patch

PASSIONATE ADOPTER(S) TARGETING CHANGE WITH HOPE

PATHWAY

Executive Summary: PATCH Pathway

Focus Report On Adoption Crisis

A guide sharing Adopters' real experiences, highlighting system and practice failings to drive systemic change, inform best practice, and prevent crises in adoption—ensuring safer, better outcomes for both adoptees and adopters.

by Fiona Wells

& the PATCH Steering Group

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Supporting Adopters is Supporting Adoptees - The Urgent Need for Change

The UK adoption system is at a critical juncture. While adoption provides children with safety and stability, it does not heal trauma—yet the system continues to operate as though it does. Many adoptive families face crisis due to inadequate responses from service and a lack of aligned support. Children cannot heal without structured recovery plans, and when adopters seek help, they are often met with delays, blame, and systemic barriers instead of solutions. The other crucial element to this is the loss of potential adopters who are not stepping forward due to the reality of the failings, the lack of trust in systems and the lack of interest in stepping forward to be harmed by systems.

The issues we're highlighting aren't exclusive to adoption. PATCH focuses on adopters' lived experiences, but we fully recognise that these complexities and systemic failings also affect foster carers, kinship carers, special guardianship (SGO) carers, and birth families in many of the same ways. What's needed is a whole-system approach—one that truly considers the need for meaningful change. The benefits wouldn't just be seen in family life, but in budgets, outcomes, and the broader social impact. If practice continues to overlook the core elements, then we're not seeing reality—we're just ticking boxes.

These failures directly impact the children the system is meant to protect. Instead of a structured, long-term recovery approach, trauma is ignored, misdiagnosed, or misunderstood. As a result, adopters—who provide the stability these children need—are left unsupported and, at times, unfairly scrutinised.

Fiona Wells
PATCH Founder, Adoptee,
Adopter & Social Worker

The unseen, unacknowledged, and untreated impact of trauma carries a profound cost—on lives, families, and society as a whole. It's time to sharpen our focus, think critically, reflect deeply, and commit to practice that is ethical, compassionate, and rooted in humanity. Most importantly, we must listen—truly listen—to the voices of lived experience.

That's where real change begins.

A Trauma-Responsive & Recovery-Focused Approach

The PATCH Pathway calls for systemic reform, focusing on prevention, early intervention, and a whole-family approach. Adoption support must shift from crisis response to proactive care, otherwise we are just failing children.

Impact of Failing <*Adopted*> Children

1 Mental & Emotional Wellbeing
Unmet trauma, placement moves, and adoption
breakdowns leave lasting emotional scars, increasing the burden on mental health services and society.

2 Education & Employment
Without proper support, children struggle in school, face exclusions, and have limited career prospects, leading to long - term financial instability.

3 Exploitation & Criminalisation
Lack of early intervention leaves vulnerable children at higher risk of exploitation, crime, and justice system involvement.

4 Social & Relationship Breakdown
The impact extends beyond childhood, affecting
future relationships, families, and parenting.

5 Economic & Societal Costs
Failing these children increases pressure on public services, social care, and the economy.

6 Impact on Parents & Carers
The strain of unmet trauma and lack of support affects mental health, emotional wellbeing, career stability, financial security, support networks, and overall family life. Parents and carers often navigate these challenges alone, leading to burnout, relationship breakdowns, and long-term emotional distress.

🚨 **Failing children fails society.**
Early, trauma-responsive intervention is essential.

Key Failings & Priorities for Change

1. **Children are removed due to harm, yet no trauma recovery plan** follows. They're taken from unsafe environments, but there's no structured path to help them heal. A **Impact Pathway** is essential—a living record that follows the child, ensuring their trauma is recognised, respected, and not forgotten or disbelieved. It ends the cycle of repetition and gaps in care.

If a baby suffers physical injuries from abuse is it JUST the body that needs to heal?

If a child has lived in an unpredictable environment, where their needs have been neglected, are they healed once they have three meals a day and a clean pillow case?

If a child experiences regular terror from exposure to frightening and scary things over a period of time, do they simply 'get over it' once the frightening situation ends?

If no one responded when a child cried, will they automatically feel loved, secure, and attached when they finally find safety with someone who cares?

Establishing permanence for a child without addressing their trauma is like constructing a house without a foundation—it may stand for a while, but it won't hold up over time, endure, or last through knocks. .

The risk and harm can be seen, measured, and documented. **The impact of trauma, however, is often overlooked....** But **removal is not recovery.**

