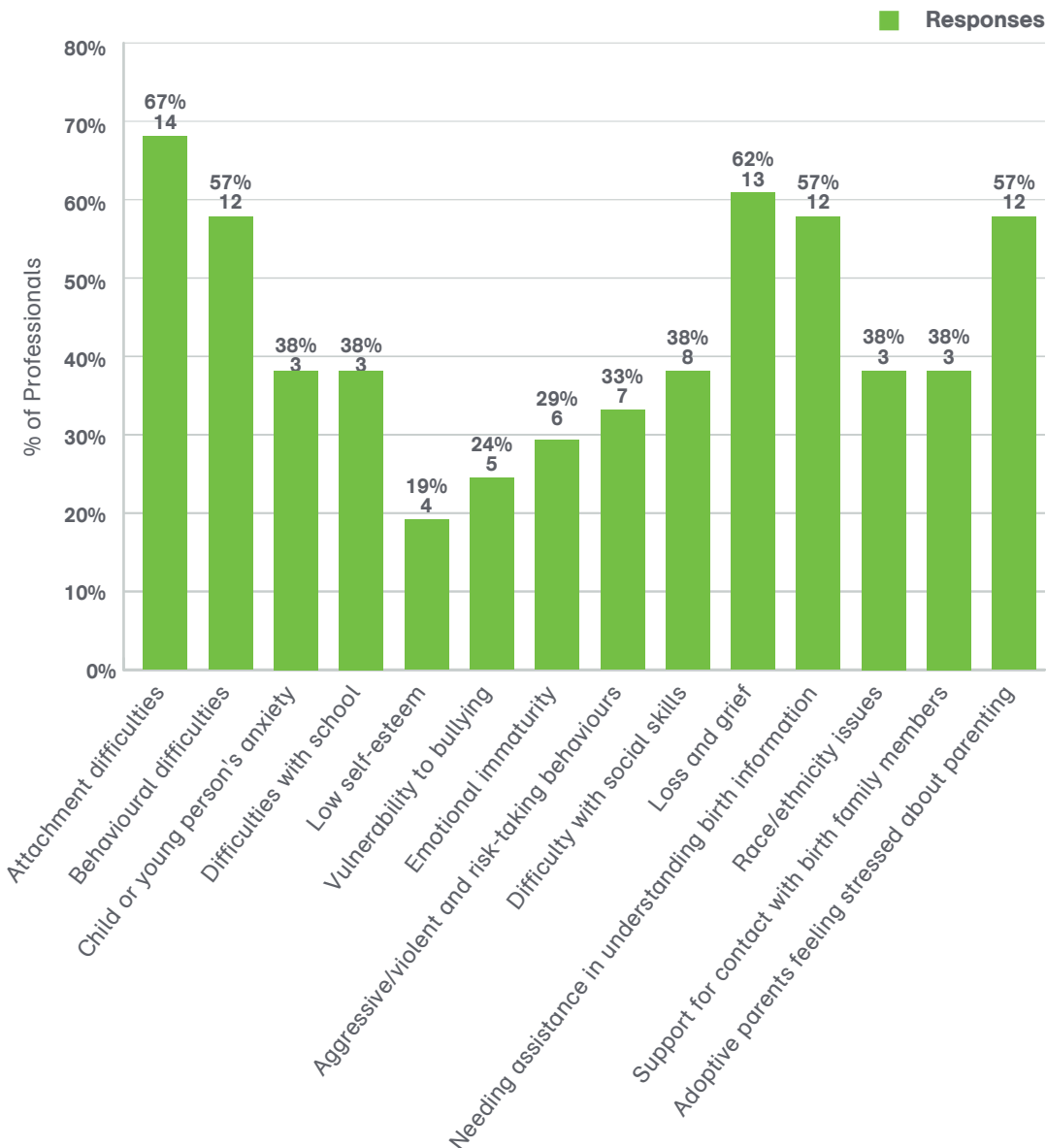
One respondent stated that 'there was a lack of clarity re. the criteria by which referrals were accepted or put on a waiting list for consideration' and one said they felt 'that the gap between referring and screening/intervention was slightly too long', while understanding that there are wait lists.

The overall tenor of responses is captured in this extended response:

**'I have found the Service excellent as they have booklets to provide birth mothers, adoptees and families with adopted children and if I make a referral, I get a good response. I also ask a lot of clients to self-refer or phone the Helpline and I find that very good. I have worked with several adult adoptees who are meeting with the Counsellor in Barnardos and their feedback has been that the support has been excellent. I also value how good they can respond if it is an urgent referral and a family need therapeutic help with young adopted children. I feel their work with families is so important and beneficial for those families.'**

As illustrated in Figure 10, the main issues for adoptive families who are referred to Barnardos Post Adoption Service were attachment difficulties (14), loss and grief (13), behavioural difficulties (12), needing assistance in understanding birth information (12) and adoptive parents feeling stressed about parenting (12). Child or young person’s anxiety (8), difficulties with school (8), difficulty with social skills (8), race/ethnicity issues (8), and support for contact with birth family members (8) are co-equal and aggressive/violent and risk-taking behaviours (7), emotional immaturity (6), vulnerability to bullying (5) and low self-esteem (4) complete the range of issues for referred adoptive families.

