What Is the Real Reason Behind the Toxic Bias Faced by Adopters and Carers?

A discussion paper on entrenched culture, system blindness, and what might really be going on.

Across the adoption and permanence community, there is a conversation that still isn't being heard loudly enough. It shows up in support groups, complaints, legal challenges, social media threads, and late-night messages between adopters who have never met but somehow tell the same story. Different local authorities. Different regions. Different agencies. Same themes.

Families describe being blamed rather than supported. They describe concerns being dismissed, minimised, or reframed. They describe feeling unheard. They describe children's difficulties being attributed to parenting rather than understood within the context of trauma, developmental adversity, neurodevelopmental difference, or the internal injuries children carry from being hurt.

One adopter wrote: "We asked for help and instead were blamed, threatened, and left alone in crisis."

Another: "They saw behaviour. I saw fear. They never asked why."

This paper is not an attack on social workers. Many are doing excellent work in impossible conditions. Any honest discussion has to hold that truth.

But it also has to hold another truth: the pattern adopters describe is too consistent to ignore.

So the question is not *whether* this is happening.

The question is **why**.

About this Paper

This paper is not a research study, nor does it seek to present definitive conclusions. It is a discussion paper that brings together lived experience, contemporary research, professional observations, and emerging hypotheses regarding the recurring reports of bias, blame, and harmful practice experienced by adopters and carers.

Its purpose is not to assign blame to individuals or professions. Rather, it seeks to explore possible explanations for patterns that appear repeatedly across different regions, agencies, and systems. The paper invites reflection, discussion, and critical examination of issues that may otherwise remain unchallenged.

The views and hypotheses presented should be considered as part of an ongoing conversation about how children in permanence, and the families who care for them, are understood and supported.

Blame exists – this is what families are actually describing

When adopters speak, the system often reframes the conversation as one about “support”.

Support matters. Lack of support is real. But it is not the core of what families are describing.

The deeper theme is **bias**.

Families describe:

- professional narratives forming early and sticking
- contradictory evidence carrying less weight
- requests for help being reframed as parental inadequacy
- professional opinion outweighing lived reality
- the child disappearing from view while the parent becomes the focus

One adopter said: “I sobbed when we finally got the diagnosis — because for years they blamed my mental health instead of seeing my child’s brain injury.”

Another: “I didn’t adopt to become a victim.”

Others talk about being **accused, gaslit, lied about, threatened, investigated, and left in crisis** after asking for help. Some reached the point of considering ending their own lives before finding PATCH and realising they were not alone.

These are not isolated stories. They are repeated, almost word-for-word, across the country.

At that point, this is no longer simply anecdote. The consistency of these accounts becomes evidence that a recurring pattern warrants serious investigation.

What do we mean by blame culture?

In this context, blame culture is not simply individual practitioners making poor decisions. It is a pattern in which children's difficulties are routinely interpreted through the behaviour or perceived shortcomings of the adults caring for them, professional narratives become fixed, challenge is treated as threat rather than curiosity, and organisational processes reinforce rather than question those assumptions.

Blame culture does not necessarily present itself as blame. It often appears as professional assessment, safeguarding, threshold decisions, or organisational process. Yet when children's needs are repeatedly interpreted through a parental lens, lived experience is discounted, and alternative explanations are not fully explored, the effect is the same: the focus shifts away from understanding the child and onto scrutinising the adults caring for them.

This paper explores why that pattern may have become so deeply embedded, what contemporary research suggests about its origins, and what it might take to move from blame towards curiosity, understanding, and recovery.

What does the evidence tell us?

- The experiences described by adopters are increasingly echoed in research and professional reviews, which offer important clues as to why these patterns emerge
- **Child protection and organisational research** (e.g. Munro) show how systems can become dominated by procedure, compliance and risk management, at the expense of reflection and real engagement with families.
- **Decision-making research** shows how confirmation bias, groupthink and defensive practice shape professional judgement, especially under pressure.
- **Trauma science and neuroscience** show that what we see in the present is the cumulative impact of early adversity, prenatal exposure, neurodevelopmental difference, sensory and regulatory injury, and relational disruption.
- The **Disrupted Childhood Development (DCD)** paper describes early developmental disruption as the interaction of biological, prenatal, psychological, relational and environmental influences over time. It reminds us that:

"What is observed in the present reflects cumulative developmental history, not simply current context or choice."

