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National Adoption Service for Wales

Evaluation of the Adoption Support Framework

Final Report

February 2021

OXFORD
BROOKES
UNIVERSITY

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Overview of Key Findings and Recommendations

This study of adoption support under the Adoption Support Framework in Wales has generated well-triangulated findings from fieldwork undertaken during Autumn 2020, including: surveys of 312 adoptive parents and 78 professionals; interviews with 21 adoptive parents and 21 sector leaders. The combined findings suggest that:

- There has been considerable progress across the sector at national and regional levels in implementing the Adoption Support Framework, including in encouraging more families to feel confident about asking for help and in developing a more robust and visible offer of 'universal' support for all to access.

- With the support of Welsh Government and other UK-wide charitable funds, more children and families with emerging needs and difficulties have also been enabled to access targeted help, including through innovative new offers such as 'TESSA' and 'Adopting Together', as well as other more established offers including peer support, life journey work, psychologist consultation, and a range of other therapeutic supports. Understandably, these forms of support have thus far targeted 'early age and stage' prevention and intervention for children with additional needs that are likely to be significantly greater than those of most other children in Wales.

- These two key developments combined represent very positive first steps on a journey of improvement in relation to adoption support under the aegis of the Adoption Support Framework.

- However, there is much still to be done. The funding and recent service developments have certainly raised adoptive families' expectations (that they will receive targeted help when it is needed). Some families also described experiencing or being aware of inconsistent offers of support across the different regions of Wales. Many of the most valued forms of early targeted support that have the potential to reduce demand for crisis or specialist support later in childhood are also currently funded on a short-term basis, raising an important issue about the sustainability of these services.

- There are also some notable support gaps, in particular for older children with more complex needs, including those who are in transition to adulthood.

- The evaluation team at the Institute of Public Care at Oxford Brookes University recommend both a sustained period of funding and allied emphasis on continuing the improvement journey, to build on and consolidate those already made, and to focus going forward on enabling:

  - All adopted children to have the right kind of support and attention in schools or colleges, where they often struggle, often more so than at home.

  - Consistency of access for families to valued forms of targeted support across all regions and / or support agencies, particularly that which can provide effective 'early stage' therapeutic or psychological support before families reach a crisis, also pro-active advice about contact with birth families and high-quality therapeutic life story work.

  - Greater overall access to targeted and specialist support where it is needed by adoptive families across Wales, including for older children or young people with complex needs, and for those children who may have neuro-developmental conditions requiring further exploration and support.

Executive Summary

This report outlines findings from an independent evaluation undertaken by the Institute of Public Care (IPC) at Oxford Brookes University of the extent to which the aims of the all-Wales Adoption Support Framework developed in 2016-2017 have been achieved, including with reference to improved accessibility, quality, consistency, and impact of post-adoption support for families across Wales.

The findings are drawn from a range of evaluation activities, both quantitative and qualitative, undertaken largely between October and November 2020, including: an online bi-lingual survey of 312 adoptive parents from all local authorities across Wales – those on newsletter 'mailing lists' of regional adoption agencies and voluntary adoption agencies; an online bi-lingual survey of 78 adoption professionals from across all regions in Wales, or who work in national roles; qualitative interviews with 21 adoptive parents and young people; qualitative interviews with 21 sector leaders; and a rapid research review.

Overall, the evaluation has 'heard' from over 430 individuals concerned with adoption support in Wales, including 313 adoptive parents: those who are relatively new to adoption as well as those who have been parenting children for some years[1].

There is a high degree of triangulation across the findings from each of these activities, increasing their reliability. The study has also generated a significant amount of data relating to the needs of adoptive families which is likely to be useful in planning future support, and therefore it has been reported in-depth in the findings.

In relation to child and family needs, the public discourse surrounding adoption has historically been that a warm, loving and positive family would be able to make amends for the adopted child's difficult early life experiences and possible early maltreatment. Past studies often also illustrated how adopted children's outcomes tended to be better than those of children remaining in the care of a local authority (looked after children), with improvements thought to include: physical growth, attachments, and educational achievement. However, whilst adoption *can* provide opportunities for recovery and improve outcomes for care experienced children, it is now widely recognised that support is likely to be required post-adoption, across an adoption journey and at meaningful times or episodes, to improve or enhance family life, promote child well-being and/or in some circumstances, to prevent placement breakdown. There is a growing acceptance that *all* adopted children and their parents may need tailored support at some stage[2]. Key findings from this study include that:

- The children of parents participating in the online survey had much greater difficulties, as measured by the Strengths and Difficulties Questionnaire (SDQ), compared with a representative sample of British children. The difference is statistically significant both for younger aged children (2-4 years) as well as older children (5-15 years). This finding aligns with a growing body of research suggesting that adopted children are more akin to looked after children[3] than whole

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[1] Children had been placed on average for 5.7 years

[2] A fuller introduction to the needs of adopted children including references can be found in Section 1 Introduction

[3] Comparisons across British norms and looked after populations can be found in Section 3.1.1. The strengths and difficulties of adopted children in this study

populations of children in terms of their likely elevated emotional health and wellbeing needs.

- Approximately 6% of children whose parents participated in the survey were reported to have a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD) and 6% a diagnosis of Autistic Spectrum Disorder (ASD). More elevated proportions of children aged 11 plus had such diagnoses (approximately 15% for ADHD and 11% for ASD). However, diagnoses of Foetal Alcohol Spectrum Disorder (FASD) were much lower at just over 1% for both younger and older children. This seems particularly low by comparison to recent whole population estimates[4]. An additional 13% of parents were unsure whether their child had one of these or another condition, and/or were actively exploring a diagnosis.

- Adoptive family members who were interviewed for the study described how their child's post-adoption needs had often emerged at key transitions in their lives, for example at entry into primary school or onset of adolescence. Many parents were also very aware of some of the likely causes of their child's additional needs, for example early exposure to trauma or disrupted attachments, genetic vulnerabilities, or exposure to drugs or alcohol in utero, and that these factors could be highly inter-woven, difficult to tease out. Some parents described other more regular changes or transitions that could also stimulate problems for their child, for example where there were disruptions to routines or a return to school after a break, or when they felt 'unsafe'. They also described how their child's wellbeing was often closely linked with how things were going in school. Parents of younger, more recently adopted children were the most optimistic, but there was a common theme across all participant responses that issues were likely to emerge for their child at some time during their childhood.

- 29% of the parents participating in the survey described their child as having formally recognised additional learning needs and plans, including Individual Development Plans (IDPs). Many of these parents described their child's additional needs in a school context as 'social or emotional' as opposed to purely cognitive or learning needs, although these were often intertwined. Whilst a relatively high proportion (85%) of parents completing the online survey considered that their child was thriving quite to very well at home, only 69% thought that their child was thriving quite to very well in school. 12% parents considered that their child was 'not at all' thriving in school.

- Adoptive parents participating in the survey had significantly worse emotional health and wellbeing themselves, as measured by the Short Warwick Edinburgh Mental Wellbeing Scale, compared with a representative sample of British adults. However, they expressed relatively high levels of confidence in their ability to parent and 78% thought that they were 'managing' relatively well as a family (others described managing relatively poorly). Parents were more likely to state that they were managing relatively well in relation to younger children and relatively poorly in relation to older children and young people. Some described having made significant adjustments to their lives to 'make it work', for example giving up paid work or friendship circles. Even when things were going relatively well, some adoptive parents expressed an anxiety or apprehension about the future, for example about their child's transition to adulthood. Some also described living with very extreme child behaviours or family struggles, not all of which were child related.

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[4] Outlined in the main body of this report (in Section 3.1.2. Child diagnoses and conditions)

■ 47% of parents completing the survey thought that their child or family needs had increased during the period of the Covid-19 Pandemic. Their responses to broader questions on this theme suggest that they thought they required targeted or specialist level support(s). Surveys and conversations with both parents and professionals overall reveal a distinct dichotomy of adoptive family experience, including some for whom it had offered a 'release' or particular set of opportunities (often without the pressures of school), and others for whom it had accentuated needs or heightened existing difficulties. The group finding it easiest to cope seemed to be parents of primary school-aged children and groups finding it harder to cope were those with pre-school aged or younger teenaged children. Many adoptive families experienced some positives during this period mixed with some negatives such as loss of interactions with other children / adults; loss of family income; escalating stresses after a return to work or school; pressures of home schooling; and not being able to participate in group activities in the outdoors.

In relation to the extent to which families think it is OK now to ask and know where to go for help

This was a key question for the evaluation in that the Adoption Support Framework has overtly sought to improve the proportions of families who do believe it is 'OK to ask for help' and the findings suggest that this is an area of significant progress in recent years since the Framework was published. The key evidence for this includes:

■ A large majority (84%) of adoptive parents completing the online survey considered that it (currently) felt OK or very much OK to ask for help. Only a small proportion (4%) described feeling that it was not OK or very much not OK to do so.

■ 85% of adoption professionals completing a survey considered that adoptive parents are more able to ask for help now compared with 3 years ago, suggesting a very positively improving picture, which is also picked up by the sector leaders participating in an interview, many of whom considered this to be one of the 'major breakthroughs' in adoption support in recent years. The voluntary sector were more likely to describe how they had operated an 'open door' policy for adopters going back many years.

■ Most parents completing a survey described knowing or at least having an idea of where to go for help with universal (81%), targeted (74%) or specialist (79%) needs. Parents who had adopted relatively recently were more, sometimes very confident about knowing where to go for help. Examples in support of this improvement were reported by adoption professionals to include: more adoptive parents coming forward for support including at an earlier stage; and more adoption enquiries where prospective adopters ask about support (are more aware of its availability).

■ Improvements in this area were attributed by evaluation participants to a variety of recent factors. Under the umbrella of the Framework itself, these include: greater levels of organisational empathy for adopters and a more positively welcoming culture; early reassurances and 'messaging' given to adopters (in the early stages of an adoption journey); having a clearer 'single point of access' for adopters into adoption support (in the regions or voluntary sector); having a greater range of supports on offer including more newly developed and proactive 'early help' offers

such as TESSA[5] or 'Adopting Together'[6]; and better communications between agencies and adopters, also between adopters themselves (via social media) about what is on offer.

■ Ongoing barriers to accessing support include: a sense of stigma or shame for parents about coming forward for support; concerns about being judged (as having failed); feeling that you won't be listened to; some ongoing lack of clarity about either what is available (particularly for older children and their families) or what is the best 'route in' (there can be different pathways for support between regions and local authorities, also between health, social care and education). Parents emphasised the latter two factors in particular, and some described having lost trust in services because of earlier experiences of seeking and not getting help when they felt they needed it or having been 'referred round in circles' from organisation to organisation to find help. However, these experiences relate probably more to earlier attempts to access targeted or specialist as opposed to universal supports.

In terms of the extent to which schools and colleges are adoption-aware and/or supportive of adopted children

Many previous research studies have emphasised the significance of a positive school environment for adopted children, and for schools and colleges to be 'adoption aware' so that they can tailor their support to adopted children. For many parents, school is known to be a key, often ongoing area of difficulty for their child.

Excluding those with pre-school children, only 57% of adoptive parents who responded to the survey for this study considered that schools in Wales have a good or very good awareness of the needs of adopted children. However, 58% thought that schools' awareness was improving. A greater proportion of professionals participating in an online survey for this evaluation (74%) considered schools to be 'not very' to 'not at all' adoption aware. However, 49% also thought that improvements had been made in the last 3 years.

Consistency has emerged as a key issue in relation to this important aspect of whole system support for adopted children. Some schools, particularly those that have received some input from Adoption UK, regional adoption teams or individual therapists / adoption workers and those with an informed head / ALNCO were considered to provide a good, nurturing environment for adopted children.

However, many parents as well as adoption professionals reflected that schools and colleges more generally, particularly at secondary level, required more consistent understanding specifically about the long-term impact of disrupted attachments and trauma in early childhood on children's social, emotional, and cognitive development. Additionally, whole-school approaches to (challenging) behaviour were thought sometimes to be 'largely punitive' to the detriment of all children with these needs. Parents and professionals suggested many ways in which schools and colleges could be encouraged to achieve improved consistency of approach in practice, including

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[5] Therapeutic, Education and Support Services in Adoption a new form of adoption support provided in Wales since around 2019 combining a clinical psychologist-led assessment; training; coaching; school consultations; and peer support (parent partner) elements

[6] This service is provided by St Davids working with the whole sector to find and proactively support families for children who might otherwise wait longer to be placed. It includes a pro-active offer of therapeutic support

through greater exposure to specific training programmes and a statutory requirement for an education plan akin to that required currently for looked after children.

Where a child's needs had not been met in schools, some parents described having sourced alternative or additional support themselves, for example by home educating, changing schools (to access one known to be more adoption aware), or paying for additional support / an independent school.

In relation to the extent to which families are satisfied with the adoption supports on offer and find them helpful

- This evaluation recognises the significant work undertaken in the last 2 years at a national level to develop: a range of new service 'offers' such as 'TESSA' aimed at supporting families beginning to experience the effects of early childhood trauma, 'Adopting Together' to find and proactively support families for children who might otherwise wait longer for a placement, and 'Connected' to provide adopted young people with a peer support network. New materials and courses have also been developed nationally for use by adoptive parents (for example in relation to therapeutic parenting or contact with birth family members) as well as accessible podcasts to help prospective adopters become better informed about adoption (through hearing from adopters themselves). These are all acknowledged to be high quality innovations and developments. Much progress has also clearly been made by many regional and voluntary sector adoption services to develop or continue to improve their 'core' and, to a certain extent, their more targeted offers of support to adoptive families including a range of therapeutic supports.

- Parents completing the survey for this study rated many aspects of currently available universal support very highly, including in particular the support they had received in the early stages of adoption from an adoption social worker, peer support and/or (post-) adoption training. Those participating in an interview often described an improving picture and would like to see the breadth of the universal offer continue, to meet individual needs and preferences. Professionals also agreed that the 'universal level' offer had improved significantly in recent years.

- An estimated 59% of adopted children requiring life story work across Wales were reported by the National Adoption Service to have had access to it in a timelier way during 2019-2020 compared with the previous year. However, parents participating in the survey and in interviews also suggested that improvements could continue to be made in the quality of (therapeutic) life story work or products and the scheduling of some forms of support, such as training or 'family days', to enable better access for all, including for single parents.

- The newly established TESSA and Adopting Together Programmes could be described as straddling both universal and targeted support, as they offer a form of 'targeted early help' to families experiencing the impact of early childhood trauma. They are similar to, but not exactly the same as, a pre-existing offer of multi-disciplinary meetings and psychologist consultation available in one region for several years now to help identify and anticipate the needs of adopted children[7]. Parents with experience of these forms of early targeted help tended to be very complementary about their quality and value. Professionals also recognised how they represented key improvements in the spectrum of support available and noted

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[7] This model now being taken up in some other regions developing this offer alongside TESSA

their potential to reduce demand for later, more targeted or specialist including 'crisis' forms of support.

- Targeted support for families who need it has been reported by the National Adoption Service to be reaching more children and families (up by 72%, from 170 families in 2018-2019 to 237 families in 2019-2020). Many parents participating in the survey had accessed targeted forms of adoption support, although only about half thought that there was currently enough of it. Parents completing the survey expressed the greatest levels of satisfaction in relation to TESSA (81% considered this support to be good or very good), followed by post-adoption training (79%) and child & parent therapeutic support (70%). Comparatively low proportions of parents expressed satisfaction with other forms of targeted support, particularly targeted support for their child in school or with Child and Adolescent Mental Health Services (CAMHS), although the more detailed comments and reflections about these ratings suggest the issue is with availability rather than the quality of supports received. More generally, whilst some parents who were interviewed for this study described feeling strongly that they had been 'held and helped' by targeted or specialist services (particularly early forms of therapeutic support), others have found either that such support has been poorly matched to their child's needs or unavailable to them. Adoption professionals participating in this evaluation concurred, with only 55% considering that targeted adoption supports are currently sufficient and only 11% that specialist supports are sufficient.

- Where families had received packages of targeted support incorporating a therapeutic 'element', this seemed to be particularly helpful to them. It has not been possible to explore through this evaluation which model of provision works best, but voluntary adoption agencies and regional adoption support services with ready access to psychological expertise described being more confident that they had the right services to meet their families' needs. Where adoption services had access to fuller psychological or therapeutic services, the offer often included not only direct work with families but also 'consultation-style' support from specialist psychologists for all those involved with adopted children including parents and schools.

- A key 'thorny' issue for the provision of targeted and specialist supports for adoptive families is the tension between a desire for consistency (expressed frequently in this study by adoptive parents and sometimes by sector leaders) and the need for flexibility of delivery within different locality areas and regions (sometimes expressed by some sector leaders and adoption professionals).

- Only a little over a half of parents completing a survey who had recently required a targeted or specialist support stated that they could access it when they needed it (57%), and a fifth strongly disagreed that they could do so (21%). Two thirds said the services were available close enough to where they live (66%), but nearly 1 in 6 disagreed with this (16%). Similarly, whilst a high proportion (83%) of professionals participating in a survey thought that it was quite to very easy to access universal adoption supports, only 56% thought that it was quite to very easy to access targeted and only 6% to access specialist support services. Key overall service gaps affecting adopted children and families in many parts of Wales were described as being for:
  - Therapeutic support / access to psychology-led services.
  - Coordinated supports for older children and young people, including those in transition to adulthood, across key services including adoption support, education, CAMHS, housing and other – a 'no wrong door' approach.

- Clear, efficient diagnoses pathways and support for children who may have FASD, ADHD or ASD.
- Clear, efficient pathways into specialist CAMHS where adoption support teams do not have the right level of expertise or resources to meet a child's needs.
- Accessible high quality therapeutic life journey work, particularly for older children.
- Pro-active advice about contact with birth families for all adopted children and families, not only those where contact is anticipated at an early stage, including in relation to social media.
- Short breaks for adopted children and families where these are needed, for example in 'high pressure' situations.

Some of these gaps were further emphasised during the period of the Covid-19 Pandemic, for example parents described having to wait 'even longer' for some of these supports or being told that they were not available during this period.

- Barriers for families to accessing targeted or specialist supports were reported by a range of stakeholders to include: (in some areas) needing to go not only through regional adoption teams but also 'back through' the family's local authority services to obtain some of these supports; increased awareness and demand for such services, putting pressure on resources even after the investment; under-developed offers in some parts of Wales compared with others; early support plans not being sufficiently clear in some cases about the likely future needs of adopted children and/or lack of clarity within the adoption support sector about which specific supports are the best or better matches to individual child needs; very long waiting lists for CAMHS and confusion about eligibility for these services; and a lack of clarity about the pathways or protocols relating to specialist assessments for conditions such as FASD or long waiting times for such assessments; finally the lack of resources earmarked for specialist, in particular therapeutic support such that some parents are continuing to experience the need to 'fight for services'.
- Whilst parents, professionals and sector leaders all projected a cautiously optimistic narrative about adoption services in Wales overall, particularly for families who have adopted more recently, targeted and specialist provision for adoptive families were also consistently described as being in the 'early stages of an improvement journey' and needing further attention and/or investment.
- 84% of adoption professionals considered that the Welsh Government investment in adoption support had had a positive effect on the availability and/or quality of these services and 98% thought that the funding had been 'well utilised'. However, many also noted areas of potential fragility in the whole system, not least the short-term nature of much of the recent investment that is considered to be at least as important in bringing about positive change thus far as the Adoption Support Framework itself.

Overall, the findings from this study suggest largely very positive steps towards achieving the overall aims of the Adoption Support Framework. A firm foundation has been laid as a result of the Framework and the additional investments that have been made in adoption support services, but more needs to be done still to effectively meet the needs of all adoptive families in Wales including to enable:

- All adopted children to have the right kind of support and attention in schools or colleges, where they often struggle, often more so than at home.

- Consistency of access for families to valued forms of targeted support across all regions, particularly that which can provide effective 'early stage' therapeutic or psychological support before families reach a crisis, also pro-active advice about contact with birth families and high-quality therapeutic life story work.

- Greater overall access to targeted and specialist support where it is needed by adoptive families across Wales, including for older children or young people with complex needs, and for those children who may have neuro-developmental conditions requiring further exploration and support.

Acknowledgements

The evaluation team at the Institute of Public Care would like to take this opportunity to express our sincere thanks to all parents, young people, adoption professionals and sector leaders who took part in this evaluation who have given freely of their time and without whom it would not have been possible.

We would also like to extend our thanks to the National Reference Group for their commitment to and support for the evaluation.

Glossary

The Institute of Public Care research team has endeavoured to use plain language to describe the evaluation methods and findings for this study. However, there are a number of terms, phrases or concepts that are mentioned relatively frequently that we thought were best described at the start of the report.

Term or Phrase	Definition
ADHD	Attention Deficit and Hyperactivity Disorder
ASD	Autistic Spectrum Disorder (commonly called 'autism')
Care experienced	A child or young person who is either looked after or who has previously been looked after (for example an older young person who has 'left care' aged 18, a child who has returned to birth family, or an adopted child)
FASD	Foetal Alcohol Spectrum Disorder. A condition caused by the maternal consumption of alcohol during pregnancy.
Looked after child	A child or young person who is currently in the care of the local authority
Universal	Used with reference to adoptive family 'needs' or 'supports' – defined as that which effects or which is available to all adoptive families

1   Introduction

Historically, the public discourse surrounding adoption was that a warm, loving and positive family would be able to make amends for the adopted child's (often a baby's) difficult early life experiences and possible early maltreatment. This discourse is in the process of being revised, based on research, practice experience and what adopted families can tell us (Stock et al. 2016; Selwyn 2017; Meakings et al. 2018).