**Figure 10:** What are the main issues for adoptive families referred to the service?



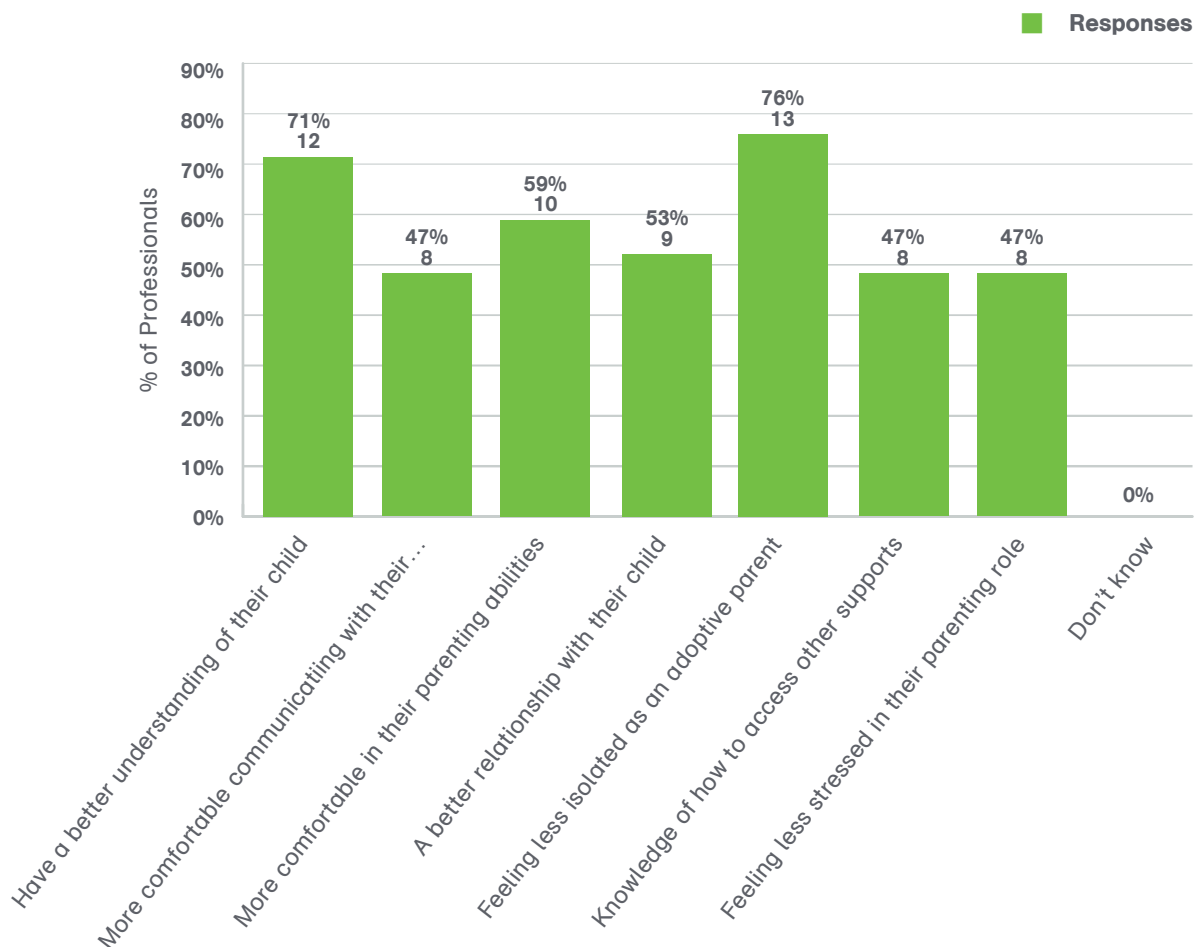
Respondents were asked to indicate on a 5 point scale the extent to which the service was helpful for families (1= very unhelpful; 5= very helpful). Twenty respondents (90.9%) said that the service was very helpful, and two respondents indicated that they did not know.

Respondents were asked to indicate on a 5 point scale the extent to which these issues had improved since becoming involved with the service (1= no improvement at all; 5= a great deal of improvement). Of the 18 professionals who answered this question, over 70% (13) felt that since becoming involved with PAS, families had experienced some (28%; 5) or a great deal of improvement (44.4%; 8); and 28% (5) selected the mid-point on the 5-point scale.

When asked about the extent to which the families' ability to cope with these issues had improved (1= no improvement at all; 5= a great deal of improvement), of the 16 respondents who answered this question, three-quarters (75%; 12) indicated some (43.7%; 7) or a great deal of improvement (31.3%; 5) and one-quarter (25%; 4) selected the mid-point on the 5-point scale. No respondents thought that there had been little or no improvement in the families' ability to cope.

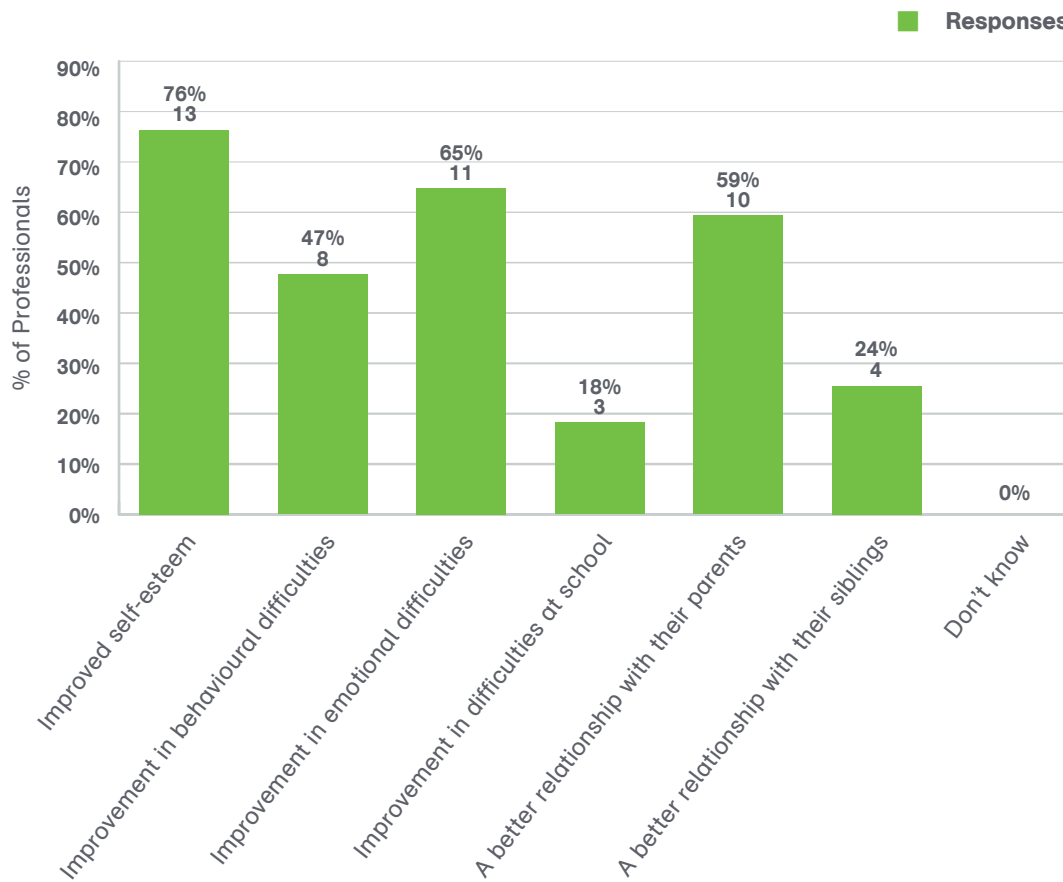
As illustrated in Figure 11 the professionals considered the following to be the main benefits for adoptive parents from their involvement with the service: feeling less isolated as an adoptive parent (65.5%; 13); a better understanding of their child (70.1%; 12); more confident in their parenting abilities (58.8%; 10); a better relationship with their child (52.9%; 9); more comfortable communicating with their child about adoption-related issues (47.1%; 8); knowledge of how to access other supports (47.1%; 8); and feeling less stressed in their parenting role (47.1%; 8).

**Figure 11:** What benefits do adoptive parents get from their involvement with the service?



Professionals were asked what were the main benefits for adopted children from their involvement with the service. As illustrated in Figure 12, of the 17 professionals who answered this question, 13 stated improved self-esteem, 11 indicated improvement in emotional difficulties, 10 indicated a better relationship with their parents, eight indicated an improvement in behavioural difficulties, four indicated a better relationship with their siblings, three indicated an improvement in difficulties at school, as the benefits for children of their involvement with the Barnardos post-adoption service while two respondents indicated that they didn't know.

