The views and experiences of prospective adopters in five regional adoption agencies

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Executive summary

Those wishing to adopt can apply to adopt through a Regional Adoption Agency (RAA), a Voluntary Adoption Agency (VAA) or through their local council if the council is not part of an RAA. Individuals usually begin by contacting their selected agency and having a home visit from a social worker who explains the process. If they wish to continue, they register their interest and that formal registration begins Stage 1. During this stage references are taken up, a medical report is requested from the GP, and a check is made to ensure there are no previous criminal convictions that would exclude an individual from parenting a child. The stage should take eight weeks. Based on the information gathered, the agency decides whether the prospective adopters can move to Stage 2. The assessment and home study visits begin and the prospective adopter report (PAR) is completed before being approved by a panel made up of adoption experts and experienced adoptive parents. Stage 2 should take no longer than four months. It is therefore expected that the process from registration to approval should take six months. Adoption agencies are monitored through score cards on their timeliness in respect of adopter approvals.[1]

Part of the preparation to become an adoptive parent requires attendance at preparation groups. They are intended to help individuals explore the benefits and challenges of adoption and understand the needs of the children waiting to be placed for adoption. The first part of this report considers how prospective adopters experienced and evaluated the preparation groups run by five RAAs. The second part considers the views and experiences of 30 prospective adoptive who had completed their preparation group training and were going through the assessment process to become an approved adoptive parent. Identifiers are not provided for the RAAs or participants to maintain anonymity.

Evaluation of preparation training

Prospective adopters were asked to complete a questionnaire after completing their preparation group training. The questionnaire asked about their satisfaction with the availability, delivery, and content of the training. It also asked participants to rate their knowledge of adoption-related issues, and to consider whether their matching preferences had changed.

Questionnaires were returned at the end of the preparation groups from 471 prospective adopters living in 255 households: a return rate of 76%. Most participants (90.5%) were of white ethnicity and in heterosexual (76%) relationships, 17% were gay/lesbian

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[1] https://www.gov.uk/government/publications/adoption-scorecards

couples, 6% single females and 1% single men. Nearly a third (32%) were already parenting a child.

There was variation by RAA in the criteria for accessing the groups (e.g. whether second time adopters were required to attend), the pattern of delivery, and the content. Training courses usually ran over three or four full days between 9.30am - 4.30pm with a break between training days. Some RAAs offered different attendance options; for example, running the course at the weekend, or intensively with no break or training split over two weeks.

The vast majority of prospective adopters travelled to the training venue by car and about half of the participants could reach the training venue within 30 minutes (range 5 minutes to 1 hour 35 minutes). Some prospective adopters thought they had to travel further since regionalisation. The venues were generally praised for their comfort and location. However, there was criticism if freely available parking was not close by, and if the trainers had not considered the needs of those with hearing or sight loss or the needs of those with bad backs when most of the day was spent sitting.

Participants had found the days intensive and felt they had needed the break between training days to process the information and to make absence from work easier to arrange. Most participants were pleased with the flexible dates offered. However, timings of the groups benefitted some and not others. For example, running a training day on a Saturday benefitted those who did not want to take time off work, but it was extremely difficult for those with children to find childcare for the whole day.

One RAA had recently introduced a new preparation course where the same content was delivered across the region, three others used the preparation course that had been delivered by the largest local authority in the RAA, and one RAA continued to deliver two different courses in the region. All the training courses had a common curriculum of child development, impact of maltreatment and trauma, attachment theory, separation and loss, and the impacts on the adoption triangle.

Most participants enjoyed the training and found it informative. They liked the mix of presentations given by knowledgeable speakers and small group activities. Participants praised the skills and professionalism of the social workers who delivered the training. They commented on the relaxed atmosphere where they were able to ask any question without fear of judgement.

On a scale of 0-10, the majority scored their satisfaction with the content of the training as 9 out of 10.

Taking all the responses into consideration only a small minority (n=10; 2%) felt that the training had been poor. They complained that the training has been too "didactic" with presenters reading from their PowerPoints and wanted more activities or they asked to

hear fewer "worst case scenarios" and wanted more positive adoption stories. Some disliked the use of attachment theory or wanted outside speakers to be more carefully monitored to ensure inappropriate language was not used or their individual experiences of adoption were not presented as the norm.

Most participants felt that the training days had been "jam packed" and any more content would be overload. However, participants did ask for more information during the training on early permanence, adopting with children already in the family, the needs of children with a disability or of a different ethnicity, and more practical parenting advice.

Breaks and lunch times were important, as they allowed new friendships to form. Some participants thought that one of the best parts of the training was the opportunity to create a support network among other prospective adopters.

Using retrospective self-ratings, participants thought that their knowledge on the impact of abuse, the adoption process, and adoptive family life had increased after training. More than a quarter (26%) began the training having 'very little knowledge' of the effects of maltreatment but after training 84% felt more confident in their knowledge. Similarly, participants reported statistically significant increases in knowledge in other adoption related areas, except on adopting a child of a different ethnicity. The largest statistical effect was in growth in knowledge on contact with the birth family and the development of an adoptive identity.

