



Department
for Education

Family Routes: exploring needs, experiences and outcomes among young people growing up in adoption and special guardianship

Research report

January 2026

**Authors: Ecorys UK & Rees Centre,
University of Oxford**



Government
Social Research

Contents

List of figures	3
List of tables	3
Executive summary	5
Acknowledgements	10
1. Introduction	11
Method overview	12
The structure of this report	16
2. Young people’s exposure to risk factors before and while in care	18
Pre-birth adversities	18
Birth parents’ difficulties	20
Maltreatment	21
Experiences in care	23
Summary	25
3. Family life	27
Household composition and living arrangements	27
Support for family relationships	36
Summary	40
4. Young people’s wider relationships	42
Young people’s needs and experiences of wider relationships	42
Support for building and maintaining positive relationships	51
Summary	55
5. Young people’s mental and physical health	57
Emotional, behavioural, developmental and health needs	57
Support for young people’s psychosocial, emotional and health needs	64
Summary	72
6. Education	74
Young people’s needs and experiences in education	76
Support for young people in education	84

Summary	95
Conclusions and next steps	96
Summary of findings	96
Recommendations	100
Next steps	102
References	103
Annex A: Theoretical framework	108
Annex B: The characteristics of participants	109
Annex C: Young people's exposure to risks pre-birth and in care	114
Annex D: Family life	115
Annex E: Wider relationships	119
Annex F: Emotional, behavioural, developmental and mental health issues	120
Annex G: Education	122

List of figures

Figure 1: Percentage of children with adverse childhood experiences at entry to care	23
Figure 2: Age in years at entry to care, placement and Adoption Order	25
Figure 3: Young people's survey responses: How often do you feel happy?	62
Figure 4: Theoretical framework linking protective & risk factors to young people's outcomes: Factors and outcomes to be measured through the Family Routes study	108

List of tables

Table 1: The surveys and interview participant groups	16
Table 2: Number of placements in care	25
Table 3: Total parent-completed SDQ score for adopted young people (12-17 years)	59
Table 4: Parent-completed SDQ score for adopted young people (12-17 years): prosocial sub-scale	60
Table 5: Survey participants family characteristics	109
Table 6: The characteristics of interview participants	111
Table 7: Characteristics of the adopted young adults who were interviewed	113
Table 8: Maternal misuse of drugs or alcohol during pregnancy	114
Table 9: Adoptive parents' report of birth parents' specific difficulties	114
Table 10: Adoptive parents' and adopted young adults' reports of maltreatment their child had suffered before entering care	114
Table 11: Parenting situation	115
Table 12: Parent/carer report of how the adoption or special guardianship is faring, young people aged 12-17	115
Table 13: Parent/carer report of how the adoption or special guardianship had fared, young people aged 18-25	116
Table 14: Brief Assessment of Family Functioning Scale. Adopted young people	116

Table 15: How close do you feel to the young person?	117
Table 16: How much do you feel your young person/you belong in your family?	117
Table 17: How often do you talk to your parents/carers about things that matter?	117
Table 18: What age do you expect the young person will leave home?	118
Table 19: Family support services needed and provided.....	118
Table 20: Adopted young people’s experiences of stigma.....	119
Table 21: Physical health of adopted young people reported by adoptive adults, young people and young adults.....	120
Table 22: Number of adopted young people with a diagnosed health condition.....	120
Table 23: Adoptive parents’ report of young people’s risky behaviours	121
Table 24: Adoptive parents’ report of professional health and wellbeing supported wanted and received for young person in the previous year	121
Table 25: Adopted young people’s highest educational qualification.....	122
Table 26: Adopted young adults’ highest educational qualification.....	122
Table 27: Adoptive parent and adopted young person’s report of how far young person likes school/ being homeschooled	123
Table 28: Type of educational setting attended by adopted young person.....	123
Table 29: Does the adopted young person have special educational needs?	123
Table 30: Adopted young person’s disability or additional needs	124
Table 31: Support offered for adopted young people in secondary school	124
Table 32: Professional education support needed and provided	125

Executive summary

Overview

This report presents findings from the first wave of the Family Routes study, commissioned by the Department for Education (DfE) and delivered by Ecorys UK, the Rees Centre (University of Oxford), and Ipsos. The study was designed to explore the needs, experiences, and outcomes of young people (aged 12–25) growing up in adoptive and special guardianship families in England, to improve understanding of long-term outcomes and inform policy and practice.

Methodology

The study follows a longitudinal mixed-methods design which was developed and refined through feasibility and pilot phases (Ecorys UK, 2024). During the pilot phase, a theoretical framework, based on previous research, was developed to show how risk and protective factors are expected to influence outcomes for young people. The survey and interview tools were developed to capture data on each area of the theoretical framework.

The data used to inform this report included:

- An online survey of 246 adoptive parents, 94 adopted young people (12–17), and 30 adopted young adults (18–25).
- In-depth interviews with 46 adoptive families, 38 special guardianship families, 36 adopted or special guardianship young people from the same families, and 7 adopted young adults recruited independently of their adoptive parents.

Due to a low response to the survey, special guardians were not included in the survey analysis. Findings should be interpreted with caution due to sample limitations and the self-selecting nature of survey and interview participants.

Key Findings

Adopted and special guardianship young people's exposure to risk factors

Where families participating in the study had information about the child's experiences prior to entering care, they reported that both adopted and special guardianship young people had experienced high rates of pre-birth and early childhood risk exposures,

leading to lasting conditions such as Fetal Alcohol Spectrum Disorder (FASD) and ongoing behavioural, mental health, and relationship challenges.

Families - especially adoptive parents - often felt uninformed about children's backgrounds and the challenges faced by birth parents, which affected their understanding of future support needs. When such information was available, families believed services should better consider these risks and offer quicker access to assessments and support, to avoid escalating challenges leading to later crises.

Young people in adoptive and special guardianship families had notably different care experiences. Special guardians often had prior relationships with their child, children were frequently older when they went to live with special guardians and placements tended to occur quickly with less time spent in foster care. Adoptive young people were more likely to spend longer in care, including with multiple foster placements.

Family Life

Among those interviewed, special guardians in this study were generally older than adoptive parents, with many caring for under-18s into their 70s and 80s. Consequently, they were more often single parents due to a partner's death. Those in special guardianship families were also more likely to be experiencing financial difficulties and to have more challenging living conditions, including overcrowding.

The result of early trauma and support needs was often turbulent relationships with adoptive parents or special guardians and with siblings. These varied over time, with challenges typically becoming more acute in adolescence.

Support for adoptive and special guardianship families who were struggling was important to them, but often difficult to access. In interviews, families described struggling to get help unless in acute crisis and often then felt blamed for the challenges, rather than recognising earlier unmet support needs.

Many valued parenting support and trauma-informed training. Special guardians had less access than adoptive parents as the latter were more likely to receive training as part of preparation for adoption or post-adoption support. Some adoptive and special guardianship families felt that they needed more training to address challenges arising in adolescence.

Wider Relationships

Research has shown a complex relationship between adverse childhood experiences and later adolescent relationships (Wang et al, 2024). Many of the young people in the

study had supportive friends, which parents and carers saw as vital for healthy development.

Young people and families interviewed felt that stable friendships were essential for adopted and special guardianship young people to thrive, especially during transitions. However, they described how frequent moves or changes in school often disrupted these friendships. Restrictions on social media, usually for safeguarding reasons, also sometimes hindered forming connections.

Some young people interviewed struggled to build trust, making long-term relationships valuable for fostering trust over time. Friendships with peers who were also adopted or under special guardianship helped them feel understood and less judged. Peer support and social groups, as well as connections with other adoptive or special guardianship families, were sometimes helpful in supporting these relationships.

Interviews with young people and their adoptive or special guardianship families highlighted the value of trusted adult relationships outside the family—through schools, hobbies, communities, or family friends. Young people appreciated adults who showed consistent care and offered practical help. While formal mentoring interventions helped some form these bonds, a lack of consistency in the individual mentor, and the time-limited nature of the intervention limited its effectiveness.

Mental and Physical Health

Survey and interview findings showed a high prevalence of emotional, behavioural and neurological difficulties, with around two-thirds of the adopted young people in the survey, and a similar proportion of adopted and special guardianship young people in the interviews, having at least one diagnosis.

Short, validated measures of wellbeing, depression and anxiety were included in the survey and indicated that mental health difficulties were far more prevalent among the adopted young people and young adults in this study than in the wider adolescent population.

Parent-reported risky behaviours including eating disorders, self-harm and aggression towards others were also common among the adopted young people in the survey.

Despite high levels of need, access to mental health support was limited. Many families described difficulties accessing Child and Adolescent Mental Health Services (CAMHS) when needed. Families highlighted the importance of timely, tailored therapies (e.g., art therapy, Theraplay), but again faced barriers including long waits, eligibility issues, and a lack of continuity in support.

In interviews families who had accessed the Adoption Support and Special Guardianship Fund (ASGSF) felt it was an important route to accessing therapies. However, awareness of the availability of this funding varied, particularly among special guardians interviewed. Several special guardians told us they were not aware that they could access it or had only found out much later that it was available to them.

Education

The survey of adoptive families, and the interviews with adoptive and special guardianship families, showed high prevalence of special educational needs, affecting over two-thirds of the survey and interview participants.

Some families reported prolonged and stressful battles to get access to a school that they felt could meet their young people's needs. This included struggles to obtain an Education, Health and Care Plan (EHCP), which in several cases were put in place very late in a young person's schooling.

Many young people and their parents and carers reported finding school environments difficult with frequent reports of bullying and emotional based non-attendance.

Exclusions and families' perception that schools could not meet young people's needs meant that many young people experienced multiple changes of school and period out of formal education.

Positive relationships and personalised support improved school engagement for many young people and their families. However, inconsistent implementation and reluctance from schools to collaborate left many parents frustrated and feeling that young people's support needs were unmet in schools. Families reported that where schools had a good understanding of the effects of trauma on young people, this helped them provide the needed support.

Conclusions and Next Steps

The findings from the survey and interviews show support for the theoretical framework proposed, with identified risk and protective factors featuring prominently in families' accounts. Risk factors that were prominent in families' experiences included young people's disabilities, health and mental health difficulties and challenges in education. Protective factors that featured strongly included relationships with peers and trusted adults. The interviews and survey also indicate that carer self-efficacy and wider support networks for adoptive parents and special guardians are important protective factors. These will be explored in more depth in a future publication. The topics of identity and contact with birth family will be explored in the next round of interviews.

While there was evidence that supportive processes, including mental health, therapeutic and education support, helped at times to achieve positive outcomes for young people, accounts were dominated by themes of struggle to access appropriate support.

Further waves of interviews and further analysis of survey and administrative data will deepen understanding of resilience, transitions to adulthood, and the impact of risk and protective factors over time.¹

¹ Family Routes collection page for all reports: <https://www.gov.uk/government/collections/family-route-longitudinal-study>

Acknowledgements

Our appreciative thanks go to everyone who participated in and supported the Family Routes research, including the Regional Adoption Agencies (RAAs), local authority teams and voluntary agencies that supported recruitment to the research, the adoptive and special guardianship lived experience groups, as well as the Department for Education policy and analyst teams, and the Research Advisory Group who have provided invaluable advice and guidance throughout.

At Ecorys UK, the research was managed by Sarah Hamilton, directed by Rachel Blades and supported by a wider interviewing and analytical team including Valdeep Gill, Daniel Latus, Lucy Newman, Gabriela de Freitas, Martina Diep, George Horton, Jo Llewellyn, Lilly Monk, Kate Smith, Jenny Williams, Hannah Woodbridge, Jaya Bagla and Shikha Chopra. Thanks also to Ipsos who led data collection for the survey of adoptive adults and young people. Our partner, Professor Julie Selwyn at the Rees Centre, University of Oxford, provided expert review of the findings in this report.

Most importantly, we are hugely grateful to the families who shared their experiences with us as part of this study. Their generosity with their time and insights has made this research possible and we cannot thank them enough.

1. Introduction

In September 2021, the Department for Education (DfE) commissioned Ecorys UK, in partnership with Professor Julie Selwyn at the Rees Centre, University of Oxford, and Ipsos to deliver the Family Routes study; a longitudinal study intended to track the needs, experiences and outcomes of children leaving care on an Adoption Order (AO) or Special Guardianship Order (SGO), in England. The overall aim is to improve the sector's understanding of the long-term outcomes of different routes to permanence. The objectives are:

- Assess the long-term outcomes for young people aged 12-25 growing up in adoptive and special guardianship families. If possible, to follow families over time.
- Support improved outcomes for children by enhancing our understanding of what influences the support needs and outcomes for adoptive families and special guardianship families.
- Understand the role of key stakeholders in supporting better outcomes for previously looked after children.
- Understand the long-term outcomes, using administrative data, of young people in long-term foster care.
- Support improved decision-making by local authorities and courts on permanency options for children who cannot return home to live with their birth parents.

This research, the first of its kind in England, required a feasibility and pilot study to test the method because it is not easy to identify and contact eligible families. Following learning from these stages² and the advice of the Research Advisory Group and other research and policy stakeholders, the first wave of the national mainstage study was launched in February 2024, involving:

- a family interview, with adoptive parents, special guardians, and young people, including a short survey. Three topic guides were developed with the support of lived experience groups and the research advisory group. These were tailored by the researcher in the interviews to the specific context of the participant. Topics covered: family life, support networks and services, experiences of education, health, wellbeing, financial coping, hopes and concerns for the future. Other topics, for example contact with important people and identity, will be explored in depth in the second wave of research

² A detailed report of the methodology and learning from these phases is available here: (Ecorys UK, 2024) <https://www.gov.uk/government/publications/family-routes-study-methodological-paper>

- an online survey-only option based around these topics, which took around 30 minutes for parents/special guardians and up to 20 minutes for young people
- the linking and analysis of administrative datasets, including the Children Looked After in England, including adoption data (social care); National Pupil Database; (NPD); Individualised Learner Record (ILR) and Higher Education Statistics Authority (HESA) datasets. The analysis covers adoption, special guardianship and long-term foster care

This report draws on data from the surveys of adoptive families – adoptive parents, young people and young adults - and interviews with adoptive and special guardianship families, young people and adopted young adults to begin to answer two of the main research questions:

- What are the needs, experiences and long-term outcomes of children placed via these legal orders? What differences, if any, are there between them, and how do these change over time, accounting for different characteristics of children?
- What life events, childhood experiences and/or circumstances impact the well-being and health of children throughout adolescence and young adulthood, after they have been removed from traumatic circumstances? What impact do they have on outcomes? What are the long-term effects of multiple adverse childhood experiences on the wellbeing and health of children, after they have been removed from traumatic circumstances?

Going forward, a series of reports for different audiences will be published to share findings.³ Following the second wave of interviews, an overall report will be published to consolidate the findings from across the whole study.

Method overview

A detailed overview of the study methods and tools, covering feasibility, pilot, and mainstage, was published previously (Ecorys UK, 2024). This section of the report provides an overview of the study recruitment, surveys, and interviews conducted for background purposes. A theoretical framework for the study was developed that outlined the influence of risk and protective factors and outcomes to be measured by this research (Annex A, Figure 4). The theoretical framework was informed by previous research findings (e.g., Harwin et al., 2019; Palacios et al., 2019; Selwyn 2023), literature on risk and protective factors (e.g., Woolgar and Simmonds 2019; Greene, 2002) and conceptualisation of latent vulnerability, the link between childhood maltreatment and later mental health problems

³ Family Routes collection page for all reports: <https://www.gov.uk/government/collections/family-route-longitudinal-study>

(e.g. McCrory and Viding, 2015). The views of stakeholders involved in the earlier interviews and research advisory group stages also informed the theoretical framework.

Recruitment and data collection

Following learning from the pilot (Ecorys UK, 2024), the study was promoted to potential participants via local authorities and other adoption and special guardianship support organisations. Interested adoptive parents and special guardians were invited to register for the study via telephone registration call. Families were eligible to take part if their young person was aged between 12 and 25 years and had been in care in England before being placed in their family under a permanence order. Young adults (aged 18-25) who had grown up under an adoption or Special Guardianship Order were also invited to participate independently of their parents or carers.

During registration, participants could express a preference for completing an online survey or an interview. Participants who wished to be interviewed were selected using a quota, which aimed to include a range of families based on age, region and how the placement was faring. Once the quota was full, families were directed to complete the survey. Families who took part in the survey were sent a unique link to an online survey for each adult and young person participating. Participants in the interviews and survey were provided with a link to sources of support in case they were needed, and interviewees were informed that if they raised any safeguarding concerns during the research, these may need to be reported to appropriate safeguarding professionals, in line with the study's safeguarding protocol.

The Survey Responses

The survey sample

A total of 246 adoptive parents, 94 adopted young people aged 12 to 17 and 30 adopted young adults aged 18 to 25 completed the survey. Details of participants completing the survey are provided in Table 5 which is included in Annex B of this report. Survey data from the pilot and mainstage of the study were combined for analysis.

Limitations

The aim was to engage a large number of special guardians in the survey, but despite considerable efforts by the research team and support organisations, the study could not recruit enough special guardians to undertake separate analysis (23 special guardians, 10 young people and 7 young adults who had lived with a special guardian completed the survey). Feedback from agencies who supported the recruitment activities suggested that the difficulties were likely due to the narrow eligibility criteria, which excluded special guardianship young people below the age of 12 and those who had not been in care prior

to the placement. The number of adoption support agencies and groups was also greater and had been active for some time whereas support services for special guardians are in their infancy and therefore it was harder to reach special guardians. Since the study was intended, in part, to explore whether experiences differ between adoptive and special guardianship families, the small number of special guardians who took part in the survey were removed from the analysis. The descriptive analyses of survey responses presented throughout the report are therefore based only on the responses from adoptive parents. For clarity, quantitative survey responses have been presented in blue shaded boxes for each section and clearly labelled as relating only to adoptive parents. However, the open text responses from special guardians have supplemented the qualitative interview data.

The survey sample was also smaller than anticipated for adoptive parents. This limited the analysis possible. When considering some sub-groups, the numbers are small, and care should be taken about generalising from these findings.

Analysis of the surveys

Following the approach undertaken in the pilot, the responses to the adoptive parent, young person and young adult surveys were analysed descriptively to present frequencies for each item. Derived and composite variables were generated for each of the included measures (Adverse Childhood Experiences, Strength and Difficulties Questionnaire (SDQ) (Goodman, 1997), emotional resilience).

The interviews with adoptive and special guardianship families and adopted young adults

The interview sample

In-depth interviews were conducted with 84 families: 46 adoptive families and 38 special guardianship families, including ten families interviewed during the pilot phase. Sixty-two of the interviews took place remotely (on video or telephone call) and 22 took place face-to-face. Table 5 (Annex B) outlines the key characteristics of participants interviewed in the mainstage of this study.⁴ With the consent of the adult, the eldest eligible young person in the family was also invited to interview. Thirty-six young people took part; 19 adopted young people and 17 young people in special guardianships.

Seven young, adopted adults were recruited independently of adoptive parents (see Annex B, Table 7).

⁴ Demographic data was not collected for the pilot interviews since interview participants were selected from pilot survey completers, but data was delinked.

Families who took part in the qualitative interviews were also asked if they would be willing to answer a series of closed questions including questions on exposure to risks and brief measures of young person and carer wellbeing; 28 of the 40 adoptive parents⁵, and 23 of the 34 special guardians answered some or all these questions. These figures are presented to describe the interview participants and particularly highlight any differences between adoptive parents and special guardians. However, the numbers should not be read as an indication of broader prevalence in these groups as the basis was a small number of self-selecting interview participants.

Analysis of the interview data

The interviews were often two hours or more in duration and took place face-to-face or remotely over video call, depending on the interviewees' preference. Interviews were recorded and transcribed in full using automatic transcription software, then manually checked for accuracy and anonymised. The transcripts were manually coded using qualitative analysis software⁶, initially mapped to a deductive coding framework aligned with the research questions and early interviews. The team then added inductive codes as the analysis of all transcriptions progressed. New codes were discussed and refined during team debriefs. This data reduction helped to identify recurring patterns and exceptions, which supported the interpretations presented here. Quotations were selected to provide illustrative examples, help the reader understand how these manifested in the interview data, and, most importantly, to give a voice to the interviewees who shared their lived experiences.

⁵ These questions were not asked in the pilot interviews.

⁶ The team used a combination of NVivo 14 and MAXQDA software to code and analyse transcripts.

Table 1: The surveys and interview participant groups

	Adoptive parents	Adopted young people Age 12-17	Adopted adults Age 18 - 25	Special guardians	Young people with a special guardian, age 12-17	Young adults with a special guardian, age 18-25
Survey responses	246	94	30	23	10	7
Interviews	46	14	5	38	12	5
Total	292	108	35	61	22	12

The structure of this report

This report focuses on the needs and experiences of adopted and special guardianship young people, drawing on data from young people and their parents or carers. Later reports will present findings relating to the needs and experiences of adoptive parents and special guardians themselves. The report is structured across five thematic areas that were the focus of this first wave of research:

- Section 2 describes the risk factors for young people that resulted from pre-birth exposure, exposure to risk in early childhood (before entering care) and experiences in care.
- Section 3 explores young people's experiences of family life, including relationships with adoptive parents or special guardians and siblings, before describing experiences of accessing and/or receiving support for family life
- Section 4 explores young people's experiences of wider relationships, particularly focusing on friendships with peers and on relationships with trusted adults. Support for building positive relationships is described, including young people's and families' experiences of support and its impact.
- Section 5 describes the physical, emotional, developmental and mental health needs of the young people in the study as well as the support wanted and/or received through mental health services and therapeutic support.
- Section 6 describes experiences in education, looking at the role of schools in helping young people to access support for their needs, as well as the challenges

young people had within school settings. Descriptions of the support available in education include adaptations and support within school as well as specialist Special Educational Needs (SEN) provision and support.

- The final section draws on the findings and discusses how these influence outcomes for young people in the key areas shown in the theoretical framework (Annex A, Figure 4): psychological permanence and belonging; wellbeing, positive relationships and emotional resilience; and transition into adulthood.

2. Young people's exposure to risk factors before and while in care

This section reviews risk factors affecting adopted and special guardianship children, including their experiences before placement and while in care. In the theoretical framework developed for this study (see Annex A, Figure 4), these risk factors are included as these experiences are known to have lasting impacts for young people, affecting childhood development, their future physical and mental health and wider life experiences.

As described in the methodology, survey data was available only for adoptive families and this is presented separately. It should be noted that not all adoptive parents had information about their young person's possible exposure to pre-birth risks and adverse childhood experiences.

Adoptive parents' knowledge about their children's risk exposures before going into care generally depended on information shared during the adoption process, while special guardians sometimes had more first-hand awareness, depending on their level of contact with the birth parents in that period. However, it was not uncommon for both groups to find this information lacking, particularly around pre-birth risk exposure. The previous report from this study (Hamilton & Blades, 2025), highlighted concerns from families that insufficient information about risk exposure and likely support needs had been shared with them during placement decisions.

The qualitative interviews did not explicitly ask families about exposure to risk factors prior to the young person entering care, but families frequently raised these factors to explain their young people's support needs. The analysis explored these data for any differences between adopted and special guardianship young people's experiences, but the issues arising were similar for both groups.

Pre-birth adversities

Risks to healthy development begin prior to birth. Several well-documented factors can interfere with foetal development, including smoking, maternal stress, and inadequate nutrition (Coussons-Read, 2013).

Findings from the survey of adoptive parents: pre-birth adversities

The survey asked adoptive parents about their young person's exposure to risks before coming to live with them, to the best of their knowledge. Where respondents did not know, these were treated as missing data and excluded from further analysis. The survey results indicated that, of the adoptive parents who were aware, the large majority of their

young people had been exposed to alcohol (94%, n=90) and/or drugs (89%, n=84) via placental transfer during their early developmental stages (see Annex C, Table 8). However, only around half of those who took part responded that they knew whether or not the young person was exposed to drugs and alcohol before birth, so actual exposure may be lower or higher across the whole group, particularly if adoptive parents were only told about drug and alcohol use when it was a known concern.

Among the 28 adoptive parents interviewed who completed questions about risk exposure, only 12 were able to answer about exposure to drugs in vitro. Just over half (n=7) said there was exposure to drugs pre-birth, and 5 said there was no exposure. A few more (15) knew about alcohol exposure and were more likely to respond that the young person had been exposed (12 of the 15 reported maternal alcohol use in pregnancy).

A slightly higher proportion of special guardian interviewees had information about pre-birth exposure to drugs (16 of the 23), but fewer knew about exposure to alcohol (11 of 23). Among this group, 13 out of 16 reported that the child was exposed to drugs and 6 out of 11 reported that they were exposed to alcohol.

In interviews, a small number of families felt that their lack of knowledge about pre-birth and early childhood risk exposures had had a lasting impact on access to later support. They explained that they were less clear about the specific type of support needed or unable to demonstrate eligibility criteria. One special guardian expressed concerns that social workers had made assumptions about pre-birth exposure to alcohol which they suggested then blocked a later assessment for Fetal Alcohol Syndrome Disorder (FASD).

I've said, look, I think it's Fetal Alcohol Syndrome in a letter, and they've already sent a letter back saying no, it's not. There's nothing in her reports. And I'm like, OK, so just because when the social worker visited, mum didn't have a glass of wine in her hand while she was pregnant, doesn't mean to say that she didn't have a glass of wine after you left. The children have told me that mum drinks. - *special guardian*

FASD was commonly identified by interviewed families as a challenge for their young people, although adoptive parents and special guardians often noted that obtaining a formal diagnosis was challenging (see section 5). Interviewed families also reported other maternal stresses during pregnancy, including domestic violence, homelessness, and malnutrition. Research indicates that chronic and sustained stress during pregnancy is linked to higher risks of impaired cognitive development, Attention Deficit Hyperactivity Disorder (ADHD), conduct problems, and emotional issues (Talge et al, 2007; Glover, 2011).

