Department for Education

Evaluation of the Adoption Support Fund: first follow up survey of parents and carers

March 2022

Katy Burch, Andrew Backinsell, Lindsey Coombes and Elise Halford at the Institute of Public Care, Oxford Brookes University

Government Social Research

Contents

List of Tables 4

List of Figures 10

Acknowledgements 11

Executive Summary 12

Chapter 1: Introduction 18

- ASF family survey methodology 19

Chapter 2: Key Findings from Wave 2 survey 23

- 2.a. What were the characteristics of wave 2 children and families compared with the baseline cohort? 23
  - Child and family composition 23
  - How similar are the baseline and wave two samples? 25
  - Changes in family composition 27
  - Significant events 27
  - Presence of formal diagnoses 28
- 2.b. What ASF-funded support had families received? 28
  - The extent to which ASF-funded families had completed a full programme of support 28
  - The nature of funded support received by families 30
  - Amount of support families received 37
  - Distance travelled to receive therapy 38
  - Other support received alongside the ASF-funded support package 39
  - ASF COVID-19 Scheme supports 40
- 2.c. How satisfied were parents and carers with the funded support? 42
  - Satisfaction measures: a comparison of the wave 2 responses and baseline survey 43
  - Satisfaction measures by parent/carer type 46
  - Satisfaction rates in this wave 2 survey cohort compared with the earlier ASF study 47
  - Wave 2 satisfaction scores: pre- and post-COVID samples compared 49

Parent / carer responses to other questions regarding their satisfaction with the ASF 50

2.d. What were the recorded outcomes for children and families? 63

Life during the period of COVID-19 restrictions 63

How is the adoption or special guardianship now? 66

The extent to which ASF-funded support was perceived by parents and carers to have been helpful 69

Extent to which the main aim of the funded support had been met 71

Findings in relation to child emotional health and wellbeing 74

Wave 2 SDQ findings in relation to children who were aged 5 years + at baseline 76

CBCL findings 81

Findings relating to parental self-efficacy 103

Findings relating to parent and carer emotional health and wellbeing 103

Are there any differences in outcomes by whether a wave 2 survey was completed pre- or post-COVID-19? 104

2.e. Parent and carer perspectives on whether they continued to need ASF-funded support 105

2.f. Final thoughts from parents and carers about the ASF at wave 2 107

Chapter 3: Study reflections and next steps 110

References 111

List of Tables

Table 1: Number and percentage of parents and carers completing a baseline and wave 2 (first follow up) survey 21

Table 2: Child placement type reported in the baseline survey by number and proportion of baseline compared with wave 2 responses 24

Table 3: Child gender by number and proportion of baseline and wave 2 survey responses 24

Table 4: Baseline and wave 2 surveys by child age band....24

Table 5: Frequency of baseline survey and wave 2 survey parents / carers by placement type and their age band 25

Table 6: Characteristics of the sample at baseline and wave 2 survey....26

Table 7: Percentage (%) of children reported by parents or carers to have a formal diagnosis by baseline and wave 2 samples 28

Table 8: Estimated degree of participation in the planned ASF-funded support package by parents/ carers at wave 2....29

Table 9: Types of ASF-funded support received by families....30

Table 10: The number of parents/ carers stating they received parent training courses..32

Table 11: The number of parents/ carers stating their child received creative or physical therapy – involving the child only....33

Table 12: The number of parents/ carers stating their child had received creative therapy involving the child and parent/carer 34

Table 13: The number of parents/carers stating their child had received psychotherapy or talking therapy 35

Table 14: The number of parents/ carers stating they had received family therapy....36

Table 15: The number of parents/carers stating their child had received ASF-funded short break....37

Table 16: Number of therapeutic support sessions provided direct to the child....37

Table 17: Number of child and parent/carer sessions by number and proportion (%) of families receiving them 37

Table 18: Number of parent / carers only sessions..38

Table 19: Distance travelled to therapy..39

Table 20: Type of non-ASF funded support received alongside ASF-funded support 39

Table 21: Parent / carer responses to a question about their satisfaction with the speed support had been received post-assessment 43

Table 22: Parent / carer responses to a question about their satisfaction with the choice of support provider or therapist 44

Table 23: Parent / carer responses to a question about their satisfaction with the type of support provided 44

Table 24: Parent / carer responses to a question about their satisfaction with the frequency of support sessions by number and percentage (%) 45

Table 25: Parent / carer responses to a question about their satisfaction with the duration of individual support sessions by number and percentage (%) 45

Table 26: Parent / carer responses to a question about their satisfaction with the overall number of sessions they had received by number and percentage (%) 46

Table 27: Parent / carer responses to a question about their satisfaction with the location of support by number and percentage (%)..46

Table 28: Summary table: Comparison of satisfaction (satisfied or very satisfied) with aspects of the ASF funded support by parent/carer cohort at wave 2 47

Table 29: Comparison of parent/carer satisfaction (satisfied or very satisfied) with aspects of the ASF funded support by earlier ASF and this study wave 2 responses, and the difference in proportions 48

Table 30: Parents/ carers reporting being satisfied or very satisfied at wave 2 of this study by whether they participated before or after July 2020..49

Table 31: Parent / carer responses to a statement ‘The support lasted for long enough’ 50

Table 32: Parent / carer responses to a statement ‘the support for my child was well-matched to their needs’...52

Table 33: Parent / carer responses to a statement ‘the support for me or me or my partner was well-matched to our needs’ 54

Table 34: Parent / carer responses to the question ‘to what extent did your child enjoy their sessions?’ 55

Table 35: Parent / carer responses to a question about the extent to which the therapist(s) understood the needs of adoptive children and families or children living in substitute care 57

Table 36: Parent / carer responses to a question about the extent to which support was provided in a compassionate way 58

Table 37: Parent / carer responses to a question about the extent to which support was provided in a non-judgemental way 59

Table 38: Parent / carer responses to a question about the extent to which the support met the child and family needs 60

Table 39: Parent / carer responses to a question about satisfaction with how the support had been adapted or adjusted during the period of COVID restrictions 61

Table 40: Parent / carer responses to a statement ‘to what extent do you agree that during COVID-19 restrictions, life felt easier’ 63

Table 41: Parent / carer responses to a statement ‘during COVID-19 restrictions, there were more issues of child to parent violence’ 65

Table 42: Parent / carer responses to the statement ‘during COVID-19 restrictions, my relationship with my partner was more tense’ by number and percentage (%) 65

Table 43: Parent / carer responses to a statement ‘during COVID-19 restrictions, my child felt more anxious’ by number and percentage (%) 66

Table 44: Parent / carer responses to a statement ‘during COVID-19 restrictions, the relationship between siblings improved’ by number and percentage (%) 66

Table 45: Parent / carer responses to a question ‘how is the adoption or special guardianship of your child faring overall’ by baseline and wave 2 numbers and percentages (%) 67

Table 46: Parent/carer responses to the question ‘to what extent do you think the support has been helpful to your child and family’ by number and percentage (%) 70

Table 47: Direction and size of change (in units 1-9) in the achievement of the main aim of funded support being met between baseline and wave 2 surveys 74

Table 48: SDQ mean scores and standard deviation (SD) by scale type at baseline and wave 2 follow up survey 77

Table 49: SDQ value added calculation for children aged 5-17 years in the baseline and followed up at wave 2 78

Table 50: Absolute and relative frequencies of perceived family burden at baseline and wave 2 78

Table 51: Number and proportion of wave 2 children in each SDQ 4 band category at baseline 79

Table 52: Number and proportion of wave 2 children in each SDQ 4 band category at wave 2 80

Table 53: Descriptive statistics for baseline and wave 2 surveys CBCL1 ½ - 5 Years Syndrome Scales 83

Table 54: Percentage (%) of children 1½ to 5 years in the normal and borderline clinical / clinical ranges at baseline and wave 2 by syndrome scales 84

Table 55: Descriptive statistics (mean and standard deviation) for baseline and wave 2 Surveys CBCL1 ½ - 5 Years Broadband scales 84

Table 56: Descriptive statistics for baseline and wave 2 Surveys CBCL1 ½-5 Years DSM Oriented scales 85

Table 57: Children aged 1.5 to 5 years in the clinical or borderline clinical range at baseline and wave 2 by DSM Oriented Scales 85

Table 58: CBCL mean scores and standard deviations (SD) by syndrome scales for boys aged 6-11 years between baseline and wave 2 86

Table 59: Percentage (%) boys 6-11 years with problems in the normal and borderline / clinical ranges at baseline and wave 2 by CBCL syndrome scales 87

Table 60: Means and standard deviations (SD) for CBCL Broadband scales for boys aged 6-11 years 88

Table 61: Percentage (%) boys 6-11 years in the borderline / clinical range at baseline and wave 2 by Broadband scales 88

Table 62: Mean scores and standard deviations (SD) for CBCL DSM Oriented scales for boys aged 6-11 years between baseline and wave 2 89

Table 63: Percentage (%) boys 6-11 years in the normal and borderline / clinical range at baseline and wave 2 by CBCL DSM Oriented scales 89

Table 64: CBCL Mean scores and standard deviations (SD) by CBCL syndrome scales for girls aged 6-11 years between baseline and wave 2 90

Table 65: Percentage (%) girls 6-11 years in the clinical / borderline clinical range at baseline and wave 2 by CBCL Syndrome scales 91

Table 66: Means and Standard deviations for CBCL Broadband scales for girls aged 6-11 years at baseline and wave 2 92

Table 67: Percentage (%) girls 6-11 years in the clinical / borderline clinical range at baseline and wave 2 by CBCL Broadband scales 92

Table 68: Means and standard deviations for CBCL DSM Oriented scales for girls aged 6-11 years at baseline and wave 2 93

Table 69: Percentage (%) girls aged 6-11 years in the clinical / borderline clinical range at baseline and wave 2 by DSM Oriented scales..93

Table 70: Means and standard deviations for CBCL syndrome scales for boys 12-18 years – baseline and wave 2 compared...94

Table 71: Percentage (%) boys aged 12-18 years in the clinical / borderline clinical range at baseline and wave 2 by syndrome scales...95

Table 72: Means and standard deviations for CBCL Broadband scales for boys aged 12-18 years – baseline and wave 2 compared..96

Table 73: Percentage (%) boys aged 12-18 years in the clinical / borderline clinical range at baseline and wave 2 by ‘broadband’ scales..96

Table 74: Means and standard deviations for CBCL DSM Oriented scales for boys aged 12-18 years in the baseline and wave 2 survey 97

Table 75: Percentage (%) boys aged 12-18 years in the clinical / borderline clinical range at baseline and wave 2 by DSM Oriented scales...98

Table 76: Means and standard deviations (SD) for CBCL syndrome scales for girls aged 12-18 years – baseline and wave 2 compared 99

Table 77: Percentage (%) girls aged 12-18 years in the normal / clinical / borderline clinical range at baseline and wave 2 by syndrome scales..100

Table 78: Means and standard deviations for CBCL Broadband scales for girls aged 12-18 years – baseline and wave 2 compared....101

Table 79: Percentage (%) girls 12-18 years in the clinical / borderline clinical range at baseline and wave 2 by ‘broadband’ scales....101

Table 80: Means and standard deviations for CBCL DSM Oriented scales for girls aged 12-18 years – baseline and wave 2 compared....102

Table 81: Percentage (%) girls 12-18 years in the clinical / borderline clinical range at baseline and wave 2 by DSM Oriented scales....102

Table 82: Median BPES scores for parents and carers at baseline and wave 2....103

Table 83: Parent and carer SWEMWBS mean scores and standard deviation (SD) at baseline and wave 2 survey compared with population norms....104

Table 84: Parent / carer responses to the question ‘do you think that your child or family continues to have need of therapeutic services?’ by number and percentage....105

Table 85: Parent / carer responses to a question ‘do you have plans to make further applications to the Adoption Support Fund in the future’ by number and percentage (%)....106

List of Figures

Figure 1: Proportions of parents or carers reporting that the main aim of their funded support was unmet (scale score 1-5) or met (scale score = 6-10) to some extent...........73

Figure 2: Direction and size of change regarding achievement of the main aim of funded support baseline to wave 2 74

Acknowledgements

The evaluation team would like to offer sincere thanks to all the adoptive parents and special guardians who have given of their time so freely and without whom this study would not have been possible.

We would also like to extend our thanks to the research and policy teams at the Department for Education and to the Research Advisory Group for all their support during the evaluation.

Executive Summary

This report explores findings from the second of a 3-stage longitudinal study of adoptive parents and carers of children with a Special Guardianship Order (SGO) who have received funding for therapeutic support from the Adoption Support Fund (ASF).

Between November 2018 and February 2020,1,008 adoptive parents and SGO carers completed a 'baseline' online survey prior to their child or family commencing ASF-funded support. Based on the expected end dates for the funded support, they were then sent an invitation to complete a second (wave 2) survey immediately after the support ended, or 12 months after it started, whichever was the sooner.

Between 24 March 2020 and 28 June 2020, all fieldwork relating to the project was suspended by the Department for Education (DfE) in response to the extraordinary pressures faced by families and schools during the period of the first COVID-19 lockdown. When the wave 2 survey was re-started on 29 June 2020, it contained some additional COVID-related questions.

The wave 2 survey was closed on 4 March 2021 and, at that point, 783 of the 1,008 parents and carers who had originally completed a baseline survey had also completed a wave 2 survey. This represents 78% of all baseline responses and 83% of parents and carers who did not actively withdraw their consent for continued participation between baseline and wave 2 surveys. The range of child and family characteristics in the wave 2 sample did not differ in any statistically significant way to the baseline sample. However, about one half (49%) of wave 2 parents and carers identified at least one 'significant event' thought to have affected their child between baseline and wave 2, for example making a major educational transition and/or another event perceived as upsetting or distressing.

More than one third (35%) of parents and carers completed their wave 2 survey in relation to an ASF-funded support package that ended largely before the COVID-19 pandemic started in the UK, and approximately two thirds (65%) completed a survey in relation to a funded support package that ended largely during the pandemic[1].

Key findings relating to the nature of the ASF-funded support received

- Approximately two thirds (67%) of parents and carers who completed a wave 2 survey considered that their child or family had participated in all or almost all sessions and had completed the planned programme of support. However, post-

---

[1] The 'cut off' time used to calculate pre-and post-COVID responses was 29 June, at which point the survey was re-started after a pause. Some parents and carers completed a survey between 24 March and 29 June (during the early period of the pandemic) but they had all already been asked to complete a wave 2 survey as scheduled.

COVID-19 responses suggest that a much lower proportion (9%) of these parents considered that their programme of funded support had continued completely as planned. In most cases where the programme was changed during the COVID-19 period, the funded delivery had been altered, for example switched to remote methods such as telephone calls or online, or to focusing more on the adult members of the family rather than the children, such as therapeutic parenting or managing child to parent violence. Sometimes, sessions had to be cancelled or postponed, but they were mostly continued at a later stage. A small proportion (13%) of parents and carers responding post-COVID said that the planned support had been 'completely cancelled'.

- Parents and carers described a range of support they thought that their child or child and family had accessed (completely or partially) through the core[2] ASF Fund, including a form of parent training (33%), creative or physical therapy for the child (30%), creative or physical therapy for the child and parent/carer together (21%), family therapy (29%), psychotherapy or talking therapy (27%), or therapeutic life story work (14%).
- The most frequently accessed supports were: Dyadic Developmental Psychotherapy (19%); Therapeutic Life Story Work (14%); Play Therapy for the child alone (15%) or Theraplay (11%); Sensory Integration (Processing) Therapy (10%); and certain forms of parent training such as Non-Violent Resistance (7%), Building Attachments (8%) or Nurturing Attachments (7%).
- Over two thirds (69%) families had travelled for less than 10 miles to receive the funded support and about one half received the support in their own homes. A very small proportion, 4%, described travelling for over 50 miles to receive the funded support[3], mostly for a 'camp' or other one-off activity for their child, but also for some more specialist forms of support such as Sensory Integration Therapy, Eye Movement and Desensitisation and Reprocessing (EMDR) or Dyadic Developmental Psychotherapy (DDP).

Key findings relating to parent / carer satisfaction with the funded support

Despite the amount of COVID-related disruption to planned support for so many families, all aspects of the support continued to be rated positively (very satisfied / satisfied) by parents and carers, including:

- The speed with which support was provided post-assessment (73%).

---

[2] This does not include therapeutic support accessed as part of the ASF Covid-19 Fund that was provided to support all adopted children and children with a Special Guardianship Order during the period of the pandemic. A review of this ASF Covid-19 Fund has been published separately and can be accessed here.
[3] Some described the journey one way as over 50 miles whereas others specified that this was the journey 'there and back'.

- The choice of support provider or therapist (84%).
- The type of support provided (80%).
- The frequency of support sessions (83%).
- The duration of each session (88%).
- The overall number of sessions (78%).
- The location of support (80%).
- Support well-matched to child needs (84%).
- Support well-matched to parent needs (77%).
- Support well-adjusted or adapted during COVID (74%).
- Therapist understanding of the needs of adoptive and SGO children (93%).
- Support delivered in a compassionate (93%) and non-judgemental (92%) way.

In relation to the measures above, parents and carers in this study were overall less satisfied with the funded support compared with adoptive parents involved in an earlier study (Tavistock, 2017), except in relation to the speed at which support was provided. This difference may be explained by the lower rates of satisfaction expressed by SGO carers (who were involved in this study but not in the earlier study) and by parents and carers during the COVID-19 period of this study.

Key findings relating to outcomes for children and families

This study found signs of positive outcomes for children and families by the end of their funded support, particularly for school-aged children.

- 83% of parents and carers at wave 2 described the funded support as having been 'helpful' or 'very helpful' (49% very helpful). A greater proportion of adoptive parents (83%) compared with SGO carers (73%) described the support as helpful or very helpful. Responses from the open text questions support this and indicate that, without the support of the ASF, many thought they would be in a much worse place. Parents and carers frequently used words like 'grateful' and 'thankful' in relation to the support that they had received.
- Between baseline and wave 2, there was a statistically significant improvement in mean (average) parent / carer estimates of the extent to which the key aims of the funded support had been met. The effect size for the improvement was large, indicating a substantial finding. On a scale of 1-10, the score increased (improved) between baseline and wave 2 in approximately two thirds (68%) of the sample. For 13% of the sample, the score stayed the same, and for 19% the score decreased (got worse).

- Findings from the two standardised measures of child mental health / emotional health and wellbeing suggest that the wellbeing of school-aged children in particular improved during the period between baseline and wave 2 surveys. For example:
    - SDQ findings demonstrate how, by wave 2, there were statistically significantly fewer wave 2 children categorised as having ‘very high’ levels of total difficulties (with a large effect size indicating a substantial finding). Over half (54%) of the children aged 5-17 years improved at least one SDQ banded category of total difficulties between baseline and wave 2. The CBCL findings relating to ‘banded’ categories of problems are more mixed in that, whilst they suggest some reductions (improvements) in the proportion of boys and girls aged 6-18 years in the ‘clinical’ or ‘borderline clinical’ ranges of difficulty by wave 2, these reductions were mostly not statistically significant.
    - With reference to the Strengths and Difficulties Questionnaire (SDQ) and children aged 5-17 years, there was a small but statistically significant decrease in their overall ‘total difficulties’ as well as their emotional, conduct, hyperactivity and peer-related problems more specifically.
    - The Child Behaviour Checklist (CBCL) findings for children aged 6-18 years at baseline suggest that the improvements were more strongly evidenced in boys compared with girls. For example:
        - Boys aged 6-11 years demonstrated statistically significant improvements, albeit with a small effect size, in their total problems and ‘externalising’ behaviours, including: attention, aggressive behaviour, conduct and oppositional defiant problems.
        - Older boys aged 12-18 years showed statistically significant improvements ‘across the board’ in relation to their total problems, both internalising and externalising behaviours, and across all CBCL ‘scales’ with the exception of the ‘withdrawal and depression’ scale. The effect sizes were small.
        - By contrast, for girls aged 6-11 years, there were no statistically significant improvements in any CBCL scale scores. However, for the older aged girls (12-18 years), there were statistically significant improvements noted in relation to ‘externalising problems’ generally and aggressive behaviour, conduct, and oppositional defiant problems specifically. The effect sizes were small.
    - With reference to the CBCL, there were no statistically significant improvements in the emotional health and wellbeing of pre-school aged

    children (aged 1.5 to 5 years) evidenced between baseline and wave 2. If anything, the children in this age group appear to have experienced overall worsening anxiety at wave 2 compared with baseline. This may be explained in part with reference to the pressures placed in particular on (parents of) pre-school aged children and a greater likelihood of ASF support being cancelled during COVID pandemic (see below for more detail about this).