The PATCH system review of adoption practice goes further, describing:

- misinterpretation of trauma symptoms
- absence of whole-child, multidisciplinary assessment
- a pervasive culture of parental blame
- systems-generated trauma when families ask for help
- lack of trauma-responsive, recovery-focused planning

So we have:

- adopters describing **bias, blame and toxic responses**
- experts describing **structural, cultural and cognitive patterns** that make those responses more likely
- and a system that still largely behaves as though permanence alone is enough

The question is: how do these pieces fit together?

One of the most striking themes emerging from both research and lived experience is the gap between contemporary science and everyday frontline practice. Over the last two decades, understanding of trauma, neurodevelopment, prenatal influences, sensory processing, attachment, stress physiology, and disrupted childhood development has advanced significantly. Yet many adopters continue to describe systems that interpret children's difficulties through behavioural, parental, or compliance-based frameworks rather than

developmental and neurobiological ones. This raises an important question: has practice evolved at the same pace as the science, or are many decisions still being made through models that no longer fully explain the children being seen today?

The missing child – why does blame happen?

One of the clearest threads running through both research and lived experience is this: the child is not fully seen.

Children in permanence are often assessed through:

- behaviour
- incidents
- compliance or non-compliance
- presentation in school
- risk

What is often missing is the developmental architecture underneath:

- prenatal exposure (including alcohol and substances)
- neurodevelopmental difference
- sensory processing and regulation
- attachment disruption and relational harm
- chronic stress and fear
- transgenerational adversity

The DCD framework calls for a whole-child, bio-psycho-social-neurodevelopmental lens. It warns that when any domain is overlooked, assessment is incomplete and intervention risks failure.

Adopters describe exactly that:

- children masking in school and exploding at home
- behaviour interpreted as defiance rather than fear
- trauma responses treated as “choices”
- neurodevelopmental conditions missed, misdiagnosed or used to sidestep trauma
- prenatal brain injury (including FASD) ignored or minimised

When the child is not seen through a contemporary scientific lens, the system still needs an explanation.

And the easiest explanation — the one that has been available for decades — is:

the parent.

If the child is not understood, the parent becomes the problem.

Not because that is true.

But because that is what is left.

Entrenched culture and system blindness

Another possibility — and perhaps the most uncomfortable — is that these patterns have been present for so long that they have become **embedded in the culture**.

Systems develop habits.
They develop shortcuts.
They develop ways of interpreting the world.

Over time, those ways of seeing become:

- normal
- invisible
- unquestioned

Adopters describe:

- paperwork “lost”
- reports written that do not reflect reality
- concerns reframed as parental instability
- allegations weaponised
- support promised and never delivered
- punitive safeguarding responses when they ask for help

One adopter wrote: “We never failed our children — the system did.”

Another: “Trying to argue with a system that feels lawless and toxic and has total power over your family is terrifying.”

This is where **system blindness** comes in. When a culture has been operating in a certain way for long enough, it stops seeing itself. Professional ego, fear of criticism, and defensive practice become part of the air the system breathes. Reflection becomes dangerous. Admitting harm feels impossible.

Another possible explanation comes from psychology. Cognitive dissonance suggests that when people encounter information that conflicts with their identity or deeply held beliefs, they

may experience significant discomfort. For professionals who have entered caring roles to help children, recognising that their own decisions or the systems they work within may inadvertently contribute to harm can be difficult. This may make defending existing narratives or discounting alternative explanations feel psychologically safer than re-examining assumptions. If so, defensive practice may sometimes arise not from bad intent, but from an unconscious effort to reconcile conflicting beliefs.

In that environment:

- bias is not just an individual issue
- it is a **system property**
- and it protects itself

Toxicity without intent

"Toxic" is a strong word. It makes people defensive.

But toxic systems rarely emerge because most people inside them are malicious.

They emerge when:

- unhealthy patterns repeat over time
- challenge is treated as threat
- lived experience is downgraded
- professional opinion is treated as fact
- mistakes are hidden rather than examined
- science is not integrated
- blame becomes easier than curiosity

None of this requires bad people. It requires only **enough repetition** and **not enough reflection**.