Birth parents' difficulties

Findings from the survey of adoptive parents: birth parents' difficulties

The survey asked adoptive parents whether either of the birth parents had experienced specific difficulties. These were selected because previous research has identified them either to be heritable (e.g., autism (Sandin, et al., 2017)) or to carry a risk to a child's healthy development (e.g. having a parent imprisoned (Bradshaw et al., 2020)). Once again, adoptive parents did not always have this information, and those who did not know were excluded from the analysis.

The adopted young people that participants responded about were born into families with numerous difficulties. Where adoptive families were able to answer, high rates of mental health problems (86%, n=171), drug (72%, n=134) or alcohol misuse (77%, n=137) and learning difficulties (60%, n=109) were reported for either birth parent. Known rates of autism in birth parents were lower (11%, n=13), but respondents were also more likely to report that they did not know about autism diagnoses of the birth parents, compared to the other difficulties asked about (see Annex C, Table 9).

Almost all of the interviewed adoptive parents and special guardians who answered questions about risk exposures were aware of birth parents' mental illness (27 of 28 adoptive parents and 22 of 23 special guardians) or autism (26 of 28 adoptive parents, 21 of 23 special guardians). A large majority in both groups reported that one or both birth parents had mental health problems (26 of 27 adoptive parents, and 21 of 23 special guardians). In contrast, a small proportion reported that birth parents had a diagnosis of autism (4 adoptive parents and 1 special guardian).

Among families interviewed there was also a high level of awareness about birth parents' drug and alcohol use (26 of 28 adoptive parents and 22 of 23 special guardians could answer these questions) and imprisonment for violent offences (27 of 28 adoptive parents and 22 of 23 special guardians). Just over half of the adoptive parents (15 of 26) and exactly half of the special guardians (11 of 22) interviewed reported that a birth parent had alcohol problems. Slightly fewer adoptive parents (12 of 26) and more special guardians (16 of 22) reported a birth parent had drug problems. A little under half of parents and carers in both groups said that one or both birth parents had been imprisoned for violent offences (11 of 27 adoptive parents and 10 of 22 special guardians).

In interviews, the difficulties that birth parents faced were more prominent in special guardians' accounts of how their young people came to be with them and ongoing relationships with birth parents. This was particularly the case where they had been involved in supporting the birth parents before their children were taken into care. In

contrast, adoptive parents tended to mention birth parent difficulties only where they linked them to a perceived impact on their young people.

Some adoptive parents and special guardians who did know about birth parent developmental or mental health difficulties, described being highly aware of the potential for these to develop in their young people, particularly as they reached adolescence.

[Birth] mum's just been diagnosed with mental health, and I believe my son has mental health because he grew up with somebody that had borderline personality disorder [interviewee was referring to her own mental health diagnosis]. [...] I do believe that affects the 'little people' as I call them, and they grow up too and have issues, right? And I'm very aware of that. – *special guardian*

In a few cases, where families felt that they recognised early signs of these difficulties in their young people, they suggested that these early indications were not sufficiently addressed by services, resulting in delayed identification and support.

I did try and talk to CAMHS about borderline personality disorder; they wouldn't talk to me about it because she was only 15, 16 at the time. [...] They wouldn't entertain the idea of discussing it with me despite her birth mum having multiple mental health conditions, anxiety, depression and borderline personality disorder. – *adoptive parent*

Maltreatment

Findings from the survey of adoptive parents: exposure to maltreatment

Among adoptive parents, the most commonly reported maltreatment experiences of their young person before entering care were early experiences of neglect (77%, n=182) and living in a home where there was domestic violence (75%, n=158). Reported rates of maltreatment were lower among the 30 young adults who completed the survey (18 of 30 reported neglect and 13 reported domestic violence), which may reflect a greater degree of self-selection in this small sample (see Annex C, Table 10).

In interviews, families described the profound and lasting impact that early abuse and neglect had on their young people. In a few cases, sexualised behaviours and patterns of abuse were highlighted, sometimes placing siblings at risk after the young person was adopted or placed under a Special Guardianship Order. Similarly, for a small number, neglect and early malnutrition had lasting physiological effects on the growth and development of young people.

We've got two kids that have come from trauma who have very sexualized behaviours towards one another. [...] It was [older sibling] that had more than [younger sibling]. [Younger sibling] had always been looked after by [older sibling] [...] because he'd been parenting her. And [...] his parent dynamic in his head was warped because his mum abused him, so he thought that's normal. – *special guardian*

Some adoptive parents and special guardians also highlighted the risk of ongoing trauma associated with early adverse experiences, where young people continued to have contact with birth parents or visited places associated with past abuse.

We used to have to drive past it [the house where the children lived before going into care] every day. And you can literally see them have a little shudder in the back seat just going past this place. – *special guardian*

Findings from the survey of adoptive parents: Adverse childhood experiences (ACES)

The measures of birth parents' difficulties and maltreatment already discussed in this section are typically included in studies of adverse childhood experiences (ACES). These are events that children find extremely stressful. Studies have consistently found that as the number of childhood adversities increases, so does the probability of engaging in harmful behaviours, having mental health problems and later developing physical illnesses (e.g., cancers and heart disease) (Boullier & Blair, 2018).

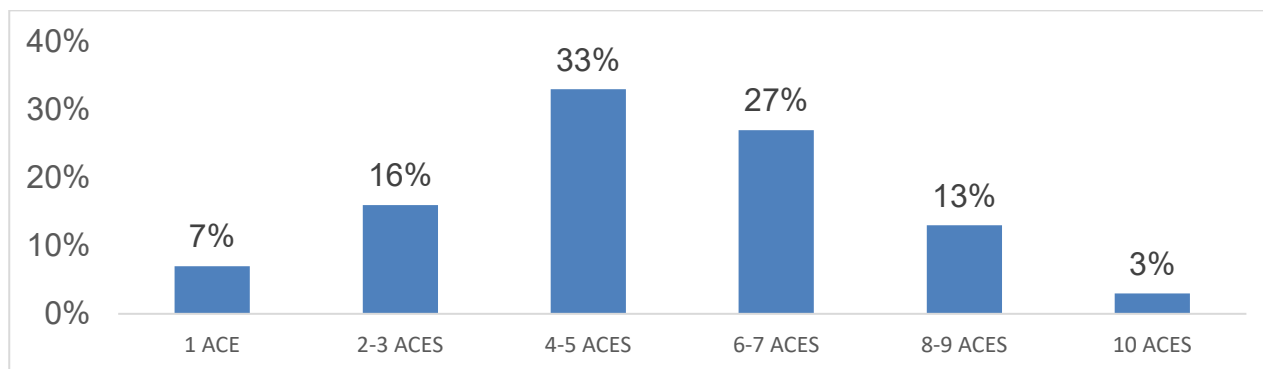
Many adults report experiencing at least one form of adversity as children (Anthony et al, 2019). An ACE score can be calculated by summing the total number of adversities experienced. It should be noted that the use of ACE scores has been criticised for being over-simplistic and omitting other adversities such as poverty, bullying, discrimination, whether the perpetrator of the trauma is a parent or another adult or the length or severity of the adversity (White, 2019).

In order to explore the prevalence of these experiences and their relationship to later outcomes, nine ACES - physical abuse, sexual abuse, emotional abuse, neglect, family violence, parental mental illness, drug or alcohol abuse and having a parent imprisoned – were asked about in the Family Routes online survey. A tenth ACE - parental separation - was experienced by all the young people in this study.

Studies generally use four or more ACES as the threshold for increased risk (Hughes, 2017). Among survey participants, 76% of adoptive parents reported that their young person had experienced four or more ACES before being placed for adoption, including separation from a birth parent (Figure 1). In comparison, in the general population 9% of

adults experienced four or more out of nine ACEs (neglect was not included as an ACE in that study) (Bellis, 2014). The Welsh adoption cohort study (Anthony, 2019) reported that 42% of the children experienced four or more ACEs *before* entry to care (note that the Welsh study did not include parent separation at entry to care as an ACE but coded parent separation in the period *before* going into care).

Figure 1: Percentage of children with adverse childhood experiences at entry to care



Source: Adoptive parents' survey. Base: 246

Experiences in care

Government policy documents (e.g., Prime Minister's Review, 2000) have highlighted the impact of delays in permanency planning on children's development. Analysis of social care data, conducted as part of this study, found that among adopted and special guardianship young people who were due to complete Key Stage 4 between 2015/16 and 2018/19, there was a marked difference in the ages that they entered and left care. Nearly all adopted children (99%) had entered care by age 7 compared with 83% of special guardianship children. Similarly, 90% of adopted young people left care on an Adoption Order by the age of 6, compared with 67% of special guardianship young people (Selwyn & Gardiner, 2025a).

Interviews with families for this study reflected these differences between adopted and special guardianship young people. Among the 28 adopted families who completed closed questions on their eldest eligible young person's experience prior to placement, 8 had gone into care at under 12 months of age, 9 were taken into care at 1-2 years of age, and all had gone into care by the age of 5. Among the 23 special guardianship families completing these questions, 9 young people had gone into care by 12 months, but only 1 at 1-2 years, 7 at 3-5 years, and 4 at 6 years or older, the oldest being 12 years when they went into care.

Among the families interviewed in this study, the data suggests that once a child had been taken into care, placement with special guardians took place quicker than with adoptive parents. The mean length of time between being taken into care and coming to live with their adoptive family was 1.2 years and 0.4 years for special guardianship young people. The experience of many of these special guardians was that decisions about having the young person come to live with them were made very quickly and sometimes felt rushed, leaving them feeling unprepared, as discussed in the previous publication (Hamilton & Blades, 2025). This rapid placement meant that in many cases, children did not spend months in foster care, in contrast to many adopted families (see blue box below on Experiences in care).

Some families described their young person's positive care experiences, including relationships between children and foster carers, which lasted for years after placement.

When they came to us, one of the things I talked through with [SG Grandson] and the family at the time, I said I was not going to cut that tie with their foster carers, because at the end of the day, it's the only one he knew. – *special guardian*

However, there were young people who experienced multiple moves and difficult times including harm while in foster care; one young adult reported emotional and sexual abuse while in care. Frequent moves between foster carers negatively affected young people's ability to settle with their adoptive and special guardianship families, as they often struggled to form attachments with caregivers who they expected to be temporary.

I was very resistant to any form of love showing for a while. I thought it wouldn't last, because I did bounce around fosterers before I [was adopted]. [...] even after I got adopted, I was just like, oh, they're probably just going to [...] with the way I behave, I'm probably going to get returned. They never did. – *adopted young adult, aged 23*

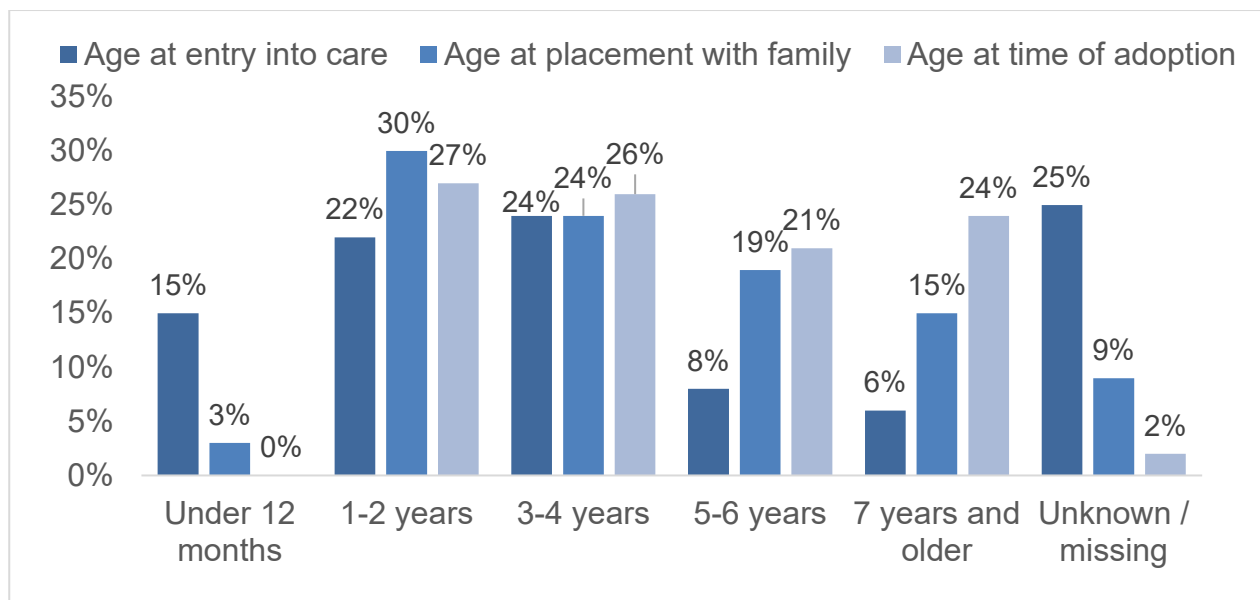
Findings from the survey of adoptive parents: Experiences in care

The Family Routes online survey asked what age adopted children entered care. A quarter of adoptive parents did not know; of the 184 that did know, 37% entered care before the age of three (n=92). while 6% (n=14) were seven years or older (Figure 2).

More families knew the age at which the young person came to live with them. Most young people (52%, n=116) were living with their adoptive parents by the age of four and around a fifth (21%, n=46) before the age of two, benefiting from attachment development between 6 and 24 months (Howe, 2001). Only 4% (n=8) lived with adoptive parents before age one, indicating limited use of early permanence (Dibben & Howorth, 2017) among respondents.

Research shows that multiple foster care placements negatively impact young people’s emotional and behavioural outcomes (Maguire et al, 2024). In the survey, 41% (n=100) of adopted young people experienced multiple foster care placements before permanence (Table 2).

Figure 2: Age in years at entry to care, placement and Adoption Order



Source: Adoptive parents’ survey. Base: 246

Table 2: Number of placements in care

	Number of children (%)
Placed straight from the hospital with parents	11 (5%)
One placement	133 (55%)
2-4 placements	93 (38%)
5 or more placements	7 (3%)

Source: Adoptive parents survey. Base: 246

Summary

Findings from both the interviews and survey of adoptive families found that, where families were aware, the prevalence of pre-birth and early childhood risk exposures was high among both adopted and special guardianship young people. In particular, the survey showed that maternal drug and alcohol use affected around 1 in 10 of the adopted young people in the study, and around 3 in 4 adopted young people experienced neglect

and violence in the home. These exposures had lasting effects including conditions like FASD and trauma-associated behaviours, poor mental health and relationship difficulties.

Families, particularly adoptive families, did not always feel sufficiently informed about their young people's experiences before going into care and birth parents' difficulties, or the possible impacts of these on long-term support needs. Where these were known, families felt that services needed to take these risks into account better to provide earlier access to assessments and support.

Young people's care experiences tended to be very different for young people in adoptive and special guardianship families. Though special guardians varied in the extent to which they had a pre-existing relationship with their young person, it was more common among this group for placements to happen quickly, with children spending less time in foster placements. For a small number of young people, difficult experiences of foster care made it harder to form positive relationships with adoptive parents early on.

3. Family life

This section presents an analysis of participants' descriptions of their experiences of relationships within the household. The range of family compositions is described, before discussing participants' views on their relationships and experiences of family life. The analysis highlights barriers faced by adoptive and special guardianship families to building positive relationships and the provision of support to help families. These relate to several family level risk and protective factors identified in the theoretical framework for this study, including parent/carer commitment, parent/carer self-efficacy and supportive processes as well as financial and access to psychosocial support. They also explore child-related factors in the model around feeling safe/settled and understanding history/life story.

Household composition and living arrangements

Family composition

Among the families interviewed, most of the young people (57 of the 74) were living with their adoptive and special guardianship families at the time they took part in the research. Five were over 18 and living independently and seven were in other permanent or temporary living arrangements, including with other family members or in residential education settings.

Five interviewees reported that their young person had returned to care. The factors leading to young people returning to care, permanently or temporarily, are discussed in *Family Routes study: making decisions about their children's care* (Hamilton & Blades, 2025). Analysis of social care data for this study shows that disruption to adoption and special guardianship placements is uncommon. Around 2% of adoptions, and 10% of special guardianships disrupted within 8 years after the placement order. After 12 years, the rate of adoption disruptions rose to 5% (Selwyn & Gardiner, 2025b).

As with families across the general population, families in our study were diverse in their composition (see Annex D, Table 11). Among those interviewed, a slightly higher number of adoptive parents were parenting in a LGBTQ+ couple compared with the special guardians interviewed (4 adoptive parents and 1 special guardian). This reflects active recruitment by adoption agencies of same-sex adoptive parents and an increasing proportion of new adoptions being to same-sex couples over recent years (Department for Education, 2024).

Compared to adoptive parents, a slightly higher number of special guardians interviewed in this study were parenting as a single person (13 special guardians and 10 adoptive

parents). This is likely the result of special guardians being generally older than adoptive parents, as five of these special guardians were widowed. Among the special guardians interviewed, one in five (n=7) were aged 66-75, while only 1 adopted parent was in this age category. Furthermore, four of the special guardians in this age range were caring for at least one young person aged under 18 and three were caring for at least one young person under 16. Several also had other, younger special guardianship young people in their care. As a result, among special guardianship families, an important minority might be expected to be parenting under 18 year olds well into their 80s.

Many of the young people in the study had siblings living in the same household, either from their birth family or where the adoptive parents or special guardians had other children in the household. Among the 40 adoptive parents interviewed⁷, 28 were caring for, or parenting, two or more young people and 11 were caring for three or more; the majority of these were other adopted young people, typically siblings. Among the 34 special guardians, 20 were caring for two or more young people and 9 were caring for three or more. In several cases, this represents multiple generations being parented, where special guardians were parenting their grandchildren and their own birth children. Not all of these young people were living with them in the same household at the time of the research.

A previous publication from this study reported the high priority many adoptive and special guardianship families said they placed on keeping sibling groups together where possible (Hamilton & Blades, 2025). Many young people in the study also had siblings and half-siblings who were not living with them. In interviews, parents or carers and young people described a range of different relationships with these siblings, with some reporting close relationships and others having no contact. Contact with birth families, including siblings that were not placed in permanence arrangements together, is a focus of the next wave of the study.

Survey findings (adoption only): family composition and living arrangements

Among the adoptive families surveyed most young people were living in the family home at the time of the survey:

- 75% (n=184) of adoptive parents in the survey reported that their young person was living with them, and 99% (n=93) of adopted young people responded that they were living with their adoptive family.
- Fifteen adoptive parents indicated that their young person was currently in foster or residential care.

⁷ Participants interviewed in the mainstage only – data was not collected for pilot interviews

- More than two-thirds of young adults surveyed were living with their adoptive parents, and one third was living with a member of their birth family.
- Four adopted young adults were living independently; three of these were worried about losing their current home.
- About half of the adoptive parents in the survey (51%, n=125) reported that they had one adopted young person aged between 12 and 25; 43% (n=107) had two adopted young people and 6% (n=14) had three adopted young people in their care. Nearly a third (30%, n=34) were also parenting one or more additional young people who may have been outside the age range or may have been birth or foster children.⁸

Family homes, living arrangements and financial strain

For some of those interviewed, living arrangements and a lack of available space in the home created stressors and exacerbated challenges in daily family life. The impact on living standards and housing was a particular concern for special guardians who had not planned financially to take on additional parenting roles. For adoptive families as well, however, the lack of space was a problem for a small minority.

In the interviews, several families emphasised the importance of having space to cope with family challenges. Where young people shared a room with siblings, for example, this made it harder to manage behaviour or relationships challenges (see section on relationships with siblings in the household).

In the early days, we had a lot of sexualized behaviour. [...] We had problems at the beginning because they were sharing a room and we had to try and keep them separate. So, we ended up building 2 bedrooms in a bedroom [...] we actually built a bunk bed that was enclosed [...] so that they had their own space. – *special guardian*

Several families discussed the importance of having outdoor space at home, or a designated space set aside for the young people and adults to have time separately, so that everyone in the family could have time by themselves when needed.

⁸ This question was not asked in the pilot survey. Base: 115

Because I didn't want to live in a high rise because I felt we were being set up to fail [...] so I was determined to get a property where, it's not a massive garden but like if someone wanted to stomp out, they can just stomp out in the garden, but have that little bit of space. – *special guardian*

Survey findings (adoption only): living arrangements

A small proportion of adoptive parents surveyed felt their home was overcrowded (n=18)). Adopted young people (aged 12-17) were asked whether they liked their bedroom in the home they currently lived in. Overall, 73% (n=69) of adopted young people responding to the survey liked their bedroom a lot. This question has been found to be a good proxy for a positive placement environment as part of subjective wellbeing for children growing up in out-of-home care (Zhang & Selwyn, 2019).

The financial impact of adoption and special guardianship for families was previously discussed in *Family Routes study: making decisions about their children's care* (Hamilton & Blades, 2025). In addition to the stresses and poor health and wellbeing outcomes associated with poverty, the interviews revealed that lacking financial resources also impacted family life in other ways. Among those who had the financial resources to do it, young people and their adoptive parents or special guardians emphasised the importance of family holidays and shared activities such as eating out together. Families explained that holidays, activities, common hobbies and interests were helpful for establishing family relationships. Not all families interviewed were able to afford these, although a few reported that they occasionally accessed funding to pay for trips or activities, often with other adoptive and special guardianship families. A number of young people told researchers that they liked communal activities with other adopted or special guardianship families, as they felt others with similar experiences understood them.

Survey findings (adoption only): financial strain and living arrangements

The survey captured financial hardship through an item on food insecurity, which asked adoptive parents whether, in the previous 30 days, they had worried that food would run out before they had money to buy more. A minority of families reported financial strain in this period, and others commented that they had experienced difficulties during the adoption but not in the last 30 days.

In total, 22 (out of 235 responding adoptive parents said that they often (n=3) or sometimes (n=19) worried about running out of food. Young people were asked about eligibility for free school meals, an indicator of low household income. Around a third of young people said they were eligible for free school meals (n=28).

Young people's needs and experiences of family life

During registration to the study, families were asked to provide an overall assessment of how the placement was faring or - where the young person was 18 or older - how the placement had fared (see Annex D, Table 12 and Table 13). As far as possible, the families invited for interview were selected to include different perceptions of how the adoption or special guardianship was faring.

During interviews, researchers asked participants about their experiences of family life, including family dynamics within the household and how these dynamics had changed over time. As described in *Family Routes study: making decisions about their children's care* (Hamilton & Blades, 2025), family life frequently altered when young people reached adolescence; their pre-existing behavioural and emotional issues being exacerbated by puberty. Parents and carers gave examples of young people's increased desire for independence from the family or opposition towards parental or authoritative figures, and some increased behavioural issues which put further strain on familial relationships.

The young people interviewed most often described family life in neutral or positive terms, often indicating a sense that their family life was "normal" (special guardianship young person). Many said they valued the stability of normative routines and spending time as a family. They particularly valued familial relationships in which they felt heard and wanted.

It is supportive and it doesn't feel anything happened because of the special guardianship thing. It feels like how a normal family would. Supportive means there isn't a difference where something kind of happens less because I wasn't born technically into the family - *special guardianship young person, aged 15*

However, some young people and most special guardians, adoptive parents, and young adults who took part in interviews described how exposure to risk factors had had an impact on family life, often creating additional challenges for families. Complex family dynamics, highly influenced by children's past exposure to risks, abuse, and neglect, were prominent in the interview data.

Young people often said family life could be chaotic and complicated as they navigated family life together, including conflicts within households. Indeed, young people and their adoptive parents or special guardians regularly suggested that such disagreements within the household, including sibling rivalry and parent-child arguments, were a normal part of every family's life. However, many noted the added complexity of dynamics in which traumatised children were placed in new families. This was especially true when divorce or bereavement further changed family dynamics. The death of family members

(including adoptive and special guardianship families, birth families, or pets) and parental separation often signalled turmoil for families. This was particularly the case where young people had difficulties in coping with change or feeling abandoned, and where there was a lack of support for adoptive parents and special guardians.

Survey findings (adoption only): experiences of family life

In the survey, just over half (51%, n=75) of adoptive parents whose young people were under 18 reported that the placement was faring well or had some challenges, but they were coping. Among those with young people aged 18 or over, nearly three-quarters (72%, n=46) reported that most of the time they had had a happy family life or had kept a good relationship with the young person despite challenges.

However, for a sizeable minority of respondents, challenges meant that the family was struggling (37%, n=53), or the relationship was at risk of breaking down or had broken down (n=17) (see Annex D, Table 12 and Table 13).

Adoptive parents whose young person was still living with them were asked what age they thought the young person would leave home (see Annex D, Table 18). While a small number (4%, n=6) were expecting their adopted young person to leave home before reaching 18, over half (56%, n=95) were expecting them to remain at home until they were 25 or older, showing an ongoing commitment to providing a stable home into adulthood.

Findings from the survey of adopted young adults showed a similar pattern. Ten of the 20 young adults who were still living with their adoptive parents expected to leave when they were 25 or older, while ten expected to leave before the age of 25.

The survey asked young people at what age they would like to leave home. Just over two-thirds said they wanted to leave between 18 and 24 (Annex, D, Table 18, with around a quarter of young people responding indicating that they wanted to leave at 18, perhaps reflecting greater optimism about the affordability of living independently as a young adult compared to those already in early adulthood. Only 6 wanted to leave home before 18, and another quarter (23%, n=23) wanted to move out when they were aged 25 or older.