**Figure 12:** What benefits do adopted children get from their involvement with the service?



There were 14 free text responses to the question ‘Is there anything else you would like to tell us about the helpfulness of the service for children and families?’ One was an unspecific positive comment, one from a manager who had noticed the impact of the PAS in reducing demand on their services, and two focused on the rapid, flexible and client-centred nature of the service. The majority of the responses focused on the general importance and the benefit reassurance that adoptive families receive from the PAS – ‘it acts as “a safety net” for them’ – which are typified by these three quotations:

**‘I am delighted that there is a service like this to refer families to. Adoption and the attachment/behavioural/mental health issues that can arise for these children are so specific to the adoption experience. I’m glad a specialist service exists.’**

**'Adoption is lifelong, the themes of adoption emerge and re-emerge. It is vital that children and adults have a service targeted to their specific (sometimes complex) needs.'**

**'I feel confident when referring families to Barnardos post adoption service that they will receive an excellent service, and that they will be seen by very skilled workers who understand the issues for the children and their families. It is a very specialised service and an invaluable resource, and really important that it is available to adoptive children and their families whose issues can be really complex and challenging.'**

**Is there anything you think Barnardos could do differently in order to improve the service?  
(Q 17)**

When asked if there was anything that Barnardos might do to improve the service, the three responses to this question expressed the wish that this much appreciated service could be made available to support more families in wider geographical areas.

**'I think this is amazing service when dealing with birth mothers or adoptees and my only wish is it to be more readily available in our area for more of my clients.'**

Two responses suggested that the service could be better promoted to ensure that more adoptive families would know about it.

**'I believe they provide a great service. Sometimes the adoptive families I work with have not heard of the service. Maybe it could be promoted more, or maybe we can work together to promote it better and make more families aware of its existence. I think that Barnardos could request Tusla to send information to adoptive families on Barnardos post adoption service.'**

One response asked that notice of training and group meetings could be sent out sooner to service users, and one expressed the view that greater effort could be made to recognise the professional competence of referring professionals.

**'I do think that the professional skill set of the assessing social workers is undervalued by Barnardos and that this needs to be explored in more detail to improve that relationship. At times, I would have felt that the Barnardos staff did not respect my professionalism or experience.'**

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## Interviews with Professionals

### Participant Overview

Telephone interviews were conducted with five professionals who had completed the professional survey and expressed their willingness for interview. All participants had referred to the Barnardos Post Adoption Service with four of the five participants having referred just one or two families, all within the previous year. The fifth participant had a long history of connection with PAS and had referred on numerous occasions. The participants were from a range of disciplinary backgrounds and worked in Dublin, Cork and the West of Ireland.

### Children's Needs

Participants recounted a wide range of needs of adopted children, which were thought to vary depending on the individual child; their age and stage; their placement; whether they were intercountry or domestic adoption; and their early life history. While all adopted children were thought to have some common needs that would benefit from support, it was noted that some children's needs were much more complex:

**'I would see that all children who are adopted and all parents of adopted children at some point would benefit from a specialised service like Barnardos Post Adoption Service... that might be from something as basic as... being able to help parents as their child goes to school how to answer questions like "are they not your real mummy and daddy?" or "why are you brown and your mummy and daddy are white?" or... "oh I've heard that adopted children weren't loved"... just to answer basic questions like that, as well as then maybe dealing with more complex issues around adoption bereavement or those kind of things as children get older and come to a better understanding about what being adopted means to them and how they manage that.'**

Common issues identified included being able to respond to questions from peers as well as children's sense of identity and belonging:

**'The need to know where they came from, who they are, and to be able to I suppose learn to accept the two identities.'**

More complex child presentations were also reported in interviews, which placed considerable strain on the family system. Presentations included significant emotional dysregulation and anger outbursts; poor social skills, which impacted children's capacity to make friends and their school experience; and risk-taking behaviours:

**'[Child] would have very poor social skills in terms of making and maintaining friendships, she would have a lot of anger outbursts that don't necessarily involve hitting out at people but hit out at things... practically zero emotional regulation... she can maintain it for the couple of hours school... but the first hour after she is collected from school, it**



is just like she just lets everything out... it's not like she talks about being adopted or... doesn't ask about her birth family... but I suppose she is very aware of her adoption... she is operating at a very (...) young age emotionally, she doesn't get social norms, she doesn't get how you behave in places... you couldn't let her on the computer on her own as she would be googling all sorts, [Parents] found her in a chat room one day that was just really inappropriate... she is so craving friendship... she doesn't really have friends at school... she wouldn't get invited to birthday parties... but I suppose the most difficult part would be the anger outbursts when she doesn't get her own way... there doesn't seem to be any warning signs, she can go from zero to 100 in a very short space of time.'

Given Barnardos' history of support for intercountry adoption (ICA) families and the high number of ICA adoptions in Ireland, a number of interviewees spoke at length about the differences for children who were adopted from outside of Ireland. Intercountry adopted children's needs were thought to differ from domestic adoptions and were described by one participant as 'huge'. Differences reported included ICA children being placed with their adoptive families at a later age; their previous histories of institutionalisation, which could result in developmental delays, behavioural challenges and sensory issues; children's unknown early life histories; the swift and often traumatic nature of transition; transracial adoption issues and identity challenges.

'Bringing them back to a whole new culture, new home and maybe changing their name, giving them a different diet... if an Irish couple go over now to Vietnam or China, they actually just meet the child and take the child into a hotel... that is very frightening for a child to be taken away totally quickly... then next thing be on a plane and back here... we do just see a lot of couples getting quite distressed cos it's all they have ever wanted is a child to love and the next thing the child is having behavioural issues with their anxiety, maybe they're having food issues or they're afraid to go asleep because they are traumatised.'

'Inter-country adopted children I would have seen the biggest theme as being around race and transracial adoption issues... helping parents really support their children in terms of coming to terms with their non-white identity... how white parents talk to their non-white children about being black or being Asian or having different hair or different skin, making sure schools are sensitive to that... as well as talking to children about where their birth parents are in a positive way and to their home country in a positive way... Barnardos were always really really good at teaching parents how to talk about adoption in a positive way and how to open up conversations about birth families.'

Some participants described the needs of domestically adopted children as less challenging due to the younger age of the child, their experience with a foster family and the lack of cultural differences:

'[ICA] is very different to domestic adoption were the child would be maybe 6 months maybe a year and they are with an Irish foster family and they move to an adoptive family and they have the same culture, language, food etc. and there's a good transfer.'

For others however, there were concerns that domestically adopted children could be ‘forgotten’ with very limited post-placement support:

**‘Domestically adopted children are very much forgotten and they really really need support in their teenage years and their parents really need support, because in domestic adoption... there is no post-placement [support], there’s nothing.’**

While there were needs common to all adopted children, participants recognised that adopted children’s needs and those of their family were unique and diverse, so that the support offered needed to be tailored rather than a ‘one size fits all approach’. Participants noted that although all adopted children may benefit from some level of support, the intensity of need will differ depending on their presentation:

**‘Need for a more regular, longer term piece... it’s not going to be a one size fits all approach.’**

Having a ‘safe space’ and ‘someone to talk to’ were noted as common features of support for adopted children.