Past studies often also illustrated how adopted children's outcomes tended to be better than those of children remaining in the care of a local authority (looked after children), with improvements thought to include: physical growth, attachments, and educational achievement (Van Jzendoorn & Juffer 2006).

However, whilst adoption *can* provide opportunities for recovery and improve outcomes for care experienced children, it is now widely recognised that support is likely to be required post-adoption, across an adoption journey and at meaningful times or episodes, to improve or enhance family life, promote child well-being and/or in some circumstances, to prevent placement breakdown. There is a growing acceptance that all adopted children and their parents may need tailored support at some stage.

Stock et al. 2016; Dance and Rushton 2005; Palacios and Brodzinsky 2010 cited in Meakings et al. 2018; Bell and Kempenaar 2010; Pennington 2012; Holmes et al., 2013; Ottaway et al. 2014; Selwyn et al. 2015.

In 2017, in recognition of this evidence base and as a result of direct feedback from adopted children and adoptive families in Wales, the National Adoption Service for Wales, incorporating regional[8], local and national[9] components, co-produced an innovative framework and allied set of expectations for support for families across a spectrum of need 'levels' from universal (the needs of all adoptive families) through more targeted and specialist support needs.

This has been called 'The Adoption Support Framework' or 'ASF', the dual aims of which are:

- To ensure that a range of supports are available in sufficient quantities across Wales to meet need and demand in a timely and cost-effective way including a '**core offer**' of support to families in the early stages of an adoptive journey and to encourage 'easy re-entry' into services as and when they are needed.
- To promote a culture across Wales whereby adoptive parents and families (better) feel that it is '**OK to need and to ask for help**'.

A key structural change underpinning the framework has been the development in all regions of a form of '**single point of entry**' into adoption support services[10] and some

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[8] There are 5 regional arrangements currently: Mid and West Wales; North Wales; South East Wales; Vale, Valleys and Cardiff; and Western Bay

[9] Including the voluntary sector, notably St Davids, Barnardo's, AfA Cymru, and Adoption UK

[10] Although these have been developed at different speeds with later adopters going live only in late 2020 (primarily because of the Covid-19 Pandemic)

pooled budgets for services across regions (there is a degree of variability in the extent of such pooling, with local authorities in some regions retaining some of the overall budget to fund specialist supports required on a case-by-case basis).

Alongside the development of the ASF, an evidence-informed business case identified the **need for additional investment** in adoption support services to achieve its aims, in particular to stretch the impact beyond 'early help' to more targeted and specialist support for adoptive families, which were thought to be a gap. In 2019/20, almost 2 years into the journey of change, Welsh Government provided £2.3 million by way of earmarked investment in adoption support across the country. This is thought to be the major source of increased funding during the relevant period, directed largely towards the regional adoption teams, with some also directed to the voluntary sector. However, as a result of a nationally coordinated initiative, some regions have also secured funding for adoption (support) services from the Integrated Care Fund (ICF) and/or from local authority / pooled regional funding.

The **kinds of support that were originally envisioned** in the Framework as being required at each level of need are outlined in the table below:

Table 1: Types of Support envisioned by need level in the ASF

Need Level	Types of support envisioned
Universal (all adoptive families)	- Advice and information - AUK membership - Preparation and post-approval training - Peer support groups - Support with birth family contact and access to records - Health and education services being 'adoption aware' - Life journey work
Targeted	- Therapeutic support / range of therapies - More specialist post-approval training (menu of) - Additional needs / adoption-informed support in schools - Therapeutic life journey work - Active oversight of ongoing support plans - Access to a financial allowance - Access to CAMHS
Specialist	In addition to those listed above: - More specialist therapeutic supports (Specialist) CAMHS - Multi-agency supports for complex needs

Some **newer supports that have evolved since the Framework** was established, including some directly funded by the Welsh Government investment and some by the National Lottery, have been difficult to locate precisely on this spectrum of need, as they straddle more than one level of need, for example:

- The **TESSA** (Therapeutic, Education and Support Services in Adoption) Programme[11] supported by Adoption UK and funded by the National Lottery, rolled out with support from each of the regional adoption support teams. This programme designed as a preventative, early intervention for families at risk of the effects of early childhood trauma and includes a clinical psychologist-led assessment; training; coaching; school consultations; and peer support (parent partner) elements.
- **Adopting Together** led by St David's Children's Society, supported by Welsh Government and NAS. This service brings together all the Voluntary Adoption Agencies in Wales to find and proactively support families for children who might otherwise wait longer for a placement. It includes a pro-active offer of therapeutic support.
- **Clinical psychologists embedded in (regional) adoption support services and teams** to provide consultation-style advice to other professionals, schools and families in the early through later stages of adoption as well as some direct (1:1) work.

Findings from other very recent studies of post-adoption support, particularly the Adoption 'Barometer' undertaken by Adoption UK across the UK, including 226 adoptive parents from Wales, have suggested cautious optimism about families' positive experiences of developments in (some forms of) adoption support in Wales (Adoption UK, 2020). For example, Welsh adoptive parents involved in the Barometer survey in 2020 expressed greater satisfaction overall with their adoption experience compared with those participating in 2019 and compared with other parts of the UK across both years. However, parents of older children were less positive and less optimistic about their children's futures in 2020 compared with in 2019 and a proportion of parents were not confident about how underlying conditions that children may be at increased risk of, particularly Foetal Alcohol Spectrum Disorder (FASD), would be diagnosed or supported (across the UK as well as in Wales specifically).

However, the Barometer report sought to explore all aspects of adoption from the experiences of prospective adopters through to adoption support. Therefore, this evaluation has been commissioned by the National Adoption Service (funded by Welsh Government) to undertake an independent evaluation focused more specifically on the extent to which the aims of the Adoption Support Framework have been achieved for families post-placement. The following sections of this report explore:

- The methodology used to undertake the evaluation.
- The findings organised thematically with reference to the key questions for the evaluation (themselves informed by a Theory of Change co-produced with the National Reference Group for the evaluation).
- Study conclusions.

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[11] More information can be found on this website: https://www.adoptionuk.org/tessa

2   Methodology for the Evaluation

This mixed method study draws on data from a range of evaluation activities including a rapid research review, online survey of adoptive parents, online survey of professionals working with adoptive families, sector leader interviews and more, as outlined below.

It has 'heard' from over 450 individual people concerned with adoption support in Wales, including from 333 adoptive parents.

Ethics committee approval to undertake the study was granted by the Oxford Brookes University Ethics Committee in July 2020. In addition to analysing background and management information generated by the National Adoption Service in the relevant time frame, evaluators have undertaken the following evaluation activities during June to November 2020:

2.1   A rapid research review to inform the evaluation and to provide a context for the findings.

Elements of the review are incorporated into many of the report's sections to provide a context for the findings from this evaluation.

2.2   Co-production with a National Reference Group of a Theory of Change

A Theory of Change (ToC), outlining the rationale and short/longer term aims of the Adoption Support Framework for Wales, was co-produced with a national steering group of representatives from NAS (central and regional), the Children's Commissioner for Wales, the Voluntary Sector (Adoption UK Cymru), the NHS, the Welsh Local Government Association, and a leading academic in this field, Professor Katherine Shelton from Cardiff University. A copy of the Theory of Change can be found at Appendix 1.

The key questions that stem from the Theory of Change are as follows:

1. To what extent do families now think that it is OK to ask for help, know where to go, and reach out for help when they need it in practice?
2. To what extent has the ASF led to more consistent access for adopted children and families to the right help at the right time? This includes access for all adoptive families to universal level supports such as advice, signposting and training. It also includes access for families requiring support of a more targeted or specialist nature.
3. To what extent have adoptive families been accessing (more) support including during the period of the Covid-19 pandemic? How have services changed during this period?
4. To what extent are adoptive families satisfied with the support on offer and find them useful?
5. To what extent are schools and other key agencies aware of the needs of adoptive children and families?
6. To what extent has the Welsh Government's investment in adoption support services since 2018 led to any improvements in support services or for families?

7. To what extent is there a resilient market for adoption support in Wales? To what extent are families and professionals confident about the future for adoption support?

8. To what extent are services informed by the voices of adoptive families?

9. What has been the overall impact of the Adoption Support Framework including in raising awareness about the needs of adoptive families and the need for consistent access to the right help at the right time?

These questions form a structure for the findings section of the report.

2.3   A bi-lingual online survey of over 300 adoptive parents

In October 2020, information about[12] and then, after a break of over 48 hours, a link to the National Adoption Survey was distributed to approximately[13] 1,500 adoptive parents in Wales via an email from a trusted regional or voluntary sector source (Regional Adoption Agency and Voluntary Sector mailing lists).

The email series promoted the informed consent of a reasonable proportion (approximately 21%) of all those parents on these mailing lists to take part in an online survey about their recent experiences of adoption support across Wales. The survey was 'open' from 12th October 2020, the point of initial information being distributed, until 28th November 2020 when the survey was closed to responses.

A total of 312 participants responded (189 parents submitted fully completed surveys, and 123 submitted almost complete surveys which are also included in the results, as appropriate). This level of response is particularly pleasing as, during the period of the survey, Wales experienced a Covid-19-related 'lockdown' including at times with children home from school.

There were responses from all 22 local authority areas. It is not possible to provide clear proportions of responses by region because a large number (120) of respondents chose not to provide this information.

Of those parents who responded, over half (59%) said that they were parenting a single adopted child, and a third (34%) said that they were parenting two adopted children. Only a small proportion of participants (7%) said that they were parenting three or more adopted children.

Participants with more than one adopted child were asked to respond to the child-specific survey questions in the survey with reference to their eldest adopted child. The children focus of the survey in this way were of a variety of ages, but most were under 10 years, as illustrated in the table below:

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[12] In the form of a bi-lingual Information Sheet and Privacy Notice outlining information about the evaluation and survey and participant rights including in relation to confidentiality and the voluntary nature of participation, also about how their data would be handled and kept secure

[13] It is difficult to be clear about the number of people the survey may have reached because it was distributed via 'mailing lists' available to each of the regions plus those from the voluntary sector (St Davids and Adoption UK Cymru). The lists are likely to be overlapping and may include some email contacts that are no longer relevant, for example because children have left home or families have moved

Table 2: Focus child age by proportion of parent response in the ASF evaluation parent survey

Age Range	Proportion
0-4 years	31.5%
5-10 years	40.5%
11-14 years	19%
15 -18 years	6%
19 + years[14]	3%

49.4% of these focus adopted children were described (identified) as male and 49.7% identified as female.

The vast majority of focus adopted children were described as being White British (92.3%), and only one child was adopted from overseas. Other ethnicities included: Irish Traveller; White and Black Caribbean; White and Black African; White and Asian; Chinese; and White European.

Most of the adopted children (67.6%) were living with the adoptive parent(s) after the Adoption Order had been made, and a third (32.4%) were living with them before such an Order had been made. Half (50%) of the participants' children had been living with them for up to 5 years. The average (mean) period for which children had been living with their adoptive parents as 5.7 years and the mode (most common) period was 5-6 years.

2.4   A bi-lingual online survey of professionals working with adoptive families.

Professionals working with adopted children and their families in Wales were invited to participate in a survey relating to their experiences of adoption support and the Adoption Support Framework. Requests to participate[15] were distributed via key contacts within the Regional Adoption Agencies.

- 78 professionals responded to the survey.
- Most respondents were from a Regional Adoption Agency (47%) or a Local Authority Children's Services Department (21%) but there was also relatively strong representation from both the voluntary sector (18%) and the private sector involved with providing adoption support (8%) including organisations and sole traders.

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[14] In almost all of these cases, there were also younger adopted children of the family in relation to whom parents were able to apply broader questions about adoption support
[15] Incorporating bi-lingual information about the evaluation, the survey and participant rights including with reference to confidentiality and the voluntary nature of participation

Table 3: Respondents to the adoption professionals' survey by agency type (number and % of the whole)

Agency Type	Number Respondents	% Respondents
Regional Adoption Agency	37	47%
Local Authority Children's Services	16	20%
Voluntary Adoption Agency (VAA)	7	9%
Voluntary Sector Provider of Adoption Support	7	9%
Private Sector Provider of Support (including sole traders)	6	8%
National Organisation concerned with adoption	2	3%
Other (including health and education providers)	3	4%
Total	**78**	**100%**

Professionals' roles included mostly adoption support social worker or team manager but also some adoption panel members; therapists; psychologists or other support roles.

These professionals worked mostly within a region, but sometimes across more than one region or even nationally. There was representation from all regions across Wales.

2.5   One-to-one interviews with adoptive parents and young people

A total of 20 adoptive parents and 1 young person who had been adopted were recruited to participate in a one-to-one interview for this study.

At the end of the online survey, parents were asked whether they and/or their adopted child(ren) were interested in participating in a more in-depth interview. All those who expressed an interest were sent further information about what was involved and how their data would be used and kept safely (an information sheet and privacy notice, both in English and Welsh). Of those expressing initial interest, 19 parents agreed to participate and, in one case, their adult child also agreed to participate. A further parent was recruited to participate in a one-to-one interview after declining participation in the survey. All interviewees were offered the opportunity to be interviewed in Welsh or in English.

The interviews were conducted mostly via an online platform, 'Zoom', but also in some instances by telephone. They were mostly recorded using the Zoom recording function, with the audio recording safely uploaded and partially transcribed using 'Panopto' technology. The recordings were further listened to and transcriptions adjusted as a result.

Together, these interviews represent adoptive family views from across all regions and almost all local authorities in Wales. Some of the parent participants were single parents

whilst others had a partner or spouse. Some were parenting a single adopted children and others more than one. Several parents had adopted a child after having fostered them initially. The children, both boys and girls, were aged between 2 and 18 years and had lived with the parent(s) for between 1 and 15 years.

2.6 One-to-one interviews with sector leaders

After receiving information about what participation involved, a total of 21 sector leaders gave their informed consent to participate in a one-to-one interview about their experience of adoption support and the Adoption Support Framework, in Welsh or in English. The participants included:

- 6 from the Third Sector.
- 6 with a national leadership role.
- 5 with a regional leadership role.
- 4 with a local (local authority) leadership role.

In addition to undertaking these interviews, researchers at IPC also attended 'The Big Conversation' held in November 2020 (an event organised by NAS and AUK Cymru to discuss the findings from the Barometer survey of adoptive families) to hear what leaders, professionals and adoptive parents had to say in mixed thematic groups in response to the Barometer survey.

2.7 Study limitations

The study was able to achieve or exceed all the participation targets set for it and it is particularly pleasing that relatively large numbers of parents participated in the online survey. However, it is not possible to state that findings from the key quantitative element of it (the online parent survey) are representative of all adoptive parents in Wales. This is mainly because:

- Not all parents completed all aspects of the survey, particularly the elements that didn't 'require' a response to continue with it. This means that not all parents gave information that would enable the evaluation team to make a judgement about the match between sample characteristics and the characteristics of all adopted children in Wales.
- It is not known with any degree of accuracy what are the numbers of adopted children / families in Wales or their characteristics (for example child age, whether any adopted sibling, ethnicity). This is because not all adoptive families wish to remain in contact with the statutory agencies who might collect this sort of data and/or sometimes re-locate to other parts of Wales, the UK or beyond[16].

Another limitation is that, as a 'snapshot' study, it has not been possible to evaluate the impact of support services over time.

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[16] Numbers are thought to be in the region of 3,000 children across Wales

3   Evaluation Findings

The combined findings from all the evaluation activities are organised thematically with reference to the key evaluation questions outlined in the methodology section.

At the start of each section, as appropriate, there is also reference to what is already known from the existing UK evidence base or Wales context. The findings sections are as follows:

Section No.	Section Title
3.1.	What does this study tell us about the needs of adoptive children and families?
3.2.	To what extent do adoptive families feel that is OK to ask for help?
3.3.	To what extent do adoptive families know where to go for help?
3.4.	To what extent have adoptive families been satisfied with the supports on offer and to what extent do they find them helpful?
3.5.	To what extent are adoption support services well-coordinated?
3.6.	To what extent are schools and colleges aware of the specific needs of adopted children?
3.7.	To what extent are adoption support services thought to be sufficient across Wales?
3.8.	To what extent are the governance arrangements for adoption support fit for purpose?
3.9.	To what extent are parents and broader stakeholders confident about the future of adoption support in Wales?

3.1   What does this study tell us about the needs of adopted children and families?

The existing evidence base suggests that a range of additional needs should be anticipated for adopted children and their families, particularly, but not only, as the adoption journey continues beyond an initial 'honeymoon period' of early placement. Key findings from the evidence base include that:

- The majority of adoptions are for previously looked after children (StatsWales), mostly but not always those aged 0-4 years (Welsh Government, 2019).

- Looked after children are significantly more likely to have experienced maltreatment within their birth family compared with other children in the general population (Meakings et al., 2018; NSPCC 2019) and almost one half of recently adopted children in Wales are estimated to have experienced 4 or more adverse childhood experiences (ACEs) before being placed for adoption (Anthony et al, 2019). This places them in the highest risk group for later life difficulties.

- The Wales adoption cohort study tracking these recently adopted children has found that the combined ACEs increased the likelihood of both 'internalising'

(emotional) and 'externalising' (behavioural) difficulties for children 3 years into their adoptive placement, although these difficulties were moderated to some extent by parental warmth (Anthony et al, 2019).

Selwyn (2017) has helpfully categorised the potential adverse impacts of ACEs on adopted children's development into four main areas:

- *Intrapersonal competencies* which include the child's sense of self and self-development.
- *Interpersonal competencies* including the child's capacity to form and engage in healthy relationships.
- *Regulatory competencies* including the child's capacity to regulate and moderate emotional and physiological experiences.
- *Neuro-cognitive competencies* which includes the child's abilities to control and focus attention, being able to inhibit impulsive behaviours and act with intention.

Other factors likely to affect a proportion of adopted children include disrupted attachments to primary carers including birth as well as foster parents in early life (Bowlby, 1982; Selwyn et al., 2006; Ward et al., 2012), maternal misuse of drugs or alcohol during pregnancy[17], and genetic disorders such as Autistic Spectrum Disorder[18] (Selwyn et al., 2015; Selwyn 2017; Green, 2016).

There is also significant evidence (for example from Cairns, 2008) that caring for children who have been traumatised (through experiencing abuse, neglect or other ACEs) can have a 'knock on' traumatising effect on adoptive parents, potentially affecting both the process of bonding and their own mental health (Wilburg, 2014).

3.1.1   The strengths and difficulties of adopted children in this study compared with whole populations of children

Whilst there have been numerous studies examining the (increased) prevalence of mental health difficulties amongst looked after children (for example: Ford et al., 2007; Pecora et al., 2009; Tarren-Sweeney, 2008; Bazalgette et al., 2015), there are few upon which to draw in relation to adopted children. However, Paine et al. (2000) and others have noted 'elevated levels' of emotional and behavioural difficulties and greater levels of elevation associated with later age(s) of adoption in populations of recently adopted children in Wales)[19].

The parent survey for this study included reports of their child's (or if they had more than one child, their eldest child's) strengths and difficulties with reference to a commonly applied standardised measure 'The Strengths and Difficulties Questionnaire' (SDQ) (Goodman, 2001). There are different versions of the SDQ with reference to the child age (aged 2-4 years and 4-17 years). It is useful to compare the scores for this

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[17] Thought by these researchers to affect as many as 60-70% of adopted children
[18] Thought by these researchers to affect as many as 10% of adopted children
[19] We anticipate the publication of a study of adoptive children and children with a special guardianship order about to access specialist therapeutic supports in England (Burch et al, 2021). However, this represents a particular cohort of children with relatively targeted or specialist needs.

evaluation's ASF sample with British norms (for all children of the same age) currently available in relation to:

- Children aged 2-4 years (Sim et al, 2013). This comparator sample comprises data relating to approximately 10,000 Scottish children aged approximately 30 months.
- Children aged 5-15 years (Melzer et al, 2000). This representative British sample comprises data relating to over 10,000 children aged 5-15 years.

> The first part of the standardised measure consists of 25 items, which are divided into 5 sub-scales each containing 5 items. The subscales assess: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and pro-social behaviours. Items are rated on a scale from 0 to 2, so that sum-scores per sub-scale range from 0 to 10. A total difficulties score is calculated based on 4 sub-scales excluding the pro-social sub-scale. The total score ranges between 0 and 40, where higher scores indicate greater difficulties for the child. In addition, the SDQ impact supplement was used for this study. This comprises 5 questions about the impact of the child's difficulties on different domains of their life, chronicity of difficulties, distress, and the overall burden that these difficulties place on others.

Scores for children in this evaluation's ASF sample aged 2-4 years suggest that they have considerably more difficulties compared with British norms as measured by the SDQ. The mean (average) individual and total difficulty scores were significantly higher than those of British children in the normative sample apart from the 'pro-social' average score which was lower (indicating lower levels of strengths in this area). The difference was highly statistically significant. Effect sizes were small(er) for Emotional Problems, Peer Problems and 'Pro-Social'. They were medium sized for Hyperactivity and large in relation to Conduct Problems and Total Difficulties, also Impact.