- By the end of the ASF intervention (at wave 2), parent efficacy or parenting confidence had also improved, as has their perception of the burden of their child's problems on the whole family. For example:
    - The Brief Parental Efficacy Scale (BPES) findings demonstrated that parents and carers participating in a wave 2 survey had significantly greater confidence in their ability to parent their child compared with baseline (with a small effect size).
    - The SDQ findings demonstrate a small but statistically significant reduction in the overall burden experienced by the whole family between baseline and wave 2.
    - Between baseline and wave 2, there was a statistically significant increase in the proportion of parents and carers describing the adoption or special guardianship as 'going really well' or that the challenges they faced were balanced by rewards, and that they were managing.
- However, there was no statistically significant improvement in parents' and carers' own emotional health and wellbeing (as measured by the Short Warwick Edinburgh Wellbeing Scale (SWEMWBS)) between the baseline and wave 2. This finding is different to that of the earlier ASF study which identified small but statistically significant improvements in the emotional health and wellbeing of parents between baseline and wave 2.
- There were no statistically significant differences in outcomes for children whose parent or carer completed a wave 2 survey either pre-or post-COVID. One hypothesis for this finding is that families experienced the 2020 period of the COVID pandemic in very different ways. For example, one third (33%) of all parents and carers completing a wave 2 survey during this period thought that life had felt easier during the restrictions, in particular during the first ('lockdown') period of restrictions. Open text responses suggest reasons for this include because their child had not had to cope with school, or they were spending more time together as a family. This appeared truer of primary school-aged children and families than those who were older or younger. However, 46% parents and carers thought that life had become harder during these times, in particular parents and carers of pre-school aged children. Open text responses suggest that parents of

younger children were likely to be ‘juggling’ home nursery and work, and some of the older children were struggling or struggling more with anxiety or alternatively reluctant to adhere to social distancing rules or missing contact with friends and extended or birth family members.

- 23% of all parents and carers completing a wave 2 survey during COVID restrictions agreed or strongly agreed that there had been more issues of child to parent violence in this period. About one third (29%) also agreed or strongly agreed that their relationship with a partner (where relevant) had become more tense, and one third (30%) disagreed with the statement that the relationship between sibling children had improved during the period of COVID restrictions.

Findings relating to parent / carer perceptions of ongoing need for (ASF-funded) support

The majority (80%) of parents and carers completing a wave 2 survey thought that their child and / or family continued to have need of therapeutic services after the end of the most recent period of funded support. The free text responses from parents and carers suggest many had already arranged a further ‘round’ of funded support or were waiting to engage or re-engage in the original funded programme that had been delayed or suspended due to the COVID restrictions. They described a continuing need for support in relation to:

- Ongoing difficulties for the child for example in regulating their emotions or poor self-esteem.
- Significant school or other transitions for their child such as when becoming a teenager.
- Significant events, for example in support of healthy contact when things change in the birth family.
- Support for parents / parenting after the child has received support for themselves, for example a therapeutic parenting course.
- Follow on therapies, once an initial ‘round’ had achieved its short term aims, for example DDP following on from sensory regulation interventions for the child, or family therapy following on from child-focused therapy or talking or psychotherapy following on from play therapy.

Chapter 1: Introduction

This report is the third in a sequence relating to an independent evaluation of the Adoption Support Fund (2018-2021) funded by the Department for Education (DfE).

The Adoption Support Fund (ASF) provides funds to local authorities (LAs) and regional adoption agencies (RAAs) to pay for essential therapeutic services for children who have left the care system either through adoption or as a result of a Special Guardianship Order (SGO). The ASF model is based on the existing statutory framework for the assessment of adoption support or SGO needs. The Fund aims to ensure that families with assessed needs receive timely, effective support to improve outcomes. More information on the Fund is available here: https://www.gov.uk/guidance/adoption-support-fund-asf.

An earlier report[4] explored findings from the first of three 'waves' of a longitudinal survey of adoptive parents and SGO carers whose child was about to commence a package of ASF-funded the support over a 16-month period between November 2018 and February 2020. It provided a 'baseline' set of findings relating to 1,008 families, including their experiences of seeking and getting help through the Fund, as well as aspects of their child and family needs before the period of funded support commenced. A key finding from the baseline survey was that the level of presenting mental or emotional health needs for many of the children about to commence a package of ASF-funded support was considerably elevated compared with those of children in the overall British population, with a high proportion in the clinical or borderline clinical range. Adoptive parent and SGO carer emotional health and wellbeing was also statistically significantly worse than adults in the overall British population.

This report explores findings from the second of the three waves of longitudinal survey with parents and carers who, in addition to a baseline survey, were asked to complete a subsequent survey at around the time the funded support was due to finish, or 12 months after completing the baseline survey, whichever date was sooner. The wave 2 survey explores parent / carer experiences of the planned support and its short-term impact (at the end of the package).

It is important to note that the second wave survey fieldwork has been conducted largely during the period of the COVID-19 restrictions[5] and that this has inevitably led to some disruptions to the delivery of funded support, as initially planned, and also to the evaluation itself. More about this can be found in the sub-section on 'methodology' below.

---

[4] https://www.gov.uk/government/publications/adoption-support-fund-baseline-survey-of-families

[5] For the purpose of the second fieldwork this covered the period June 2020 to March 2021.

In addition to the baseline ASF survey findings report described above, another earlier report was published in relation to the first wave of local authority / regional adoption agency and provider interviews and survey and can be found here.

Forthcoming reports related to this evaluation will explore:

- A third and final survey ‘wave’ of parents and carers, including the impact of funded support 6 months after the wave 2 survey was completed and the support package ended.
- Findings from in-depth qualitative interviews with adoptive parents, SGO carers and children who have received funded support – after the support has ended and 6 months later.
- How local authority or regional adoption agency staff and providers are experiencing the ASF over time.

Throughout this report, comparisons will be made where possible with a study relating to an early implementation phase of the ASF from May 2015 to May 2016 (Tavistock Institute, 2017[6]) hereafter known as ‘the earlier ASF study’.

ASF family survey methodology

Between November 2018 and February 2020,1,008 adoptive parents and SGO carers starting to receive ASF-funded support completed a baseline ASF survey. The baseline sample represents 7% of all unique children with an approved ASF support application during the same time frame, and 49% of parents and carers who were invited to complete a baseline survey. Whilst very similar to the sample of all ASF applicants, the baseline sample was not fully representative of all ASF applicants[7].

Based on what parents/ carers described by way of expectations regarding end dates for the funded support in the baseline response, parents and carers were sent an invitation to complete a second survey immediately after the support was due to end or 12 months after it started, whichever was the sooner. This second ‘wave 2’ survey asked parents and carers questions about:

- Any changes to family or child circumstances since the baseline survey, for example: new family members joining or leaving, or the child receiving a diagnosis or new school-based support plan.

---

[6] https://www.gov.uk/government/publications/adoption-support-fund-evaluation

[7] A common issue with large survey samples in the absence of stratified random sampling techniques. More information can be found in the baseline survey report.

- Any significant events (other than the COVID-19 pandemic) affecting the child or family.
- How the adoption or special guardianship was faring overall.
- What support or combination of ASF-funded and other support had been received, and the extent of family participation in it.
- The quality of funded support from a range of perspectives, for example: speed of receiving it after assessment; choice of provider; type and frequency of support; location; number of sessions / durations of support; therapist key qualities.
- Distance travelled in relation to a 'main aim' identified at baseline for the funded support and the extent to which it had been helpful to the family.
- Their child's emotional health and wellbeing (explored through standardised measures such as the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001) and the Child Behaviour Checklist (CBCL) (Achenbach & Rescorla, 2000).
- Their parenting efficacy and emotional health and wellbeing (explored through the Brief Parental Self Efficacy Scale (BPSES) (Woolgar et al, 2013) and the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) (Collins et al, 2012).
- The extent of any ongoing support needs.

However, for 3 months between 24th March 2020 and 28th June 2020, all fieldwork relating to the project was suspended by the DfE in response to the extraordinary pressures faced by families and schools during the period of the first COVID-19 pandemic lockdown. Whilst the ASF Evaluation Helpline for parents and carers remained open during this time, to respond to occasional questions from them, no active sending or scheduling of wave 2 or wave 3 surveys took place during this time. However, some parents and carers continued to complete and submit a wave 2 survey during this period, as they had already received a prompt to do so before the fieldwork was suspended.

When the wave 2 survey was re-started on 29th June 2020, it contained some additional COVID-related questions including:

- The extent to which, during periods of the COVID-19 restrictions, their child was able to continue attending school.
- The impact of COVID-19 restrictions on life generally, child anxiety, child to parent violence, relationships with a partner, and relationships between siblings.
- The extent to which ASF-funded support changed as a result of COVID-19 restrictions and parent or carer satisfaction with any adaptations.
- The extent to which parents and carers thought that their child or family had received any ASF funded support through a COVID-19 Scheme designed to

provide additional support to families during this time of national crisis. More information can be found about this Scheme on page 41 of the report.

The wave 2 survey was formally closed on 4th March 2021 and, at that point, a total of 783 of the 1,008 parents and carers who had originally completed a baseline survey had also completed a wave 2 survey. This represents 78% of all baseline responses and 83% of parents and carers who did not actively withdraw their consent for continued participation between baseline and wave 2 surveys, as illustrated in Table 1 below:

Table 1: Number and percentage of parents and carers completing a baseline and wave 2 (first follow up) survey

Parent / carer cohorts	Number and %
Number of parents and carers who completed a baseline survey	1,008
Number of parents and carers who actively withdrew their consent for continued participation between baseline and wave 2	64
Number of invitations to participate in a wave 2 survey sent to parents and carers who had completed a baseline survey	944
Number of parents and carers who completed a wave 2 survey	783
Percentage of Wave 2 surveys completed as a proportion of all baseline surveys	78%
Percentage of Wave 2 surveys completed as a proportion of invitations that could be sent to parents and carers who had completed a baseline survey	83%

Data Source: Wave 2 survey, baseline survey and ASF application data

Of the 783 parents and carers who completed a wave 2 survey for this study, 274 (35%) did so before the survey was re-opened at end June 2020 and 509 (65%) did so between July 2020 and the close of the survey in March 2021. These groupings are important as, throughout the report, they are referenced frequently to explore findings that relate largely to a pre-COVID-19, or a COVID-19 period.

The strengths of this stage and aspect of the ASF study include that:

- The wave 2 family survey response rate (78%) was considered to be very good, particularly given the COVID-19 pandemic during which so much of this element of the study was conducted and all of the challenges this brought. The earlier ASF study (Tavistock Institute, 2017)[8] had a wave 2 response rate of 61% of all baseline participants. This earlier study used a postal survey, which may account for some of the difference in response rate.

---

[8] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/634685/The_Evaluation_of_the_Adoption_Support_Fund.pdf

- There were no significant differences between the child characteristics at baseline and wave 2 (this is explored in more detail in section 2.a. below).
- Parent and carer participants in the wave 2 as well as the baseline survey had to complete all key domains (rather than skip some) which means that the data set is very complete. This is a clear advantage of online surveys, where most or all domains can be ‘required’ before participants move on to the next question.
- Despite all the disruptions experienced during the overall period of COVID-19 restrictions, participants have continued to feel able to engage with the content of survey II and provide quantitative and qualitative responses within it.

A key limitation of this stage of the ASF evaluation is that:

- We cannot know with any degree of certainty that some families had completed their planned ASF-funded support. This is because, in relation to a wave 2 question ‘To what extent did you and/or your child participate in the planned therapy sessions for this ASF-funded Programme?’, the response options did not anticipate such a drop off in support being able to be provided because of COVID-19 (e.g., not even starting or hardly getting going). Furthermore, the data suggests that parents and carers were sometimes confused about how to respond to questions about the duration of support, for example as to whether ‘this’ period of funded support had ended (and they were waiting for another to begin) or whether the initial period had been delayed. We estimate that approximately 160 -180 (or 22%) of the cohort[9] may not have engaged much or at all in a programme of funded support (mostly because of COVID-19). In some other cases, the planned support had ‘happened’, but it was significantly disrupted or significantly adjusted during or across one or several periods of COVID-19 restrictions.

As described in the baseline report, broader limitations of this parent/carer survey element of the study include that: a relatively small proportion of SGO carers participated; the sample is very similar to but not fully representative of the larger group of children receiving funded support; and there is no control group, limiting the extent to which we can attribute change to the intervention.

---

[9] Approximately 15 participants also thought they had only received a funded assessment rather than a period of funded support per se.

Chapter 2: Key Findings from Wave 2 survey

Findings from analyses of the wave 2 survey data generated by parents and carers are organised into six sections in this chapter

Heading number	Heading
2.a.	What are the characteristics of wave 2 children and families including compared with the baseline cohort?
2.b.	What ASF-funded support have families received?
2.c.	How satisfied were parents and carers with the funded support?
2.d.	What were the recorded outcomes for children and families?
2.e.	What are the future needs of families for ASF-funded support from the parent and carer perspective?
2.f.	Final thoughts from parents and carers about the ASF at wave 2

2.a. What were the characteristics of wave 2 children and families compared with the baseline cohort?

Child and family composition

Similar proportions of children in relation to whom baseline and wave 2 surveys were completed were subject of a Special Guardianship Order (SGO) or living with adoptive parents pre- or post-Adoption Order, as illustrated in Table 2 below.

Table 2: Child placement type reported in the baseline survey by number and proportion of baseline compared with wave 2 responses

Type of Child Placement	Baseline survey Number & %	Wave 2 survey Number and %
Living with carers under a Special Guardianship Order	109 (11%)	81 (10%)
Living with adoptive parents with an Adoption Order in Place	850 (84%)	662 (85%)
Living with adoptive parents with Adoption Order not yet in place	49 (5%)	40 (5%)

Data source: Baseline (N=1,008) and wave 2 (N=783) surveys

Similar proportions of the children were described by parents and carers as male or female across the two surveys, as illustrated in Table 3 below:

Table 3: Child gender by number and proportion of baseline and wave 2 survey responses

Gender	Baseline survey Number & (%)	Wave 2 survey Number & (%)
Female	484 (48%)	366 (47%)
Male	524 (52%)	417 (53%)

Data source: Baseline (N = 1,008) and wave 2 (N = 783) surveys

The biggest proportion of children, nearly half (49%), in the wave 2 cohort were aged 5 to 10 years. The smallest proportion (8%) were aged under 5 years. As illustrated in Table 4 below, the spread of child ages across age bands is very similar to that of the cohort of children represented in the baseline survey.

Table 4: Baseline and wave 2 surveys by child age band

Child age band	Under 5 years Number & (%)	5-10 years Number & (%)	11-14 years Number & (%)	15 years + Number & (%)	Total Number & (%)
Baseline survey	77 (8%)	494 (49%)	288 (28%)	149 (15%)	1008 (100%)
Wave 2 survey	59 (8%)	387 (49%)	224 (29%)	113 (14%)	783 (100%)

Data source: Baseline (N=1,008) and wave 2 (N=783) surveys

Furthermore, the proportions of children by ethnicity in the baseline and wave 2 samples were similar. In both surveys, where an ethnicity was provided, 80% of children were described by parents and carers as White British. There was also the same proportion (3%) of inter-country adoptions across both survey types.

The proportions of adoptive parents and SGO carers in the baseline and wave 2 surveys were similar, with SGO carers more likely to be in the older age categories, aged 55-74 years, and adoptive parents more likely to be aged 45-54 years or younger.

Table 5: Frequency of baseline survey and wave 2 survey parents / carers by placement type and their age band

	Baseline Survey			Wave 2 Survey		
Age band in years	**SGO carers Number & (%)**	**Adoptive parents Number & (%)**	**Parents pre-Adoption Order Number & (%)**	**SGO carers Number & (%)**	**Adoptive parents Number & (%)**	**Parents pre-Adoption Order Number & (%)**
25 – 34	11 (10%)	18 (2%)	8 (17%)	9 (11%)	13 (2%)	7 (17%)
35 – 44	13 (12%)	207 (23%)	24 (50%)	9 (11%)	164 (25%)	17 (43%)
45 – 54	27 (25%)	455 (55%)	14 (29%)	18 (22%)	351 (53%)	14 (35%)
55 – 64	41 (38%)	159 (19%)	2 (4%)	32 (40%)	124 (19%)	2 (5%)
65 – 74	16 (14%)	8 (1%)	0 (0%)	12 (15%)	7 (1%)	0 (0%)
75 – 84	1 (1%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)

Data source: Baseline N=1,004 parents and carers who gave their age, and wave 2 N= 780 parents and carers who gave their age

How similar are the baseline and wave two samples?

Logistic regressions conducted at baseline (comparing the baseline sample with all ASF applicants during the same period) identified that, whilst very similar to the sample of all ASF applicants, the baseline sample was not fully representative of all ASF applicants[10].

---

[10] Age β=0.18, OR=0.83, p< .05; Placement status (Living with you after an Adoption Order has been made) β=1.01, OR=2.75, p< .001; Placement status (Living with you after a Special Guardianship Order has been made) β=2.08, OR=7.86, p< .001

Two further logistic regressions were conducted to compare wave 2 with the baseline sample, to detect any differences between them, and to explore the extent to which there was potential for a non-response bias. Predictors of the first regression were gender, age, ethnicity and (placement) status of the child. None of these variables had a significant regression coefficient indicating that they were not meaningful in predicting the participation of the wave 2 survey[11].

The second logistic regression further included all psychometric scales (SDQ total difficulties, SDQ Impact, CBCL 1.5-5, CBCL 6-18, BPES, SWEMWBS). Again, none of these variables were shown to be significant predictors of the participation of the wave 2 survey[12].

These analyses demonstrate how the baseline and wave 2 samples did not differ in significant ways. For example, the mean (average) age of the child in both surveys was 9.94 years and the standard deviation 3.97. The table below summarises other key sample characteristics used to compare the baseline and wave 2 surveys.

Table 6: Characteristics of the sample at baseline and wave 2 survey

Sample characteristics	Baseline survey Number & (%)	Wave 2 survey Number & (%)
Gender:		
Male	479 (47%)	366 (47%)
Female	529 (53%)	417 (53%)
Ethnicity:		
English/Welsh/Scottish/Northern Irish/British	811 (80%)	625 (80%)
Other	197 (20%)	158 (20%)
Placement status:		
Living with you after a Special Guardianship Order has been made	109 (11%)	81 (10%)
Living with you after an Adoption Order has been made	850 (84%)	662 (85%)
Living with you but not yet with an Adoption Order	49 (5%)	40 (5%)

Data source: Baseline (N=1,008) and wave 2 (N=783) surveys

---

[11] Age β=0.02, OR=1.02, p> .05; Gender β = -0.10, OR=0.42, p> .05, Ethnicity β = -0.24, OR=1.27, p> .05, Placement status (Living with you after an Adoption Order has been made) β=0.35, OR=1.42, p> .05; Placement status (Living with you after a Special Guardianship Order has been made) β= -0.65, OR=0.52, p> .05

[12] SDQ Total difficulties β=0.03, OR=1.03, p> .05, SDQ Impact β= -0.02, OR=0.98, p> .05, CBCL 1.5-5 Total problems β=0.01, OR=0.99, p> .05, CBCL 6-18 β=0.04, OR=0.99, p> .05, BPES total score β=0.03, OR=1.03, p> .05, SWEMWBS β=0.01, OR=1.01, p> .05

These similarities allow us to be more confident about describing findings in relation to families participating in the survey.

Changes in family composition

Fifty-five (out of 783) parents and carers in the wave 2 sample stated that the composition of the family had changed since they completed the baseline survey, mostly because members had left (34), but also because some new members had joined (18).

Where more information was provided by parents or carers as free text in relation to these overall changes in family circumstances, most commonly cited was either that parents had divorced or separated, or that a child of the family had left home to live independently or to go to university. Other reasons were that the child had needed to go into care or into a secure setting; or that new members of the family had arrived, particularly a new baby, grandchild, or foster child, or that a stepparent or other member of the extended family had come to live in the home. Eleven of these 'changed circumstances' families had a child with a SGO; 43 had an Adoption Order; and one child was in placement awaiting Adoption Order at the time of the baseline survey.

Significant events

About one half (49% or 381/783) of wave 2 respondents responded positively (yes) to the question 'Have there been any significant events (excluding COVID-19 as there are separate questions on this) for you and your family since this time that you would like to tell us about?'[13]. The most frequently reported significant events in parents' and carers' free text responses were:

- Their child making a mainstream but significant transition into or within school, nursery or college.
- Events within the broader adoptive or SGO family or within the birth family that were perceived as upsetting or distressing, mostly bereavements relating to older extended family members, but also sometimes significant illnesses within the immediate family group.

Other types of significant events frequently described by adoptive parents and SGO carers in their free text responses included: child being transferred out of mainstream into a more specialist school; child starting to be home schooled; changes in contact with birth family members; child approaching or sitting exams; moving house; or experience of events perceived as upsetting or distressing outside of the home, commonly in school.

---

[13] For example, your child starting school, your child preparing for or taking examinations, a family bereavement, parental separation, changes to contact with birth family members or anything else you feel is significant'

There were also some very significant events described by parents and carers, such as the child being sectioned under the Mental Health Act or being taken into care.

Presence of formal diagnoses

Compared with the baseline survey, a greater proportion of children were reported by parents and carers in the wave 2 survey to have a diagnosis for a specific disorder, for example for Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) or Foetal Alcohol Spectrum Disorder (FASD), as illustrated in Table 7 below. Differences between the baseline and wave 2 samples were not statistically significant.

Table 7: Percentage (%) of children reported by parents or carers to have a formal diagnosis by baseline and wave 2 samples

Diagnosis Type	Baseline sample	Wave 2 sample
Attention Deficit Hyperactivity Disorder (ADHD)	13%	15%
Autistic Spectrum Disorder (ASD)	9%	11%
Foetal Alcohol Spectrum Disorder (FASD)	6%	7%
Other	19%	23%

Data Source: Baseline (N=1,008) and wave 2 (N=783) surveys

In wave 2, as in the baseline survey responses, parents and carers frequently explained more about their selection of the ‘other’ category in relation to this question about diagnoses. Mostly, these other diagnoses for their children were in relation to attachment disorders or difficulties or sensory processing disorders or difficulties. However, many parents and carers also described their child’s global developmental delay; other learning delay or disability; chromosome disorders; developmental trauma; dyslexia or dyspraxia; or mental health disorders such as complex post-traumatic stress disorder or personality disorder.

