A GUIDE FOR ADOPTIVE PARENTS, SPECIAL GUARDIANS AND CARERS

Supporting Your Adopted Child

Understanding early trauma, and what helps at home, at school and for you

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The latest version is always at umid.co.uk/resources

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KEEPING THIS GUIDE UP TO DATE

This guide is updated regularly. The most recent version is always available at umid.co.uk/resources. If you received this guide some time ago, please check there for the current edition.

Who this guide is for

Children who have had a difficult start often need something different from ordinary parenting. This guide explains why, and sets out practical things that help at home and at school. It also looks at what parents themselves carry, because that matters just as much.

It is written mainly for adoptive parents in England, whichever adoption agency they came through. Much of it applies equally to special guardians, kinship carers and foster carers, and where the support available to you is different, the guide says so. Where it says child, it includes teenagers.

You may have received this guide after your child's assessment with UMID. It is the same guide that every family receives. It is general information, not an assessment of your child, and not every example will fit your family. Your child's own report, and the professionals who know your child, are the place to go for advice about your child in particular.

How to use it

You do not need to read it from beginning to end. Part 1 gathers the essentials into a few pages for the weeks after an assessment, when there is a lot to take in and not much time. Each of the other parts stands on its own and opens with a short list of what it covers.

Some words come from psychology, health and education. Each is explained the first time it appears, and all of them are listed again under Words used in this guide near the end.

IF YOU NEED HELP URGENTLY

UMID does not provide crisis or emergency support, and we are sorry that we cannot respond quickly enough to help in an emergency. If you are worried about your child's safety, or your own, please use these routes.

- **If someone is in immediate danger, or has seriously harmed themselves:** call 999 or go to the nearest A&E.
- **Urgent mental health help for any age:** call NHS 111 and choose the mental health option, or use 111 online. You can also ask your GP for an urgent appointment.
- **Samaritans:** call 116 123, free, at any time of day or night, for anyone who is struggling.
- **Shout:** text the word SHOUT to 85258 for free, confidential text support at any time.

- **Childline:** your child or teenager can call 0800 1111 free if they are under 19, or use the online chat at www.childline.org.uk .
- **If you are worried that a child is being harmed:** contact your local council's children's services, or the NSPCC helpline on 0808 800 5000 (Monday to Friday, 10am to 4pm). Outside those hours, contact your council's out-of-hours children's services or the police.

If your child is being violent and you or anyone else is at risk of serious harm, calling 999 is the right thing to do. It is a hard decision for any parent, and it is not a failure.

PART 1

At a glance

IN THIS PART

- Three principles to hold on to
- First steps in the weeks after an assessment
- Support from UMID after your child's assessment
- Who to contact for what
- Questions families often ask

Three things to hold on to

Many clinicians who work with children affected by early trauma come back to three simple questions. They draw on practice models such as Trust-Based Relational Intervention and Dr Bruce Perry's work, and they are a way of organising your thinking rather than a treatment in themselves. When you are not sure what to do, work through them in this order.

1. **Safety.** Does my child feel safe, not only is my child safe?
2. **Connection.** Is our relationship strong, and does my child know they are loved, even at their worst?
3. **Coping skills.** Are we building, step by step, the skills my child needs for what life asks of them?

A child whose body is braced for danger cannot take in reasoning or learn a new skill in that moment. Safety comes first, then connection, then skills. Almost everything in this guide is a way of putting one of these three into practice.

First steps after an assessment

There is no need to do everything at once. These are the steps that most families find worth taking in the first few weeks.

1. **Read the report at your own pace.** It is normal to find parts of it hard to read, particularly the history. Note anything that seems wrong or unclear and raise it with us.
2. **Decide what to share, and with whom.** The full report contains private family history, and you do not have to share it with anyone. If we have written a separate letter for your child's school, it is designed so that you can share what the school needs to know without sharing the full report. Whether and when to share either is your decision. Part 8 explains how.
3. **Contact the designated teacher at your child's school.** Every state school has one for children who have been in care. Part 8 explains what they do.
4. **Talk to your adoption support team about an assessment of support needs.** This is usually your regional adoption agency or your local authority's adoption support team. Part 10 explains which one to contact and what an assessment can lead to.
5. **Keep a simple folder.** Reports, letters from school, and a note of who you spoke to and when. It saves a great deal of repetition later.
6. **If you are unsure what further help would suit your family, book a free 30-minute appointment with our Clinical Director.** The next section explains how.
7. **Look after yourself.** It is easy to put your own needs to the bottom of the list at exactly the point when they matter most. Parts 11 to 13 are about you.

8. **Know where to go in a crisis.** Keep the urgent help box at the start of this guide somewhere you can find it.

Support from UMID after your child's assessment

The feedback meeting will have covered the support options that may help your child and your family. Some families find that the assessment and the information in this guide are what they need. Others want further help, either now or later on. Both are fine.

UMID offers a range of services after an assessment: psychiatric care, occupational therapy and psychological therapies. Psychological therapy and occupational therapy are provided within our own team. These services are arranged separately from the assessment, and our current fees are on our website at umid.co.uk/our-fees.

If you are unsure what would help, you can book a free 30-minute appointment with our Clinical Director to talk through the support your child and your family need after the assessment, and which options would best meet those needs. To arrange it, or with any question about the assessment, email umid@umid.co.uk.

Who to contact for what

If you need	Start with
Advice about adoption support, therapy funding or an assessment of support needs	Your regional adoption agency or local authority adoption support team. Part 10 explains which one to contact
Help with contact or letters to birth family	The letterbox or staying in touch team at your adoption agency
Support at school	The designated teacher, then the SENCO, then the Virtual School in your local authority
Urgent concerns about your child's mental health or safety	The urgent help box at the start of this guide
Someone to talk to who understands adoption	Adoption UK's information and support line, 0300 666 0006, or the PAC-UK advice line, 0300 1800 090
Questions about your child's assessment or report, or about support from UMID afterwards	UMID, at umid@umid.co.uk

Questions families often ask

Did we cause this? No. The difficulties described in this guide grow out of what happened before your child came to you. What you do now matters a great deal to how things go from here, which is a different thing from being the cause.

Will it get better? Many children make real progress with time, stability and the right support, although rarely in a straight line. Research on adopted children shows substantial catch-up in growth, learning and emotional development, and it also shows that some effects of early adversity can last. Part 2 explains both sides honestly.

Does my child need therapy? Not every child does, and therapy works best alongside, not instead of, what happens at home. Parts 7 and 10 describe the kinds of help available and how they are funded.

What if it becomes unsafe? Ask for help early, before a crisis. Part 6 covers violence towards parents and siblings, and self-harm, and the urgent help box explains what to do in an emergency.

PART 2

Understanding your child

IN THIS PART

- What developmental trauma means
- How early stress affects the developing brain and body
- Trust and attachment
- Living on high alert
- Behaviour as a message
- How trauma overlaps with ADHD, autism, FASD and learning needs
- Recovery and catch-up

Where this starts

Most children adopted from care in England came into care because of abuse or neglect. In 2025, abuse or neglect was the main reason for about two in every three children being looked after, and nearly three in four once unaccompanied asylum-seeking children are excluded from the count. Many also experienced several moves between carers before they reached a permanent family.

Research shows that adopted children, as a group, have higher rates of emotional, behavioural and mental health difficulties than children who have not been adopted. That is not because of adoption itself. It reflects what happened earlier, and it means that many adopted children need more understanding and more support than ordinary parenting advice assumes.

What we mean by developmental trauma

When harm happens repeatedly, early in life, and inside the relationships a child depends on, it is often called developmental trauma. This is a way of describing what a child has lived through and how it has affected them. It is not a formal diagnosis, and you will not find it in the diagnostic manuals, although your child may have diagnoses such as post-traumatic stress disorder, ADHD or an attachment disorder alongside it.

The idea behind the term is simple and important. A child who grows up where danger is frequent and comfort is unreliable learns to survive that environment. Those survival responses were sensible at the time. They can stay switched on long after the child is safe.

THE MOST USEFUL IDEA IN THIS GUIDE

These difficulties are not faults in your child. They are adaptations. Your child's brain and body learned how to survive somewhere frightening, and those settings take time to change even after your child reaches a safe home.

The developing brain and body

Babies and young children need safe, responsive care for their brains to develop well. Research suggests that long periods of stress, harm or neglect in the early years can affect how the brain develops, particularly the systems that manage emotion, impulses and stress, and can change how the body's stress response works. The UK Trauma Council's free animation, Childhood Trauma and the Brain, explains this science clearly for parents.

It is worth holding this carefully. Brain research helps explain why some children react so strongly, but it cannot tell you about your own child's brain, and it does not mean that change is impossible. The brain remains able to adapt throughout childhood and beyond, and safe relationships are one of the main things that help it do so.

Trust and attachment

Attachment means the bond between a child and the adults who care for them. Through thousands of ordinary moments of being comforted, fed and noticed, a young child learns that adults can be trusted and that their feelings can be managed. Many adopted children missed this, or had it broken by separation and moves.

As a result, trusting a new parent can feel risky. This can look like two opposite things:

- being anxious and clingy, needing constant reassurance and unable to be apart from you; or
- being unusually independent, refusing help and keeping adults at a distance.

Some children show a confusing mixture, moving towards you and away from you in the same moment. You may hear professionals talk about attachment difficulties. NICE, the national body that sets health and care guidance, uses this broad term for problems in how a child relates to the adults caring for them. A small number of children meet the criteria for a specific attachment disorder, which needs careful assessment by a specialist.

The encouraging part is that attachment patterns can change. Children can build secure relationships with adoptive parents over time, and this is one of the strongest foundations for their wellbeing.

Living on high alert

Many children affected by trauma live in a state of heightened alert. A small setback can be experienced as a serious threat, and the body reacts before the thinking brain has caught up. Reminders of past harm, often called triggers, can be things that look minor from outside: a raised voice, a smell, a time of day, being told no.

When this happens, a child may have a meltdown, become angry or panicky, or seem to switch off and go blank. This is sometimes described as fight, flight or freeze. Many children also find it hard to notice what they are feeling and to calm themselves, because that skill normally develops through being soothed by an attuned adult, many times over, in early childhood.

A DIFFERENT QUESTION

Instead of asking "what is wrong with you?", trauma-informed parenting asks "what happened to you, and how can I help?"

Behaviour as a message

Aggression, defiance, lying, taking food and self-harm can all be ways a child communicates fear, insecurity or an unmet need, rather than a decision to be difficult. Reading behaviour this way lets you respond with support rather than anger, which is more likely to change the behaviour over time. It does not mean the behaviour is acceptable, and Part 6 is about holding limits.