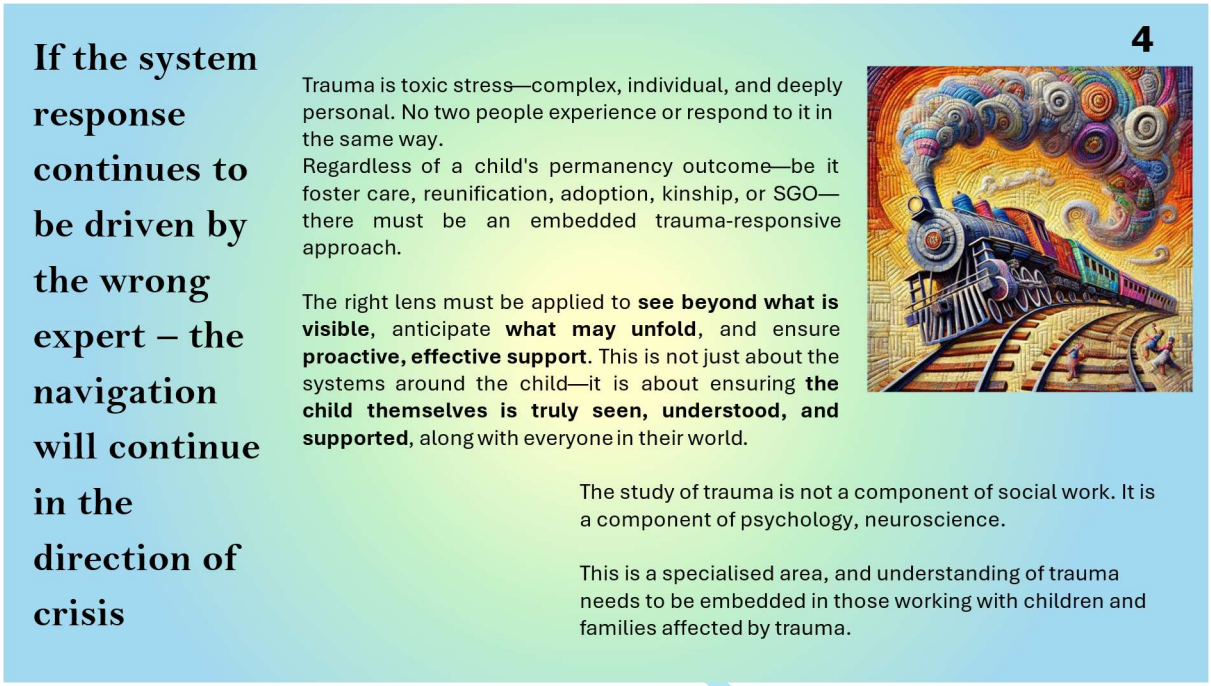
The impact of trauma lasts a lifetime—it shapes identity, relationships, mental health, and future stability. Ignoring it doesn't make it disappear. **It only deepens the wounds.**

The truth is, **the practices built into our world were not written to consider the unseen.** Systems are designed to respond to what is visible—immediate risks, tangible harm, critical moments. But **what about what we can't see?** The long-term impact, the emotional cost, the trauma carried forward?

Yes, it costs to acknowledge trauma. It requires time, resources, and a willingness to shift our thinking. **But it costs far more to ignore it.** Children are removed from harm, yet **their recovery remains an afterthought. That must change.**

We need to change direction. We need to stop only reacting to what is in front of us and start seeing what is beyond our immediate view. **We need to zoom out—to truly understand what is there, even when it isn't obvious**

2. Lack of trauma expertise leaves families without the support they need. Support workers and Social workers are being asked to do what only clinical specialists can. Recovery plans must be evidence-based and led by trauma experts—clinical psychologists, psychotherapists, neurodevelopmental professionals—not replaced with generic 'trauma-informed' approaches that aren't fit for purpose.



3. Cost of delay—when support is late, crises grow. We're losing the chance to prevent harm, protect families, and reduce wider social cost. Delays, gatekeeping, and broken systems create more problems than they solve. Timely support isn't optional—it's critical.

4. Biased assessments miss trauma and misplace blame. Too often, trauma is ignored and parents are blamed. This fuels a blame culture that needs to end. Families need expert support, not judgment. With the right input, recovery is possible—for children and those caring for them.

Biased assessments overlook trauma impact, and blame is placed on parents.

Blame is a broken tool:

- **B**uilds barriers, preventing collaboration
- **L**ooks past trauma as the root cause
- **A**ssigns fault rather than solutions
- **M**agnifies crisis rather than resolving it
- **E**liminates opportunities for prevention

We didn't think adoption would be easy, but we also didn't think we would be blamed and shamed for trauma symptoms that came along before we did

If you can't see what we're seeing, the issue is the lens you're using. Zoom out, look closer, and see deeper.

A parenting course is not going to fix anything & just hurts parent/ carer wellbeing

Punitive measures costs everyone– but mainly the child

Child protection doesn't help anyone

5. Toxic professionalism mirrors harm. When systems become controlling, dismissive or rigid, they can echo emotionally abusive dynamics. Withholding support, twisting facts, punishing families, and silencing concerns aren't just harmful—they're systemic failures. Change starts with recognising these patterns and building a culture rooted in ethics, respect, and accountability.

How Toxic Professionalism Mirrors Emotional Abuse

When Systems Mirror Abuse

Toxic professional culture can resemble an emotionally abusive relationship:

- ❌ **Control & Power** – Withholding support, gatekeeping resources, & dictating the narrative.
- ❌ **Gaslighting & Blame** – Dismissing trauma, shifting responsibility onto adopters, & denying reality.
- ❌ **Fear & Punishment** – Safeguarding threats, punitive responses, & punishing those who challenge.
- ❌ **Deceit & Dishonesty** – Withholding key information, twisting facts, & misrepresenting situations.
- ❌ **Lack of Transparency & Openness** – Keeping families in the dark, avoiding accountability, & blocking collaboration.
- ❌ **Silencing & Dismissing** – Ignoring distress, discrediting voices, & refusing to engage with lived experience.