Adoptive parents were asked how committed they were to help their young person even after they were no longer living with them. Among adoptive families where the young person was still living at home, nearly all the parents were very (86%, n=158) or somewhat (12%, n=22) committed to helping their young person after they left home. Where the young person had already left home, 71% (n=42) were very and 17% (n=10) were somewhat committed to providing ongoing help.

Relationships with adoptive parents or special guardians

Interviews with families often highlighted that forming close bonds between adoptive parents or special guardians and their young people had been challenging. Amongst those interviewed many young people and young adults reflected on reasons for this. Some reported struggling with feeling rejected by birth families and, despite feeling comfortable and connected within their adoptive or special guardianship families, experienced a feeling of incompleteness or being different. They described an internal tension, being fond of their families, but not always being sure of where they fitted or how they were perceived within the wider family, and frequently thinking of their birth family or being jealous of typical nuclear families.

Not that I'd wish my [adoptive] family away, 'cause really it's perfect.... I feel like there's a piece of me missing... I just wish I could have stayed with my birth mum and she could have looked after me, and she would have loved me – *adopted young adult, aged 21*

A small number of participants raised different cultural backgrounds and ethnicities as an additional barrier to feeling a sense of belonging in the family. One young adult, for example, described challenging her adoptive parents for not helping to explore her own Caribbean cultural heritage, prompting them to provide more support in this area:

They've really improved on when I said [they were] separating me from my culture. They went out of their way to actively learn about my culture in the end, and we actually travelled. - *adopted young adult, aged 23*

Adoptive parents and special guardians tended to describe their young people as showing a distrust of parental figures and a desire to be in control, which they attributed to feelings of being out of control during early childhood. In some cases, this manifested as a reluctance to be “parented” and a difficulty accepting boundaries from family members.

The other thing he said in the first two weeks [of SGO] is, “Nobody will ever control me again. I will never let anybody control me again. I am the only person in charge of my life”. And he stuck to that. So, you can imagine how hard that is to live with as a parent. – *special guardian*

Control was a common theme among adoptive parents and special guardians and a minor theme among young people and young adults who also linked their struggles with trust and affection for family to earlier experiences in care or with birth families. Speaking in retrospect, young adults and young people sometimes reflected that their trauma had affected their understanding of how to settle within a family and their relationship with adoptive parents or special guardians and siblings, though they said they were unaware

of this at the time. In some cases, their behavioural difficulties compounded feelings of shame and being “different”, both within the family and compared to other children.

There was like a lot of like things that I wouldn't normally do like a normal 11 year old. But I think that was just from early childhood trauma from when I was younger.- *adopted young person, aged 16*

Among families in the study, trauma and attachment disorders manifested in family life in various ways, including separation anxiety when away from adoptive parents or special guardians and jealousy when siblings received attention. As discussed below (Risky behaviours and contextual safeguarding risks) and highlighted in the survey data for adoptive families (Annex D, Table 23), in adolescence it was common among all young people to appear to reject or kick out against their families. Examples included running away from home or displaying aggression towards others in the household. In the interviews, adoptive and special guardianship families described young people damaging the family home, making threats and allegations towards family members (particularly adoptive parents, special guardians or siblings, but also extended family in some cases), and incidents of child-to-parent violence. In retrospect, adoptive parents and special guardians linked these behaviours to past experiences of abuse, neglect, and violence, although they said they did not always recognise this at the time.

His trauma meant [that] he was trying to make us break. Everybody else left him anyway, right? So, [he thought]” I [might as well] break these two as well, and they're going to leave me [anyway]” – *special guardian*

Families interviewed described how trauma and attachment issues and disorders had impacted on day-to-day life within the family and placed strain on relationships. For example, adoptive parents and special guardians described difficulties managing their young person's aggressive behaviours which they described as being related to pathological demand avoidance, oppositional defiance disorder, or poor auditory processing deriving from their early experiences of neglect, abuse, or disrupted attachment. Other examples included emotional dysregulation when close to other people, making it difficult to sit at the dinner table or be in the same room with family members. This meant that everyday family life was often disrupted and difficult, which impeded family bonding.

Despite these challenges, commonly families interviewed described close, loving and supportive relationships between young people and their adoptive parents or special guardians. One adopted young adult highlighted the importance of the effort her family had made to offer love and support when things were difficult.

They didn't give up on me and I'm happy they didn't. I was a young girl. I was hurting [...] They did the best they could with the experiences they had, and they may not have always gotten it right, but they were always willing to learn, you know, to improve. – *adopted young adult, aged 23*

In a small number of families interviewed, placements had disrupted, and young people returned, permanently or temporarily, to care. These instances are discussed in more detail in *Family Routes study: making decisions about their children's care* (Hamilton & Blades, 2025). It is striking, however, that even where the young person was no longer living with the adoptive parents or special guardians, parents and carers expressed a long-term bond and commitment to their young people and to supporting their wellbeing.

I wanted to have them [adopted young people] all in my life, in my house till they were 18, to 25. [...] My love is forever and it's not going to go away regardless of where they live or the circumstances where we're in. I don't want them to suffer from the guilt, and I don't want the trauma destroying them ultimately. - *adoptive parent*

Survey findings (adoption only): relationships between adoptive parents and young people

Most of the young people who took part in the survey reported positive relationships with their adoptive parents based on responses to three items from the Brief Assessment of Family Functioning Scale (BAFFS) (see Annex D, Table 14). These three items explored their sense of closeness to their carer to provide a measure for family functioning in which a score of 6 or more indicates family distress (Mansfield et al, 2019). Among the 94 young people responding to the survey, only 11 reached this threshold.

A large majority of adoptive adults and a smaller, but substantial, majority of adopted young people reported a sense of belonging and closeness in the family. Adoptive parents were asked how close they felt to the young person. Nearly two-thirds reported they were very or extremely close (Annex D, Table 15). When asked how much they felt the young person belonged in their family, 80% (n=167) of adoptive parents responded either 'completely' or 'very much' and around 1 in 10 said 'a little' or 'not at all' (see Annex D, Table 16). However, young people and young adults reported slightly lower levels of belonging; 67% (n=20) of young adults and 71% (n=67) of young people responded 'completely' or 'very much' (Annex D, Table 16).

Young people (aged 12-17) in the survey were asked how often they talk to their parents/carers about things that matter to them; nearly three-quarters responded 'most days' or 'more than once a week' (Annex D, Table 17). This finding is in line with figures

from the general population, where 71% of young people (11-15yrs) have these kinds of conversation at least once a week with their parents (ONS, 2015).

Relationships with siblings in the household

The analysis identified different experiences of relationships between siblings or other young people in the household, including positive and loving relationships, occasional arguments, and not being close. In a minority of families, however, adoptive parents and special guardians reported young people being aggressive and abusive towards siblings. Some families also found that meeting the high level of needs for one young person had an impact on their capacity to support other young people in the household, which was also reflected by young people.

Because my oldest sister and my younger brother especially were very loud and explosive with their emotions and their behaviour. It was kind of like- 'cause I was quiet and didn't really cause much of a problem- I was forgotten for a really, really long time. – *adopted young adult, aged 22*

High levels of need from one of the young people sometimes demanded more attention from parents, with other children being, or feeling, sidelined. Some parents reflected that much of their energy was spent on trying to get support for one child's needs, reducing the amount of time and attention available for other young people in the household.

Siblings who had experienced trauma and abuse together prior to going into care were often described by adoptive parents or special guardians as having difficult relationships with each other, including one sibling being aggressive or abusive to another. In a few cases, adoptive parents or special guardians explained that patterns of relationship had been established during periods of neglect or abuse – for example, one sibling taking on a protective or parenting role towards another - which then shaped their ongoing relationship. These relationships were regularly characterised by aggression or inappropriate behaviours. In a small number of interviews, families described fear for the safety of siblings leading to familial breakdown as discussed in *Family Routes study: making decisions about their children's care* (Hamilton & Blades, 2025).

Support for family relationships

Parenting skills and training

While adopters and special guardians often faced barriers to forming close relationships with their young people, the interviews suggested that parenting approaches also had a significant impact on these relationships. Adoptive parents and special guardians particularly praised therapeutic parenting, trauma-informed parenting and non-violent

resistance (NVR) approaches. Some felt that this training was especially helpful for older parents and carers who were used to other approaches to parenting, including approaches focused on discipline and reward, or were less aware of the concept of trauma-informed practices.

[Husband] came home and said, "I didn't realise how trauma impacts on the brain and how behaviour changes. I've been doing it all wrong." And that helped him to parent more therapeutically. – *adoptive parent*

When he was smaller, his behaviour presented quite difficult, due to his early life trauma [...] for quite a few years we struggled with that. And then once we've been able to access training and to understand his life experiences, how they were affecting him, we were able to switch up our parenting style and that settled [...] he's not sort of angry and lashing out anymore. - *adoptive parent*

In the end somebody had told me about this NVR (non-violent resistance) training, so they provided us with this bespoke person. And she would come once a week. And we did a load of work, and in fact, it was really, really good. I would actually say to anyone that is in the similar position with a younger child do the NVR because it does work. – *special guardian*

While adoptive parents typically accessed information and training early on, during preparation for adoption, special guardians reported that social workers did not generally encourage them to access parenting courses. Some had been unable to access parenting courses but had sought out books and resources; others had used the Adoption and Special Guardianship Support Fund (ASGSF) to access training.

I've had no training at all. I think I should have had training at the beginning. But I got nothing. This [parenting approach] is all me, everything I've done is everything that I believe should have been done from my own experiences. - *special guardian*

Analysis of participants' narratives suggested that the most effective parenting courses specifically addressed the needs of neurodivergent young people and young people who had experienced trauma. Participants also felt that parenting courses needed to be accessed early, before problems escalated and relationships broke down. They also wanted parenting courses to address different childhood stages and adolescence, and to recognise the need to adapt parental styles as young people developed. Among the training families specifically wanted were support for building family bonds with children placed with the family later in childhood (e.g., aged 9/10), parenting teenagers and young

adults, and training for adolescents themselves about manifestations of trauma and healthy family relationships, which they felt would be particularly valuable.

Two families reflected that the support they had received when their children were young helped initially, but then they “*got to an age where it didn’t really work.*” (special guardian). As their children aged, and particularly through adolescence, they felt that they needed further support to help them with the next development stage.

I had a fantastic clinical psychologist. She was fabulous. She gave me early life tools, but it's all the way along, you need new tools because the tools you use when they're 5, 6, 7 are very different to the ones that are 11, 12, 13 and different again to when they're 16, 17. That's what's missing. When they get to kind of 12. It's almost like, “Oh well, you've learned everything now, off you go”. – *adoptive parent*

Support from children’s services

When families were struggling with young people’s behaviour or were concerned about how the adoption or special guardianship was going, many sought support and advice from children’s services, post-adoption support teams or Regional Adoption Agencies.

For some families, children’s social care was invaluable for building family relationships, particularly when:

- Families had the same social worker for many years, through which they were able to establish trust and tailor their approach according to whole-family and individual needs
- Social workers achieved a balance between treating the family together through holistic work and being attuned to different needs within the family (e.g., different siblings, parents, extended family)
- Social workers offered proactive, readily available and pre-emptive support rather than allowing situations to get to crisis point

In most cases, however, access to services from children’s social care was not easy or straightforward for participants; families described the continual process of trying to get help as extremely challenging and distressing. In several cases, families reported that professionals, including social workers, and other LA staff, worked against the family and made the situation worse, including patronising or accusatory conduct with the risk of re-traumatising children and young people. Many families also flagged the need for holistic family support, including support for other children in the family who were on the receiving end of their siblings’ problematic behaviours or abuse (see Access to therapies and counselling support).

We weren't seen [by therapeutic services] as a unit as a whole. And how his placement with us had like a ripple effect on everybody else. –
special guardian

When reaching out for help during points of crisis, families often felt blamed and dismissed by social care professionals who appeared to assume that when difficulties arose in the family this was due to problems with their parenting, rather than acknowledging that the young people themselves had challenges that were difficult to support.

They are there to try and see whether they can blame you, and I have been directly told there's nothing wrong with him. It's your parenting. [...] and I would add that over the years, we have had the paediatricians involved all the way through. He has full medical diagnosis [of] autism, ADHD, and an attachment disorder called Disinhibited Social Engagement Disorder – *adoptive parent*

Several families expressed concern that support services did not adequately respond to both the need to support the family as a whole and support for the young people's emotional and behavioural difficulties specifically. While there was generally a sense that both were needed, these two forms of support often seemed to be mutually exclusive. One young adult reflected that once she received a mental health diagnosis, all the support shifted from family support services to therapeutic support for her depression:

Things kind of turned from attachment [...] from [the] relationship with mum and dad, to focusing on my mental health and the support that was in place to kind of help me and mum and dad for our relationship, they kind of just stopped. And so, the social workers were replaced by therapists, and there was more work on me rather than my relationship. [...] if that hadn't stopped, then potentially we would have had a better relationship than we do. – *adopted young adult, aged 19*

Survey findings (adoption only): need for family support services and gap in provision

The survey showed a gap in the provision of support from social workers and family support workers for adoptive families. Most families indicated they needed supported from an adoption social work or agency, but this support was only provided to half the respondents (Annex D, Table 19). Though a smaller number reported needing support from a family support worker, only around half the number who needed it actually received this support.

Life story work

Life story work is a supported process that help adopted and special guardianship children to understand their own personal history and the reasons why they are not living with their birth parents, and to make sense of their experiences. It should be age appropriate and help young people to explore their own developing identity over time. Life story work is required in adoption regulations, so all adopted young people should have access to this support (Department for Education, 2013).

From interviews, adopted young people were more likely to receive life story work interventions through post-adoption support than those under special guardianship. A handful of special guardians referred to life story work as something they had to support themselves. Although some recognised that they had the knowledge about the birth family to be able to do this, one felt that professional help on how to support young people in life story work would have been valuable for them.

So there needs to be a system in place like adoption where there is that support package there ready. Like if you're adopted, there's life story work; there's no life story work if you're in a Special Guardianship Order, there's none of that there. – *special guardian*

Adopted young people described sessions with therapists or social workers on life story work, and many explained that they had a life story book that they could look at when they wanted. Some families reported that life story work had benefited their young people, but others found it triggered anger and frustration. Several families highlighted the importance of life story work being age appropriate and being revisited over time as young people's identities developed.

Even when children have had life story support earlier on, that will need to be revisited for older children. As they get closer to adolescence, when people are reflecting anew on their identities and dealing with the whole gamut of emotions that any adolescent experiences about their sense of identity [...] they do need to be able to revisit their life story through that lens. – *adoptive parent*

Summary

The family situation for young people in the study varied considerably, but there were some general differences between adoptive and special guardianship families.

The special guardians interviewed in this study tended to be older than adoptive parents, with a sizeable minority parenting or expecting to parent under-18s well into their 70s and

80s. As a result, they were more likely to be parenting as a single parent following a partner's death. This placed additional strain on those special guardians when the young person experienced challenges.

Special guardianship families were also more likely to be experiencing financial difficulties and to have more challenging living conditions, including overcrowding.

The result of early trauma and related support needs was often turbulent relationships between young people, their adoptive parents or special guardians and with siblings. Challenges in relationships varied over time and typically became more acute in adolescence.

Support for all struggling families was important, but often not easy to access. Families frequently struggled to get help unless in acute crisis and then tended to feel blamed for the challenges, rather than services recognising earlier unmet support needs.

Parenting support and training was highly valued by many of those who received it, particularly around trauma-informed parenting. However, special guardians were less likely to have access to training than adoptive parents, and in general there was a desire for more training to address different parenting challenges in adolescence.

4. Young people's wider relationships

This section explores young people's experiences of relationships outside the home, including with friends and trusted adults. The complex and often important relationships that young people had with birth families are the focus of wave 2 of this study and are not discussed here. The analysis explores both the importance of wider relationships for young people's outcomes and the challenges faced in forming and keeping these relationships, then discusses examples of support for forming positive relationships.

Young people's needs and experiences of wider relationships

Friendships

Studies have shown that the experiences of young people who enter care can be a barrier to making and keeping friends (Roesch-Marsh & Emond, 2021). Placement moves meant that care experienced young people may not have had the opportunity to form secure and stable relationships in the first two years and this can make it hard for young people to trust others. Multiple transitions between situations can result in disrupted friendships and create a sense that relationships are only temporary. Equally, however, research shows that strong, stable friendships can be a protective factor when young people experience transitions, helping to provide a sense of belonging and identity (Marquez et al, 2023). Across the general population of young people, relationships with supportive peers and wider social groups are important for wellbeing, for adolescents' developing sense of identity and for emotional and practical support, and have been found to be protective factors and a strong contributor to resilience in adolescence.

Survey findings (adoption only): experience of friendships

From the online survey 38% of adoptive parents surveyed (n=60) recorded that it was certainly true that their young person had at least one good friend, and a further 37% (n=59) said it was somewhat true.

Adopted young people in the survey were more positive about their friendships than the adoptive parents; 91% (n=85) of adopted young people (aged 12-17) and 83% (n=24) of adopted young adults (aged 18-25) reported having at least one really good friend.

The survey also revealed challenges in peer relationships. Over half of adoptive parents responding to the survey (56%, n=136) believed that their young person often had difficulty making or keeping close relationships, and a further third felt they sometimes did (32%, n=78). Twelve per cent (n=30) indicated that this was never a challenge for their young person. Adopted young people and adopted young adults also reported difficulties making or keeping close friends (young adults: 52%, n=15; young people: 36%, n=20).

Good friendships were very important to many of the adopted and special guardianship young people and young adults who took part in the interviews. They often described their experiences of friendship groups, including a mix of close friendships and wider friendship groups that changed and developed as young people grew older and as they moved between different school and other social settings.

I have a very close-knit group of friends, like one of my friends, I've been friends with for coming up to 12 years now, and she knows everything about me. I know everything about her. We're really close. – *adopted young adult, aged 22*

The friends that have stayed with me, I really enjoy being around them. It's a very fun, kind environment to be with my friends, especially my one friend in particular. She basically, when I'm sick, she'll message me every day to see if I'm alright and basically encourage me with like Bible verses and stuff like that. I really, really enjoy her. We've got quite a close relationship. – *adopted young adult, aged 21*

Sometimes friends were an important source of support for young people when engaging with life outside of the family home, particularly where they otherwise struggled in settings like school and college.

It's like, yesterday, the couple of closer friends that she has weren't going into school, so because they weren't going in, she didn't feel she could go in. She had got to be off. There was no way that I could persuade her to go because she wouldn't have anybody to be with. – *special guardian*

I found two friends, college friends, and they kind of helped me through it because they were on the same course as me and that basically was the only thing that took me through. – *adopted young adult, aged 21*

One adopted young adult explained that her mental health had deteriorated significantly following transition to secondary school because she was enrolled in a different school to her close friends.

I went to secondary school not knowing anybody at all [...] if I'd gone from the middle school to the high school, I would have known everybody [...] I had a really good network of friends that even now I don't really speak to anymore because of the difference in schools. [...] after moving school everything kind of kicked off. – *adopted young adult, aged 19*

Close friendships allowed young people to share their identity and experiences and sometimes provided more support than family, especially when relationships with adoptive parents or guardians were strained.

I trust my mom a little bit, but not very much. My best friend, well most of my friends, more than anything, more than family [...] it's that key that's important. It's a friendship rather than sort of like family ties [...] it's about selecting who's in your life rather than sort of who's put upon it. – *adopted young adult, aged 20*

Some young people emphasised the value of friendships with other adopted and special guardianship young people. This enabled the exchange of shared experiences that supported their sense of belonging, feeling understood and feeling less different. They were also a source of advice and suggestions for young people when dealing with challenges relating to their adoption or special guardianship.

I met like the other boy that's adopted and like we're still friends to this day and like he's got different story. I've got a different story [...] I feel like we can bond over that. – *adopted young adult, aged 23*

I actually have another friend [...] and she lives with her grandma. So normally, if I've got any [special guardianship-related] problems, I can speak to [her] because she understands. – *special guardianship young person, aged 15*

Barriers to forming friendships

Participants' reflections in the interviews show that young people's developmental and behavioural needs, as well as instability in school placements (see Stability in education settings), sometimes contributed to limiting opportunities to make and nurture friendships. When young people were out of school, or separated from peers, the interviews found they tended to become more isolated. Where young people had experienced movement between or out of schools (other than in reception and into year 7) their adoptive parents and special guardians described these moves as difficult. This was for different reasons. In some cases young people felt that friendship groups had already been established and they were left outside of them. In others, parents and carers felt that their young person's needs and teaching arrangements limited opportunities to make friends, or that they lacked the help they needed to do so.

And he hasn't really got any proper, real friends. Sadly, he really wants friends, but he's out of college, and he's not doing anything, so he's not making any friends – *adoptive parent*

He's never been able to build relationships with any of his peers throughout his whole life, and now this is the big issue. Like when [special guardianship young person] breaks down, all he wants is a friend. And of course, he's never had the support to be able to mix with his peers, even in school. He's always been in a separate classroom with a separate teacher – *special guardian*

In some cases, when online social interaction through phones was permitted, this helped young people to develop friendships. However several parents and carers limited access to social media due to concerns around birth family contact or other safeguarding issues. Safeguarding concerns were an additional barrier for some young people in forming and maintaining friendships.

I wasn't allowed a phone until I was starting college. Which wasn't great because it kind of isolated me a bit from friends [...] but I think, looking back, it was probably the right decision that they made. – *adopted young adult, aged 19*

A small number of young people also found that their ethnicity could be a barrier to making friends, particularly where they were growing up in a community that was predominantly White.

I was the only brown girl [at primary school] for quite a few years [...] so I'd always be the odd one out [...] I just felt singled out quite a lot. – *special guardianship young person, aged 15*

Trust and friendships

While young people often described themselves as shy, or said they found it difficult to make friends, they did not suggest reasons for this. However, the adoptive parents and special guardians interviewed frequently attributed difficulties with making friends to young people's attachment and mental health struggles, including anxiety, depression, neurodiversity, and childhood trauma. Trust was a key theme; adoptive parents and special guardians talked about their young people "*protecting*" (*special guardian*) themselves by not forming close friendships.

Trust often took a long time to establish; young people valued friendships they had had for many years when they had been able to sustain them. This also meant that those children who experienced disruption to long-term friendships because they changed schools, found this very difficult (see section on Disrupting friendships).

It's probably just 'cause we've been friends so long, you know, like I've got to know her, I trust her. I've opened up to her. – *special guardianship young person, aged 15*

One young person expressed caution about opening up too much to friends about challenging experiences and emotions. They suggested that other young people were not always best equipped to respond helpfully and that professional support was needed (see section on Support for young people's psychosocial, emotional and health needs).

Once you start opening up about certain things [from] my past, depending on the person, they can maybe judge you for it as well as [...] like pity you, kind of. And I think that's just worse than anything, being pitied for something you've been through when you're over it. [...] So, I then realised that maybe friends weren't the best people to go to because they're unpredictable and can react differently - *adopted young adult, aged 18*

Adoptive parents, special guardians and young people explained in interviews that where the young person struggled to develop friendships or had poor experiences with peer relationships, this often led to a “*spiral*” (*adoptive parent*), in which they internalised the idea of being unlikeable or unwanted and withdrew from social interactions.

While some young people struggled to build trust, others - and their adoptive parents and special guardians - felt they were too trusting, and this left them vulnerable if friendships did not work out.

I think I was quite gullible and too trusting in people, especially friends. And I think that had an impact on me and then that led to me, getting really frustrated and then self-harming – *adopted young person, aged 14*

One area where issues of trust were particularly prominent was in sharing their family situations and past experiences with others. Young people and their parents and carers told us that many young people chose not to tell their peers that they were adopted or in special guardianship families because of fears about stigma and bullying at school. The secrecy made it hard to be open about challenges they were facing and was a barrier when forming friendships. Others, however, were open about this, either with close friends or more widely.

On her first day they did introductions and one of her classmates said, 'I'm in foster care'. [...] Straight away, from him saying that, he was laughed at. So, when it came to [adopted young person]'s turn, she chose to keep her adoption quiet and to this day none of the pupils know that she's adopted. [...] even if she's got a friend, she wouldn't disclose to them that she's adopted for fear of how she'd be treated - *adoptive parent*

Young people valued having one or more trusted friends to whom they could open up to about any issues they were facing. However, in a small number of cases, young people were let down by friends who shared these disclosures more widely, making trusting people an even bigger challenge.

Survey findings (adoption only): trust and peer relationships

Adopted young people were asked whether they had been made to feel bad because of being adopted or not living with their birth parents. Forty-two percent (n=39) of adopted young people reported experiencing stigma occasionally, some of the time, or often, because they were not living with their birth parents and 46% (n=43) experienced stigma because they were adopted. Young people also reported stigma in relation to ethnicity (n=20), sexual orientation (n=18), religion (n=12) or disability (n=18) (see Annex E, Table 20).

Some young people and young adults reported concerns about exploitation in their relationships. Among survey respondents, 14 adopted young adults and 17 adopted young people indicated that they worried about others taking advantage of them.

Perceived quality of friendships

In interviews, adoptive parents and special guardians commonly expressed concerns about their young people's susceptibility to relationships they considered unsuitable. Many were aware of friends and peers engaging in behaviours they saw as risky, which could potentially harm the young person, particularly regarding mental health risks, possible substance misuse, and self-harm. Parents and carers frequently described closely monitoring these behaviours in their child's peer groups. When their young person attended a pupil referral unit (PRU), or a PRU was recommended, this caused particular concern because they believed there was a higher incidence of challenging behaviours among peers at PRUs.⁹

⁹ This was the case for seven of the families interviewed (see *Other alternative settings*)

Parents and carers were concerned their children were particularly vulnerable to exploitation or to being led into difficult situations by friends because they felt a strong need to please others, linked to anxieties and attachment difficulties.