What you see	What it may be saying
Breaking things during a rage	Overwhelming frustration, or an attempt to feel in control
Lying as a habit	An old strategy for avoiding harm or blame

What you see	What it may be saying
Hoarding or taking food	A body that learned food might run out
Aggression, defiance or self-harm	Fear, shame, or a need that is not being met

These are patterns commonly seen in children who have experienced early trauma. They are not a way of diagnosing what any individual child means by a particular behaviour. Your knowledge of your child, and the views of the professionals who know them, matter more than any table.

Trauma, ADHD, autism, FASD and learning needs

Trauma effects and neurodevelopmental conditions are hard to tell apart. Neurodevelopmental means to do with how the brain and nervous system develop, and it covers conditions such as ADHD, autism, learning disabilities and speech and language difficulties.

Children who have been in care are more likely to have these conditions than other children, and NICE lists looked-after children among the groups with a higher rate of ADHD. Early adversity can also produce difficulties that look like ADHD or autism, such as poor concentration, impulsiveness or strong reactions to noise and touch. Often both are present.

Fetal alcohol spectrum disorder, usually shortened to FASD, deserves a particular mention. It describes the lifelong effects on the brain and body of alcohol exposure before birth. It is thought to affect around 2 to 4 in every 100 children in the UK and to be considerably more common among children who have been in care, and it is often missed. NICE's quality standard says that children with probable alcohol exposure before birth and significant physical, developmental or behavioural difficulties should be referred for assessment. If your child's early history includes alcohol use in pregnancy, it is reasonable to ask whether this has been considered.

This is why adoptive parents often do two jobs at once: parenting in a way that takes account of trauma, and pressing for the assessments and support at school that their child needs. Part 7 covers development and learning, and Part 8 covers school.

Children do recover

A large review of international research found that adopted children show remarkable catch-up in physical growth, learning and emotional development compared with children who remained in adversity. Some difficulties can persist, and a long-running study of children adopted after severe early deprivation found that some effects lasted into adulthood. Both findings matter. Recovery is real, and it often takes longer and needs more support than families are led to expect.

A review of parenting programmes for adoptive and foster families found that they improved parents' sensitive caregiving and reduced children's behaviour problems. The rest of this guide sets out the everyday approaches that such programmes build on.

> **THE POINT OF PART 2**
> Your child's needs are shaped by what they have been through. Trauma-informed parenting starts from where your child is developmentally, which may be younger than their age suggests, and everything in the parts that follow assumes that starting point.

PART 3

Building a safe and trusting relationship

IN THIS PART

- Therapeutic parenting
- Noticing and responding to your child's signals
- Loving your child unconditionally
- PACE: four attitudes that help
- One-to-one time that your child leads
- Being available and tuned in
- Taking the long view

Harm that happened inside relationships is most often healed inside relationships. The bond between you and your child is the most powerful thing you have, so the first priority is that relationship, and a home where your child feels safe, accepted and valued.

Therapeutic parenting

Therapeutic parenting means parenting that takes account of trauma and puts the relationship first. It is largely a set of everyday approaches rather than a course of treatment, and much of it has been developed through clinical practice and the experience of adoptive families. Some parts are supported by trials, and others are better described as widely used good practice. This guide says which is which.

Very strict parenting, with tight control and a high expectation of immediate obedience, tends to work poorly for children affected by trauma, and harsh discipline can make fear and aggression worse. What tends to help is warmth, patience, flexibility and attention to what your child is feeling, together with clear and consistent limits. In practice it means meeting difficult behaviour with calm understanding and steady care rather than with punishment or anger.

Noticing and responding to your child's signals

Researchers use the term parental sensitivity for noticing your child's signals and responding warmly and appropriately. It is one of the best-studied parts of this whole area. NICE recommends that adoptive parents, special guardians and foster carers of preschool children are offered a video feedback programme, in which a trained worker films ordinary moments of play and care and reviews them with the parent to highlight what is going well. For children of primary school age, NICE suggests that adoptive parents, special guardians and foster carers are offered intensive training and support in positive behaviour management, alongside group play sessions for the child. Around the move to secondary school, it suggests group training programmes for parents together with group programmes that help children with friendships and confidence.

If you would like to know whether a video feedback programme is available to your family, ask your adoption support team.

Loving your child unconditionally

Children who have been abused or neglected often carry deep shame and a belief that they are not worth much. Some expect rejection, because rejection is what they knew. It matters that you say and show the opposite: that you love and accept them as a person, even when you do not accept what they have just done.

This does not mean allowing harmful behaviour. It means repeating, in words and actions, one message: whatever you do, I am still here.

YOU MIGHT SAY, DURING A MELTDOWN

"I know you are feeling very upset right now. I am not going anywhere. I am here when you are ready."

PACE: four attitudes that help

PACE is a widely used approach developed by the psychologist Dr Dan Hughes as part of Dyadic Developmental Psychotherapy, a family therapy for children who have experienced early trauma. It describes four attitudes to bring to everyday moments, rather than four techniques to apply.

Attitude	What it means
Playfulness	A light, warm tone when it fits, to take the heat out of a situation and to enjoy good moments together
Acceptance	Accepting your child's feelings and inner experience. All feelings are acceptable, even when some actions need limits
Curiosity	Wondering aloud, gently, about what your child might be feeling or thinking, rather than responding with anger or quick judgement
Empathy	Showing your child that you understand how hard this feels

CURIOSITY AND EMPATHY SOUND LIKE THIS

"I wonder if you are scared right now, because this reminds you of something."

"I am sorry you are feeling so hurt. That must be really hard."

Many parents find that PACE changes the usual cycle, where frustration meets frustration, and helps them hold on to their own compassion at the hardest moments. It is fair to say that PACE is based on clinical experience and attachment theory, and has not yet been tested in large controlled trials. It is best thought of as a helpful way of being with your child rather than a proven treatment.

One-to-one time that your child leads

Trust is also built through enjoyable time together. Set aside regular one-to-one time that your child chooses and directs. It can be as simple as fifteen minutes a day: a game, drawing, kicking a ball, a story at bedtime.

Programmes such as Parent-Child Interaction Therapy build this child-led play in deliberately. Research, including studies with foster and adoptive families, suggests that such programmes improve caregivers' sensitivity and reduce children's behaviour problems. The time carries a message that is hard to deliver any other way: you are worth my time.

WHAT MAKES IT WORK

- Make it regular, so that your child can rely on it.
- Let your child choose and lead the activity.

- Be fully present, with your phone out of reach.
- Describe and praise what your child is doing.
- Hold back on questions, instructions and corrections during this time.

Being available and tuned in

Being emotionally available means being approachable when your child has big feelings or needs comfort. Attunement means noticing early and quiet signs of distress and offering support before you are asked.

If your teenager seems withdrawn after school, an attuned response is a gentle opening rather than either ignoring it or pressing them: “You seem quiet. I am here if you want to talk, or if you just want some company.”

Attunement also means matching your child’s state in a way that helps. Speak softly and slowly when they are anxious, and be noticeably calm when they are angry, so that they can borrow your calm. Where a caregiver reliably comforts a distressed child, the child gradually takes on the ability to settle themselves.

Taking the long view

A home built on warmth, patience and understanding gives your child a different experience of relationships from the one they had. It answers two questions underneath everything: am I safe, and am I lovable even when I get things wrong?

This work is not always easy. Children affected by trauma may test limits hard, or push closeness away because closeness frightens them. Many families see real change, and it is usually measured in months and years rather than weeks.

> **THE POINT OF PART 3**
> The relationship between you and your child is the main instrument of recovery. Everything in the parts that follow depends on it.

PART 4

A calm and predictable home

IN THIS PART

- Daily routines your child can rely on
- Rules held with warmth
- Feeling safe, not only being safe
- A home that is easier on the senses
- Getting through transitions
- Sleep

Predictable routines let children work out what is coming, which lowers their background stress and frees them to learn and play. For a child who came from a chaotic or frightening home, predictability is what safety feels like. What they learn from it is that there are no nasty surprises here.

Daily routines your child can rely on

Build a regular shape to the day, covering the morning, school, homework, meals and bedtime, and keep to it as far as you can. The same bedtime sequence every night, for example bath, then story, then five minutes talking about the day, can help a child settle enough to sleep.

Where the routine has to change, give notice and prepare your child. Even a small change, such as a different person collecting them from school, is worth mentioning early. Being told in advance stops your child feeling ambushed, which is often what sets off fear or defiance.

Rules held with warmth

Set a small number of simple house rules, keep to them consistently, and do it in a caring atmosphere. Children feel safer knowing where the limits are and seeing that the adults are in charge. An anxious child is often relieved when an adult takes charge in a protective way, because it means they do not have to control everything themselves.

Make sure the rules fit the stage your child is actually at. A child who struggles to stop and think will need patient reminders rather than a stricter rule. Alongside the rules, give plenty of reassurance: “We have these rules to keep everyone safe. I will help you if you are finding them hard.”

This combination of firm guidance and warmth is sometimes called high structure, high nurture.

Feeling safe, not only being safe

You may know your child is now safe. Your child’s body may not know it yet. Felt safety is the term for closing that gap, and it is built by working with your child’s particular fears rather than reasoning them away.

What your child brings	What can help
Food ran out, or was withheld	A basket of snacks they can reach, and permission to eat when hungry, so that food visibly does not run out
Night-time was when frightening things happened	A night light, a predictable bedtime sequence, quiet music, and checking on them if they ask you to

What your child brings	What can help
Raised voices came before harm	Keeping the household calm even when holding a limit
Adults hurt them physically	No physical punishment of any kind. See Part 6

WHY SHOUTING MATTERS MORE THAN IT SEEMS

Children affected by trauma often read shouting or an aggressive tone as danger rather than as being told off. Harsh discipline can set off a fight, flight or freeze response, and research links harsh verbal discipline, as well as physical punishment, with worse behaviour and mood in children. A calm household, even while limits are being held, tells your child that this place is safe.

A home that is easier on the senses

Many adopted children are sensitive to what they hear, see, touch, smell and taste. Watch for what bothers your child and reduce it where you can.

- Lamps and warm bulbs in the evening rather than harsh overhead light, if your child is sensitive to light.
- Headphones that reduce noise, or a quiet corner, for a child who is overwhelmed by sound.
- Cutting labels out of clothing, and choosing fabrics your child finds comfortable.

The aim is not to remove all sensory input, since the world has sounds and textures in it. The aim is a home that does not add unnecessary stress.