2.b. What ASF-funded support had families received?

The extent to which ASF-funded families had completed a full programme of support

Of a total 783 parents and carers who completed a wave 2 survey, 509 (65%) did so during the period of the COVID-19 pandemic (from July 2021 onwards). We developed a hypothesis that the pandemic would disrupt funded packages to a certain extent. However, the existence and extent of COVID-related disruptions compared with other types of disruption were difficult to tease out from the survey responses, as is to be expected from a survey that was largely developed pre-pandemic.

Approximately two thirds (67%) parents and carers who completed a wave 2 survey stated that they and/or their child had ‘participated in all or almost all the planned sessions and had completed the programme’. 12% described how they had participated in ‘some or most sessions’ but had not completed the programme. The full range of responses are outlined in Table 8 below.

Table 8: Estimated degree of participation in the planned ASF-funded support package by parents/ carers at wave 2

Estimated degree of participation (at wave 2 survey)	Wave 2 cohort Number	Wave 2 cohort %
The child or family participated in all or almost all the planned sessions and completed the programme	520	67%
The child or family did not participate in many sessions and did not complete the programme of funded support	24	3%*
The child or family did not participate in many sessions but did technically complete the programme of funded support	10	**
The child or family participated in some or most planned sessions but did not complete the planned programme	96	12%
Other	133	17%

Data source: Wave 2 survey N=783.
*Base sample less than 50 so should be treated with caution
**Base sample is 10 or less so no percentage (%) given

A significant minority (17%) of parents and carers ticked the ‘other’ option as a response. On doing so, they frequently (but not always) provided more information in a free text box to explain their response. Of these:

- 23 described how their funded support programme had not really started yet.
- 14 described how the funded support programme had involved an assessment only (and therefore no support sessions).
- Of the remaining 96, many parents and carers described how the support was ‘ongoing’, but it was not always clear whether this was to ‘catch up’ with COVID-related disruptions or merely a further package of funded support.

Where the funded support had not yet commenced, where the child or family had not participated in many of the planned sessions, or where the programme was not yet completed, parents and carers who provided more information in a free text box mostly attributed this to the COVID pandemic. For instance, they had not been able to continue with the programme during lockdown periods hardly or at all and, in some instances, the funding was being ‘held over’ to be used once the pandemic ended. In a smaller proportion of cases, lack of engagement in the funded programme was attributed by parents and carers to other reasons, for example young person reluctant or unable to engage with a therapist, or therapists being unavailable or sick (including because of COVID-19).

A further series of questions asked of the 509 parents and carers completing a wave 2 survey during the period of the COVID-19 restrictions revealed that, in 9% of these cases, the programme of support had continued as planned. However:

- In 37% of cases, all planned sessions had continued but the delivery was altered. Some parents and carers provided examples in the free text boxes about how the support had been altered or adapted, for example switched to using remote methods such as telephone calls or online, or to focusing on the adult members of the family rather than the child(ren) directly.
- In 18% of cases, some sessions continued but the delivery of support was altered, for example switched to using remote methods such as telephone calls or online.
- In 24% of cases, some sessions had been suspended during a period or periods of COVID-19 pandemic restrictions but had then continued or planned to be continued at a later date.
- In 13% of cases, some of the planned support was reported to have been completely cancelled because of the COVID-19 pandemic.
- In 6% of cases, other additional support had been made available to the child and family during this period.

The nature of funded support received by families

Parents and carers who completed a wave 2 survey were asked to identify what type(s) of ASF funded supports their family had received or was receiving. Some families described more than one type of funded support within a single ‘package’ (which is why the percentages in the table below do not add up to 100%).

Table 9: Types of ASF-funded support received by families

Type of support	**Number of wave 2 families receiving this support**	**% of wave 2 families receiving this support**
Parent training (course)	260	33%
A creative or physical therapy involving the child only e.g., play, art, music or drama therapy	235	30%
A form of family therapy e.g., Dyadic Developmental Psychotherapy: Systemic Family Therapy; Multi-Systemic Family Therapy	229	29%
A form of psychotherapy or talking therapy for the child e.g., Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing Therapy (EMDR), or Sensory Integration Processing Therapy	215	27%
A form of creative therapy involving the child and parent/carer together, for example: Theraplay, Play Therapy, or Filial Therapy.	166	21%
A form of therapeutic life story work.	106	14%
A therapeutic short break for the child.	8	**

Data source: Wave 2 survey N=783.

**Base sample size is 10 or less therefore no % given.

In some cases, parents and carers also thought that they had received more than one intervention from an overall type of support e.g., more than one type of parent training or more than one type of psychotherapy for the child.

Nine types of support were each accessed by over 50 families, as follows:

- Dyadic Developmental Psychotherapy (DDP) – accessed by 150 families.
- Therapeutic Life Story work – accessed by 106 families.
- Play Therapy for the child alone – accessed by 118 families.
- Theraplay – accessed by 84 families.
- Sensory Integration (Processing) Therapy – accessed by 79 families.
- Art Therapy for the child alone – accessed by 72 families.
- Building Attachments Parent Training – accessed by 62 families.

- Non-Violent Resistance Training – accessed by 57 families.
- Nurturing Attachments Parent Training – accessed by 55 families.

Types of parent training courses accessed by families

Of the types of parent training courses offered for parents and carers to select, the most frequently selected were Building Attachments, Non-Violent Resistance (NVR) and Nurturing Attachments. However, some parents and carers also indicated that they had received '(an)other' type of parent training.

Table 10: The number of parents/ carers stating they received parent training courses

Type of parent training course	Number
Building Attachments	62
Non-Violent Resistance (NVR)	57
Nurturing Attachments	55
Therapeutic Crisis Intervention for Families (TCIF)	23
Foundations for Attachment	21
Enhancing Adoptive Parenting	18
Secure Base / Safebase Parenting Programme	17
Safer, Stronger Adoptive Families	10
The Great Behaviour Breakdown (GBB) Programme	9
Child to Parent Violence Group Based Programme	6
TR-UST Therapeutic Re-Parenting Programme	5
Other not listed here	86

Data source: Wave 2 survey. N=260 whose parents/carers who received a form of parent training course. Respondents could select more than one type of course.

In the 'other' category, parents and carers listed a variety of training courses they had attended. The most frequently reported was 'therapeutic parenting' but other courses identified by parents and carers included: anger management; attachment; 'Eat, Sleep, Play'; Hearts and Minds Programme; Incredible Years Parenting; PACE Parenting Training; Sensory Attachment Training; Solihull Approach; Special Guardianship Parenting Training.

Types of creative or physical therapy involving the child only

The most frequently reported form of creative or physical therapy involving the child only was play therapy, followed by art and music therapy.

Table 11: The number of parents/ carers stating their child received creative or physical therapy – involving the child only

Type of creative or physical therapy for the child	Number
Play Therapy	118
Art Therapy	72
Music Therapy	23
Drama Therapy	12
Dance or Movement Therapy	7
Lego Therapy	7
Mindful Yoga	6
Other	21

Data source: Wave 2 survey. N=235 parents/carers whose child received a form of creative or physical therapy involving them only. Respondents could select more than one type of course.

In the 'other' category, most descriptions were of 'occupational therapy' but also some others that were not necessarily within the scope of the Fund, for example 'climbing therapy', 'SHEN' therapy, wellbeing coaching, or 'creative therapy unknown'.

Types of creative therapy accessed by children and parents/carers together

The most frequently reported form of creative therapy involving parents or carers and their child was Theraplay, followed by Play Therapy and Parent/Child Attachment Play.

Table 12: The number of parents/ carers stating their child had received creative therapy involving the child and parent/carer

Type of creative therapy for parents/carers and children	Number
Theraplay	84
Play Therapy	49
Parent/Child Attachment Play	34
Filial Therapy	12
Group-based Art or Play Therapy	8
Other	9

Data source: Wave 2 survey. N= 166 parents/carers whose child received a form of creative therapy involving the child and parent/carer. Respondents could select more than one type of course.

The ‘other’ category included mostly music therapy (for parent and child) and sensory attachment therapy.

Types of psychotherapy or talking therapy accessed by the child

The most frequently reported forms of psychotherapy or talking therapy accessed through the ASF by families whose parent or carer completed a wave 2 survey were: Sensory Integration (Processing) Therapy, Cognitive Behavioural Therapy (CBT); Psychoanalytical Therapy, and Eye Movement Desensitisation and Reprocessing Therapy (EMDR).

Table 13: The number of parents/carers stating their child had received psychotherapy or talking therapy

Type of psychotherapy or talking therapy	Number
Sensory Integration (Processing) Therapy	79
Cognitive Behavioural Therapy (CBT)	42
Psychoanalytical Therapy	29
Eye Movement Desensitisation and Reprocessing Therapy (EMDR)	26
Dialectical Behavioural Therapy (DBT)	10
Reducing Anxiety Management Plan (RAMP)	9
Educational Psychotherapy	9
Internal Family Systems Therapy	7
Mindfulness Based Cognitive Therapy (MBCT)	5
Neuro-Integration System Therapy	5
Other	35

Data source: Wave 2 survey. N=215 parents/carers of children who received a form of psychotherapy or talking therapy. Respondents could select more than one type of course.

In the 'other' category parents and carers mostly described 'psychotherapy' or 'psychologist sessions' or 'counselling' or 'general therapy'.

Types of family therapy accessed by families

The most frequently reported type of family therapy accessed by wave 2 families was Dyadic Developmental Psychotherapy (DDP). This category was also the most frequently reported of all the therapy sub-categories (at 150).

Table 14: The number of parents/ carers stating they had received family therapy

Type of family therapy	Number
Dyadic Developmental Psychotherapy (DDP)	150
Multi-Systemic Therapy (MST)	18
Systemic Family Therapy (SFT)	18
Video Interaction Guidance (VIG)	9
Psycho-dynamic Therapy	9
Video Feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VIPP-SD)	6
Child to Parent Violence (CPV) Individual Based Programme	2
Other	39

Data source: Wave 2 survey. N=229 parents/carers whose child & family had received a form of family therapy Respondents could select more than one type of course.

In the ‘other’ category, parents and carers described forms of family therapy they had received including ‘general family therapy’, attachment-focused therapy; and ‘parent counselling’ which was reported mostly to have been adapted as a result of the COVID-19 pandemic.

Therapeutic short breaks accessed by children and families

A very small number (8) of parents and carers responding to the wave 2 survey reported having received a form of therapeutic short break through this period of ASF-funded support.

Table 15: The number of parents/carers stating their child had received ASF-funded short break

Type of ASF funded short break	Number children
After Adoption Therapeutic Camp	1
Adoption Support Fund (ASF)-funded short breaks	3
Young Explorers	1
Other	3

Data source: Wave 2 survey. N=8 parents and carers whose child had received a form of short break. Respondents could select more than one type of course.

Therapeutic life story work accessed by children and families

Therapeutic Life Story work was reported by 106 parents and carers who completed a wave 2 survey to have been funded and accessed for their child.

Amount of support families received

In 388 (50%) wave 2 responses, some at least of the therapeutic support was reported to have been provided direct to the child on their own. Where this support had been provided, the number of sessions ranged from less than 5 to over 30 sessions, and the most frequently reported range was 11-20 sessions.

Table 16: Number of therapeutic support sessions provided direct to the child

Number of sessions received	Number children	% of children
Less than 5 sessions	61	16%
5 to 10 sessions	94	24%
11 to 20 sessions	114	29%
21 to 30 sessions	63	16%
Over 30 sessions	56	14%

Data source: Wave II survey. Number=388 parents/carers whose child received support sessions.

In 475 (61%) wave 2 responses, some at least of the therapeutic support was reported to have been provided to both the parent/carer and their child (together). Where this support had been provided, the number of sessions ranged from less than 5 to over 30 sessions, and the most frequently reported range was between 5 and 10 sessions. However, more than a quarter (27%) of these parents/carers thought that there had been less than 5 joint parent/carer sessions provided.

Table 17: Number of child and parent/carer sessions by number and proportion (%) of families receiving them

Number of sessions	Number of families	% of families
Less than 5 sessions	129	27%
5 to 10 sessions	141	30%
11 to 20 sessions	124	26%
21 to 30 sessions	35	7%*
Over 30 sessions	46	10%*

Data source: Wave 2 survey. N=475 parents/carers who reported receiving child and family therapeutic support. * These base samples are less than 50 so should be treated with caution

In 482 (62%) wave 2 responses, parents and carers considered that some of the support at least had been provided to them alone or with their co-parent/carer. Where this support had been provided, the number of sessions ranged from less than 5 to over 30, and the most frequently reported range was between 5 to 10 sessions. However, a third (33%) parents and carers thought that there had been less than 5 of these sessions.

Table 18: Number of parent / carers only sessions

Number of parent / carers only sessions	Number of parents / carers	% of parents / carers
Less than 5 sessions	161	33%
5 to 10 sessions	177	37%
11 to 20 sessions	107	22%
21 to 30 sessions	24	5%*
Over 30 sessions	13	3%*

Data source: Wave 2 survey. N=482 parents/carers who had received therapeutic support alone or with a co-parent/carer. *These base samples are less than 50 so should be treated with caution

Distance travelled to receive therapy

Over two thirds (69%) families travelled for less than 10 miles to receive the funded support and about one half received the support in their own homes. A relatively small proportion, 4%, described travelling for over 50 miles for the funded support[14], mostly for a ‘camp’ or other one-off activity for their child but also for some more specialist forms of support such as Sensory Integration Therapy, Eye Movement and Desensitisation and Reprocessing (EMDR) or Dyadic Developmental Psychotherapy (DDP).

---

[14] Some described the journey one way as over 50 miles whereas others specified that this was the journey ‘there and back’.

Table 19: Distance travelled to therapy

Number of miles travelled to therapy	Number of families	Percentage of families
4 miles or under (at home)	384	50%
5 to 10 miles	141	18%
11 to 25 miles	165	22%
26 to 50 miles	51	7%
51 to 99 miles	22	*3%
Over 100 miles	3	**

Data source: Wave 2 survey. N=766 parents/carers who answered this question. * This base sample is less than 50 so should be treated with caution. ** This base sample is 10 or less so no % indicated

Other support received alongside the ASF-funded support package

Adoptive parents and SGO carers who completed a wave 2 survey were asked to state whether they had received other non-ASF funded forms of support at the same time as their ASF-funded package. Forty-one percent of parents/ carers reported that they also received support from a social worker; 37% from a school special needs coordinator (SENCO); 22% from a parent/carer support group; 15% from an educational psychologist; and 14% from specialist child and adolescent mental health services (CAMHS).

Table 20: Type of non-ASF funded support received alongside ASF-funded support

Type of non-ASF funded support	Number of families receiving this	% of families receiving this
Social worker support	318	41%
Special Needs Coordinator in school (SENCO)	292	37%
Support group for parents / carers	169	22%
Educational psychologist	119	15%
Mental health supports e.g., CAMHS	113	14%
Financial support	90	11%
Counselling, advice and information	74	9%
Help with contact arrangements	27	3%*
Parent skills training programme	39	5%*
Respite care / short breaks	20	3%*

Data source: Wave 2 survey (N=783) Respondents could tick more than one response.
*Base sizes are less than 50 so should be treated with caution.

A small proportion (approximately 10%) of parents or carers also suggested other non-listed services that they had received, including: face to face therapies they had themselves funded (e.g. art or equine therapy, NVR or DDP); services provided online (e.g. from the 'Adoption Hub'[15] or the National Association of Therapeutic Parenting); local authority/education supports (e.g. ELSA or Thrive Programmes, support from a designated teacher / head teacher, home education support, youth work, or crisis intervention team or residential care); and/or NHS services (e.g. specialist paediatric services or occupational therapy).

ASF COVID-19 Scheme supports

The COVID-19 Scheme provided emergency funding for Regional Adoption Agencies (RAAs) and Local Authorities (LAs) to support children who had left care either through adoption or with a Special Guardianship Order (SGO), and their families, to meet needs arising from the pandemic. The COVID-19 Scheme operated between April and June 2020 with services having to be delivered by the end of December 2020. Whilst some children and families benefitting from the COVID-19 Scheme had already received or were receiving support through the core ASF, many others were new to adoption or SGO specific support.

The core ASF continued to operate as usual during this time, for child level applications within the scope of that Fund. The COVID-19 Scheme included funding for support that would be out of scope of the core ASF, such as virtual support through a helpline, virtual peer-to-peer support, paying for access to membership support services from voluntary sector organisations, or other urgent therapeutic support that was outside the scope of the core ASF, for example couples therapy or online training courses.

A total of 509 parents and carers completed a Wave 2 questionnaire during the July 2020 to March 2021 period of the COVID-19 pandemic and were asked to respond to questions[16] about the extent to which they had received additional COVID-19 Fund funded support. Approximately three-quarters (76%) (387/509) responded that they had not, to their knowledge, received any such additional support. However, it is possible that, for some wave 2 respondents, their originally funded ASF programme and the COVID-19 scheme became conflated in some way. The largest proportion (12%) of parents/ carers responding to the wave 2 survey during the COVID-19 restrictions described having received membership of a support group, for example Adoption UK or Grandparents Plus (now Kinship). Smaller numbers of parents also described having received: a parenting support workshop; a form of family therapy; or couple counselling. Some described 'other' forms of funded support, for example: additional therapy sessions (mostly online); family therapy for another child of the family; consultations with a

---

[15] See https://theadopterhub.org/

[16] Added to the survey during the period April-June 2020 during which it was suspended

psychologist; webinars to support therapeutic parenting or attachment; outreach including telephone support from the adoption agency; child and young person ‘Zoom’ calls focusing for example on transitions or mental health including relaxation techniques or fun activities; specific programmes delivered online for example DDP or Sensory Attachment Integration; membership of a therapeutic parenting support network (e.g. NATP) or Adoption Hub’; and online counselling for one parent only.

The number of SGO carers completing a wave 2 survey who reported having accessed the COVID-19 Scheme was small (n=8).

In their free text responses, some parents and carers described how they had not been able to or had not needed to take up support that had been offered to them during the COVID-19 pandemic, or that their child had not wanted to do so.

> “Was general support for anyone who would like to take it up, as we were already accessing support, we did not take any of it up.” (Adoptive Parent)

> “Facebook groups and virtual meetings are available, but I have been unable to attend due to timings, existing work and other family commitments as a carer for my elderly father.” (Special Guardian)

However, where COVID-19 Scheme support was taken up, most of the parent comments relating to the usefulness of these supports were very positive.

> “The Post Adoption Team paid for a subscription to (named) NVR group, which was helpful.” (Adoptive Parent)

> “My husband and I have been having weekly sessions with a psychotherapist, which started during lockdown, funded by the ASF. We are finding it very beneficial.” (Adoptive Parent)

> “We have been given membership of the National Association of Therapeutic Parents and it has been enormously helpful.” (Adoptive Parent)

> “Membership of the National Association of Therapeutic Parents (NAoTP) had been arranged, although I was already a member at the time. This has provided another way to meet people in similar situations and for the children to get to know other adopted and fostered children.” (Adoptive Parent)

2.c. How satisfied were parents and carers with the funded support?

Parents and carers who completed a wave 2 survey were asked a range of questions relating to their satisfaction with the ASF-funded support. Some of these questions were the same as those asked of adoptive parents completing a wave 2 survey in the earlier ASF study i.e., those relating to:

- The speed with which the support had been received after the assessment for it was completed.
- The choice of support or provider of support.
- The type of support provided.
- The frequency of support.
- The duration of individual support sessions.
- The overall number of sessions provided.
- The location of support sessions.

These are described and explored below, first as ‘satisfaction measures’ in relation to wave 2 in its own right, then compared with the earlier study.

Additional questions relating to parent/carer satisfaction were also asked of parents and carers in this wave 2 survey, including:

- The extent to which the support lasted for long enough.
- The extent to which the support for the child was well-matched to their needs.
- The extent to which any support directed to the parents or carers was well-matched to their needs.
- The extent to which the child enjoyed their sessions.
- The therapist skills and approaches, including the extent to which they appeared to have a good understanding of the needs of adoptive children and families or children living in substitute care; whether the therapy was delivered in a compassionate or non-judgemental way.
- The extent to which the package of support met the child or family needs.
- The extent to which the programme of funded support had been well adapted or adjusted to the family needs during the period of the COVID-19 restrictions.

Satisfaction measures: a comparison of the wave 2 responses and baseline survey

Satisfaction measure 1: The speed with which support was provided post-assessment

When asked about their satisfaction with the speed with which they had received support after the assessment was completed, 73% all survey participants were satisfied or very satisfied. 13% were dissatisfied or very dissatisfied with the speed.

Table 21: Parent / carer responses to a question about their satisfaction with the speed support had been received post-assessment

Response	Number	Percentage
Very satisfied	264	34%
Satisfied	305	39%
Neither satisfied nor dissatisfied	107	14%
Dissatisfied	62	8%
Very dissatisfied	42	5%*

Data source: Wave 2 survey. N=780 parents/carers who responded other than 'N/A'. *This base sample is less than 50 so should be treated with caution

This finding is better than that identified in the baseline study of the same participants when they were also asked at that earlier point (just after funding had been approved) about their satisfaction with the time between assessment and receiving support. At that point, 60% of those expressing a view were either satisfied or very satisfied with the time, although the report notes that some of the expressed dissatisfaction may have related to the overall process of seeking and getting help (Burch et al, 2021).