The table below summarises the average (mean) scores and their spread (standard deviation) for the SDQ scales of the ASF survey cohort of 2-4 year olds compared with British norms.

Table 4: Strengths and Difficulties Questionnaire scores for children aged 2-4 years and standard deviations by scale type for survey children compared with British norms

SDQ 2-4 scale	Wales Adoption Survey means and standard deviations for 2-4 year olds (n=74)	British normative sample means and standard deviations scores (SD) for 2-4 year olds (Sim et al, 2013)
	Mean scores (SD)	**Mean scores (SD)**
Emotional Problems (5 items)	1.6 (2.0)***	1.1 (1.3)
Conduct Problems (5 items)	4.8 (1.3)***	2.0 (1.8)

SDQ 2-4 scale	Wales Adoption Survey means and standard deviations for 2-4 year olds (n=74)	British normative sample means and standard deviations scores (SD) for 2-4 year olds (Sim et al, 2013)
	Mean scores (SD)	**Mean scores (SD)**
Hyperactivity (5 items)	4.5 (2.6)***	2.9 (2.3)
Peer Problems (5 items)	1.8 (1.8)**	1.3 (1.4)
Prosocial (5 items)	7.3 (1.9)***	8.1 (1.8)
Total Difficulties (5 items)[1]	**12.7 (5.3)*** **	**7.3 (5.0)**
Impact score[2,3,]	1.2 (1.6)***	0.3 (1.2)[4]

[1]This is generated by summing scores from all the scales except the prosocial scale. The resultant score ranges from 0 to 40, and is counted as missing if one of the 4 component scores is missing
[2]The items on overall distress and impairment can be summed to generate an Impact score that ranges from 0 to 10 for parent report. Responses to the questions on chronicity and burden to others are not included in the impact score
[3] NAS Wales survey Impact scores n=27
[4] Comparative norms based on Glasgow sample (2.1.2 above)
** p< .01
*** p< .001

Scores for children in this evaluation's ASF sample aged 5-15 years also suggest a population of adopted children with considerably greater difficulties compared with British norms for 'all children and young people' of the same age. There were a highly statistically significant differences in relation to all SDQ scale mean scores between those provided by this survey and the British normative survey including significantly higher total difficulties and impact scores. The effect sizes for these SDQ scales were all large (greater than one standard deviation from the mean of the British normative sample). The effect size for 'impact' was extremely large (three standard deviations from the British normative sample mean).

These scores are explored in more detail in the table below:

Table 5: Strengths and Difficulties Questionnaire scores for children aged 5-15 years and standard deviations by scale type for survey children compared with British norms

SDQ 4-17 scale	Wales Adoption Survey for 5-15 year olds (n=134)	British mean scores (SD) for 5-15 year olds (Meltzer, 2000) (n=10,298)
	Mean (SD)	Mean (SD)
Emotional Problems (5 items)	4.2 (2.9)***	1.9 (2.0)
Conduct Problems (5 items)	4.3 (2.5)***	1.6 (1.7)
Hyperactivity (5 items)	6.8 (2.7)**	3.5 (2.6)
Peer Problems (5 items)	3.5 (2.7)***	1.5 (1.7)
Prosocial (5 items)	6.8 (2.3)***	8.6 (1.6)
Total Difficulties (5 items)[1]	**18.6 (8.6)***	**8.4 (5.8)**
Impact score[2]	3.7 (3.2)***	0.4 (1.1)

[1]This is generated by summing scores from all the scales except the prosocial scale. The resultant score ranges from 0 to 40, and is counted as missing if one of the 4 component scores is missing
[2]The items on overall distress and impairment can be summed to generate an Impact score that ranges from 0 to 10 for parent report. Responses to the questions on chronicity and burden to others are not included in the impact score
** $p < .01$
*** $p < .001$

Furthermore, the mean score for children aged 5-15 years are higher than those of a recent sample of looked after children (in England: n. 41,140 of which the mean score was 14.2) (DfE, 2019). Of course, not all adopted children have significant difficulties. Amongst those families participating in an in-depth interview for this evaluation (n=21), there were some children described as having no or few additional needs. These were always younger aged, mostly pre-school aged children. Other parent or child interviewees described how additional needs often emerged at key transitions, for example into school or into adolescence. These additional needs presented in different ways from difficulties settling into school, sleeping or with anxiety, through to difficulties with sensory processing and/or in managing more extreme emotions or responses to things happening in school, sometimes at home.

> *"It was in about year nine when I was about 14 that was when my behaviour went. I got significantly worse at 16.. struggling with self-harm, depression, anger and I was lashing out at friends.. my behaviour at home, how I treated my parents, how I was in education. I was like a completely different person"* (Adopted Child)

> *"He managed really well in the primary PRU which had excellents across the board in their last Estyn inspection and was achieving academically, as well as*

socially and emotionally. However, since starting in his new placement in Year 7, he has had numerous exclusions and hardly appears to be competing much work despite being very academically able" (Adoptive Parent)

These parent interviewees were well-informed and could describe how their child's additional needs were probably caused either by early childhood experiences, particularly exposure to trauma or problem attachment(s), or by more organic factors such as Autistic Spectrum Disorder, or by both / multiple factors. Some reflected on how difficult it had been (and often was still) to disentangle what were the key causes of their child's strengths or difficulties.

"And our children are really complicated. And yes, they might be autistic or they might have ADHD but actually there's probably all sorts of other things that you've got to unpack.. with multiple layers" (Adoptive Parent)

3.1.2   Child diagnoses and conditions

Adopted children from the care system are likely to carry risks to normal development stemming not only from adverse early life experiences but also from pre-birth experiences and genetic vulnerabilities (Selwyn, 2017). Earlier studies have suggested elevated rates of 'diagnosable conditions' within populations of adopted children (Selwyn et al, 2015; Selwyn, 2017; Green, 2016; Burch et al, 2021 forthcoming), particularly:

- Autistic Spectrum Disorder (ASD);
- Attention Deficit and Hyperactivity Disorder (ADHD); and
- Foetal Alcohol Spectrum Disorder (FASD).

Earlier studies additionally suggest that adoptive parents often feel Foetal Alcohol Disorder (FASD) is overlooked and/or misdiagnosed (Adoption UK 2018; BMA 2017; Brown et al., 2018; King et al., 2017). In Wales, there has been renewed interest in identifying solutions to this issue including during 2020-21 in exploring improved pathways to neuro-developmental assessment / diagnosis and support service provision. However, at the point of writing, these endeavours are not yet known to have come to fruition.

The online survey asked parents to state whether their child had a confirmed diagnosis for specific conditions. Only a relatively small proportion of all parents considered that their only or eldest child had such a diagnosis.

However, a greater proportion of parents with a child aged 11 years or more thought that their child had a diagnosis for Attention Deficit and Hyperactivity Disorder (ADHD) or Autistic Spectrum Disorder (ASD).

This was not the case for Foetal Alcohol Spectrum Disorder (FASD) in relation to which the proportions are much lower for both the whole sample and the sample with children aged 11 plus. The proportions of survey respondents reporting different diagnoses for their children are explored in the table below:

Table 6: Parent survey reported diagnoses for (eldest or only) children of all ages and children aged 11 plus

Condition	% of all children with a diagnosis	% of children aged 11+ with a diagnosis
Attention Deficit and Hyperactivity Disorder (ADHD)	5.8%	14.8%
Autistic Spectrum Disorder (ASD)	6.1%	11.4%
Foetal Alcohol Spectrum Disorder (FASD)	1.3%	1.1%

Note: 312 parents responded either yes or no to a question about these diagnoses

These rates are higher than in the overall child population for ASD and ADHD. For example, current NICE Guidelines suggest that prevalence rates of ADHD are 1-2% and Autistic Spectrum Disorder 'at least 1%' within childhood populations (NICE Guidelines, 2018 updated 2019 and NICE Guidelines, 2011 updated 2017). NICE Quality Standard on FASD are not yet published. However, a recent large-scale UK study of children (McQuire et al, 2018) found that at least 6% screened positive for FAS(D)[20] suggesting that the rate for adopted children in this study is low.

In this study, an additional one in eight parents (13.1%) were unsure whether their child had one of these conditions and/or were actively exploring a diagnosis.

Many parents participating in the survey also chose to say more about other diagnoses for their child and/or diagnoses that were not formally in place currently but that they suspected or were actively exploring. The 'other' formal diagnoses most commonly mentioned by parents were attachment disorders or sensory / auditory processing disorders. Some also mentioned oppositional defiant disorder, global developmental delay, other neuro-developmental disorders or learning disabilities, dyslexia, or physical health conditions.

Some parents who suspected or were actively seeking a diagnosis had a firmer view about what that might be, mostly those exploring a FASD diagnosis. A number of these parents thought that their child had been referred for a diagnosis but were waiting to hear about it. Others were further along a diagnosis pathway, some mentioning being in a 'genetic testing' phase. One parent described how their child had refused such testing and therefore the diagnosis could not be pursued. Other parents thought that referrals for possible ADHD, ASD or FASD had been stalled during the period of the Covid-19 pandemic.

Many others who thought they were on a referral pathway (for example from CAMHS to a neuro-developmental team) expressed having an open mind about the causes of their child's behaviours and needs which might include a range of factors:

> *"Being assessed. Possibly FASD, ASD, PDA, SPD."* (Adoptive Parent)

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[20] Although the researchers in this study emphasised that screening for prevalence is not equivalent to a formal diagnosis.

Some parents were either pushing for such a referral or felt that such referral pathways had been closed to them:

> *"Been pushing for 3 plus years for one"* (Adoptive Parent)

> *"All assessments are rejected as professionals state he had attachment disorder therefore will not assess him. He needs an assessment"* (Adoptive Parent)

> *"Displays all the traits of attachment disorder and developmental delay but no formal diagnosis which is problematic to get the right support"* (Adoptive Parent)

> *"As for FAS, good luck to get that diagnosed"* (Adoptive Parent)

Other parents described how their child had significant mental health and/or emotional regulation issues, sometimes linked to pre-adoption trauma and adverse childhood experiences. These tended to be parents of older children and young people.

> *"High anxiety, depression (on medication), self-harmed in the past"* (Adoptive Parent)

> *"Hallucinates regularly, visited by people telling her to self-harm, commit suicide and attack family. Not diagnosed as CAMHS think it's too early yet."* (Adoptive Parent)

> *"Anxiety and hyper vigilance due to trauma"* (Adoptive Parent)

> *"Some emotional issues. Seeking help via school education psychologist. Gets angry very quickly"* (Adoptive Parent)

Linked with the section on 'strengths and difficulties' (above) some parents stressed how hard it was in practice for adopted children as well as other care experienced children to obtain the 'right' diagnosis or identification of factors causing their difficulties, because of the complex nature of their experiences as well as biological factors:

> *"Adoptive children don't have nice, neat, easily identified disorders.. it's impossible to get any real support. Everyone who works with them sees the issues but no-one can tick the right boxes, so they get left behind"* (Adoptive Parent)

3.1.3   Children's additional learning needs (ALN)

Existing research suggests that adopted children are at elevated risk (primarily as formerly looked after children) of having a learning disability or difficulty as well as having emotional or behavioural needs that affect their schooling. For example, early life trauma experiences may make fitting in with a formalised learning environment very difficult and stressful, provoking a 'characteristic fight or flight' response in school. Adoptive parents and children often describe how experiences in school are their '*single biggest concern*'

(Adoption UK; no published date[21]; Welsh Government 2016; Burch et al (2021 - forthcoming).

Almost one third (29%) of parents participating in the survey stated that their child had been identified by school as having additional or special educational needs. A further 5% parents were unsure about this. Of the children with identified additional needs, the majority (74%) were described as having a plan in place but one in five (19%) did not yet have such a plan[22]. Most of those with a plan were described as having an Individual Development Plan (IDP) or Statement of Special Educational Needs (69%) and the remainder (31%) thought that this was another type of school plan.

Parents were also invited to say more about their child's educational needs. Many who chose to do so described a range of mainly social or emotional as opposed to purely learning needs and / or requirements, from 'ELSA' or 'nurture and thrive groups' through to more specialist behaviour management and support.

> *"Bright child but struggles to focus. Needs 1:1 support with friendships"* (Adoptive Parent)

> *"Struggles to self-regulate and needs help to do this"* (Adoptive Parent)

> *"..is an intelligent child but struggles to focus…and her dislike of failure means she would rather not try most of the time than to try and fail. It is always a struggle to encourage her to do her homework and her focus is very short. Yet everyone who meets her comments on how quick witted and sharp she is, so there is a big disjoint between her apparent intelligence and her academic success"* (Adoptive Parent)

Some described in more detail how their child was receiving one to one support in school (from a teaching assistant) or was attending a specialist centre or school to support their emotional or behavioural needs, for example a Pupil Referral Unit or a Special School.

> *"Needs full time 1 to 1 support both in education and care. Main disabilities around social and emotional behaviours and the very complex needs related to FASD"* (Adoptive Parent)

Others described anticipating such planned support.

> *"Academically and behaviourally, he's just about okay at school, so no formal plan yet, though lots of professional recommendations for one"* (Adoptive Parent)

However, many other parents described feeling that their child was not receiving or had not received the support that they needed in school. In some cases, parents described feeling like they needed to 'battle' for such support, in particular but not only in the context of (the transition to) secondary education:

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[21] Ibid
[22] Others weren't sure or thought that a plan was forthcoming

> *"..had an IEP in place in primary school but started secondary school in September & there has been no plan in place yet that I am aware of….The school indicated that a number of things would be put in place .. but nothing has yet been started"* (Adoptive Parent)

> *"The school are aware of her condition but feel no additional support is required. I have enquired about this as I have concerns regarding her transition to Comprehensive School in Sept 2021 but have yet to have a discussion"* (Adoptive Parent)

> *"We have major problems getting ed psych involvement due to lack of services and the fact that she is not 'a problem' in school being generally quiet and withdrawn"* (Adoptive Parent)

> *"It is quite daunting to be faced with educational experts who know nothing about adoption who think that all children need to start 'with a clean slate' and be treated the same"* (Adoptive Parent)

> *"He was doing really well in school until the end of year 2. Usual story, he went into year three. And the wheels completely came off. He was the best he had ever been with us at home and was actually doing really well in school and was very nurtured (there). He was really achieving and then he went into year three and really where there's no LSA, there's one teacher, the teacher had no idea about (adoption). It took months for us to really realise what was going on in the class. He ended up being excluded."* (Adoptive Parent)

> *"He is in year 2 and struggling. He's at least 12 months behind in his learning. I have been trying, in vain, to get him help for the last 2 years but not been very successful so far"* (Adoptive Parent)

In other instances, parents described having made a decision or decisions to source additional support or what they considered to be a better environment for their child in other ways, including by changing schools, home educating, paying for an independent school, or paying for additional support themselves.

> *"Previous IDP but now in an independent school so has support but not as IDP"* (Adoptive Parent)

> *"Has IDP and I pay for wellbeing/Elsa tutoring"* (Adoptive Parent)

> *"My son hasn't been in school for the last 2 years due to extreme social anxiety. He receives some limited tuition from the home tuition service and we do what we can to teach him at home"* (Adoptive Parent)

> *"We had to change schools and the new school is nurture based, I've spoken about the issues my daughter has and they are providing additional sessions to help her cope with emotions and anxiety issues"* (Adoptive Parent)

'Free text' comments from the parents of older children and young people suggest that, often despite challenges and difficulties, parents remained supportive and aspirational, including for their children to attend college and university.

"..now at university. Has a learning and skills plan in place with additional support offered.. weekly mentoring" (Adoptive Parent)

3.1.4   Extent to which children are thriving (in school, at home)

A high proportion (85%) parents completing the online survey considered that their child was thriving quite to very well at home This compares with a much lower (69%) proportion of parents who considered that their child was thriving quite to very well in school. 12% parents considered that their child was 'not at all' thriving in school.

Factors that were considered by parents completing the online survey to be important in helping their child to thrive at home included:

- Having good communications between all members of the family (including between parents), listening to the child.
- Spending time together as a family, having fun and sometimes 1:1 attention for (each) child.
- Consistent routines.
- Use of 'PACE' and other parenting strategies.
- Access to training materials about adoption and having a good understanding of the child's (likely) needs.
- Being there, consistency and stability for the child, helping them to feel safe.
- Child feeling loved and accepted.
- Use of self-regulation techniques (for child and adult!).
- Perseverance by parents (even in the face of child hostility or ambivalence).
- Family members having external support networks.
- Tailored support from organisations and individuals.

Factors that were considered by parents to be important in helping their child to thrive at school included:

- Availability of good pastoral / wellbeing support.
- Child able to play and interact with peers.
- Supportive head teacher and staff including a strong awareness of potential child 'triggers' and the development of a nurturing environment.
- One to one support where required.
- Having an education plan.
- Supportive parents and good home/school communications.
- Smaller classes, better staff to child ratio.
- (For some) being in a specialist school / environment.

3.1.5   Adoptive parent wellbeing and (parenting) self-efficacy

Existing research suggests that adoptive parents may struggle in taking on their new roles (McKay et al. 2010). This may be compounded by dealing with possible longstanding infertility, death of a birth child, and parenting a child with emotional

and/or behavioural difficulties (Selwyn, 2017). For some adoptive parents, this can result in post-adoption depression which can occur in the early placement period or at later significant times after adoption (Adoption UK, 2013).

Parent emotional health and wellbeing was measured in the survey using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (Collins et al, 2012).

SWEMWBS consists of 7 items each to be rated on a 5- point Likert-scale. Scoring involves summing up the scores of each item to a sum score ranging from 7 to 35, and then transforming the raw score to a metric score. Only for cases with no missing values are sum scores computed. In general, lower scores represent lower levels of mental well-being. In contrast to the full WEMWBS, the shorter scale relates more to functioning rather than feeling.

The scores from this evaluation's ASF sample of 278 adoptive parents who completed this element of the survey have been compared with existing British norms reported in an English (2011) study of a representative sample of over 7,000 adults (SWEMWBS, 2011).

The mean (average) SWEMWBS total score for parents and carers participating in this baseline survey was 22.80 (with a standard deviation (SD) of 3.99). This is significantly lower than the existing British norms, suggesting relatively low levels of emotional health and wellbeing in comparison.

Table 7: SWEMWBS parent/carer scores by current baseline survey compared with ASF baseline survey and population norms for England

Comparison Group	Number in the sample	Mean (average)	Standard Deviation (SD)
SWEMWBS Population Norms in Health Survey for England data 2011	7196	**23.61**	3.90
Wales Adoption Survey	278	**22.80**	3.99

Note: A total of 278 parents responded to these SWEMWBS questions. Where they did respond, the SWEMWBS questionnaire was completed in full.

Parental self-efficacy was measured in this survey with reference to a parent-report scale called 'The Brief Parental Self Efficacy Scale' (BPSES). The BPSES is a five-item scale measure of the confidence that parents hold in their ability to parent their child (Woolgar et al, 2013). The minimum score is 5 and the maximum is 25. Of the 288 adoptive parents completing this scale:

- 93% agreed or strongly agreed that they can make an important difference to their child.
- 87% agreed or strongly agreed that they know what to do with their child.
- 85% agreed or strongly agreed that the things they do make a difference to their child's behaviour.
- 76% agreed or strongly agreed that they know what to do to ensure their child behaves.

- 65% agreed or strongly agreed that they are able to improve their child's behaviour.

The median BPES total difficulties score was 21.00 (SIQR=1.5) and suggests that the parents, on average, had a relatively high degree of confidence in their ability to parent their child (where the minimum total score is 5 and the maximum is 25). No UK or British norms are yet available by way of comparison.

3.1.6   Parental views about the adoption overall – how are they faring?

Most respondents considered that they were managing relatively well as a family, with over three quarters giving a rating of at least 7 out of 10 (78%). However, 10% described feeling that they were faring relatively poorly as a family, giving a rating of 0-4 out of 10.

This varied considerably with the age of the child in question, with families of older adopted children seeming to be faring worse on average than those of younger children. For example, only 67% of parents with a child aged 11+ gave a score of 7 or more out of 10 compared with 82% of those with a younger aged child.

Similarly, there were more than three times as many respondents with an older child saying they were faring relatively poorly as a family (20% rating 0-4 out of 10) compared to those with a younger child (6% rating 0-4 out of 10).

Many parents completing a survey chose to say more about how they were faring (as individual parent, as a couple, or as a family). The key themes from an analysis of their 'free text' responses are as follows:

- **Parents of younger aged or more recently adopted children were more likely to describe how 'it's going well'** or feeling optimistic about things compared with (some) parents of older aged children and young people. Equally, many adoptive parents who adopted from fostering describing a relatively good family situation.

  "To date we haven't encountered any issue other than her being a toddler with toddler behaviours. Time will only tell" (Adoptive Parent)

  "I love my little boy very much. And I think he feels safe and happy with me. He is developing beautifully. A lot of his short attention for tasks and difficulties sharing seems related to his toddler age. We have had some challenges with sleep. But it is now manageable" (Adoptive Parent)

  "Attachment has developed lovely. We have managed to keep her routine from her foster carer. Our daughter is happy and each week develops more of an attachment towards us" (Adoptive Parent)

- **Parents having to or wanting to make changes or adaptations** to adult or family life to 'make it work' for example giving up work or reducing contact with extended family members or friendship circles in the early stages of an adoption.