A calming space

Set up a corner your child can go to when they are overwhelmed: a beanbag or soft chair, cushions, something to reduce noise, and a few soothing things such as a soft toy, a fidget or a blanket. Tell your child plainly that it is fine to take a break there whenever they need to. This gives them some control, and a way of heading off a meltdown rather than only recovering from one.

Getting through transitions

Moving from one activity or place to another is often hard for children affected by trauma, and for children with ADHD or autism. Warnings and small rituals help.

- Give warnings: “Five more minutes, then we say goodbye to the park.”
- Use a visual timetable or a picture checklist if it helps your child to see the plan.
- During bigger changes, such as moving house or starting a new school year, keep the rest of life as familiar as you can and keep talking about what will happen.
- Build small rituals, such as the same hug and the same phrase each morning before school.

Sleep

Sleep difficulties are very common in children who have experienced early trauma. Bedtime can mean separation and darkness, and night-time may once have been frightening.

- Keep a calm, predictable wind-down, with screens off for a while before bed.
- Stay nearby for longer than you might expect for your child’s age, and withdraw gradually.
- Make the bedroom feel safe: a night light, a comfort object, and the door as your child prefers it.
- If sleep problems are severe or long-lasting, talk to your GP, who can look for other causes and advise on next steps.

THE POINT OF PART 4

Simplifying your child's world, adding structure and buffering them from stress is not indulgence. It is what allows your child to come out of survival mode, and it makes school support and therapy more likely to work.

PART 5

Helping your child with strong feelings

IN THIS PART

- Regulate, Relate, Reason
- Staying calm so your child can borrow it
- A calming toolbox for the body
- Naming feelings
- Problem-solving afterwards
- Noticing when it goes well
- Planning for known triggers

Many adopted children have not yet developed self-regulation, which means managing your own strong feelings and impulses. The skill normally develops early, through being soothed by an attuned adult. If that did not happen, the skill is missing rather than being withheld, and it can be learned.

That learning starts with co-regulation, where you supply the calm from outside until your child can supply it from inside.

Regulate, Relate, Reason

This sequence comes from the work of Dr Bruce Perry, a psychiatrist who has written widely about childhood trauma. It is a practice framework rather than a tested treatment, and many parents find it the most useful thing to remember in the middle of a crisis. The order matters.

1. **Regulate.** Help your child's body calm down. No talking about what happened yet.
2. **Relate.** Connect. Show that you understand how bad this feels.
3. **Reason.** Only now, talk about what happened and what to do next time.

Moving to reasoning while your child is still upset rarely works, because a child in that state cannot take in logic or learn a new skill.

Staying calm so your child can borrow it

During a meltdown or panic, how you are is your main tool. A calm adult starts to settle an overwhelmed child. An angry adult tends to escalate them.

This is hard in the moment. Aim for a gentle voice and a body that does not threaten. Often being quietly present is the whole intervention: sitting nearby and saying softly, "You are safe. I am right here," even while your child is screaming or sobbing. Over many repetitions, what your child takes from it is that big feelings are not dangerous and do come to an end.

PRACTICAL WAYS TO STAY STEADY

- Act calm even when you do not feel calm. Children take their cues from you.
- Slow your own breathing. It often slows theirs.
- Speak slowly, in a low and even tone, and use fewer words.

A calming toolbox for the body

Strong feelings show up in the body, so physical and sensory ways of calming often work faster than words. Children differ a great deal, so it helps to have several things to try.

Type	What to try	Why it can help
Firm touch	A firm but gentle hug, or a hand on the back, if your child welcomes it	Many children find steady pressure calming
Movement	Jumping, a trampoline, running, a swing or a rocking chair	Helps burn off the body's alarm response. Rhythmic movement is soothing for many children
Breathing	Bubble breaths: breathe in slowly through the nose, then out through pursed lips as if blowing a bubble	Most useful when practised during calm times, so that it is there when needed
Things to hold	A calm-down kit: stress ball, play dough, soft toy, fidget, or a notepad to doodle in	Gives your child something concrete to focus on
Sound and smell	Calming music, or a familiar comforting scent	May help some children settle

A NOTE ON WEIGHTED BLANKETS

Weighted blankets and lap pads are widely sold for children with sensory needs. Research so far shows limited evidence that they help, and the Royal College of Occupational Therapists advises caution. If you use one, your child must be able to remove it easily by themselves, it must never cover the head or be used to restrain a child, it should be removed once your child is asleep rather than left on all night, and it is best discussed with an occupational therapist first.

Work out with your child what helps them. Some want to be left alone somewhere comfortable. Others want you beside them. Whatever works, name it and encourage it: "I notice drawing helps you when you are upset. Shall we keep your sketchbook where you can reach it?"

Naming feelings

Once your child has calmed a little, help them name what they are feeling. Children affected by trauma often experience an overwhelming jumble rather than separate emotions, and naming it calmly helps to organise it.

EMOTION COACHING SOUNDS LIKE THIS

"I can see you are really angry and hurt because your friend took your toy. I think I might feel angry too."

Over time your child learns to recognise that the tight feeling in their chest is worry, or that there was sadness underneath the anger. Many children gradually build a better understanding of their own feelings when adults help them put words to what is happening inside.

Accept the feeling first, then hold the limit

"It is all right to feel frustrated. Everyone feels frustrated sometimes." Then: "It is not all right to hit. We need to find another way for you to show me you are cross." Accepting the feeling is not approving of the

behaviour. It shows your child that you have understood what is going on inside them, which is what builds trust.

Problem-solving afterwards

Once the storm has passed, work out together what to do next time, and put right what needs putting right. If something was broken, your child can help to fix it or make up for it, in the spirit of teaching rather than punishing.

Then plan: "What could we do differently when you start to feel that upset? Maybe we go outside, or you tell me you are getting cross." Let your child have a real say. Children are more likely to use ideas they helped to choose.

Noticing when it goes well

Whenever your child manages even a small piece of self-regulation, say so, and be specific.

SPECIFIC PRAISE SOUNDS LIKE THIS

"I noticed you took some space instead of hitting your brother. You calmed yourself down really well."

Children affected by trauma often hear a great deal of correction, so the positives have to be caught deliberately. The direction of travel is from you doing the regulating to your child doing it. At the start you may be doing nearly all of the work. A year later they may be doing half.

Planning for known triggers

Much of this work is done in advance. When things are calm, work out with your child what usually upsets them: transitions, feeling criticised, the anniversary of a loss, contact with birth family, a particular time of day. Then make a plan.

PLANNING AHEAD SOUNDS LIKE THIS

"I know getting ready for school is stressful. How about a picture checklist so you can go at your own pace, and I will wake you ten minutes earlier so we are not rushed?"

"If you start feeling overwhelmed in the shop, squeeze my hand and we will find a quiet aisle or step outside."

Teach an older child to say "I need a break", and then respect that request by providing the break.

THE POINT OF PART 5

Every time you help your child through a wave of feeling without either joining it or punishing it, you are teaching a skill they will use for the rest of their life. Staying calm through a long meltdown is not a small thing, which is why Parts 11 to 13 are about you.

PART 6

Behaviour: teaching rather than punishing

IN THIS PART

- Why harsh punishment backfires
- Consequences that teach
- Catching your child being good
- Time-in and time-out
- Choosing your battles
- Finding the need behind the behaviour
- Violence towards parents and siblings
- Self-harm and talk of suicide
- Warmth and structure together

Managing difficult behaviour in a trauma-sensitive way is one of the hardest parts of adoptive parenting. The word discipline comes from the Latin for teaching, which is a useful reminder. The aim is to teach, and children still need to be held to account, but through patience, praise and constructive consequences rather than through fear.

Why harsh punishment backfires

A large review of research following children over time found no evidence that physical punishment improves children's behaviour, and consistent evidence that it predicts more behaviour problems over time. Research also links harsh shouting and shaming with worse behaviour and low mood in young people. For a child who came from violence, physical punishment can confirm their belief that adults hurt children.

We strongly advise against any form of physical punishment, including a light smack. Physical punishment of children is already banned in Scotland and Wales.

A USEFUL REMINDER

You cannot punish trauma out of a child. What helps is re-teaching and healing, alongside clear limits.

Consequences that teach

When your child breaks a rule, use a consequence that is logically connected to what happened, and deliver it calmly. That lets your child learn cause and effect without feeling attacked as a person.

What happened	A consequence that teaches
Drew on the wall	Helps to clean the wall, with your help so that it succeeds
Threw a toy and broke it	Picks up the pieces with you. The toy is not available now, and may be fixed later
Teenager missed an agreed time to be home	An earlier time for a while, or losing a privilege connected to it

Keep the tone neutral and kind: “You threw your toy and it broke. That is sad. We can pick up the pieces together. You will not have that toy now, but maybe we can fix it later.”

Avoid consequences that are out of proportion. They feel unfair and produce either more defiance or hopelessness. Follow through on what you said, and keep the empathy in it: “I know it is hard to lose screen time tonight. Tomorrow is a new day and you can earn it back.”

Catching your child being good

Noticing and rewarding positive behaviour tends to shape behaviour more effectively than punishing negative behaviour, and for children affected by trauma it also builds self-worth.

- For younger children, a sticker chart or small rewards for specific things, such as getting through the morning calmly.
- For older children, specific praise, or a privilege such as extra time on something they enjoy.

Many children affected by trauma are used to getting attention mainly for difficult behaviour, because that is when adults engage with them. Changing where your attention goes improves both the behaviour and your relationship. It is not bribery, and it does not mean never saying no.

Time-in and time-out

Time-in means removing your child from the situation and staying with them while they calm down, then reconnecting before rejoining the day. Many adoptive parents and therapists find this works better than sending a child away, because a child who fears abandonment may experience being sent away as rejection.

It is fair to add that brief, calm time-out is part of several well-researched parenting programmes, and a detailed review of the evidence did not find that it harms children when it is used in a predictable, non-shaming way. What matters most is how it is done. If you use a short time apart because feelings are running too high, stay close, check in every minute or two, and come back together afterwards.

> **ALWAYS RECONNECT AFTERWARDS**
> After any separation or consequence, reconnect. Once your child is calm, a hug or a kind word tells them you still love them and you are both moving on. Repair matters most for children who would otherwise take discipline as proof that they are bad.

Choosing your battles

Not every piece of misbehaviour needs a consequence. Keep firm responses for the things that matter most, such as violence, stealing or not going to school, and respond lightly or let go where the behaviour is minor and comes from anxiety, trauma or your child’s developmental stage.