I was so worried about her, and she would choose really bad friendships because she just wants friends so badly and she's always been like that, even from she was a child. She just wants to please everybody, which again is why I am very careful about her friendships and relationships. [...] But [adopted daughter] has the 'disease to please', as they call it, to keep people happy and keep people in their life because she does have really bad abandonment issues. – *adoptive parent*

Several adoptive parents and special guardians described intervening to discourage concerning friendships, including blocking numbers on their young person's phone, moving the young person to another school, or trying to dissuade the young person from spending time with them.

The other girl that she got mixed up [with] was taking her into the toilet, making her vape. And she doesn't do that. She wouldn't even know how to buy one. The emotional maturity again [...] I've had to take the friends off her phone. [...] I managed to go through her phone and block them [...] And then she sat there crying. Why? They love me. They are my friend. And [I had to] explain to her what happened and why. The reason why they were not your friends. - *special guardian*

Young people did not always agree with their adoptive parents' or special guardians' assessments of the quality of friendships; some young people felt pressure to distance themselves from people they saw as good friends. One young person felt that the reaction of both her special guardian and her birth mum to her drinking at a friend's house was more influenced by the way her birth mum had behaved at the same age than by her own situation:

It's unfair and it really upset me. [...] I think it was more about my family's trauma, just 'cause the paths that my mum went down. But I'm not stupid. [...] [Mum] had traumas and stuff of her own, but even with that, the choices she made was stupid. [...] you just know not to get involved with people like that – *special guardianship young person, aged 15*

Disrupting friendships

When friendships were disrupted due to moving away, changing schools or the lockdown during the COVID-19 pandemic, young people said they found it difficult to cope. These transitions posed additional difficulties for young people and were times when close

friendships could be an important protective factor. One young adult, who had been adopted in her teen years, still regretted the loss of friendships from before the adoption:

I didn't get adopted young. I was well into my formative years when I got adopted, so I had a friend group where I was, even though where I grew up, it wasn't the best environment, but I still had a friend group. And I haven't really been able to be with that friend group since I got adopted.
– *adopted young adult, aged 23*

After completing school or college, the process of moving away and the dispersal of long-term friends was sometimes challenging for young adults in the study. However, there were examples in interviews where this transition also offered opportunities for new friendships, especially when young people were entering the workforce or pursuing higher education.

A lot of my core groups from secondary school, I really don't interact with them, because it's like they never left that secondary school phase, still doing all the crazy things. So I grew up. [...] I definitely enjoyed uni[versity] more. I did a study abroad programme. I was in a lot of societies. I made a lot of friends. It was quite fun. I have like a wider group because I was more open to having like a healthy experience. –
adopted young adult, aged 23

Romantic relationships

Many of the young people interviewed were not in romantic relationships or chose not to discuss them in the interviews. Some did include boyfriends and girlfriends when discussing the people in their life whom they saw or talked to often, including friendship groups, but without discussing any specific issues relating to those relationships.

In a few cases, families expressed worries about how their young people would cope with romantic and sexual relationships in the future. One special guardian explained that sexual abuse in her young person's early childhood had resulted in physical damage, which she thought would likely cause them further distress in the future when they wanted to have intimate relationships. Others were concerned about vulnerabilities to abusive or exploitative relationships because of their young person's anxieties about abandonment and high levels of dependency.

Most of the young adults (18-25) interviewed were in long-term romantic relationships but chose not to discuss these or previous relationships. One young adult explained that dating could raise new issues related to early trauma, which they had not anticipated.

I have a very supportive partner. We fight a lot, and if I'm being honest, a lot of relationships are annoying, especially romantic relationships, because that's where your trauma decides to pop up. But it just rears its ugly head and you're like, I didn't even know this was an issue. I didn't know I had to deal with this. – *adopted young adult, aged 23*

Trusted adults

One critical therapeutic mechanism for recovery from previous maltreatment is that a child has an available trusted adult who is a consistent person in their lives (Bellis et al, 2017). Young people interviewed reported that they valued having consistent contact and communication with trusted adults. In interviews, this included adults at school, church leaders, family friends, community leaders, employers and parents of friends.

A prevalent theme across interviews was the importance of young people building relationships with adults, based on trust and a genuine demonstration of care for young people. For example, trusted adults putting in effort to see them and taking an interest in their lives. These adults also provided consistency and long-term, dependable relationships.

We've got a lot of mummy and mumma's friends who I trust a lot. So, like, for example, someone called [name and name] and I have sleepovers at their house – *adopted young person, aged 13*

I trust them [aunt and girlfriend] enough, so I can talk to them. And, for them to just like actually listen to me. Yeah, because I trust them. [...] If I didn't have them, then my mental health would be like suddenly worse, 'cause I'd just like not think things through and not be able to vent my feelings and emotions [...] it's good having someone to talk to. – *special guardianship young person, aged 15*

The interviews found young people also looked up to trusted adults who offered them practical help and guidance on challenges they reported. Young people appreciated advice and support with difficulties at school, employment, independent living, and achieving their own goals, as well as around how to handle more negative experiences like dealing with bullying. One young person shared how they appreciated that their employer was understanding and sympathetic and described how they had supported the young person through challenging personal situations:

My [biological half-sister] and I never really got on. It was always very strange relationship. She was quite abusive. So, when things were really bad, my boss is someone who I've talked to a lot and she is just, yeah, she is so understanding. – *adopted young adult, aged 18*

Support for building and maintaining positive relationships

Given the importance of relationships with peers and trusted adults for many adopted and special guardianship young people, identifying effective ways to support these relationships could lead to improved wellbeing, engagement in education and an improved sense of self-worth. Three key areas of potential support were raised by interview participants: engagement with adoption or special guardianships peer support groups, fostering opportunities for building friendships, and formal or informal mentoring.

Peer support groups

When asked, in the interviews about any help and support they had received and what had been most helpful, peer support groups for adopted or special guardianship young people, served as an important source of support for a minority of interviewees. The peer support groups met regularly, sometimes online, allowing young people to connect with others in similar situations. The aim was to provide a safe environment for emotional support, networking, reducing isolation, and facilitating access to advice and information.

[SGO support group sessions] are fun. Everyone gets along with them. They know how to easily deal with problems, and they just help a lot. – *special guardianship young person, aged 13*

So, when I was younger. They used to hold like these, I don't know what they're called, like adoption parties, and we used to go, and it would basically be a group of adopted kids. And I'd just go for a little bit, see the kids make me realise I'm not the only adopted person in the world. – *adopted young adult, aged 22*

Fostering opportunities to build friendships

Although research suggests that good friendships can serve as an important protective factor for young people (Wang et al, 2024), supporting young people to build friendships was rarely raised as a priority for the families interviewed when asked about areas of support needed and received.

However, there was some evidence that parents sought opportunities for their children to form friendships and develop social skills. Structured activities provided by clubs and

hobbies were perceived as an important way to facilitate positive peer interactions, particularly when this was not happening in school.

These outside school things have been really valuable [...] if we didn't have them, our kids would have really struggled mentally and emotionally, given the lack of access to friends and peers in school. – *adoptive parent*

Where parents sought to prioritise creating opportunities for their young people to build and sustain friendships, they were not always supported by services when there were competing priorities. For example, one special guardian - who had previously been a foster carer to their special guardianship young people – had wanted their young people to pursue music and performance opportunities for their social benefits, but the Virtual School Head (VSH) was reluctant because it involved time out of school:

But virtual school were all, “No, looked-after children¹⁰ can't have time off school. No, no, no.” And even when you say to them, look at all these amazing things that they're learning, like teamwork and confidence and self-worth [...] they make lifelong friends. [...] Plus, this theatre company is almost exclusively Black. And I'm like, you know, these are Black kids. They've got a white family. They need to be in Black spaces as much as I can organise. So, I want them to experience this, and we had lots of push back on that as well. – *special guardian*

Mentoring

Mentoring aims to provide opportunities to form relationships with trusted adults. In interviews, young people and adoptive parents and special guardians described finding mentors from several different sources, including schools, churches, voluntary organisations, and post-adoption support. Mentoring in schools was perceived be particularly useful, as it provided a source of on-hand support when young people were struggling and allowed some consistency in relationships over time.

¹⁰ Note, this incident appears to have taken place while the children were still 'looked-after' with the family as foster carers, rather than after they had become special guardians. The example is included here as it highlights an example of services prioritising education outcomes over social benefits, a criticism that a few parents raised.

My school mentor is like the best person ever. [...] She has done so much for me, because she's been through, like so many significant points in my life [...] for like the last five years. [...] So, like, if I've ever had a problem, I can just go up and speak. And we have, like, the best conversations [...] So like, having her by my side has been like, has been like everything. – *adopted young person, aged 16*

In some cases, mentoring also served as a more informal source of support. For one young person, mentoring roles arose out of their own church community and wider family and friends:

I had some church brothers who stepped in and started mentoring him for me and some of the men in our family and my friend's husband. Started mentoring him and taking him under their wings. [...] Those people helped to stabilise him in a way – *special guardian*

Several participants emphasised the distinction between the role of a mentor and that of a therapist or counsellor. Mentoring relationships were perceived as more akin to friendships, with interactions driven by what the young person wanted to discuss, rather than by therapeutic models.

I think probably a rule of thumb would be someone older, but actually really able to walk alongside, able to be a friend. [...] to be part of a relationship rather than being someone who's having something done to them – *special guardian*

Adoptive parents and special guardians felt mentoring brought benefits, including offering role models (particularly for young men), providing a safe space to talk and supporting young people in working through challenges. Where good mentoring relationships were established, interviewees said they contributed to improved self-esteem, emotional regulation, school attendance and behaviours.

One really good intervention they did, was [football-based peer mentoring] and for the last two years [adopted young person] has had this intervention at school [...] it's been an absolutely brilliant intervention for her because [...] they're all black, the people who run it. [...] And it's been consistent [...] they support her with going to school, they support her with having goals, they've helped her feel good about her natural hair, and they've helped with self-esteem. [...] when she's at school she's struggling every day, but on Friday she always manages to get in because she knows that will be a good day because she knows they'll listen to her, and she can be herself. – *adoptive parent*

A few adoptive parents, special guardians and young people suggested that young adults with their own experience of adoption or care were particularly effective as mentors, as they helped young people to connect and confide. One adopted young person who had a mentor through a local charity found them particularly valuable because they were not much older than her (in their 20s) and had been through some of the same challenges. She described the mentoring sessions as:

Half an hour of just comparing and, you know, explaining what has annoyed me that week or what I need her advice with, or what she did when she was younger and how she coped with it. – *adopted young person, aged 14*

Several interviewees highlighted the importance of the relationship their young person had with a mentor being kept separate from adoptive parents or special guardians. Parents and carers usually knew little about the discussions or support provided. Mentoring offered young people a private space to discuss matters they might not choose to share with their parent or carers. However, adoptive parents and special guardians also felt they needed to be able to trust that the mentor's support would not aggravate any tensions within family relationships, and that any issues relating to the young person's safeguarding would be appropriately managed, including communicating effectively with parents or carers when needed.

My friend's husband [...] came and took him out on Saturday and took him to galleries and sat with him in the park, sometimes just talking to him. Yeah, so giving him space for him to be able to discuss the things that were concerning him. I never knew all of it. It was only if there was something concerning that came up. They'd come and say 'right, you know, you need to deal with this' – *special guardian*

The interviews identified two primary challenges to effective mentoring. Firstly, establishing trust required time, and short-term relationships with mentors were generally not considered beneficial. In some instances, local authorities or other service-providing organisations employed and assigned individuals to mentoring roles. While occasionally helpful, these roles typically did not last long due to funding or staff turnover. The evidence from interviews suggests that the lack of consistency and a failure to build long-term relationships limited their impact. Conversely, when mentors demonstrated a long-term commitment to the young person it proved engaging and beneficial. For example, a mentor provided through a time-limited school programme continued to engage with the family and young person years later. For another, once the two-year programme ended, the mentor maintained less frequent contact to support the young person in being less dependent on mentoring support.

A second challenge was the difficulty of building rapport when someone was assigned to the young person, rather than a relationship developing organically. While mentoring could be helpful, there was a sense that it was not always possible to manufacture a trusted relationship with someone the young person had not chosen for themselves, and at times, this meant young people did not want to engage with mentors when offered an opportunity.

It does help them to have a mentor at school. But the thing is [...] you can't choose your mentor. Some of these children instantly connect with one person. You know, you can't force them to connect with somebody.
– *special guardian*

Summary

Families and young people described how, during adolescence, the negative effects of adverse childhood experiences had a significant impact on young people's wider relationships because of greater emotional dysregulation, poorer impulse control, and difficulties with trust. Yet many of the young people and young adults interviewed had strong, supportive friends. Secure and trusted friendships were described by parents and carers as important for young people's healthy development and wellbeing, while research has shown that loneliness is linked to physical and mental health problems, as this study also found (Roesch-Marsh & Edmond, 2021).

Strong, stable friendships were important to adopted and special guardianship young people, particularly at times of transition. However, friendships were often disrupted when young people moved between care placements or between schools. Where young people's access to social media was restricted – often due to safeguarding concerns or concerns around birth family contact – this could also be a barrier to making friendships.

Some young people found it hard to build trust with others, making long-term relationships particularly important as they gave time for trust to develop. Friendships with other adopted or special guardianship young people were important to some young people, helping them to feel understood and reducing concerns about feeling judged. Peer support groups and social groups for adopted and special guardianship young people were a helpful way of forming these relationships, as were personal connections with other adoptive or special guardianship families.

The importance of relationships with trusted adults outside the family was also emphasised in interviews, whether through school, hobbies, church and local communities or family friends. Young people particularly valued relationships with adults who demonstrated genuine concern for the young person through consistent contact and practical support and advice. Mentoring – whether formal or informal – helped some

young people to establish these connections, but mentoring services were not always able to provide enough consistency to have a real and lasting positive impact on young people.

5. Young people's mental and physical health

The first part of this section describes the behavioural, emotional, and mental health challenges faced by young people in the study because of their exposure to risk before and while in care. Mental and physical ill-health and contextual safeguarding risks are identified as potential risk factors for young people growing up in adoption and special guardianship families (see Annex A, Figure 4). The second part of this section discusses access to support for emotional, behavioural, developmental and mental health issues and considers how this support impacts outcomes such as wellbeing, emotional regulation, and a positive transition to adulthood.

Emotional, behavioural, developmental and health needs

Physical health needs

Survey findings (adoption only): physical health needs

Adoptive parents were asked to rate their adopted young person's current physical health (Annex F, Table 21). Though the majority (69%) were thought to be in good, very good or excellent physical health, about a third were reported as having fair or poor health. One-fifth of adopted young adults and around 1 in 10 adopted young people completing the survey reported fair or poor health. In contrast, about 4.5% of young people aged 10-24 across England rated their physical health as fair, bad or very bad (Office for National Statistics, 2023).

In interviews, a minority of families mentioned concerns regarding young people's physical health. Among those affected, the conditions included epilepsy, heart problems, mobility issues, adrenal conditions, and visual impairment. Parents and carers' accounts highlighted the extensive impact these conditions had on young people's lives and care needs, including sometimes frequent hospital stays:

It does limit us. She is a part time wheelchair user and can get tired quicker [...] we just have to monitor her when we go out, take more breaks [...] plan our days around her heart condition really. [...] she's also got epilepsy. She's got [chronic neurological disorder]. She's got asthma. [...] She's on 16 different medications and it's quite complex health conditions to kind of manage – *special guardian*

Mental health, developmental and neurological needs and conditions

Among those parents and carers interviewed who completed closed survey questions, around two-thirds reported that their eldest adopted or special guardianship young

person had a diagnosed mental health, developmental or neurological condition. This was a similar proportion to those adoptive families completing the survey (see blue box on Health and developmental needs). The proportion was slightly higher among adopted young people in this group (19 out of 27, compared with 15 out of 23 young people in special guardianships). On average, adoptive and special guardianship families indicated that their young person had 3.2 diagnoses from a list of eighteen. The most common indicated were anxiety (n=17), attachment disorder (n=15) and ADHD (n=15).

Although a high proportion of adopted and special guardianship young people in the interviews had received diagnoses, interview data indicated that the prevalence of some conditions may be even higher due to the difficulty families had in accessing assessments for formal diagnoses, which were often only obtained well into adolescence. Several young people had had multiple assessments for different conditions including autism, ADHD and FASD, before receiving a diagnosis. One special guardian explained that it took 12 years to get a diagnosis of ADHD and autism despite repeated requests for assessment. The prolonged struggle to get a diagnosis delayed access to support and medication, including educational support, (see *The role of schools in identifying needs*), and had a negative impact on parents' and carers' own wellbeing:

My children weren't diagnosed till much later on, late teens, with ADHD and autism. I've been saying it since she [eldest young person] was 6 that something wasn't right. [...] CAMHS said, we're not saying that there is something wrong with them. They've not long been placed with you. You're the best medicine for them, just carry on. – *special guardian*

In interviews, families and young people often discussed emotional and mental health issues. Sometimes these problems began in early childhood but were not immediately identified.

I went into a deep pit of depression, and then I tried to kill myself at [age of] six. I tried to jump out of my window [...] But because I was so young, people often don't realise that you can have such severe mental health at a young age. – *adopted young adult, aged 20*

Other families highlighted key transitions as triggering mental health problems. Among these were the move into secondary school, particularly where this disrupted social connections (see section on school stability), and the onset of puberty. Mental health challenges had significant and enduring effects for some young people, negatively impacting family relationships, school attendance, and educational outcomes.

Survey findings (adoption only): Mental health, developmental and neurological needs and conditions

Mental ill-health is a risk factor for young people and closely linked to wellbeing. Stressful experiences in life and adversities may contribute to mental health difficulties.

Two-thirds of adoptive parents completing the survey (69%, n=168) reported that their young person had a diagnosis of emotional, behavioural, or neurological difficulties, indicating on average 3 diagnoses from a list of 18 specified. The most common reported diagnoses were attachment disorder (48%, n=81), anxiety (45%, n=76), ADHD (45%, n=76) and autistic spectrum disorders (35%, n=58) (see Annex F, Table 22).

The survey collected information on mental health from young people, young adults and adoptive parents. Adoptive parents were asked to complete the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) in relation to their young person. Surveys also asked whether young people had sleep problems, which are often associated with depression and anxiety.

The SDQ is a widely used measure of emotional and behavioural difficulties. The 25 items in the SDQ comprise five scales: emotional symptoms, conduct (behaviour), hyperactivity, peer problems, and pro-social behaviours. For each scale, scores range from 0-10. The pro-social scale is excluded, and the four other scales are summed.

A total score of 17 or higher indicates a strong likelihood of a mental health issue. The banding for scoring the SDQ was determined based on national data, so that in the general population about 80% of young people are 'close to average', 10% 'slightly raised' 5% 'high' and 5% 'very high'. However, in the general child population, rates of probable mental ill health (using the SDQ as the measure) have been increasing and about 18% of young people are thought likely to have a mental health disorder.¹¹

In the SDQ completed by adoptive parents, the mean score was 21.5 (standard deviation: 8.4) and 73% scored as high or very high. In contrast, the mean parent-reported SDQ score for 11-15 year olds across Britain is 8.2 (standard deviation: 5.8). This difference is significant* suggesting that mental health issues were highly prevalent among participants compared with the general population (Table 3).

Table 3: Total parent-completed SDQ score for adopted young people (12-17 years)

Score (scale from 0-40)	Close to average 0-13	Slightly raised 14-16	High 17-19	Very high 20-40
	29 (17%)	16 (10%)	17 (10%)	104 (63%)

Source: Adoptive parents survey. Base: 166

¹¹ Population norm scores available at <https://www.sdqinfo.org/norms/UKNorm3.pdf>. p-value <.00001

Survey findings (adoption only): Mental health, developmental and neurological needs and conditions (continued)

The SDQ includes a subscale for prosocial behaviours (protective factors), which is not included in the total SDQ score. On this scale, higher scores represent more considerate, kind and helpful behaviours.

In the Family Routes online survey, parent-reported prosocial scores for adopted young people showed 31% (n=52) scored close to average (score of 8-10) and 60% (n=101) scored low (score of 6; 14%, n=23) or very low (score of 0-5; 46%, n=78) (Table 4). The mean parent-reported score for adopted young people was 5.9 (standard deviation: 2.5). This is significantly lower than population norms; the mean prosocial sub-scale score among 11-15 years olds across the British population is 8.6 (standard deviation: 1.6).¹²

Low prosocial scores suggest adopted young people may struggle to behave within relationships as others expect, impacting their ability to make and keep friends (see section on Friendships) and posing more challenges to relationships at home.

Table 4: Parent-completed SDQ score for adopted young people (12-17 years): prosocial sub-scale

Score (scale from 0-40)	Close to average 7-10	Slightly lowered 6	Low 5	Very low 0-4
	52 (31%)	16 (9%)	23 (14%)	78 (46%)

Source: Adoptive parents survey. Base: 169

Emotional self-regulation

The study's theoretical framework of risk and protective factors (Annex A, Figure 4) posits that emotional self-regulation will be a protective factor for young people. Emotional self-regulation, a key facet of emotional intelligence, involves the ability to manage and control one's emotions effectively, particularly in stressful or challenging situations. Adolescents with higher emotional self-regulation tend to exhibit greater resilience, reduced anxiety, and healthier coping strategies, contributing to their overall psychological well-being. The survey included six items taken from the Trait Emotional Intelligence Questionnaire (TEIQue-ASF) that the original authors identified as pertaining to emotional regulation (Mancini et al, 2024).

¹² Population norm scores available at <https://www.sdqinfo.org/norms/UKNorm3.pdf>. p-value <.00001

Survey findings (adoption only): Mental health, developmental and neurological needs and conditions (continued)

Scores across the six TEIQue-ASF items were summed to create a score. A score of less than 25% is considered low and above 75% is considered high. High scores indicate a good ability to control urges and regulate stresses, while low scores indicate a tendency to impulsive and inflexible behaviours.¹³

Among the adopted young people in the survey, most had an average score (85%, n=79). Only 8 reported a high score and 6 reported a low score, suggesting that only a small proportion of adopted young people completing this survey thought they struggled with emotional regulation.

Anxiety and depression

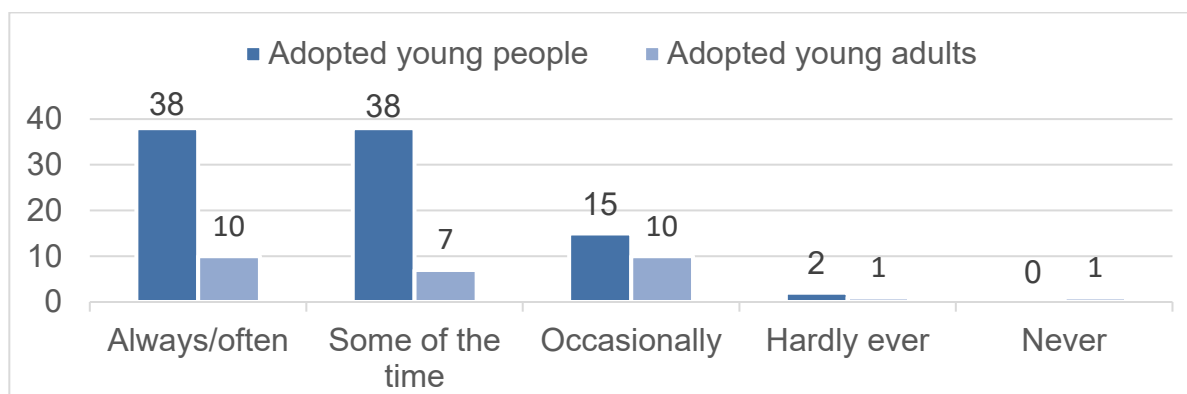
Adopted young people and young adults completing the survey were asked to complete a short measure of anxiety (GAD-2) and depression (PHQ-2). These two-item versions of widely used scales – the General Anxiety Disorder scale (GAD-7) and the Patient Health Questionnaire (PHQ-9) - have been found to be useful screeners in clinical care and as outcome measures.¹ On both measures, a score of 3 or more indicates possible presence of a mental health difficulty.

Among adopted young people aged 12-17, one third had a score of 3 or more on the PHQ-2 (33%, n=30), indicating that a depressive disorder was likely, and 30% (n=28) scored 3 or higher on the GAD-2, indicating a likely anxiety disorder. Among young adults aged 18-25, the proportion reaching these thresholds was even higher; 41% (n=12) had a likely anxiety disorder and 34% (n=10) had a likely depressive disorder. Young people and young adults were also asked a single question about how often they felt happy (Figure 3). A smaller proportion of young adults (18-25) reported feeling happy often or some of the time compared to young people (12-17).

Over half (56%, n=138) of adoptive parents in the study reported that their young person had sleep problems. Over half of young adults (n=16) and nearly a third of young people under 18 (n=30) reported difficulties sleeping. Disturbed sleep affects many areas of a young person's life such as their health and their ability to concentrate in class (Illingworth, 2020).

¹³ Psychometric Lab. *TEIQue interpretations*. <https://www.psychometriclab.com/adminsdata/files/>

Figure 3: Young people’s survey responses: How often do you feel happy?



Source: Surveys. Base: adopted young people – 93; adopted young adults - 29

Young people’s behaviours

Adoptive parents and special guardians were asked about a range of behaviours and risks that are known concerns in the looked after and adopted populations, including going missing or running away, drug/alcohol abuse, unhealthy eating (too much or too little) and volatile/abusive behaviours. These behaviours, when present, often put the health and wellbeing of young people at risk and may pose risk to others in some cases.