Sadly, many PATCH adopters have faced these issue, and we cannot permit it to persist. It is a national concern, and no matter how we look at it, it is unjust.

6. Threat responses in practice—when fear drives action, connection is lost. In crisis, both parents and professionals can enter survival mode—fight, flight, freeze, or fawn. It leads to breakdowns in trust and stalled progress. Understanding this helps shift towards real, human-centred support. We need empathy, not efficiency.

Threat Response in Practice:
Impact on Parents, And Social Workers

Parental Response:

- **Fight:** Defensive, desperate for help, fearing blame.
- **Freeze:** Stuck, unheard, paralysed by fear.
- **Flight:** Avoids engagement, withdraws.
- **Fawn:** Appears compliant but lacks trust in
- the process.

Practitioner Response:

- **Fight:** Overloaded, pressured, frustrated—efficiency over engagement.
- **Flight:** Avoids deep connection, prioritises ticking boxes.
- **Freeze:** Stagnates, stuck in procedure over progress.
- **Fawn:** Superficial empathy, trust eroded by
- hidden agendas.

Breaking the Cycle:

Human-centred support over compliance-driven systems.

✅ **Empathy.** ✅ **Connection.** ✅ **Early intervention.**

Real change happens when we invest in **people, not just process.**

7. Whole-family support isn't a bonus—it's essential. Trauma impacts the whole family, not just the child. That means adopters, siblings, wider networks—all need support. **Secondary trauma** is real, and it's not something to be blamed for but responded to, with care and compassion. Recovery must be family-wide.

Whole Family Support

Isn't just A nice-to-have—it's the foundation.
Families entered this with love, intention, preparation, and hope.
But when trauma symptoms emerged—the system too often responded with blame, silence, or punitive measures.
Instead of being uplifted, families are left isolated, judged, and in many cases, broken.

- See The Parents/ Carer Not Just The Child
- Practical, Relational, And Trauma Responsive And Recovery Focused Support
- Validating Lived Experience
- Continuity And Connection
- Supporting Siblings, Partners, And Extended Family Too

Whole family support
Recognise and respond to the fact that trauma doesn't just affect the child—it reverberates through the entire family system.

Do not miss sight of this!

8. Transparency and trust are non-negotiable. Adopters need the full picture—no more half-truths or missing files. Without it, families can't make informed decisions or prepare. Withholding trauma history or medical detail increases risk and breaks trust. Openness enables safety, planning, and respect.

The Ethics of Transparency in Adoption

Adopters are often denied crucial information about their child's background.

Key details are frequently discovered only after placement.

The long-term impact of early trauma is often minimised.

Common narrative: children will heal once placed in a loving home.

Local Authorities (LAs) and Regional Adoption Agencies (RAAs) claim to prioritise openness.

In practice, transparency often falls short.

Information may be withheld due to negligence or to make a child seem more adoptable.

Lack of transparency undermines trust and preparation.

Increases risk for both the child and adoptive family.

Full, honest disclosure is ethically essential.

9. Collaboration must be real—not just a tick-box. Safeguarding and adoption teams need to work together, not in silos. Fragmented systems create fragmented outcomes. Parents and professionals must co-produce solutions, share responsibility, and centre lived experience. Expertise—not hierarchy—should lead.

Real Collaboration- Not Just a Tick-Box

Collaboration must be genuine, not procedural. Token gestures risk serious harm.

Safeguarding and adoption teams must work together, not in silos. Disjointed systems create disjointed care.

Fragmentation leads to failure. Joined-up working builds stability and trust.

Families must co-produce solutions. Lived experience should shape policy and practice.

Responsibility must be shared, not shifted onto struggling parents.

Expertise should lead—not hierarchy. Trauma-informed, specialist knowledge is critical.

Move from crisis response to early support. Proactive intervention prevents breakdown.

Trust requires transparency and action. Words alone are not enough.

10. Bring humanity back into practice. To get it right, we must first be honest about what's gone wrong. This isn't about blame—it's about doing better. Change starts with empathy, and with seeing people behind the paperwork.

Bringing Humanity Back Into Practice

Systems must centre **empathy, dignity,& lived experience**

—not bureaucracy.

Families are not checklists.

- Real collaboration means listening, not silencing.

Generational trauma and systemic failure

- must be addressed, not ignored.

Compassion and accountability are not opposites—effective practice balances both.

Naming harm is not unkind—it's responsible. But judgement must never replace care.

Social work must be **honest, ethical, and timely**, without losing compassion.

Early, humane intervention prevents crisis—reactive removals deepen harm.

We move forward by **facing complexity with clarity**, not cruelty or complacency.

11. Support must be timely and ongoing. Structured check-ins at 3, 6, and 12 months post-placement should be standard—not a luxury. Early, regular support prevents crisis and ensures stability.

Why Timely Support Matters

Stops crisis early – prevents breakdown before it happens.
It is responsive

Builds trust – early help shows families they're not alone.
Its responsible

Saves money – prevention costs less than crisis.
And societal costs

Protects people – delay worsens emotional distress.
a life line not an empty time line

Keeps families stable – supported families stay stronger
Propped up parents means children are also held up

It's the right thing to do – delay isn't just risky.
And its what we society needs

12. We learn best when we listen. You can't shape a system you've never sat inside. Lived experience shows us what the data can't. If we're serious about change, these voices aren't optional—they're essential.