A child who swears habitually has usually learned it somewhere. You can calmly offer an alternative without turning it into a daily battle. Minor behaviours often ease once structure, routine and emotional support are in place.

Finding the need behind the behaviour

The central question in trauma-informed discipline is: what need is driving this?

Behaviour	Possible need	Meeting it while holding the limit
Acting up at bedtime	Reassurance, fear of the dark or of being alone	Keep the bedtime, and add a check-in, a light, or a few more minutes together
Teenager answering back	Independence, or to feel heard	Keep the boundary, and give a real choice about how or when
Refusing homework after school	A break, because school has used up everything they had	"How about ten minutes shooting hoops, then we try again?"

Over time, children who experience you as an ally rather than an opponent become more willing to tell you what they need before they act on it.

Violence towards parents and siblings

Some adoptive families face serious aggression or violence from their child, often but not only in the teenage years. UK research with adoptive families, including a study for the Department for Education, has identified violence from children towards parents as one of the most serious pressures some families face. If this is happening in your family, you are not alone, and it is not a sign that you have failed.

- **Safety comes first.** Remove yourself and other children from danger. Call 999 if anyone is at risk of serious harm.
- **Tell your adoption support team.** Child-to-parent violence is a recognised reason for an assessment of support needs, and specialist help can be funded.
- **Ask about Non-Violent Resistance.** Often shortened to NVR, this is a structured programme that helps parents respond to violence with calm, firm resistance, bring in their support network, and step out of power struggles. A small number of trials, mostly with birth families, suggest that it reduces parents' stress and children's aggressive behaviour, and it is widely used in adoption support.
- **Specialist organisations can help.** PAC-UK runs a child to parent violence service, and PEGS supports parents experiencing child to parent abuse. Details are in Where to find support.

If a sibling is being targeted, they need to feel protected, which may mean a safe space and somewhere their belongings are safe. Part 13 says more about siblings.

Self-harm and talk of suicide

If your child is harming themselves, or talks about wanting to die, they need professional help as well as your support. This goes beyond what parenting strategies are for.

- **If your child is in immediate danger or has seriously harmed themselves,** call 999 or go to A&E.
- **If you are worried but there is no immediate danger,** call NHS 111 and choose the mental health option, contact your GP urgently, or contact your child's mental health team if they have one.
- **Stay calm and ask directly.** Asking a young person whether they are thinking about suicide does not put the idea into their head, and it can open the door to getting help.
- **Work out a safety plan together** with the professionals involved: what the warning signs are, what helps, who to contact, and how to make the home safer, for example by locking away medicines and sharp objects.

Warmth and structure together

What tends to work best for children affected by trauma is what researchers call authoritative parenting: high warmth held together with clear, consistent limits. It is different from authoritarian parenting, which

has the limits without the warmth, and from permissive parenting, which has the warmth without the limits.

Discipline of this kind takes more creativity and patience. Over time your child learns that rules exist for safety, that getting things wrong does not make them unloved, and that mistakes can be put right.

> **THE POINT OF PART 6**
> Your child needs limits and needs to know they are loved. Holding both at once, again and again, is what teaches.

PART 7

Development, learning and sensory needs

IN THIS PART

- When trauma and development overlap
- Two sensory patterns
- What families can do at home
- Help with organising and remembering
- Assessments and therapies to ask about
- Approaches to be cautious about
- Speaking up for your child

A child with a history of early trauma may present much like a child with ADHD, with impulsiveness, poor attention and high activity, or much like an autistic child, with sensory sensitivities and social difficulties. Some children have these conditions as well as the effects of trauma. Others have speech and language difficulties, learning disabilities or FASD.

So it is worth taking a whole child view: identify any developmental, learning or medical difficulty and support it alongside the relationship-based work. Neither cancels the other out.

Two sensory patterns

Children who have experienced early trauma often have sensory difficulties. These tend to show up in two opposite ways, sometimes in the same child at different times.

Over-responsive to sensation	Seeking sensation, or under-responsive
Too much is coming in	Not enough is coming in
Overwhelmed in loud or busy places such as assemblies or supermarkets	Crashes into things, spins, rocks or climbs
Strong reactions to scratchy clothing or certain food textures	Chews things that are not food
Covers their ears at particular sounds	May not seem to notice pain, heat or cold properly
Can look like anxiety or a tantrum	Can look like ADHD or naughtiness

What families can do at home

An occupational therapist can assess your child's sensory needs and suggest everyday activities, sometimes called a sensory diet, to help them stay settled. Even without an assessment, you can watch for patterns and build in what helps.

- **For a child who seeks sensation:** plenty of active, heavy work such as pushing, pulling, carrying the shopping, jumping, climbing, swinging and dancing. Planned outlets reduce unplanned crashing.
- **For a sensitive child:** a quiet area, headphones that reduce noise, softer lighting, and warning before noisy events.

Teach your child to signal when they are getting overwhelmed. Some families use a colour system, where red means I need a break now. It matters that your child knows there is nothing wrong with them for being bothered by things: everyone has things that bother them, and there are ways to make them easier.

WHAT THE RESEARCH SAYS ABOUT SENSORY THERAPY

Many families find sensory strategies helpful day to day, and they are low risk. The evidence for formal sensory integration therapy is more mixed. A large UK trial with autistic children found that it did not improve behaviour or other main outcomes more than usual care, although parents reported progress towards their own goals. It is reasonable to use sensory strategies that clearly help your child, and to be cautious about paying privately for long courses of therapy that promise more than the evidence supports.

Help with organising and remembering

Many children with a history of trauma, and many with ADHD or FASD, have difficulties with executive function, which means organising, planning, remembering and keeping track. You may notice your child is disorganised, forgets instructions with several steps, or performs unevenly at school.

- Visual timetables and checklists for morning and bedtime. Pictures for younger children, written lists for older ones.
- Break tasks down. Instead of "tidy your room", try "put all the cars in this box", then the next step.
- A timer or alarm to signal a change of task, and staying nearby to guide until your child can do more alone.
- Agreement between everyone caring for your child about the main rules, so that your child is not navigating different rules in different places.
- Praise effort and small steps. If your teenager packs their bag the night before, even with prompting, say so.

The principle is scaffolding: putting supports around a skill your child has not developed yet, then removing them slowly as the skill grows.

Assessments and therapies to ask about

Which services help depends on your child. Many are available through the NHS, your child's school or your local authority, and therapeutic support for adopted children can often be funded through the Adoption and Special Guardianship Support Fund, described in Part 10.

Service	What it is for
Video feedback or parenting programmes	Strengthening the parent and child relationship. Recommended or suggested by NICE for adoptive families, depending on the child's age
Occupational therapy	Sensory needs, coordination and everyday skills
Speech and language therapy	Speech, understanding language, and social communication
Child and Adolescent Mental Health Services (CAMHS), or a therapist experienced in adoption and trauma	Post-traumatic stress, anxiety, low mood, self-harm and relationship difficulties
Trauma-focused cognitive behavioural therapy (TF-CBT)	Recommended by NICE for children and young people with post-traumatic stress disorder or significant symptoms of it. NICE says EMDR, another trauma therapy, may be considered for young people aged 7 to 17 if TF-CBT has not helped or they have not been able to engage with it

Service	What it is for
Educational psychology	Learning difficulties and how best to support learning at school
Paediatric or specialist assessment	Possible ADHD, autism, FASD or other developmental conditions

A few further points are worth knowing.

- **Medication is not a treatment for attachment difficulties.** NICE advises against it. Medication may have a place for a separate condition such as ADHD, following specialist assessment.
- **Family and attachment-focused therapies,** such as Dyadic Developmental Psychotherapy, Theraplay and similar approaches, are widely used and funded in adoption support, and many families value them. A recent review found early signs of benefit but noted that the studies so far have important weaknesses, so it is fair to describe the evidence as promising rather than established.
- **Ask what the therapy aims to achieve, how progress will be measured,** and what will happen if it does not seem to be helping. A good therapist will welcome these questions.

Approaches to be cautious about

> **THERAPIES THAT INVOLVE FORCE**
> Be wary of any therapy that involves holding a child down against their will, forcing eye contact, or deliberately provoking distress in order to break through, sometimes described as holding therapy or rebirthing. An expert task force concluded that such coercive techniques are unsupported by evidence and potentially harmful, and a child has died during a so-called rebirthing session. Safe, evidence-informed therapy never relies on coercion.

Speaking up for your child

Do not hold back from advocating for your child. If sensory overload is a problem, tell the teacher and ask for adjustments. If your child has a diagnosis such as autism, ADHD or FASD, make sure the school knows and has an up-to-date support plan. Without a diagnosis, you can still explain what helps.

> **THE POINT OF PART 7**
> A child who is overwhelmed by sensory input cannot simply sit still and behave. A child with an unrecognised learning difficulty cannot simply try harder. Removing those barriers often improves behaviour markedly, because one source of daily distress has been taken away.

PART 8

Working with school

IN THIS PART

- What to share, and how much
- Trauma-informed practice in the classroom
- Adjustments to ask for
- Keeping in touch
- What your child is entitled to
- Special educational needs support and EHC plans
- Suspensions and exclusions
- Moving to secondary school
- Bullying and awkward questions

School can steady a child or make everything harder, and which one it becomes depends a great deal on what the adults there understand. Many adopted children find school difficult. They may struggle to concentrate, feel unsafe, clash with other children or with authority, or be bullied for being different.

In England, adopted children who were previously in care count as previously looked-after children, which brings certain entitlements. Not every teacher has had training in trauma or attachment, though, so it is often parents who start the conversation.

What to share, and how much

Early in the school year, or when your child starts at a new school, meet the class teacher or form tutor, the designated teacher and the special educational needs coordinator, known as the SENCO. You do not have to share sensitive details that you or your child would rather keep private. Share what will change how staff respond.

THIS IS USUALLY ENOUGH

"He has some difficulties with trust because of early experiences. Shouting or sudden changes can make him very anxious. What works at home is a warning before a change, and a quiet space afterwards. I am very happy to work with you on this."

As your child gets older, involve them in deciding what is shared. It is their story, and many teenagers have strong views about who knows.

If we have written a separate letter for school after your child's assessment, you can use it for this conversation. It describes what school needs to know without the private history in the full report.

Trauma-informed practice in the classroom

These are the things worth asking a school to put in place.

- **Predictable routines and clear expectations.** Ask about the daily timetable and how the class handles transitions and behaviour.
- **Advance notice of changes.** Ask that your child be told quietly beforehand about anything unusual: a fire drill, a supply teacher, a change of seating or a school trip.