Risky behaviours and contextual safeguarding risks

In the interviews, several young adults and families reported challenges with eating. In some instances, these were diagnosed eating disorders, but more commonly they were ongoing adoptive parent or special guardians’ concerns about the individual’s approach to food and eating. These included behaviours such as overeating when food was available, difficulty eating in front of others, or periods of not eating at all during times of anxiety. Interviewees generally linked these difficulties to early experiences of neglect and inadequate nutrition.

Instances of self-harm, suicidal thoughts, and suicide attempts were frequently reported by the adoptive and special guardianship families interviewed and had sometimes resulted in hospitalisation.

There was a phase [when] he was in hospital, probably 6-7 times every year with suicidal attempts, with seizures, which were later diagnosed as dissociative seizures - *adoptive parent*

Several interviewees reported experiencing aggression and child-to-parent violence. The impact of aggression and violence in the home was significant for both adoptive parents/special guardians and siblings, and was frequently a factor in placement disruptions, as noted in the previous publication (Hamilton & Blades, 2025).

During the interviews, adoptive parents and special guardians typically attributed these risky behaviours to emotional, developmental, and mental health issues stemming from early trauma and abuse. Similarly, experiences of young people running away or going missing, which affected a significant minority of interviewed families and over a third of families who completed the adoptive adults survey, were often attributed to stress-induced "fight or flight" responses — a term used by several adopters, special guardians, and young adults.

There was a recognition amongst adoptive parents and special guardians that their efforts to ensure the safety of these young people placed additional strains on their relationships.

Before she moved out, we were living, walking around with a big bunch of keys like a prison warden because she was climbing out of first floor windows to run away, so we had to lock doors. – *adoptive parent*

These behaviours were common triggers for seeking additional help from specialist services.

Survey findings (adoption only): risky behaviours and contextual safeguarding risks

Among the adoptive parents completing the survey, the most prevalent reported behaviours were eating disorders (reported for 86% of adopted young people, either 'often' (43%, n=105) or 'sometimes' (43%, n=105)). The responses indicated that while diagnosed eating disorders were comparatively rare (7%, n=11 reported that their young person had a diagnosis for an eating disorder; see Annex F, Table 22), concerns about eating were much more common.

Other behaviours commonly reported by adoptive parents included aggression towards family members or pets (70% reported this behaviour as occurring either 'often' (31%, n=77) or 'sometimes' (39%, n=95)) and self-harming, or threatening to self-harm (58% reported as either 'often' (18%, n=43) or 'sometimes' (40%, n=97)) (see annex F, Table 23).

Adopted young adults were also asked about a range of risky behaviours, including drug and alcohol use, eating disorders, self-harm, criminal behaviours and risky sexual behaviours. Among adopted young adults completing the survey, eating disorders and self-harm were the most common risky behaviours identified; 12 young adults said that they self-harm or threaten to, and 12 said they have food issues such as anorexia, bulimia or binge eating.

Support for young people's psychosocial, emotional and health needs

Professional support for young people's psychosocial, emotional and mental health needs was generally sought through Child and Adolescent Mental Health Services (CAMHS), or through therapeutic interventions and counselling, including from mental health charities.

Child and Adolescent Mental Health Services (CAMHS)

In interviews, families expressed various reasons for needing CAMHS support, ranging from specific suspected conditions to a general request for mental health assistance, to severe mental health crises requiring emergency intervention. In some cases, acute needs arose due to self-harm or eating disorders. Several families sought CAMHS involvement to obtain a diagnosis that would enable access to medication, therapies, or school-based support (see *The role of schools in identifying needs*).

Survey findings (adoption only): access to support for psychosocial, emotional and mental health needs

In the survey, adoptive families were asked which, if any, of a list of support services, they had needed support from in the last year and whether they had received support from that service (see Annex F, Table 24).

Nearly half of adoptive parents felt that their young person needed support from CAMHS (46%, n=109), the same number needed support from a counsellor, and over a third needed support from a mental health charity (37%, n=87). Despite this, at the time of the survey less than a quarter reported having received CAMHS support (24%, n=56), a similar proportion received counselling (27%, n=63) and even fewer received mental health charity support (14%, n=33).

Mental health support was also among the support needs most often reported by the 30 adopted young adults responding to the survey, whether from mental health charities (n=8), CAMHS (n=4), adult mental health services (n=7) or psychologists (n=8). However, the small and self-selecting sample here means this support need should not be generalised to adopted young adults more widely.

Interestingly, although five young adults indicated that they had received support from adult mental health services, all five felt that they did not need this support, while none of the seven who felt it was needed had received adult mental health services in the last year. Whilst positive that some young adults were offered mental health support, this suggests a mismatch between young adults' and services' perceptions of when mental health support was needed and how inaccessible support was for others who needed it.

Access and barriers to CAMHS support

Around half of the families interviewed (44 of the 84 families) reported efforts to obtain support from CAMHS. Over half of these said they were offered assistance from CAMHS, although many had made multiple referral attempts before receiving support. This pattern was observed among adoptive families and special guardians, with similar proportions in each group seeking and successfully accessing CAMHS assistance.

A few families reported early access to CAMHS for children as young as five, usually due to awareness of early trauma or recommendations from adoption support assessments. In these cases, families felt that the early intervention provided crucial support and/or early diagnosis. In two cases, families were informed upon discharge that further support might be needed during the teenage years. For one family, this prediction was accurate but regaining CAMHS support later proved challenging.

They [CAMHS] were really supportive, and then they said they're going to need more support when they're teenagers. As we're coming up to teenage, I've found that that was true, but it's been so hard to get the CAMHS support. – *adoptive parent*

Families reported various barriers to accessing CAMHS support, including not meeting thresholds for intervention, exclusion criteria, and long waiting lists. Some young people were initially denied access but accepted after escalating self-harm led to urgent referrals post-hospitalisation. In an exceptional case, a young person started visiting websites about self-harming to learn what level of self-harm was needed to meet the threshold for CAMHS after a CAMHS assessment concluded that her behaviours were not severe enough to access support. The young person's adoptive parent believed that being told she did not meet the criteria was experienced by the young person as further abandonment and a sense of failure:

You know, 'you're not even good enough to get to CAMHS.' You know, it just felt like it was more rejection. - *adoptive parent*

We went in [to CAMHS] on one occasion. [Special guardianship young person] really just didn't know what to do with herself. [She] wasn't killing herself, wasn't attempting suicide, she wasn't taking drugs, she wasn't acting in a way that was dangerous. Therefore, they wouldn't look at her. She didn't meet the threshold. – *special guardian*

In a handful of cases, CAMHS did not provide support for young people with attachment disorders, trauma, FASD, or neurodivergence, citing exclusion criteria. Families were informed that appropriate support was unavailable and were left without guidance on alternative sources, feeling abandoned.

We've gone back to them [CAMHS] recently to try and get some FASD support and they've said, well, that's not our area of expertise. When we've asked 'whose is it? they don't know. – *adoptive parent*

When he self-harms and he goes to hospital, the CAMHS team come and they say the same thing - they can't work with him because he's neurodiverse and they can only support neurotypical children and so [we] go home. And so, it's gone on and on and on, and here I am two years later, still waiting for mental health support. – *special guardian*

It was sometimes hard for families to understand why their young people were not eligible for support or why there were differences across services. For example, some CAMHS services said that they could not support young people with trauma, while others did offer trauma support.

I know a lot of people struggle with CAMHS ... I've known families [who have] been told, you know, we don't deal in trauma. But we were quite lucky that the psychiatrist was really well versed in trauma and did his best to support our daughter. – *adoptive parent*

Where CAMHS support was not offered, suggestions for alternative sources of support should be offered.¹⁴ A small number of families were told that their young person's mental health needs could be met by the family without specialist services, leaving families feeling unsupported. More commonly, however, families felt that they were bounced between services and falling between the cracks in provision. This often meant that it took a long time to access support, and some young people were still unable to access mental health support from any services.

It's almost like you've got to have the mental health assessed, and CAMHS go "Well, it's Barnardo's"; Barnardo's go, "Well, he's not suitable." So you go back into the system, and you don't know where you're going. – *adoptive parent*

He's been asking for mental health support, but CAMHS say that his anxiety and depression is down to his FASD, so it's a primary symptom, so they don't have anything to offer [...] the GP is saying they can't do anything because he's not 18, so they have to refer to CAMHS, and CAMHS and says, "Oh, well, he's with the well-being team." But the well-being team only offer counselling, which he can't do. – *adoptive parent*

Families reported that long waiting lists for CAMHS assessments and support hindered their access to mental health support. Waiting periods ranged from 6 months to 2.5

¹⁴ [Parents' Guide to CAMHS | Guide for Parents | YoungMinds](#)

years, even in cases of acute need, such as life-threatening situations. These delays left young people without support for extended periods.

I've had CAMHS meetings, which [are] like gold dust, but then he got discharged. And then he got re-referred back in three weeks later and they basically said, "Oh, unfortunately because you were discharged, you're back at the bottom of the waiting list. It's an 18-month waiting list." I'm like, but that'll take him to his 18th birthday. – *adoptive parent*

In a few cases, other forms of support were available for young people while they were waiting for specialist one-to-one support, but this was rare.

CAMHS obviously have the crisis help, [...] but in between that, if you're on the waiting list, you can go to a place [...], which is for 12 [years old] and up, I think. It's a place where they can go, it's a bit like a youth club, and it's run by volunteers. There was a woman there last night who was part of the trauma team and CAMHS crisis. [...] [we had] about an hour of talking to this lady. [Young person] started to open up, and she did engage a bit better. – *special guardian*

Experiences of CAMHS support

Where families did get access to CAMHS, the support described by families included medication, training for parents, suggestions for coping strategies, and one-to-one support over a prolonged period. It was common for more than one form of support to be offered over time.

Parents and carers reported positive examples of CAMHS support when it was tailored to the specific needs of the young person, and referrals happened quickly. One young person who needed support for an eating disorder said,

CAMHS were really good, and it was quite quick from the time we went to the doctor [...] they did one session with me just to find out [about eating disorder concerns] and then she just used to go to the sessions, and she's got better. – *special guardianship young adult, aged 18*

Some of the support offered by CAMHS was not experienced as helpful or appropriate. For example, one special guardian was initially only offered parental training on trauma, which they felt was offered as a tick-box before CAMHS would consider providing the more targeted support they felt was needed.

Negative experiences of support from CAMHS reported by parents and young people often centred around feelings of not being heard or being discharged before sufficient progress had been made. For parents and carers, this issue was particularly prevalent in

cases where they believed that children and young people were 'masking' symptoms in front of professionals. In some cases, a young person did not feel able to engage in support at the time it was offered, after waiting for the support for a long period. Adoptive parents and special guardians were frustrated, as this often meant the referral was closed and they had to join the waiting list again once the young person was ready for the support.

Opinions varied on whether the duration of support provided by CAMHS was adequate to meet their needs. A minority of these parents reported that their support was open-ended and that they could request to return to support at some point; this was generally seen as a positive attribute. However, several interviewees expressed frustration with the time-limited nature of the support.

Counselling and therapies

The need for therapeutic support emerged at different times throughout childhood. A few families indicated that they had initially accessed therapies - particularly Theraplay¹⁵ - when the child was younger (typically between around 6 and 10 years old). However, several families explained that the need for therapies and counselling emerged – or sometimes re-emerged - in adolescence. Life events, including bereavement, also triggered families to seek therapeutic support (Hamilton & Blades, 2025).

The interview data also highlighted the need for specific support for care-experienced young people. Examples included therapeutic assistance related to transracial adoption, complex sibling dynamics, grief, FASD, trauma, gender dysphoria, substance misuse, eating disorders, and earlier sexual abuse within the birth family.

There is a wide range of different forms of therapy which may be suitable for young people depending on their age and support needs (Stock et al, 2016). It was not always easy for families in this research to know what might be helpful for them. In some cases, families accessed an initial assessment which advised on the most appropriate forms of therapy.

[Therapy provider] assessed what our needs actually were, and they picked out what type of therapy would work best for us [...] So she started art therapy with him and then gradually, that became psychotherapy. – *adoptive parent*

However, many families interviewed indicated that they had to conduct their own research into the various types of counselling and therapies available to meet their child's needs. Adoptive parents and special guardians frequently noted that this process was

¹⁵ Theraplay is a structured, play-based therapy designed for trauma-experienced children that focuses on interactions between the adult leading the play and the young person

time-consuming and required significant capacity and resources. Some individuals made use of personal connections with professionals or academics in relevant fields, who recommended suitable interventions.

I'm very fortunate. I've got a friend who was taught on the masters degree in special needs for children, a friend who was a social worker, friends who are doctors, relatives. They're all at the right level, so I can try out ideas and just say 'what do I do'? I don't think I could have done it if I wasn't just surrounded by people. - *special guardian*

Several families proposed that a comprehensive 'menu' of support services could benefit individuals who are not yet familiar with the available resources in their area; one family specifically referenced a local authority mailing list, which they found useful for understanding the various options at their disposal.

Access to therapies and counselling support

Funding for counselling and therapy primarily came from personal finances or the Adoption and Special Guardianship Support fund (see section on Adoption and Special Guardianship Support Fund), with some cases funded by adoption agencies. When support was financed by the family, it often occurred after unsuccessful attempts to obtain funded services.

It's her disability living allowance that we're spending on [therapy] and that seems like a very good use of the money to me and to her most of the time. - *special guardian*

Families with young people in therapy were not always kept as well informed as they would have liked about the aims and progress of therapeutic support provided. Some wanted more therapies that directly involved parents or carers and other household members, including biological children of adoptive parents and special guardians. One young person mentioned that a holistic approach had been helpful, as having the therapist present facilitated difficult conversations with adoptive parents.

I've had therapy since I was 12 or 13. We've had like joint sessions, where mum and dad come to this session and my therapist and me kind of tell them how I'm feeling. I don't know what part of the therapist being there makes me feel more confident that they'll listen, but it does seem to work. – *adopted young adult, aged 19*

Access to the Adoption and Special Guardianship Support Fund (ASGSF)

The ASGSF provides funding for young people who left care under an Adoption or Special Guardianship Order to access specialist assessments and therapies. Previously

named the *Adoption Support Fund*, it was initially only for adopted children. In 2016, eligibility was extended to include children who had left care on other permanency orders including those living with a caregiver with a Special Guardianship Order. In 2023 the name of the fund was changed to the ASGSF to explicitly include young people in special guardianships, since there was lower uptake among this group.

In interviews, the ASGSF was identified as an essential route to access the therapeutic support needed. For many, access was straightforward, if the assessment of their support needs recommended that an application to the ASGSF should be made.

Access to the fund was inconsistent, however. Interviews suggest that confusion around the scope of the fund continues to be a barrier, with several families reporting that they thought they were not eligible for a number of reasons; being a special guardianship family, believing the fund was only for trauma related therapies, believing that the ASGSF was limited to £5,000 over the child's lifetime rather than yearly, and lack of clarity on the upper age limit for support.¹⁶

The requirement to apply for an assessment of their support need via a local authority or Regional Adoption Agencies (RAA) meant that families who no longer had an assigned social worker or post-adoption support worker struggled. Families felt that there were also varied levels of awareness of the ASGSF among social workers, and several families reported delays in the application process due, for instance, to staff turnover or misunderstanding about eligibility.

I first raised the adoption fund four years ago [c. 2020] with two or three social workers. All of them told me they knew nothing about it, but they would investigate. Nothing came of that. – *special guardian*

There's a lot of jumping through hoops and needing social workers to approve it. You don't have a social worker once you've got your guardianship approved, so you have to fight harder. – *special guardian*

For some families the ASGSF did not cover the type or quantity of support they required. The short-term nature of the funding limited the impact of therapies. One family was frustrated at repeated breaks between blocks of support because of the need for a review panel after every 6 sessions leading to a lack of continuity in the therapy.

Experiences of therapies and counselling support

Several young adults in the interviews identified support from psychologists and therapists as having a crucial, positive impact on their lives. Since the young adults in our

¹⁶ Note, the interviews were conducted prior to recent changes to individual funding limits for the ASGSF. These changes, announced in April 2025, reduced the fair access limit for the cost of therapy from £5,000 per year to £3,000 per year, and removed the separate allowance for specialist assessments.

study were self-selecting, responding to recruitment materials rather than individually invited, it may be that those who took part were more likely to be coping well with emotional and mental health challenges than the young people whose parents or carers opted in to the study.

The educational psychologist, I definitely think she was very helpful. [If] most adopted kids could have someone like that, that they could literally just play with and talk to and not even realise they're talking about their past while playing, that could really help. [...] I definitely think that was one of the main things that helped me, and that if I didn't have that, I probably would have struggled a lot more. – *adopted young adult, aged 23*

I had a very, very good therapist before she passed away. And really that's what helped me. If I didn't have her, I wouldn't be where I am. – *adopted young adult, aged 20*

The survey asked adoptive parents about the most helpful support they used. In free text responses, counselling and therapies were the most common, with funding from the ASGSF often cited as crucial.

Adoption Support Fund has been transformative for our family over the years and I'm sure is why she's doing so well now. We've accessed Theraplay, occupational therapy and music therapy for our daughter, and counsellor support for me – *adoptive parent, survey*

Families who used counselling and therapies – whether privately funded or funded by the ASGSF - received support in various formats, including art therapy, sensory therapy, equine therapy, and Theraplay. Combining art with therapy or play with therapy facilitated engagement by removing barriers for young individuals.

Whilst parents and carers often felt that therapy allowed the young people to process their emotions and begin to heal, many young people reported that they did not feel comfortable with the resurgence of trauma that therapy brought, which sometimes worsened their behaviour within the home directly afterwards.

A key factor in whether a family or young person felt that therapy or counselling had been successful was whether a positive relationship had been built with the professional delivering it. Engagement with multiple therapists was often necessary before finding the right one. In some cases, both young people and their parents or carers felt that it was important that characteristics matched between the professional and the young person, for example gender or ethnicity.

After quite a few months of trying, and also searching for another private therapist, I couldn't find one suitable. They're all online or they're not black, or they don't understand attachment. To find a black therapist who's close enough, who's in-person has been impossible. – *adoptive parent*

Maybe I would have connected more if it was a female-to-female thing, but I remember finding him quite blunt and quite... not intimidating but, if I'm coming to you with an issue, I want you to be like, open arms. But it was like, none of that. So, it shut me off a little bit. – *adopted young adult, aged 22*

One criticism of the ASGSF was that because the therapy is provided by local authority approved providers, there was felt to be less flexibility to change therapists if the relationship was not working:

I know people who've been trying to get therapy through the adoption support fund, and it's taken months and months, and they don't get to change the therapist. And that for me, was the critical point; I know when I meet a therapist that I think is going to be right for my child [...] We've met some that you're like, not sure, and then it's turned out not to really work out. And then we've met others that you just think, straight away, yes. – *special guardian*

Summary

Interviews showed that many of the adoptive and special guardianship young people in this study had experienced challenges around their mental and physical health. Families often attributed these challenges to early childhood adversities, as discussed in the section on *young people's exposure to risk factors*. Short measures of wellbeing, depression and anxiety also indicated that mental health difficulties were far more prevalent among the adopted young people and young adults in the survey than in the wider population.

Many of the families in the survey and the interviews described risky and challenging behaviours among their young people which often posed a threat to their own health and wellbeing, and occasionally to others. Parent-reported risky behaviours included eating disorders, self-harm and aggression towards others.

Around two-thirds of the adopted young people in the survey, and a similar proportion of adopted and special guardianship young people in the interviews had at least one diagnosis of an emotional, behavioural or neurological disorder. Many families described

long waits and difficulties getting assessments and diagnoses which delayed access to support.

Even with a diagnosis, families explained that access to mental health support was limited, with many describing difficulties accessing CAMHS when needed. Similarly, families highlighted the importance of timely, tailored therapies (e.g., art therapy, Theraplay), but faced long waits, eligibility issues, and a lack of continuity in support. The ASGSF was an important route to accessing therapies, but awareness of the availability of this funding was variable, particularly among special guardians.

6. Education

This section focuses on experiences in secondary and post-16 education but experiences in primary are also discussed where they are important in contributing to young people's outcomes. As highlighted in the previous publication (Hamilton & Blades, 2025), transition to secondary schools was associated with escalating difficulties for young people in adolescence. In comparison with primaries, young people and families interviewed felt that secondary schools were more demanding, less flexible around adaptations and support for student needs in school and less understanding of young people's needs.

Themes identified in the research suggest that school and education settings contributed to young people's outcomes in two broad ways.

First, school can be experienced as more or less of a challenge for young people to negotiate, particularly where additional needs make it hard for them to meet the behavioural or educational expectations of school settings. When positive, school can offer interactions that contribute to young people's wellbeing, self-efficacy and personal identity.

Making friends I found difficult. The [inclusion space within school] has helped me interact with more people. I have a big friend group now. I can talk about whatever I want, I can trust all of them. [...] I know that if I have problems I could go to a lot of teachers and say, 'Can you help me?' [...] there's this young woman in [school support team], she's always just been there and I can always go to her. [...] Everyone in [school inclusion team], I can go to them and say can you help me? And they will do it. – *special guardianship young person, aged 15*

At other times, bullying, pressure to fit within a structured environment and difficult relationships with staff made school a difficult experience for adopted and special guardianship young people. Among the young people we interviewed, many said they did not enjoy school or found the school environment very challenging.

I did not like school in any capacity; not because school was bad. My mind just wasn't open to it. I feel like I would have enjoyed school with the right type of therapy, but I didn't. - *adopted young adult, aged 23*

School isn't for me. [...] I was just struggling. I had the mental capacity to be able to answer questions, but I didn't have the emotional capacity to be in that class of 30. - *special guardianship young person, aged 15*

Second, schools can be an important source of support for young people's wider needs. Schools are a key point of access to, or provision of, specialist support, including social,

emotional and mental health support as well as educational support. This may include formal support services, but also informal support through positive relationships with peers and trusted adults in the school, sometimes being a source of stability where young people may have experienced instability in other aspects of their lives.

The interviews were dominated by themes around the need for school support and challenges coping with school environments. While some of those interviewed described support they had received in schools, many others highlighted support they felt was needed that had not been provided. This section, therefore, focuses predominantly on these experiences.

Survey findings (adoption only): experiences of education

In the survey, 64% (n=152) of adoptive parents reported that their young person (aged 12-17) was currently in school, college or university. Of these, just over half (56%, n=84) were in mainstream secondary settings, (n=12) were in college and one young person was currently at university. Around (n=9) were accessing private education settings, either paid for by the family or by local authority as part of an Education Health and Care Plan (EHCP). About 1 in 5 (n=29) were in special educational or alternative provision settings, including residential care and education settings (Annex G, Table 28).

Among survey participants, just over a third of adopted young people who were old enough to have completed year 11 or older had achieved qualifications of 5 or more GCSEs or higher-level qualifications. Nearly two-thirds (65%) had fewer than 5 GCSEs or had no qualifications (Table 25).

Among adopted young adults, 7 out of 29 had no qualifications, or fewer than 5 GCSEs at A*-C or equivalent (Table 26). Just over three-quarters of the adopted young adults responding to the survey were in education, training or employment (n=22). Of these, 12 were in education or training and 13 were working full-time or part-time (a small number were working *and* in education). Seven adopted young adults were not in education, training or employment; two were looking for work, two could not work due to illness or disability, and two were in prison.

Young people's needs and experiences in education

The role of schools in identifying needs

Survey findings (adoption only): special educational needs

Special education needs were prevalent among adopted young people in the survey. Adoptive parents responding to the survey, 68% (n=167) recorded that their young person had a special educational need (SEN) or disability, and a further 7% were unsure. When asked to identify the young person's specific needs from a pre-defined list, 90% (n=166) identified their young person had social, emotional and mental health needs, over half (52%, n=96) had learning difficulties, and a third (33%, n=60) had an autistic spectrum condition (Annex G, Table 30).

Among the adoptive families interviewed for this study a slightly higher proportion (31 out of 40) said their young person had a SEN. The proportion was lower among young people growing up in special guardianships; 20 out of 34 said they had SEN, a further 4 were unsure.

At registration to the study, families were asked whether their young person had SEN. Of the 74 families interviewed, 51 said their young person had a special educational need, and a further 7 were unsure. Only 16 said they had no special education need. These proportions are similar to those found in the survey of adoptive parents (see blue box on special educational needs).

Schools are an important gatekeeper for access to assessments and support plans. Primary schools have a vital role in supporting early identification of children's needs. For a handful of young people in our study, adoptive parents and special guardians reported that primary (and nursery) settings had picked up on their additional needs very quickly and put support in place, which continued throughout the young person's education.

[Nursery staff] applied that summer, before he started, for an EHCP, got a lovely educational psychologist to review him, and we got it. So, he's had the EHCP all the way through. We will be eternally grateful for the nursery doing that. - *adoptive parent*

However, while some nurseries and primary schools were supportive and understanding about a child's experience of trauma, this sometimes meant that families believed other special educational needs were overlooked, and referrals for assessments for other diagnoses like FASD and ADHD were not made.

Primary school were super supportive, they got it. It is great that there is this understanding of early life trauma now and what that means for children, but it is not great when other things are dismissed because of it. That means that [wait for] support is prolonged. - *special guardian*

Adoptive parents and special guardians frequently reported that diagnosis of a specific condition was a pre-requisite for accessing education support (despite the fact that the SEND Code of Practice¹⁷ (which is statutory guidance for schools) is clear that a clinical diagnosis is *not* a requirement, and schools should make special educational provision available based on the child's presenting need). For most families interviewed, however, getting schools to support or¹⁸ make a referral for an assessment was difficult and prolonged. Many adoptive and special guardianship families said that schools did not support requests for referrals, attributing behaviours to being "*naughty*" (*special guardian*), or "*an under-achiever*" (*adoptive parent*) or, conversely, not recognising additional needs because young people were masking in school or achieving well academically. Families regularly spoke of schools not being good at recognising behaviours as an indication of trauma-related needs and felt schools needed more training in this area.