Why Lived Experience Matters

Builds real empathy – understanding rooted in truth, not theory.

Creates trust – authentic voices break down barriers.

Keeps practice grounded – real-life insight > textbook answers.

Challenges bias – exposes blind spots in systems.

Empowers voices – especially those often unheard.

Drives better decisions – practical, people-led, effective.

Bridges gaps – between policy and real-world impact.

Inspires change – lived truth sparks innovation.

Trauma Responsive – Recovery Focused

Safety is Not the Same as Recovery

If we fail to truly understand what has happened to a child—if we overlook the depth of harm, adversity endured, or the lasting impact of trauma—we cannot meaningfully plan for their future. Being removed from harm does not mean a child feels safe. And safety alone is not recovery.

Trauma does not stop when adults decide it should. Without a therapeutic response, it lingers beneath the surface—often unseen, misinterpreted, or ignored. Children can't simply "move on" without the tools, support, and space to heal. Love alone isn't enough. Meeting basic needs, while essential, is not sufficient in isolation.

When trauma is unmet and misunderstood, early signs of distress can escalate into crisis. Punitive responses are too often applied in place of compassion and curiosity—leading to further emotional and systemic breakdowns. This cycle must change.

To support recovery, we must see the whole child: not just their behaviours, but the story beneath them. We must zoom out to understand the system—and zoom in to truly see the child. Their experience. Their pain. Their reality.

A Pathway to Healing

What's missing from too many care plans is recovery and repair. Every child removed due to trauma, adversity, or harm should receive a comprehensive, reflective assessment that:

- Maps their lived experiences and identifies recovery needs
- Highlights the challenges parents and carers may face
- Recognises both visible and hidden factors impacting the child's wellbeing
- Identifies gaps, patterns, and missing information to guide targeted interventions

The Impact Pathway must be regularly reviewed to reflect the child's evolving needs, and inform decisions that support healing—not just stability.

The Child's World: An Impact Pathway

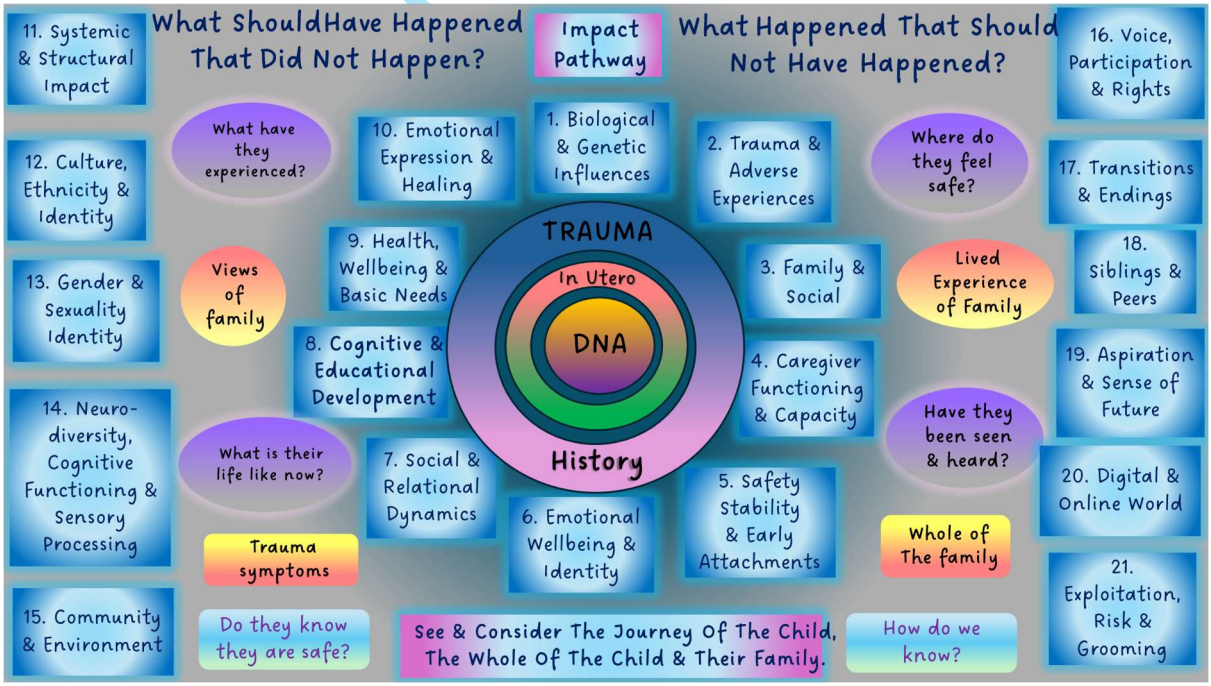
A recovery-focused tool is proposed to assess, track, and respond to trauma across a child's life. It enables professionals to view the full context, understand trauma developmentally, and co-create trauma-responsive, evidence-based plans alongside families.