- **Behaviour approaches that do not shame.** Being told off in front of the class, or sent to stand in the corridor, can be very damaging for a child who already carries shame. A brief time with a trusted adult, or a restorative conversation, often works better.
- **Understanding of trauma-related behaviour.** It helps if staff understand that some behaviours, such as lying or taking food, may be rooted in early experience and need teaching rather than punishment alone.

Adjustments to ask for

If the difficulty is	Ask about
Noise	Ear defenders for fire alarms and noisy periods, or headphones during independent work
Concentration	Movement breaks, or being sent on an errand to get moving
Becoming overwhelmed	A named safe adult and a calm space, and an agreed card or signal your child can use to take a short break. All staff need to know the plan
The classroom itself	Seating away from doors and busy areas, and attention to flickering lights
Friendships	Clubs and structured activities, with an adult to support the first few times

Feeling connected to at least one friend or group at school makes a real difference to a child's sense of safety.

Keeping in touch

Keep the line open in both directions. A weekly email or a home and school diary is useful, particularly during difficult periods. Ask the teacher to pass on what is going well, so that you can praise it at home, and let the school know what is happening at home. If your child is having a hard week, perhaps around an anniversary, contact with birth family, or a change at home, tell the school so that staff can allow some leeway.

What your child is entitled to

You are not on your own in the education system. These roles and funds exist specifically for children who have been in care.

What it is	What it does
Designated teacher	Every maintained school and academy must have a designated teacher for looked-after and previously looked-after children. They should be a contact for parents who want advice or have concerns, and should help staff understand your child's needs
Virtual School	Every local authority has a Virtual School Head. For previously looked-after children, the Virtual School's duty is to provide information and advice to parents and schools. It does not manage your child's education, but it can advise you and the school, including when things are going wrong

What it is	What it does
Pupil Premium Plus	Extra funding paid to the school for each previously looked-after child. It is not a personal budget for your child, but schools should involve you in discussing how it is used to support them
Priority admission	Looked-after and previously looked-after children, including children adopted from state care outside England, have the highest priority in school admissions
SENCO	The teacher who coordinates support for children with special educational needs

TELL THE SCHOOL ABOUT YOUR CHILDS STATUS

Schools only receive Pupil Premium Plus if they know your child was previously in care and record it in the school census. You will usually be asked for evidence, such as the adoption or special guardianship order, and the school must keep this confidential. Adoption UK's surveys suggest that only about half of adoptive parents know who their child's designated teacher is, so it is worth finding out.

If you are a foster carer, the child in your care is still looked after, and the Virtual School has fuller responsibilities, including overseeing their Personal Education Plan and managing their Pupil Premium Plus.

Special educational needs support and EHC plans

If your child has special educational needs, the school should provide SEN support, following the SEND Code of Practice. The school should assess your child's needs, plan support, and review it with you regularly.

Where a child needs more help than the school can provide from its own resources, you can ask your local authority for an Education, Health and Care needs assessment. This can lead to an Education, Health and Care plan, usually called an EHC plan or EHCP, which is a legal document setting out a child's needs and the support they must receive. You can make the request yourself, without needing the school's agreement.

CHANGES BEING PROPOSED

In February 2026 the government published proposals to reform the special educational needs system in England. These are proposals only. They need new law, and the current system, including SEN support, EHC needs assessments and existing EHC plans, remains in place. The government has said that no changes to support through existing EHC plans would happen before September 2030 at the earliest. The version of this guide on our website will be updated as things change.

Free, impartial advice is available from your local SEND Information, Advice and Support Service, known as SENDIASS, and from IPSEA, a charity that provides free legal advice on special educational needs. Details are in Where to find support.

Suspensions and exclusions

Behaviour that grows out of early experiences can bring children into conflict with school behaviour policies, and statutory guidance asks schools and local authorities to keep this in mind. Government guidance also says that where a previously looked-after child is at risk of suspension or exclusion, the school should engage with the child's parents and the designated teacher, and may seek the Virtual School's advice on how to support the child.

If you are worried that your child is heading towards exclusion, ask for a meeting early, ask whether your child's needs have been fully assessed, and contact your Virtual School for advice. Sending a child home to cool off without following the formal process is not lawful. Coram's Child Law Advice service provides free information about exclusions.

Moving to secondary school

The move to secondary school is a known point of difficulty for many adopted children: a bigger building, many teachers, more change and less time with any one adult. Start planning early. Ask for extra transition visits, a named adult, a map and timetable in advance, and a meeting between the primary and secondary designated teachers.

From 2026, Adoption England is offering new support for adoptive parents and special guardians whose children are moving up to secondary school, including online learning, group sessions and peer support. Your adoption support team can tell you what is available locally.

Bullying and awkward questions

Adopted children are sometimes targeted by bullies, particularly children who look different from their family or who have visible difficulties. Watch for signs such as reluctance to go to school or unexplained injuries, and involve the school straight away.

Some school work can be painful: tasks involving baby photographs or family trees are hard for many adopted children. Suggest an alternative, such as an All About Me project that allows for different family histories. Most teachers are grateful for the insight.

You can also help your child prepare for questions from other children. Practising a reply to something like "where are your real parents?" means the question arrives as something they have an answer to, rather than as an ambush. Your child can also learn that they do not have to tell anyone their story.

> **THE POINT OF PART 8**
>
> A trauma-informed school absorbs a lot of the stress that would otherwise come out as difficult behaviour or withdrawal. When home and school give the same messages about safety and support, children do better. Celebrate the school successes, however small.

PART 9

Growing up adopted

IN THIS PART

- Talking with your child about their story
- Life story work
- Keeping in touch with birth family
- Social media and unplanned contact
- Identity, ethnicity and culture
- The teenage years
- Moving into adulthood

Adoption is not a single event. Children make sense of their story again at each stage of growing up, and the questions a four-year-old asks are very different from those of a fourteen-year-old. How families talk about adoption can make a real difference to how a child comes to understand it.

Talking with your child about their story

Children do best when adoption is talked about openly, from early on, in language that fits their age, and when they are the first to hear their own story from the people who love them. Waiting for the right moment often means the moment never comes, or comes from someone else.

- Start simply and early, and add detail as your child grows.
- Tell the truth, at a level your child can manage. Difficult facts can be shared gradually, but it is better not to say anything that will later have to be undone.
- Let your child know that any question is welcome, and that it is fine to have mixed feelings, including love for birth family and anger or sadness about what happened.
- Speak respectfully about birth parents, even when what happened was serious. Your child may see part of themselves in them.
- Expect questions to come back, often at unexpected moments.

Life story work

Life story work helps a child understand their history through photographs, stories and records, often gathered into a life story book, and many adopted children also have a later life letter written by their social worker to be read when they are older. NICE recommends that children who are adopted from care are offered accurate, up-to-date information about their history and family in a form they can use and return to at their own pace.

If your child's life story book is incomplete, or no longer fits their age, ask your adoption support team whether it can be updated. Some children benefit from life story work with a professional, particularly when difficult information needs to be shared.

Keeping in touch with birth family

Many adopted children have some form of contact with birth relatives. This may be letters exchanged through the adoption agency, sometimes called letterbox or mailbox contact, digital exchange, or in some families direct meetings. Most adoption agencies have a team that supports these exchanges, which may be called the letterbox, staying in touch, keeping in touch or family connection team, and exchanges are sent through that team.

Contact can matter a great deal for a child's sense of identity. It can also bring up strong feelings for everyone. Adoption UK's surveys suggest that many letterbox arrangements lapse over time, often without anyone deciding that they should. If an arrangement is not working, or has stopped, or your child's needs have changed, ask for it to be reviewed. Arrangements should always centre on your child's best interests.

Social media and unplanned contact

Social media has made it much easier for birth relatives and adopted young people to find each other, sometimes without anyone being prepared. Unplanned contact can be overwhelming for a young person and can carry real risks.

- Talk about the possibility before it happens, calmly and without alarm.
- Help your child keep their online profiles private, and think together about what they share.
- Let your child know they can tell you if anyone contacts them, and that they will not be in trouble.
- If unplanned contact happens, stay calm, seek advice from your adoption support team or your agency's letterbox or staying in touch team, and try to keep your relationship with your child at the centre.

Identity, ethnicity and culture

Every adopted child is working out who they are and where they come from. For children whose ethnicity, culture, faith or language differs from their adoptive family's, this can bring extra questions and experiences, including racism. It helps to talk openly about difference, to find ways for your child to connect with their heritage and with people who share it, and to take any experience of racism seriously and act on it.

The teenage years

Adolescence brings the ordinary work of becoming independent, and for many adopted young people it also brings old questions back with new force: who am I, why did this happen, where do I belong? Some young people withdraw, some push hard against their parents, and some become curious about or preoccupied with birth family.

Some adopted teenagers are more vulnerable to particular risks, including self-harm, running away, alcohol and drug use, and exploitation by people who offer belonging, attention or money. Signs that may need attention include new unexplained possessions, older friends you do not know, going missing, secretive phone use, or sudden changes in mood or behaviour.

What helps is much of what helped earlier, adjusted for age: staying connected even when your teenager seems not to want it, keeping some predictable rituals, choosing battles carefully, and asking for help early. Adoption support and ASGSF funding can continue into early adulthood, and CAMHS and your GP are there for mental health concerns. If you are worried that your child is being exploited or is at risk, contact the police or your local children's services.

Moving into adulthood

When your child turns 18, they gain certain rights, including the right to apply for information about their birth and adoption records. Many young people want support with this. The adoption agency can advise on how to go about it, and PAC-UK's services for adopted people can also help. Support through the Adoption and Special Guardianship Support Fund can continue up to the age of 21, or 25 with an EHC plan.

> **THE POINT OF PART 9**

> Your child's story belongs to them. Your role is to help them hold it, at a pace they can manage, and to be there each time they come back to it.

PART 10

Getting support

IN THIS PART

- Your right to an assessment of support needs
- The Adoption and Special Guardianship Support Fund
- Support from your adoption agency and national organisations
- Support if you are a special guardian, kinship carer or foster carer
- Support for you as a carer
- Asking early

Adoption is recognised in law as needing support after the order is made. There is no shame in asking for help. It is evidence of commitment to your family.

Your right to an assessment of support needs

Under the Adoption and Children Act 2002, adoptive families in England have a legal right to an assessment of their adoption support needs. The assessment can cover your child's emotional and behavioural needs, therapy, help with contact, financial support, and support for you as parents. The assessment is a right, and the support provided depends on the needs it identifies.