Frequently, families were only able to get schools to recognise needs and make referrals much later, often after difficult transitions to secondary schools and persistent requests for help. Delays in getting referrals for assessment for diagnosis or EHCP, along with long waiting lists (families described waits of 3 to 4 years for an assessment in some cases, particularly for CAMHS) meant that many young people only received diagnoses in their mid to late teens when any support came too late to significantly impact their educational outcomes.

I have ADHD and I was diagnosed with that when I was in, I think secondary school maybe like GCSEs or a bit older [...] And I mean that didn't really help with anything – *adopted young adult, aged 23*

Where schools did not support assessments, a small number of families paid for private assessments, but this was not affordable for all families and in one case a private diagnosis was not accepted by schools.

School told me that they can't put any additional support in for [young person] until he's had a diagnosis. And they wouldn't accept a private diagnosis; it has to be a CAMHS diagnosis. - *special guardian*

¹⁷ <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

¹⁸ SEND Code of Practice 2015, Chapter 6 [SEND Code of Practice January 2015.pdf](#)

We ended up funding the [adoption agency] report [...] because you would then at least start getting some evidence. And we did the same with the Ed[ucational] psych[ologist] report. So those gave us ammunition, but not everybody can do that. - *special guardian*

Bullying at school

Being bullied is a known risk factor to achieving positive education and wellbeing outcomes for young people (Armitage, 2021). This research found many young people had experienced bullying at school. Some of the bullying described by adoptive and special guardianship families in our interviews was targeting young people because of their family situation.

[Young person] has had some really nasty [bullying] from people that he thought were friends. Even recently somebody saying, "He's so fat and ugly. No wonder nobody loved you enough to keep you." and things like that. So yeah, it's horrible. Kids are horrible. - *adoptive parent*

As the section on *Friendship* explained, some young people were reluctant to tell others that they were adopted or in special guardianships because of concerns about reactions and bullying. Even when young people did not tell others about their family situation, they were none the less often more vulnerable to bullying because of SEN or because they were seen as 'different'. For example, one special guardianship young person's account highlighted how they were targeted because of a tendency to react and get 'wound up', something that was echoed in some parent/carer interviews.

I did used to get bullied [...] but I'm not sure if that was because I'm special guardian or just because I was a bit abnormal, sort of thing. Like, I was just an easy target, get wound up easily sort of thing. *special guardianship young person, aged 15*

Some families suggested that because their young people were dysregulated in school or displayed behaviours that schools found difficult, this left them even more vulnerable to bullying as they were dismissed, disbelieved, or schools did not respond adequately. Families acknowledged that it could be hard for schools to respond to bullying, but they also highlighted how important it was for their young people to be heard when things happened, and the damaging effect it had when they were left feeling unsafe at school.

The boys [...] weren't being believed. Children who have been through the system, [their] voices are not often heard at all. They can say it, but it isn't taken into consideration enough. So, you had two lads then that felt they were not being believed. So, from two good children, we then started getting corrections, credit losses. - *special guardian*

Parents, special guardians and young people frequently described experiences of bullying as extremely distressing and suggested that they led to young people becoming more socially isolated, suffering from poor wellbeing, mental ill health and disengaging from school environments. Several young people moved schools because of experiences of bullying, disrupting their education and sometimes taking them away from schools that seemed, in other respects, well-placed to meet their needs.

I really struggled through [first year of college] because I got bullied [...] that made me really appreciate being home schooled because you don't get bullied, you know, safer environments and [...] you don't feel so different - *adopted young adult, aged 21*

Survey findings (adoption only): experiences of education

Among adoptive parents whose young people were under 18, (n=9) were currently home-schooling. While some families may have chosen to home school as their preferred option, open text survey responses and interviews suggest that many felt they had to home school, either because their young person was unable to cope with the school provision offered, or because no provision was available:

The school were rubbish at supporting his needs (despite a lot of input and effort from us) and he wasn't coping at all in secondary school - constantly didn't feel safe and 'misbehaved' because of this. We've been home educating since March 2020. – *adoptive parent, survey*

Most adoptive parents who responded to the survey reported that they thought their young person liked school a lot or a bit (61%, n=93) (see Annex G, Table 27). Young people in the survey were slightly more likely to record that they liked school a lot than parents were (32% (n=29) compared with 24%, (n=37)), but most reported liking school a bit (40%, n=37).

Just over a quarter (27%, n=43) of adoptive parents surveyed whose young people were still in school thought their young person was bullied at school, and another quarter (25%, n=40) was unsure. The proportion was higher among those young people who were now over 18; over half indicated that their young person was (31%, n=26), or may have been (29%, n=24), bullied while at school.

Young people were asked whether they ever felt afraid of going to school or college because of bullying: 12% (n=11) were afraid all or most of the time, and another 26% said they were afraid sometimes. Thirty per cent (n=26) indicated that they were never afraid of bullying.

Choice and stability in education settings

Interviews showed that while proximity to home and the school choices of friends were factors in selecting schools, many of the families interviewed emphasised their focus on trying to understand which schools would best meet the specific SEN and pastoral support needs of their young people. Young people who had been in local authority care are entitled to priority in school admissions,¹⁹ and families often used this priority status to select schools they thought would meet their young people's needs.

While a few families had to challenge local authorities or schools to get their preferred choice, in most cases accessing the first choice of a mainstream school initially was straightforward. However, difficulties arose when things became challenging in school, and the family or school wanted the young person to move. Bullying at school (as discussed in Bullying at school), was one reason that families felt compelled to change schools. Many adopted and special guardianship young people reported that they were also excluded from, or encouraged to leave, a school. Across the interviews, five special guardians and nine adoptive parents explained that their young person had been permanently or temporarily excluded, often multiple times. Reasons for exclusions included having drugs or a knife in school, fighting with other students or behaviours that were generally described as challenging.

Eventually he was permanently excluded from the secondary school for behaviour. They said that it was behaviour that they'd never ever seen before. He wasn't stupid. He was bright. He was permanently excluded from that school and the headteacher there suggested we got CAMHS involved. – *adoptive parent*

In addition to formal exclusions, a handful of parents and carers interviewed felt that schools tried to push their young people out of their school, rather than provide the support required.

The headteacher said, "If you return your child to us after half term, he will be going directly into the main classroom; he will not be allowed in the library, and my TA is no longer working with him." She was choosing to do something to force a deliberate exclusion, putting him in a situation that she knew he absolutely could not cope with. - *adoptive parent*

Some parents and carers expressed anger that schools responded to their young people's struggles at school with exclusions, rather than with support, particularly where they had been trying to get support put in place for some time.

¹⁹ School admissions code 2021, https://assets.publishing.service.gov.uk/media/60ebfeb08fa8f50c76838685/School_admissions_code_2021.pdf

School has been terrible. I said my concerns that she has ADHD, autism and I was told it was me. [...] She is struggling, kicked out of college twice for a while, and there's no help. – *special guardian, survey*

Findings from the interviews suggest that multiple changes in education settings are another source of instability for young people who had already experienced instability in their family lives, disrupting their education and relationships.

Pupil Referral Units (PRUs) and Education Other Than At School (EOTAS)

Among the families interviewed, seven adopted and special guardianship young people had been directed to pupil referral units (PRUs), either for a short period or longer-term. Reasons for referral described by adoptive parents and special guardians included self-harm, verbal abuse towards staff, and disruptive behaviours.

Experiences of PRUs were split; around half said that the PRU was therapeutic, had a good understanding of the young person's needs, and helped make referrals and access further support. Only one of the young people interviewed had attended a PRU, and for him, the experience was positive as he felt that the staff there understood and knew how to support him.

I was put back into a pupil referral unit. [...] the head teacher and his wife [were] bloody lovely people. They knew how to support children. -
adopted young adult, aged 24

Other parents and carers, however, saw PRUs as damaging, putting young people into chaotic environments where they felt unsafe and experienced harmful social relationships.

A handful of young people in the families interviewed were put on an Education Otherwise Than at School (EOTAS)²⁰ package, which included access to online schooling or tutors funded through the local authority when no suitable school place was found. But this was often for only a few days a week or for a few hours a day, leaving young people with reduced access to formal education, the implications of which are discussed in the section on Lost Learning.

Survey findings (adoption only): stability in education

Research shows that young people who attend multiple schools often have poorer educational outcomes (Masten & Dante, 2010). Most young people would be expected to attend two or three (primary, junior/middle and secondary) schools at primary and

²⁰ Education otherwise than at School (EOTAS) is a local authority funded legal provision for young people with special educational needs who cannot attend school. It provides a tailored educational programme in another setting such as at home or a tuition centre.

secondary level. In the survey of adoptive parents, one-third (n=82) said their young person had attended 4 or more different schools, and 16% (n=39) had attended 5 or more. Furthermore, a quarter said they were very (16%, n=25) or extremely (8%, n=12) concerned that their young person would have to leave their current school, and 28% (n=42) were a little concerned.

Nearly a third of adoptive parents recorded that their young person had had a permanent (7%, n=11) or fixed term (26%, n=41) suspension in the last 2 years, and 40% (n=64) had had an internal exclusion (in school but out of mainstream lessons).

Lost learning

The challenges outlined in this section resulted in lost learning, for several young people, either because they could not access an appropriate educational setting, or because they did not attend regularly or were excluded.

In interviews, families where young people had had to leave a setting, particularly in-year, commonly reported that it was difficult to find another suitable placement and often involved prolonged arguments with local authorities, leading to long periods out of school. This happened even when parents and carers said they had chosen a school specifically because they thought it would meet their young person's needs.

I phoned the local authority and said, "We've got to find her somewhere, she's entitled to a full-time education and you're not helping me." There wasn't anything. We had to [go] to tribunal. - *adoptive parent*

They failed to put in place the measures that were agreed, and I said that's not fair. [The school] were like, well, if you don't like it, move schools. The head told me that quite a few times over the course of a year. So, I did. I took her out of school. I had her at home for six months [...] and then we got a place [in another school], which were brilliant straight away. We had a meeting with the school, went through the EHCP, they put measures in place straight away. - *adoptive parent*

In some cases, families chose to home school, rather than push for attendance in a setting that they considered to be detrimental for their young people's wellbeing, such as Pupil Referral Units (see section on other alternative settings).

A couple of families highlighted how difficult it was for young people to be educated in the home, either through home schooling or an EOTAS package with tutors coming into the home, especially for families who were dealing with other support needs and challenges at home. They felt that separating home and school environments and expectations was important for their young people, and that a dual role of parent and educator was

detrimental to the relationship between them and their young person. Home learning also had a significant impact on parents' and carers' lives and wellbeing.

They offered a tutor to come in to home [...] and I was like, no, this is his home. It's not going to be school. I don't want him having meltdowns at school without school. We have enough meltdowns to deal with without it. - *special guardian*

When [grandson] first had to leave the school, he was home learning the whole time, and I just thought, I can't, it's not right for him, and I can't live my life where I can't go anywhere or do anything. - *special guardian*

Disengagement with education, feeling unsafe, and struggling to cope with the school environment frequently resulted in emotionally based school avoidance and long periods out of school.

The school, they're not supportive. They don't help at all [...] I struggle with being around people a lot and noise. [...] So, I end up making myself sick and going home - *special guardianship young person, aged 15*

I would sit in the car, and I just can't go in; my mum's not going to force me to go to school because it would just cause more stress and turmoil. [...] It was almost like a paralysing anxiety. I just couldn't go in, and school didn't really do anything - *adopted young adult, aged 18*

Some young people were put on reduced timetables to help manage anxieties in school and low attendance, but this still resulted in reduced access to formal learning and often did not help the young person to engage while they were at school.

And so, she was going to school maybe two or three days a week and then the other two days the school arranged for her to go and spend time at the local stable, which she really liked [...] And then eventually she couldn't go back there. [...] You need to have a nurturing environment to learn, and it couldn't have been further from that. So, to cut a long story short, she stopped going. – *adoptive parent*

Post-16 education

Securing educational qualifications is one important route to employment, financial security and greater stability in living situations. Negative experiences at school led some young people interviewed to feel devalued and disengaged, limiting their ability to achieve qualifications to help them progress into adulthood. Young people and families, particularly those who received little or no additional support in schools, often talked

about schools having low expectations for their young people or writing them off as difficult or ‘*damaged*’ (*adopted young adult, aged 23*).

These perceived low expectations alongside a predominant lack of appropriate support led to young people disengaging, feeling that they did not belong in school and struggling to cope with the day-to-day experience of being in lessons. Among those who struggled at school without the support they needed, several had not been able to take GCSE exams because of mental health or other challenges. Others sat just a small number of core subjects, such as maths and English, which was generally the case if young people were out of school for years 10 and/or 11.

Most of the young adults interviewed had pursued a range of post-16 educational routes and gone on to achieve qualifications including A-levels, university degrees and vocational qualifications. Some returned to training and education a few years after leaving school, which helped them to progress. Many pursued creative or vocational qualifications including dance, acting, sports, childcare, care for animals and construction reflecting recent research that found that care experienced young people are more likely to follow vocational pathways post-16 (Feinstein, et al., 2025).

Among the adopted young adults interviewed, several had been to university. Experiences were mixed and were also influenced by disruption to higher education during the Covid-19 pandemic. However, those with experience of university saw it as a valuable stepping stone to independence, allowing them greater freedom, responsibility and distance from their adoptive family, while still having access to a support system.

I think [university] gave me the space to discover who I am outside of my past. Outside of my adopted family. [...] There's a difference between being independent while in uni [compared to after university]. You know you still have like fall back. You can always still like fall back home. But [living independently after university] is, like all adults, there's no safety net. - *adopted young adult, aged 23*

Support for young people in education

Supportive practices in schools

Survey findings (adoption only): supportive practices in schools

A large majority of adoptive parents (94%, n=221) reported that they had told their young person's secondary school that the young person was adopted.

Over a fifth (22%, n=36) of adopted parents reported that their young person had been offered support from a designated teacher or from the virtual school (Annex G, Table 31).

When asked about support needed in education, support from teachers in the school was selected by 61% (n=143) of adoptive parents and received by 48% (n=112) (Annex G, Table 32).

In the survey of adoptive parents, 38% (n=61) reported that their young person had been offered time with a school counsellor (Annex G, Table 31). A separate question asking about support needed and received in education found that 32% (n=76) wanted support from a school counsellor, while 18% (n=42) received this support (Annex G, Table 32).

The role of designated teachers and virtual schools

Department for Education guidance requires schools to have a designated teacher to oversee progress for looked-after and previously looked-after children (Department for Education, 2018). The designated teacher plays a central role in promoting the educational achievement of looked-after and previously looked-after children by ensuring appropriate support is in place, helping school staff understand their needs, and working closely with Virtual School Heads, families, and professionals to support their progress.

The Virtual School Head (VSH) holds a strategic role within the local authority, overseeing the educational progress of looked-after children and supporting schools to meet their needs. For previously looked-after children, the VSH provides advice and guidance to parents, schools, and other professionals to help promote educational achievement and ensure appropriate support is in place.

In interviews, few families were aware of the designated teacher role explicitly, though most described working with one or more staff members to discuss their young person's needs. One exception was a parent who praised their school's provision of a designated teacher and mentor who had good training and understanding of the needs of trauma-experienced children.

They had not just a designated teacher; they had a mentor in place specifically for adopted and fostered children to kind of check in with them. They had a very good trauma knowledge, or the staff have been trauma trained. They worked very closely with the virtual school. [...] So, somebody who's actually, this is their speciality. So, they've been able to sort of give some quite good advice. - *adoptive parent*

Families often worked closely with SENCOs (who may also have been fulfilling the role of designated teacher), to discuss support needs, including when considering where to enrol their young person. In interviews, experience of working with SENCOs once in school was mixed, however. Many families felt that the support offered was not consistent with how schools described their approach. Changes of SENCO and school leadership also resulted in families feeling let down by schools that had '*said the right things*' (*special guardian*) but did not provide the support that families felt was needed.

Everything about it on paper was ideal. It's got the real structure [and] doing Maslow's hierarchy of needs²¹, [so] doing well-being as well. [...] So, on paper it was ideal; in practice it's worked out a little bit harder. - *special guardian*

Interviews suggest that many families were unaware of the role of the VSH; over a third of families said that they were not aware of the VSH at all. Among those that had, experiences were mixed. Some had made contact but received no response or were directed elsewhere. More positively, a few VSHs provided expert advice about local provision and even supported parents in meetings with teachers. Nevertheless, a small number of interviewees said they felt that VSHs should have more power to intervene or offer support and wanted them to more actively advocate on their behalf with schools.

The virtual school was a gap; had that been easily accessible, I probably would have gone down that avenue [...] I guess they would have been able to support with school. Like rather than me banging the drum about the reasonable adjustments they need to be making, they would have been able to act as an advocate. - *special guardian*

Overall, there was a lot of confusion among those families interviewed about the VSH role, perhaps due to the distinction between their responsibilities towards looked-after and previously looked-after children; in relation to the former group, VSHs have a role in directly providing support for young people, while for previously looked after children, the role is limited to providing “*information and advice*”²² on request, including from a parent. A couple of interviewees said they had been led to believe that the VSH only had a role in relation to looked-after children, not for previously looked-after children. There may also be confusion between what constitutes ‘information and advice’ and what practical support or intervention parents and carers might feel is needed.

I did contact them at the beginning of this year to see if there was anything they could do to support to get him into college [...] they said they couldn't support us because he wasn't a looked after child anymore. Whereas we should have got the support from them because my understanding is that virtual schools are there for previously looked after children, guardianship children and adoptee children. So, they should have supported us, and I did say that, but they were adamant. - *special guardian*

²¹ Participant referring to theory in psychology, see Maslow, A. H. (1943). A theory of human motivation. *Psychological review*, 50(4), 370.

²² Department for Education. *Promoting the education of children with a social worker and children in kinship care arrangements: virtual school head role extension*. [Promoting the education of children with a social worker and children in kinship care arrangements: virtual school head role extension - GOV.UK](#)

Families described many different practices that schools used to meet the needs of their young people throughout the school day. The practices fell into three broad categories: individual adaptations; offering additional support; and establishing trusting relationships with staff.

Individual adaptations

The overwhelming majority of families reported that schools had put in place adaptations to support young people's learning, though most felt they were inadequate or inconsistently implemented. Among the most common practices were the use of laptops or ear defenders in class, lunch passes, and toilet passes, access to calm spaces to help regulate, and access to safe spaces at lunch and breaktimes.

I have a pass which takes me into the hub, which is just somewhere to sit for 10 minutes. If they see that I'm completely stressed, they'll let me stay for the rest of the lesson. Or Mum will pick me up or I'll just go back to my lesson if I've calmed down and regulated. – *special guardianship young person, aged 15*

Adaptations during a period of transition between school settings were particularly highlighted as important. There was often a period of disruption before schools put adaptations in place, which could have been avoided through better communication between primary and secondary schools and between secondary schools and colleges. A few young people experienced supported transitions, including spending time in the new setting before the formal start to get to know staff and a smaller number of pupils.

I'm very excited to start college 'cause [...] I've had like that soft start up there. [...] I'm not as nervous as maybe I would be. And 'cause, I know everyone already. - *special guardianship young person, aged 15*

Despite many positive experiences of adaptations to support young people, there were several reports from families where schools refused to put in place requested adaptations, leaving families feeling unheard and unsupported. One young person felt that their school was not "*invested in seeing me, seeing that I needed support*" - *adopted young adult, aged 23*. Another young adult explained that her school's refusal of a proposal for specialist trauma informed staff training on autism and attachment disorders in education settings made her feel that the school was uninterested in trying to understand and meet her needs.

It just felt like they [secondary school] didn't really care. You know, it was unimportant, they had other priorities. If they bring someone in, they're admitting that like it's hard to deal with people who are adopted, instead of just being like, 'oh well, it's whatever'. So, it was a bit annoying when they just straight up sort of refused that. - *adopted young adult, aged 18*

Schools were described as rigid and focused more on attainment than wellbeing for young people. Even where adaptations were agreed, teachers did not always implement them, meaning that young people themselves had to negotiate access to the support they needed with individual teachers which at times led to confrontation. Young people often felt that their needs were dismissed by some teachers who did not believe them or were not prepared to accommodate them, resulting in poor relationships with teachers and disengagement from their classes (see section on Relationships and trusted adults).

This teacher never liked me anyway, because she didn't like it that I had certain arrangements - *special guardianship young person, aged 15*

[School] did some tests and they said she needed this blue paper. [...] [One teacher] told her when she asked for blue paper that, you wouldn't get blue paper in the real world, so I'll teach you how to read on white. – *special guardian*

A few aspects of the national curriculum content were highlighted as potentially challenging for young people in adoptive and special guardianship families, including discussion of heritable conditions in science and the study of the text *Blood Brothers* in English. The interviews suggested that some schools were more aware of the risks with these subjects than others. One adoptive parent said that the teacher called to warn them about the science subject so she could prepare the young person in advance. In contrast, others said they only found out that the topics were coming up when the young person became distressed.

Several young adults interviewed said that adaptations were much better in sixth form settings than they had been in secondary school. They described more flexibility in timetabling, more freedom to leave lessons when needed and better pastoral and wellbeing support. The impact of effective support and adaptations for young people's wellbeing and ability to engage with learning in school is discussed in the next section.

Offering additional support and Pupil Premium Plus

For the young people in our study, social, emotional and mental health support was predominantly provided out of school settings, but some schools did offer additional support through school counselling.

Few young people or carers interviewed said they had had support from a school counsellor. Several said that their school did not have a counsellor or that only group sessions were available, which they felt were not a safe or suitable setting to discuss confidential and traumatic experiences. More of the young people interviewed were able to access a counsellor in the sixth form and found this a positive source of support.

I started going to the counsellor at school which they've recently put in, and it enabled more help to be put on me one-on-one I would say. [...] our counsellor was a therapist specifically for all ages [...] I wouldn't say that I needed the counsellor for going into detail, but it did help me understand more about what I kind of went through and why I'm processing it in certain ways. - *adopted young person, aged 17*

However, young people spoke of school counsellors not typically being specialists in supporting care-experienced young people. One adoptive parent explained that, for her young person, this lack of specialist knowledge caused more distress than help when the counsellor started asking questions about her birth family without the knowledge or skills to support these discussions. Another refused counsellor support because she felt the counsellor did not have the skills to support her needs.

If you're going to have somebody for children that are looked after to have counselling provided in school, they need to ensure that that counsellor is trained in adoption because that is part of their identity and things that they will be dealing with in sessions. - *adoptive parent*

A few schools put in place other forms of support, including mentors for young people (see section on mentoring) or access to wellbeing activities or interventions such as confidence-building. These were generally perceived as positive in that their young people enjoyed these and found them helpful, but they were not common.

Schools receive Pupil Premium Plus funds for approaches intended to improve education outcomes for looked-after and previously looked-after children (Department for Education, 2025). In our interviews, many families felt that their schools' use of Pupil Premium Plus funds was unclear, but some adoptive parents and special guardians felt it was being used to provide support to their young person. One parent said they had been told that Pupil Premium Plus funds were covering support that was specified in an EHCP, and support should have been funded through that. Several families had asked the school about the use of Pupil Premium Plus or asked for it to be used so their young person could access additional activities or support, but most were unable to find out or to influence how it was spent.

There were a small number of exceptions where schools explicitly discussed how funds could be spent to support individual young people. This included funding, or part funding extra-curricular activities to support young people's interests, including drama groups and scouting.

When he went to the therapeutic setting, [Pupil Premium Plus] paid for transport to and from because his hours were during my work hours, so it paid for that. It also paid for some school trips. They looked at whether or not he wanted to do some out of school stuff, like some extra-curriculum stuff that they might be able to fund through it. - *special guardian*

Relationships and trusted adults

The evidence suggests that relationships with individual school staff members were critical in how young people experienced school. Young people and carers highlighted relationships with key staff members, both positive and difficult, as strongly influencing young people's experiences of school; one young person described school as "*Bad, but good [...] bad because of [maths teacher], good because of [pastoral lead]*" (*special guardian young person, aged 15*).

Poor relationships with staff were often characterised by what parents, special guardians and young people perceived to be low expectations of, and little interest in, the young person as an individual. This was particularly difficult for young people who had previously experienced trauma or who already found school to be a challenging environment. Young people explained how they felt devalued, disbelieved and in some cases unsafe when staff refused to implement support and adaptations or when they felt unheard by adults in the school.

I don't feel safe in school, because I haven't got anyone there. There isn't a trusted person - *special guardianship young person, aged 15*

In contrast, positive relationships occurred where staff took time to get to know young people as individuals and provided safe spaces to talk about what they needed. Staff members who were valued by adoptive parents, special guardians and young people took a more asset-based approach, recognising young people's strengths, suggesting forms of support and being positive about what they could achieve. This positivity encouraged young people to engage, trust and achieve better at school.

[The teachers I like are] helpful, they're not loud. [...] Like my RS teacher is best for it because she has ADHD and she spotted that. She said that she thought that I should get an assessment. So, this further proves that she is willing to help me. - *special guardianship young person, aged 15*

The main thing at school for me was, I would do well if I knew that there were people around me who I felt safe being around, like the teachers I could always go to. Like my form tutor. She was one of those people. - *adopted young adult, aged 23*

My maths teacher [...] her lessons were always really calming, and I don't know why, but I knew I could go to her. There's been a few times where I've been crying and I didn't want to go to areas where a lot of other kids would be, so I went into her classroom and I knew she would be there to help me because she was just listening - *adopted young person, aged 17*

Having a trusted adult that young people could discuss serious concerns with was also important for safeguarding - as discussed in the section on young people's wider relationships - and for young people's sense of safety in school.