  "We have made significant changes to our family life to make it manageable. Like home schooling and almost never going out for family activities together. This has

made us a much happier family in many ways but it wasn't an easy transition"
(Adoptive Parent)

"Day to day life is extremely difficult. I have had to quit my job to be home so I can get him to school and go get him when he's struggling. He had been in reduced timetable for 3 years. I have a lot of meetings" (Adoptive Parent)

"We made lifestyle choices based on the potential need of a child before we were matched, such as cutting back living costs so one of us could give up their job and be a full-time at home parent" (Adoptive Parent)

- **Parents recognising patterns of behaviour or difficulties for their children** including at transition points or where there are disruptions to routines or uncertainties / where they are feeling unsafe.

  "We have bumpy rides with her anger, life happens and events like Covid, operations happen and they make her scared, so her behaviour changes. Then we have half term together and she feels secure again, so anger drops ... it's a pattern" (Adoptive Parent)

- **Parents describing how patterns in their child's emotions and behaviours are closely linked with how things are going in school**.

  "When he is doing well at school, we can manage him really well at home and all the positives from school spill over into home and make it much easier for us to do our bit well. Then we see a different child who is calm, relaxed, caring, helpful, funny and enjoying life. When school is not going well, the negatives from that spill over into home and it becomes harder for us to do our job as he becomes more challenging, more contrary, more controlling, less calm and relaxed, more unpredictable" (Adoptive Parent)

- **Unequal strains on different parents at different times**.

  "My partner is struggling to cope with the behavior, and this puts as much strain on the relationship and the family as the behavior itself" (Adoptive Parent)

  "I feel manipulated and am blamed by my daughter for her bad behaviour. She responds better to my wife but can still be abusive" (Adoptive Parent)

- **Anxiety or apprehension about the future, even if things are OK now.**

  "We are doing ok, but are anxious about what the future holds" (Adoptive Parent)

  "Her transition into adulthood.. This is what is now concerning me because now she's at the point where she needs either to get into some sort of apprenticeship or…she needs to start to get some life skills" (Adoptive Parent)

- **Some parents describing more about what it is like to cope very extreme behaviours or struggles, not all of which are child-related, in the context both of support or no support.**

"We are emotionally exhausted and drained due to his recent spiralling mental health, he chooses not to listen to what will support him and has become stubborn and very aggressive and violent. We are seeking help" (Adoptive Parent)

"We feel we are walking on eggshells and never know what will trigger our son's anger. He often bullies us and it's heart breaking but we love him very much and are trying everything we can to give him the best start in life. i.e. NVR courses, seeking support ensuring he keeps his sports up which he loves but Covid has made this very hard" (Adoptive Parent)

"Our eldest child is verbally and physically abusive to all three of us in the same house. He is destructive to the property and all things in it. We have trained in NVR, pace and attend psychology meetings but life is just very challenging for him. I have given up work due to stress and anxiety and we fear for our mental wellbeing and the mental and physical wellbeing of our younger child" (Adoptive Parent)

3.1.7   The impact of the Covid-19 Pandemic on child and family needs

Parents completing the online survey as well as those participating in a more in-depth interview were asked specifically about the impact of the Covid-19 period on their child and family needs.

Nearly half (47%) of parents completing the survey reported that the needs of their family or child had increased during the COVID period and only 1 in 7 (16%) considered that their needs had decreased during this time. Slightly more parents of children aged over 11 years (52%) thought that their needs had increased during this period, as illustrated in the table below:

Table 8: Proportion of parent survey respondents by the extent to which their child or family needs had increased or decreased during the period of the Covid-19 Pandemic

Response	% of all respondents	% respondents with children 11+
Increased significantly	18%	25%
Increased slightly	29%	27%
Neither increased nor decreased	34%	37%
Decreased slightly	10%	7%
Decreased significantly	6%	0%
Increased then decreased	2%	0%
Decreased then increased	2%	3%

Note: A total of 272 parents responded to this question

Adoption professionals completing a survey noticed greater demand for support at the targeted level of need compared with universal or specialist levels during the period of the pandemic. Most of these professionals had noticed a dichotomy of family

experiences during this period, including some for whom it had offered a 'release' or particular set of opportunities, and some for whom it had either heightened existing challenges or difficulties, or generated new ones:

> *"For some families Covid has provided the opportunity to create stronger relationships with their child without the pressure of school and other networks outside the family. For other families particularly single adopters or key workers this has been a difficult and stressful time"* (Adoption Professional)

> *"Some children who experience difficulties in school actually faired better at home during lockdown"* (Adoption Professional)

> *"COVID has meant that existing pressures for families have been amplified due to their isolation and lack of routine"* (Adoption Professional)

Parents responding to the survey and participating in an interview for the evaluation were also divided in their descriptions of this period. Some described a relatively positive experience, particularly during the early period of the pandemic. Those with primary school-aged children commented positively in particular, often describing this more positive experience as being linked either to the removal of school pressures or to support better 'bonding' as a family.

> *"As a family we had to navigate being together 24/7 without the distraction of other factors such as school, other commitments, family and friends. This took the pressure off us as a family in many ways"* (Adoptive Parent)

> *"I think my daughter got a lot of security knowing that we were all together and we weren't going anywhere. In many ways, her anxiety has lessened and she coped with everything a lot better"* (Adoptive Parent)

> *"A lot of my daughter's issues came from school so during lockdown she was actually more relaxed and less stressed because there was no school to go to"* (Adoptive Parent)

> *"COVID was good for our child, it gave her the opportunity to grow and mature. She finds being with a lot of people, particularly those her own age, overwhelming so lockdown didn't affect her badly"* (Adoptive Parent)

> *"We have really benefited being able to spend more time together as a family unit especially the bond with my husband and child has improved due to less time commitments"* (Adoptive Parent)

By contrast, other parents described how things had felt harder for them during the period of the pandemic, particularly:

- Parents of pre-school aged children needing to juggle home working and full-time parenting (without nursery)

> *"Childcare was a major issue as I had to work from home.. so trying to work with an active 3 year old at home was very stressful"* (Adoptive Parent)

"Isolation that you experience as a new parent has been, you know, amplified. I think it has extra strain" (Adoptive Parent)

- Parents with younger teenagers, particularly those with pre-existing behaviour or mental health issues.

"Our Son's anxiety went toxic during the first lockdown and we required support out of hours one evening" (Adoptive Parent)

"I'm pulling my hair out. She wasn't going to sleep 'til 2, 3 O'Clock at night. From March until September, she just had nothing. Nothing to get up for, couldn't go out with friends, had no school, no social interaction (Adoptive Parent)
Episodes of violence, prolonged screaming increased. Alongside extreme clinginess, poor sleeping etc." (Adoptive Parent)

"Adopted child traced and contacted birth parents online. Inability to follow lockdown rules. Not engaging with school work" (Adoptive Parent)

"Being restricted from seeing friends and other family has caused get stress for him, many arguments and his mental health is in a very poor state" (Adoptive Parent)

"With home working and the kids being home more and reduced activities available we are all on top of each other ..are having to deal with increasingly more challenging behaviour from our son as school goes wrong" (Adoptive Parent)

"Both children have been getting very angry, frustrated and destructive from May - September. My eldest child has not recovered mentally since" (Adoptive Parent)

Some professionals completing the survey had also noticed an increase in demand for particular forms of targeted or specialist support linked with an increased concern about child to parent violence or the management of older children with the lockdown rules.

"I have seen a significant increase in the need for online training of all sorts but particularly "Challenging Behaviour" and "Non Violent Resistance" (Adoption Professional)

Other parents said more about a **mixed or evolving experience through the period of the pandemic:**

"Being at home had given our son a more embedded sense of security. However, he really has missed the interaction with other children" (Adoptive Parent)

"My daughter was less stressed because there was no school but I became more stressed in lockdown due to the pressure of working more hours in the care home as well as having the responsibility of home schooling" (Adoptive Parent)

"The start of lockdown was ok, because he felt more secure because he was at home with us constantly. But this changed as lockdown went on and his anxiety level escalated as he worried more about himself and us dying from the virus. Then he worried about going back to school and us to work" (Adoptive Parent)

> *"While I wasn't working things were great but following return to work it's been difficult to balance everything without usual family support"* (Adoptive Parent)

Things that were described as potentially increasing pressure on families (that could fluctuate during the period of the pandemic) included:

- Isolation, particularly for single parents.
- Children being unable to play or interact with other children.
- Not having access to universal services, such as health visiting or targeted supports, such as educational psychology.
- Home schooling.
- Reductions in family income.
- Children being unable to see their extended including birth family members.
- Family bereavements or significant illness.
- Not being able to access organised sports and social activities for their child(ren).

> *"No sports, increased anxiety, lack of anxiety, home schooling does not work has added more pressure and anger. Not seeing friends and family has made us feel that he is distancing more. Covid has been a real disaster and him missing all of year 7 has been awful"* (Adoptive Parent)

> *"Home schooling has been tough at times, and the lost physical contact with X's friends has had an impact I believe. It has been tougher for kids than perhaps adults realise, especially missing occasions like birthday celebrations/ kids' parties, Halloween, bonfire night and so on. Their routine has been clearly affected and X at times has been anxious for the safety of other family members during the Covid outbreak"* (Adoptive Parent)

However, a lower proportion of parents completing the survey thought that they had needed support during the period of the Covid-19 Pandemic compared with overall during the last 12-month period (to October / November 2020), particularly in relation to universal forms of support. The drop-off was less marked in relation to targeted and specialist support, as illustrated in the table below:

Table 9: Proportion of parents describing that they had needed universal, targeted or specialist support during the last 12 months and during the period of the Covid-19 Pandemic specifically

Type of support parents described needing in the last 12-month period	% needing this kind of support generally in that period	% needing this kind of support during Covid
Universal support	39%	28%
Targeted support	40%	34%
Specialist support	25%	22%

Note: A total of 272 parents responded to these questions

Some sector leaders and adoption professionals involved with the evaluation have noticed that, as the COVID-19 period has progressed, more parents and families have become 'very tired' with the arrangements and have needed more support. On a more positive note, they have also noticed a surge in applications from prospective adopters as the Pandemic has progressed.

3.2   To what extent do adoptive families feel it is OK to ask for help?

Existing research suggests that key factors associated with more effective engagement of adoptive families and their adopted children in a range of supports include:

- Timely responses of services in both the early stages post-adoption (when adoptions may be more vulnerable to breakdown) and along the family's life cycle, particularly at key transitions.
- Active engagement and 'normalising' of support including to make adoptive parents and families feel that it is 'OK to ask for help' when they need it.
- Relationship-based, compassionate, and skilled specialist support.
- All services likely to be accessed by children and families (for example schools and primary health services) to be 'adoption aware'.

Atkinson and Gonet, 2007; Gibbs et al. 2002; Selwyn et al. 2015 and 2017, Meakings et al, 2018; McKay & Ross, 2011; Livingstone-Smith, 2010; King et al, 2017).

In relation to this study, a large majority (84%) of adoptive parents completing the online survey considered that it felt OK or very much OK to ask for help. Only a small proportion (4%) described feeling that it was not OK or very much not OK to do so.

Table 10: Parent survey respondents by the extent to which it currently feels OK to ask for help

Response	Proportion of parents responding positively to this statement
It's very much OK to ask	60%
It's OK to ask	24%
I'm not sure if it's OK to ask	12%
I don't really feel it's OK to ask	2%
I definitely don't feel it's OK to ask	2%

Note: A total of 262 parents felt that they had a view and responded to this question

Adoption professionals completing a survey for this evaluation were less optimistic about parents and families feeling that it is OK now to ask for help. A smaller proportion (69%) who had a view considered that parents feel it is OK or very much OK to ask for help. Only 16% believed parents feel it is very much OK to ask for help. However, a very large proportion (85% of a total of 262 parents who had a view) considered that adoptive parents are more able to ask for help now compared with 3 years ago,

suggesting a positively improving picture, which is also picked up by the sector leaders participating in an interview for this evaluation who considered this to be one of the 'major breakthroughs' in adoption support in recent years, some noting that an 'open door' policy had been in operation for many years already in the voluntary sector.

> *"This has changed enormously over that time (since the Adoption Support Framework was introduced)…it's absolutely dramatically changed"* (Sector Leader)

> *"We've had to do an awful lot of work to change the culture in services, to stop the prevailing view that it's done and dusted once an (Adoption) Order is made"* (Sector Leader)

> *"I've worked in this area for some time and it's enlightening to see the difference. It's really moved on. In the past, adoptive families were reticent and hesitant about coming back – is it their fault? They were ashamed and embarrassed – (thought) they should be getting on with it and doing OK. This was because adoption is seen as innately 'a happy ending"* (Sector Leader)

> *"We've been much more trying to get the message out that adoption support is a normal thing to have… that there's a range and most families will need support at some time. We really want to get in early before people reach a crisis"* (Adoption Professional)

Professionals and sector leaders identified by way of evidence for their assertion (about improvements in this area):

- More adoptive parents / families overall coming forward for support.
- More adoptive parents coming forward for support at an earlier stage.
- More adoption enquiries where prospective adopters ask about support (are more aware of its availability pre-adoption).

> *"Adopters that have been approved in the last 3 years have more information about the support that is available and encouragement to seek support"* (Adoption Professional)

> *"..More families are coming forward to ask for help in the early days of difficulties where historically there were more families in crisis requesting assistance."* (Adoption Professional)

3.2.1   Key enablers

Key enablers of families feeling that it is OK to ask for help were reported by professionals and sector leaders to include:

- **Better recognition of the need for adoption support and greater organisational empathy for adopters, including a welcoming initial port of call**.
  > *"I think there is a better recognition from agencies that parents cannot be expected to manage alone where their child has a complex trauma history which requires*

ongoing and specialist support. Therefore, there is a more empathetic response to families from specialist adoption agencies now." (Adoption Professional)

- Linked with the above, **adopters more recently receiving early reassurances and clear messaging that it is OK to ask for help**, that it should be expected in many cases.

  "The last 3 years has seen a drive in encourage adoptive families to see asking for help as a sign of strength and not a weakness. They are encouraged from day one during preparation training to see the service as a support through their adoption journey." (Adoption Professional)

  "Parents still hope it will be fine for them but they're more realistic than they used to be that they may need support. Messages are starting to get through, although it's inherently difficult to ask, to say 'I'm not managing' as we are also giving adoptive parents the message that 'you will be a good parent'" (Sector Leader)

- **Having a more obvious (and advertised) specialist front door /** port of call in most of the regions – people knowing where to go for help in the first instance.

  "I think with the new PAS team, things will improve greatly, from first point of contact we can advise families we are going to be there throughout their whole journey and not just until the making of the adoption order." (Adoption Professional)

  "It took away the stigma for parents – not having to go back to social services. Because they were asking for support, they thought it was a failure" (Sector Leader)

- **Having more actual supports to offer adoptive families, for example training and psychology supports.**

  "In the past, we had very little to offer, whereas now there's a range of people and therapists" (Sector Leader)

- **Newly developed early help offers, such as TESSA or Adopting Together**

  "There is a greater recognition that adoption support is normal and that families don't have to be in crisis to ask for help, even though that is still often the point at which they do contact us. The TESSA project has helped to highlight the need for early intervention." (Adoption Professional)

- **More positive, pro-active regional and national messaging** around the potential need for support (for example through the recently published podcasts*) and promotion of support that is available and having more clearly defined preventative forms of support.

  "Adoption support is now seen as a right. NAS has brought it to the forefront." (Adoption Professional)

  "National campaigns on adoption have been more targeted towards the need for adoption support so I feel that adopters even from enquiry stage are made aware about the need for adoption support and how to access it." (Adoption Professional)

- **Social media and word of mouth amongst adopters** – people who have had a positive experience are thought to be encouraging others to seek help.

  "There is more social media, publicity to support adoptive parents over the last few years. Parents have active support groups available online." (Adoption Professional)

Some parents participating in an in-depth interview also mentioned how **adoption agencies staying in contact and pro-actively offering support** including through newsletters or social media was or could be helpful (in enabling them to feel it is OK to ask for help), also being linked in with some form of peer support.

"Having that contact with parents from the beginning is really, really important. Peer support from other adopters, to have that from the beginning, I think would make such a difference. Really important to get people connected" (Adoptive Parent)

"You should be assigned somebody.. and they should stay with you so that they know your history. You can phone them and say. One point of contact" (Adoptive Parent)

Barriers to parents and families feeling that it is OK to ask for help were reported by parents, adoption professionals and sector leaders to include:

- **A sense of stigma or shame or failure** – reported still to hinder some adopters from coming forward.

  "I was worried about admitting defeat, I felt like it was a failing of my parenting to ask for help. Silly in hindsight but I was very reluctant to ask for help" (Adoptive Parent)

  "My view is that a lot of adopters initially try to cope and, as time goes on, it becomes more difficult for them to seek support due to embarrassment, guilt or not wanting to fail, until the situation reaches a point that almost becomes too late and the interventions required are high." (Adoption Professional)

- **Concerns** (sometimes based on earlier attempts to get help that were not adequately heard) that adopters will be judged as being unable to cope / negative judgements more generally.

  "10 years she had been with us, but we thought they're going to think we're really bad parents and maybe, maybe they'll take her away. It was still really scary to pick up the phone." (Adoptive Parent)

  "Sometimes it makes it harder when you feel like I'm not really being listened to. There are times when you think I'm not being heard" (Adoptive Parent)

  "Are they going to think I'm not a good mum because I'm struggling and all?" (Adoptive Parent)

- **Parents wanting to 'please'** the placing agency.

  "In my experience adoptive parents want to please the placing agency and do not want draw attention to worries for fear they will be judged as failures. Adopters feel unable to say that, when problems are serious, they wish they had not adopted. Shame and distress is very debilitating." (Adoption Professional)

- **Extended family and friends giving unhelpful messaging around parenting**.

  "Well-meaning friends and family will say "try X" "do Y", but these people don't understand developmental trauma and how what works for other children will only makes worse for an adopted child" (Adoption Professional)

- **Having inexperienced people dealing with initial enquiries at the front door.**

- **Barriers to obtaining funding** (from local authorities) for more specialist supports or multi-agency packages of support where thought to be needed.

- **Adoptive parents not knowing that support is there** (particularly parents of older adopted children).

"I think things are changing quite quickly but there is still a considerable cohort of parents with older children who don't realise that support is available and don't currently ask for help or know who to ask for help." (Adoption Professional)

"It is still incredibly hard for parents of older children (post 12 - 25 and beyond) to ask for support, even though there IS support there through Adoption UK. It is much easier for parents of younger children since TESSA has become available and the Adopting Together programme." (Adoption Professional)

- **The potential for adoption support being needed in the future not always sufficiently identified in early adoption support plans.**

- **Lack of clarity about the best 'route into' adoption support**, which means that some parents still approach the local authority front door rather than going direct to the regional adoption service or get 'passed around' different services, for example CAMHS, education and social care.

    "I'd like to see a no wrong door approach rather than people waiting and waiting in the wrong queue. For example, often CAMHS will say it's the wrong mental illness and don't get involved" (Sector Leader)

Parent, professional and sector leader interviewees all commented on the discrepancy between needs or expectations and what services could deliver in fact to be a potential barrier to families coming forward for support, but the parents emphasised this more emphatically. In these cases, there had often been a general loss of trust or faith in all provider(s) of support to be able to help.

> *"Our case remained open for a standard 12 months after the Adoption Order, then closed. After that, we no longer had access to support other than going back through the usual local authority channels, as with any other child. The view is that, once you've adopted, a switch is flipped and they think it's all perfect"* (Adoptive Parent)

> *"I think I know where to get the support. I have gone down the right tracks. Whether we get it is another thing"* (Adoptive Parent)

> *"They were lovely, absolutely brilliant. And it felt as though we're going to get help. And then it fell apart because they just came back to us and said 'we've got nobody available and your child is not a priority'. What we took away from everyone, it was like you're on problems but not suicidal. I understand we need to prioritise resources.. but it's a classic case of if you don't resource at this level, you're gonna have problems later on (adoptive parent)"* (Adoptive Parent)

> *"Because historically it's been so bad. People are put off it. And if you go on parent forums and things which everybody does you hear all the horror stories. People don't go on forums like that and say how great everyone's been. There needs to be some PR to say, yeah we know we're not perfect, but we're here and these are the things we can do and support"* (Adoptive Parent)

> *"I can go to CAMHS or to the doctors but there is no support specifically for adoption. You have to contact social services and ask them to open a case. But, at the end of the day, there's no help. That's why TESSA has been so important in some areas (in Wales). They're just setting it up now in our area."* (Adoptive Parent)

3.3 To what extent do adoptive parents and families know where to go for help?

Most parents completing the survey described having at least an idea of where to go for help with all levels of need from universal (81%) to targeted (74%) to specialist (79%)[23]. These findings triangulate well with a slightly earlier (Adoption UK Barometer, 2020) study which found that 71% adoptive parents knew how to get help.