Satisfaction measure 2: the choice of support provider or therapist

A majority (84%) of parents and carers were satisfied or very satisfied with the choice of support provider or therapist. 6% were dissatisfied or very dissatisfied.

Table 22: Parent / carer responses to a question about their satisfaction with the choice of support provider or therapist

Response	Number	Percentage
Very satisfied	448	58%
Satisfied	210	27%
Neither satisfied nor dissatisfied	68	9%
Dissatisfied	35	4%*
Very dissatisfied	18	2%*

Data source: Wave 2 survey. N=779 parents/carers who responded other than 'N/A'. *Base samples less than 50 so should be treated with caution

This satisfaction rate with the choice of provider or therapist (84%) is very similar to that expressed by parents and carers in response to a similar question embedded in the baseline survey (85%) suggesting a degree of consistency about this aspect of funded support.

Satisfaction measure 3: type of support provided

80% parents and carers were satisfied or very satisfied with the type of support that had been offered to their child or family.

Table 23: Parent / carer responses to a question about their satisfaction with the type of support provided

Response	Number	Percentage
Very satisfied	374	48%
Satisfied	251	32%
Neither satisfied nor dissatisfied	99	13%
Dissatisfied	34	4%*
Very dissatisfied	21	3%*

Data source: Wave 2 survey. N=779 parents/carers who responded other than 'N/A'. *Base samples less than 50 so should be treated with caution

This study's wave 2 satisfaction rate with the type of support provided (80%) was slightly lower than that that expressed by parents and carers in response to a similar question embedded in the baseline survey (84%) when they were anticipating receiving support.

Satisfaction measure 4: Frequency of support sessions

83% parents and carers were satisfied or very satisfied with the frequency of support sessions.

Table 24: Parent / carer responses to a question about their satisfaction with the frequency of support sessions by number and percentage (%)

Response	Number	Percentage
Very satisfied	366	47%
Satisfied	280	36%
Neither satisfied nor dissatisfied	80	10%
Dissatisfied	31	4%*
Very dissatisfied	22	3%*

Data source: Wave 2 survey. N=779 parents/carers who responded other than 'N/A'. *Base samples less than 50 so should be treated with caution

Satisfaction measure 5: the duration of individual support sessions

89% parents and carers were satisfied or very satisfied with the duration of individual sessions.

Table 25: Parent / carer responses to a question about their satisfaction with the duration of individual support sessions by number and percentage (%)

Response	Number	Percentage
Very satisfied	377	48%
Satisfied	315	41%
Neither satisfied nor dissatisfied	58	7%
Dissatisfied	17	2%*
Very dissatisfied	12	2%*

Data source: Wave 2 survey. N=779 parents/carers who responded other than 'N/A'. *Base samples less than 50 so should be treated with caution

Satisfaction measure 6: the overall number of sessions received

78% parents and carers were satisfied or very satisfied with the overall number of sessions they had received.

Table 26: Parent / carer responses to a question about their satisfaction with the overall number of sessions they had received by number and percentage (%)

Response	Number	Percentage
Very satisfied	340	44%
Satisfied	267	34%
Neither satisfied nor dissatisfied	101	13%
Dissatisfied	47	6%*
Very dissatisfied	24	3%*

Data source: Wave 2 survey. N=779 parents/carers who responded other than ‘N/A’. *Base samples less than 50 so should be treated with caution

This satisfaction rate with the overall number of sessions (78%) is slightly lower than that expressed by parents and carers in response to a similar question embedded in the baseline survey (80%) when they were anticipating receiving the support.

Satisfaction measure 7: the location of support

80% parents and carers reported being satisfied or very satisfied with the location of support.

Table 27: Parent / carer responses to a question about their satisfaction with the location of support by number and percentage (%)

Response	Number	Percentage
Very satisfied	342	44%
Satisfied	281	36%
Neither satisfied nor dissatisfied	97	12%
Dissatisfied	39	5%*
Very dissatisfied	20	3%*

Data source: Wave 2 survey. N=779 parents/carers who responded other than ‘N/A’. *Base samples less than 50 so should be treated with caution

This satisfaction rate with the overall number of sessions (80%) is slightly lower than that expressed by parents and carers in response to a similar question embedded in the baseline survey (82%) when they were anticipating receiving the support.

Satisfaction measures by parent/carer type

As outlined in the table below, the proportion of parents or carers who were satisfied or very satisfied with aspects of the ASF-funded support varied by type of survey respondent. Mostly, SGO carers expressed less satisfaction with aspects of support from speed of access post-assessment to the choice of provider, type of support, frequency of sessions, duration of sessions, and overall number of sessions. However, only in relation to the type of support and duration of sessions were the differences statistically significant. The only area where SGO carers expressed at least as good (in fact a little better) satisfaction was in relation to the location of support.

Table 28: Summary table: Comparison of satisfaction (satisfied or very satisfied) with aspects of the ASF funded support by parent/carer cohort at wave 2

Aspects of ASF support	% of parents/carers satisfied or very satisfied at wave 2			Statistical significance between Adoptive parents and SGO carers
	Overall cohort	Adoptive parents	SGO carers	
Speed of support post-assessment	73%	74%	68%	NS
Choice of support provider / therapist	84%	85%	78%	NS
Type of support	80%	81%	70%	X2(1)= 5.40, p< .05, Cohen's h= .11
Frequency of support	83%	84%	77%	NS
Duration of sessions	88%	90%	81%	X2(1)= 5.97, p< .05, Cohen's h= .11
Overall number of sessions	78%	79%	70%	NS
Location of support	80%	80%	84%	NS

Data source: Wave 2 survey. Note: NS = not statistically significant. Cohen's h quantifies the size of a statistically significant (meaningful) difference.

Satisfaction rates in this wave 2 survey cohort compared with the earlier ASF study

Some satisfaction scores used in this wave 2 survey can be compared with those from the earlier ASF study (Tavistock Institute, 2017) undertaken in the early stages of its implementation.

Whilst satisfaction scores from both studies at wave 2 are relatively high, parents and carers responding to the wave 2 questions in this study were overall a little less satisfied with aspects of the support compared with the earlier study, with the exception of the speed with which they received support after an assessment. A relatively large number of responses were ‘neither satisfied nor dissatisfied’ in relation to each area, indicating that some parents and carers found it difficult to make a judgement in the context of COVID-19.

Table 29: Comparison of parent/carer satisfaction (satisfied or very satisfied) with aspects of the ASF funded support by earlier ASF and this study wave 2 responses, and the difference in proportions

Aspect of ASF funded support	Earlier ASF Study Wave 2 Findings % of parents/ carers reporting being satisfied or very satisfied	This study Wave 2 findings % of parents/ carers reporting being satisfied or very satisfied	Difference in proportions
How quickly you received support after the assessment	68%	73%	X2(1)= 5.26, p< .05, Cohen’s h= .11
The choice of support provider or therapist	88%	84%	X2(1)= 5.94, p< .05, Cohen’s h= .11
The type of support provided	89%	80%	X2(1)= 28.08, p< .001, Cohen’s h= .25
The frequency of support sessions received	88%	83%	X2(1)= 9.05, p< .01, Cohen’s h= .14
The duration of each session	91%	88%	X2(1)=3.77, p< .05, Cohen’s h= .11
The overall number of sessions received	84%	78%	X2(1)= 10.46, p< .01, Cohen’s h= .15
The location of the support / therapy	81%	80%	NS

Data sources: the earlier ASF study and this study Wave 2 findings. Note: NS=Not statistically significant. Cohen’s h quantifies the size of a statistically significant (meaningful) difference.

With the exception of ‘the location of the support/therapy’ the differences between this study and the earlier study proportions of satisfied or very satisfied scores are statistically significant.

Wave 2 satisfaction scores: pre- and post-COVID samples compared

These satisfaction scores were also compared across this study's wave 2 cohort by whether parents and carers had completed a survey before the COVID questions were added (n=274) and the survey re-started in July 2020, or afterwards (n=509).

The table below outlines the differences in these scores compared also with the overall satisfaction rate. The key findings are:

- There were better satisfaction scores overall (though not statistically significant) for those completing the survey before it re-started during the COVID pandemic (at July 2020) compared with those completing the survey from July 2020 onwards in relation to: speed of getting support after an assessment; the choice of provider; the type of support; and the frequency of support.
- The only difference in satisfaction scores that was statistically significant was in relation to speed of getting support.
- There were no statistically significant differences in satisfaction scores relating to: the duration of individual sessions; and the overall number of sessions provided. Satisfaction in relation to the location of support was slightly lower before July 2020.

Table 30: Parents/ carers reporting being satisfied or very satisfied at wave 2 of this study by whether they participated before or after July 2020

Aspect of ASF funded support	**% of Parents/ carers reporting being satisfied or very satisfied at wave 2 in this study**		
	Overall wave 2 cohort	**Wave 2 cohort before July 2020**	**Wave 2 cohort from July 2020 onwards**
How quickly you received support after the assessment	73%	78%	70%
The choice of support provider or therapist	84%	86%	83%
The type of support provided	80%	82%	78%
The frequency of support sessions received	83%	85%	81%
The duration of each session	88%	89%	88%
The overall number of sessions received	78%	79%	77%

Aspect of ASF funded support	**% of Parents/ carers reporting being satisfied or very satisfied at wave 2 in this study**		
	Overall wave 2 cohort	**Wave 2 cohort before July 2020**	**Wave 2 cohort from July 2020 onwards**
The location of the support / therapy	80%	77%	81%

Data source: Wave 2 survey. N=783 (overall wave 2); 274 (wave 2 cohort before July 2020); and 509 (wave 2 cohort from July 2020 onwards)

Parent / carer responses to other questions regarding their satisfaction with the ASF

For this study, parents and carers were asked other additional questions about their experience of ASF-funded support, and it was in relation to these questions that more additional comments were provided. The satisfaction rates are reported overall and by parent/carer type.

Satisfaction with the extent to which the support lasted for long enough

Around half (53%) of parents and carers participating in this study overall agreed or strongly agreed with the statement ‘The support lasted for long enough’. Less than a quarter (22%) disagreed or strongly disagreed.

Table 31: Parent / carer responses to a statement ‘The support lasted for long enough’

Response	Number	Percentage
Strongly agree	127	16%
Agree	288	37%
Neither agree nor disagree	195	25%
Disagree	122	16%
Strongly disagree	48	*6%

Data source: wave 2 survey. N=780 parents/carers responding other than ‘N/A’. *This base sample is less than 50 and should be treated with caution

A smaller proportion (48%) SGO carers compared with adoptive parents (54%) agreed or strongly agreed that the support had lasted for long enough, but the difference was not statistically significant.

Analysis of the open text responses suggested that parents and carers would have preferred to receive more sessions, including because COVID had prematurely halted the sessions.

> “We definitely need ongoing support - we feel that the therapy has barely started... (because of COVID).” (Adoptive Parent)

Alternatively, they considered that their child needed a longer overall period of support to meet their needs.

> “We require further therapy sessions as are only just scratching the surface.” (Adoptive Parent)

A proportion of these parents and carers were anticipating or already receiving another ‘round’ of funding for their child:

> “We needed another set of sessions and we were successful because one year would not have been enough.” (Adoptive Parent)

Where breaks in therapy related to the need to re-apply (for more sessions), parents and carers sometimes described how this felt frustrating and counter-productive:

> “The yearly approach to funding meant when my daughter really needed help, it was suspended for months whilst we went back through applying for next round of funding.” (Adoptive Parent)

Satisfaction with the extent to which the support for the child was well matched to their needs

In relation to the question ‘To what extent do you agree or disagree with the following statement ‘The support for my child was well-matched to their needs’’. 84% parents and carers who thought the question applicable to them considered that the support had been somewhat to very well matched (48% very well matched).

Table 32: Parent / carer responses to a statement 'the support for my child was well-matched to their needs'

Response	Number	Percentage
Very well matched	330	48%
Somewhat well-matched	251	36%
Neither well-matched nor ill-matched	64	9%
Somewhat ill-matched	35	5%*
Very ill-matched	15	2%*

Data source: Wave 2 survey. N=695 parents/carers responding other than 'N/A' to this question. *Base sample sizes are less than 50 and should be treated with caution

A smaller proportion SGO carers (76%) compared with adoptive parents (84%) considered that, where provided direct to the child, the support was somewhat to very well matched to their child's needs.

Parents explaining more about their response to this question sometimes referenced how a combination of social worker guidance, the assessment of their child's needs and their own personal part in selecting the therapy or therapies had ensured that it was well-matched to their child's needs:

> "We had an ongoing dialogue with social workers so that they understood our daughter's and our family needs before we discussed the type of therapeutic intervention needed. We felt listened to and our views were respected." (Adoptive Parent)

> "The initial assessment & MIMs was thorough, and this gave the therapist a good understanding of what therapy was required." (Special Guardian)

Alternatively, they referenced the quality of the relationship with the therapist or the extent to which the therapist seemed to have invested time in understanding or was generally well-attuned to the child's needs:

> "The therapist was really in tune with our child and worked brilliantly to help him." (Adoptive Parent)

> "Once a rapport was established, talking has become the primary focus of their sessions together, as X has found her voice and feels safe expressing her feeling with someone she likes and trusts." (Adoptive Parent)

Parents and carers also often appreciated how the support had been flexible and child-centred, including adjusted or tailored when the child hadn’t responded as well as they might:

> “…differentiated to meet the needs of our daughters. We think this has enabled both of our daughters to make progress at their speed on their issues.” (Special Guardian)

Being child-centred and flexible was considered by some parents and carers to be easier where the therapist had a knowledge of and could provide more than just one type of therapy, or where they were thought to have extensive knowledge and experience inclusive of children with ASD and ADHD.

Parents and carers who said more about why they were less than satisfied with the match of support to child needs often considered that their child would benefit more from a different form of therapy or that they needed a different sequence of therapy:

> “We felt that our child needed something other than what seemed like very childish games in the Theraplay sessions and needed to talk and open up about their feelings, emotions, etc.” (Adoptive Parent)

Alternatively, they sometimes considered that the therapy had only been able to meet some but not all child needs, particularly where these were complex:

> “Theraplay has helped in many ways but hasn't dealt with my grandson’s anger issues.” (Special Guardian)

> “The support helps my daughter to deal with social relationships and to manage her feelings. However, it does not help with the extreme levels of her behaviour.” (Adoptive Parent)

Finally, some parents and carers considered that a good cultural match had been difficult to achieve for their child:

> “…maybe a middle-aged white woman was probably not the best match, but her skill in bringing him out of himself to talk with her was obviously very high. I don't think there are any (or enough) black or mixed-race male therapists in our area.” (Adoptive Parent)

Satisfaction with the extent to which support for parents and carers was well-matched to their needs

In relation to a statement 'The support for me or me and my partner was well-matched to our needs', 77% parents and carers who thought the question applicable to them considered that the support had been somewhat or very well-matched to their needs (44% considered that the support had been very well-matched).

Table 33: Parent / carer responses to a statement 'the support for me or me or my partner was well-matched to our needs'

Response	Number	Percentage
Very well matched	260	44%
Somewhat well-matched	190	33%
Neither well-matched nor ill-matched	107	18%
Somewhat ill-matched	19	3%*
Very ill-matched	10	2%*

Data source: Wave 2 survey. N=586 parents/carers who responded other than 'N/A' to this question. *Base samples less than 50 and should be treated with caution

A smaller proportion of SGO carers (58%) than adoptive parents 979%) considered that the support (for them, where applicable) had been somewhat to very well matched to their needs.

Analysis of the open text responses suggests that parents and carers who considered that the support had been well-matched to their needs provided often recognised how it had helped them to manage better as a family:

> "Therapeutic Parenting sessions gave me lots of strategies to see beyond and cope with difficult behaviours. Also gave me confidence in what we are doing well." (Adoptive Parent)

Where parents and carers considered that the support had been less well-matched to their needs, they often referenced the extent to which the therapist seemed not to fully understand the family circumstances, in particular where the child's needs were complex:

> "We often feel as though we understand our child more than the professionals involved and we spend a lot of time explaining things and educating them. It is difficult to explain how life is and to get support." (Adoptive Parent)

Satisfaction with the extent to which their child enjoyed therapy sessions

In response to a question ‘To what extent did your child enjoy their sessions?’ 79% parents and carers who considered the question applicable to them considered that their child had enjoyed their sessions somewhat to very much (40% very much).

Table 34: Parent / carer responses to the question ‘to what extent did your child enjoy their sessions?’

Response	Number	Percentage
Enjoyed very much	263	40%
Somewhat enjoyed	262	39%
Neither enjoyed nor didn’t enjoy	78	12%
Didn’t enjoy much	41	6%*
Didn’t enjoy at all	21	3%*

Data source: Wave 2 survey. N=665 parents/carers who responded other than ‘N/A’ to this question. *Base samples less than 50 and should be treated with caution

A slightly higher proportion of SGO carers (81%) than adoptive parents (79%) considered that, where their child had received direct support, they had enjoyed it somewhat to very much.

Analysis of the open text responses identified the following enablers of child enjoyment of the sessions as perceived by parents and carers:

- Therapy generally well-matched to the child’s needs, for example using play-based approaches where a child has difficulty expressing themselves.
- Therapists beginning by building rapport with the child before progressing to more in-depth or challenging areas of the therapy.
- Therapists listening actively and enabling children to express themselves in their own way and to feel safe in the therapy space, including through effective ‘warm up’ and giving the child some control over the sessions.
- Therapists being able to ‘read’ the child and how they were feeling on the day.
- Attractive therapy ‘spaces’.
- Child factors, such as how they were feeling ‘on the day’ or their understanding of the potential for the therapy to help them or feeling that it was helping them.

Specific parent / carer comments that illustrate these factors included the following:

> “Sensory therapy in a purpose-built playroom where you can climb, jump, roll safely with fantastic equipment.” (Adoptive Parent)

> “As would be expected his relationship with his therapist changed over time but he developed a respect for her understanding and knowledge "she listens to me and them says something very wise."” (Adoptive Parent)
>
> “My son feels that his therapist understands him and has his best interests at heart. Also that what she is teaching him is useful.” (Adoptive Parent)

Some parents and carers thought that their child enjoyed the therapy some of the time, but not always, that sometimes it could be quite challenging for or less interesting to them.

The main reason provided by parents and carers[17] for children and young people not enjoying therapy all that much was that they did not enjoy ‘talking’ and/or being asked more challenging questions. Other reasons included: lengthy breaks in the programme (including because of COVID) or changes in therapist part way through the programme; questions that trigger bad memories; lengthy journeys to the therapy; or having to engage via Zoom for some or most sessions.

Some parents and carers expressed a view that their child’s enjoyment of sessions was not the key quality of it, rather child engagement in sessions:

> “It's therapy! It's not like you enjoy it all the time.” (Adoptive Parent)

Satisfaction with the extent to which therapists understood the needs of adoptive or SGO children

In response to a question ‘To what extent you think that the therapist(s) involved with you, or your child understood the needs of adoptive children and families or children living in substitute care?’ a very high proportion, 93% of parents and carers who thought the question applicable to them, considered that the therapist had understood these needs quite well to completely (68% completely).

---

[17] In their free text responses

Table 35: Parent / carer responses to a question about the extent to which the therapist(s) understood the needs of adoptive children and families or children living in substitute care

Response	Number	Percentage
Understood completely	508	68%
Understood quite well	185	25%
Neither understood nor didn't understand	29	*4%
Didn't much understand	17	*2%
Didn't understand at all	5	**

Data source: Wave 2 survey. N=744 parents/carers who responded other than 'N/A' to this question. *Base samples less than 50 and should be treated with caution. **Base sample less than 10 therefore % not provided

A slightly lower proportion (89%) of SGO carers compared with adoptive parents (94%) considered that the therapist had understood their child and family needs quite well to completely.

Parents and carers with more to say about this question[18] often described their therapist as a 'specialist' or 'expert' with 'lots of experience working with families such as ours', also that they often had an ability to empathise with the different family members.

> "She totally recognised the effect of trauma on early brain development and its lasting impact at a subconscious level." (Adoptive Parent)

> "The … course tutors seemed to really understand the need for a whole different approach to parenting an adopted child with early trauma attachment issues. Traditional parenting methods do not work." (Adoptive Parent)

Extent to which the support was provided compassionately

In answer to a question 'To what extent was the support provided in a compassionate way?', a very high proportion (93%) of parents and carers considered that the support had been provided in a 'quite' to 'highly compassionate' way (75% considered that it was provided highly compassionately).

---

[18] In free text boxes

Table 36: Parent / carer responses to a question about the extent to which support was provided in a compassionate way

Response	Number	Percentage
Highly compassionate	582	75%
Quite compassionate	144	18%
Neither compassionate nor uncompassionate	48	6%*
Uncompassionate	4	**
Highly uncompassionate	2	**

Data source: Wave 2 survey. N=780 parents/carers who responded other than 'N/A' to this question. *Base samples less than 50 and should be treated with caution. **Base sample with 10 or less therefore % not provided

A lower proportion of SGO carers (85%) considered that the support had been provided in a 'quite' to 'highly compassionate' way compared with adoptive parents (94%).