This approach ensures joined-up understanding, relational insight, and informed action. Crucially, it must be guided by qualified trauma specialists in psychology or neuroscience—not trauma-informed professionals, as this is not enough expertise, we need to ensure the right level of critical knowledge.

When we take the time to look beneath the surface, listen deeply, and respond wisely, we move from managing behaviour to supporting healing. Because safety doesn't stop harm—it's just the beginning.

Key Developmental Stages

- **Pre-Birth** – In utero, pregnancy, antenatal environment
- **Before Removal** – Time with birth family (if applicable)
- **Infancy (0–2 years)** – Early attachment and safety
- **Early Childhood (3–5 years)** – Foundations of self, play, social interaction
- **School Age (6–11 years)** – Learning, identity, peer connections
- **Adolescence (12–16 years)** – Identity formation, independence, relationships, and consideration of vulnerability & risk of exploitation.
- **Transition to Adulthood (16-18)** – Stability, memory processing, forward planning
- **Adulthood Provisions (18+) –** Ongoing support for independence, relationships, identity, and recovery as early experiences continue to shape adult life.



Trauma Analysis & Recovery-Focused Questions

1. **What happened that shouldn't have happened?**
    - Identifying traumatic events and their impact
2. **What should have happened but didn't?**
    - Exploring unmet developmental needs
3. **What trauma led to the child's removal from their birth family?**
    - Identifying the origin point(s) of harm or risk that prompted protective intervention — including emotional, physical, or environmental threats — to better understand the child's relational world and sense of loss.
4. **Have they been seen and heard?**
    - Validation of experience and emotional acknowledgment
5. **Where do they feel safe?**
    - Identifying environments that promote stability
6. **Who is in their life? Who matters, who is important?**
    - Eco-mapping and family tree work (e.g. genograms) should be considered to explore intergenerational influences, caregiving dynamics, and patterns of connection, disruption, and support.
7. **What is their life like now?**
    - Exploring current relationships, emotional state, coping, and resilience
    - Consider their journey
8. **Fully consider child and family's identity?**
    - What are the child's and family's identities — including culture, gender, sexuality, language, family structure, and neurodiversity — been fully recognised, respected, and meaningfully incorporated into the support and recovery plan?
9. **What is the trauma-responsive, recovery-focused plan — and how is it being held?**

    - Who is guiding/supporting it, and is it rooted in trauma-responsive, recovery-focused, evidence-based practice, shaped with the input of trained professionals in psychology, neuroscience, or therapeutic trauma recovery?
    - Is there a commitment to regular review, adaptation, and reflection — ensuring the plan evolves with the child's development, emotional needs, and context?
    - How is the care and recovery pathway reconfigured when the child's needs shift, or when setbacks occur, without blame or punitive action?

Core Trauma Influences Across Development

Understanding how trauma has shaped the child's life, while also identifying the relationships, contexts, and strengths that may support recovery.

This framework helps practitioners explore where trauma may have impacted a child's development, functioning, safety, or relationships — and what must be considered in recovery planning. Trauma may be direct (e.g. abuse, loss, harm) or indirect (e.g. disrupted attachment, instability, witnessing distress), and it affects children differently depending on their individual histories and protective contexts.

Each domain should be used to understand:

- **What has caused disruption, harm, or unmet need**
- **How that harm shows up now in behaviour, development, relationships, or identity**
- **What existing or potential supports could support healing or stability**

It is essential that this exploration does not reduce the child to their trauma. Where possible, identify **sources of safety, belonging, identity, or strength**, so that recovery planning can be both honest about harm and **anchored in what might help rebuild**.

1. Biological & Genetic Influences

- Family history of trauma, mental health, neurodiversity, or substance use
- Genetic predispositions affecting emotional regulation, anxiety, or neurological traits
- Intergenerational trauma passed through biological and relational pathways
- Neurological changes linked to early adversity (e.g. stress system dysregulation, sensory sensitivity)
- In-utero exposure to substances, stress hormones, or poor maternal health
- Epigenetic impacts — how trauma and chronic stress may influence gene expression and biological functioning

Also consider: inherited strengths, talents, physical resilience, and areas of biological regulation that can be supported

2. Trauma & Adverse Experiences

- Physical, emotional, or sexual abuse
- Neglect, exploitation, or witnessing violence

- Chronic or cumulative trauma without safe adult response

Also consider: times when harm was acknowledged, believed, or responded to; experiences of survival that hold meaning for the child

3. Family & Social Environment

- Disrupted or unsafe family relationships; patterns of emotional unavailability or conflict
- Isolation, limited support networks, or chaotic caregiving environments

Also consider: emotionally available adults, extended family members, kinship care, or cultural/familial systems that have offered connection or care

Be mindful of: how cultural norms, migration, or systemic bias may shape perceptions of family safety or functioning

4. Caregiver Functioning & Capacity

- Substance use, unmanaged mental health, or experiences of domestic abuse
- Caregivers' own trauma histories and impact on emotional availability

Also consider: caregiver insight, growth, or therapeutic support that may enhance parenting capacity

Reflect on: whether the system has supported or constrained the caregiver's ability to meet the child's needs

5. Safety, Stability & Early Attachments

- Inconsistent caregiving, placement disruption, or chaotic environments
- Attachment insecurity, disorganised caregiving, or early relational trauma