Professional participants noted how adoptive parents benefited from a specialist service as adoptive parenting was considered different to ‘normal parenting’ given the complex range of children’s needs explored above. Knowing that Barnardos offered a specialist Post Adoption Service was thought to give parents a ‘sense of security’, that they would check out what were normal development issues and what may be connected to their children’s adoption history:

**‘Parents feel really secure in knowing that there is somebody there that they can kind of go, you know what I am just going to run this past you... maybe it’s just the normal stage of development but maybe it’s actually because they were adopted or because they aren’t living with their family of origin. I think there is a real sense of security for parents in that.’**

A number of participants noted the importance of the long-term support needs of adoptive parents as children were continuously changing and parental wellbeing was understood to critically influence how children cope:

**‘The door doesn’t get closed when the child gets to 5 or 10 or whatever... because each stage of development... brings up new questions... new concerns about their family origin... or the feelings that they have of being abandoned or feeling isolated... the families will need to have support to respond to that in a healthy way.’**

The need for parents to be supported to talk to their children about their history was noted by a number of participants:

**'As we all know (...) parents cannot support their children unless they are being supported themselves.'**

Participants also noted ICA parents' needs to understand and respond supportively to children with particular behaviours and developmental delays as a result of their early years in institutional care:

**'Barnardos were always really good at working with parents and helping them understand and coming to terms with the implication of living with a child and loving a child who was raised in an institution the first couple of years of their life.'**

Participants also noted some of the additional pressures experienced by adoptive parents who may have waited long to become a parent and as a result have very high expectations of themselves to be 'perfect parents'. This was thought to leave parents reluctant to discipline the child or with few peer opportunities to 'vent' with friends and receive informal parenting support:

**'[Adoptive parent] nearly wanted to be the perfect parent because... she has waited all these years and I think they have that pressure on them that they can't criticise the child... I think if I was an adoptive mother I wouldn't have that permission to go out and vent to my friends because you think someone is going to turn round and say well you waited all this time how can you be so ungrateful or you know you were so lucky that you could adopt.'**

Although adoptive parents were noted as 'resilient' and 'committed', having already overcome significant challenges to adopt, participants noted the challenges of adoption and of seeking help with fears that their parenting may be 'in the spotlight':

**'[Adoptive parents] can be tested by a child that hasn't had a good start, has attachment difficulties and then you are dealing with the schools... and it's going to be blamed on their adoption or your parenting is going to be in the spotlight.'**

### **Benefits for Adoptive Families**

A wide range of benefits was noted for parents who availed of the service. Primary amongst these was that Barnardos offered a specialist Post Adoption Service which clearly 'understood' adoption. As a result of this specialism, the service could be trusted to offer parents and carers advice about what was 'normal' in these circumstances, which sometimes differed from information they had been given from generic practitioners or services:

**'I think that that's a big problem that often a public health nurse comes and does an assessment of a child's behaviour and they kind of think....look the child is out the institution, they have been in Ireland for a year, so all that should be gone, whereas Barnardos were able to say, no this is going to go on and these are issues that are going to resurface overtime... the parents would have that support and take that seriously and they could trust Barnardos having a specialised service that really understood what adoption was, was really important.'**

**'It helped the carers to normalise the kind of behaviours that they were experiencing.'**

One CAMHS professional noted how adoptive parents benefited more from bespoke parenting groups as adoptive parenting was different to 'normal' parenting.

As a result of being offered a specialist service, professionals reported that parents felt the service 'understood' their circumstances. This sense of 'feeling understood', from initial engagement, offered parents reassurance, confidence and hope that things could change and that they could improve their lives and those of their children:

**'When Mam phoned me after her initial conversation, she couldn't speak highly enough about how instantly somebody understood what she was going through, they weren't trying to fob her off or explain it away... she said she was sick of people trying to explain things away, this is not what happened here, they completely listened to where I was at now and could instantly understand that this is... a problem.'**

It was noted that many of these parents may have struggled with the difficulties alone for a number of years or were 'exhausted' from attending a number of services prior to their engagement with Barnardos PAS, so this shift was a welcome change which elicited a sense of 'positivity':

**'You don't need judgment, you just need somebody to listen and say you know what we can help, we can help you with this... just that kind of confidence that it's not broken, that it is fixable... that somebody can help them to make their everyday life a little bit better...I think the positivity from that first engagement has made Mam think much differently about it.'**

Participants noted appreciatively how the service engaged with parents as the primary supports for the children, noting that it can sometimes be easier to access individual support for children rather than their parents. Parent support was highlighted as critically important in the context of adoption where parents can feel either their parenting or indeed the children themselves are somehow to 'blame' for the difficulties:

**'[the support was] as much as support for Mam... than for the daughter, because it's**

**quite easy to find support for children in terms of therapeutic support... parents cannot support their children unless they are being supported themselves.'**

A number of participants spoke of how PAS worked very well with parents, helping them to see what they could do differently rather than focusing on changing the child's behaviours:

**'It's not that she expects a magic solution, she doesn't expect that someone can wave a wand or click their fingers and make everything ok, she doesn't expect that, but she... does expect that somebody understands it and will be able to point her in the right direction to make things better... 'they [Barnardos] are not talking at me, they are talking to me, they are going to work with me'... it was almost like a combined effort as opposed we are going to fix this for you.'**

The independence of the Barnardos Post Adoption Service from statutory social work was noted by several participants as a strength. This separation was thought helpful to parents, allowing them the 'freedom to talk' about emerging challenges which they might not have felt 'comfortable' to do with a social work service that had initially undertaken their pre-adoption assessment:

**'Sometimes parents didn't want to come back to us... they would find it hard to come back to me as their assessing social worker and admit that they were struggling with this child and issues around language and post-institutionalisation... whereas going to a service that seemed totally independent to us as assessing social workers, I think it gave them freedom to talk about things in a way that maybe they wouldn't have felt comfortable because of the contact we had had with them through assessment. They are very different roles.'**

The specialist nature of the service and its independence from statutory social work was thought by some participants to help normalise help-seeking for adoptive parents, countering the tendency toward silence given their long-standing wish to become parents and fears that they had done something wrong. This was further supported by the parent group work, which was thought by participants to allow parents to meet other adoptive parents experiencing similar challenges, countering a sense of isolation:

**'This is a woman who needs to meet other parents or other people that have gone through this and know it's ok because at the moment she thinks it is something... that she has done something.... it's her fault, you know she believed that... even just the fact that there was a whole service that works with [adopted] people was helpful I think... and it was called a support service, it wasn't called social worker it was called anything, it was just, we are here to help.'**

Participants spoke very positively of the ‘holistic’ ‘one stop shop’ approach adopted by the service, which was seen to offer individualised support that was tailored to the needs of the family. This could involve group support, individual therapeutic intervention for the child alone, for the parent alone or for them together. One participant spoke appreciatively of how the service had also outreached to a sibling. This sense of ‘individualised support as a family’ was well articulated by one participant who had originally referred for the mother but found that they received a much broader service that offered support to ‘all parts of the family’:

**‘When we made the referral initially it was about supporting Mam... but I suppose it turned into so much more than even I would have anticipated, in a good way... They were both going to get really individualised support as a family... I didn’t even know that was possible that you could have a one stop shop... that would support all parts of the family in what was going on for them at that time.’**

### **The Service**

Both social work and CAMHS professionals interviewed noted how the Barnardos Post Adoption Service filled a gap in current service availability:

**‘The population that comes to us, it’s about their mental health because in our service, a child that has been adopted or foster care wouldn’t meet the criteria for referring unless there is mental health complexities... I don’t think there are any services really that we could refer for attachment work currently... I think social services might have to... fund them privately, so there is a big gap.’**

**‘[adoptive families] weren’t part of our caseload [after adoption] so any work we did with parents afterwards, we just did it out of the goodness of our hearts so to speak, we didn’t get space on our caseloads to do that work, so having Barnardos there was a great help to us.’**

Participants described different ways of accessing the PAS service with some professionals calling the service for help themselves initially, signposting families to the PAS helpline or undertaking joint referrals, while others referred directly to the service for families via telephone and the completion of referral forms. Four out of the five participants expressed great satisfaction with the referral process, noting how the response had been encouraging and ‘helpful’ for both the parent and the professional:

**‘It was actually Mam who made the initial contact with the service... she rang me like beaming, I have just been speaking to this lovely lady, she was telling me about all the ways that the service will be able to help me and help my daughter.’**

Although participants did not have much experience of referring, with four participants having only referred one or two families in total, they noted appreciatively that the response to their referral had been swift and that the service had worked hard to engage the family from the outset:

**‘Engagement has been an issue [with other services] if ...[families] don’t engage quickly enough, services seem to... discharge, but with Barnardos, I find that they really tried hard to engage with those families and young people.’**

One participant noted their good relationship with the service, with referrals picked up quickly. This was reported as a ‘highlight’ as it was thought to prevent family breakdown and encouraged them to refer to the service again.

Only one participant who worked in a specialist adoption team and who had had a lengthy relationship with the service over years reported a different experience, noting some barriers in the referral process that had deterred referrals:

**‘I sometimes felt Barnardos didn’t quite trust me to know I was making an appropriate referral that they were the experts on it and I wasn’t... you’d have to go out of your way to prove this is a warranted referral, so from that perspective I found making referrals very difficult... I have huge respect for their expertise but as social worker myself... and I do think I can say my colleagues as well never felt equally respected in regards of our knowledge of adoption issues and that was a barrier to making a referral.’**

It was thought by this participant that the reluctance to accept referrals may have been influenced by the pressure on the service at that time, with changes in referral patterns eliciting a more flexible response.

Participants noted appreciatively the range of services available to children and families, including the helpline, group work, teacher support and individual therapeutic support. Participants who worked in statutory adoption posts reported how they promoted the Barnardos service with clients in ICA preparation groups, with the helpline noted as ‘a good starting point’ for many parents, helping them build a trusting relationship with the service:

**‘The helpline was always a good starting point as they would get advice on the helpline and it was a way for parents to start trusting Barnardos, it was a way in.’**

Others made specific mention of the usefulness of the parent and child therapeutic supports available:

**‘When the child was having a lot of tantrums you know [PAS worker] was saying to the adoptive mother, make sure he is not too hungry, make sure he is not too tired, find out**



**what the flash triggers are, really sensible advice and sometimes it's like [the parents] are caught in the wood and they can't see the trees you know and that helped and then therapies for the child as well.'**

All professional participants spoke very highly of the service received by children and families with the service noted as 'very good', 'excellent' and 'high quality':

**'I would be really positive about Barnardos, I think they do excellent stuff, I get excellent feedback from any of the families I meet who have linked in by themselves about just difficulties with children in school or around their adoptions and issues... I will be very happy to refer anyone that's touched with adoption.'**

A range of helpful practices were noted by the professional participants interviewed as families engaged with the service.

A number of participants spoke of the importance of Barnardos' work with adoptive parents, noting how pivotal parental support and wellbeing was for the child. This initial focus on the parents was thought to help parents change and adapt their responses to the child in the first instance, and avoid problematising or 'blaming' the child or their behaviours:

**'They tried to work with parents first... not to get the kids in unless they really had to... I think a lot of the issues around parenting and attachment, the parents want to blame the child's behaviour, but actually there are things the parents can do to adjust their behaviour that makes the child feel better and more secure and more attached... I like that they dealt with the parents first because the kid has already been through enough.'**

Many of the participants noted the flexibility of the service in meeting the unique needs of the child and family, with interventions tailored accordingly:

**'I never got the sense that this was like a generic response to families that it was much more individualised... it was much more talking to families where they were at, at the time... that it wasn't about, ok we get a referral, we do this, we do this, we do this then we close it... it was much more... we aren't going to decide that until we have spoken to them.'**

While noting that some families engaged better than others, several participants spoke well of how Barnardos Post Adoption Service worked with families over years, when the children were young and in the teenage years, and were available for families to return to if and when needed:



**'You know children who are like 5, 6, 7, they are so enthusiastic to play and engage, where you know it's harder to deal with a child or is 13, 14 and won't say a word, is so closed and have a lot of anger inside... I like that about Barnardos, they work with the families early on and then they will come back and take those families back in.'**

Different views emerged about the communication between the service and the referring professional. Two participants who had referred within the past year specifically noted how the service had been particularly good at helping the parent and the referrer know what to expect and keeping them updated during the referral and initial assessment process. In contrast, one participant who had referred frequently to the service over many years would have liked more feedback on the family's service engagement:

**'Some sort of feedback I think is important because we care about those families, we would have known them for 5 years before they got a child, and then we would have known them for the 2 years after the child went to them, then they go to Barnardos and we don't get any information on how they are getting on.'**

One participant spoke appreciatively of how the service was flexible in responding to a referral for a child in residential care following adoption breakdown. In this instance, the service had made efforts to meet the residential team and talk to them about the issues that children who have been adopted from other countries might present with. This intervention was reported as 'extremely helpful' for the staff and led to the child's parents making contact with the service also. One participant noted how the Barnardos service had responded to a request for them to come out to their team to inform them about the service.

### **Suggestions for Improvement**

As noted above, all professional participants spoke very highly of the quality of the Barnardos service and the beneficial outcomes for children and families. While participants had some ideas for how the service might be further developed, they were conscious that this would depend on resourcing:

**'I would have liked to have seen Barnardos do more and it was never because they didn't want to, it was because they didn't have the resources.'**

Areas identified as possibilities for development included: greater collaboration with local adoption teams; schools outreach; and expanding beyond working almost exclusively ICA children and families to domestic adoptions and those in foster care.