Compassion was reported by parents and carers providing more information in relation to their response to have been demonstrated in a range of ways including through the therapist:

- Having a good understanding of the reasons why children behave in the way they do and not requiring parents or children to over-explain.
- Being non-judgemental and positive towards all members of the family.
- Adjusting sessions when children or parents and carers are struggling.
- Providing general emotional support and a listening ear, also small additional supports to parents that can make a difference, for example additional reading material or telephone conversations outside of the formal therapy sessions.

Two comments from parents illustrate the significance of compassion for them:

> "We never felt judged and were given a lot of credit for the difficult job we were doing. It helped me especially to be more compassionate with myself." (Adoptive Parent)

> "At times I would feel that I was doing things wrong and that I couldn't cope, she was very supportive and helped me see thing in a different way and explain the whys... she would give me hand outs, websites and encourage me to ask for help at school." (Adoptive Parent)

Extent to which the support was provided in a non-judgemental way

In answer to a question ‘To what extent was the support provided in a non-judgemental way?’, a very high proportion (92%) parents and carers considered that the support had been provided in a ‘quite’ to ‘highly non-judgemental’ way (77% thought that it was highly non-judgemental).

Table 37: Parent / carer responses to a question about the extent to which support was provided in a non-judgemental way

Response	Number	Percentage
Highly non-judgemental	603	77%
Quite non-judgemental	112	14%
Neither judgemental nor non-judgemental	44	6%*
Judgemental	15	2%*
Highly judgemental	5	**

Source: Wave 2 survey. N=779 parents/carers who responded other than ‘N/A’ to this question.
*Base samples less than 50 and should be treated with caution.
**Base sample less than 10 therefore % not provided

A lower proportion of SGO carers (85%) compared with adoptive parents (93%) considered that the support had been provided in a ‘quite’ to ‘highly non-judgemental’ way.

The further information that some parents and carers provided[19] in relation to this question emphasised the importance to them of therapy being non-judgemental and highly empathetic, both for children and the parents or carers themselves.

> “To a large degree, (Special) Guardians, shy away from talking about their situation to avoid awkward questions/judgements, so very refreshing to be able to speak with someone who understand completely how lonely Guardians can feel, and not be judged about how the situation arose.” (Special Guardian)
>
> “Very sensitive to shame and good at challenging without judgement.” (Adoptive Parent)

---

[19] In free text boxes

However, some other parents and carers sometimes articulated how judgement could be implied rather than overt in interactions with therapists, emphasising how this form of 'judgemental' can easily erode their confidence, even if that is not its intention:

> "We did have times when we came away from the parent sessions feeling like we were doing a really terrible job as parents and were unable to meet his needs. That was pretty tough." (Adoptive Parent)

Extent to which the funded support package met child and family needs

In answer to the question 'How far do you agree or disagree that this package of support met your child and family needs?' three quarters (75%) parents and carers agreed or strongly agreed that the package of support had met their child and family needs (40% strongly agreed).

Table 38: Parent / carer responses to a question about the extent to which the support met the child and family needs

Response	Number	Percentage
Strongly agree	314	40%
Agree	273	35%
Neither agree nor disagree	116	15%
Disagree	54	7%
Strongly disagree	25	3%*

Data source: Wave 2 survey. N=782 parents/carers who responded other than 'N/A' to this question. *Base samples less than 50 and should be treated with caution.

A smaller proportion (64%) SGO carers compared with adoptive parents (76%) agreed or strongly agreed that the funded support had met the child and family needs.

Extent to which parents and carers were satisfied with COVID-19 pandemic adjustments (where relevant)?

In answer to a question 'To what extent are you satisfied that the ASF-funded therapeutic support was adapted or adjusted to your family's needs during the COVID-19 restrictions?' approximately three quarters (74%) of those who completed a survey post June 2020 and who thought the question applicable were either satisfied or very satisfied with how the support had been adapted or adjusted.

Table 39: Parent / carer responses to a question about satisfaction with how the support had been adapted or adjusted during the period of COVID restrictions

Response	Number	Percentage
Very satisfied	199	45%
Satisfied	123	28%
Neither satisfied nor dissatisfied	71	16%
Dissatisfied	23	5%*
Very dissatisfied	22	5%*

Source: Wave 2 survey. N=438 parents/carers who were asked this question (pre-COVID) and who responded other than 'N/A' *Base samples less than 50 and should be treated with caution.

Some parents expressing satisfaction with how support had been adapted mentioned that their therapist had been very flexible and had continued to meet their needs well, even if the therapy needed to be provided online or by 'phone for a period of time.

> "We had great support - when the office was closed due to COVID-19, our daughter had online support, which didn't suit her as well as face to face. But as soon as the offices could open, although restricted, our daughter had access to her normal sessions, which was so beneficial to her." (Special Guardian)

> "Our therapist is very skilled and made the transition to Zoom very easy. For EMDR, I did the shoulder taps, as I would do normally face-to-face. Our daughter was noticeably calmer and more engaged than in many of the previous face-to-face sessions." (Adoptive Parent)

Families who had received a significant amount of support and/or had established a good working relationship with the therapist before the first lockdown period often were the most satisfied with how it had been adapted or adjusted.

> "We'd already had quite a few face-to-face Theraplay sessions so were able to continue what we'd learnt at home on our own. I still found the phone calls really useful and it was reassuring to still be receiving support remotely even though the nature of it had changed." (Adoptive Parent)

> "Support continued via MS teams rather than face to face sessions, and this worked pretty well largely because of the excellent working

> relationship my daughter and I had built up with the clinical psychologist." (Adoptive Parent)

Those who were only quite satisfied or neither satisfied nor dissatisfied with how the therapy had been adapted often described how Zoom or other forms of remote support just had not worked for them or their child or that the therapy was not suited to online delivery (for example sensory integration therapy or forms of creative therapy).

> "We were at the stage where my child would begin to take part in joint sessions when COVID-19 hit. We tried a couple of video sessions, but it just didn't work for us. I felt we were just treading water without his involvement and needed face to face meetings in order to progress." (Adoptive Parent)

> "The best support was provided in the circumstances, but it couldn't meet the needs of our boys - their age and engagement online prevented this; it didn't 'flow' as naturally as one to one would have done." (Adoptive Parent)

> "Offered zoom, but how can you do art therapy on zoom!" (Special Guardian)

Alternatively, some parents and carers whose children had not been able to access the funded support during the pandemic described feeling confident that it could be 'held over' until after the restrictions ended.

> "We all made the best of a difficult situation. We are about to start face-to-face sessions again, but outdoors." (Adoptive Parent)

Those parents and carers who expressed more about dissatisfaction with how the support had been adapted for their child and family described either being disappointed that the therapy could not resume with face-to-face sessions when they became an option, that the sessions had remained on hold for too long, that they had been told the funding could not be 'held over' beyond COVID restrictions, or that nothing had been offered when the planned therapy 'just stopped'. For some parents and carers, the suspension of support or delays in accessing it was a little unsatisfactory, but they understood that 'it was nobody's fault':

> "The massive delay to direct psychological input to my son is extremely frustrating although it's no-one's fault. His need for it was very high pre-pandemic and is only higher now." (Adoptive Parent)

2.d. What were the recorded outcomes for children and families?

This study's wave 2 survey asked parents and carers a number of questions about the extent to which the support had been helpful, some general questions about 'life now', standardised measure-generated questions relating to their child and their own mental health and emotional wellbeing that can be compared with scores from the baseline survey, and questions about life during the period of the COVID-19 restrictions.

Responses to the COVID-related questions are outlined here below first, as they represent an important context to the more general including child and parent/carer mental health and emotional wellbeing findings.

Life during the period of COVID-19 restrictions

Of the 783 parents and carers completing a Wave 2 survey, 509 (65%) did so after the survey was re-launched at end June 2021 including additional questions about life during the period of the COVID-19 pandemic. In response to the question 'To what extent do you agree with the statement 'During COVID-19 restrictions, life felt easier', about one third (33%) parents and carers agreed or agreed strongly that life had felt easier whilst almost one half (46%) disagreed or strongly disagreed with that statement.

Table 40: Parent / carer responses to a statement 'to what extent do you agree that during COVID-19 restrictions, life felt easier'

Response	Number	Percentage
Strongly agree	48	9%
Agree	120	24%
Neither agree nor disagree	108	21%
Disagree	122	24%
Strongly disagree	110	22%

Data source: Wave 2 survey. N=508 of the parents/carers completing a wave 2 survey during COVID (1 parent/carer responded 'N/A')

A much smaller proportion (19%) of the parents and carers of children aged 18 months to 5 years strongly agreed/ agreed that life had felt easier during the period of the COVID-19 pandemic, and over one half (53%) disagreed/ strongly disagreed that life felt easier. This compares with a larger proportion (35%) of the parents and carers of children aged 6-18 years who strongly agreed/ agreed that life had become easier or much easier (44% of these parents and carers disagreed).

In the open text responses, life was often reported to have felt easier where children had continued to be ‘in’ school or where they had returned to school after a period of home-schooling during periods of lockdown. Of the 509 children whose parents and carers completed a wave 2 survey during the period of COVID-19 restrictions: 16% had continued to attend school regularly during the periods of lockdown: 24% had attended on a reduced timetable; and 28% were not entitled to attend during these times. In 32% cases, the child had been entitled to attend but the parent(s) or carer(s) had decided for a range of reasons to keep them at home.

Some parents and carers provided more information about their experiences of life during the period of the pandemic and, where they did so, frequently reported that they had struggled at some point, particularly when home schooling and/or juggling home schooling / nursery with home working, or where their child had mental health issues arising or worsening during this period.

However, for some families (particularly those of primary school-aged children), life had felt easier during the period of the first lockdown, offering an opportunity for parents / carers and children to bond and to spend time together without the pressures of school and social life.

> “…we settled into a peaceful routine of plenty of play, walks, work and home learning. It was like having the pre-school time that we had never really had - she had only been with us 1 year before she started school and that time was marked by massive grieving/transition/loss etc.” (Adoptive Parent)

In addition to challenges that might have affected many or most families in the UK during the period of the pandemic[20], adoptive parents and special guardians also sometimes reported more extreme or specific challenges or child and family needs becoming more severe during the period including: increases in child to parent violence; worsening child or adult mental health; absence of contact for the child with birth family members for example siblings; and lack of a vital support network or ‘a break’ from caring for a child with significant additional needs.

The extent of violence experienced during periods of COVID-19 restrictions

Of parents and carers responding to the survey from July 2020 onwards, about one quarter (23%) agreed or strongly agreed with the statement ‘During COVID-19

---

[20] For example: home schooling, child anxiety, lack of opportunities for socialisation, teenagers challenging Covid restrictions, frequent transitions to and from school, apprenticeships and other opportunities being put on hold, financial worries

restrictions, there were more issues of child to parent violence' and 55% disagreed or strongly disagreed with the statement.

Table 41: Parent / carer responses to a statement 'during COVID-19 restrictions, there were more issues of child to parent violence'

Response	Number	Percentage
Strongly agree	48	10%
Agree	68	13%
Neither agree nor disagree	109	22%
Disagree	135	27%
Strongly disagree	143	28%

Data source: Wave 2 survey. N= 503 of the parents/carers completing a wave 2 survey during COVID (6 parents and carers responded 'N/A')

The proportions agreeing or strongly agreeing with the statement were the same for parents and carers of children aged 18 months to 5 years and 6 years plus (23%). However, the proportion of SGO carers agreeing or strongly agreeing with the statement was higher at 26% (15/58 carers completing a survey during the COVID period) compared with adoptive parents at 23% (101/445 adoptive parents completing a survey during the COVID period). The difference was not statistically significant.

Adult relationships during periods of COVID-19 restrictions

29% parents and carers completing a survey from July 2020 onwards agreed or strongly agreed with the statement 'During COVID-19 restrictions, my relationship with my partner was more tense'. 47% disagreed or strongly disagreed.

Table 42: Parent / carer responses to the statement 'during COVID-19 restrictions, my relationship with my partner was more tense' by number and percentage (%)

Response	Number	Percentage
Strongly agree	28	6%*
Agree	112	23%
Neither agree nor disagree	118	24%
Disagree	133	28%
Strongly disagree	94	19%

Data source: Wave 2 survey. N=485 parents/carers completing a wave 2 survey during COVI (24 parents and carers responded 'N/A'). *This base sample is less than 50 and should be treated with caution

Child anxiety levels during the COVID period

Almost one half (47%) parents and carers completing a survey from July 2020 onwards agreed or strongly agreed with the statement ‘During COVID-19 restrictions, my child felt more anxious’. Whereas 35% disagreed or strongly disagreed with the statement.

Table 43: Parent / carer responses to a statement ‘during COVID-19 restrictions, my child felt more anxious’ by number and percentage (%)

Response	Number	Percentage
Strongly agree	102	20%
Agree	138	27%
Neither agree nor disagree	92	18%
Disagree	134	26%
Strongly disagree	42	8%*

Data source: Wave 2 survey. N=508 parents/carers completing a wave 2 survey during COVID (1 parent/carer responded ‘N/A’). *This base sample is less than 50 and should be treated with caution

The quality of sibling relationships during the COVID period

Approximately one quarter (24%) parents and carers completing a survey from July 2020 onwards agreed or strongly agreed that ‘During COVID-19 restrictions, the relationship between siblings improved’. 30% disagreed or strongly disagreed and 46% neither agreed nor disagreed.

Table 44: Parent / carer responses to a statement ‘during COVID-19 restrictions, the relationship between siblings improved’ by number and percentage (%)

Response	Number	Percentage
Strongly agree	15	3%*
Agree	97	21%
Neither agree nor disagree	212	46%
Disagree	91	20%
Strongly disagree	48	10%*

Data source: Wave 2 survey. N=463 parents/carers completing a wave 2 survey during COVID (46 parents and carers responded ‘N/A’). *Base samples less than 50 and should be treated with caution

How is the adoption or special guardianship now?

Parents and carers completing a wave 2 survey were asked ‘How is the adoption or special guardianship of your child faring currently overall?’. The findings suggested that:

- Most (66%) thought that it was either going really well or, in spite of challenges, there were also rewards and overall they were managing. This compares to 60% at baseline. The difference is statistically significant.[21]
- Most of the rest (27%) thought that there were ongoing challenges and they were struggling (still) to manage but that they remained totally committed to keeping their child in the family. This compares to 35% at baseline. The difference is statistically significant.[22]
- A small number (23 parents/carers) thought there were many challenges and that it was possible the child might not remain in the family. Only 2 people parents/carers responded that that the placement had broken down.

Overall, when compared with their responses to the same question asked in the baseline survey, there has been a statistically significant increase in the proportion of parents and carers describing that 'it's going really well' or where challenges are balanced by rewards and overall they are managing. This is balanced by a statistically significant reduction in the proportion of parents and carers describing 'ongoing challenges' and that the family is struggling (but parents and carers remain committed to the child remaining in the family). The effect size is small.

Table 45: Parent / carer responses to a question 'how is the adoption or special guardianship of your child faring overall' by baseline and wave 2 numbers and percentages (%)

Response	Baseline		Wave 2	
	Number	%	Number	%
It's going really well	77	10%	91	12%
There are challenges but also rewards and, overall, I/we are managing	391	50%	421	54%
There are ongoing challenges and I/we are struggling to manage but I/we are totally committed to keeping my/our child in this family	276	35%	212	27%
There are many challenges and it's possible my/our child will not remain in this family	23	3%*	27	3%*
The adoption or special guardianship has broken down	2	**	6	**
Other	14	2%*	26	3%*

---

[21] (X2(1)= 6.77, p< .01, h= .12)

[22] (X2(1)= 13.06, p< .001, h= .17)

Data source: baseline and wave 2 surveys. N=783 parents and carers responding to both a baseline and wave 2 survey. *Base samples less than 50 and should be treated with caution. ** Base sample less than 10 therefore no % provided

In their free text responses, some parents and carers said more about how they thought the ASF had helped their child or family:

> “Therapy secured through ASF provided great support for our children and for our parenting (therapeutic) and continues to support us all.” (Special Guardian)

> “My son has matured a lot since turning 4 and being in lockdown. He is in better control of his emotions. The strategies taught in the Incredible Years course has made me feel confident in my parenting skills.” (Adoptive Parent)

> “Huge improvement since having the neurofeedback therapy and the balance of meditation.” (Adoptive Parent)

Other parents described how, although the ASF had helped them to cope in the short term, they were not surprised that there were still ongoing challenges,

> “Early trauma and abuse are really taking their toll now. I feel that therapy is just starting to dig into this. Our psychologist feels that we have reached ‘the foot hills.’” (Adoptive Parent)

or that ongoing challenges might be expected occasionally, or they might need help in the future:

> “He needs a lot of attention all of the time, which is quite exhausting. Generally he is doing well but emotionally he does struggle at times, especially if we are not 100%!” (Adoptive Parent)

> “I have to work full time so balancing work & home life is challenging especially with my grandson’s complex needs.” (Special Guardian)

> “With the onset of puberty, COVID and general attachment problems, X continues to test our resolve.” (Adoptive Parent)

> “I think it is going very well but the endless close proximity has made it difficult to enjoy the time together. I feel completely battered and can't wait to go back to work.” (Adoptive Parent)

Some thought that the ASF support had prevented a breakdown in their family:

> "This is an improvement from the adoption that was in turmoil and at risk of breaking down." (Adoptive Parent)

Whilst coping well or better in the short to medium term, some parents and carers were also fearful about their child's future, particularly in relation to their schooling:

> "I strongly feel that my grandson has a very stable home life coupled with regular contact... I feel this is extremely positive for him to get a sense of his identity and place in his family. The difficulties arise from his educational needs" (Special Guardian)
>
> "Our relationship is great. But it is the problems at school that are a worry and how much worse this will get with the added pressure of a GCSE year." (Adoptive Parent)
>
> "His emotions are generally more regulated - but he can still be cruel verbally to his peers and family. School work and attention still a struggle." (Adoptive Parent)

The extent to which ASF-funded support was perceived by parents and carers to have been helpful

In relation to the question 'To what extent do you think the support has been helpful to your child and family?', 83% parents and carers described it as very or quite helpful. The 'neither helpful nor unhelpful' category is relatively large at 12% and, from the comments parents and carers made in relation to this question, it seems that this relates mainly to support not yet really getting going.

Table 46: Parent/carer responses to the question ‘to what extent do you think the support has been helpful to your child and family’ by number and percentage (%)

Response type	Number	Percentage
Very helpful	381	49%
Quite helpful	266	34%
Neither helpful nor unhelpful	94	12%
Quite unhelpful	19	2%*
Very unhelpful	21	3%*

Data source: Wave 2 survey. N=781 parents/carers responding other than ‘N/A’ to this wave 2 question.
*Base samples less than 50 and should be treated with caution.

The proportion of ‘very’ or ‘quite’ helpful responses are slightly lower within the SGO cohort (at 73%) compared with the adoption cohorts (84% for children with an Adoption Order and 85% for children placed for adoption but not yet with an Adoption Order at baseline).

A number of parents and carers provided more information[23] about how they perceived the support to have been helpful to their child or family including:

- In helping them to understand their child’s (complex) needs.

  > “When emotions "spike" we can immediately reflect on the impact of early years neglect - showing empathy and understanding so more able to apply PACE.” (Adoptive Parent)

- In giving them more confidence in parenting their child’s needs including in communicating with schools and others about these needs.

  > “We have been able to tell them what the problems are and what strategies could help backed by professional advice and support. Teachers can't really argue with a mental health professional's advice and I think they have benefitted from the insights provided.” (Adoptive Parent)

- In helping their child to understand and apply coping mechanisms to deal with their (complex) feelings and to regulate their emotional responses.

  > “A is better able to calm when she gets angry/upset. She is also better able to enter a chat about outbursts or incidences after the fact, rather than just running away.” (Adoptive Parent)

---

[23] In free text boxes.

> “Violent crises and emotional upheavals felt by daughter are mostly a thing from the past now. She is thriving.” (Adoptive Parent)

- In helping couple or whole family communications and dynamics to become more positive.