Also consider: opportunities for secure relationships (past or present), routines or rituals that have created predictability or comfort

Recognise: that relational trauma may stem from ongoing fear, control, or emotional neglect — not just physical harm

6. Emotional Wellbeing & Identity

- Internalised shame, rejection, low self-worth, or a fragmented sense of identity

- Difficulty naming, understanding, or regulating emotions
- Confusion or distress around identity due to loss, trauma, or disrupted attachments

Also consider: moments of pride or confidence, affirmation from culture or community, and experiences where the child has felt valued, accepted, or emotionally understood

7. Social & Relationship Dynamics

- Difficulty forming or maintaining healthy peer connections
- Patterns of rejection, bullying, or unsafe social experiences

Also consider: friendships, school or community relationships that have provided emotional safety or consistency

8. Cognitive & Educational Development

- Impact of trauma on executive function, learning, memory, and concentration
- School exclusion, disrupted learning, or poor transitions

Also consider: learning strengths, creative or problem-solving abilities, and environments where the child has been understood or supported

9. Health, Wellbeing & Basic Needs

- Neglected health or hygiene, poor sleep, nutrition, or medical access
- Physical symptoms linked to trauma (e.g. stomach aches, fatigue, headaches)

Also consider: times or environments where the child's physical needs have been met, patterns of self-care or regulation that can be built upon

10. Emotional Expression & Healing

- Difficulty expressing or managing feelings; emotional numbing or hyper-reactivity
- Use of unsafe or maladaptive coping strategies

Also consider: expressive outlets (e.g. art, movement, journaling, music, storytelling, sensory play), and times when emotion has been safely shared and responded to

11. Systemic & Structural Impact

- Service delays, fragmented support, lack of joined-up care
- Experiences of not being believed, racial bias, or culturally uninformed practice

Also consider: trusted professionals or services that have been safe, consistent, or empowering

Be aware of: generational mistrust of services, especially in racially minoritised or marginalised communities

12. Culture, Ethnicity & Identity

- Loss of cultural connection or disconnection from racial/ethnic heritage
- Experiences of racism, cultural erasure, or being "othered"

Also consider: cultural values, language, parenting models or traditions that provide grounding, pride, or belonging; meaningful community relationships

13. Gender & Sexual Identity

- Unsafe, unsupported, or invalidated exploration of gender or sexual identity
- Experiences of discrimination, erasure, or shame related to identity
- Rigid gender role expectations or lack of inclusive language and representation

Also consider: safe spaces or relationships where identity is affirmed, respected, and celebrated

14. Neurodiversity, Cognitive Functioning & Sensory Processing

Understanding how trauma intersects with how a child thinks, learns, processes, and experiences the world.

- Missed or delayed diagnoses; traits misinterpreted as trauma or behavioural difficulty
- Diagnostic overshadowing, where trauma and neurodivergence are confused or one masks the other
- Difficulties with executive functioning (e.g. memory, attention, organisation) linked to both trauma and neurodevelopmental needs
- Sensory processing differences (e.g. sensitivity to sound, light, touch) that may heighten distress if not recognised
- Rigid or overstimulating environments that increase masking, emotional overload, or shutdown

- Masking behaviours that conceal distress and contribute to burnout or identity confusion
- Challenges with emotional regulation requiring personalised, relational support

Also consider:

- The child's unique cognitive and sensory strengths, passions, and ways of processing
- Contexts where they've felt understood, accepted, or supported in their neurodivergence
- The need for co-produced, trauma- responsive, recovery focused, and neurodiverse-aware care planning

15. Community & Environment

- Unsafe neighbourhoods, housing instability, or community trauma
- Poverty, lack of access to services, or social marginalisation

Also consider: inclusive spaces, youth groups, places of belonging, or community leaders who support the child or family

16. Voice, Participation & Rights

- Exclusion from decision-making, feeling unheard or powerless
- Lack of advocacy or understanding of rights

Also consider: moments of agency, choice, or self-advocacy; trusted adults who amplify the child's voice

17. Transitions & Endings

- Placement changes, school moves, or worker turnover
- Unacknowledged grief, loss, or relational disruptions

Also consider: times when endings were managed well; rituals or people that provided closure or continuity

18. Sibling & Peer Relationships

- Separation from siblings or complex sibling dynamics (protective or triggering)
- Peer conflict or social isolation

Also consider: sibling bonds that are safe or healing; friendships that offer consistent support

Reflect on: feelings of guilt, loyalty, or grief connected to siblings placed separately or left behind

19. Aspirations & Sense of Future

- Loss of hope, fear of failure or success, avoidance of future thinking
- Limited opportunities for self-discovery or growth

Also consider: interests, dreams, talents, or role models who inspire the child

Be mindful of: whether the child has been underestimated or labelled in ways that impact their view of their own potential

20. Digital & Online World

- Exposure to online harm, grooming, or bullying
- Reliance on digital spaces for self-regulation or escape

Also consider: positive online communities, digital expression, or safe platforms for identity exploration and creativity

21. Exploitation, Risk & Grooming

- Vulnerability to criminal exploitation (e.g. county lines, gang involvement, forced theft or movement)
- Exposure to sexual exploitation or online grooming, often through manipulation masked as affection or belonging
- Involvement in risky relationships or environments where coercion and control are normalised
- Risk-taking behaviour as a form of coping, identity-seeking, or survival