Adopters describe:

- being told "you're doing a great job" while being left in crisis
- being accused of "fabricating illness" for seeking therapy
- being told to be "grateful" when a child is finally placed in residential care after years of being ignored
- being blamed for behaviour later clearly linked to trauma, FASD, autism, ADHD or other neurodevelopmental difference

This is what toxicity without intent looks like from the outside.

Government workers staying in their lane

Their systems are structured around defined responsibilities and lines of accountability. While this brings clarity, it can unintentionally make cross-system challenge difficult and create barriers to recognising wider patterns.

People stay in their lane.

- Social workers do social work.
- Health professionals do health.
- Teachers do education.
- Managers manage.
- Inspectors inspect.

Most cannot:

- openly challenge another service
- question the culture of their own organisation
- push for systemic change beyond their remit
- speak publicly about what they see

Not because they don't care, but because it is **not in their job description** and may carry professional risk. This means:

- good practice cannot easily spread
- poor practice cannot easily be challenged
- bias cannot easily be interrupted
- culture cannot easily shift

So we end up with a system where **excellent practitioners and harmful practice coexist**, and the good cannot dilute the bad.

Lack of accountability: marking their own homework

Without genuinely independent scrutiny, organisations risk reinforcing existing narratives rather than testing them.

Another part of the picture is accountability. Local authorities often:

- investigate their own decisions

- review their own practice
- handle complaints internally
- rely on the same narratives families are challenging
- Professional opinion is treated as evidence.
- Threshold is treated as fact.
- Lived experience is treated as “perspective”.

One adopter put it plainly: “They mark their own homework — and we are the ones who pay the price.”

PATCH has repeatedly called for:

- independent review of cases where children and families have been failed
- Child Safeguarding Practice Reviews (CSPRs) where adoption has broken down or serious harm has occurred
- external, trauma-competent scrutiny of patterns of failure

The response? Meetings. Conversations. “Listening”. But not much **looking**.

PATCH has repeatedly asked who has the authority to independently examine these cases. The recurring answer appears to be that no single organisation is both empowered and sufficiently independent to do so. If nobody can look, nothing changes.

When RAAs step back and LA bias steps forward

Regional Adoption Agencies (RAAs) were introduced to improve consistency and strengthen support. Yet many adopters describe a different reality.

When things are calm, RAAs may be visible. When safeguarding escalates, allegations arise, or crisis hits, RAAs often step back and the local authority steps forward.

One adopter wrote: “When safeguarding stepped in, the RAA vanished. The people who knew us best had no voice.”

Post-adoption expertise is sidelined. Safeguarding teams — often with less understanding of trauma, neurodevelopment and adoption context — take over.

This leaves families exposed to:

- entrenched LA culture
- defensive safeguarding practice
- bias that is no longer being balanced by adoption-literate voices

It is another way in which **good practice is diluted by the system around it**.

The cost when children are not seen – what are the consequences?

We also need to talk about cost. When children are not properly seen, they cannot **sur-thrive**.

They go through life holding their hurt and shame without the intervention and care they need, moving from one disruption and crisis to another. The PATCH review describes families left to manage internal injuries without treatment, resulting in avoidable crises, placement instability, and re-entry into care.

The cost is carried first by the child:

- in their body, brain and nervous system
- in their relationships and sense of self
- in their education, mental health and future

But it does not stop there. Adopters describe:

- child-on-parent violence
- severe self-harm and suicidal thoughts
- false allegations and police involvement
- sofa-surfing and unsafe accommodation
- exploitation and risk
- school breakdowns and exclusions
- parents unable to work, becoming unwell, isolated and traumatised

One parent wrote: “I didn’t see a way forward. PATCH kept me alive.”

These are not the outcomes of “challenging parenting situations”.

They are the outcomes of systems that did not see the child early enough, did not understand the science, and defaulted to blame.

There is also a wider cost:

- to public services, which end up funding crisis responses instead of early, trauma-responsive support
- to communities, as unaddressed trauma feeds into exclusion, mental health crises and contact with the criminal justice system
- to future generations, as trauma repeats

What is predictable is preventable. Anticipatory practice for all is key. If we know that harm unseen leads to crisis, then continuing not to see is not neutral. It is a choice.