> “Our family was in crisis prior to the support provided, as a family we have much more open conversations and our son can much better communicate how he feels and why he the way he does at times.” (Adoptive Parent)

> “We talk more as a family and our daughter understands and talks more about her feelings. There is less tension in the house.” (Adoptive Parent)

Some parents and carers reflected that they did not expect the therapy to be immediately helpful, and that it might take some time for the impact to be felt, in particular if their child had complex needs or where the support had been disrupted during the period of the COVID-19 restrictions:

> “The support is doubtlessly helpful - it is a long road though and we have periods where there is little progress for some months, then a jump. The senior therapist says that is quite a normal pattern, esp with adoptees.” (Adoptive Parent)

> “Due to the lack of child sessions I don’t believe we have yet seen the impact this support has had.” (Adoptive Parent)

Others described how, without the support, they felt their child’s placement would have broken down:

> “Without our therapist's support there may have been times when I would have given up with our challenges and discussed returning Y into care.” (Adoptive Parent)

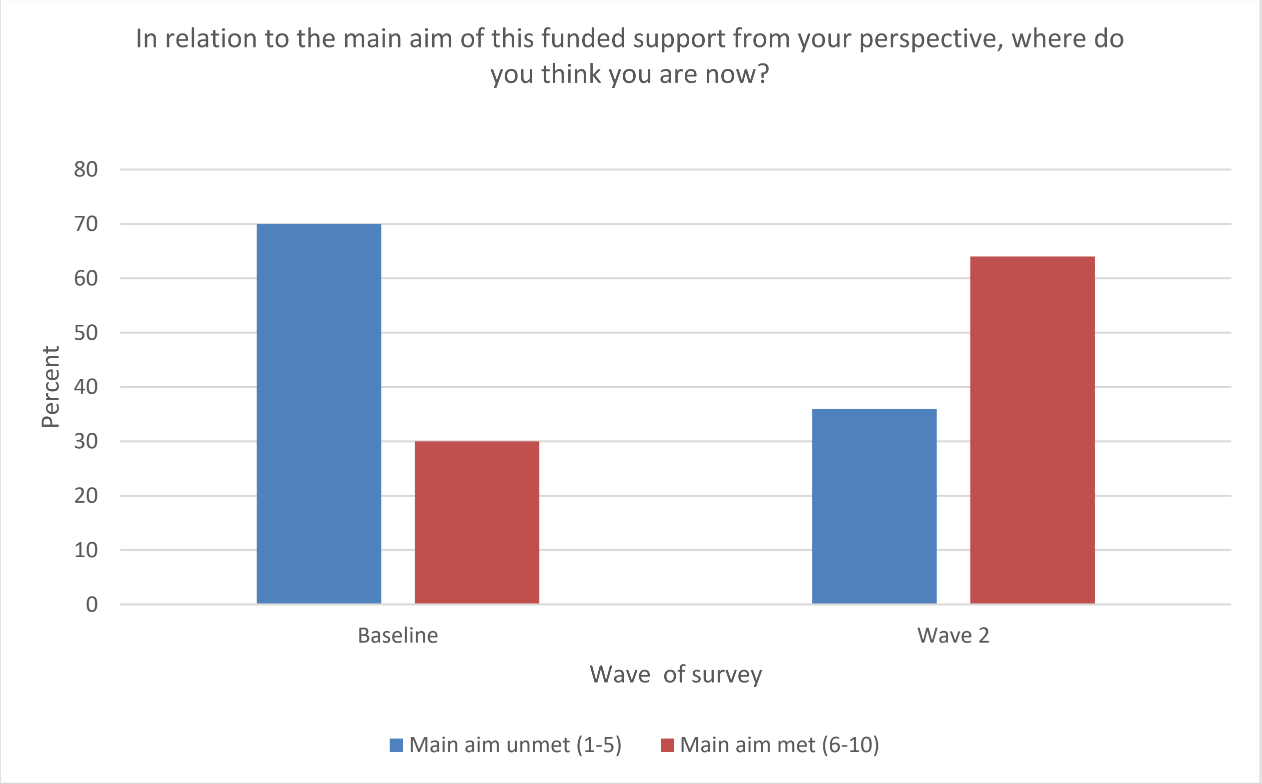
Extent to which the main aim of the funded support had been met

In the baseline survey, parents and carers were asked to select, from a list of options, what they thought was the main aim of the support, for example: to improve their child’s emotional health and wellbeing; to improve family relationships; to help their child to develop more positive behaviours; or to help parents and carers to develop skills in therapeutic parenting. The most frequently selected was the first of these i.e., to improve their child's emotional health and wellbeing.

Parents and carers were then asked in the baseline survey, repeated again in the wave 2 survey, “In relation to the main aim of this funded support from your perspective, where do you think you are now? Please select on a scale of '1 = aim not met at all' to '10 = aim completely met”.

Figure 1 below shows the proportions of parents and carers reporting that the main aim of their funded support was or met to some extent (scale score = 6-10) or unmet to some extent (scale score 1-5) at the baseline compared with wave 2. At wave 2, almost two thirds (64%) of parents and carers described how their main aim for the ASF-funded support was met to a certain extent compared with less than one third (30%) at baseline.

Figure 1: Proportions of parents or carers reporting that the main aim of their funded support was unmet (scale score 1-5) or met (scale score = 6-10) to some extent



Data source: Baseline and wave 2 surveys. N=760 parents/carers responding to this question in both surveys.

The median score for the extent to which parents and carers considered the main aim of funded support to have been met was met was 6.00 (SIQR= 1.50) at wave 2 compared with 4.00 (SIQR= 1.50) at baseline. This difference is statistically significant (z= -15.10, p< .001, r= .54) with a large effect size.

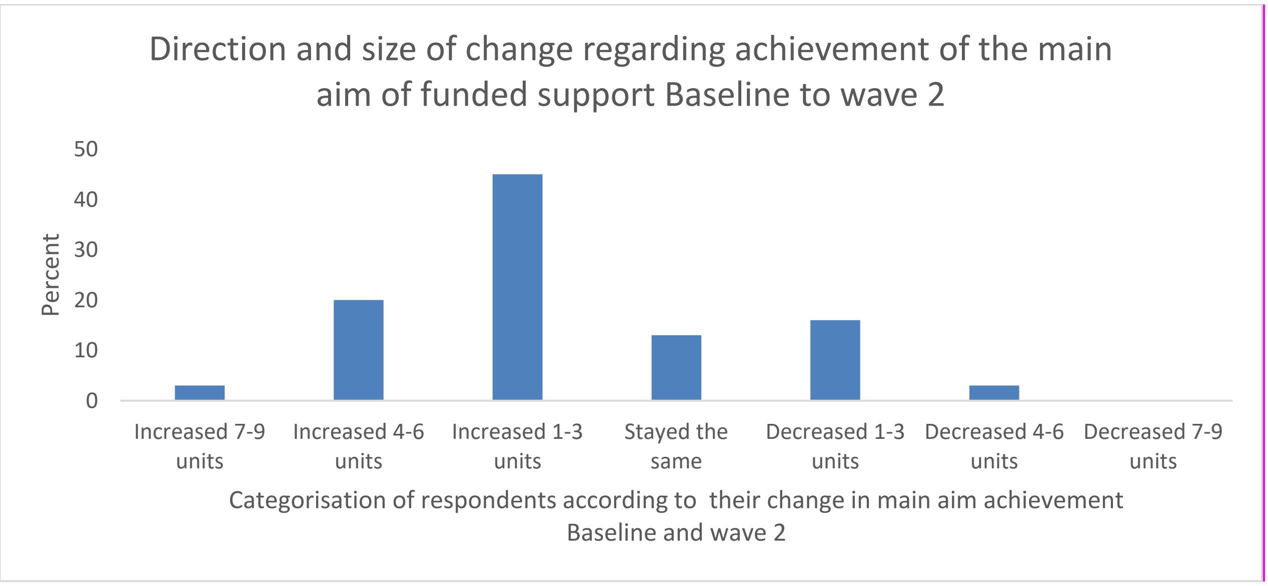
The score increased (improved) between baseline and wave 2 in approximately two thirds (68%) of the sample. For approximately one fifth (13%) of the sample, the scores stayed the same, and for approximately two fifths (19%) the scores decreased (got worse). Most of the increase (improvement) was between 1 and 3 points or number ‘units’, as illustrated in Table 48 and Figure 2 below:

Table 47: Direction and size of change (in units 1-9) in the achievement of the main aim of funded support being met between baseline and wave 2 surveys

Direction and size of change	Number	Percentage
Increased 7-9 units	23	3%*
Increased 4-6 units	156	20%
Increased 1-3 units	352	45%
Stayed the same	102	13%
Decreased 1-3 units	127	16%
Decreased 4-6 units	20*	3%*
Decreased 7-9 units	3	**

Data source: Baseline and wave 2 surveys. N=760 parents/carers responding to this question. *Base samples less than 50 should be treated with caution. ** Base Size is 10 or less and therefore % not given

Figure 2: Direction and size of change regarding achievement of the main aim of funded support baseline to wave 2



Data source: Baseline and wave 2 surveys. N=760 parents/carers responding to this question in both surveys.

Findings in relation to child emotional health and wellbeing

A note about the standardised measures used in this study

Two validated scales were used in this longitudinal study and survey ‘waves’:

- The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001) – this scale was only used in this study for children aged over 5 years at baseline.
- The Child Behaviour Checklist (CBCL) (Achenbach, 2000) – this scale was used for children aged 1 ½ to 5 years and children aged 6-18 years.

The earlier ASF study (Grieve, 2019) used the SDQ but not the CBCL.

The Strengths and Difficulties Questionnaire (SDQ). The SDQ is a screening questionnaire for child behavioural difficulties and strengths, available in a parent-report version for children and adolescents between 5 and 17 years. The first part 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. SDQ norms are for Britain rather than for England only and relate to samples of children aged 5 to 15 years. It is for this reason that evaluators have undertaken analyses of the baseline data in relation to children in this age range in particular to enable comparisons with the earlier (Tavistock Institute, 2017) sample and also some other analyses in relation to the whole sample aged 5 years plus.

The Child Behaviour Checklist (CBCL). The CBCL questionnaire for children aged 1 ½ to 5 years and 6 to 18 years obtains caregiver ratings of the child in relation to a series of ‘problem items’ (99 for the lower and 118 for the higher age category). Parents completing the questionnaire are asked to rate their child's behaviour on a 3-point scale (not true, somewhat or sometimes true, and very true or often true).

- Items are scored in relation to ‘syndrome scales’ for example for the younger age group: Emotionally Reactive, Anxious/Depressed, Somatic Complaints (physiological symptoms frequently associated with internalising behaviours like anxiety and depression), Withdrawn, Attention Problems, Aggressive Behaviour, and Sleep Problems.
- Items are also scored in relation to DSM-Oriented scales made of items that a panel of experts have selected as matching parts of the diagnostic criteria for DSM-IV (Achenbach & Rescorla 2001) for example, also for the younger age group: Depressive Problems, Anxiety Problems, Attention Deficit/Hyperactivity (ADH) Problems, Autism Spectrum (AS) Problems, and Oppositional Defiant Problems.

- There are two ‘broad band’ scales that combine several of the syndrome scales into Internalizing problems (problems that are mainly within the self, for example anxiety) and Externalizing problems (conflicts with other people and their expectations for children’s behaviour).
- There is also a Total Problems score, which is the sum of the scores of all the problem items.

Wave 2 SDQ findings in relation to children who were aged 5 years + at baseline

The SDQ was completed by parents/ carers for children aged 5 years plus for this study. The findings and tables below summarise the average wave 2 follow up (mean) scores and their spread (standard deviation (SD)) for children who were aged 5-17 years at baseline compared with their baseline SDQ scale scores.

- There was a statistically significant decrease in difficulties between baseline and wave 2 on the SDQ Total Difficulties scale.
- Among some constituent subscales of the SDQ (relating to ‘emotional’, ‘conduct’ and ‘peer’-related difficulties) statistically significant decreases were also demonstrated, suggesting that it was particularly these aspects of the children’s lives that improved.
- In relation to some other sub-scales (relating to ‘hyperactivity’ and ‘pro-social (behaviour)’), these overall improvements were not demonstrated. For the ‘hyperactivity’ subscale, a statistically significant increase in problems was in fact observed.
- In each case where the results were statistically significant, the effects sizes were small or very small indicating that, where improvements were observed by parents and carers, these were relatively modest. This is very similar to findings from the earlier ASF study (Tavistock Institute, 2017).

Table 48: SDQ mean scores and standard deviation (SD) by scale type at baseline and wave 2 follow up survey

SDQ scale	Baseline survey Mean scores (SD)	Wave 2 survey Mean scores (SD)	Mean difference (CI)	Paired t test
Emotional Problems (5 items)	4.5 (2.8)	4.0 (2.8)	.5 (2, .8)	t(1622)=4.03, p< .01, d= ..2
Conduct Problems (5items)	4.6 (2.5)	4.3 (2.5)	.3 (.1, .5)	t(1622)=2.50, p< .01, d= .1
Hyperactivity (5 items)	6.1 (2.5)	6.7 (2.6)	-.6 (-.4, -.9)	t(1622)=4.62, p< .01, d=.2
Peer Problems (5 items)	4.2 (1.8)	3.5 (2.4)	.7 (.5, .9)	t(1622)=7.00, p< .01 d=.4
Prosocial (5 items)	5.7 (2.4)	5.7 (2.4)		No change
Total Difficulties (5 items)*	19.4 (6.6)	18.5 (7.0)	.9 (0.2, 1.6)	t(1622)=2.65, p< .05, d= .1
Impact score**	5.2 (2.8)	4.6 (2.9)	.6 (.3, .9)	t(1601)=4.29, p< .01, d= .2

Data sources: Baseline N = 1,008 and wave 2 surveys N = 783

*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

**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

Note: SD = Standard Deviation, CI = Confidence Interval, p = Probability of the observed or a more extreme difference under the assumption that the null hypothesis is true, i.e., there is no difference in the mean between the baseline and the follow-up data, d = Standardised Mean Difference – Cohen's d

An SDQ 'added value' score can be computed to take into account changes that may happen over time without an intervention. This calculation is based on an assumption that one might expect a certain degree of improvement (in SDQ scores) over time, without any support having been provided. The formula is as follows:

Value added = 2.3 + 0.8*T1Total + 0.2*T1Impact - 0.3*T1Emotion - T2Total

Once this analytic step is applied to the baseline and wave 2 surveys SDQ dataset, the initially significant changes reported in the above section do not sustain and in fact the calculation returns a negative mean.

Table 49: SDQ value added calculation for children aged 5-17 years in the baseline and followed up at wave 2

	Number children	Minimum	Maximum	Mean (SD)
SDQ value added	738	-19.60	20.10	-1.10 (5.00)

Data source: wave 2 survey

However, this wave 2 sample of children had a very high level of difficulties at baseline, especially compared to population level norms, and therefore an expected improvement without intervention may not be relevant. Furthermore, SDQ value added is usually applied when a study incorporates a control group, which this study does not have. A similar issue, hypothesis and approach were taken by the evaluation team providing the earlier ASF study (Tavistock Institute, 2017).

The SDQ questionnaire embedded in the baseline and wave 2 surveys also asked parents and carers about the burden of their child's difficulties on the family as a whole. Table 50 below summarises the absolute and relative frequencies for parents' and carers' perception of the burden at baseline and wave 2.

Table 50: Absolute and relative frequencies of perceived family burden at baseline and wave 2

SDQ burden type described by parents & carers	Baseline		Wave 2	
	Absolute frequency	Relative frequency (%)	Absolute frequency	Relative frequency (%)
No burden	17	2%	30	4%
Only a little burden	104	15%	154	23%
Quite a lot of burden	264	39%	275	40%
A great deal of burden	300	44%	226	33%

Data sources: Baseline and wave 2 surveys SDQ data (regarding children aged 5-17 years at baseline). N=685

On average, parents and carers experienced significantly less family burden (Mean= 2.02, SD= .86) at wave 2 than at Baseline (Mean= 2.24, SD= .80), t(684) = -4.82, p< .001, r= .18 (small effect size suggesting a modest but statistically significant reduction in family burden).

The wave 2 SDQ scores were also compared with those for the same children at baseline with reference to four 'bands' of difficulty levels created by the SDQ developers, based on a large community sample (www.SDQinfo.org) i.e. 'close to average'; 'slightly raised' or 'slightly lowered'; 'high/low' and 'very high/low'. Tables 51 and 52 below summarise the proportions of children in each SDQ 4-band category for each wave of the survey with reference to the key dimensions of the survey.

Table 51: Number and proportion of wave 2 children in each SDQ 4 band category at baseline

SDQ 4 band category	Emotional problems	Conduct problems	Hyper-activity	Peer problems	Prosocial	Total Difficulties	Impact
Close to average	309 (41%)	167 (22%)	300 (40%)	148 (20%)	187 (25%)	15 (2%)	38 (5%)
Slightly raised/ lowered	86 (12%)	119 (16%)	174 (23%)	163 (22%)	111 (15%)	38 (5%)	54 (7%)
High/low	161 (21%)	191 (26%)	113 (15%)	137 (18%)	115 (15%)	84 (11%)	68 (9%)
Very high/low	191 (26%)	270 (36%)	160 (22%)	299 (40%)	334 (45%)	610 (82%)	587 (79%)

Data Source: Wave 2 Survey. N=747

Table 52: Number and proportion of wave 2 children in each SDQ 4 band category at wave 2

SDQ 4 band category	Emotional problems	Conduct problems	Hyper-activity	Peer problems	Prosocial	Total difficulties	Impact
Close to average	350 (47%)	213 (29%)	233 (31%)	285 (38%)	184 (25%)	193 (26%)	69 (9%)
Slightly raised/lowered	94 (13%)	96 (13%)	191 (25%)	108 (14%)	98 (12%)	111 (15%)	77 (10%)
High/low	145 (19%)	205 (27%)	102 (14%)	95 (13%)	109 (15%)	128 (17%)	66 (10%)
Very high/low	158 (21%)	233 (31%)	221 (30%)	259 (35%)	356 (48%)	315 (42%)	535 (71%)

Data Source: Wave 2 survey. N=747

There is considerable variation in the strength and direction of change in categorisation of SDQ 4 band classification between baseline and wave 2. Focussing on the key SDQ scales - total difficulties and impact:

- Over one half of children (54%) improved between one and three band categories with reference to their ‘Total Difficulties’, in contrast to approximately one fifth of children (18%) with reference to the SDQ questions regarding the ‘Impact’ of the child’s difficulties on their daily life, at home or at school.
- Just under one half of the children (43%) stayed in the same band category with reference to their ‘Total Difficulties’ compared with nearly three quarters of children (71%) in relation to ‘Impact’.
- A very small percentage (2%) of the children moved into a worse band category with reference to their ‘Total Difficulties’, compared with 10% in relation to ‘Impact’.

For ‘Total Difficulties’, there were statistically significantly more wave 2 children categorised as ‘close to average’ (medium effect size), ‘slightly raised’ (small effect size) and ‘high’ (small effect size) at wave 2 compared with baseline. By contrast, there were statistically significantly fewer wave 2 children categorised as having ‘very high’ levels of total difficulties (with a large effect size). With reference to the SDQ ‘Impact’ scores between the survey waves, there were statistically significantly more wave 2 children categorised as ‘close to average’ and ‘slightly raised’ at wave 2 compared to the baseline scores. There were no statistically significant changes in proportions of wave 2 children categorised having ‘high’ or ‘very high’ level difficulties compared to the baseline. Effect sizes were small.

Differences in SDQ scores by child placement status

The SDQ scores at wave 2 have also been compared by child adoption status (pre-Adoption Order, with an Adoption Order, with an SGO). An Analysis of Covariance (ANCOVA) was used to assess whether the wave 2 SDQ Total Difficulties means, adjusted for baseline SDQ Total Difficulties scores, differ between the three child status groups. The adjustment for the SDQ total difficulties scores in ANCOVA has two benefits. One is to make sure that any differences in SDQ means result from the status rather than a side-effect of (usually random) pre-test differences between the groups. The covariate (baseline SDQ total difficulties scores) significantly predicted the dependent variable (wave 2 SDQ total difficulties means) $F(2, 742) = 689.06$, $p< .001$, $r = .03$ (very small effect size). When the effect of baseline SDQ total difficulties scores was removed, the effect of child status was not significant $p> .05$[24].

Similarly, we explored whether and to what extent the child’s age made a difference to the wave 2 scores. When the effect of baseline SDQ total difficulties scores was removed, the effect of age (group[25]) was not significant $p> .05$.

CBCL findings

Introduction to the scores / scoring for CBCL

Sample mean (average) values and standard deviations (based on raw scores) for the CBCL 1 ½ to 5 years were calculated for all syndrome, broadband and DSM Oriented scales. These summary statistics were used in statistical analyses to compare changes in mean values between baseline and wave 2 and calculate effect sizes. To analyse CBCL 1 ½ to 5 years scales further, sample proportions of children classified as ‘Normal’, ‘Borderline’ and ‘Clinical’ were calculated. Differences in proportions between Baseline and wave 2 were examined. The size and direction of any change in proportions was also estimated (for statistical analytical reasons the ‘Borderline’ and ‘Clinical’ categories were combined).

Raw scores for each CBCL scale are converted to norm-referenced *T*-scores (Mean = 50, SD = 10*)*. The developers of CBCL (ASEBA) have assigned ‘normalised T scores’ to the raw scores of a CBCL scale according to the percentiles found for the raw scores in a ‘normative’ sample, separately for each gender at ages 6-11 and 12-18 years. T scores

---

[24] The value *b* of the covariate (0.74) indicates – other things being equal – that if Baseline SDQ Total Difficulties score increases 1 unit the Wave 2 SDQ Total difficulties score increases by just under three quarters of a unit.

[25] Under 5 years, 5-10 years, 11-15 years, over 15 years

from 65 (93rd percentile) to 69 (97th percentile) are considered to be in the borderline clinical range because they are high enough to cause concern but not high enough to place the children in the clinical range (T≤70 98th percentile). Scores in the borderline and clinical ranges clearly delineate children who are referred to specialist mental health or education services for behavioural / emotional problems from demographically similar children who are not so referred.

The most accurate cut points for ‘Internalising’, ‘Externalising’ and ‘Total Problems’ to discriminate between referred and non-referred children are at about the 80th and 84th percentiles of normative samples i.e., borderline clinical range T scores of 60 through 63; T≥64 for the clinical range. The reason for developers choosing the lower cut points for these scales is that they encompass more numerous and diverse problems than the syndrome scales.