For the first three years after the adoption order, the local authority or regional adoption agency that placed your child is responsible for assessing your support needs. After three years, responsibility passes to the local authority or regional adoption agency where you live, if that is different. If you adopted through a voluntary adoption agency, you can also ask that agency what support it offers after adoption.

If you are not sure which regional adoption agency covers your area, your local council can tell you. Adoption England's website explains what regional adoption agencies do, and Adoption UK keeps a list of them by region. Both are in Where to find support.

The Adoption and Special Guardianship Support Fund

The Adoption and Special Guardianship Support Fund, usually shortened to ASGSF and previously called the Adoption Support Fund, is government funding in England that pays for therapeutic support for eligible families. Families do not apply directly. Your regional adoption agency or local authority assesses your needs and applies on your behalf, usually before therapy starts.

It is available for children up to and including the age of 21, or 25 with an EHC plan, who were adopted from care in any part of the UK and live in England, were adopted from abroad, or left care under a special guardianship order or child arrangements order, among other groups.

RECENT CHANGES TO THE FUND

The fund has changed in recent years. In 2025 the amount available for each child each year was reduced and some additional funding routes were removed. In February 2026 the government confirmed that the fund will continue until March 2028, increased the overall budget, and launched a consultation on the future of adoption and kinship support. The details are likely to change again, so your adoption support team is the best source of current information. The version of this guide on our website will be updated when the position changes.

Therapies funded through the ASGSF have included family therapies, therapeutic parenting programmes, Non-Violent Resistance, and some specialist assessments. If you are considering an assessment or therapy with UMID that is not funded through the ASGSF, our current fees are on our website at umid.co.uk/our-fees.

Support from your adoption agency and national organisations

Adoption support is available throughout childhood and beyond, and your adoption agency can advise you on what is available in your area. Besides the assessments that can lead to an application to the ASGSF, agencies offer their own range of support, which may include training and workshops, family days and meet-ups with other adopters. What is offered differs from one agency to another, so it is worth asking yours directly. Most agencies also have a team that supports letterbox and other staying in touch arrangements, described in Part 9.

Nationally, Adoption UK runs an information and support line, local and online peer support, and training for adoptive families. PAC-UK, part of the charity Family Action, runs an advice line staffed by adoption counsellors and social workers, together with therapeutic and child to parent violence services. Full details of these and other organisations are in Where to find support.

If you are a special guardian, kinship carer or foster carer

- **Special guardians and carers under a child arrangements order** whose child was previously looked after can ask the local authority for an assessment of support needs, can access the ASGSF, and have the same school entitlements as adoptive parents: the designated teacher, Pupil Premium Plus, priority admission and Virtual School advice. Kinship, the national charity for kinship carers, offers advice and peer support.
- **Foster carers** are supported by the child's local authority or fostering agency and supervising social worker. The child remains looked after, so the Virtual School has fuller duties for their education. The Fostering Network provides information and advice for foster carers.

Support for you as a carer

- **A parent carer's needs assessment.** If your child has a disability, you can ask your local council to assess your own needs for support as a parent carer.
- **Disability Living Allowance for children.** This may help with the extra costs of looking after a child under 16 who needs much more looking after than a child of the same age without a disability. Contact, the charity for families with disabled children, can advise on applying.
- **Short breaks and respite.** Some local authorities and adoption support services offer short breaks, and they can sometimes be included in a support plan. Ask about what is available in your area.
- **Peer support.** Adoption UK, many adoption agencies and other organisations run support groups and events where you can meet other families.

Asking early

In Adoption UK's most recent annual survey of adoptive families, more than a quarter said they were at crisis point by the time they contacted their agency for support. Services are stretched, and help can take time to arrange, so it is worth asking for an assessment as soon as you notice things becoming harder, rather than waiting until you are exhausted.

> **THE POINT OF PART 10**
> Support after adoption is not a favour. It is a recognised need, and asking for it early is one of the most protective things you can do for your family.

PART 11

Looking after yourself

IN THIS PART

- Why caring for a child affected by trauma is so demanding
- Finding people who understand
- Taking real breaks
- Sleep, food and movement
- Learning more about trauma
- Being fair to yourself

You cannot help your child well while you are running on empty. Looking after yourself is not separate from parenting. It is part of it.

Caring for a child who has experienced trauma is demanding emotionally, mentally and physically. Adoptive parents often put so much into their children that their own needs disappear, and that can lead to exhaustion.

A REMINDER

Self-care here is not indulgence. It is a way of keeping going, and it is a parenting strategy.

Finding people who understand

Join an adoption support group, locally or online. It gives you somewhere to say the true version of how things are, to swap ideas, and to find that you are not the only one. Hearing from parents further along the road is often the most encouraging thing available. Adoption UK and many adoption agencies run groups and events for adoptive families.

If getting to a group is not realistic, online communities can help, with the usual care about your family's privacy and your child's story. Stay connected to supportive friends and family too. Even where they do not fully understand, someone to talk to, or someone who occasionally helps out, reduces the load.

Taking real breaks

Breaks are how you recharge. If you have a partner, take turns so that each of you gets time that is genuinely your own. If you are parenting alone, think about a trusted friend or relative who could step in from time to time, and ask your adoption support team about short breaks.

Even a few hours makes a difference: a walk, a hobby, a nap, or simply time without children.

IF A BREAK FEELS LIKE ABANDONING YOUR CHILD

Many parents feel guilty about time away, and parents of a child with attachment difficulties often worry about the separation itself. Start with very short breaks and build up. Seeing that you reliably come back can strengthen your child's sense of security, and a rested parent is a more patient parent.

Sleep, food and movement

Sleep, food and exercise are often the first things to go when you are managing crises, and they affect your ability to cope more than almost anything else.

- Protect sleep. If your child has difficult nights, take turns with a partner or rest when you can.
- Keep some movement in your week. A brisk walk or twenty minutes of stretching at home counts.
- Eat regular meals. Batch cooking on calmer days can help.
- Keep your own health appointments. They are usually the first thing cancelled.

If you find yourself persistently low, anxious or unable to switch off, which is common under long strain, talk to your GP. NHS Talking Therapies can be accessed by self-referral in most areas, and some therapists specialise in supporting adoptive parents and carers.

Learning more about trauma

Many parents find that understanding more about trauma and therapeutic parenting reduces their stress, because understanding replaces some of the helplessness. Workshops, courses and books can give you new ideas and some reassurance that you are on the right track. Many adoption agencies offer training and workshops, as do Adoption UK and PAC-UK, and there is a reading list in Where to find support.

Being fair to yourself

What you are doing is hard, and not every day will feel rewarding. There will be days when you doubt yourself. Notice the small victories, your child's and your own. Perhaps your child handled a disappointment a little better than last month. Perhaps you stayed calm through a meltdown where a year ago you would have shouted. Those count.

You will also make mistakes, as all parents do. You may lose your temper or feel resentful. Forgive yourself, and repair it with your child: "I am sorry I shouted. I was feeling frustrated, and that is not your fault." Children learn a great deal from watching a parent apologise and recover.

> **THE POINT OF PART 11**
> In looking after your own needs you are looking after your child's, because what your child needs most is a steady parent.

PART 12

What adoptive parents commonly carry

IN THIS PART

- Exhaustion, compassion fatigue and secondary trauma
- Living without control
- Guilt, self-blame and shame
- Strain on your relationship
- Isolation, and losing yourself
- What siblings and wider family carry

This part describes the difficulties adoptive parents report, plainly and without softening them. If you recognise yourself here, you are not failing. You are having an understandable response to very demanding circumstances, and naming it is the first step to getting the right support.

Exhaustion, compassion fatigue and secondary trauma

Long periods of caring for a child in distress can produce deep physical and emotional exhaustion. Compassion fatigue describes a wearing down of your capacity for empathy through long exposure to someone else's pain. Secondary trauma describes trauma symptoms in a parent or carer that come from living alongside a child's trauma: intrusive thoughts, poor sleep, feeling constantly on edge, or dreading the next crisis. Some writers use the term blocked care for the way chronic stress can make it hard for a loving parent to feel warmth towards their child for a time.

A recent UK study of 190 adoptive parents who completed an online survey found that almost one in five had trauma symptoms at a level of clinical concern, and one in ten met the threshold for probable post-traumatic stress disorder. Parents also reported more secondary trauma and burnout than population norms would suggest. Current difficulties, including violence from the child, predicted parents' symptoms more strongly than the child's past. Families who take part in such surveys may not represent all adoptive families, but the findings match what many parents describe.

Living without control

Raising a child with complex needs often means living with unpredictability: sudden outbursts, a crisis at school, or a period of going backwards, with little warning. Much of the strain also comes from outside the family: services that are slow, schools that do not understand, and the effort of pressing for support.

Guilt, self-blame and shame

Adoptive parents often describe guilt and a sense of failing. Where difficulties persist despite everything they have given, parents may blame themselves or conclude they are not good enough. Some feel guilty for not loving every part of it, or for moments of resentment. Others grieve that family life is not what they imagined. Outsiders, and sometimes professionals, can make this worse by implying that parents are overreacting or getting it wrong.

Strain on your relationship

Caring for a child affected by trauma puts particular strain on a partnership. There is less time for each other. Disagreements arise about discipline, safety, and how far to push for normal life rather than adapting around your child. Over time, unresolved stress can turn into distance and resentment. It is

normal for couples to argue more under this pressure, and it is a reason to get support rather than a sign that something is wrong between you.

Isolation, and losing yourself

Many adoptive parents feel very alone. Friends and relatives may pull away, not understanding the child's behaviour or the constraints the family now lives with. Ordinary things such as playdates, holidays or visiting family become difficult. Careers are cut back to manage appointments and crises, hobbies stop, and a parent's world can narrow until they feel they no longer count as a person.

What siblings and wider family carry

Brothers and sisters, whether birth children or other adopted children, can be deeply affected. They may witness violence or distress, live with tension and unpredictability, feel that they always come second, and hold contradictory feelings of love, protectiveness, anger and embarrassment. Some become anxious or start to struggle themselves. Extended family may not understand, may make unhelpful remarks, or may treat the adopted child differently.

Why this happens

Parenting a child affected by early trauma asks for extraordinary patience, specialised approaches and often professional help, and it is well beyond ordinary parenting. Understanding why your child behaves as they do helps you respond with compassion, and living through it every day still takes a toll. Research in England has also found that most adoptions last, including many that go through very hard times, and that support at the right moment makes a difference.

> **THE POINT OF PART 12**
> These difficulties are common, and they are not a sign of personal failure. They are what happens to ordinary people in very demanding circumstances. Part 13 sets out what helps.