With the school safeguarding... if I was feeling something overwhelming or I needed to talk about something, I felt safe enough to do that. - *adopted young adult, aged 22*

Collaboration between adoptive parents, special guardians and schools

In interviews, many accounts were characterised by conflict between adoptive parents or special guardians and schools. A main theme was that the only communication they had with schools was when things went wrong, so discussions about their young people were overwhelmingly negative.

Adoptive parents and special guardians often felt that schools were dismissive of their insights, particularly when seeking referrals for diagnosis or EHCP, as discussed in the section on Support for young people's psychosocial, emotional and health needs. Where young people were masking at school but displaying distress and dysregulation at home, parents struggled to get schools to understand.

I have been a SENCO, I know you get a parent that comes to you and says, 'at home, they do this...' but they're not always displaying that in school. [...] but sooner or later, what they're doing at home comes into school. So sometimes that prevention, rather than waiting for things to escalate before you put strategies in place. - *special guardian*

Special guardians particularly felt that they were sometimes dismissed because they were perceived as the grandparents, rather than as being in the parental role for their young people.

I felt at school that I was totally overlooked and ignored as a kinship carer because I was 'grandma' and 'kinship carer'. I was treated as having lost my faculties already. I just felt that it was a distinct lack of respect. - *special guardian*

Parents and carers at times felt that rather than being seen as partners, they were viewed as part of the problem. Others felt that schools were unwilling to put in the effort to implement the support strategies they were asking for and that they therefore stopped listening to them. Some schools only listened to strategies that parents and carers were pushing for when they were included in an EHCP or reinforced by other professionals.

[The school] are always so accusatory as well. It was always like it was all my fault, which is not very helpful either. - *adoptive parent*

[Schools say] 'We haven't got time for that' It's easier to exclude and get rid of him rather than to actually listen to what the carer is saying. And I gave them so many strategies to deal with him. - *special guardian*

Where good collaboration was established, adoptive parents and special guardians were able to provide consistent messaging about young people's behaviours at school and at home and to offer insights into what worked to support their young people. Through collaboration schools showed that they valued the young person, provided an opportunity for positive feedback and built good relationships between key staff and the family.

By rights, they should have kicked him out of school, he was that disruptive. When I spoke to them, they said if I hadn't have worked with them, they would have had to kick him out. - *special guardian*

We have a great relationship with the school. [...] we'll sit down with them every turn. We'll do some objectives. We do a check, you know, how they're getting on, what's going on. - *adoptive parent*

Virtual School Heads (see *The role of designated teachers and Virtual School Heads*), social workers and other professionals sometimes stepped in to support collaboration between school and parents or carers, often reinforcing what parents were saying about their young people's needs and helping both sides to engage positively in meetings. This ensured multi-disciplinary expertise was considered when planning education support for young people.

I had meetings every term with the school, the social worker and the SENCO. Everybody came together so it's a multidisciplinary team which really did work well. We made sure that we were all singing off the same song sheet. - *special guardian*

Support for special educational needs

Survey findings (adoption only): special educational needs

Special education needs were prevalent among adopted young people in the survey. In our survey, 68% (n=167) of adoptive parents recorded that their young person had a special educational need (SEN) or disability, and a further 7% were unsure. When asked to identify the young person's specific needs from a pre-defined list, 90% (n=166) identified their young person had social, emotional and mental health needs, over half (52%, n=96) had learning difficulties, and a third (33%, n=60) had an autistic spectrum condition (Annex G, Table 29). Among the adoptive families interviewed for this study a slightly higher proportion (78%) said their young person had a SEN. The proportion was lower among young people growing up in special guardianships; 59% said they had SEN, a further 12% were unsure.

Among survey participants, 57% (n=96) of adoptive parents recorded that their young person had an EHCP, and a further 6% (n=10) were currently being assessed for one. Around 18% (n=28) of adoptive parents had a young person enrolled in a specialist provision setting (see Annex G, Table 28).

In the survey, 31% (n=50) of adoptive parents indicated that their young person had been offered an assessment by an Additional Support Needs Co-ordinator in secondary school, 42% (n=67) that their young person had been assessed by an educational specialist from outside the school, and 32% (n=52) that they had been referred to CAMHS through the secondary school (Annex G, Table 31).

SEN support and Education Health and Care Plans (EHCPs)

Where young people were facing significant challenges in school, EHCPs are intended to ensure that needs are met either through additional support in mainstream settings or through access to schools with greater levels of specialist support.²³

As with referrals for SEN assessments and neurodevelopmental or mental health diagnoses (see *The role of schools in identifying needs*), parents and carers interviewed reported that whilst generally more supportive, primary schools often did not support parents' requests for an EHCP assessment. Some primary schools discouraged referrals because they felt able to provide all the support the child needed without an EHCP. However, this meant support was not in place for transition to secondary settings.

²³ [Children with special educational needs and disabilities \(SEND\): Extra help - GOV.UK](#)

An [EHCP] had been discussed at primary school. [They] said, because of our small class sizes, we can meet his needs. [...] It went to the point where, if we start the process now, he'd have left before it's finished. With hindsight. I would not fall for that now. - *special guardian*

Difficulty getting EHCPs was a major theme in interviews with adoptive parents and special guardians. Many had to challenge the process or appeal the outcome before getting an EHCP. They described errors in paperwork, schools not following through with making referrals and long delays before EHCPs were finally issued. Two adoptive parents and one special guardian interviewed paid for legal advice to challenge the process or outcome of EHCP applications; all had successful outcomes to these challenges and found the legal support very helpful.

Despite long battles to get EHCPs approved, families who were successful overwhelmingly felt that the agreed-upon support was not implemented adequately or consistently in mainstream schools. In some cases, interviewees said schools simply did not provide the support set out in the EHCP, including physiotherapy, one-to-one support and other accommodations.

Specialist education settings

Even with an EHCP, getting access to an appropriate school was often another battle for families. Several interviewees described difficulties finding suitable schools because local authorities did not provide information about local provision or did not have settings that met their needs.

Adoptive and special guardianship families trying to identify a suitable specialist setting often struggled because their young people had a combination of needs that even specialist schools were not always able to accommodate. One adoptive parent described a year in which the mainstream school refused to teach her young person, while the local authority argued that he did not meet the criteria for any of the local specialist provision, leaving them out of school for a year.

We had a meeting with the head of inclusion for [LA], and he seemed to be quite caring as far as [young person]'s case was concerned, but his words to us at the end of it were 'I cannot think of anywhere in [LA] that would be suitable.' - *special guardian*

Nine months after being at that school, they said they weren't meeting his needs because emotionally he's really low, but educationally he was higher than the rest of the kids [...] so his confidence excelled but his education plummeted. - *special guardian*

Where young people were in suitable specialist settings, however, this was almost always transformative for those young people. The settings provided smaller class-sizes and a more trauma-informed or therapeutic approach, which meant that young people felt safer and more able to cope with the school environment.

Summary

The survey of adoptive families, and the interviews with adoptive and special guardianship families, showed high prevalence of SEN, affecting over two-thirds of the survey and interview participants.

Some families reported prolonged and stressful battles to get access to a school that they felt could meet their young people's needs. This included struggles to access EHCPs, which in several cases were put in place very late in a young person's schooling. Even where an EHCP had been agreed, families felt that access to suitable specialist education or support within mainstream settings was not forthcoming or required prolonged battles before they were put in place, including, on a few occasions, legal challenge.

Many young people and their parents and carers reported finding school environments difficult with frequent reports of bullying and emotional based non-attendance. Exclusions and families' perception that schools could not meet young people's needs meant that many young people experienced multiple changes of school and periods out of formal education. Families described the negative impacts of this disruption to the young person's education and to their relationships with peers. Several families opted to home school, which entailed further demands on the adoptive parents and special guardians.

Positive relationships and tailored support made a huge difference for many young people. Where schools provided individual adaptations, strong relationships with trusted staff, and approaches that families felt were 'trauma-informed', young people and their families reported better engagement and experiences of school. However, these practices were not consistently implemented across settings and many parents expressed frustration at schools' unwillingness to collaborate with them to understand and meet their young person's needs. This was especially frustrating as schools are one environment with the potential to support trauma recovery, celebrate strengths, help young people learn how to overcome challenges, build positive relationships and feel safe in doing so.

Conclusions and next steps

Summary of findings

This section summarises the needs, experiences and outcomes of adopted and special guardianship young people interviewed, and surveyed (adoption only), linked to the theoretical framework in Annex A (Figure 4). The focus is on child level factors and processes. In several places, differences between adopted and special guardianship young people's needs and experiences are highlighted. However, most of the findings from the interviews relate to young people in both groups. For the most part, young people and their parents or special guardians highlighted similar protective and risk factors, but there were some differences in the protective processes and support available for special guardianship and adoptive families and these are highlighted below.

Future reports will include the results of additional analyses drawing these findings together with the administrative data to further assess the relationships between risk and protective factors in the theoretical framework and influences on outcomes. A forthcoming separate report will explore the needs and experiences of adoptive parents and special guardians. Reports will be published on the study collections page - <https://www.gov.uk/government/collections/family-route-longitudinal-study>.

Risk exposures

Findings from the survey and the interviews show that risk factors including pre-birth exposures to alcohol and drugs, harm and maltreatment prior to being taken into care, and prolonged or difficult periods in care, were all prevalent in line with the theoretical model. Adoptive parents and special guardians felt that these experiences had a lasting impact on young people's healthy development and relationships throughout childhood and adolescence. Some differences were found in the pre-placement experiences of special guardianship young people compared to adopted young people. Special guardianship children spent less time in foster care before placement compared with adopted children. However, special guardians typically had less time to prepare for the placement which created additional challenges for some families, for instance leaving jobs at short notice and feeling pressured around quick decisions.

Despite the high prevalence of risk exposures overall, many adoptive families and sometimes special guardians too, felt they were not sufficiently informed about the potential long-term impact of these experiences and did not get early or appropriate access to assessments and support. This study has provided further evidence on the long-term effects of these risks through childhood and adolescence. It also demonstrates the heightened challenges for families when they are not informed or prepared for these long-term effects. Early awareness of the potential needs for young people provides the

opportunity for families to seek support earlier and to find information and guidance on how they can support young people at home.

Protective factors

The importance of relationships with trusted adults and with good friends was a dominant theme. Although many young people experienced barriers to developing supportive relationships, including disrupted education and difficulties forming trusted relationships because of adverse childhood experiences, they tended to have at least one trusted adult and/or friend relationship who was central to their lives.

Most adopted young people in the survey, and many adopted and special guardianship young people in the interviews also reported a positive relationship with their adoptive parent or special guardians that helped them to overcome or limit life's challenges. This is reflected in the model both at a child level – through the presence of trusted adults – and at the family level. Parent/carer commitment, parenting self-efficacy and open communication all contributed to the positive relationships experienced by young people.

In the survey, most adopted young people reported average levels of emotional self-regulation, but interviews with families showed that many young people struggled with emotional dysregulation, particularly in adolescence and at periods of transition emphasising the need for more help at these times.

Risk factors

In interviews, adoptive parents, special guardians, young people and young adults frequently explained that it took time for young people to feel safe and settled once placed in a family, particularly if the young person had experienced multiple placements in care. Building a trusting relationship was often difficult.

Disabilities and poor health were more prevalent among adopted young people in the survey than in the general population but nevertheless impacted a minority in this study. Mental health difficulties were much more prevalent, as were developmental disorders and neurodivergence.

Risky behaviours, including self-harm, eating disorders and aggression were common among adoptive families in the survey. Many adoptive and special guardianship families described similar difficulties in the interviews, particularly arising in adolescence as set out in the theoretical model. Families highlighted the harmful effects on young people, not only by placing them at risk but also presenting challenges to relationships with family and friends and to engagement in education.

Difficult experiences in education, including unmet additional support needs, bullying and exclusions were widely reported. Families and young people felt that these experiences impacted on their education, emotional wellbeing and opportunities to form good relationships with others, sadly limiting schools' potential to offer what could be safe, protective environments.

Protective processes

Access to psychosocial and educational support services was often difficult and delayed, putting the protective potential of this support at risk. In many cases, access to support depended first on receiving a diagnosis, and many families struggled to be referred for assessments. There was a general sense among families that their young people's complex needs and experiences were poorly understood by health and education services, and many young people received different late[r] diagnoses during their childhood and adolescence.

While families shared examples of beneficial support, the protective processes identified through previous research were frequently lacking in one or more ways. Despite young people in adoptive and special guardianship families typically having similar adverse childhood experiences and developmental needs, forms of support established as required by adoptive parents were not widely accessible for special guardians. The ASGSF was an important means of accessing psychosocial therapies, but there was confusion about who could access it and what for, particularly among special guardians. Life story work was accessed through post-adoption support, but many special guardianship families had not been provided with supported life story work. A few families felt that this would have been helpful. Several who were able to access it later found it useful and wanted the life story work to be revisited as young people reached adolescence.

A combination of emotional and behavioural challenges, neurodiversity and SEN meant that many adopted and special guardianship young people struggled in schools. In some cases, adaptations and positive relationships with friends and with trusted adults enabled young people to cope at school. However, such adaptations were inconsistently applied, with many families reporting they were not fully implemented. As a result, instead of being an effective protective process, attempts to access educational support often led to tensions between families and schools.

In schools, special educational needs support was often put in place late, with prolonged battles for EHCPs. Several adoptive and special guardian families who needed and could access specialist settings felt that these were much more able to meet their young people's needs.

Outcomes

The outcomes in the theoretical model are focused on the aims of planning for permanence as laid out in the Care Planning regulations (Department for Education, 2021). Stability, sense of belonging and permanence are key factors for young people's healthy development and wellbeing and are core outcomes that adoption and special guardianship seek to enable.²⁴ These aims are intended to ensure children have an upbringing that supports their social and emotional development and provides the foundation for a positive transition into adulthood.

Psychological permanence, sense of belonging and secure, stable family life

Permanence has three elements: legal permanence (the legally established responsibilities of caregivers, e.g. through Adoption or Special Guardianship Orders); residential permanence (a stable home and place within communities such as school); and relational permanence (strong, supportive relationships between young person and caregiver or other significant people) (Moran et al, 2019).

The findings from this research show that in most cases, despite significant challenges, placements appeared successful in achieving the aims of permanence. Most young people in this study were living in the family home and the long-term commitment of adoptive parents and special guardians to providing a home for their young people was evident.

The survey of adoptive parents showed that most were committed to supporting their young people well into adulthood. This commitment was also articulated in the interviews with adoptive parents and special guardians.

A large majority of adoptive parents surveyed reported a strong sense that the young person belonged in their family. Among young people and young adults, slightly fewer reported a strong sense of belonging, but still over two-thirds indicated that they completely or very much belonged in their adoptive family (Annex D, Table 16).

In the interviews, relational permanence was particularly striking among the small number of families where the young person was no longer living with the adoptive parent or special guardian, but parents and carers expressed ongoing commitment to supporting them and a sense that they remained part of their family.

Wellbeing, positive relationships and emotional resilience

The complexity and high levels of need among the young people in this study meant that most were living with the impacts of trauma and mental health difficulties into adulthood.

²⁴ The Care Planning, Placement and Case Review Regulations 2010 Part 2 Section 5, <https://www.legislation.gov.uk/uksi/2010/959/part/2>

While many in the interviews described positive impacts of therapies and support services, families often felt that delays in access to assessment, diagnosis and support negatively impacted on their young people's wellbeing, relationships and resilience. Importantly, Interviews with young people showed that trusted friendships were crucial for a developing sense of belonging and having the confidence to engage with education and activities outside of the family home. Positive interactions made them feel heard and understood. However, disruptions in schooling, moving area and trusted adults moving on from roles meaning their work with the young person stopped, all acted as barriers to forming long-term trusted relationships for some young people. Furthermore, inconsistently implemented adaptations at school meant absence and exclusions were common, resulting in disruptions to both education and relationships.

Transition into adulthood

Educational qualifications were a key element of positive transitions into adulthood. For some young adults, progressing into higher or further education provided a valuable, supported step towards independence. However, many of the young people in our study experienced instability in education and low educational attainment. Many also felt that schools' expectations of them were very low and that support to achieve was limited as a result. This impacted on their own aspirations in school and left some feeling let down.

Transition to adulthood is a focus of the second wave of interviews for this study.

Recommendations

The evidence in this report confirms where support could be most effective in strengthening protective factors and reducing risk factors, to improve outcomes for adoptive and special guardianship young people. The complexity of these young people's needs means that they are dependent not only on quality social care support, but also on mental health and education systems that understand the specific contexts and challenges for these families who need:

- information about risk exposures and potential long term effects before a permanence order is made and guidance on how to access support when needed throughout childhood and adolescence.
- support to nurture positive relationships with their young people. Parenting self-efficacy can be strengthened through information and training for adoptive parents and special guardians. When families experience challenges that strain relationships, early intervention, including respite, should be available, before relationships breakdown. Services should avoid placing, or appearing to place, blame on adoptive parents and special guardians when relationships are difficult,

as this further strains family relationships and is a barrier to families seeking further support.

- clearer and easy to access information about the type of support available and how they can access it, particularly for special guardians. The Children's Wellbeing and Schools Bill²⁵ will require local authorities to publish their local offer for children in kinship care. This may be a step towards improving awareness of support and needs to be followed by ensuring that local offers are consistently strong, and accessible.
- to be listened to when seeking help. Evidence from this study and others shows that many adopted and special guardianship young people need additional support to thrive. Nevertheless, families often felt dismissed when they try to seek help, leading to delays and increased strain on adoptive parents and special guardians.
- improved access to mental health support and therapies, throughout childhood and adolescence. The complexity of needs associated with multiple risk exposures, both in-vitro and in early childhood, should not be a barrier to accessing effective help. CAMHS and therapeutic support providers must have a good understanding of the specific contexts and needs of adopted and special guardianship young people. The ASGSF is an essential route to this support and should be retained and promoted, particularly to special guardians.
- schools to play an essential role in providing safe and stable places for young people, as well as recognising and responding to learning and developmental needs. Schools need more information and support from virtual school heads, children's social care, SEND, CAMHS, and voluntary services to help staff support young people and families, and to improve school attendance and wellbeing.
- a better understanding of the needs of trauma experienced children across the social care and SEN system, including the high prevalence of mental health difficulties and SEN in this group. Guidance on support for these young people should recognise that additional support will often be needed and include earlier signposting and help to access assessments. This would help to identify and meet needs earlier, reduce the burden on families to 'fight' for support and ultimately improve outcomes for these children and young people."

²⁵ [Bill Policy Summary notes as amended in the House of Commons.pdf](#)

Next steps

The data gathered for the first wave of this longitudinal study has provided a wealth of insights across different life areas. A report will be produced on the needs and experiences of adoptive parents and special guardians.

A second wave of interviews with families is planned to start in 2026. These interviews will explore changes to needs and support over that time, while also focusing on other factors identified in the theoretical framework including experiences of contact with birth families, developing identities and optimism, hope and resilience. This wave will also focus more on the needs and experiences of young people aged 18 to 25 in the transition to adulthood.

Analysis of education and social care datasets exploring outcomes for young people in adoption, special guardianship and long-term foster care is being carried out as part of the wider project. A series of reports will be published exploring factors related to education outcomes and placement stability.

A synthesis of findings across the longitudinal qualitative interviews, administrative datasets and regression analysis of survey data is planned after the second wave of interviews.

References

- Anthony, R.E., et al. (2019). Adverse Childhood Experiences of Children Adopted from Care: The Importance of Adoptive Parental Warmth for Future Child Adjustment. *Int J Environ Res Public Health*. 16(12):2212.
- Armitage, R. (2021). Bullying in children: impact on child health. *BMJ paediatrics open*, 5(1), e000939.
- Bellis, M. A., Hardcastle, K., Ford, K., Hughes, K., Ashton, K., Quigg, Z., and Butler, N. (2017). Does continuous trusted adult support in childhood impart life-course resilience against adverse childhood experiences-a retrospective study on adult health-harming behaviours and mental well-being. *BMC Psychiatry*, 17(1), pp.1-12.
- Bellis, M. A., et al. (2014). National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. *BMC medicine*, 12, 1-10.
- Boullier, M., & Blair, M. (2018). Adverse childhood experiences. *Paediatrics and Child Health*, 28(3), 132-137.
- Bradshaw, D., Hannigan, A., Creaven, A. M., & Muldoon, O. T. (2020). Longitudinal associations between parental incarceration and children's emotional and behavioural development: Results from a population cohort study. *Child: care, health and development*, 46(2), 195-202.
- Coussons-Read, M. E. (2013). Effects of prenatal stress on pregnancy and human development: mechanisms and pathways. *Obstetric medicine*, 6(2), 52-57.
- Department for Education. (March 2025). *Using Pupil Premium: guidance for school leaders*.
https://assets.publishing.service.gov.uk/media/67f6537790615dd92bc90da9/Using_pupil_premium_guidance.pdf
- Department for Education. (2024). *CLA who were adopted – number, gender and legal status of adopters – NATIONAL*. <https://explore-education-statistics.service.gov.uk/data-catalogue/data-set/747affcf-0587-49d5-bd43-6c7dc43b7d65>
- Department for Education. 2018. *The designated teacher for looked-after and previously looked-after children: Statutory guidance on their roles and responsibilities*.
https://assets.publishing.service.gov.uk/media/5a901d6ce5274a5e67567fc1/The_designated_teacher_for_looked-after_and_previously_looked-after_children.pdf

Department for Education. (2013). *Statutory Guidance on Adoption For local authorities, voluntary adoption agencies and adoption support agencies*.
https://assets.publishing.service.gov.uk/media/5a7badc640f0b645ba3c5dff/adoption_statutory_guidance_2013.pdf

Dibben, E., & Howorth, V. (2017). *The role of fostering for adoption in achieving early permanence in children*. CoramBAAF Adoption and Fostering Academy.
<https://earlypermanence.org.uk/wp-content/uploads/The-role-of-Fostering-for-Adoption-in-achieving-early-permanence-for-children.pdf>

Ecorys UK, The Rees Centre, University of Oxford, Ipsos. (2024). *Family Routes: methodological paper. Research report*.
https://assets.publishing.service.gov.uk/media/66d5a78a701781e1b341daee/Family_Routes_methodological_report_September_2024.pdf

Feinstein, L. et al. (2025). *Pathways into and through higher education for young people with experience of children's social care*. Transforming Access and Student Outcomes in Higher Education: London. https://cdn.taso.org.uk/wp-content/uploads/2025-03-Pathways-higher-education-people-experience-children-social-care_TASO_REES.pdf

Glover, V. (2011). Annual Research Review: Prenatal stress and the origins of psychopathology: an evolutionary perspective. *Journal of Child Psychology and Psychiatry* 52:4, S. 56-367

Goodman, R. (1997) The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, **38**, 581-586.

Greene, R. R. (2002) *Resilience: Theory and research for social work practice*. Washington, DC: NASW Press

Hamilton, S. & Blades, R. (2025). *Family Routes study: making decisions about their children's care*. Department for Education: London.
https://assets.publishing.service.gov.uk/media/684c4e00bd35d2f88bcba31c/Family_routes_study_making_decisions_about_their_children_s_care.pdf

Harwin, J., Alrouh, B., Golding, L., McQuarrie, T., Broadhurst, K., Cusworth, L. (2019). *The contribution of supervision orders and special guardianship to children's lives and family justice*. Lancaster: Centre for Child and Family Justice Research, University.

Howe, D. (2001). Age at placement, adoption experience and adult adopted people's contact with their adoptive and birth mothers: An attachment perspective. *Attachment & Human Development*, 3(2), 222-237.

Hughes, K., et al. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet public health*, 2(8), e356-e366.

Illingworth, G. (2020). The challenges of adolescent sleep. *Interface focus*, 10(3), 20190080.

Maguire, D., May, K., McCormack, D., & Fosker, T. (2024). A systematic review of the impact of placement instability on emotional and behavioural outcomes among children in foster care. *Journal of Child & Adolescent Trauma*, 17(2), 641-655.

Mancini, G., Özal, Z., Biolcati, R., Trombini, E., & Petrides, K. V. (2024). Trait emotional intelligence and adolescent psychological well-being: a systematic review. *International Journal of Adolescence and Youth*, 29(1), 2292057.

Mansfield A., Keitner, G. & Sheeran, T. (2019) The Brief Assessment of Family Functioning Scale (BAFFS): a three-item version of the General Functioning Scale of the Family Assessment Device, *Psychotherapy Research*, 29:6, 824-831.

Marquez, J., Francis-Hew, L., & Humphrey, N. (2023). Protective factors for resilience in adolescence: analysis of a longitudinal dataset using the residuals approach. *Child and Adolescent Psychiatry and Mental Health*, 17(1), 140.

Masten, A. and Dante, C. (2010) 'Developmental cascades' *Development and Psychopathology* 22, 3,491

McCrary, E.J., and Viding, E. (2015) The theory of latent vulnerability: reconceptualising the link between childhood maltreatment and psychiatric disorder. *Developmental Psychopathology* 27(2): pp.493–505

Moran, L., McGregor, C., Devaney, C. (2019). Exploring the multi-dimensionality of permanence and stability: Emotions, experiences and temporality in young people's discourses about long-term foster care in Ireland. *Qualitative Social Work*

Office for National Statistics. (2015) Measuring national well-being: Our relationships. <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-02-12>

Office for National Statistics. (2023). *General health by age, sex and deprivation, England and Wales: Census 2021*. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/generalhealthbyagesexanddeprivationenglandandwales/census2021>

Palacios, J., Adroher, S., Brodzinsky, D., Grotevant, H., Johnson, D., Juffer, F., Martínez-Mora, L., Muhamedrahimov, R., Selwyn, J., Simmonds, J., & Tarren-Sweeney, M. (2019).