As regards statistical analyses, CBCL developers recommend using the raw scale scores rather than the T scores in order to take account the full range of variation in these scales. Because T scores are not truncated for the Internalising, externalising and Total Problems scales, statistical analyses using T scores should yield results similar to analyses using the raw scores (Achenbach & Rescorla, 2001).

Findings from the CBCL for children aged 1 ½ to 5 years

For the CBCL 1 ½ to 5 years syndrome scales, there were no statistically significant differences in child scores between baseline and wave 2, with the exception of the ‘Anxious Depressed’ scale, in relation to which there was a statistically significant increase in difficulties.

Table 53: Descriptive statistics for baseline and wave 2 surveys CBCL1 ½ - 5 Years Syndrome Scales

CBCL 1½ - 5 Years Syndrome Scale	Baseline Survey		Wave 2 Survey		Statistical significance
	Mean	SD	Mean	SD	Paired t test (2 tailed)
Emotionally Reactive	7.1	4.3	7.2	4.9	NS
Anxious Depressed	4.2	3.3	5.1	3.9	t(96)= -2.58, p< .05; d= .3
Somatic Complaints	2.7	2.8	2.9	3.2	NS
Withdrawn	4.0	3.4	4.0	3.6	NS
Sleep Problems	4.4	3.7	4.5	3.5	NS
Attention Problems	5.2	2.8	5.1	2.6	NS
Aggressive Behaviour	19.4	8.7	19.7	9.0	NS

Data sources: Baseline and wave 2 surveys. N=97. NS = Not statistically significant.

Proportions of children aged 1 ½ - 5 years in the ‘Normal’ or ‘Borderline/Clinical’ ranges were also analysed by syndrome scale. The largest change between baseline and wave 2 was an increase (of 6%) in children with clinical or borderline clinical anxiety and/or depression. However, even this change was not statistically significant.

Table 54: Percentage (%) of children 1½ to 5 years in the normal and borderline clinical / clinical ranges at baseline and wave 2 by syndrome scales

Syndrome Scale	Baseline Survey		Wave 2 Survey	
	% in normal range	% in clinical / borderline clinical range	% in normal range	% in clinical / borderline clinical range
Emotionally reactive	38%	62%	40%	60%
Anxious / depressed	76%	24%	70%	30%
Somatic complaints	80%	20%	76%	24%
Withdrawn	66%	33%	68%	32%
Sleep problems	78%	22%	80%	20%
Attention problems	54%	46%	57%	43%
Aggressive behaviour	52%	48%	51%	49%

Data sources: Baseline and wave 2 surveys. N=97

For all other broadband and DSM Oriented scales, there were no statistically significant differences in mean values observed between baseline and wave 2 of the study, as illustrated in Tables 55-57 below:

Table 55: Descriptive statistics (mean and standard deviation) for baseline and wave 2 Surveys CBCL1 ½ - 5 Years Broadband scales

CBCL Broadband Scale	Baseline Survey		Wave 2 Survey		Statistical Significance
	Mean	SD	Mean	SD	Paired t test (2 tailed)
Internalising Problems	18.0	11.7	19.3	13.6	NS
Externalising Problems	24.6	10.5	24.8	10.9	NS
Total Problems	65.1	32.6	65.1	35.2	NS

Data sources: Baseline and wave 2 surveys. N=97. Note: NS = Not statistically significant

Table 56: Descriptive statistics for baseline and wave 2 Surveys CBCL1 ½-5 Years DSM Oriented scales

CBCL DSM Orientated Scale	Baseline Survey		Wave 2 survey		Statistical significance
	Mean	SD	Mean	SD	Paired t test (2 tailed)
Depressive Problems	4.5	3.5	4.4	3.8	NS
Anxiety Problems	6.3	4.7	6.8	5.1	NS
Autistic Spectrum Problems	7.0	5.0	6.5	5.1	NS
ADH problems	7.8	3.2	5.1	2.6	NS
Oppositional Defiant Problems	7.1	3.4	6.7	3.4	NS

Data sources: Baseline and wave 2 surveys. N=97. Note: NS = Not statistically significant

The largest reductions in proportions of children with 'Borderline Clinical' or 'Clinical' range problems on the DSM Oriented Scales were identified in relation to the 'depressive problems' (a decrease of 13%) scale and the ADHD problems (a decrease of 11%) scales. However, again, these changes in proportions were not statistically significant.

Table 57: Children aged 1.5 to 5 years in the clinical or borderline clinical range at baseline and wave 2 by DSM Oriented Scales

DSM Oriented Scale	Baseline Survey		Wave 2 Survey	
	% in the normal range	% in the clinical / borderline range	% in the normal range	% in the clinical / borderline range
Depressive Problems	45%	55%	58%	42%
Anxiety Problems	48%	52%	51%	49%
Autistic Spectrum Problems	36%	64%	45%	55%
ADHD Problems	35%	65%	46%	54%
Oppositional Defiant Problems	46%	54%	53%	47%

Data sources: Baseline and wave 2 surveys. N=97

CBCL findings for boys aged 6 to 11 years

For boys aged 6-11 years, there were statistically significant reductions in CBCL mean scores for 'Attention Problems' and 'Aggressive Behaviour' syndrome scales, as illustrated in Table 58 below. The effect sizes for these reductions were small indicating that, while improvements were observed, these were modest. In relation to other scales, there were no statistically significant changes from baseline to wave 2.

Table 58: CBCL mean scores and standard deviations (SD) by syndrome scales for boys aged 6-11 years between baseline and wave 2

Syndrome Scale	**CBCL baseline survey: boys aged 6-11 years**		**CBCL wave 2 survey: boys aged 6-11 years**		**Statistical significance**
	Mean	**SD**	**Mean**	**SD**	**Paired t test (2 tailed)**
Anxious / Depressed	9.85	5.81	9.47	5.91	NS
Withdrawn / Depressed	3.28	2.70	3.33	2.78	NS
Somatic Complaints	3.36	3.22	3.09	3.00	NS
Social Problems	7.95	4.26	7.79	4.27	NS
Thought Problems	7.43	5.10	7.29	4.94	NS
Attention Problems	11.14	4.03	10.46	3.92	t(223)=3.10, p< .01; d= .20
Rule Breaking Behaviour	6.43	4.22	6.09	3.94	NS
Aggressive Behaviour	16.69	8.40	15.48	8.29	t(223)=3.20, p< .01, d= .20

Data sources: Baseline and wave 2 surveys. N=224. Note: NS = Not statistically significant

Proportions of boys aged 6-11 years classified as having problems in the ‘Normal’, ‘Borderline Clinical’ or ‘Clinical’ range in relation to different syndrome scales are summarised in Table 59 below. Between baseline and wave 2, there were decreases in the proportions of boys aged 6-11 years in the ‘clinical’ or ‘borderline clinical’ ranges (and corresponding increases in proportions in the ‘normal’ range) in relation to almost all scales. The size of change was different from scale to scale, with ‘Attention problems’ demonstrating the greatest difference. However, none of the differences were statistically significant.

Table 59: Percentage (%) boys 6-11 years with problems in the normal and borderline / clinical ranges at baseline and wave 2 by CBCL syndrome scales

CBCL Syndrome Scale	Baseline survey		Wave 2 survey	
	% in normal range	% in clinical / borderline clinical range	% in normal range	% in clinical / borderline clinical range
Anxious / Depressed	38%	62%	43%	57%
Withdrawn / Depressed	59%	41%	59%	41%
Somatic Complaints	71%	29%	75%	25%
Social Problems	40%	60%	42%	58%
Thought Problems	39%	61%	42%	58%
Attention Problems	34%	66%	40%	60%
Rule Breaking Behaviour	44%	56%	48%	52%
Aggressive Behaviour	34%	66%	35%	65%

Data sources: Baseline and wave 2 surveys. N=224.

There were statistically significant reductions between baseline and wave 2 in mean scores for the CBCL Broadband ‘Externalising Problems’ and ‘Total Problems’ (but not for ‘Internalising Problems’) for boys aged 6-11 years, as illustrated in Table 60 below. The effect sizes for the reductions were small indicating that observed changes were modest in scale.

Table 60: Means and standard deviations (SD) for CBCL Broadband scales for boys aged 6-11 years

CBCL Broadband Scales	Baseline survey		Wave 2 Survey		Statistical significance
	Mean	SD	Mean	SD	Paired t test (2 tailed)
Internalising Problems	16.49	9.73	15.90	9.77	NS
Externalising Problems	23.12	11.94	21.57	11.64	t(223)=3.01, p< .01; d= .10
Total Problems score	73.75	31.37	70.69	31.47	t(223)=2.08, p< .05; d= .10

Data sources: baseline and wave 2 surveys. N=224. Note: NS= Not statistically significant

Proportions of boys aged 6-11 years with problems in the ‘Normal’ or ‘Borderline/Clinical’ ranges in relation to CBCL Broadband Scales are summarised in Table 61 below. The greatest decreases in the proportions of children classified as having Borderline/Clinical level problems between Baseline and wave 2 were for ‘Internalising problems’ (4%) and ‘Total problems’ (4%). However, none of the changes were statistically significant.

Table 61: Percentage (%) boys 6-11 years in the borderline / clinical range at baseline and wave 2 by Broadband scales

Syndrome Scale	Baseline Survey		Wave 2 Survey	
	% in normal range	% in borderline / clinical range	% in normal range	% in borderline / clinical range
Internalising Problems	20%	80%	24%	76%
Externalising Problems	18%	82%	19%	81%
Total Problems score	14%	86%	18%	82%

Data sources: Baseline and wave 2 surveys. N=224.

In relation to the DSM Oriented scales for boys aged 6-11 years, there was a statistically significant reduction in mean scores for ‘Oppositional Defiant’ problems and ‘Conduct’ problems, suggesting an improvement in these areas between baseline and wave 2. Effect sizes for the reductions were small indicating that observed changes were moderate, as illustrated in Table 62 below:

Table 62: Mean scores and standard deviations (SD) for CBCL DSM Oriented scales for boys aged 6-11 years between baseline and wave 2

CBCL6-18 DSM Oriented Scale	Baseline survey: CBCL scores		Wave 2 survey CBCL scores		Statistical significance
	Mean	**SD**	**Mean**	**SD**	**Paired t test (2 tailed)**
Depressive problems	6.08	4.19	5.87	4.36	NS
Anxiety problems	7.89	4.47	7.48	4.41	NS
Somatic Problems	1.92	2.30	1.75	2.18	NS
ADH problems	9.03	3.46	8.75	3.47	NS
Oppositional defiant problems	6.14	2.58	5.74	2.52	t(223)=2.99, p< .01; d= .2
Conduct Problems	9.48	6.21	8.71	6.00	t(223)=2.94, p< .01; d= .1

Data sources: baseline and wave 2 surveys. N=224. Note: NS = Not statistically significant

Proportions of boys aged 6-11 years with problems in the ‘Normal’ or ‘Borderline/Clinical’ ranges on the DSM Oriented scales are summarised below in Table 63. Although there were reductions in the proportion of children in the clinical or borderline clinical ranges across most DSM Oriented scales (particularly in relation to Oppositional Defiant Problems), these changes were not statistically significant.

Table 63: Percentage (%) boys 6-11 years in the normal and borderline / clinical range at baseline and wave 2 by CBCL DSM Oriented scales

Syndrome Scale	Baseline Survey		Wave 2 Survey	
	% in normal range	**% in clinical / borderline clinical range**	**% in normal range**	**% in clinical / borderline clinical range**
Depressive problems	40%	60%	45%	55%
Anxiety problems	32%	68%	37%	63%
Somatic Problems	68%	32%	72%	28%
ADH problems	44%	56%	44%	56%
Oppositional defiant problems	38%	62%	46%	54%

Syndrome Scale	**Baseline Survey**		**Wave 2 Survey**	
	% in normal range	**% in clinical / borderline clinical range**	**% in normal range**	**% in clinical / borderline clinical range**
Conduct Problems	32%	68%	35%	65%

Data sources: Baseline and wave 2 surveys. N=224.

CBCL findings for girls aged 6 to 11 years

For girls aged 6-11 years (n=179), there were no statistically significant improvements in any of the mean scores with reference to syndrome, broadband or DSM Oriented scales as illustrated in the tables 64 and 65 below:

Table 64: CBCL Mean scores and standard deviations (SD) by CBCL syndrome scales for girls aged 6-11 years between baseline and wave 2

Syndrome Scale	**Baseline survey**		**Wave 2 Survey**		**Statistical significance**
	Mean	**SD**	**Mean**	**SD**	**Paired t test (2 tailed)**
Anxious / Depressed	9.54	5.67	9.60	5.55	NS
Withdrawn / Depressed	3.40	2.71	3.44	3.09	NS
Somatic Complaints	3.89	3.49	3.84	3.85	NS
Social Problems	7.79	4.47	7.79	4.39	NS
Thought Problems	6.53	4.90	6.44	5.26	NS
Attention Problems	10.03	4.80	10.22	4.71	NS
Rule Breaking Behaviour	5.27	3.74	5.13	3.94	NS
Aggressive Behaviour	14.65	7.55	14.51	8.07	NS

Data sources: Baseline and wave 2 surveys. N=179. Note: NS = Not statistically significant

Proportions of girls aged 6-11 years classified as having problems in the ‘Normal’, ‘Borderline Clinical’ or ‘Clinical’ range in relation to different syndrome scales are summarised in the tables below. Between baseline and wave 2, there were almost no decreases in the proportions of girls aged 6-11 years in the ‘clinical’ or ‘borderline clinical’ ranges, with the exception of ‘Aggressive behaviour’. For some syndrome scales, there were increases in the proportion of girls aged 6-11 years in the clinical / borderline clinical range. However, none of the differences were statistically significant.

Table 65: Percentage (%) girls 6-11 years in the clinical / borderline clinical range at baseline and wave 2 by CBCL Syndrome scales

Syndrome Scale	Baseline Survey		Wave 2 Survey	
	% in normal range	% in clinical / borderline clinical range	% in normal range	% in clinical / borderline clinical range
Anxious / Depressed	41%	59%	41%	59%
Withdrawn / Depressed	70%	30%	62%	38%
Somatic Complaints	65%	35%	69%	31%
Social Problems	52%	48%	51%	49%
Thought Problems	41%	59%	42%	58%
Attention Problems	42%	58%	38%	62%
Rule Breaking Behaviour	52%	48%	51%	49%
Aggressive Behaviour	36%	64%	40%	60%

Data sources: Baseline and wave 2 surveys. N=179

There were no statistically significant differences between baseline and wave 2 with reference to the mean CBCL Broadband scales’ scores at for girls aged 6-11 years, as illustrated in Table 66 below:

Table 66: Means and Standard deviations for CBCL Broadband scales for girls aged 6-11 years at baseline and wave 2

CBCL Broadband Scale	Baseline survey		Wave 2 Survey		Statistical significance
	Mean	SD	Mean	SD	Paired t test (2 tailed)
Internalising Problems	16.83	9.984	16.89	10.817	NS
Externalising Problems	19.93	10.540	19.65	11.316	NS
Total Problems score	68.50	31.418	67.97	33.900	NS

Data sources: Baseline and wave 2 surveys. N=179. Note: NS= Not statistically significant

There were smaller proportions of girls aged 6 -11 years with problems in the clinical or borderline clinical ranges for the CBCL broadband scales at wave 2 compared with baseline. However, the differences were not statistically significant.

Table 67: Percentage (%) girls 6-11 years in the clinical / borderline clinical range at baseline and wave 2 by CBCL Broadband scales

CBCL Broadband Scale	Baseline Survey		Wave 2 Survey	
	% normal range	% clinical / borderline clinical range	% normal range	% clinical / borderline clinical range
Internalising Problems	29%	71%	32%	68%
Externalising Problems	21%	79%	26%	74%
Total Problems score	17%	83%	18%	82%

Data sources: Baseline and wave 2 surveys. N=179

There were no statistically significant differences between baseline and wave 2 in the CBCL DSM Oriented scales for girls aged 6-11 years, as illustrated in the table below:

Table 68: Means and standard deviations for CBCL DSM Oriented scales for girls aged 6-11 years at baseline and wave 2

CBCL6-18 DSM Oriented Scale	**Baseline Survey**		**Wave 2 Survey**		**Statistical significance**
	Mean	**SD**	**Mean**	**SD**	**Paired t test (2-tailed)**
Depressive problems	6.22	4.19	6.13	4.52	NS
Anxiety problems	7.54	4.34	7.41	4.34	NS
Somatic Problems	2.47	2.51	2.46	2.80	NS
ADH problems	7.92	3.56	8.09	3.70	NS
Oppositional defiant problems	5.65	2.46	5.49	2.55	NS
Conduct Problems	7.25	5.40	7.25	5.75	NS

Data sources: Baseline and wave 2 surveys. N=179. Note: NS = Not statistically significant

Whilst by wave 2 there was a smaller proportion of girls aged 6 -11 years with clinical or borderline clinical problems for depressive, somatic, and conduct problems, these differences were not statistically significant.

Table 69: Percentage (%) girls aged 6-11 years in the clinical / borderline clinical range at baseline and wave 2 by DSM Oriented scales

	Baseline Survey		**Wave 2 Survey**	
Syndrome Scale	**% in normal range**	**% in clinical / borderline clinical range**	**% in normal range**	**% clinical / borderline clinical range**
Depressive problems	37%	63%	42%	58%
Anxiety problems	44%	56%	45%	55%
Somatic Problems	70%	30%	74%	26%
ADH problems	47%	53%	45%	55%
Oppositional defiant problems	50%	50%	50%	50%
Conduct Problems	35%	65%	38%	62%

Data sources: Baseline and wave 2 surveys. N=179

CBCL findings for boys aged 12 to 18 years

For boys aged 12-18 years, there were statistically significant improvements with reference to all CBCL syndrome scales except for Withdrawn/Depressed between the two waves of the survey. Effect sizes were small indicating that observed changes were modest.

Table 70: Means and standard deviations for CBCL syndrome scales for boys 12-18 years – baseline and wave 2 compared

Syndrome Scale	CBCL baseline survey		CBCL wave 2 survey		Statistical significance
	Mean	SD	Mean	SD	Paired t test (2 tailed)
Anxious / Depressed	9.78	5.77	8.21	5.72	t(127)=4.02, p< .001; d= .3
Withdrawn / Depressed	5.38	3.58	5.02	3.59	NS
Somatic Complaints	3.74	4.03	3.12	3.59	t(127)=2.28, p< .05; d= .2
Social Problems	8.42	4.52	6.59	4.28	t(127)=5.66, p< .001; d= .4
Thought Problems	6.95	5.13	6.22	4.76	t(127)=2.27, p< .05; d= .2
Attention Problems	11.33	4.34	10.11	4.42	t(127)=4.02, p< .001; d= .3
Rule Breaking Behaviour	9.41	5.69	8.41	5.16	t(127)=2.39, p< .05; d= .2
Aggressive Behaviour	16.62	8.35	14.37	7.97	t(127)=3,75, p< .001; d= .3

Data sources: Baseline and wave 2 surveys. N=128. Note: NS = Not statistically significant

Between baseline and wave 2, there were reductions in the proportion of boys aged 12 - 18 years with problems in the borderline/clinical range in relation to almost all syndrome scales. The reductions (improvements) in relation to ‘Social problems’ (19%) and ‘Anxious/Depressed’ (14%) were statistically significant, as illustrated in Table 71 below.

Table 71: Percentage (%) boys aged 12-18 years in the clinical / borderline clinical range at baseline and wave 2 by syndrome scales

Syndrome Scale	Baseline Survey		Wave 2 Survey		Comparison of proportions
	% in normal range	% in clinical / borderline clinical range	% in normal range	% in clinical / borderline clinical range	
Anxious / Depressed	30%	70%	44%	56%	X2(1)=5.45, p< .05, V= .15 -14
Withdrawn / Depressed	56%	44%	61%	39%	NS
Somatic Complaints	69%	31%	77%	23%	NS
Social Problems	25%	75%	44%	56%	X2(1)=9.97, p< .01, V= .2 -19
Thought Problems	44%	56%	41%	59%	NS
Attention Problems	39%	61%	49%	51%	NS
Rule Breaking Behaviour	48%	52%	56%	44%	NS
Aggressive Behaviour	35%	65%	45%	55%	NS

Data sources: Baseline and wave 2 surveys. N=128

Statistically significant improvements were observed on all 3 mean ‘broadband’ scales (internalising and externalising problems, also total problems) for boys aged 12-18 years between the two waves of the survey, as illustrated in Table 72 below. Effect sizes were small indicating that observed changes were modest.

Table 72: Means and standard deviations for CBCL Broadband scales for boys aged 12-18 years – baseline and wave 2 compared

CBCL Internalising, Externalising and Total Problems Scales	CBCL baseline survey: Boys 12-18 years		CBCL wave 2 survey: Boys 12-18 years		Paired t test (2 tailed)
	Mean	SD	Mean	SD	
Internalising Problems	18.91	11.40	16.34	11.09	t(127)=3.52, p< .01; d= .2
Externalising Problems	26.03	12.72	22.78	11.96	t(127)=3.45, p< .01; d= .3
Total Problems score	78.67	33.46	67.98	32.48	t(127)=4,74, p< .001; d= .3

Data sources: Baseline and wave 2 surveys. N=128

Whilst there were reductions in the proportions of boys aged 12-18 years in the clinical / borderline clinical range of difficulties for total problems and internalising problems, these were not statistically significant, as illustrated in Table 73 below:

Table 73: Percentage (%) boys aged 12-18 years in the clinical / borderline clinical range at baseline and wave 2 by 'broadband' scales

Broadband Scale	Baseline Survey		Wave 2 Survey	
	% in normal range	% in clinical / borderline clinical range	% in normal range	% in clinical / borderline clinical range
Internalising Problems	25%	75%	35%	65%
Externalising Problems	22%	78%	21%	79%
Total Problems score	14%	86%	19%	81%

Data sources: Baseline and wave 2 surveys. N=128

There were statistically significant reductions in problems for boys aged 12 -18 years between baseline and wave 2 on all DSM Oriented scales except for the 'Somatic' problems scale. Effect sizes for the reductions were small indicating that observed changes were modest.