PART 13

Building your own resilience

IN THIS PART

- Self-compassion
- How you talk to yourself
- Measuring yourself by values, not outcomes
- What you can and cannot control
- Your co-parenting team
- Siblings, extended family and your wider network
- Boundaries, rest and remaining a person
- Realistic hope

There is a great deal that helps. The approaches in this part draw on compassion-focused therapy, acceptance and commitment therapy, family therapy, and research on parents' wellbeing. None of them removes the difficulty. They can make it more bearable, and they protect your capacity to keep going.

Self-compassion

Self-compassion means extending to yourself the same kindness and understanding you give your child without a second thought. Research on parents suggests that self-compassion is linked with lower stress and better wellbeing, and that it can be strengthened with practice.

Compassion-focused therapy, developed by the British psychologist Professor Paul Gilbert, describes three systems that help regulate our emotions.

System	What it feels like
Threat	Anxiety, anger, being on edge and braced for the next crisis
Drive	Effort, achievement, constantly solving the next problem
Soothing	Safety, calm and contentment

Parenting a child affected by trauma can keep you in threat and drive for long periods. The soothing system often has to be switched on deliberately. Slow breathing, with the out-breath a little longer than the in-breath, relaxing each part of your body in turn, time in nature, music, prayer or a few quiet minutes in a comfortable spot all tell your body it can come off high alert. Some parents use a mindfulness or compassion app.

How you talk to yourself

Notice your inner commentary, particularly when you think you have handled something badly. If it runs along the lines of "I lost my temper, I am a terrible parent", that is the thing to change.

TRY SPEAKING TO YOURSELF AS YOU WOULD TO A FRIEND

"This is so hard right now. It makes sense that I am overwhelmed. Any loving parent in this situation would feel this way. I am doing my best, even though things are not perfect."

This is not letting yourself off. It is acknowledging that you are human, so that shame does not overwhelm your ability to cope. Some parents find it helps to write down, each evening, one thing they did kindly or well that day, however small. Shame thrives on secrecy, so naming these feelings somewhere, in a journal, with a friend or in a support group, can take some of their force away.

Measuring yourself by values, not outcomes

It is easy to become fixed on outcomes: is my child improving, is any of this working? When progress is slow or invisible, that leads to despair. It can help to move the measure. Remind yourself which values you want to live by, such as love, patience, commitment or advocacy, and judge the day by how far you lived them rather than by your child's behaviour, which you cannot fully control.

THIS SOUNDS LIKE

"Today was a disaster at school, but I stayed patient and I kept showing my child that they are safe. I lived my values."

Noticing the small moments of connection also helps. A shared laugh at bedtime, or a trip to the shops that went well, is worth remembering and sharing with a partner or friend.

What you can and cannot control

Acceptance and commitment therapy, often shortened to ACT, is a psychological therapy built around a simple idea: put your energy into what you can influence, make room for what you cannot change, and keep acting on what matters to you. Many adoptive parents find this idea steadying, and compassion-focused approaches share much of it.

The research on acceptance-based support for parents is still developing. A 2023 review that brought together fourteen randomised trials involving parents of children with long-term physical, developmental or emotional needs found improvements in parents' stress, low mood and anxiety. The improvements were small on average, and the review was not about adoptive families specifically, so it is a reasonable guide rather than proof of what will help you.

Not in your control	In your control
What happened to your child before they came to you	The safety and calm of the home they are in now
Whether your child had a terrible day at school	How you respond when they walk through the door
How quickly trust develops	Turning up reliably, again, today
Waiting lists and funding decisions	Continuing to ask, and using what helps at home meanwhile

Accepting what you cannot change is not giving up. It releases energy for what does help. It also applies to your own feelings: "I feel angry, and that is understandable. It does not make me a bad parent."

In hard moments, it can help to pause and widen the frame. How will this look in a year? What would I say to a friend in this situation? That small distance can stop you being carried away by the feeling, and your child learns from watching how you handle big feelings.

Your co-parenting team

If you have a partner, your relationship is a cornerstone of the family's stability rather than a luxury.

- Make time to talk about how you each feel, away from the children. Even twenty minutes at the end of the day prevents a lot of misunderstanding.

- Agree your approach to the key things, such as discipline, safety plans and who handles which appointments.
- When you disagree, remember you are on the same side, against the problem rather than each other.
- Share the load fairly and give each other breaks.
- Protect some time together that is not about the children.

If your relationship has suffered, couples or family therapy can help, and support for parents can be part of an adoption support plan.

If you are parenting alone, the same principles apply to the small team you build around you: a friend, a relative, a support worker, another adoptive parent.

Siblings, extended family and your wider network

Your other children

- Give each child some regular time with you alone. A trip to the park or a hot chocolate out is enough.
- During a crisis with one child, acknowledge it briefly to the others and let them know their feelings count: “I know it might be frightening that your brother is so upset. I love you, and we will have our time soon.”
- Explain their sibling’s difficulties in a way that fits their age, so they understand that their brother or sister has been hurt and has different needs.
- Treat their anger, jealousy and embarrassment as normal rather than as something to correct.
- If one child is targeting another, take it seriously. The targeted child must feel protected.

Sibs, a charity for brothers and sisters of disabled children and adults, has resources for siblings and parents.

Extended family

Grandparents, aunts, uncles and close friends can be great allies or an added source of stress. Explain your child’s needs, ask for gatherings to be adjusted where needed, and ask for respectful language about adoption, including not describing birth parents as the real parents and not asking your child about their past. Setting boundaries is reasonable: “Thank you. We have a plan from professionals that we are following” is a complete answer.

Many relatives want to help and do not know how, so give specific suggestions: a lift to an appointment, a cooked meal, an afternoon with your other children.

Your wider network

Social support protects parents. It might include an adoption support group, one or two friends you can message in a crisis, other adoptive parents, your adoption support worker, and professionals involved with your child. Explaining your child’s needs to their school, clubs and community groups means less blame and more help.

How your family talks about itself

Notice how difficulties are described at home. It helps to describe the problem as something the family is facing together, such as “this is the trauma talking” or “this is a hard time for our family”, rather than as something wrong with your child or with each other. Keep some times and places where the child who is struggling is not the topic of conversation. When a relative calls your child naughty or you too soft, a calm reply is enough: “What we are dealing with is the effect of early trauma, and the way we parent is what he needs.”

Boundaries, rest and remaining a person

Your family's needs are unusual, and you do not have to meet every ordinary social expectation at the cost of your own wellbeing. It is reasonable to decline invitations, to keep birthday parties small, and to agree with school a lighter homework load if evenings are a flashpoint.

Rest is not a luxury. Treat breaks as fixed appointments, in the same way you would not skip your child's therapy session. And keep a thread of who you were before: a friendship, a hobby, faith, work or an interest entirely unconnected to parenting. Your child benefits from seeing you as a whole person.

Realistic hope

Hold on to hope, and make it realistic. Your child's development is likely to be a long road with setbacks. Rather than attaching your wellbeing to a particular timeline, aim for steady progress: noticing that this year was a little better than last, or that you have learned new ways to respond even though some difficulties remain. If a therapy or routine is not working, changing it is not a failure. Adapting is resilience.

> **THE POINT OF PART 13**
>
> You cannot control your child's history or how quickly they recover. You can control how you treat yourself, what you protect, and who you bring in to help. Your child needs a steady parent, and that is what these approaches are for.

AT THE BACK

In closing: coming back to the three principles

IN THIS PART

- What the whole guide comes down to
- Measuring progress in small steps

Parenting a child who has experienced early trauma, and who may also have developmental needs, asks for great patience, empathy and resilience. It also asks families to set aside some familiar ideas about parenting in favour of an approach that puts safety and connection ahead of correction.

Everything in this guide comes back to a simple point. What helps children is love and structure, delivered consistently over time, supported by professionals who understand what the family is dealing with. There is no quick fix and no single therapy that resolves these difficulties.

Children are resilient

With stable, loving families and proper support, many adopted children overcome a great deal. Their development may follow a different timetable, and many go on to form strong relationships, do well in their own way at school, and build good adult lives, even where the route there was not straightforward.

Measuring progress in small steps

What looks small from outside is often a real milestone: using words instead of hitting, falling asleep with less anxiety, asking for help. Notice those. Setbacks are common, and a growth spurt, a change of routine, contact with birth family or an anniversary can bring old behaviours back for a while. When that happens, go back to the fundamentals.

When you do not know what to do, these three questions, in this order, will usually help.

1. **Safety.** Is my child feeling safe right now?
2. **Connection.** Does my child know they are loved?
3. **Coping skills.** Are we building the skills they need, one step at a time?

If the answer to all three is yes, you are on the right track.

Words used in this guide

Word or phrase	What it means
Adoption and Special Guardianship Support Fund (ASGSF)	Government funding in England that pays for therapeutic support for eligible adoptive and special guardianship families. Previously called the Adoption Support Fund
Adoption support needs assessment	An assessment of a family's needs for support after adoption, which families in England have a legal right to request
Attachment	The bond between a child and the adults who care for them
Attachment difficulties	Problems in how a child relates to the adults caring for them, often following early harm or separation
Attunement	Noticing what your child is feeling, often before they say it, and responding to it
Authoritative parenting	High warmth together with clear, consistent limits
CAMHS	Child and Adolescent Mental Health Services, the NHS services for children and young people's mental health
Child-to-parent violence	Violence or abuse by a child or teenager towards a parent or carer
Compassion fatigue	Exhaustion and a reduced capacity for empathy, caused by long exposure to another person's distress
Co-regulation	Helping a child calm down by staying calm alongside them, until they can do it themselves
Designated teacher	The member of staff in every maintained school and academy responsible for promoting the education of looked-after and previously looked-after children
Developmental trauma	A way of describing the effects of repeated harm in early childhood, inside relationships the child depended on. Not a formal diagnosis
Dysregulation	Being unable to manage the intensity of a feeling in the moment
EHC plan (EHCP)	Education, Health and Care plan. A legal document setting out a child's special educational needs and the support they must receive
EMDR	Eye movement desensitisation and reprocessing, a trauma therapy that NICE says may be considered for young people aged 7 to 17 with post-traumatic stress disorder if trauma-focused CBT has not helped