Between 41% and 46% in this study were more confident about knowing where to go, stating 'I knew where to go' for support in relation to each level of need, as illustrated in the table below:

Table 11: Proportion of parent survey respondents knowing where to go by level of need

Response	Universal level	Targeted level	Specialist level
I knew where to go*	46%	41%	45%
I had an idea where to go**	35%	33%	34%
I had no idea where to go***	19%	26%	21%

* A total of 264 parents thought this question was relevant to them and answered it
**A total of 155 parents thought this question was relevant to them and answered it
***A total of 145 parents thought this question was relevant to them and answered it

These findings are interesting to compare with those from the professionals' survey in relation to which:

- A similar proportion (71%) respondents considered that it is 'quite' to 'very' clear for parents where to go for help with their family's universal needs.
- But smaller proportions considered that it is 'quite' to 'very' clear for parents where to go for help with more targeted (47%) or specialist (21%) needs.

3.3.1 Knowing where to go for help with universal needs

For help with universal needs, about one third of parents completing the survey said they had gone to their child's post-adoption support worker (31%), and a fifth said they had gone to their child's school (21%). 16% had accessed Adoption UK services for assistance and 9% said that they had approached their GP. 8% had gone initially to the Voluntary Adoption Agency that had arranged the adoption. 3% had accessed information on the NAS national website.

By contrast, a greater proportion of professionals completing the survey considered that families 'mostly' go to their post-adoption support worker for help with universal needs (66% respondents expressed a view that this is the case). However, they additionally acknowledged how families 'also' commonly approach: schools, GP's, Adoption UK,

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[23] Examples were given in the survey to help parents gauge which were universal, targeted or specialist

and national or regional adoption (NAS) websites for support. Other places / sources of support parents mentioned going to for universal needs included:

- Other adoptive parents.
- Social services / the local authority (in particular where a regional post adoption support team has not been available).
- Facebook (therapeutic) parenting forums.
- Internet searches.
- School-based support teams.
- Health visitors.
- Voluntary organisations.
- Private providers of therapeutic support.
- Their child's former foster parents.
- Family members and friends (particularly those with professional qualifications).
- Online training programmes that are privately sourced.

Parents participating in an interview who had adopted relatively recently described being more, often very confident about knowing where to go for help including for mainstream (universal services) as well as adoption specific services.

> *"I know that there is help out there if I ever needed it"* (Adoptive Parent)

> *"I understand help is available at any time, to my whole family post adoption"* (Adoptive Parent)

> *"You won't be judged if you ask for help. Sometimes it's just needs a chat with someone who understand what your family is going through helps"* (Adoptive Parent)

These parents provided more information about what helps in this respect:

> *"I think what makes it easier is having an ongoing connection or relationship. It's that idea of belonging, as part of the community.. Important that you feel part of something so that you can then reach out when you need it"* (Adoptive Parent)

> *"I think really having an open relationship with people from the start – professionals have always said don't be afraid to pick up the phone if you need to. Important (that they) understand the issues of what a traumatic background can cause and what difficulties you might come up against"* (Adoptive Parent)

This contrasts with the reminder given by other parents participating in an in-depth interview for this evaluation, who had adopted some time ago and who reflected that, 'back then' there had not been much pro-active support offered beyond the formal adoption process:

> *"Once they were formally adopted, the social workers took a step back. We were sort of just floating around and didn't know what to do"* (Adoptive Parent)

"It would have been useful to talk to somebody about adoption.. to have a community of support.. somebody just contact you even if it was once very six months just to say 'Listen, often things like this .. you might be having difficulties with this, this and this'. Would be really useful to have non-intrusive ongoing support. I think things are a lot better now" (Adoptive Parent)

Many parents who had adopted more recently considered that they had been contacted pro-actively about the availability of post-adoption support (beyond the first year) for example by being sent an email or newsletters by the post adoption support team or hearing about the support through peer (including online) discussions and webinars or workshops. Some had also been offered additional supports, such as a financial allowance (to compensate for loss of earnings in the pre-school years), speech and language therapy, support to establish and sustain birth family contact. These parents were generally much more confident that they knew where to go to get help and that they trusted the source of support:

"They've always been sort of non-judgemental, just very helpful… understanding. I think that makes it easier to ask for help. They're very open, very human. They're very easy to talk to" (Adoptive Parent)

3.3.2   Knowing where to go for help with targeted (support) needs

Over a quarter of parents participating in the survey said that, where they had needed more targeted support, they had gone to an adoption support worker (27%), and about a fifth had gone to their child's school (21%). 11% had approached their GP for support, 8% went to a support service they already know about, and 6% had gone initially at least to the Voluntary Adoption Agency that arranged the adoption. By contrast again, a greater proportion (73%) professionals participating in the survey considered that adoptive families initially go mostly to their post-adoption support worker for targeted help with needs (also directly to a service they already know) and, to a lesser extent, to schools or a GP. Other alternative sources of support for targeted needs mentioned by parents included:

- Child and family social workers.
- National association of therapeutic parenting.
- Adoption UK.
- Therapy providers.
- Voluntary organisations.
- Parenting telephone support line.

Some of the parents who participated in an interview for this evaluation described being aware that new opportunities for adoption support had emerged relatively recently:

"My perception had been that it was very difficult to get hold of adoption support, you know a very long waiting list and that it wasn't worth asking. So I've kind of put it on hold for quite a long time. I was aware that there was some more funding and so, I suppose I thought well let's give it a go and see what happens. And then was pleasantly surprised at the response we got (from TESSA)" (Adoptive Parent)

Others of the parent interviewees retained a residual sense that there were no tailored services out there to support their child or family (having looked and not found these in the past) or that they still had to 'fight for services'. Similarly, some parents completing the survey commented that targeted or specialist support did not appear to be available in their local area.

> *"Post adoption support worker was off after 6 months. Adoption is for life. GP doesn't have time or professional qualifications to assess let alone help. TESSA is not even available here. There are no other support services unless you try and open a case with social services"* (Adoptive Parent)

3.3.3   Knowing where to go for help with specialist (support) needs

For support with specialist needs, 21% parents of those who thought they had needed it described having approached their post adoption support worker, 17% had gone to their child's school; 11% had approached their GP (11%) 8% had gone to a support service they already knew and 5% to the Voluntary Adoption Agency that had arranged the adoption. This compares again with a higher proportion (63%) of professionals completing the survey who thought that families initially approach their post-adoption social worker for help with specialist needs. Both professional and parent respondents to the surveys also described how they (parents) often also went direct to a (therapeutic) service they already knew, to CAMHS, or to schools/GPs).

Service availability is picked up later in this evaluation, but it is worth mentioning here that many adoptive parents with things to say about knowing where to go for help with specialist needs mentioned a lack of faith in its availability or the lack of understanding of gatekeepers, particularly CAMHS but also local authority / regional adoption specific services. They also mentioned having an experience of being sent 'around in circles' from one agency to another to find help.

> *"So I went to the doctor first (advised by the school) from that we were referred to CAMHS who said our problems were not severe enough so we were referred to teams around the family. They got us in touch with a local adoption social worker who was then off with stress. We eventually were told we did need help but it was delayed whilst there was a debate about who should fund the help local authority or adoption agency"* (Adoptive Parent)

> *"..knowing what you need however, is no good if the services you need either do not exist or if the 'gate keepers' are insufficiently aware to be able to support referrals"* (Adoptive Parent)

> *"It's not that we don't have any idea where to go. You should include the option that there was NO where to go. CAMHS has a 9 month waiting list for a pre-assessment appointment for ASD. That's not even an ASD assessment."* (Adoptive Parent)

> *"We have felt that none of the above were/are available"* (Adoptive Parent)

> *"In principle it's ok to ask for help but where to go and navigating access to services is a nightmare…Access to support in school and specialist support via*

CAMHS very hard to access and therefore you are very alone as parents, and my child is not receiving the help she needs" (Adoptive Parent)

The experience of feeling judged or shamed for asking for help in the past, or of help not being forthcoming, or of feeling that services were constantly referring the family from one place to another all contributed to an overall sense of frustration or even despair for some of these parents.

"Historically speaking making reasonable requests for help from services has led to some horrific ordeals for our family. This makes us extremely reticent to seek help as we anticipate pain will result" (Adoptive Parent)

"Felt huge shame and failure. Needed counselling to ask for support and accept that It takes a team to hold our child in placement" (Adoptive Parent)

3.3.4   What supports families to know where to go to get help at the right time?

Professionals completing a survey considered that key enablers of families knowing where to go to get support at the right time include:

- Families having direct access to a (specialist) regional or VAA service and being able to access a fuller range of resources through this 'front door' rather than having to go back to each local authority to request some forms of support.
- Families being newer in placement and closer to the adoption service that facilitated the placement.
- Families having a more positive adoption identity and being more open to support – seeing it as a natural part of adoption, an ongoing process. This can be promoted in early training.
- Funding for adoption support agreed prior to the placement being made.
- Having more actual support available, for example from within regional teams or via voluntary sector supported schemes such as 'TESSA' or 'Adopting Together'.
- Families being encouraged to have regular 'check ins' or reviews with their adoption service.
- Adoption UK and regional teams working together to help families to identify the right resources to meet their needs.

3.4   To what extent have adoptive families been satisfied with the supports on offer and to what extent do they find them helpful?

3.4.1   Universal including 'Early Stage' Adoption Support

Existing research studies suggest that approaches and supports considered to helpful universally (with all or almost all adoptive families) include:

- Pre- and post-adoption training on issues of likely importance.
- Whole system approaches based on well-being, a 'no wrong door' approach across agencies with whom children and families may be in contact.
- Information and advice services, for example in relation to how to manage and support effective contact with birth family members over time.

- Peer support.
- Good quality (therapeutic) life story work.
- Skilled assessments including at an early stage of the adoption to anticipate issues that the child and family may face.

Selwyn 2017; Hamblin 2018; Meakings et al. 2018; King et al. 2017; Lushley et al.; 2018 Benfield 2017; Bange et al. 2014; Welsh Government 2016; Adoption UK 2017; Yellow Kite 2020; TouchBase 2020; Rose & Philpot 2005; Watson et al., 2015; Fargas-Malet & McSherry, 2020

3.4.1.1. What does the management data tell us?

Secondary analysis of management information suggests that there have been many initiatives in the last 2-3 years to improve the quality and impact of (universal level) support for all adoptive families including more recently (in 2020) the development of nationally published materials in support of good quality life story work for both professionals and parents and the creation of new roles within regional adoption teams specifically to support life journey work.

- An estimated 59% of adopted children requiring life story work have had access to it in a timelier way during 2019-2020 compared with the previous year.
- New support 'offers' have been such as 'TESSA' and 'Adopting Together' aimed at supporting families beginning to experience the effects of early childhood trauma.
- Additional materials and post-adoption courses have been developed by NAS working with Adoption UK and AfA Cymru to assist adoptive parents in their therapeutic parenting as well as with specific issues such as contact with birth family members.
- Peer support for adopted young people has been given a 'boost' through the development with Adoption UK of a 'Connected' Programme, although it has been difficult in practice to bring young people together in the way(s) they might have liked and to generate maximum impact because of the Covid-19 Pandemic.
- Leaflets have been co-produced for use by health professionals, to help them to understand adoption better.
- Podcasts (of adoptive parents talking about their experiences) have been produced to enable prospective adopters to have a better idea about what adoption involves and to promote adoption.

3.4.1.2. What does the parent survey tell us?

Parents responding to the online survey considered that a number of forms of adoption support were important to them in the early stages of their adoption journey, particularly their post-adoption social worker and peer support groups. However, a range of other universal supports were also considered relatively important, as illustrated in the table below:

Table 12: Proportion of parents responding to the survey who considered different forms of support to be important to them in the early stages of adoption

Type of support	% parents who considered this form of support helpful or very helpful in the early stages of adoption
Post-adoption social worker	81%
Peer support group	75%
Web-based information	71%
Post-adoption training	70%
Life journey materials	69%
Newsletter information	56%

Note: Number of parents responding to this question = 231

Post-adoption social worker support scored particularly highly in relation to 'very helpful' in the early stages of adoption. Most of the other responses were neutral i.e. 'neither nor' rather than negative i.e. unhelpful or very unhelpful.

Other forms of support mentioned and appreciated by parents and professionals in early stages of adoption included:

- Social media groups on therapeutic parenting / training and materials offered by the National Association of Therapeutic Parenting.
- Support from freelance social workers to undertake birth parent contact work.
- Contact / letter box support.
- Membership of Adoption UK.
- Training they had received as a foster carer prior to becoming an adoptive parent.
- Therapeutic parenting materials.
- Mentoring arrangements.
- Online (including Adoption UK) training sessions and webinars on areas of interest.
- Adoption Family Matters Facebook Group and online training.
- WhatsApp Groups (including mixed foster carer and adopter groups) set up by Adoption UK.

3.4.1.3.   What did parents tell us in interview?

More detailed insights from parents who participated in an interview suggest that peer support is valued not only in its more organised form:

> *"You know, real experiences that you've both had but maybe in different ways. I did find that reassuring … a lot of people who know what you're feeling or what's going on"* (Adoptive Parent)

but also in smaller, more informal groups of parents who might have met initially in a larger group but who have found sustenance in coming together as a friendship group:

"I have been invited to peer groups and to be honest I find them hard. I met a few adopted parents independently … and we have our own little peer group. My girls are marvellous and, at the peer group, I hear all the hard stories from others and … I found it hard to bring positivity to the group. If everything is OK, perhaps I don't need to go?" (Adoptive Parent)

"We have friends who are adopters .. our own kind of informal support I guess" (Adoptive Parent)

The interviews undertaken with parents for this evaluation suggest that it is important to sustain a variety of supports for adoptive parents in the early stages of adoption as not all will want or like to learn from these more commonly appreciated and more formal forms of support. For example, some suggested a preference for self-directed learning.

3.4.2   Parent and professional perspectives on the quality of the universal support more broadly

"At universal level, there is support. Most VAAs and regional have got that right… information, newsletters, training and peer support groups. A real sense that the regions have got there, and they work with AUK where there's a gap" (Sector Leader)

Parent perspectives about the quality of different forms of universal support they had experienced, as reported in the online survey, were quite varied.

The table below lists different forms of support suggested to online survey respondents and their grading of each from very good to poor.

Table 13: Types of universal support by grading by parents responding to the survey from 'very good' to 'poor'

Type of universal support	Number who had accessed	V Good	Q Good	Fair	Poor
Peer group support	236	43%	33%	14%	5%
Post adoption training	88	40%	34%	17%	3%
Post-Adoption Social Worker	118	50%	22%	15%	5%
Family event(s)	58	28%	40%	17%	3%
Web Advice and Information	105	21%	41%	30%	5%
Newsletter(s)	108	16%	42%	32%	6%
Life Journey work	88	16%	28%	30%	10%

The forms of support with the highest 'ratings' were peer group support, post-adoption training and post-adoption social worker. These findings are compatible with those from a similar question to adoption professionals and sector leaders who considered that the

most valued forms of universal support are generally the post-adoption social worker, followed by peer support and training.

> *"Regular contact with the adoption service social worker and child's social worker has given confidence in how we are doing. Peer group contact has made us feel less "on our own". Training events have made us reflect on how we do things"* (Adoptive Parent)

> *"Access to information and peer groups. Feeling like there are other families going through what we are. Lots of practical help"* (Adoptive Parent)

Parents completing the online survey were also asked to describe the universal support they had received with reference to a range of qualities associated with better impact.

- 66% thought it was positively well-informed (about the particular needs of adoptive families).
- 66% thought it was positively reassuring.
- 66% thought it was positively helpful.
- 59% thought access was positively timely.
- 50% thought it was positively the right fit for the family's needs.
- 49% thought it was positively sufficient for the family's needs.

The parents who participated in a more in-depth interview for the evaluation described relatively good quality and good experiences of universal or early forms of adoption support, including sometimes compared with earlier years (where adoptions had taken place some time ago). They particularly valued a close connection with the adoption social worker and signposting to sources of advice, training or webinars.

> *"Seeing a social worker, and it was helpful.. we always felt unburdened. It sort of says, well you know, these problems are very common. Try this, try doing this and it was like keeping a diary of all the incidents".* (Adoptive Parent)

> *"I felt as if I could reach out whenever I needed to, which was great.. the first three, four months.. It was quite challenging.. his sleep was so bad. We had one of the checking in meetings and everyone could see that I was very poorly. They paid for a sleep consultant.. very reassuring. Some very minor things (helped) like not having any overhead lighting for him, really dulling down all the lighting in the house"* (Adoptive Parent)

Many described forms of early targeted support, including multi-disciplinary meetings to explore their child's needs and/or TESSA, emphasising its value as a preventative measure in the early stages of some adoptions:

> *"He has taught us. Offered very useful courses. We have received invaluable support from our (TESSA) parent partne"r* (Adoptive Parent)

> *"The meetings… I found these incredibly supportive because some of the questions that would be asked and having the advocate as well. And that would be, you know, putting the actions together… Everyone was able to generate the ideas of what was*

needed. Some really useful discussions about some of the behaviour management and what things worked for him previously" (Adoptive Parent)

"We had a pre-adoption team for the child meeting, where their entire lives were unpicked by a psychologist, social workers, foster carers and doctors, to help us to understand how and why our children are affected by their early life experiences, and possible cues and solutions. It was such a helpful meeting, which produced a report, which we have no doubt we will be referring back to for years to come" (Adoptive Parent)

"Our son had theraplay from a worker in the regional adoption team. He started having it .. before when he was fostered and then it ..stopped when they felt he didn't need it any more as he was fully attached. It was really helpful particularly in cementing the attachment between my husband and son because my husband had shorter paternity leave of course. The two-day course on therapeutic parenting organised by the region commissioned by the National Association of Therapeutic Parenting to deliver it. It was so good. We had covered it in the initial adoption training prior to having a child but it was great to do now we have a child. I am on a webinar tomorrow night and that's about contact with birth family. We went through phases when he went through meltdowns. We did wonder if it was going to continue. They have got less. We know the triggers now, like lead up to Christmas and before contact with half sibling. She (the therapist) is still at the end of the phone" (Adoptive Parent)

Some parent interviewees also described how their child's former foster carer had been a good source of support, particularly in the early stages of adoption but sometimes also throughout the adoption:

"She (foster carer) was great, absolutely fantastic. She was on hand all the time. I do count myself quite lucky that .. we've got a really good relationship with her still. Because, you can turn to members of your family and you can turn to friends, but I think it's the social workers and the foster parent, they know the process, they know the child" (Adoptive Parent)

"The best thing (in the early stages) was having a good relationship with the foster carer. They let me stay with them in their home because I wanted the girls to get familiar with me when they woke at night before they left familiar surroundings. I knew (also) that I had a social worker there in the background if I needed." (Adoptive Parent)

Some parent interviewees were aware that more is now available to support all adoptive families in the early stages of adoption and thought, in hindsight, that they might have benefited from this:

"Pretty much you were just left to get on with it then… which was fine, because that's what we needed to do and that's what we wanted to do. I thought they were attached and they didn't have any issues. It took probably five or six years and school placements to break down before we actually got the support that he needed. The social worker who we had for years.. she's lovely but at that time didn't say right let's have a look at this. It was like, well, he's still settling in. They wanted

to help but they didn't actually have the knowledge and the understanding (then)" (Adoptive Parent)

"Now, things have changed, an awful lot since then (14 years ago). We didn't really have any support as such, we had visits from the post adoption side. But it wasn't really support: it wasn't really how are you doing, it was just to make sure we were all fitting in with each other" (Adoptive Parent)

A clear message from both the parental online survey and more in-depth interviews with parents was that, for those working full-time or who are single parents, it can be difficult to access training or 'family days' that are scheduled and accessible only at a single point in time and that this is a significant limitation.

"Unfortunately, as a single parent I haven't been able to access the online courses/videos etc as they are run post work but at my toddler's bedtime with only me available to do the bedtime. Recording the training/chats and having access at a more convenient time would help" (Adoptive Parent)

"Sent me some of the webinars … topics that they were covering like how to talk about your life story.. but I haven't, unfortunately, been able to join any of them because they're at six o'clock which is great for people that are after work, but that time's kind of getting ready for bed.. So be great if maybe they could be pre-recorded" (Adoptive Parent)

In terms of the impact of universal adoption support, approximately two-thirds (67%) of parents participating in the survey expressed a view that universal support had helped to improve their understanding of the needs of their child. Similar proportions said it helped improve their understanding of why their child behaves the way they do (64%) and helped with confidence in parenting (62%).

However, the parent survey responses suggest that universal support has its limits, in particular in the medium to longer term, in that only one-half of parents (50%) considered that it had helped to improve the bond between child and parent and 55% thought that it had helped with family life and relationships.

3.4.3   Perspectives about the quality of targeted or specialist adoption support(s)

Existing research has explored to some extent the quality and effectiveness of targeted and specialist adoption support. That which has been explored in the literature to date has been mostly therapeutic or educational and therapeutic in nature – both for the parent(s) and the child – including most commonly:

- Therapeutic parenting training.
- Psycho-therapeutic interventions including cognitive behavioural therapies (CBT or DBT) including those adapted specifically for adopted children; Eye Movement Desensitisation and Reprocessing (EMDR); Sensory Integration Processing Therapy.
- Family therapies such as Dyadic Developmental Psychotherapy or Video Interaction Guidance (VIG)
- Creative therapies such as play, drama or filial therapy.