Table 74: Means and standard deviations for CBCL DSM Oriented scales for boys aged 12-18 years in the baseline and wave 2 survey

CBCL DSM Oriented Scale	CBCL baseline survey		CBCL wave 2 survey		Statistical significance
	Mean	SD	Mean	SD	Paired t test (2 tailed)
Depressive problems	7.81	4.49	6.62	4.53	t(127)=3.68, p< .001; d= .3
Anxiety problems	7.16	4.56	6.14	4.51	t(127)=3.44, p< .01; d= .2
Somatic Problems	2.29	2.84	1.91	2.63	NS
ADH problems	8.66	3.67	7.65	3.63	t(127)=4.42, p< .001; d= .3
Oppositional defiant problems	6.44	2.65	5.78	2.56	t(127)=3.35, p< .01; d= .3
Conduct Problems	11.63	6.69	9.70	6.09	t(127)=3.90, p< .001; d= .3

Data sources: Baseline and wave 2 surveys. N=128. Note: NS = Not statistically significant

Between baseline and wave 2, the largest reductions in proportions of boys aged 12-18 years in the DSM Orientated scale normal and borderline/clinical categories were for ‘Depressive problems’ (12%) and ‘Conduct problems’ (12%). However, these reductions were not statistically significant.

Table 75: Percentage (%) boys aged 12-18 years in the clinical / borderline clinical range at baseline and wave 2 by DSM Oriented scales

Syndrome Scale	Baseline Survey		Wave 2 Survey		Comparison of proportions
	% in normal range	% in clinical / borderline clinical range	% in normal range	% in clinical / borderline clinical range	
Depressive problems	34%	66%	46%	54%	NS
Anxiety problems	43%	57%	47%	53%	NS
Somatic Problems	79%	21%	80%	20%	NS
ADH problems	36%	64%	48%	52%	NS
Oppositional defiant problems	36%	64%	44%	56%	NS
Conduct Problems	29%	71%	41%	59%	NS

Data sources: baseline and wave 2 surveys. N=128. Note: NS = Not statistically significant

CBCL findings for girls aged 12 to 18 years

For girls aged 12-18 years, the only statistically significant improvement between baseline and wave 2 with reference to CBCL syndrome scales was in relation to ‘Aggressive behaviour’. The effect size for the improvement was small indicating that observed changes were modest.

Table 76: Means and standard deviations (SD) for CBCL syndrome scales for girls aged 12-18 years – baseline and wave 2 compared

CBCL Syndrome Scale	Baseline survey		Wave 2 survey		Statistical significance
	Mean	SD	Mean	SD	Paired t test (2 tailed)
Anxious / Depressed	10.98	5.63	10.37	5.74	NS
Withdrawn / Depressed	5.82	3.48	5.64	3.69	NS
Somatic Complaints	5.03	3.88	4.76	3.99	NS
Social Problems	7.81	4.66	7.59	4.71	NS
Thought Problems	6.92	4.53	6.61	4.48	NS
Attention Problems	9.53	4.94	9.45	4.45	NS
Rule Breaking Behaviour	7.79	6.19	7.22	6.38	NS
Aggressive Behaviour	14.53	8.78	13.58	9.00	t(143)=1.98, $p < .05$; d= .10

Data sources: Baseline and wave 2 surveys. N=144. Note: NS = Not statistically significant

With reference to the CBCL syndrome scales, there were reductions in the proportions of girls aged 12-18 years with problems in the clinical / borderline range between baseline and wave 2 with reference to most of the scales. However, the differences were not statistically significant.

Table 77: Percentage (%) girls aged 12-18 years in the normal / clinical / borderline clinical range at baseline and wave 2 by syndrome scales

Syndrome Scale	Baseline Survey		Wave 2 Survey	
	% in normal range	% in clinical / borderline clinical range	% in normal range	% clinical / borderline clinical range
Anxious / Depressed	31%	69%	35%	65%
Withdrawn / Depressed	49%	51%	52%	48%
Somatic Complaints	50%	50%	55%	45%
Social Problems	35%	65%	34%	66%
Thought Problems	35%	65%	39%	61%
Attention Problems	31%	69%	33%	67%
Rule Breaking Behaviour	49%	51%	52%	48%
Aggressive Behaviour	39%	61%	50%	50%

Data sources: Baseline and wave 2 surveys. N=144

Although there were improvements in all mean CBCL Broadband scores for girls aged 12-18 between baseline and wave 2, the difference was only statistically significant in relation to ‘Externalising Problems’ where the effect size was also small.

Table 78: Means and standard deviations for CBCL Broadband scales for girls aged 12-18 years – baseline and wave 2 compared

CBCL Broadband Scales	**CBCL baseline survey: Girls 12-18 years**		**CBCL wave 2 survey: Girls 12-18 years**		**Statistical significance**
	Mean	**SD**	**Mean**	**SD**	**Paired t test (2 tailed)**
Internalising Problems	21.83	10.259	20.76	11.083	NS
Externalising Problems	22.32	14.08	20.79	14.41	t(143)=2.04, p< .05; d= .1
Total Problems score	74.86	33.934	71.29	35.154	NS

Data sources: Baseline and wave 2 surveys. N=144. NS = Not statistically significant

Whilst at wave 2 there were smaller proportions of girls aged 12-18 years with problems in the clinical / borderline clinical range with reference to all the CBCL Broadband Scales, these differences compared with baseline scores were not statistically significant[26].

Table 79: Percentage (%) girls 12-18 years in the clinical / borderline clinical range at baseline and wave 2 by 'broadband' scales

Syndrome Scale	**Baseline Survey**		**Wave 2 Survey**		**Comparison of proportions**
	% in normal range	**% in clinical / borderline clinical range**	**% in normal range**	**% in clinical / borderline clinical range**	
Internalising Problems	16%	84%	25%	75%	NS (p= .06)
Externalising Problems	29%	71%	31%	69%	NS
Total Problems score	14%	86%	17%	83%	NS

Data sources: Baseline and wave 2 surveys. N=144

In relation to the DSM Oriented scales, there were statistically significant reductions in difficulties for girls aged 12–18 years with reference to 'Oppositional Defiant' and 'Conduct' problems scales between the two waves of the survey. Effect sizes were small, as illustrated in table 80 below:

---

[26] Note: The difference relating to 'Internalising' problems was close to being statistically significant i.e. p=0.06 compared with a 'cut off' of 0.05

Table 80: Means and standard deviations for CBCL DSM Oriented scales for girls aged 12-18 years – baseline and wave 2 compared

CBCL DSM Oriented Scale	Baseline survey		Wave 2 survey		Statistical significance
	Mean	SD	Mean	SD	Paired t test (2 tailed)
Depressive problems	9.02	4.77	8.59	5.45	NS
Anxiety problems	8.11	4.44	7.82	4.52	NS
Somatic Problems	3.04	2.70	2.88	2.82	NS
ADH problems	7.03	3.98	7.05	3.75	NS
Oppositional defiant problems	5.67	3.05	5.20	3.01	t(143)=2.63, p< .05; d= .2
Conduct Problems	9.26	7.25	8.24	7.29	t(143)=2.65, p< .01; d= .2

Data sources: Baseline and wave 2 surveys. N=144. Note: NS = Not statistically significant

Whilst smaller proportions of girls aged 12-18 years had problems in the clinical / borderline clinical range by wave 2 in relation to most DSM Oriented scales, the differences with baseline scores were not statistically significant.

Table 81: Percentage (%) girls 12-18 years in the clinical / borderline clinical range at baseline and wave 2 by DSM Oriented scales

CBCL DSM Oriented Scales	Baseline Survey		Wave 2 Survey		Comparison of proportions
	% in normal range	% in clinical / borderline clinical range	% in normal range	% in clinical / borderline clinical range	
Depressive problems	28%	72%	35%	65%	NS
Anxiety problems	31%	69%	36%	64%	NS
Somatic Problems	64%	36%	68%	32%	NS
ADH problems	49%	51%	46%	54%	NS
Oppositional defiant problems	44%	56%	53%	47%	NS
Conduct Problems	40%	60%	45%	55%	NS

Data sources: Baseline and wave 2 surveys. N=144. Note: NS = not statistically significant

Findings relating to parental self-efficacy

In both the baseline and wave 2 questionnaire, parents and carers were asked to score themselves in relation to the Brief Parental Self-Efficacy Questionnaire (BPSES) (Woolgar et al, 2013) which is a measure of parental confidence in their ability to parent a child.

On average, respondents experienced statistically significantly greater parental self-efficacy (Mean= 19.80, SD= 3.23) at wave 2 than at baseline (Mean= 19.27, SD= 3.11), t(781) = -4.66, p< .001, r= .16 (small effect size).

Table 82: Median BPES scores for parents and carers at baseline and wave 2

Survey	Median BPES score
Baseline survey	19.27 (SD=3.11)
Wave 2 survey	19.80 (SD=3.23)

Data sources: Baseline and wave 2 surveys. N= 783

Findings relating to parent and carer emotional health and wellbeing

Parents and carers competing a baseline and a wave 2 survey were asked at both points to respond to questions about their own emotional health and wellbeing, as measured by the Short Warwick Edinburgh Wellbeing Scales (SWEMWBS) (Collins et al, 2012).

On average, there was no statistically significant difference between wave 2 parent carer responses (Mean=20.98, SD=3.47) and baseline survey responses (Mean=20.94, SD=3.48) as measured by the SWEMWBS.

Table 83: Parent and carer SWEMWBS mean scores and standard deviation (SD) at baseline and wave 2 survey compared with population norms

Cohort	Mean	(SD)
Baseline survey responses	20.94	3.48
Wave 2 survey responses	20.98	3.47
SWEMWBS Population Norms in Health Survey for England data 2011	23.6093	3.90

Data sources: baseline and wave 2 survey responses N=783

This finding is different to that of the earlier ASF study (Grieve et al, 2019) which identified small but statistically significant improvements in the emotional health and wellbeing of parents between baseline and wave 2.

Are there any differences in outcomes by whether a wave 2 survey was completed pre- or post-COVID-19?

Pre- and post-COVID samples at wave 2 are difficult to determine precisely, not least because the study protocol was for parents and carers to be approached to complete a wave 2 survey at the time the research team anticipated the funded support was likely to be ending. However, parents and carers often did not complete a survey immediately afterwards for a range of reasons including those already explored above. The research team determined the best 'cut off' for a largely pre-COVID sub-sample to compare with a largely post-COVID sub-sample to be the time at which the survey was re-opened (at end June 2020) when the additional COVID-specific questions were added. The rationale for this cut off point includes that:

- During the part-closure period for the study (end March to end June 2020) no parents or carers were approached by the research team to complete a wave 2 survey.
- However, during this period, some parents and carers returned a wave 2 survey that had been requested prior to March 2020 (prior to the first COVID lockdown).
- Therefore, these wave 2 surveys can be assumed to relate to funded support that was received largely pre-COVID.

In the findings from our sub-group analyses below, we describe the pre- and post-COVID samples with reference to this cut off (at end June 2020), but it should be noted that the groups cannot be considered completely accurate. For example, the experience of some children and families in the pre-COVID sample, particularly those returning the survey during March-June 2020, may have been affected in some way by the COVID pandemic. Similarly, some children and families in the post-COVID sample may in fact have finished their ASF-funded support pre-COVID, but they could not be contacted about completing a wave 2 survey until end June/early July 2021.

Pre- and post-COVID samples were compared in relation to all the standardised measures used in this study. Our hypothesis was that standardised measures scores would be different for respondents' children in the post-COVID group compared with in the pre-COVID group. A one-way ANCOVA with (a) Wave 2 standardised measure scores as the dependent variable (b) pre- and post-COVID groups as the independent variable and (c) Wave I standardised measure scores as the covariate was conducted. Tables with detailed findings can be found in Appendix A (Tables 78-91). There were no statistically significant differences between the two groups with reference to any of the standardised measures.

2.e. Parent and carer perspectives on whether they continued to need ASF-funded support

Parents and carers completing a Wave 2 survey were asked ‘Do you think that your child or family continues to have need of therapeutic services after this most recent support?’. 80% responded ‘Yes’. 7% responded ‘no’ and 13% ‘not sure’.

Table 84: Parent / carer responses to the question ‘do you think that your child or family continues to have need of therapeutic services?’ by number and percentage

Response	Number	Percentage
Yes	629	80%
No	52	7%
Not sure	102	13%

Data source: Wave 2 survey. N=783 parents and carers

The free text responses from parents and carers relating to this question suggest that many of those responding positively had in fact already arranged a further ‘round’ of funded support or were waiting to engage or re-engage in the original funded programme that had been delayed or suspended due to the COVID restrictions. They therefore described a need for ‘continuing’ as opposed to non-ASF forms of support.

67% of parents and carers responding to the wave 2 survey also stated that they had plans to make further application to the ASF. 6% stated that they did not plan to do so and 27% were not sure.

Table 85: Parent / carer responses to a question 'do you have plans to make further applications to the Adoption Support Fund in the future' by number and percentage (%)

Response	Number	Percentage
Yes	524	67%
No	47	6%
Not sure	212	27%

Data source: Wave 2 survey. N=783 parents and carers

Where parents and carers provided more information in relation to these responses, they described a range of ways in which forms of therapeutic support were still or might be required, for example in relation to:

- Ongoing difficulties for the child for example in regulating their emotions or poor self-esteem.
- Significant school or other transitions for their child for example when becoming a teenager.
- Significant events, for example in support of healthy contact when the child's birth parent is released from prison.
- Support for parents / parenting once the child has received support for themselves, for example a therapeutic parenting course.
- Follow on therapies, once an initial 'round' had achieved its short term aims, for example DDP following on from sensory regulation interventions for the child, or family therapy following on from child-focused therapy or talking or psychotherapy following on from play therapy.

Some parents and carers described these forms of additional support as relatively 'light touch', in other words that they would like to access them 'as and when needed'. Others described how they thought their family would need significant amounts of support in the long term to deal with long term or complex issues for their child and family.

> "We need the support to evolve as our needs do. We desperately want the girls to be happy, and we believe that in turn will make us happy. We are not there yet! We really appreciate the help we have had but please don't let it stop!" (Adoptive Parent)

Parents and carers also sometimes described other non-ASF forms of future support that they thought was required, such as:

- Support for their child’s ongoing special educational needs, learning disabilities or in relation to new diagnoses recently made.
- Support to understand whether and to what extent their child has a diagnosis.
- Respite care / short breaks for parents and carers to cope with very challenging behaviours of children resulting for example from their ASD or ADHD.
- Financial support for significant pressures including through having to provide very substantial care for one or more disabled child.
- Support for schools to understand and better respond to their child’s needs.
- Support for contact with birth family.
- Support for their teenaged to live independently.

2.f. Final thoughts from parents and carers about the ASF at wave 2

When asked whether there was anything else parents and carers would like to say about their experience of the ASF-funded support or the perceived impact of it, many described how it had been desperately needed or ‘vital’, and a ‘lifeline’ to their child and family:

> “It has been a sanity lifeline for me. it has allowed me to enrich our family life and relationships and upskill before we get into mega crisis. it has made me calmer in managing difficulties because I feel more able and confident.” (Adoptive Parent)

> “Without this support, we would have been emotionally chaotic as a family. It has given my daughter a voice and made her proud of who she is. Her well-being is my priority and when she is stable and happy I am able to guide and advise her. This is especially crucial now as she is becoming a more autonomous adult.” (Adoptive Parent)

> “Without the support we would have been totally stranded and unable to cope. It has enabled us to better support our son and he has grown with it.” (Adoptive Parent)

> “We were lost at a very difficult time and slowly pulling away from each other through frustrations and anger. The support gave us the means to understand one another’s thoughts and responses to be able to pull together.” (Adoptive Parent)

> "We would be lost without the support of the asf. I think our child might have been returned to care as her needs are so complex. The asf has allowed us to receive the therapy she needs in a timely manner and from specialists who understand the challenges adoption brings to a family and child's mental and physical health." (Adoptive Parent)

> "We simply would not have been able to manage without it. The support has been absolutely essential for us. Even though times at home are still difficult on a regular basis, I have to recognise that my son has not talked of self-harm or suicide for quite some time now and that represents a great improvement from when he started therapy. Due to the strong bond that he has been able to develop with his therapist my son now has an outlet for some of the complex emotions that previously threatened to take over." (Adoptive Parent)

> "We no longer are experiencing physical violence. We think working together will continue to improve her mental health and our relationship." (Adoptive Parent)

> "I can say with 100% certainty that something catastrophic would have happened to our family if we hadn't had access to support because believe me there is nowhere else to get it now that post adoption social care and camhs support is on its knees. Me and my partner would have separated, or one of the boys would have been removed. Or I would have been seriously hurt by our eldest. We are eternally grateful for the support and the recognition that these children require more than just loving parents." (Adoptive Parent)

Many used words like 'grateful' and 'thankful' in relation to the support that they had received.

> "We are just so very grateful - THANK YOU!" (Adoptive Parent)

Another theme from the free text responses was concern that the funding or funded support might stop in the future:

> "... help arrives just in time. Despite of all the support we now have, I just know that we will continue to needs it and would be devastated if the support is stopped." (Adoptive Parent)

> “Without the ASF our family would have broken up, and without it in the future, it will break up. FASD is extremely difficult to live with. We wish we didn't need this high level of support, but we do need it.” (Adoptive Parent)

Some parents and carers reflected further that it would have been useful to have had the support at an earlier stage:

> “Wished I had requested help at a much earlier stage after adopting our child. Counselling is useful to me but doesn't change our very difficult family situation.” (Special Guardian)

> “We have found it beneficial as parents and wish we'd had some input earlier in our adoption journey.” (Adoptive Parent)

Chapter 3: Study reflections and next steps

This stage of the ASF evaluation offers some interesting findings regarding the nature and qualities of funded support received by adoptive and SGO families both pre- and post-COVID. It also offers an insight into early (short-term) outcomes for children and families receiving the support, including the perceived usefulness of support to parents and carers as well as standardised measures of child emotional health and wellbeing, parental sense of competence and parental wellbeing.

However, not all families at wave 2 closure had completed their funded support package (because of the COVID and other disruptions) and there may be 'sleeper' effects of interventions on child wellbeing, not recognisable straight away, but which can manifest themselves over time after an intervention, particularly in relation to supports that aim to have an impact initially on parents and carers such as parenting programmes or consultation and advice for parents and carers.

Therefore, the final report and analysis of parents' and carers' wave 3 responses (at 6 months after the wave 2 survey was completed) will offer an interesting further opportunity both to 'catch up' with the families who needed a longer period of time to complete their (disrupted) intervention and also to explore the medium-term outcomes for other children and families whose funded package really did end prior to completing a wave 2 survey. At this stage, it will be useful to undertake analyses both in relation to the whole wave 2I cohort but also some sub-analyses for example by:

- Intervention type (where the sub-groups are sufficiently large).
- Whether the child is adopted or has a Special Guardianship Order.

References

Achenbach, T.M., & Rescorla, L.A. (2000). Manual for the ASEBA Preschool forms and Profiles. Burlington, VT: University of Vermont Department of Psychiatry. ISBN 0-938565-68-0

Burch, K., Backinsell, A., Coombes, L., Daru, J., Halford, E. (2021) Evaluation of the Adoption Support Fund: baseline survey of families. Department for Education, London.

Collins, J., Gibson, A., Parkin, S., Parkinson, R., Shave, D. & Dyer, C. (2012). Counselling in the workplace: How time-limited counselling can effect change in wellbeing. Counselling and Psychotherapy Research, 12(2), 84-92, doi:10.1080/14733145.2011.638080 Crijnen, A.A.M., Achenbach, T.M., Verhulst, F

Gieve, M; Hahne, A.S.; King, S. The Tavistock Institute of Human Relations (2019) The evaluation of the Adoption Support Fund: long-term follow up. Department for Education, London

Goodman. R. (2001). Psychometric properties of the strengths and difficulties questionnaire. Journal of the American Academy of Child and Adolescent Psychiatry, 40 (11), 1337-1345

Tavistock Institute of Human Relations. (2017) The Evaluation of the Adoption Support Fund. Department for Education, London

Woolgar, M., Beckett, C., Falconer, S., Humayun, S., Marsden, A., Scott, S. and Dadds, M. (2013) A new, brief measure of parental efficacy for parenting practitioners. Department of Child and Adolescent Psychiatry/ National Academy of Parenting Research: King College London

Department
for Education

Reference: DFE-RR1187

ISBN: 978-1-83870-330-1

For any enquiries regarding this publication, contact us at:
maura.lantrua@education.gov.uk or www.education.gov.uk/contactus