One participant who worked in a regional service explicitly noted that the service had recently expanded outside of the Dublin area. This was very much welcomed as an opportunity to remove barriers to families accessing the service:

**'I realised that Dublin was not quite the centre of the universe, so yeah any service that goes out into local communities would have been welcome and that would have been a barrier... it's great to see its being addressed.'**

The need for further promotion of the service outside of Dublin was, however, reported by the participant from the West who recalled her difficulty in finding out about the service, with the local social work department also unaware of the service:

**'I suppose you wouldn't know existed unless you needed to go looking for it yourself, but I do wonder if... people don't know it's there.'**

One participant spoke of their ambition for improved communication and cooperation between Barnardos and referring agencies, in particular local statutory adoption teams. This participant believed that outreach from PAS to local social work teams might help build better working relationships, with increased knowledge of each other's work helping to solve any referral issues. This same participant spoke of the possibility of Barnardos PAS offering a type of consultation service for social workers, given their expertise and independence, which might enhance the services offered to children and families:

**'Sometimes you have a case and you know they need some sort of extra referral but you just actually need to talk it through with someone who is on the outside, who maybe knows something different about this issue than you.'**

Given the vitally important role teachers play in children's lives, one participant spoke of how Barnardos PAS might expand their current engagement with schools. While it was acknowledged that the current service offers training for teachers and individualised support when requested, the impact of this was thought to be limited to individual teachers who have an interest, rather than the wider body of schools, all of whom would benefit from the training:

**'Helping teachers learn how to talk about [adoption]... not to talk in the holy communion year "bring in your baby photographs" but to say bring in a photograph that you are happy about... and helping teachers know how to talk about race and how to talk about transracial placements [Barnardos could] go to schools and say you are bound to have children (...) that were adopted even if you don't know about it.'**

Given the changes to adoption in Ireland, a number of participants mentioned the need to expand the service beyond meeting the needs of ICA children and their families to domestic adoptions as well as children in foster care or long-term residential care who were currently thought to receive very limited support:

**'There is a lot of expertise on that team... there's a lot of experience there... that could be developed for children who are in foster care who are developing difficulties.'**

It was noted that while there would be differences in the needs of this expanded population, there were also significant similarities and the expertise the Barnardos PAS could bring would be of great benefit to this larger group of vulnerable children and their caregivers. It was noted, however, that an expansion of this sort would also demand greater resources.

## Group Interview with Barnardos PAS Practitioners

### The Needs of Adopted Children

The staff were agreed that all relationships are more complex for adopted children due to impact on them of disrupted attachment and developmental trauma. They see the clear need to work on self-regulation to aid the children's relationships with adoptive parents and peers. One participant commented:

**'Relationships are very complex for adoptive children for various reasons connected to the early developmental trauma or attachment and relationships with the parents that sometimes they are having difficulties with. Also, relationships with teachers, with their peers, any social context to it is proven to be quite tricky depending on different ages.'**

Addressing identity issues affecting self-worth was seen as an important need for adopted children, particularly so during teenage years, with strong fears regarding abandonment coming to the fore as the children approach the age of 18. A group member said:

**'I'm thinking about identity as well, that is a huge need that we explore in our work, so explore with the young person who they are, what does it mean? What does adoption mean to them? What part it plays and maybe exploring their culture, their heritage or where they are from? It could be exploring their birth family or the information that they know or don't know, what they would like to know more about?'**

The staff group opined that adoptive children need good structure and boundaries. They saw how pressures and frustrations could build up at home and in school resulting in 'explosions' showing the need to help children with self-regulation and support for their mental health needs, most commonly issues of anxiety and low mood. A typical comment was, 'They have a lot of anxiety or have low mood and the need is definitely there for them to be supported around their mental health, and resilience as well.'

A group member expressed the view that children adopted from Irish families may have experienced more trauma due to greater length of time with birth family prior to adoption and that the amount of time before adoption was often related to greater needs of the child post adoption.

### The Needs of Adoptive Parents

The staff understood the primary need for adoptive parents as support for them to understand their adopted children's needs and behaviours. Occupational Therapy assessments (often accessed privately) were seen as helpful with regulation of activities and helping parents to know how to help their child.

The need for schools to support and understand adoptive children's needs and behaviours was seen as vital, although there was also recognition that many teachers lack training in early developmental trauma. The difference this can make was expressed by one participant as follows:

**'Recently I had a meeting with two separate schools and it was like the light bulb lit up, within the week of both, it was secondary school and a primary school. The parents came back to me and said oh my goodness, and even the teachers as well were like, now we get it.'**

How diagnoses can contribute to meeting the needs of adoptive parents was debated within the group. It was said that parents can be confused by multiple sources of information, the literature and various professionals, and it was noted that, at times, mental health professionals could be seen as dismissive of parents' concerns about how early experiences affected their children. Thus parents could question whether it is their (inadequate) parenting that was contributing to their child's difficulties and whether they had done the right thing in adopting them. One participant described how a diagnosis can validate the parents struggle:

**'I think sometimes by getting a diagnosis it validates a parent by saying it wasn't in my head, these behaviours are real and now they have got a diagnosis. It doesn't mean that they will get the services they need but I think sometimes it does reassure parents to say there is real problems and a professional has now also said this.'**

The group expressed some concern that parents know which professionals to go to in order to get the diagnosis they want, i.e. ASD or early traumatisation, as each may be perceived as reflecting differently on their parenting. Adoptive parenting comes under a lot of scrutiny from wider society and extended family, and raises self-questioning regarding the adequacy of parenting and possibly self-blame about not accessing sufficient or appropriate services. Wider family often advocate for 'traditional parenting' rather than 'positive parenting' practices, e.g.

**'Grandparents, aunts and uncles say things like, "oh come on we didn't parent you like that, traditional parenting and they will be fine".'**

This lack of support from extended family (saying they are not getting it right) can cause adoptive parents to question themselves. One participant stated:

**'I had the experience of two families who were not willing to speak to their support network as in their family or friends about the difficulties they were having because they were fearful of the attitude towards adoption. One parent said somebody would say, I told you so, in adopting a child is going to come with all of these problems. They would rather lean into the services or other adoptive parents.'**

Consequently, a significant need for parents is group support from other adoptive parents where they have space to talk openly, as one participant put it;

**'To go somewhere that does understand and does give support, and will give them an ear without judgement. That's what they need really, it's just that space to feel safe that they can just breathe.'**

Helping adoptive parents' confidence in developing a positive parenting approach to meet the needs of their child was affirmed as a key aim of the PAS service. Too much free play could overwhelm an adoptive child and structured activities via Theraplay and DDP can provide more containment in a challenging and fun way, and help parents develop the 'right language' to engage the child's feelings. Once parents see themselves making progress with managing their child's presentation when the PAS staff are not intervening directly with the child, then the parents gain confidence that it is their new approach that is making the difference. This helps them have enjoyable interactions with the child, when often they can be so hung up in all the things that are going wrong and with bad behaviours. As one participant expressed it, 'I enjoy you, you enjoy me, that's really great when you can get to that place with the parent and child because they are so hung up in all the things that are going wrong with bad behaviours.'

Group participants also noted adoptive parents needed help with the following issues:

- Distinguishing what is normal development and what may be an adoption issue.
- Over-anxiety re. their children going to secondary school
- Encouraging greater dependence in younger children - as often early 'independence' can be seen as positive, but may be a sign of lack of trust, and lead to difficulties in their teenage years when parents find their children are expecting to be in control.
- Help with how to tell their children about new information about their birth family, and to process their feelings and desire to protect child from pain that may be associated with the information.
- Issues around 'open' adoption, especially if siblings live nearby and risks when birth parents do not keep in touch.