- Approaches to specific behavioural challenges such as 'Non-Violent Resistance' (NVR) programmes for parents to help them manage child on parent violence.
- Therapeutic short breaks.
- Therapeutic life story work.

However, the UK evidence base about 'what works' in terms of targeted or specialist support is still in its relative infancy (Stock et al., 2016; Selwyn, 2017).

3.4.3.1. What do we know from the management data?

The key messages from secondary analysis by evaluators of the relevant NAS management data for 2019-2020 are that:

- Targeted support is reaching more children and families (up by 72%, from 170 families in 2018-2019 to 237 in 2019-2020).
- The new TESSA programme has worked with approximately 42 families during 2019-2020, with many more thought to have been drawn into this programme in the first part of 2020-2021.

3.4.3.2. Parent perspectives

Parents completing the online survey who had accessed specific forms of targeted or specialist support were more complementary about the quality of some compared with others.

Most appreciated was TESSA (81% considered this support to be good or very good); post-adoption training (79% thought this good or very good) and therapy for a child and parent together (70% thought this good or very good).

Particularly high proportions of parents thought that CAMHS or specialist CAMHS offered poor quality support but also some parents indicated child-only therapy and support in school could also be of poor quality.

Table 14: Types of targeted or specialist support by parent survey respondent grading from 'very good' to 'very poor'

Type of targeted or specialist support	No. who had accessed	Very good	Quite good	Fair	Poor	Very poor
TESSA	22	45%	36%	14%	0%	5%
Post-adoption training	57	47%	32%	14%	2%	5%
Therapy (child and parent)	46	35%	35%	19%	2%	9%
Therapy for the child	44	39%	25%	11%	7%	18%
Assessment services	46	26%	35%	28%	2%	1%
Support in school	61	18%	20%	28%	13%	21%

Type of targeted or specialist support	No. who had accessed	Very good	Quite good	Fair	Poor	Very poor
CAMHS	29	13%	21%	13%	13%	40%
Specialist CAMHS	26	15%	15%	15%	5%	50%

Adoption professionals completing a survey for the evaluation expressed slightly different views about the forms of targeted or specialist support that they thought were most valued by families. The responses are different in particular in relation to the value placed on TESSA and post-adoption training, as illustrated in the table below:

Table 15: Types of targeted or specialist support considered to be most valued by families from the perspective of adoption professionals responding to the survey

Type of support	% professionals completing a survey who thought this was amongst the most valued
Therapeutic support for child and parent	71%
Therapeutic support for child alone	63%
School-based support	60%
Therapeutic life journey work	60%
TESSA	47%
Targeted post-adoption training	43%
CAMHS	36%
A financial allowance	25%

Other forms of targeted or specialist support mentioned by professionals as being valued included: relationship counselling (for parents), help with managing child behaviours, and peer support (from experienced adopters).

When it had been accessed, two-thirds of parents completing a survey described targeted or specialist services as having been well informed about the particular needs of adoptive families (67%) and reassuring (69%). As with universal support, the majority of parents said targeted and specialist support services were delivered with compassion (83%). However, only about a half of parents (54%) participating in the survey considered that the 'right amount' of service had been provided.

One parent who participated in an in-depth interview for this study described feeling strongly that they had been 'held and helped' as a family by the social workers and therapists involved in a multi-disciplinary team, also broader ongoing supports that could be described as more universal in nature:

> *"It's there if you want it. She's been amazing, the person I offload to and she just gets everything done for me. She knows how everything should work and she's worked really closely with the school. I got accepted onto the TESSA scheme as well.. just over a year ago. Parent Partner.. we just catch up on Face Time every*

couple of weeks, and organised social events and a three hour clinical psychology consultation as part of this team and you also get offered the course that goes through developmental trauma. Also Adoption UK, they have an awful big community and you can tap into what you want. I can't fault it really. The psychology consultation was really, really good" (Adoptive Parent)

Another family had accessed a social worker to support all members of the family including the child and who had organised psychologist support (described by the parent as a psychologist led group programme). The parent valued all the inputs (social worker, psychologist led group programme, liaison with schools) but also emphasised how the support would have been better earlier.

"It can be kind of very very difficult for schools to understand adopted young people and the trauma and kind of all that. You get phone calls telling you they've been really naughty. You're kind of constantly .. defending them. Having somebody there who can come to meetings with you was really helpful. We did a PACE Group. It's linked with the psychology thing, a six week course. It was really really beneficial. It really helped explain things that we didn't realise before. I just wish we had it earlier, I really do. My goodness, would have made so much difference. But the most brilliant thing which came out was that we started talking with other parents on the course, in the breaks and coffee.. We set up a WhatsApp Group afterwards. We keep in touch, literally all the time. If somebody is having a bad week…we just support each other. The strategies and the things have been really beneficial. The support has been priceless" (Adoptive Parent).

For another parent interviewee, having a psychological report and 'TESSA' all delivered online had been helpful not only directly for the family but also for the child in school, through the sharing of the report with the educationalists, to get their understanding and buy in. Having a psychologist to talk to, including for reassurance, had also been very helpful for this parent.

"Look, come on, get a move on. Getting assessed by an educational psychologist.. there are no slots! The responsiveness and the willingness to do an assessment to explore what issues there were has been helpful and an acknowledgement that some of these things are beyond sort of normal NHS and education scope, that's helpful. Talking to re-evaluate what our shared parenting goals were and thinking that through together… discussions about our parenting style that maybe helped us" (Adoptive Parent)

Some parents stressed the importance of consistency of worker, both for parents and children or young people, and also worker empathy, to develop trust and confidence in the giver of advice and support.

"The most important thing is continuity... having that trust bond with somebody you feel like you can ask for help" (Adoptive Parent)

"It took a long time to make a relationship. And then that particular one (social worker) was promoted so then we got someone new. Major relationship now with the second one but that obviously took a while because, oh here we go, someone else who's left me. Everybody leaves. That's a lot of adopted kids view

of the world. People in my life left so everybody else is going to leave" (Adoptive Parent)

"I've been thinking a lot about the importance of empathy. It's not just knowledge. An organisation.. has developed some virtual reality products, programmes specifically for workers and potential adoptive parents.. to help social workers and parents to understand the real experience.. experience trauma from when they're in an abusive household" (Adoptive Parent)

Other forms of support were also valued, for example financial support:

"Two children within four months was crazy. I think it just took the pressure off and it allowed me to spend that extra time off work with them. It was just one thing that we didn't have to worry about. I was able to just focus on them" (Adoptive Parent)

Or support for face-to-face contact for the first time with a birth parent including support for both the birth parent and the child:

"I had a plan of how I wanted it to be and everything of my plan was met and .. I was happy with the way it panned out – I even had support afterwards. My social worker messaged me and said 'I'm proud with how you handled today.. you've really grown up and been responsible about it. That actually made me feel good. I had the support carrying on during the day (too). From my point of view, I got the support I needed from my social worker and my parents." (Adopted Child)

3.4.3.3.   The quality of TESSA support

Parents responding to the survey and parent interviewees for this evaluation often described the TESSA programme in very complementary terms, where they had accessed it:

"We enrolled on TESSA. The session with the psychologist was brilliant and in an ideal world I think this would be open to all adopters all of the time" (Adoptive Parent)

The free text comments from parents explain more about why and in what circumstances they found TESSA useful:

"It's been amazing having someone who can listen to our day-to-day experiences as a family, and can ask good questions about why those behaviours might be surfacing, and what may be going on underneath. It's enabled us to be more therapeutic in our parenting and better able to identify where issues may be coming from" (Adoptive Parent)

"TESSA helped me accept a lot of things - such as the fact there's no quick fix. It made me feel stronger and more capable to parent the children and keep going. I also found all the staff very supportive. They understood that in order to help the child, the parents need help too! We can't keep going and going with extreme behaviours without some help ourselves and we can only help our kids if we're emotionally resilient enough. And, perhaps most importantly, TESSA didn't just

give us parenting strategies or tell us how to parent our children (which is all we've really been offered/accessed previous). TESSA has been the best support we've accessed so far" (Adoptive Parent)

"TESSA actually seemed to care and take on board what we said and by supporting us, we found we were stronger for our kids. Having a Parent Partner, which was part of the overall TESSA service, was the most helpful aspect for us" (Adoptive Parent)

"Tessa support via Adoption UK is great especially the parent partner" (Adoptive Parent)

"The TESSA support and our parent partner have been an excellent. they have delivered very specific support in a caring, non-judgemental manner" (Adoptive Parent)

3.4.3.4. The quality of targeted or specialist therapeutic support

In free text responses and within the context of the qualitative interviews, parents mostly described the quality and impact of other forms of therapeutic support they had received in very positive terms:

"During Covid 1:1 support form play therapist and post adoption worker - helped us cope. His behaviour has improved. Incidents happen further apart. When he explodes it is easier to talk him down/ use PACE *to help with the situation"* (Adoptive Parent)

"He has just had a smooth transition to High School where he appears to have settled really well" (Adoptive Parent)

"Our child did not engage but therapist helped us" (Adoptive Parent)

"The system let us down with regard to the amount of time it took in my son getting help, but individuals didn't. This support has come in the last 12 months. Our situation has changed drastically because of covid with my husband now being at home and able to offer me support with everything. My son has gone from Primary to secondary school so there have been other factors feeding into our situation too. Our lives have however improved vastly. I am able to sleep at night and my mental and physical health is now improving. The therapy gave me hope that things might improve so helped me to keep going until they did" (Adoptive Parent)

"The regular support we have accessed in the form of DDP therapy has been invaluable for keeping us on track with our parenting despite a lot of challenges" (Adoptive Parent)

However, some comments about this form of adoption support suggest that it has not been valued or helpful for all families:

"Poor because my daughter didn't feel it helped other than to allow her to 'unload' about us - which is useful I'm sure, but not what she wanted it to be. She

specifically asked for therapeutic help that was attachment and trauma informed and could help her deal with some of the issues that she knows affect her emotions. When reflecting on her experience she said it wasn't what she hoped" (Adoptive Parent)

"Play therapy, absolutely useless" (Adoptive Parent)

The free text comments from the parent survey also explain more about what is valued and 'what works' from a family perspective in terms of more targeted therapeutic support. Positive comments were associated with well-tailored therapeutic support, often that which involved both children and (in some way) the parents e.g. filial play therapy rather than just with the child.

"We had sessions with therapist after she worked with our daughter we were able to ask questions and discuss strategies to help our daughter" (Adoptive Parent)

Therapeutic support undertaken remotely with children during the COVID-19 Pandemic was thought to be particularly fragile, mostly when it commenced during this period (as this made it too difficult for children to establish a good connection and trust).

"We were shielding my son and his Therapist needed to self-isolate. His sessions moved to zoom for several weeks but these didn't work well due to poor internet access and he started to find them distressing" (Adoptive Parent)

"We then moved the sessions to our garden which were much better" (Adoptive Parent)

3.4.3.5.   The value and impact of financial allowances

Free text comments in the parent survey further suggest that financial allowances are not always readily available but, where they are deployed in a targeted way, have been very much appreciated and are thought to have an impact on the viability of placements and reductions in stress for parents.

"Adoption allowance has allowed me to stay home and nurture attachments & work through issues as they arise. Through my own resources as an ex teacher it has allowed me to work through anger management with one child and support, educate and nurture 6 children throughout the lockdown period in a home school environment. This has been crucial in maintaining stability and security at a time of great worry and change for all children" (Adoptive Parent)

"I asked for financial support and got it very quickly which really helped alleviate pressure for me" (Adoptive Parent)

3.4.3.6.   The impact of packages of targeted / specialist support

The parent survey responses to questions about the impact of targeted or specialist support suggest a very variable picture.

When families had been able to access it, the targeted or specialist service was reported by parents completing the survey to have had a more positive impact on the

parent (67%) than the child (52%).The services were considered 'overall helpful' to the respondent and their family in most cases (76%), but a somewhat lower proportion considered it to be 'the right fit for their needs' (59%).

For parents who accessed targeted and specialist services, 60% said it had improved their understanding of the needs of their child and 62% said that it had helped them understand why their child behaves the way they do. The services were reported to have had a varied impact on improving the confidence of respondents in parenting, with a fifth saying they had been helped 'very much' and another fifth saying they helped 'not at all' (20% each).

The free text comments from parents completing a questionnaire for the evaluation suggest that some adoptive parents have benefitted from gaining access to packages of targeted support, rather than just one form of it, in particular where there is a therapeutic element:

> *"Given me more understanding of developmental trauma and how to parent and approach various needs. Able to pass on this information and advice to family friends and school. Lots of support from SEWAS on an individual basis and reassurance from contact with other adopters via courses"* (Adoptive Parent)

> *"I have had a TESSA consultation and spoken to our social worker several times. Currently we are awaiting financial approval for a complex assessment and therapeutic package for my son. I am very hopeful that this will go ahead"* (Adoptive Parent)

> *"The local authority has found and allocated our son - and therefore the whole family, the funds with which to buy a package of support to help him and the family deal with his deep-rooted anxiety, anger and fears concerning his past. This translates into low self-esteem and can lead to irrational and destructive behaviour. The support he is receiving helps him navigate and control his thoughts, so enabling him not to become so quickly overwhelmed by his inner anxieties and ange"r* (Adoptive Parent)

> *"Very tough on our family - therapy and respite hold us together as a family, without it we have significantly struggled"* (Adoptive Parent)

3.4.4   Parent and professional perspectives about the accessibility of targeted or specialist support

A little over a half of parents completing a survey who had required targeted or specialist support stated that they could access it when they needed it (57%), and a fifth strongly disagreed that they could do so (21%). Two thirds said the services were available close enough to where they live (66%), but nearly 1 in 6 disagreed with this (16%).

Of the professionals completing a survey for this evaluation, a high proportion (83%) considered that it is quite to very easy to access universal support(s), although a lower proportion (55%) considered that families mostly or always receive the right kind of this form of support.

However, a much lower proportion of professionals completing a survey thought that it is quite to very easy to access targeted (56%) or specialist (6%) support. Only a third (33%) of respondents thought that families mostly or always receive the right kind of targeted support and only 6% thought that they mostly or always receive the right kind of specialist support.

Families and professionals reported barriers to accessing more targeted forms of support as including:

- In some areas, **families still having to go back through individual local authorities to obtain funding for specific supports** rather than obtaining these via the regional team – causing delays.

  "We've to ask the local authorities to agree to fund therapeutic work and similar. They often refuse and delay as their budgets are not sufficient to cover this" (Adoption Professional)

- **Families' growing expectations** that regional teams will be able to meet a range of complex and mixed needs including educational and health needs, when these teams are not able to / do not have the resources to do so

  "There can be frustration for families that the adoption support team is not an all-encompassing service with health, education, psychological and specialist interventions all integrated, and they instead have to work with a number of different systems and waiting lists" (Adoptive Parent)

- **Delays in being able to obtain some supports described as 'relatively basic', such as life journey materials.**

- **An underdeveloped support offer in some areas and lack of consistency** affecting some parts of Wales.

  "There are various level of skills within adoption regionals, with some adoption support teams being able to offer NVR training or therapeutic life journey work where others not being able to. There is still some difference in what is available depending on where the family lives." (Adoption Professional)

There looks to be pressure on capacity within some areas of specialism, notably therapies and therapists, in some parts of Wales in particular rural areas. This has meant either that families have to wait for services or cannot access services or have to travel relatively long distances for services.

  "Adopters will travel, but that's not always great for the child" (Sector Leader)

  "It depends where they live, who they approach and what the need is. In rural areas they may well be offered whatever is available and it is likely to be less accurately targeted to meet their needs" (Adoption Professional)

- **Non-adoption specific universal services** such as GP's, health visitors, education professionals or nursery / childcare staff but also some specialist services and workers such as CAMHS **not being sufficiently aware of the effects of trauma on the development** and having insufficient understanding of adopted children's needs and likely backgrounds more generally.

- **Early support plans being insufficiently clear about the likelihood of future need for targeted support** and/ or social workers / other workers not being sufficiently clear about what kinds of responses are indicated by different child and

family presentations. More broadly, the lack of a clear evidence base for some forms of intervention, such as therapeutic interventions.

"Much is made of access to specialist therapeutic services as holding the answers for families. However, there is insufficient research evidence for the types of support that best work specific needs at specific stages" (Sector Leader)

"Families are guided by professionals as to which service they would benefit from however can still find themselves caught between differing professional opinions as well as financial challenges in getting agreement for these approaches" (Sector Leader)

- **Family moving into a new geographical area – may cause delays** in getting help, particularly 3 years after an adoption has been formalised.

  "It may be easier for those families with an existing link to an adoption service to contact that person to discuss their support needs, it is harder for families that have moved to the area since the adoption or where the child was placed many years ago so staff have changed" (Adoption Professional)

Specialist supports were considered by families and professionals completing a survey to be the least accessible. The main barriers to access were identified as:

- **CAMHS being very difficult to access and having very long waiting lists**. Also, confusion for parents and adoption workers as to whether and in what circumstances adopted children are even eligible for CAMHS support.

  "CAMHs is very difficult to access for adoptive families as they rarely take referrals for any attachment issues and have huge waiting lists. Most of the families we work with cannot access support from CAMHS" (Adoption Professional)

  "CAMHS and mental health provision for children is significantly under resourced with very long waiting lists" (Adoption Professional)

- **A lack of clarity about pathways or protocols relating to specialist assessments, such as for Foetal Alcohol Spectrum Disorder (FASD)** and / or other neuro-developmental disorders, and long waiting times to obtain such an assessment.

  "There are no clear systems in place to have specialist assessments for the general children population, often waiting times are very long, there are mixed messages from various services on how to approach various assessments for example for FASD and NAS, sensory difficulties, neurodevelopmental issues" (Adoptive Parent)

  "The more specialist support required the harder to find this sometimes which causes delay and generally causing a deterioration in circumstances. Things like respite, practical support, financial support , specialist assessments (health/neurodevelopmental/sensory) are still very difficult to access" (Adoption Professional)

  "Lack of availability and complex assessments prevent services been provided in a timely manner" (Adoption Professional)

- **The lack of resources earmarked for specialist, in particular therapeutic support – having to 'fight for it' in each case.** Some parents mentioned the lack of a clear funding stream, such as the Adoption Support Fund in England, to meet these families' needs.

  "Of course, the main barrier is funding for ongoing specialist support, which to me appears ad hoc and arbitrary. We are missing out in Wales compared to England who have a dedicated Adoption Support Fund" (Adoptive Parent)

3.4.4.1.   Accessibility of support during the COVID-19 Pandemic

Only 8% of the targeted or specialist support described by parent respondents to the online survey had been accessed fully by them during the period of COVID restrictions. A fifth (22%) of families had accessed some of the planned support, but most (70%) had not accessed any of their planned support during this period.

Analysis of the comments made by adoption professionals and sector leaders in relation to a section of the survey relating to the sufficiency of support for families during the COVID-19 period suggest the following themes:

- **That some very creative adaptations have been made**, particularly to generate online peer support groups, 'toddler groups', quiz evenings, or educative / training programmes, and that these have been very well received and have suited some, if not all parents. Some, including NVR, Life Journey and Nurturing Attachments have been found to be particularly accessible online. Also, some aspects of adoption preparation training.
  "We've been able to reach a far wider audience this way" (Adoption Professional)

  "I think the availability of more online resources - advice, webinars and information, has been really helpful, especially when these are available to watch at a convenient time. I think the quality of online resources and the professionals who have been able to find the time to present them has been really good." (Adoption Professional)

  "During Covid, I've been amazed and impressed by the agility of services" (Sector Leader)

  "It is hard to put a figure on this, but we have had to move all support to online delivery which has suited some families but not others. Attendance at support groups and training sessions have increased" (Adoption Professional)

  "There seems to have been a lot of online provision of training opportunities in particular which has been well received" (Adoption Professional)

- **There has been an increase in some forms of support, for example NVR training (online) to meet demand.**
- **However, there are limits to being able to adapt all supports** to be delivered remotely, for example some forms of therapeutic support (such as play therapy for younger children) or life journey work.

"We've tried to adapt with video calls but families and young people prefer visits, especially for life journey conversations" (Adoption Professional)

- **There has been a problem with the availability of respite care / short breaks for adopted children with additional needs during this time.**

"Families where children have had high levels of additional need, SEN for example or regular respite care have not been able to access this and this has placed an additional strain on those families" (Sector Leader)

- **It has been difficult to obtain a range of other supports that might be available in more normal times, for example education or health supports.**

"..many outside support services and activities have stopped or reduced and this has affected family stability and resilience. Also everything has slowed down during Covid and assessments for specialist health and psychological services has not been as good as it could be" (Adoption Professional)

- **The period has seen some significant disruptions to birth family contact.**

"COVID has adversely disrupted contact with birth families because the organising children's services have cancelled or been unavailable to meet or talk with adopters and adopted children. No one could have predicted this. But because there is a raised understanding of the importance of birth family contact and history, there is now a raised expectation of provision" (Adoption Professional)

- **A general sense that some adoptive families, just like all families, have not felt able to seek support during this period.**

"I think there is undoubtedly families who have been missed completely as a result of COVID 19 and not received necessary support for a number of reasons - perhaps feeling unable to ask for help, feeling there was nowhere to go and nowhere open to seek help" (Adoption Professional)

3.4.5   The market for adoption support services

The market for adoption support was described by sector leaders as currently being located mostly within the regional adoption services and teams, with some also in the voluntary sector. The latter was perceived to be more vulnerable because of its limited size and more limited access to funding streams when compared with the statutory sector but also that it regularly 'punches above its weight' in terms of impact. The Welsh Government funding is thought by sector leaders to have helped a little to improve the resilience of voluntary sector providers, with some funding going direct to them. There are also some independent therapists providing additional capacity or areas of specialism to the regions and voluntary sector adoption support teams (for example play therapy). A limited number of specialist providers (mainly The Family Place, billed as a national centre of excellence) are described as not only providing adoption support but also advising other professionals on key programmes, such as TESSA.