The cost to adoption recruitment and confidence

There is another cost that rarely makes it into official reports: the impact on adoption recruitment and public confidence. As more adopters speak openly about being blamed, disbelieved or harmed by systems, the narrative around adoption shifts.

Prospective adopters read:

- about families left alone in crisis
- about allegations and investigations
- about children removed from adoptive homes
- about systems that appear more interested in defending themselves than understanding what went wrong

One adopter said: “I love my child — but the system has broken me.”

Another: “Adoption has been a terribly lonely road to travel and punishingly difficult to navigate.”

Why would new families step into a system that appears unable or unwilling to see the child clearly and stand alongside the adults who care for them? This is not a “PR problem”. It is a **trust problem**.

Permanence, sur-thrival and children across the permanence landscape

The issues described here are not unique to adoption.

The same lack of sight on the child runs through:

- special guardianship
- kinship care
- long-term fostering

Children are too often seen as:

- badly behaved
- non-compliant
- oppositional

rather than:

- showing their internal injuries
- adapting to survive

- communicating distress

Permanence is treated as an endpoint rather than the beginning of recovery. If permanence is the legal architecture, **sur-thrival** is the life meant to be lived inside it. Right now, too many children are being handed the keys to a house that has never been structurally checked for the weight of what they carry.

When nobody can look

PATCH and others have been asking for:

- CSPR-level scrutiny where children in adoption and permanence have been failed
- independent review of cases where bias, blame and toxic practice are alleged
- system-level learning, not just individual "lessons learned"

The response is often:

- "We're listening."
- "We're having conversations."
- "We're aware of the issues."

But listening is not the same as looking!

As PATCH challenges systems, asking for CSPR for children failed, asking for cases to be independently viewed and considered, where is the response that says yes we are interested enough to check, to see? There are conversations and discussions and people are listening but I don't think anyone is really and truly looking. Why? Because it is not in their job spec to do so, so they can't. I have asked, but nobody can."

If nobody can, the issues remain:

- hidden
- unchanged
- repeated

And children, families and the future of adoption continue to carry the cost.

What might really be going on? A hypothesis

This paper is not trying to give a neat answer. It is trying to name a possibility.

If we put all of this together — the research, the system review, the DCD framework, the adopter testimonies, the patterns of bias and blame, the lack of accountability, the structural "stay in your lane" culture — a hypothesis emerges.

Maybe the problem is not:

- a few bad practitioners
- a bit of missing support
- a few unfortunate misunderstandings

Maybe the problem is that:

- **the child is not fully seen**
- **the science is not fully integrated**
- **the culture has been entrenched for decades**
- **ego and defensiveness are embedded**
- **reflection is unsafe**
- **accountability is weak**
- **good practice is diluted by the system around it**
- **government workers cannot step outside their lane to challenge it**

And when we do not see the child and we do not see the science, the system defaults to the explanation it has always had:

Blame the adults closest to the child. Not because that is accurate. But because it is familiar.

Questions for Consideration

If the experiences described throughout this paper are occurring repeatedly across different local authorities, agencies, and regions, several questions deserve further exploration:

- Why do so many adopters report similar experiences of blame, dismissal, and disbelief despite having no connection to one another?
- Why do concerns raised by families so often appear to be reframed through a parental lens rather than through a developmental or neurodevelopmental lens?
- To what extent are contemporary developments in trauma science, neuroscience, developmental psychology, and neurodevelopment embedded within frontline decision-making?
- How effectively do current systems distinguish between evidence, interpretation, professional opinion, and organisational narrative?
- What mechanisms exist for identifying and challenging embedded bias within organisations?

- How easily can professionals challenge assumptions, cultures, or practices within their own systems?
- Why do requests for independent review appear so difficult to achieve?
- Are current accountability mechanisms sufficient when organisations are largely responsible for reviewing their own practice?
- What role might organisational defensiveness, fear of criticism, and system self-preservation play in maintaining existing patterns?
- If a child is not fully understood through a whole-child developmental framework, where does responsibility for unexplained behaviours tend to be placed?
- What would a system look like if it truly started with the child, rather than with behaviour, process, or risk?

These questions are not presented as accusations. They are offered as areas worthy of honest examination.

Conclusion: an open question

This paper does not claim to have found “the answer”. It is an invitation to look more honestly at the question.