## **The Service Referral Pathways**

The focus group participants noted that self-referred families were often very motivated, whereas professionally-referred families could be a little harder to engage, perhaps because they may have less hope or be jaded by multiple other services. They also saw that a professional referrer may have more insight into child difficulties being due to adoption issues and could help the parents see the need for referral. If referral came from a hospital professional where the child has a medical needs then it was helpful to know this and to be able to discuss the case with the other professionals involved. It was recognised that many self-referrals were in fact suggested by professionals and, as one participant put it, ‘the professional referrals really just reinforce the fact that other professions know about our service and know that we are specialised.’ CAMHS may refer to the Post Adoption Service if they feel the issues are primarily adoption related, especially if their waiting list is long. Usually the PAS staff would not work with a child at the same time as CAMHS.

Some staff noted that a child’s involvement with CAMHS could be limited by staff turnover and some staff not looking through an adoption lens. Staff from the new PAS centres have made efforts to go out to CAMHS and Social Work Departments to promote greater communication. It was noted that children with more complex/protection needs might be subject to professional forums organised by Tusla, which can be helpful in coordinating inputs when parents feel overwhelmed by the number of agencies to link with, and can be empowering for parents to see so many people wanting to help the child. The group stated that their contacts with schools and Occupational Therapy had been very positive. In these ways, the PAS is building up their contacts with other professionals and finding ways to coordinate their efforts.

The staff focus group described how families typically hear about their service via word of mouth from the support groups they are part of or after attending a PAS workshop event. Once parents phone they offer an appointment quickly to gather information and check if the service is an appropriate service for them and their child. If so, they are added to the referral system and they wait for the service. Families are supported during the waiting time by checking in with them and offering short-term support if necessary. The simplicity and flexibility of the referral process is seen as a key strength of the service in reassuring parents and intervening in ways that can help to ‘take the heat out’ of crisis situations. As one staff member put it:

**‘If somebody calls us and they are in a crisis we could be on the phone for half an hour or so, we have pretty much taken the referral over the phone even though the piece of paper is just a piece of paper. We find that when we do send that referral form out to parents, you get it back within 10 minutes because it is such a simple one-page form.’**

Another said:

**‘We just try to get back as quickly as we can and we are allowed to be flexible and if somebody is really in a crisis and can’t come to us, we will go out to them. Especially for teenagers who are not engaging and with self-harming, not going to school, they won’t get up before 12 o’clock, trying to convince them. It’s their parents**

**that want them to come but they don't want to come. Going out and seeing them over a cup of tea and talking about something random and then you find them saying, actually I wouldn't mind going in to see you some time.'**

This responsiveness to referrals is highly valued by the PAS staff and is seen as part of their work culture, with one participant stating:

**'We really work very hard at being accessible and being available to the parents. That's a project culture definitely we go above and beyond.'**

The group participants consider that all their services are provided in a very flexible way, dependent on the needs of each family. The parent and child survey forms and the Barnardos assessment form all initially provide helpful information re. parents' confidence and as to what they and the child see as the issues. However, the staff emphasised that they can quickly adjust the interventions as new information or needs emerge. As one participant said:

**'You might start off on one path and then you could change completely after 2 or 3 sessions of getting to know the child, actually that's not going to work so we are going to do this instead.'**

It was important to staff that families have the option to return to the service after formal case closure, which makes ongoing support in a timely way much easier to deliver.

### **How Different Interventions are Helpful**

The staff said that group work is important to help children realise that they are not alone and adoption happens from many countries. Groups help the child feel they belong at the PAS and that they can share what they want in the group. One participant expressed it thus:

**'Group work is particularly helpful because you would often maybe have a child where they might be the only adopted person in the family or the only adopted person in their school. So, to come out and meet other people, and realise that it's not just me. So, that kind of opens up their eyes and it's not just my country they adopt from.'**

Staff indicated that the process of hearing staff talk about some common behaviours and how early trauma impacts the developing brain can help children identify some of their own behaviours and realise that it is not their fault. This can help them understand why they behave the way they do sometimes and become less confused when people ask them why they are behaving that way.



Conjoint parent-child work through Theraplay is seen as supportive in helping to build relationships between children and parents:

**'It's all about enriching that relationship, and staff can model how to speak with a young person so that they open up – not too many questions. The parent is an observer and can begin to see things from the child's perspective and vice versa and this improves communication.'**

Teenagers are often seen for individual sessions, which staff see as improving the relationship if both the young person and their parents understand the purpose and acknowledge the need for this type of support. Specific coping strategies can be taught to use in specific real-life scenarios.

#### **How Pas Services Could be Improved**

The staff clearly identified the need for additional staff to be better able to meet the demand while maintaining a high-quality service. Additional therapy rooms, more staff training and a greater skill mix in the teams, including Occupational Therapy and Speech and Language Therapy, and an additional Centre in Limerick, Donegal or Mayo would ease travel for families. One participant commented:

**'We had a case at the top of Donegal that took 4 hours to get to and then 4 hours home, that is definitely a struggle. Then obviously, the west of Ireland and some areas of Cork the internet isn't great and sometimes it's not even an option to do the Zoom. It's definitely something that is a bit of a barrier for some families in rural areas.'**

The staff would like to be able to enable teenagers to have more contact with other teenagers, and to provide outdoor gatherings where several groups can meet. They would like to provide continuous groups for children (not just one-off groups) and to develop groups for parents who have adopted in the UK, parents of domestically adopted children, and for same sex parents.

The group wanted more resources to be able to provide support to adopted children who are now young adults whose birth parents have contacted them; to help maintain contact with siblings in domestic adoptions; to consult more with CAMHS regarding individual cases and to develop their consultation with schools.



Section eight.

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# Conclusions



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Across all elements of this evaluation, feedback from adoptive parents, adopted young people and professionals has been overwhelmingly positive. Below we summarise the key strengths of the PAS and identify some challenges for the future.

Where dissatisfaction was expressed, these views were in the minority. A few individuals who had seen little improvement in their family difficulties, while not representative of general experience, did raise important learning points (included below) that might inform ongoing service enhancement.

As this evaluation was ongoing, the emergent Covid-19 pandemic meant that the PAS underwent a rapid transition to remote working to adapt to government-imposed restrictions. This flexibility meant that families continued to be able to engage in the full range of supports using telephone and online video conferencing platforms. As restrictions ease, hopefully over the coming year, it is anticipated that group work and individual sessions will return to in-person delivery to facilitate the important relational aspects of this work. Drawing on service user feedback, however, it will be useful to reflect on whether there are aspects of the service that can be effectively delivered online, or where this mode of delivery is useful for extending access to families distant from the three PAS centres.