> *"Our in-house therapists are our first option but we do also commission from elsewhere.. for specialist needs for example drama or art therapy. We tend to have preferred providers"* (Sector Leader)

> *"We deal with 80-90% in-house. If we need something else, we have to go back to the Local Authority. Some authorities have a designated amount for adoption support and others don't. It makes sense if we own the pot.. having to go back to the local authority sometimes ends up with duplicated assessments. Some local authorities are really good but it's a flaw in the system"* (Sector Leader)

A slight concern was the lack of registration of individual providers of (therapeutic) support. The market was described by most sector leaders as mixed but relatively limited in breadth. Some interviewees described how important it was to sustain a mixed market to meet different family needs and to give them options.

> *"You need a balance and choice for people"* (Sector Leader)

The market was described as being controlled to a certain extent by NAS and the Welsh Government (as they control the funding channels) but also by regions (particularly those with delegated budgets for all aspects of adoption support) and/or local authorities who retain a level of strategic direction over resources at a local and regional level and who, in some cases, also retain direct control over the budget for and choice of specialist supports.

Sector leaders considered that the regional teams and voluntary adoption agencies were working relatively well together currently, and that there was no particular need for change in the overall arrangements.

> *"This is where there has been a seismic shift in the past 3 years. Even before Covid, people were coming together and working together better and with a better attitude. There are now some really forward thinking people in the regions, people who are very progressive"* (Sector leaders)

Although interviewees were not asked directly about this point, there was some enthusiasm expressed for a funding mechanism such as the ASF in England, with its potential to generate a more diverse and potentially bigger market for private and voluntary sector provided adoption support services.

3.4.6 Parent, professional and sector leader views about the extent to which services have improved in the lifetime of the Adoption Support Framework (in the last 2-3 years)

Of those who expressed an opinion (and for some it was difficult because they hadn't needed services or were in the early stages of an adoption), 57% of parents completing a survey considered that adoption support services had improved in the last 2-3 years. 33% expressed a view that they had neither improved nor had become worse. Only 10% thought that services overall had become worse.

In the free text box relating to these questions, parents described some of the things they had noticed during this period:

"Three years ago we were not listened to, now we are" (Adoptive Parent)

"I think it must've improved because it is given much more headline space with the awareness of impact of early trauma etc." (Adoptive Parent)

"Things are moving in the right direction but very slowly and not fully implemented."

"it has improved since the authorities merged as prior to this we were offered no post adoption support. Now I believe that they do have budget from the adoption support fund" (Adoptive Parent)

"TESSA, is available now" (Adoptive Parent)

"More training/discussion sessions available" (Adoptive Parent)

Sector leader interviews similarly projected an overall cautiously optimistic narrative in relation to which services are described as being in 'the early stages of an improvement journey'.

"I think the NAS has been a real improvement from before. More consistency across Wales, more funding into adoption support... I'm seeing some optimism" (Sector Leader)

"We are getting there but we still have a way to go and we still have to continue with that journey (of improvement). The Framework has helped, the money has helped, the improved relationships between voluntary and statutory sector have helped. But there are still improvements to be made, for example the quality of the life journey work and work with teenagers for example" (Sector Leader)

"We're on a positive journey but we're not quite there ye"t (Sector Leader)

The journey was considered by these interviewees to be more developed in relation to the universal compared with the targeted or specialist offer of support for families, although in relation to the latter there were some early signs of success.

"Things are greatly improved. There are more enhanced regional services with therapists and life journey work, theraplay and so on" (Sector Leader)

"In the past, people came back when things got really wrong. We've moved into a much better position where we recognise they need more support" (Sector Leader)

There was a tangible sense of regret that some of the more recent developments would not be able to benefit sufficiently early some of the adoptive families that had experienced difficulties in years gone by.

"The change in adoption support is unrecognisable. My only sad thought is that people will be looking for immediate changes when we won't see the benefit for at least 3 to 5 years. We're working with some families now where there were lost opportunities earlier. Some are getting earlier help now" (Sector Leader)

Adoption professionals were more positive about improvements during this period. 82% of those participating in the online survey for this evaluation considered services to be 'quite' (58%) to 'very much' (24%) improved during the most recent 2 to 3-year period.

3.4.6.1.   The impact of investment(s)

Many professionals and sector leaders acknowledged that there had been increased investment in adoption support services during this period, particularly in the form of adoption ring-fenced funding from Welsh Government but also, in some cases from the Integrated Care Fund and/or some regions themselves.

84% of adoption professionals considered that the Welsh Government investment in adoption support services has had a positive or very positive impact on the availability or quality of adoption support services, and 98% thought that the investment had been well utilised, for example:

- To develop new service offers for families.
- To develop an earlier offer for families.

   "Enabled better practice early on in adoption journey to hopefully reduce need for AS later on" (Adoption Professional)

- To enable new posts to be made within the regional service.
- To enable training for adoption (support) teams in the regions, to enable more evidence-based or collaborative offers of support to families.

   "A shift to more collaborative, dynamic working relationships between adoptive parents and agencies" (Adoption Professional)

- To enable national materials to be produced, for example the 'good practice guides' that, it is anticipated, will create a framework for best practice across Wales, also a series of podcasts for people thinking about becoming an adoptive parent.

The two main areas of improvement resulting from a combination of increased investment and the Adoption Support Framework in the most recent 18 months were considered by professionals and sector leaders to be:

- **The TESSA Programme**

   "Feedback about TESSA has been really good from families and from staff. People really like the parent mentor / partner and also the initial consultation with a psych" (Adoption Professional)

   "We don't have anything from the evaluation yet, but people are very positive about it, workers and families" (Adoption Professional)

- **Increasing access to psychologist / therapeutic support** via the regional teams. The type and degree of increased access seems to have differed by area, for example, in some areas this represents just one additional therapist, whereas in

others a larger psychology-led service has been established: 'a therapy team purely for adoption'. In one area, this aspect of the team is funded by the local Health Board.

The variability in the extent of these developments appears to have depended on the extent to which the full allocation of Welsh Government funding has gone directly to the regional adoption team or whether some of it has gone to each of the local authorities involved. For example, in some areas it is clear that budgets for some targeted or specialist forms of therapy, such as occupational therapy (sensory integration) work, CBT for children, play therapy, DDP and drama therapy were held by the local authorities and needed to be applied for on a case-by-case basis. It is too early to tell which model works best but adoption teams with in-house expertise understandably described being more confident that they had the right services to meet their region's needs. Where regional adoption support teams had a fuller in-house therapy service, the offer often included not only direct work with families but also 'consultation-style' support from specialist psychologists to all those working directly with adoptive families.

In some regions, existing adoption team members (mostly social workers) had been trained to undertake more therapeutic work, for example DDP, theraplay, therapeutic parenting and therapeutic life journey work.

> *"Knowledge is being spread through the regional team from psychologists to make better sense of a child's difficulties"* (Sector Leader)

> *"Having a psychologist and staff with a good knowledge base and confidence means that conversations are happening more now than us getting into a battle"* (Sector Leader)

Some interviewees made the point that the sector is only at the beginning of understanding how best to harness and deploy more therapeutic forms of support and that this is a key area of future development (to understand better what works and in what circumstances). Other areas of improvement that were mentioned included:

- The 'Connected Groups' supported by Adoption UK Cymru, looking to establish adopted youth groups (although Covid has put paid to much of this work).
  "It feeds into the adoption community but we've had to go remote recently. It also connects the parents, they start talking" (Sector Leader)
- A small increase in the work with schools (to help them to support adopted children in a trauma-informed way). This change is ascribed mostly to work that has been led by Adoption UK across Wales but in two regions at least the additional investment enabled new or increased dedicated support to children in the context of their school. In one region, a 'reaching wider' scheme has also been designed to support children's transition to adulthood.
- Through training, improving understanding within adoption support teams about the centrality of therapeutic parenting (early in the adoption journey) and techniques such as Non-Violent Resistance for parents with behaviourally challenging children or young people.

Many also reflected that having this investment has helped to raise the profile of adoption and the needs of adoptive families in a positive way during the period of investment.

> *"Higher profile and awareness of adoption support and families seeking help at an earlier stage"* (Sector Leader)

> *"Raised awareness of adoption and the diversity of adoptive families as well as the benefits of readily accessible support"* (Sector Leader)

> *"Improved thinking about the many agencies that meet children's needs- the importance of a shared approach between school- children-parents and other services. More awareness of the impact of trauma and its impact on a child/family"* (Sector Leader)

Professionals responding to the survey suggested that, overall, it was too early perhaps yet to see the full benefit(s) of the investment, particularly in the context of the Covid-19 Pandemic and/or where teams had taken some time to develop, but that they anticipated a 'significant difference' to the availability and quality of support to adoptive families in the future.

Many sector leaders described how they thought the Welsh Government funding also considered that had been well utilised (mostly through the creation of new social work(er) posts and training for the teams, dedicated psychology supports, but also for new innovations such as TESSA (regions have a coordinator each for this), Connected Young Person Service, Adopting Together and birth parent support) and was beginning to have a very positive impact.

> *"We saw regional teams expand, new services like TESSA"* (Sector Leader)

> *"Definitely without the additional funding we wouldn't have been able to do what we've done"* (Sector Leader)

> *"Welsh Government money has helped us to stop fire fighting and develop our services to meet needs"* (Sector Leader)

> *"We need to ensure that it adds value. I think it will make a huge difference."* (Sector Leader)

> *"NAS Director had a job to get us swimming in the same direction. We agreed clear parameters about spend and reporting. We've done well – contact work, TESSA and thinking about what good looks like"* (Sector Leader)

Some considered that the funding could be well-utilised because the background 'work' had already been done (through the Framework).

> *"We could do this as we had a really coherent idea of what we wanted, through the Framework. If we'd had funding before that, I don't think it would have been as well used. Having a robust plan agreed before money is given is incredibly useful"* (Sector Leader)

For some, the funding had also been the final 'push' towards forming a more coherent regional adoption support team and that this was a very positive development:

> *"It's 100% better. Having people committed to working with parents"* (Sector Leader)

Sector leaders also described how the existence of the funding had positively helped to raise the profile of (the need for) adoption support nationally:

> *"It has started to create that adoption community so that adopters know they've got peer support. It's raised the profile that there's a service there to support them"* (Sector Leader)

Most sector leaders also reflected on the fragility of this resource and that it would be preferable to have it for a longer period of time, particularly as it had raised adopter expectations about the availability of support both now and into the future:

> *"More knowledge and awareness has led to more demand"* (Sector Leader)

> *"We may find that, once there's more awareness, things won't be sufficient. The risk is that we create expectations and then the grant funding ends"* (Sector Leader)

> *"Of course, it's only funding year by year so, even now, our staff are in temporary posts until 31st March. It's very difficult and affects how people feel and work"* (Sector Leader)

> *"My concern is that we've experienced being able to provide supports. We pick people up only to dash them down again. It needs to continue or to be enhanced"* (Sector Leader)

> *"I think that the Welsh Government funding was well spent but we don't want it withdrawn. It would be so awful to have to dismantle it"* (Sector Leader)

3.4.6.2. Impact of the Adoption Support Framework

Parents were not asked for their views about the impact of the Adoption Support Framework, although some were aware of it. Sector leaders were asked more specifically about this.

They considered that the Framework had been useful in helping adoption support to develop and improve in Wales over the last 3 years, in particular in relation to the 'core offer'. They often thought that it would be useful in the future too, to help further shape adoption support going forward.

> *"The ASF has been useful. It does identify that this is such an important area and we need to look at all the facets. So, we're right to talk about universal services as well as targeted and specialist"* (Sector Leader)

> *"It is helpful to have a visual framework and it gives recognition to adopters that we're taking it seriously"* (Sector Leader)

"The Framework has given us a language. It has made all the agencies stop and think and consider.. (we are) really well placed in Wales now to have a unified early help approach" (Sector Leader)

"More consistency across Wales, more funding going into adoption support. Better, on the whole, to have the Framework rather than the (Adoption Support) Fund. The advantage of a Fund is that it's more transparent for families, but the money can run out. People accessing supports may not be quality assured or evidence based" (Sector Leader)

"Social workers are aware of it, people talk about it" (Sector Leader)

A minority of sector leaders considered that the Framework was rather just one of a number of factors that could and had had an influence, such as the new national funding or being part of a national service. Local authorities could still decide to fund their adoption support service to different levels, RPB's could take differing views about their priorities. A range of factors were at play. However, even these interviewees recognised that, without the Framework, there might not have been any funding and that it provides a degree of national expectations.

"I have mixed views… but it has provided us with a blueprint to move forward. It's our plan. Regions are starting to promote their offer through it. In the future, it could help us with recruitment and matching. That's the next stage of the journey" (Sector Leader)

In addition to improving adoption support services, some interviewees thought that the Framework had had a broader impact on other important areas, such as:

- The development of adoption support assessments and reports.

  *"These are so much better than they were (Sector Leader)
  Recent adoption support plans.. you see a lot more thought behind them"* (Sector Leader)

- Provision of a structure for the development of best practice guides.

  "We've developed these together.. they're excellent" (Sector Leader)

- Promotion of collaborative working between the regions and voluntary sector

  "The Framework has been a great asset. It has underpinned the development of services. It has also helped with collaboration. I've seen a real difference in the working relationships between regions and the voluntary sector" (Sector Leader)

- Increased awareness of (the need for) adoption support.

  "..whereas it wasn't much talked about in the past. It feels less of a Cinderella Service than it was" (Sector Leader)

"Adoption support has been profiled – in a completely different way. People always talked about adoption support, but it was always in the negative, lack of it" (Sector Leader)

3.5   To what extent are adoption support services well-coordinated?

Less than half (48%) of parent respondents to the survey considered that adoption support services are well-coordinating, suggesting room for improvement in this area from their perspective.

Professionals responding to their survey expressed a view that services in support of universal through targeted needs are better coordinated currently compared with those who need to work together when families have more specialist needs.

Some of these adoption professionals expressed a view that this had been an area of improvement in recent years.

"This is improving and has improved dramatically over the last 12 months since the investment money from WG was available. There are still areas of Wales where it isn't working smoothly but things are heading in the right direction and are much much better than they were a few years ago" (Adoption Professional)

Others thought that there were still problems in the join up between specialist adoption services (such as those provided through the regional adoption teams and VAAs and mainstream health and education services), with the latter thought still to lack a trauma-informed approach.

"The coordination that I see is where the service is obtained via the adoption agencies. There seems to be less coordination where there are issues in school or with the health service where the approach may not be trauma informed. There is a real need for more holistic services e.g. a child to have a sensory assessment as well as consideration of therapeutic input" (Adoption Professional)

3.6   To what extent are schools or colleges aware of the specific needs of adopted children?

Recent literature has referred to the importance of schools and colleges being 'adoption aware'. This is articulated by parents, children and professionals in a range of UK studies (Welsh Government 2016; Selwyn 2017; King et al. 2017; Adoption UK 2017; Yellow Kite 2020; TouchBase 2020). Adoption awareness in the education sector spans a number of areas including: a wider understanding of how *all* children learn and thrive in the school setting; knowledge, recognition and understanding of the possible needs that adopted children may have; and understanding and responding appropriately to adopted children's possible stress that may manifest in the classroom.

A recent Tavistock Institute study (King et al. 2017) found that families who felt understood by schools considered they were helped in a significant way. Conversely,

parents who felt unsupported often either changed schools for their children or came close to changing schools.

3.6.1 The views of adoptive parents in this study

Excluding those who did not know (mostly those with pre-school aged children), over half of parents participating in the online survey (approximately 57%) considered that schools do not have a good awareness or have a poor awareness of the particular needs of adopted children.

Table 16: Proportion of parents completing a survey by level of awareness they believe schools have about adoption

Response	% of respondents
Very good awareness	12.7%
Quite good awareness	30.7%
Not very good awareness	33.8%
Very poor awareness	22.8%

Note: Number of parents completing this question = 261

However, 58% of these parents also thought that schools' awareness levels had been improving.

3.6.2 The views of adoption professionals in this study

A greater proportion of professionals participating in an online survey for this evaluation (74%) considered schools to be 'not very' to 'not at all' adoption aware. However, 49% thought that improvements had been made in the last 3 years.

Adoption professionals reflected that, whilst adopted children often have the most difficulty with and within school, awareness and actual support or responses to meet the needs of adopted children was still 'patchy'.

> *"I think it varies hugely not just from school to school but from teacher to teacher! I think very few schools as a whole are adoption aware or have a trauma-based approach and understanding. Some children experience good individual teachers for a period of time if they're lucky, but often it goes no further than this"* (Adoption Professional)

> *"I believe this varies from school to school and there is a lack of consistency. As teachers are under tremendous pressure to learn, plan, mark and present data and evidence, supporting adopted children is 'not my priority'"* (Adoption Professional)

The key areas that are considered to be lacking in terms of schools' and teachers' understanding relate to attachment and early trauma and their impact on a child's learning and behaviour. Additionally, whole-school approaches to (challenging)

behaviour are thought sometimes to be 'largely punitive' to the detriment of children with these needs.

> *"There is still an emphasis on behaviour and its management, rather than a focus on the underlying needs, that drive that behaviour. Under stress, colleagues in education, still tend to default to a behaviour management approach based on rewards and arbitrary consequences, which is generally ineffective"* (Adoption Professional)

> *"Comprehensive schools can be less empathetic and understanding of the continued impact of trauma on a child physical and emotional development when they reach this key stage. They are deemed to be more responsible, older"* (Adoption Professional)

However, some progress was thought to have been made by a combination of NAS Central, regional adoption teams and Adoption UK together working alongside schools.

> *"Trauma informed training/attachment/ ACEs training has helped school staff become more aware of the trauma that adopted children would have gone through. This will help school staff provide supportive strategies and nurture children"* (Adoption Professional)

3.6.3   Where have improvements been made thus far?

Parents completing the survey or participating in an interview who expressed greater confidence in schools' awareness and a better recent experience often but not always had primary aged children.

> *"Our small local primary school have been extremely open to communication and accommodating of our kid's needs"* (Adoptive Parent)

> *"The primary school was better of his needs but now he's in comp they don't really know much about him"* (Adoptive Parent)

Through their comments in the survey, parents also provided insights into the factors they thought promoted schools' awareness and positive treatment of adopted children, including:

- **Teaching staff attending training on the impact of early childhood trauma and adversely affected early attachment**.

> *"Awareness is definitely improving, and the school has received a lot of training. It makes a big difference"* (Adoptive Parent)

> *"It's improving with training such as ACES but is still very much misunderstood and a lot of support is needed from us as parents to get this right. More training/staff are needed to work with adopted children"* (Adoptive Parent)

> *"I think that in wales the promotion of 'aces' has started to trickle through to their understanding within schools"* (Adoptive Parent)

- ■ **Schools receiving consultation-style advice from individual specialists / therapists working with the child or family.**

  "You know the mental health services (CAMHS) I said to them I really need the help. It's developmental trauma. They attended with me to speak to the school and it was almost like school had a lightbulb moment because they heard somebody official repeating what I said" (Adoptive Parent)

- ■ **Adoption specific training provided organisations like Adoption UK.**

  "My son's school is exceptionally good. Adoption UK have trained some of the teachers. The head teacher is very keen on any wellbeing support for all pupils and is proactive in this. The ALCo is well trained, sympathetic, and motivated" (Adoptive Parent)

- ■ **The school head and ALCO in particular being knowledgeable, motivated and open (for example to behaviour management approaches).**

  "My child's school is great and are proactive in being an adoptive/LAC friendly school" (Adoptive Parent)

  "It comes down to the headteacher and the ALNCO. If they're good, the school is good" (Adoptive Parent)

- ■ **Schools having a positive, trauma-informed and compassionate approach to wellbeing more broadly and putting this aspect of children's development to the fore.**

  "My son's school is excellent. He receives emotional support from a trained LSA and the teacher leading ELSA and the Head will look into any support that they can access to support his self confidence and emotional strength" (Adoptive Parent)

  "Schools are keen to identify problems and offer help early. In the past there was a greater tendency to sweep things under the carpet" (Adoptive Parent)

- ■ **Schools or teachers having previous experience of adopted or looked after children upon which they can collectively draw.**

  "School really good. They've got a teacher who's also an adoptive parent. There are quite a few adopted children in the school, so they're very aware and quite trauma informed. The teaching assistant… can spot when he's about to kick off and she will take him to do something else and distract him. The Head Teacher.. is chasing up the educational psychology (referral)" (Adoptive Parent)

  !The nursery and school in our community has had previously adopted children and so we think their understanding of behaviours and needs are pretty good" (Adoptive Parent)

- ■ **Schools actively tailoring support to children rather than a one size fits all approach.**

"I don't know about other schools but my son's school is aware of additional needs of adopted children. However, they don't just assume all issues are adoption related. They work with us to reach the best solution using the most appropriate route" (Adoptive Parent)

3.6.4   Where does progress still need to be made?

Some parents who had generally positive things to say about progress in this area or a particular school or (head) teacher also expressed reservations, for example about:

- **The perceived inconsistency of experience across individual teachers or schools.** This was the area of most comment.