The recurring experiences described by adopters and carers cannot be dismissed as isolated dissatisfaction or resistance to professional challenge. The consistency of these accounts suggests something deeper is happening.

Perhaps the explanation lies partly in resources.
Perhaps in training.
Perhaps in workload.

But perhaps it also lies in something harder to face: that systems have become so accustomed to particular ways of seeing children and families that those assumptions are no longer recognised as assumptions at all.

If contemporary science is not consistently embedded within frontline assessment, decision-making and intervention, then even well-intentioned professionals may continue to misinterpret children's needs and inadvertently reinforce patterns of parental blame. In that sense, the issue is not simply what professionals know, but whether systems have evolved quickly enough to reflect what modern science now understands about trauma, neurodevelopment, prenatal adversity, and disrupted childhood development.

If that is true, then bias is not just an individual issue. It is a **systemic one**. And if systems fail to see the child through the lens of contemporary science, developmental understanding and lived experience, they will continue to default to parental blame, however softly it is worded.

So the question we are left with is not:

- “How do we defend the system?”

but:

- **What if the harm adopters and carers are describing is not an anomaly — but a message from the system about what it has become?**

Until we are willing to explore that question honestly, we will keep circling the same ground.

We do not need a final answer yet.

We need the courage to **name the possibility**.

And to keep asking, together:

What is really going on here — and what would it take to finally see it?

Further Reading

For readers interested in exploring the issues raised in this paper in greater depth, the following resources provide useful starting points. Together they offer perspectives from trauma science, neuroscience, child development, organisational culture, decision-making, safeguarding, permanence, and lived experience.

Child Protection, Systems and Decision-Making

- Munro, E. (2011). *The Munro Review of Child Protection: Final Report.*
- Munro, E. (2019). *Decision-Making Under Uncertainty in Child Protection.*
- Department for Education. *Working Together to Safeguard Children.*
- Research in Practice. *Trauma-Informed Practice in Children's Social Care.*

Trauma, Adversity and Development

- Shonkoff, J. et al. (2012). *The Lifelong Effects of Early Childhood Adversity and Toxic Stress.*
- McCrory, E., Gerin, M., & Viding, E. (2017). *Childhood Maltreatment and Vulnerability to Psychopathology.*
- Music, G. (2016). *Nurturing Natures.*
- de Thierry, B. (2016). *The Simple Guide to Child Trauma.*

Attachment and Relational Development

- Hughes, D. & Golding, K. (2012). *Creating Loving Attachments.*
- Howe, D. (2011). *Attachment Across the Lifecourse.*

- Schore, A. (2001). *Effects of a Secure Attachment Relationship on Right Brain Development.*

Neurodevelopment, Prenatal Influences and FASD

- British Psychological Society. (2021). *Fetal Alcohol Spectrum Disorder: UK Psychological Practice Guidance.*
- NICE. (2022). *Fetal Alcohol Spectrum Disorder Quality Standard (QS204).*
- Mattson, S. N., Bernes, G. A., & Doyle, L. R. (2019). *Fetal Alcohol Spectrum Disorders: A Review of the Neurobehavioural Deficits.*
- National Organisation for FASD. (2022). *The Time Is Now.*

Organisational Culture, Bias and Systems Thinking

- Kahneman, D. (2011). *Thinking, Fast and Slow.*
- Reason, J. (1990). *Human Error.*
- Senge, P. (2006). *The Fifth Discipline.*
- Edmondson, A. (2018). *The Fearless Organisation.*

Adoption, Permanence and Lived Experience

- PATCH. *Disrupted Childhood Development (DCD): A Whole-Child Approach to Prenatal Influences, Neurodevelopment, Trauma and Adversity.*
- PATCH. *A Review of Systemic Failings in UK Adoption: Harm Seen.*
- Adoption UK publications and surveys on adopter experiences and post-adoption support.
- Children's Commissioner reports relating to childhood vulnerability and outcomes for children with experience of care.

A Final Reflection

Many of the questions raised in this paper sit at the intersection of science, practice, policy, culture, and lived experience. They are unlikely to be answered by a single discipline or profession acting alone.

The purpose of this paper is not to provide certainty. It is to encourage curiosity. Because meaningful change rarely begins when people already have the answers. It begins when they become willing to ask better questions.