Adoption in the service of child protection: an international interdisciplinary perspective. *Psychology, Public Policy, and Law*, 25(2), pp.57-72.

Department of Health. (2000). Prime Minister's Review. Adoption: A Performance and Innovation Unit Report, issued for consultation. Department of Health.

Roesch-Marsh, A., & Emond, R. (2021). Care experience and friendship: Theory and international evidence to improve practice and future research. *The British Journal of Social Work*, 51(1), 132-149.

Sandin, S., Lichtenstein, P., Kuja-Halkola, R., Hultman, C., Larsson, H., & Reichenberg, A. (2017). The heritability of autism spectrum disorder. *Jama*, 318(12), 1182-1184.

Selwyn, J. & Gardiner, J. (2025a). *Family Routes: data analysis – methodology and core sample*. Department for Education: London.

<https://www.gov.uk/government/publications/family-routes-data-analysis-methodology-and-core-sample>

Selwyn, J. & Gardiner, J. (2025b). *Children who returned to care after leaving for adoption or leaving to live with a special guardian*. Department for Education: London.

<https://www.gov.uk/government/publications/family-routes-children-who-returned-to-care>

Selwyn, J. (2023). Outcomes for children adopted from care in the UK. In *Research Handbook on Adoption Law* (pp. 228-247). Edward Elgar Publishing.

Stock, L., et al. (2016). *Independent evidence review of post-adoption support interventions*. Department for Education: London,

https://assets.publishing.service.gov.uk/media/5a80228be5274a2e8ab4e626/20160701EvidenebaseResearch_brief.pdf

Talge, N.M., Neal, C., Glover, V. (2007). Antenatal maternal stress and long-term effects on child neurodevelopment: how and why? *Journal of Child Psychology and Psychiatry* 48(3-4), S. 245-61.

Wang, J. H., Merrin, G. J., Kiefer, S. M., Jackson, J. L., Huckaby, P. L., Pascarella, L. A., Blake, C. L., Gomez, M. D. & Smith, N. D. (2024). Peer relations of adolescents with adverse childhood experiences: A systematic literature review of two decades. *Adolescent Research Review*, 9(3), 477-512.

White, S., et al. (2019). All the ACEs: A Chaotic Concept for Family Policy and Decision-Making? *Social Policy and Society*.18(3):457-466.

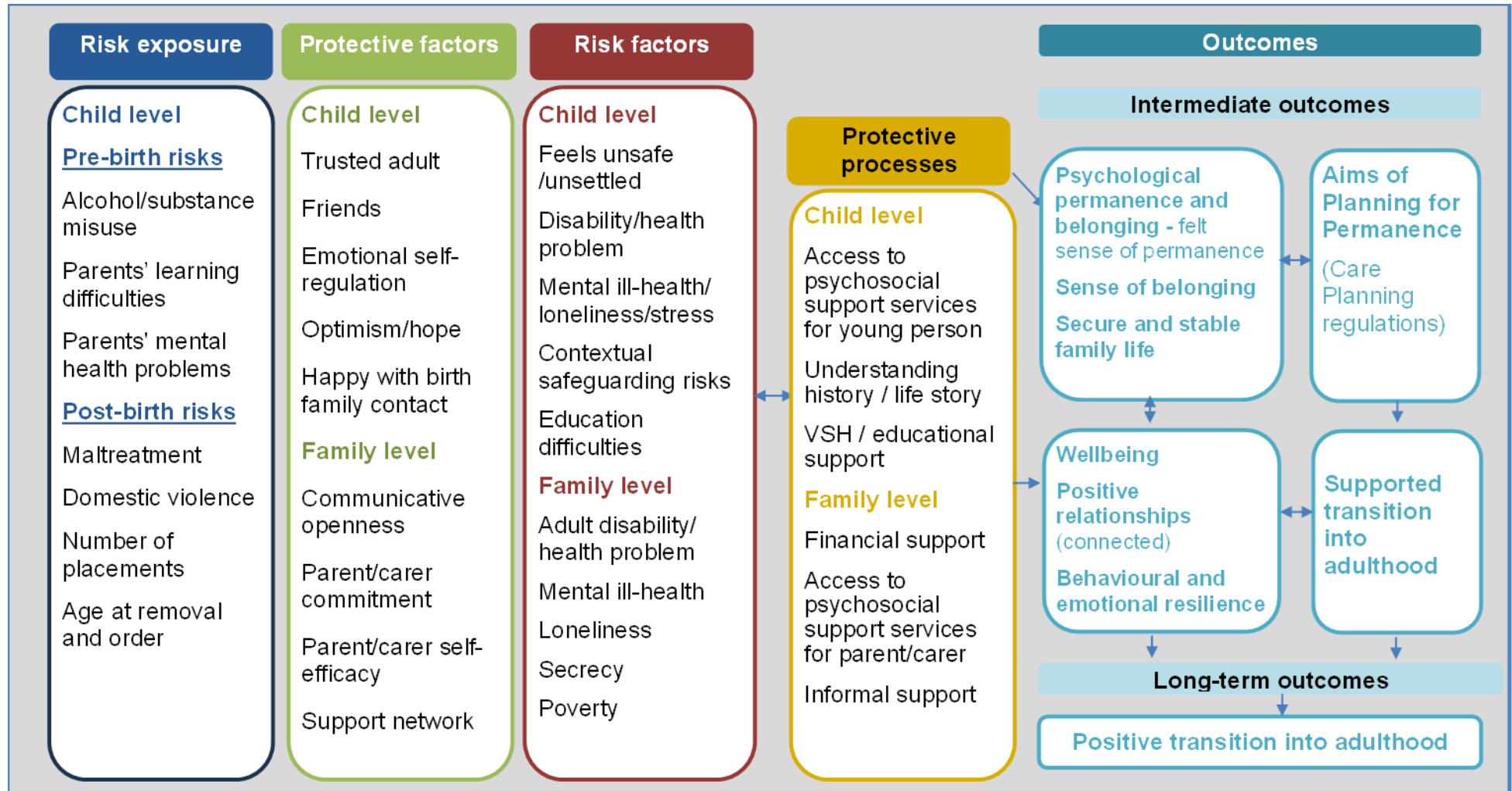
Woodall, T., Browne, K., Green, K. (2023). An exploration of young people's experiences relating to stability and permanence throughout their care journey. *Qualitative Social Work*. 22(4) 771-794. <https://journals.sagepub.com/doi/pdf/10.1177/14733250221096749>

Woolgar, M., & Simmonds, J. (2019). The diverse neurobiological processes and legacies of early adversity: implications for practice. *Adoption & Fostering*, 43(3), 241-255.

Zhang, M., Selwyn, J. (2019). The Subjective Well-Being of Children and Young People in out of Home Care: Psychometric Analyses of the "Your Life, your Care" Survey. *Child Indicators Research*. 13:1549-1572

Annex A: Theoretical framework

Figure 4: Theoretical framework linking protective & risk factors to young people's outcomes: Factors and outcomes to be measured through the Family Routes study



Annex B: The characteristics of participants

Table 5: Survey participants family characteristics

	Adoptive Families	Adopted Young People	Adopted Young Adults
Region			
East Midlands	13 (5%)	3 (3%)	-
East of England	39 (16%)	11 (12%)	3 (10%)
London	20 (8%)	9 (9%)	6 (20%)
North East	18 (7%)	2 (2%)	-
North West	39 (16%)	15 (16%)	5 (17%)
South East	28 (11%)	9 (10%)	3 (10%)
South West	34 (14%)	6 (6%)	5 (17%)
West Midlands	20 (8%)	8 (9%)	2 (7%)
Yorkshire and the Humber	26 (11%)	27 (29%)	6 (20%)
Other and missing	9 (4%)	4 (4%)	-
Adoptive adult's age			
26-35yrs	5 (2%)	NA	NA
36-45yrs	30 (13%)	NA	NA
46-55yrs	119 (51%)	NA	NA
56-65yrs	72 (31%)	NA	NA
66-75yrs	9 (4%)	NA	NA

	Adoptive Families	Adopted Young People	Adopted Young Adults
Young Person's age			
12-15	126 (51%)	75 (79%)	-
16-17	34 (14%)	17 (18%)	-
18-25	63 (34%)	-	30 (100%)
Respondent's gender			
Male	79 (34%)	41 (49%)	14 (54%)
Female	155 (66%)	40 (48%)	10 (38%)
Non-binary	1 (0%)	2 (1%)	2 (8%)
Respondent's ethnicity			
Asian	1 (0%)	-	1 (4%)
Black	7 (3%)	8 (10%)	-
Mixed ethnicity	5 (2%)	10 (12%)	4 (14%)
White	222 (94%)	66 (79%)	23 (82%)
Current living situation			
Living independently	-	-	4 (13%)
Living with adoptive parents	-	-	20 (67%)
Living with birth family member	-	-	1 (3%)
Other	-	-	5 (16%)

Source: Family Routes study registration data. Base: adoptive families n=246; adopted young people n=94; adopted young adults n=30

Table 6: The characteristics of interview participants

	Adoptive families (n=40)	Special Guardian families (n=34)	Adopted young people (n=19)	Special Guardianship young people (n=17)
Region				
East Midlands	4	6	2	3
East of England	5	1	3	0
London	6	3	4	1
North East	0	1	0	0
North West	7	4	3	3
South East	5	8	1	3
South West	7	6	2	5
West Midlands	3	1	2	0
Yorkshire and the Humber	3	4	2	2
Young Person's age				
12-15	19	22	11	11
16-17	9	7	4	1
18-25	12	5	4	5

	Adoptive families (n=40)	Special Guardian families (n=34)	Adopted young people (n=19)	Special Guardianship young people (n=17)
Year of permanence order				
2001-2009	13	5	5	2
2010-2015	17	22	8	13
2016-2023	6	7	3	2
Missing	4	.	3	.

Source: Family Routes study registration data. Base: 74 adoptive parent/special guardian interviewees; 36 young people in adoption or special guardianship. Note: table does not include characteristics for pilot interview participants

Table 7: Characteristics of the adopted young adults who were interviewed

	Adopted young adults (n=7)
Region	
London	2
North East	1
South East	2
South West	1
West Midlands	1
Gender	
Female	6
Male	1
Ethnicity	
Mixed ethnicity	6
White	1
Current living situation	
Living independently	3
Living with adoptive parents	4

Source: Family Routes study registration data. Base: 7 adopted young adults taking part in interviews

Annex C: Young people’s exposure to risks pre-birth and in care

Table 8: Maternal misuse of drugs or alcohol during pregnancy

During pregnancy	Yes	No
Maternal drug misuse	84 (89%)	10 (11%)
Maternal alcohol misuse	90 (94%)	6 (6%)

Source: Adoptive parents’ survey. Base: 246 – where respondents did not respond or indicated that they didn’t know, this was treated as missing data and excluded from further analysis

Table 9: Adoptive parents’ report of birth parents’ specific difficulties

	Yes	No
Mental health problems	171 (86%)	28 (14%)
Misuse of alcohol	137 (77%)	41 (23%)
Misuse of drugs	134 (72%)	51 (28%)
Learning difficulties	109 (60%)	74 (40%)
Autism diagnosis	13 (11%)	109 (89%)

Source: Adoptive parents’ survey. Base: 246 – where respondents did not respond or indicated that they didn’t know, this was treated as missing data and excluded from further analysis

Table 10: Adoptive parents’ and adopted young adults’ reports of maltreatment their child had suffered before entering care

	Adoptive parent report	Adoptive parent report	Adopted young adult report	Adopted young adult report
	Yes - n (%)	No - n (%)	Yes - n (%)	No - n (%)
Neglect	182 (77%)	54 (23%)	18 (66%)	9 (33%)
Domestic violence	158 (75%)	54 (25%)	13 (50%)	13 (50%)
Emotional abuse	65 (49%)	67 (51%)	12 (52%)	11 (48%)
Physical abuse	68 (43%)	91 (57%)	9 (36%)	16 (64%)
Sexual abuse	31 (19%)	128 (81%)	3 (15%)	17 (85%)

Source: Adoptive parents survey. Base: 246; young adult survey. Base: 30 - where respondents did not respond or indicated that they didn’t know, this was treated as missing data and excluded from further analysis

Annex D: Family life

Table 11: Parenting situation

	Adoptive parents' survey n (%)	Adoptive parents' interviews n (%)	Special guardians' interviews n (%)
Parenting in a heterosexual couple	169 (69%)	26 (65%)	20 (59%)
Parenting in a LGBTQ+ couple	14 (6%)	4 (10%)	1 (3%)
Parenting as a single person	53 (22%)	10 (25%)	13 (38%)
Missing/prefer not to say	10 (4%)	0 (0%)	0 (0%)

Source: Family Routes study registration data. Base: 246 adoptive parents surveyed; 74 adoptive parent/special guardian interviewees. Note: table does not include pilot interview participants

Table 12: Parent/carer report of how the adoption or special guardianship is faring, young people aged 12-17

	Adoptive parents – survey n (%)	Adoptive parents interview n (%)	Special guardians interview n (%)
It's going really well	25 (17%)	3 (11%)	4 (14%)
There are challenges, but also rewards and overall I/we are managing	50 (34%)	9 (32%)	14 (48%)
Ongoing challenges and we are struggling to manage - but I/we are totally committed to keeping the young person in the family	53 (37%)	7 (25%)	10 (34%)
Many challenges - it is possible that the young person will not remain in this family	10 (7%)	3 (11%)	1 (3%)
The young person is temporarily no longer living in this family	1 (1%)	2 (7%)	0 (0%)
The young person has permanently left this family	6 (4%)	4 (14%)	0 (0%)

Survey and registration data. Base (survey, adopters only): 145; Base (interviews, adopters and SGs): 57

Table 13: Parent/carer report of how the adoption or special guardianship had fared, young people aged 18-25

	Online survey - Adoptive parents only n (%)	Interviews - Adoptive parents - n	Interviews - Special guardians - n
Most of the time we had a happy family life	4 (6%)	1	1
There have been a lot of challenges but have kept a good relationship with the young person	42 (66%)	6	3
There have been a lot of challenges and have a poor relationship with the young person	10 (16%)	3	-
There were many challenges. The relationship with the young person has broken down	8 (12%)	2	1

Survey and registration data. Base (survey): 64; Base (interviews): 17 (12 adoptive parents; 5 special guardians)

Table 14: Brief Assessment of Family Functioning Scale. Adopted young people²⁶

Question	Strongly disagree	Disagree	Agree	Strongly agree	Missing
We can express feelings to each other	5 (5%)	10 (11%)	54 (57%)	24 (26%)	1 (1%)
We don't get along well together	28 (30%)	42 (45%)	19 (20%)	4 (4%)	1 (1%)
We confide in each other	4 (4%)	16 (17%)	47 (50%)	25 (27%)	2 (2%)

Source: Adopted young people's survey. Base: 94

²⁶ Mansfield A., Keitner, G. & Sheeran, T. (2019) The Brief Assessment of Family Functioning Scale (BAFFS): a three-item version of the General Functioning Scale of the Family Assessment Device, *Psychotherapy Research*, 29:6, 824-831

Table 15: How close do you feel to the young person?

	Number of adoptive parents (%)
Extremely close	71 (29%)
Very close	79 (32%)
Moderately close	56 (23%)
Slightly close	23 (9%)
Not at all close	17 (7%)

Source: Adoptive parents survey. Base: 246

Table 16: How much do you feel your young person/you belong in your family?

	Adoptive parent n (%)	Adopted young adult n (%)	Adopted young person n (%)
Completely	141 (57%)	11 (37%)	38 (40%)
Very much	56 (23%)	9 (30%)	29 (31%)
A moderate amount	23 (9%)	4 (13%)	19 (19%)
A little	21 (9%)	5 (17%)	5 (5%)
Not at all	5 (2%)	-	3 (3%)

Source: Surveys. Base: adoptive parents – 246; adopted young people – 94; adopted young adults – 30

Table 17: How often do you talk to your parents/carers about things that matter?

	Number of adopted young people aged 12-17 (%)
Most days	30 (32%)
More than once a week	36 (39%)
Less than once a week	13 (14%)
Hardly ever	11 (12%)
Never	3 (3%)

Source: Adopted young people survey. Base: 93

Table 18: What age do you expect the young person will leave home?

Expected young person's age	Adoptive parent response	Young person response*	Young adult response
Under 16	-	1 (1%)	NA
16-17	6 (4%)	5 (5%)	NA
18-24	72 (42%)	64 (68%)	10 (50%)
25 and over	95 (56%)	23 (23%)	10 (50%)

Source: survey. Base: adoptive parents – 246; adopted young people – 94; adopted young adults - 30* For young people, the item asks: 'At what age would you like to leave home?'

Table 19: Family support services needed and provided

Source of support	Support not needed	Support needed	Support provided	% gap in support
Support from an adoption social worker/agency	90 (38%)	145 (62%)	117 (50%)	12%
Support from a local authority social worker	130 (55%)	105 (45%)	87 (37%)	8%
Family Support worker	166 (71%)	69 (29%)	35 (15%)	14%

Source: Family Routes adoptive parents' survey. Base: 235

Annex E: Wider relationships

Table 20: Adopted young people's experiences of stigma

How often do people make you feel bad because...	Never	Hardly ever	Occasionally	Some of the time	Always/often	Not applicable
...of your race, skin colour or where you were born?	39 (42%)	19 (20%)	15 (16%)	5 (5%)	NA (NA%)	15 (16%)
...of your sexual orientation?	50 (54%)	13 (14%)	11 (12%)	5 (5%)	2 (2%)	12 (13%)
...of your religion/faith?	52 (56%)	15 (16%)	5 (5%)	6 (6%)	1 (1%)	14 (15%)
...of a disability?	38 (41%)	18 (19%)	6 (6%)	9 (10%)	3 (3%)	19 (20%)
...you don't live with your birth parents?	34 (37%)	15 (16%)	17 (18%)	14 (15%)	8 (9%)	5 (5%)
...you are adopted?	34 (37%)	15 (16%)	17 (18%)	16 (17%)	10 (11%)	1 (1%)

Source: Adopted young people's survey. Base: 94

Annex F: Emotional, behavioural, developmental and mental health issues

Table 21: Physical health of adopted young people reported by adoptive adults, young people and young adults

	Adoptive parents	Adopted young adults	Adopted young people
Excellent	54 (22%)	3 (10%)	25 (27%)
Fair	58 (24%)	5 (17%)	8 (9%)
Good	48 (20%)	9 (30%)	15 (16%)
Poor	20 (8%)	1 (3%)	2 (2%)
Very good	65 (27%)	11 (37%)	43 (46%)
Missing	1 (0%)	1 (3%)	1 (1%)

Source: Surveys. Base: adoptive parents – 246; adopted young people – 94; adopted young adults - 30

Table 22: Number of adopted young people with a diagnosed health condition

Diagnosis	Number (%)
Attachment disorder	81 (48%)
Anxiety	76 (45%)
ADHD	76 (45%)
Autistic spectrum disorder (inc. pathological demand avoidance)	58 (35%)
Speech and language disorder	33 (20%)
Mood disorders including depression	32 (19%)
Fetal alcohol spectrum disorder	24 (14%)
Post-traumatic stress disorder (PTSD) or complex PTSD	22 (13%)
Schizophrenia	22 (13%)
Borderline/Personality disorder	17 (10%)
Obsessive Compulsive Disorder	16 (10%)
Oppositional Defiant Disorder / Conduct disorder	13 (8%)
Eating disorder	11 (7%)
Other	46 (27%)

Source: Adoptive parents survey. Base: 168

Table 23: Adoptive parents' report of young people's risky behaviours

Risky behaviours	Often	Sometimes	Never
Eating too much or too little	105 (43%)	105 (43%)	35 (14%)
Volatile behaviours/aggression to family members or pets	77 (31%)	95 (39%)	73 (30%)
Threatening to or self-harming	43 (18%)	97 (40%)	105 (43%)
Going missing/running away	28 (11%)	64 (26%)	153 (62%)
Drug misuse	21 (9%)	43 (18%)	181 (74%)
Mixing with people much older	19 (8%)	89 (36%)	137 (56%)
Committing a crime	16 (7%)	63 (26%)	166 (68%)
Exploited /coerced by older people to get involved in criminal activities or sexual acts	13 (5%)	48 (20%)	184 (75%)
Alcohol misuse	10 (4%)	56 (23%)	179 (73%)
Gang involvement	4 (2%)	33 (13%)	208 (85%)

Source: Adoptive parents survey. Base: 246

Table 24: Adoptive parents' report of professional health and wellbeing supported wanted and received for young person in the previous year

Source of support	Support not needed	Support needed	Support provided	% gap in support
Mental health charity	148 (63%)	87 (37%)	33 (14%)	23%
CAMHS	126 (54%)	109 (46%)	56 (24%)	22%
Counsellor	126 (54%)	109 (46%)	63 (27%)	19%
Independent psychologist	155 (66%)	80 (34%)	54 (23%)	11%
Paediatrician	17 (75%)	58 (25%)	35 (15%)	10%
Occupational therapists	181 (77%)	54 (23%)	34 (14%)	9%
Adult mental health service	187 (80%)	48 (20%)	26 (11%)	9%
Play/Art/Music therapists	191 (81%)	44 (19%)	30 (13%)	6%
Speech and language therapy	185 (79%)	50 (21%)	35 (15%)	6%
Drug and alcohol services	200 (85%)	35 (15%)	25 (11%)	4%

Source: Adoptive parents survey. Base: 246

Annex G: Education

Table 25: Adopted young people's highest educational qualification

What is the young person's highest qualification?	Number (%)
Some GCSE passes or BTEC First or NVQ2	37 (28%)
5 or more GCSEs at A*-C	17 (13%)
Post 16 exams (e.g. A levels, International Baccalaureate, T levels)	6 (5%)
Post 16 vocational award at a higher level NVQ, HNC HND	13 (10%)
University undergraduate, masters or higher degree	7 (5%)
Other qualifications	2 (2%)
No qualifications	48 (37%)

Source: Adoptive parents survey, excludes where young person was too young to have completed qualifications. Base: 130

Table 26: Adopted young adults' highest educational qualification

	Number of young adults
Some GCSE passes or BTEC First or NVQ2	5
5 or more GCSEs at A*-C	2
Post 16 exams (e.g. A levels, International Baccalaureate, T levels)	7
Post 16 vocational award at a higher level NVQ, HNC HND	4
University undergraduate, masters or higher degree	5
Other qualifications	4
No qualifications	2

Source: Adopted young adults survey. Base: 29

Table 27: Adoptive parent and adopted young person’s report of how far young person likes school/ being homeschooled

	Adoptive parent response	Young person response*
Likes a lot	37 (24%)	29 (32%)
Likes a bit	56 (37%)	37 (40%)
Not very much	31 (20%)	17 (18%)
Not at all	27 (18%)	8 (9%)
Missing	1 (1%)	1 (1%)

Source: Surveys. Base: adoptive parents – 152; adopted young people – 92

Table 28: Type of educational setting attended by adopted young person

What kind of school, college, university do they attend?	N (%)
Mainstream secondary school, inc. academies, faith schools, free schools	84 (56%)
Private/independent fee-paying school, including boarding school	9 (6%)
Pupil referral unit	1 (1%)
Special school (day)	22 (14%)
Residential schools/residential care with education	6 (4%)
Further education college	12 (8%)
University	1 (1%)
Other (inc. descriptions of units, mixed provision and parents being unsure of the type of setting)	17 (11%)

Source: Family Routes adoptive parents’ survey. Base: 152

Table 29: Does the adopted young person have special educational needs?

Does the young person have a special educational need or any kind of disability?	N (%)
No	62 (25%)
Unsure	17 (7%)
Yes	167 (68%)

Source: Adoptive parents’ survey. Base: 246

Table 30: Adopted young person's disability or additional needs

Disability or additional need	N (%)
Social, emotional and mental health	166 (90%)
Learning difficulties	96 (52%)
Sensory processing disorder	79 (43%)
Difficulties with speech, language and/or communication	67 (36%)
Autistic spectrum condition	60 (33%)
Physical disability	21 (11%)
Other	78 (42%)

Source: Family Routes Adoptive Parents survey. Base: 184

Table 31: Support offered for adopted young people in secondary school

Support type	N (%) offered support
Assessment by an educational specialist from outside school	67 (42%)
Time with the school counsellor	61 (38%)
Referral to Child and Adolescent Mental Health Services (CAMHS)	52 (32%)
Assessment by the Additional Support Needs Coordinator	50 (31%)
Support from the designated teacher or virtual school	36 (22%)
Time in a special unit within the same school	32 (20%)
Attend a new special school or special unit outside school	27 (17%)
Home tutoring	13 (8%)
Other	48 (30%)
Don't know	2 (1%)

Source: Family Routes Adoptive Parents survey. Base: 161

Table 32: Professional education support needed and provided

Source of support	Support not needed	Support needed	Support provided	% gap in support
School/college/university counsellor	159 (68%)	76 (32%)	43 (18%)	14%
Educational Psychologist	139 (59%)	96 (41%)	40 (17%)	24%
Education inclusion services/behavioural support	149 (63%)	86 (37%)	37 (16%)	21%
Teachers in school/college	92 (39%)	143 (61%)	112 (48%)	12%
The virtual school staff	181 (77%)	54 (23%)	33 (14%)	9%

Source: Adoptive parents survey. Base: 246



Department
for Education

© Department for Education copyright 2026

This publication is licensed under the terms of the Open Government Licence v3.0, except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3.

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

Reference: RR1593

ISBN: 978-1-83870-742-2

For any enquiries regarding this publication, contact www.education.gov.uk/contactus.

This document is available for download at www.gov.uk/government/publications.