   "The response we often got when we tried to have conversations about our daughter's past or current challenges, was that there are children a lot worse off than her, that she was managing well. Some teachers were brilliant - others would see her behaviour as bad behaviour or attention seeking. It wasn't consistent, and apparently only the senior management team had received appropriate training" (Adoptive Parent)

   "Some staff respond better to my child's problems than others" (Adoptive Parent)

   "The current school is excellent but the previous school was appalling, there should be no variation in schools and the support available" (Adoptive Parent)

   "Small number of schools accessing attachment training lack of understanding of prevalence of FASD patchy knowledge of finance available, lack of willingness to think outside the box for behavioural solutions" (Adoptive Parent)

   "It has been a long journey for us with the school to explain that the problems of adopted children can be complex and do not necessarily mean that the child is 'bad'. Many teachers have now received bespoke training but I am aware that this is not the case in all schools" (Adoptive Parent)

- **The impact of training without ongoing support to challenge old ways of doing things and establish new approaches.**

   "I think that schools can go on the courses which is a great start but that doesn't always equate with that being put into practice. It will take time for experience to grow and for things to change" (Adoptive Parent)

- **Secondary schools' ability to tailor support to individual children, even if they do understand the needs.**

   "Mainstream schools generally insist on rewards and punishments behavioural systems which can be futile and make school life worse for adopted children" (Adoptive Parent)

"At least they are now a little more aware that adopted children may present with challenges but still seem very poorly equipped to identify them early and then manage them appropriately" (Adoptive Parent)

"(Secondary) schools are still looking for a way to get the child to 'fit'" (Adoptive Parent)

- **Schools being able to extend their understanding of the needs of other care experienced children, looked after children, to adopted children.**

    "I think there has been more training and understanding about attachment issues in recent years but the long-term effects of adoption on a child are largely ignored by schools. It is generally assumed that once a child has been with a family for a few years everything must be OK & if a parent raises an issue or awareness he or she is over protective and making unnecessary fuss" (Adoptive Parent)

    "I think that when a child is adopted schools believe that's the end of it - they have no real concept of the ongoing effect of early trauma. Unlike that of children who are looked after which they seem to have a good grasp of" (Adoptive Parent)

    "I work in a school and I think there is increased awareness about children who are in the care system but not necessarily about those who used to be and who are now adopted - there's a feeling of 'they're ok now'" (Adoptive Parent)

In the future, some parents would like to see schools' awareness improve including through:

- More training.
- Statutory requirements for educational plans for adopted children (equivalent to fostered children).
- Training on attachment and trauma informed approaches to be mandatory for all teachers.

Many sector leaders interviewed for this evaluation agreed or even emphasised that this is an important area of support for adopted children and families:

    "So many issues are shared with us about the child in school, children struggling with that social environment" (Sector Leader)

    "Families often thrive in the early years but will hit difficulties at transition points such as entry into school or changing schools. Starting school, the support needs may emerge including ASD, FASD and other that may be more apparent in a formal setting" (Sector Leader)

The overall narrative around sector leader responses to questions in this area has been that, whilst some small improvements have been made in this area, there is still much to do to improve the experience of adopted children in school, particularly at transitions from primary to secondary school and as teenaged children.

"A small number of schools are adoption aware, but it's a massive job still. It feels like what we've done is a drop in the ocean" (Sector Leader)

"We're a long way off schools being trauma-informed" (Sector Leader)

"Some schools get it and others just don't, even with the training. Some schools speak the right words but have a 'naughty list' of children and don't think it through for an adopted child" (Sector Leader)

Parents and sector leaders interviewed for this evaluation were under no illusions about the potential difficulty of the task (of changing things for the better), particularly given:

- Pre-existing teaching / teacher 'styles' and cultures that are resistant to change.
- Teachers needing to balance the needs of a whole class with that of an individual child:

"Even where they are trauma informed, there's a balance between the needs of an individual adopted child and the whole class" (Adoptive Parent)

However, the myth that schools are not aware of whether children are adopted was largely dispelled:

"There was an argument that schools don't know about adopted children but 99% parents in the Adoption Barometer said that schools knew their child was adopted" (Sector Leader)

Potential future enablers of further positive change in this area were thought by professionals and sector leaders to include:

- Ongoing direct work between adoption specialists and schools.
- The new curriculum and (Welsh) Government consultation on whole-school approaches to emotional health and wellbeing.
- Convincing schools that being trauma-aware is good for all children, not just adopted or looked after children.
- Building on school knowledge, for example around ACEs and what they are already doing around trauma and attachment.
- Establishing a 'kite mark' for schools. A pilot was due to be established for example in one region, but the COVID-19 Pandemic had stalled its progress.

3.7 To what extent are adoption support services thought to be sufficient across Wales?

There were varied views expressed by parents completing the online survey about the extent to which the range of adoption support services currently available are sufficient to meet the needs of their families. Nearly 6 in 10 thought that they were very or quite sufficient (59%) overall, but over a quarter considered that they were 'not very sufficient' (26%), and 1 in 7 considered them to be 'not at all sufficient (15%).

82% of professionals responding to the online survey considered that universal services are quite to very much sufficient. However, only 55% considered that targeted services

are sufficient and only 11% that specialist services are sufficient currently. The free text comments in the online parent survey and more in-depth interviews with parents also suggest that they consider any insufficiency mainly to relate to more targeted or specialist forms of support.

The main gap described by family members, professionals and sector leaders is in relation to the timely, planned and well-coordinated availability of therapeutic support or support to meet complex family needs, particularly during adolescence. Some parents described how these 'should be available without a fight'. Some sector leaders and professionals thought that there should be greater availability of therapeutic support for the whole family, including parents.

> *"A child plan written down with everyone in agreement as to what's going on.. Basically everyone (would) know, essentially me, the social worker and the doctor as well" (Adopted Child)*

> *"They said that, because the adoption wasn't going to break down, why would they need to support me. Apparently, I have to be, it has to be a safeguarding issue. To get respites. I am basically being told that there isn't enough money and the only people they can support are people who are at the point of splitting. My concern moving forward is … whether I will physically be able to cope with a child who can at times be violent" (Adoptive Parent)*

> *"I have been striving to get psychology (support) for her. How families cope. It's just dire" (Adoptive Parent)*

> *"I was sent a social worker to come and speak to. Nothing happened after I met them. She didn't attend any meetings at the school and she didn't help in any way. It's just not there .. there isn't anything to access. It's fine if you go into crisis mode, they seem to step up. You shouldn't have to get to crisis before there is support" (Adoptive Parent)*

> *"Services need to be more readily available and accessible without feeling you are having to fight to get that support due to funding or availability" (Adoptive Parent)*

> *"We need increased support, more readily accessed and I would suggest that post adoption support services check in annually with ALL families. We waited longer than we probably should have before reaching out for support, being under the assumption (from other adopted families) that to access any support was virtually impossible. Balance this with the fact that most adoptive families 'just want to be normal' and I suspect many of us leave it later than needed to reach out" (Adoptive Parent)*

> *"I think there should be a regular check in at six monthly intervals, really throughout a child's life. Because lots of people won't reach out for support. In the long term, I think it would save children and families going through the challenges" (Adoptive Parent)*

> *"Plenty of support services, it's just a shame that they have to justify, argue, complain or raise issues to get the support they need. They are not freely available as led to believe"* (Adoptive Parent)

> *"More funding available now than in the past but still NOT ENOUGH"* (Adoptive Parent)

Some adoption professionals were aware that therapeutic supports, particularly in the form of 'in-house' psychologists, were more available in other regions compared with their own.

> *"We haven't had the benefits of these posts. I'm not sure why. We would like in-house psychologists. It's quite exhausting to fight for individual families"* (Adoption Professional)

Whilst there were different views expressed by adoption professionals and sector leaders about the role(s) of psychologists within adoption support teams, many interviewees agreed that a close alignment between psychologists and specialist adoption social workers was a more 'optimum' model, compared for example to having a clinician doing all the one-to-one work or to social workers continuing to work in isolation from clinical support.

> *"The psychology service in (a particular region), their input with regards to matching and linking children and supporting adopters in the first year, that's hugely beneficial. I'd say that's evidence-based. But different people have other models"* (Adoption Professional)

There was also a high degree of triangulation across the findings from parent / professional / sector leader surveys and interviews about other current gaps or weaker areas in relation to targeted through specialist adoption support services, as follows:

- **For children with neuro-developmental difficulties**.
  "There are still massive waiting lists for ASD diagnosis in Wales, no one who can do a FASD diagnosis" (Adoptive Parent)

  "There is a higher prevalence of children exposed to alcohol and drugs in the looked after system so it must be a higher prevalence too for adopted children. FASD is not recognised. That is a bone of contention in the adoption arena. People are not being taken seriously" (Adoption Professional)

  "For diagnoses… for the neuro-developmental service, there's nearly a 2 year wait.. everyone's coming out with an ASD diagnosis. They're very geared towards this. It's not working for all. We need better diagnoses, but also better treatments" (Adoptive Parent)

- **For access to CAMHS.**
  "CAMHS are not fit for purpose (for adopted children)" (Adoptive Parent)

  "The threshold for CAMHS is so hig"h (Adoptive Parent)

"There are concerns about access to CAMHS .. and social services and CAMHS not working well together" (Sector Leader)

"Adoption awareness amongst therapists and clinicians is still limited or lacking. You need a very good understanding of trauma and of the lifelong impact of it" (Adoptive Parent)

Some professionals and sector leaders expressed a view that one of the main reasons for CAMHS not being accessible to adopted children is that they do not currently have an expertise in working with children who have experienced early childhood trauma and/or attachment difficulties.

"CAMHS are careful not to take referrals in relation to things they don't understand" (Adoption Professional)

"At the higher end, access to CAMHS is not good. My view is that each adopted child should have access to CAMHS when they need it .. but it's not happening. It's a major issue. Possibly they don't have the expertise, but they should be able to respond" (Sector Leader)

- **For older children and young people, including those in transition to adulthood** in relation to whom adoption support services have been less well-developed thus far.

"I do feel there's a gap (in support for older children and adult adoptees) because, for a lot of children, they mature later than other children anyway. I guess trauma comes out later. I've not seen any support for anybody sort of late teens or .. early twenties. Definitely a crunch point is probably 16 to 25 and it feels like support isn't there. All the groups are .. about younger children" (Adoptive Parent)

"More around the areas of sexual health, relationships, self - identity; birth family. How to manage self harm and strong emotions" (Adoptive Parent)

"We've had quite a focus on early interventions but there are a cohort who went through adoption a while ago and some are not doing well at all. It's all about them being able to access what others, including care leavers, can" (Adoption Professional)

"Teenagers are a big gap currently. Adolescence for children who have experienced things they don't even remember. That combined with parents' expectations of their children" (Sector Leader)

"Children who are NEET or who need support into housing and who have mental health problems" (Sector Leader)

- **For access to specialist support** more generally – including difficulties in some areas in accessing funding when it is needed, particularly where adoption related issues are interwoven with special educational needs or health needs. Some regions and voluntary sector providers described particular barriers to accessing 'higher level' support where the funding had not been delegated at least to the regional team.

"Somewhere you can go to discuss your problems with someone who has a background in therapy and psychology .. not easily flustered or mechanical in their responses. We need people who are qualified to help the child and help us to help the child. Also help us, to deal with the problems. Ask adopters. We want an 'adoption support centre' where all the right people are and who can advocate for you" (Adoptive Parent)

"Children in fostering and adoption should be prioritised. There is clinical evidence that they are more likely to get ASD and attachment difficulties, developmental trauma etc. The adoption agency should be able to fast track them (through for example the NHS) to get support. The neurodevelopmental service is a tip of the iceberg. They mostly focus on ASD they don't focus on diagnosis and specialist help" (Adoptive Parent)

"There is no service that says 'come here' if your child has experienced early life trauma or has a neuro-developmental condition but people (schools) want a clear diagnosis. You won't get any help without a diagnosis in school." (Adoptive Parent)

"I think a lot of our children get misdiagnosed with things like autism and ADHD because people are trying to fit them into the boxes that currently exist. Within statutory services, there isn't enough awareness and therefore we need to rely on support from adoption support agencies and specialist clinics that do have that knowledge and experience" (Adoptive Parent)

"It goes to the LA where the family resides to agree a package of care. We may .. make recommendations but it's down to the designated LA to agree the package or not" (Adoption Professional)

"It's still a postcode lottery for specialist support .. as local authorities allocate funding. They take the lead. In some areas, they wait too long until crisis point before getting involved" (Sector Leader)

"We're hearing some regions have a budget including to use for specialist support but some don't. They have to go back to the Las for funding. They have to battle for resources" (Sector Leader)

- **More accessible and better quality life journey work, particularly for older children**.

"We have been refused life story work as no one can agree who should pay" (Adoptive Parent)

"..more support on life journey materials as the birth family disengaged a long time ago and we have very limited information on early life story that our child's social worker has not been/ doesn't want to help with" (Adoptive Parent)

- **Greater focus on work with schools or with children in schools.**

"If I was an adopter, it would be what happens in schools that's the most important thing. I think funding should go into that" (Sector Leader)

- **Support for good quality contacts with birth families and earlier pro-active advice about contact, including in relation to social media.**

  "Contact is an aspect of adoption support and we want to end up with contact that supports people's emotional development and identity and supports families" (Sector Leader)

  "It was an accident waiting to happen with social media, but no social workers moved forward about it. Support around contact in this modern day and age is really important." (Adoptive Parent)

- **Better access to respite care when it is needed.**

  "3 children with significant additional needs that we can manage, but who we had no idea had this level of need when they were placed with us. Their level of need remains the same. We have NOBODY to offer any sort of respite to us and we don't qualify for any help with our local disability team, despite all 3 of our children being recognised as disabled" (Adoptive Parent)

A key 'thorny' issue is the tension between a desire for consistency (often expressed by adoptive parents and sometimes by sector leaders) and the need for flexibility of delivery within different locality areas and regions (sometimes expressed by some sector leaders and adoption professionals).

  "We have a core offer but leave room for creativity and innovation. Whilst I understand the need for consistency, I'm not sure everything has to be the same" (Sector Leader)

  "There is still variety around Wales around access to support… some families who have had to come back into the front door of social services to get support. Many (others) do now have specialist support teams who understand, but that's not universal yet across Wales and that's a bit concerning" (Sector Leader)

  "I like consistency. Why can't we tell the regions to stop doing some things and start doing others? I'm happy for it to stay in the regions, so long as there's some accountability. I'd really like to see a good roll out of specialist supports, therapeutic supports" (Sector Leader)

3.8   To what extent is the governance of and continuous improvement of adoption support fit for purpose?

This evaluation suggests that some regions have been 'ahead' of others in their development and continuous improvement of adoption support services. Having performance monitoring systems has enabled them to identify gaps and to make improvements (comparing themselves with others).

  "In the beginning, there was some resistance to having the light shone like that. Then, people thought there was some sense to a national performance framework" (Sector Leader)

Strong central (NAS) leadership including coordination activity is reported by some interviewees to have assisted regional and national networks to function positively.

> *"A collective approach is very important. We can all pull on each others' strengths rather than each replicating the work"* (Sector Leader)

> *"NAS Central do a good job. They led on things and try to keep things in hand. Make sure we're all singing to the same hymn sheet and that there's some parity across regions"* (Sector Leader)

> *"NAS is a good umbrella. They are trying to bring us together and create consistency and shiny ideas and common aims. A good sharing common umbrella"* (Sector Leader)

Some sector leaders reflected on the significance also of improved working relationships between regional teams and the voluntary sector:

> *"It seems more of a collaboration now. We've found ways to work together, even more so as we're now working virtually. There are some overlaps in what we do but it's also good that people have choices about where to go for support"* (Sector Leader)

> *"Relationships across the regions have improved. All adoption support managers now meeting for peer support during Covid – it has helped and enables comparison and the generation of ideas"* (Sector Leader)

Other strengths and benefits of collaborative working across Wales are reported to include:

- The development of national life journey materials and other good practice guides for use in the regions.
- Working together between the regions and NAS Central to the extent that people working with adoptive families don't feel 'done to'

However, many interviewees also touched on the natural tension arising from strong regional arrangements working to a central body that is held accountable and, equally, having to be accountable to several local authorities with different priorities and areas of interest.

Some sector leaders suggested that adoption-related measures established for some time now could be reduced or better honed onto adoption support. Some providers were already using impact measures (of adoption support) such as the Warwick Edinburgh scale for parent wellbeing and or distance travelled tools in relation to agreed outcomes.

> *"I'd like us to collect more adoption support measures although, to a certain extent, the Adoption Barometer fills that gap. It would be helpful to have distance travelled tools and to track children's progress in school"* (Sector Leader)

> *"I spend my whole life reporting, but we're not (yet) looking at qualitative things"* (Sector Leader)

> *"I'm not sure we're measuring what matters yet. It's burdensome and not flexible enough to find out what's working and what's not. It would be good to track children's outcomes over time, breakdowns and so on" (Sector Leader)*

Others thought that some of the national meetings could duplicate agendas and material:

> *"There's a lot of duplication of data and discussions"* (Sector Leader)

> *"There's too much governance. It's been rationalised a bit more now, but there are still duplications of meetings, the same conversations over again"* (Sector Leader)

> *"Too much paperwork, not enough dialogue. We're bombarded with information but we don't make sense of it. We need more conversations and debate about that"* (Sector Leader)

3.8.1   To what extent are adoptive families involved in service development?

Recent national consultations and feedback loops are evidenced on the NAS website, including as a result of the 'Adoption Voices' Programme, also national events have been promoted to hear from adoptive parents alongside professionals, for example the 'Big Conversation' sponsored by AUK Cymru in November 2020.

However, only 40% parents completing a survey for this evaluation said that their views informed how services were developed 'quite' to 'very' well. 36% thought that their views did not inform development 'very much' and 24% 'not at all', suggesting that feedback loops are not reaching all families.

Professionals responding to the online survey for this evaluation were slightly more optimistic about the extent to which adoption support services are informed by the voices of adoptive families, with 76% of those who had a view suggesting that services were quite to very well informed by the voices of families (although many others said that they did not know or did not have a view).

The free text comments in this section of the parent survey suggest a varied experience of adopters, with some feeling quite well consulted and 'bound in' to ongoing service design and development, and others not so.

> *"Opinions & feedback is regularly sought via email & events planned accordingly"* (Adoptive Parent)

> *"This is the first time I have been asked to complete a survey"* (Adoptive Parent)

Some reflected that being an adoptive parent means per se that you don't have much time left for supporting service development!

> *"I think this survey is very important. I would also say that when you are parenting such a complex child and have other children and are working you don't have any time or energy left to give to developing adoption services"* (Adoptive Parent)

Whilst some parents were confident that their feedback did help to inform service development, others were less so:

> *"I would like to think that all opinions are valued and that different experiences help provide a varied approach to assist all adopters through the vast age groups and needs of children"* (Adoptive Parent)

> *"I'm sorry I seem so cynical, but we seem to receive an awful lot of questionnaires but don't see what action is taken as a result. And our experience, as I've said, is that it is really hard to get support"* (Adoptive Parent)

3.9   To what extent are parents and broader stakeholders confident about the future of adoption support services in Wales?

Almost exactly the same proportions of parents (66%) and professionals (63%) completing a survey for this evaluation expressed confidence ('quite' to 'very' confident) about the future of adoption support services in Wales. Some parent respondents described having greater confidence in or optimism about:

- Adoption specialists' passion for and intentions to deliver a good service.
- Adoption teams' development and professionalism, particular as a result of recent funding and/or reorganisation.
- Increasing awareness of the needs of adoptive children.

Other parent respondents described having less confidence in or optimism about:

- The availability of resources for adoption support in the future, in particular because of competing demands for public resources in a time of austerity.
- The ability of institutions to change sufficiently quickly to meet the needs of adoptive families.
- The continuity of funding (resulting from additional resources being secured for a relatively short period of time).
- The availability of sufficiently experienced social workers.

Professional participants reflecting further on this question often described a journey of improvement that has / had started and in relation to which they were cautiously optimistic.

> *"I think over the past 5 years, the quality of adoption support has improved particularly in universal and, to a large extent, targeted services. With WG investment over the last two years, further strides have been made. The NAS framework for AS acts as both a model and template for what we need to achieve. We need to make many more strides in specialist support - CAHMS services are still difficult to access"* (Adoption Professional)

> *"AS is now part of the national agenda and this is likely to increase so services will have to respond"* (Adoption Professional).

Institute of Public Care
February 2021

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