Also consider: the child's experiences of being blamed or criminalised rather than protected

Also consider: any efforts to disclose, seek support, or connect with safe adults — even if inconsistent or non-verbal

Scaffolding - Context

Meaningful Relationships

- Prioritise trust-based, attuned care (as informed by the work of Dan Hughes and the principles of Dyadic Developmental Psychotherapy)
- Support networks to be consistent and emotionally available
- Recognise that consistent, responsive caregiving can re-shape internal working models (John Bowlby)

Safety and Regulation

- Environments must support calm, routine, and co-regulation
- Professionals must hold safe space and model emotional containment
- Co-regulation builds capacity for self-regulation — safety is both environmental and relational (Bruce Perry)

Therapeutic & Specialist Support

- Trauma-responsive, evidence-based approaches (e.g. **Dyadic Developmental Psychotherapy. Eye Movement Desensitisation and Reprocessing,** sensory integration)
- Recovery must be **planned and guided by qualified professionals** with the capacity to support, supervise and train others
- Care plans must go beyond safeguarding and incorporate *recovery* and *repair*, including tools for emotional regulation, developmental healing, and long-term wellbeing
- Consider the impact of trauma on neurodevelopment — including executive functioning, emotional regulation, and memory processing (Bessel van der Kolk, Perry & Szalavitz)

Support for Caregivers

- Caregivers must be supported emotionally, practically and therapeutically
- Parental functioning should be assessed and scaffolded with care and collaboration
- Carers should be enabled to reflect safely and be co-regulated in their support systems
- The whole of their world needs to be seen and considered.

- Recognise the specific emotional and practical support needs of single adopters and ensure they have equal access to reflection, co-regulation, and supervision
- Avoid assumptions about parental capacity based on family size or structure

Systemic Responsibility

- Systems must allow **time**, **space**, and **continuity** for healing
- Avoid punitive or rushed decision-making that compounds trauma
- Adopt anti-oppressive, relationship-based practice to counteract bias and systemic barriers (informed by Munro Review, BASW's capabilities framework)
- Remove barriers that prevent practitioners from seeing the child's world fully — including organisational fear, time pressure, and performance targets

Parent/ Caregiver's Trauma

- **Unrecognised or untreated trauma in the parent/ caregiver** can create significant barriers to managing crisis and sustaining change. Many parents and carers may enter their role believing that past experiences are no longer impacting them — or that they are not an issue. However, the compounded stressors of parenting a child with a history of trauma, especially when faced with ongoing emotional dysregulation, crises, or challenging behaviour, can resurface unresolved trauma, overwhelm emotional capacity, and reduce resilience over time.
- This can lead to **emotional triggers, shutdown, or reactive responses** that are difficult to make sense of in the moment. In these contexts, it becomes harder to engage reflectively, respond consistently, or maintain therapeutic strategies.
- The ongoing emotional intensity of caregiving may also lead to **compassion fatigue, secondary trauma, or mental health difficulties**, even in highly committed carers. These are not signs of failure, but signs of an overwhelmed system in need of understanding and support.
- Without **space for reflection, regulation, and repair**, change becomes harder to hold — not due to resistance, but because capacity is stretched beyond what is sustainable.

Implementation & Review

- **Assess and plan**: Guided by multidisciplinary expertise and overseen by reflective supervision with trauma, psychological, and neuroscience professionals

- **Track progress**: Revisit regularly with updated reflection alongside the child, carer, and key professionals
- **Hold the original**: Keep a copy of the initial Impact Pathway as a reflective tool for growth, insight, and comparison
- **Adapt over time**: Update to reflect development, new insights, systemic shifts, and evolving recovery needs
- **Monitor stability**: Ensure support doesn't fall away prematurely and evaluate risk of re-traumatisation or secondary trauma
- **Embed reflective supervision**: Use supervision to explore bias, projection, emotional responses and to strengthen practice integrity
- **Life story work**: life story work is required, it must be delivered by professionals with appropriate therapeutic training and understanding of developmental trauma. It is not simply a timeline of events, but a regulated and relational tool for sense-making and emotional recovery.
- **Training**: must include intersectional approaches to trauma, identity, and care — acknowledging how race, culture, family structure, sexuality, and neurodiversity shape lived experience and recovery.
- **Language:** Ensure ongoing reflection and development around the use of language, avoiding deficit-based or prescriptive framing. Family should be defined by relationship and commitment — not by structure.