- The Post Adoption Service aims to address a range of needs that have been confirmed by research as particularly pertinent for adoptive families. It has a systemic orientation with a focus on strengthening family relationships, drawing on evidence informed, trauma-sensitive approaches that are appropriate for adopted children and young people.
  - ▶ The PAS focuses on supporting adopted children and adoptive parents with issues of loss, attachment difficulties, early childhood trauma, behavioural, social and educational difficulties, and parental stress. A broad range of international research concurs that, as a consequence of early adversity, adopted children, both intercountry and domestic adoptees (adopted from care), are more likely than their non-adopted peers to display this range of developmental and attachment-related difficulties.
  - ▶ The Barnardos' Post Adoption Service targets support at both individual and interpersonal levels within families – providing services to adoptees and adoptive parents, together and individually, with a primary aim of strengthening their relationship. These services, which reinforce the child's network of caring adults, are a crucial component of care for children who have experienced early adversity or childhood trauma, and systemic therapeutic approaches, such as those offered by PAS, are recommended to support children who experience trauma-related difficulties (Bath, 2008).
  - ▶ The main therapeutic approaches that inform PAS individual and family work – Theraplay, Dyadic Developmental Psychotherapy, and sensory-based approaches - are recognised by the research and practice communities as appropriate to the needs of adoptive families. Emerging evidence of their effectiveness is encouraging.
- Timing and accessibility of post-adoption support services is crucial to their effectiveness – the PAS makes it easier for adoptive families in Ireland to benefit from support at their point of felt need.
  - ▶ The staged range of service elements offered by PAS – advice service, group workshops for young people and parents, individual and family therapeutic sessions

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- addresses varying levels of need. It also means that families can engage in some elements of support even if there is a wait for individual sessions.
  - ▶ The PAS fills a service gap for families whose children do not meet the threshold criteria for CAMHS intervention but who, nonetheless, have significant emotional and behavioural challenges and who need a service specialised in addressing attachment and trauma-related difficulties.
  - ▶ Some children attending the service may, however, need additional support from other services such as CAMHS, underlining the importance of ongoing awareness of the remit and referral pathways of other agencies.
  - ▶ Families can re-connect with the service if issues re-emerge, or they encounter changes as children grow and develop. The small staff team and relationship-based working make it easy and non-threatening for families to seek re-engagement when needed.
  - ▶ To date, the majority of referrals into the service have come from families themselves. The option for self-referral makes the service accessible to families directly without the added complexity and wait time of seeking referral by another professional. If referrals from child welfare services increase as anticipated, it would be important not to lose this option for self-referral for those who are not connected with other professional services.
  - The potential to promote parental coping is a key strength of the service. While some adoptive parents saw little change in their children's difficulties, most reported that their own ability to cope with these issues had improved and this is likely to have a transactional benefit for their children over time.
    - ▶ Some children experience complex difficulties arising from developmental trauma and the PAS team understand that these issues are not resolved quickly. Families are helpfully encouraged to engage in the full suite of services on offer.
    - ▶ Use of subjective assessment tools at the beginning, mid-point and end of intervention can help service users to clarify their own realistic goals and recognise areas where progress has been made. Further developing a participatory approach to the use of assessment tools to may help families to measure change and identify the gains they have made together with the service.
  - Barnardos PAS has undergone a period of rapid expansion. Initially situated in Dublin, from 2019 the service has expanded to cover a national remit, with additional centres established in Cork and Galway. As a result, the service saw a rapid increase in referrals, almost doubling in the first year of expansion – from 158 referrals in 2018 to 331 in 2019. The majority of referrals up to March 2020 were made to the Dublin office, but significant numbers of families used the services offered in Cork and Galway. Opening of centres outside of Dublin has been welcomed by professionals and by adoptive families themselves who might previously have been prevented from accessing support due to travel constraints. This expansion has delivered clear benefits and presents some potential challenges.
    - ▶ The service appears to have retained coherent working practices and a consistent ethos of supportive relationship-based support across its three centres. Going forward with a larger staff team, maintaining the following are likely to be important for sustaining the consistency of approach across the service: access to shared training in therapeutic approaches; maintaining a sense of team cohesion; and agreeing clear assessment, engagement and closure protocols.

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- ▶ Documented use of robust, well-developed screening or assessment tools, such as those recently implemented, may have some benefits for the expanded service: help document outcomes for funders; help families identify change; help staff assess need, tailor intervention, agree closure and referral to other services as needed.
  - Families appear to have particularly benefited from the option for longer-term participation with the service. This is an evident strength of the service, but with PAS expansion it may be challenging to sustain this extended engagement.
    - ▶ Young people and parents valued the opportunity to get to know, and become known by, their PAS worker over an extended period of engagement. This enabled the therapeutic support to be tailored flexibly to the young person's changing developmental needs.
    - ▶ Extended engagement and consistency of worker has been possible because PAS has been delivered by a small, stable staff team. As the service expands, staff turnover is likely to become more of an issue.
    - ▶ It may be helpful to consider what realistic expectations should be communicated to families about the timeframe for intervention.
    - ▶ Similarly, it will be important to maintain clear protocols and assessment guidelines, consistent across the service, for when and how to end therapeutic engagement.
  - Most of the PAS family work to date has been with intercountry adoption, reflecting legislation and patterns of adoption in Ireland. The staff team have developed a wealth of understanding and expertise relating to the needs and experiences of internationally adopted children and their families. It is anticipated that the service is likely to see an increase over coming years in referrals of Irish children adopted from foster care. Research has shown that domestic adoptees experience many of the same issues as intercountry adoptees and staff expertise is largely transferable to their needs. However, their experiences are also distinct in a number of ways.
    - ▶ Adoption is moving to a more central position within the Irish child welfare system (O'Brien & Mitra, 2018). From January 2014 to December 2019, there were 123 adoptions from long-term foster care, 60 of which (49%) involved children aged over 16 (late age adoptions from long-term foster care). While the numbers of children adopted by their foster carers in Ireland is currently low, rates are slowly rising, from 17 in 2013 (AAI, 2015) to 25 in 2018 (AAI, 2018).
    - ▶ Children adopted from foster care are likely to be engaged with a range of professionals and this can make for a potentially more complex engagement with families as part of a multi-agency network of intervention and support. Because of their varied disciplinary backgrounds, the PAS staff team are well equipped for effective inter-disciplinary working.
    - ▶ As the PAS becomes a more formally integrated component of Tusla's suite of support provision for adoptive families, a challenge may be to retain their valued independence and autonomy while nurturing good communication and collaboration with statutory children's services.
    - ▶ Children adopted from foster care have some different identity challenges from their intercountry adopted peers. They are also more likely to have ongoing contact with birth relatives throughout childhood, and thus have a closer encounter with the complex dynamics associated with dual adoptive and birth kinship. The PAS team already has close links with adoption support providers in the United Kingdom

where adoption from foster care is much more prevalent, and are therefore well placed to learn from UK experience both in terms of effective intervention and potential challenges.

- The adopted young people and adoptive parents we spoke to as part of this evaluation were insightful and generous in sharing their experiences for the benefit of other families. A strength of PAS is the sense of connection to the service and staff team felt by young people and parents. Ongoing service development will be enhanced by incorporating service users' voices and co-production with experts by experience.
- Barnardos PAS delivers a specialised service tailored to the needs of adoptive children and families that is rated highly by service users and referring professionals. The effectiveness of the service is driven by the sensitivity and dedication of the staff team who have garnered a wealth of specialist adoption-specific expertise over many years. It is crucial that these highly 'adoption-competent' supports (Atkinson *et al.*, 2013) are retained in the process of expansion and change. There is limited literature documenting effective post adoption supports. We believe it would be useful for PAS and the wider post adoption research and practice communities to systematically capture the experiences and outcomes of service engagement through analysis of longitudinal qualitative and quantitative data, possibly in partnership with a research institution.

Section nine.

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