Word or phrase	What it means
Executive function	The mental skills for organising, planning, remembering and keeping track
FASD	Fetal alcohol spectrum disorder. The lifelong effects on the brain and body of alcohol exposure before birth
Felt safety	A child actually feeling safe, which can lag a long way behind being safe
Fight, flight or freeze	The body's automatic responses to danger: attack, escape or shut down
Letterbox contact	Letters or other information exchanged between an adopted child's family and birth relatives through the adoption agency. Agencies may also call this staying in touch or keeping in touch
Life story work	Helping a child understand their history through photographs, stories and records
Neurodevelopmental	To do with how the brain and nervous system develop. Covers conditions such as ADHD, autism and learning disabilities
NICE	The National Institute for Health and Care Excellence, which produces national guidance for health and care in England
Non-Violent Resistance (NVR)	A structured programme helping parents respond to violence and controlling behaviour from their child with calm, firm resistance and a support network
PACE	Playfulness, Acceptance, Curiosity and Empathy. Four attitudes for therapeutic parenting
Parental sensitivity	Noticing your child's signals and responding to them warmly and appropriately
Previously looked-after child	A child who was in care in England or Wales before being adopted or placed under a special guardianship or child arrangements order, or who was adopted from state care abroad
Pupil Premium Plus	Extra school funding for looked-after and previously looked-after children
Regional adoption agency (RAA)	An agency that brings together adoption professionals from several local authorities in a region and provides adoption services across that region, including long-term adoption support
Regulate, Relate, Reason	The order to work in during a crisis: calm the body, connect, then discuss
Respite or short breaks	A planned break from caring, where someone else looks after your child

Word or phrase	What it means
Scaffolding	Putting supports around a skill your child has not developed yet, then removing them gradually
Secondary trauma	Trauma symptoms in a parent or carer caused by living alongside someone else's trauma
Self-regulation	Managing your own strong feelings and impulses
SENCO	Special educational needs coordinator. The teacher who coordinates support for children with special educational needs
SENDIASS	SEND Information, Advice and Support Service. A free, impartial local advice service for parents
Sensory diet	A planned set of activities that help meet a child's sensory needs through the day
Sensory processing	How the brain handles what comes in through the senses
Special guardianship order	A court order giving a carer, often a relative, parental responsibility for a child until they are 18, without ending the legal relationship with the birth parents
Therapeutic parenting	Parenting that takes account of trauma and puts the relationship first
Time-in	Staying with your child while they calm down, rather than sending them away
Trauma-focused cognitive behavioural therapy (TF-CBT)	A talking therapy recommended by NICE for children and young people with post-traumatic stress disorder
Trauma-informed	An approach that recognises that difficult behaviour may come from past harm, and responds accordingly
Trigger	Something in the present that reminds a child's body of past danger and sets off a strong reaction
Video feedback	A programme in which a trained worker films ordinary moments between parent and child and reviews them with the parent, focusing on what goes well
Virtual School	The local authority team, led by the Virtual School Head, that promotes the education of looked-after children and gives advice about previously looked-after children
Voluntary adoption agency	An independent, not-for-profit adoption agency that works alongside local authorities and regional adoption agencies

Where to find support

Organisations sometimes change their services and contact details. The web addresses below were checked in September 2026, and the website version of this guide is kept up to date.

Start here

- **Your regional adoption agency or local authority adoption support team**: advice, assessments of support needs, ASGSF applications, and support with letterbox and other staying in touch arrangements. For the first three years after the adoption order, contact the local authority or regional adoption agency that placed your child; after that, the one where you live. Adoption England explains what regional adoption agencies do and how adoption support works at www.adoptionengland.co.uk/adoptive-parents/support , and Adoption UK keeps a list of regional adoption agencies by region at www.adoptionuk.org/pages/faqs/category/regional-adoption-agencies
- **Your local council**: children's services, the Virtual School and SENDIASS. Find your council at www.gov.uk/find-local-council
- **Your child's school**: the designated teacher and the SENCO.

Adoption and permanence

- **Adoption UK**: the national charity for adoptive families, with an information and support line on 0300 666 0006, peer support communities and training. www.adoptionuk.org
- **PAC-UK (part of Family Action)**: an advice line staffed by adoption counsellors and social workers on 0300 1800 090, therapeutic services, a child to parent violence service, and support for adopted adults. family-action.org.uk
- **Adoption England**: the national programme for adoption in England, with information for adoptive parents and adopted people. www.adoptionengland.co.uk
- **CoramBAAF**: publishes books and guidance on adoption and fostering, including books for children. www.corambaaf.org.uk
- **Kinship**: advice and support for kinship carers, including special guardians. kinship.org.uk
- **The Fostering Network**: information and advice for foster carers. www.thefosteringnetwork.org.uk

Mental health and wellbeing

- **YoungMinds Parents Helpline**: advice for parents worried about a child or young person's mental health, free on 0808 802 5544. www.youngminds.org.uk
- **The Mix**: free, confidential support for young people under 25. www.themix.org.uk
- **UK Trauma Council**: free, clear resources on childhood trauma, including the animation Childhood Trauma and the Brain. uktraumacouncil.org
- **Anna Freud**: a children's mental health charity with information for families. www.annafreud.org
- **NHS Talking Therapies**: free NHS talking therapy for adults, usually by self-referral. www.nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression/

Behaviour and safety

- **PEGS**: support for parents and carers experiencing child to parent abuse. www.pegsupport.co.uk
- **NSPCC Helpline**: for adults worried about a child's safety, 0808 800 5000, Monday to Friday 10am to 4pm. www.nspcc.org.uk

Education and special educational needs

- **IPSEA**: free legal advice and guides on special educational needs law. www.ipsea.org.uk
- **Coram Child Law Advice**: free information on education law, including exclusions. childlawadvice.org.uk
- **Contact**: the charity for families with disabled children, with a helpline on 0808 808 3555 and advice on benefits and education. contact.org.uk

Neurodevelopmental conditions and FASD

- **National FASD**: information and support for people affected by fetal alcohol spectrum disorder and their families. nationalfasd.org.uk
- **FASD Network UK**: support for families and professionals affected by FASD. www.fasdnetwork.org
- **National Autistic Society**: information and support for autistic people and their families. www.autism.org.uk
- **ADHD Foundation**: information about ADHD for families and schools. www.adhdfoundation.org.uk

Siblings and carers

- **Sibs**: support for brothers and sisters of disabled children and adults, and their parents. www.sibs.org.uk
- **Carers UK**: information and advice for carers. www.carersuk.org
- **Coram Family Lives**: parenting advice and a confidential helpline. www.coramfamilylives.org.uk

Books

These are examples of books that many families have found helpful. Inclusion here is not an endorsement of every idea in them, and you may find some suit you better than others.

Understanding trauma and therapeutic parenting

- **The Boy Who Was Raised as a Dog** by Bruce D. Perry and Maia Szalavitz (2006): stories from a child psychiatrist's work that bring the effects of early trauma to life.
- **What Happened to You?** by Bruce D. Perry and Oprah Winfrey (2021): an accessible conversation about trauma, the brain and recovery.
- **Brain-Based Parenting** by Daniel A. Hughes and Jonathan Baylin (2012): for parents who want to understand the science behind therapeutic parenting and the idea of blocked care.
- **Parenting a Child Who Has Experienced Trauma** by Dan Hughes (2016): a short, practical guide from CoramBAAF.
- **Everyday Parenting with Security and Love** by Kim S. Golding (2017): an introduction to using PACE in daily family life.
- **Nurturing Attachments** by Kim S. Golding (2008): a fuller guide to supporting children with attachment difficulties.
- **The Connected Child** by Karyn B. Purvis, David R. Cross and Wendy Lyons Sunshine (2007): practical ideas from the Trust-Based Relational Intervention approach.
- **Why Can't My Child Behave?** by Amber Elliott (2013): a clinical psychologist's guide to the behaviour of children who have experienced trauma.
- **The A-Z of Therapeutic Parenting** by Sarah Naish (2018): short, practical strategies for everyday challenges, written by an adoptive parent.

Lived experience

- **No Matter What** by Sally Donovan (2013): an adoptive mother's honest account of family life.
- **The Unofficial Guide to Adoptive Parenting** by Sally Donovan (2014): practical and candid advice from an adoptive parent.

School

- **Inside I'm Hurting** by Louise Michelle Bomber (2007): practical strategies for supporting children with attachment difficulties in school, useful to share with teachers.

Talking about adoption

- **Talking About Adoption to Your Adopted Child** by Marjorie Morrison (2007): guidance on talking with children about adoption at different ages.
- **Nutmeg Gets Adopted** by Judith Foxon (2001): a picture book for young children about adoption.

Where this information comes from

This guide draws on national guidance, research and the clinical experience of the UMID team. The main sources are listed below so that you, or a professional working with your family, can look them up. Where the guide describes what tends to help, and no source is listed, that reflects widely used clinical practice and the experience of adoptive families.

National guidance and law

1. National Institute for Health and Care Excellence (NICE). Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (NG26). 2015. The main national guideline on attachment difficulties, including video feedback, parenting programmes, life story information and the advice not to use medication for attachment difficulties. www.nice.org.uk/guidance/ng26
2. NICE. Post-traumatic stress disorder (NG116). 2018. Recommends trauma-focused cognitive behavioural therapy for children and young people with PTSD, with EMDR as an option to consider if that has not helped. www.nice.org.uk/guidance/ng116
3. NICE. Fetal alcohol spectrum disorder (QS204). 2022. Sets out when children should be referred for FASD assessment. www.nice.org.uk/guidance/qs204
4. NICE. Attention deficit hyperactivity disorder: diagnosis and management (NG87). 2018. Lists looked-after children among groups with higher rates of ADHD. www.nice.org.uk/guidance/ng87
5. Department for Education. The designated teacher for looked-after and previously looked-after children: statutory guidance. 2018. www.gov.uk/government/publications/designated-teacher-for-looked-after-children
6. Department for Education. Promoting the education of looked-after children and previously looked-after children: statutory guidance. 2018. Sets out the Virtual School's duty to give information and advice. www.gov.uk/government/publications/promoting-the-education-of-looked-after-children
7. Department for Education. Pupil premium: overview. Updated 2026. www.gov.uk/government/publications/pupil-premium
8. Department for Education. School admissions code. 2021. Gives looked-after and previously looked-after children the highest priority. www.gov.uk/government/publications/school-admissions-code--2
9. Department for Education. Suspension and permanent exclusion from maintained schools, academies and pupil referral units in England, including pupil movement. July 2026, in force from 26 July 2026. www.gov.uk/government/publications/school-suspensions-and-permanent-exclusions
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This guide is general information for families and does not replace advice about an individual child. Where it describes what research has found, it reflects the sources above. Where it describes what tends to help, that is offered for you to consider alongside the views of the professionals who know your child.

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