Practice Guidance, Training, And Closing Principles

- Efforts should be made to minimise **repetition and retelling by parents and carers**, which can be retraumatising and exhausting. The system should create processes that honour what has already been shared and build upon it with care, rather than repeatedly reopening wounds. Where retelling is necessary, it must be held within a supportive, trauma-responsive process that maintains emotional safety and builds trust.
- **Safety is not healing** — just as **love is not enough**. Children cannot simply move on from trauma. If we don't map their experiences and plan for recovery, we risk compounding harm.
- The Impact Pathway must not operate in isolation. It must be embedded in a broader, strategic, trauma-responsive and recovery-focused pathway. It should act as a compass, not just a snapshot.
- Every child removed due to trauma, adversity or harm should receive a comprehensive, multi-dimensional assessment that includes:

    - Mapping their story and experiences, including pre-birth
    - Understanding impact on development, identity, and wellbeing

    - Plotting trauma-responsive, recovery-focused interventions
    - Providing consistent, expert-led support to caregivers
    - Ensuring the Impact Pathway is regularly reviewed, not static

- Multi-agency collaboration is essential. Recovery must be co-owned by adoption, fostering, health, education, and clinical teams.
- There are additional dimensions that must be brought into focus, including the unique strengths and challenges within all families including LGBTQ+ families, single adopters, and transracial families. It is essential that these contexts are thoughtfully considered, reflected upon, and integrated into trauma-responsive planning to ensure that individual needs are understood and supported.
- The system must create conditions where carers and professionals feel safe to reflect, raise concerns, and challenge poor practice without fear.
- A lead professional should hold responsibility for communication and relational consistency.
- Regular check-ins (e.g. 3, 6, 12 months post-placement) should be standard, including emotional check-ins with families and the child.
- Every Impact Pathway should include a section for carer needs, sibling impact, and a place for the child's voice in their own language, with consideration of their understanding.
- Transparency, openness, and co-production must guide planning. Children and families should never be passive recipients of decisions.
- The Impact Pathway should promote curious, not assumptive, practice. It should allow practitioners to zoom out to consider wider context and zoom in on patterns and evidence.
- It must reflect strengths, resources, and protective factors — not just deficits.
- Training must be delivered throughout to ensure updated understanding and continued recognition of the importance and impact of this pathway, including for those within multi-agency teams.
- There are multiple other elements which need to be brought into focus, such as ensuring focus on difficulties/ strengths within LGBTQ+ family structures, single adopters, transracial families, to ensure any specific needs are considered and met, and reflected upon.
- Practitioners must remain accountable for their work, ensuring that all views, opinions, and findings are evidence-based, clearly recorded, and grounded in fact — not influenced by personal bias..

This Impact Pathway is not a one-off tool. It is part of an evolving, trauma-responsive, recovery-focused practice model. Every child deserves to be seen in full — and

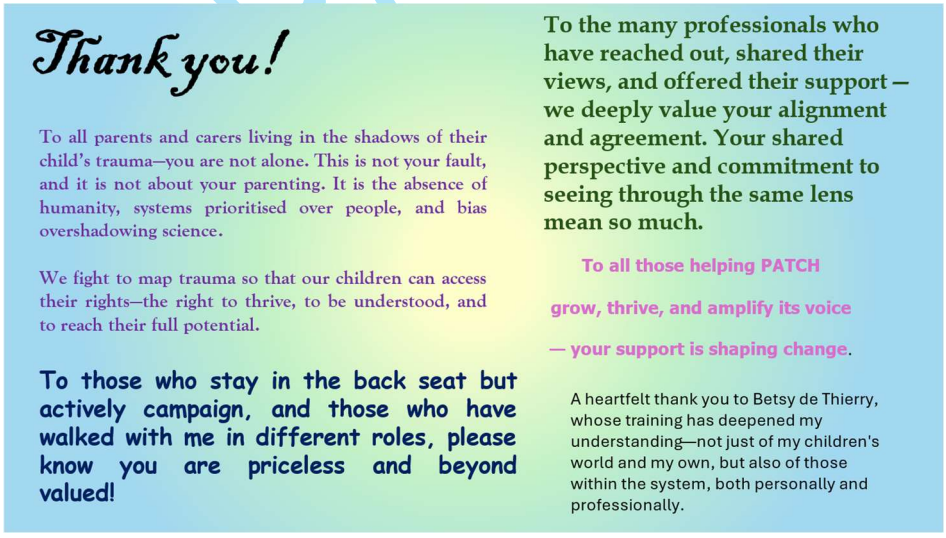
supported through every stage of their healing — with guidance from those qualified to walk alongside them.

This document draws on the principles and thinking from renowned experts in trauma and attachment including Betsy De Thierry, Dan Hughes, Bruce Perry, Bessel van der Kolk, Louise Bomber, John Bowlby, and the other elements which are underpinned in social work practice – such as Signs of Safety, Systemic Practice, Anchor Principles and beyond.. It also reflects learning from frontline families, multidisciplinary feedback, and lived experience shared through practice development and campaigning efforts.

What Can You Do Now?

Share this. Start the conversation. Question what's not working. Reflect deeply. Bring this into your teams, your policies, your practice. Meet with PATCH. Be part of the discussion — not just about what's wrong, but what we can build. Change starts here, with action rooted in reflection and the courage to do better.

If you are a professional, an expert, or if you work for an organisation which aligns with the views in this document, so with some elements, and wish to join our network - The Waves of Change: The PATCH Movement, please email patch@ourpatch.org.uk – this means you will be mentioned on our network list online, but also will be invited to collaborate and will receive the monthly newsletter.



Disclaimer: This document reflects our lens and lived experience. While we believe it offers valuable insight, we are not psychologists, neuroscientists, or clinical trauma specialists. Any steps forward based on our views should be developed in collaboration with qualified professionals who can walk alongside us in this work.