Prospective adopters also recorded a shift in their attitudes to openness in adoption. After having completed the training they wrote that they were more willing to consider contact with the birth family, talk openly with the child about adoption, and were more willing to stay in touch with the agency after the order had been made. Attitudes were self-rated and may have been influenced by the knowledge that agencies would be unlikely to approve individuals who wanted to keep the adoption 'secret.' Nevertheless, participants expressed, in their written comments, the growth in their empathy for birth families and stated that the training had changed their views on openness.

Before training, prospective adoptive fathers scored themselves significantly lower than prospective adoptive mothers on all the areas of adoption knowledge and in their attitudes to adoption openness. Before training, men were far less willing to consider contact with the birth family. After training there was no statistical difference in the attitude scores of males and females.

Although prospective adopters thought that their knowledge had increased considerably and their attitudes had become more flexible, there was less change in matching preferences. The proportion willing to consider a sibling group rose slightly from 37% to 48% after training. There was no change in the preferred maximum age of the child with 70% wanting a child aged under 4 years old. Many prospective adopters began the

training with high levels of acceptance on many of the adversities that adopted children have experienced such as neglect and some of the characteristics that make some children hard to place. There were statistically significant increases in acceptance on many of the adversities (such as physical abuse) although the effect sizes were very small. There was no significant increase in willingness to consider children whose birth parents had learning difficulties, a child with a disability or a child of a different ethnicity than the prospective adopters. The greatest change after training was in willingness to consider adopting a child with known attachment difficulties or a child who had been sexually abused. Even so, post-training over a third (n=165; 37%) still felt unable to consider a sexually abused child compared to only six participants who were unwilling to adopt a child who had been neglected.

Prospective adopters who had changed their preferences explained that it was because they felt better informed after training, they had become more realistic about their parenting capacities, or the promise of life-long support had made some more confident in what was possible.

Overall prospective adopters gave high ratings of satisfaction with the training; 83% felt it had met their expectations, and 76% felt more positive about adopting a child from care. Those who were less positive wanted to adopt an infant or a child under 2 years of age, and/or did not want to consider contact with the birth family or were reluctant to keep in touch with the agency after the making of the adoption order.

Telephone interviews with prospective adoptive parents

The research aimed to capture how prospective adopters from five RAAs felt about the adoption process by following the progress of 40 as they moved through the process from preparation to placement. Here we focus on the findings from the first 30 interviewees outlining their experiences of assessment and approval. The prospective adopters had given consent for telephone interviews after completing their preparation group training. They were selected based on their willingness to consider adopting a 'hard to place' child (defined as an older child, or a sibling group or a child with a disability or a child with an ethnicity different to their own).

Twelve males and 18 females were interviewed. Twenty were adopting as a heterosexual couple, nine were lesbian/gay couples, and one interviewee was a single man. Eight of the 30 interviewees were already parenting.

Choosing an agency

Interviewees were asked whether they had approached other agencies and what had influenced their choice. An RAA was the first and only choice for 22 of the 30

interviewees. Eight interviewees had previously approached another agency but had been deterred by the response they had received. Factors which were important to prospective adopters when choosing an agency included being close to home, the quality and information on websites, and whether websites felt welcoming to LGBYT applicants.

Interviewees were also asked about how easy it was to contact their RAA and social worker. The majority felt that administrative staff and social workers were responsive, often returning calls within 48 hours. Ten of the 30 interviewees encountered communication difficulties. Interviewees thought that poor communication was caused by staff shortages, being allocated a part-time worker, or having no allocated worker or named contact in Stage 1 of the application procedure. Where RAAs were still in the early stages of becoming a RAA, there could be communication difficulties with workers in one office not knowing colleagues in other parts of the region. Four interviewees reported a lack of care with their personal information, such as it being sent to the wrong person or going missing. There was a lack of explanation in some RAAs about how sensitive information was protected and who in the organisation had access.

Ten of the 30 prospective adopters had at least one change of social worker during their assessment. Changes of social worker were generally unwelcomed and led to a lack of confidence. There were exceptions, where interviewees were allocated a more experienced worker, or the change speeded up the process.

Interviewees were asked about their experiences of assessment. Their responses were coded into three categories: Thirteen interviewees described overwhelmingly positive experiences, 11 described mixed experiences and six described negative experiences.

Positive experiences

The quality of relationship between the prospective adopter and assessing social worker was an important factor in the level of satisfaction with the home assessment. Interviewees who gave accounts of very positive experiences described the following:

- Feeling valued and understood.

- Having a social worker who recognised how vulnerable and exposed prospective adopters could feel during the process.

- Social workers who were knowledgeable in adoption practice. Interviewees felt confident in and supported by experienced adoption social workers.

- Skilled social workers who were able to balance the serious nature of an adopter assessment with an element of 'fun' and recognised the needs of prospective adopters to emotionally prepare for the adoption.

- Social workers who were able to discuss prospective adopters' life experiences, especially when there were complexities, with sensitivity.

- Clear communication from the RAA about the adoption process, such as being given a timeline of what to expect during each stage of the process.

Mixed experiences

In this group of adopters, some elements of their experience of assessment had been positive but their accounts were not wholly positive, and they described:

- Delays in starting their home assessment.

- Poor communication from the worker or RAA.

- Lack of confidence in the social worker's knowledge of adoption procedures and processes.

- Feeling frustrated by the bureaucratic nature of the paperwork and believing that some processes were a 'box ticking' exercise.

- Finding the assessment process itself uncomfortable and the opportunity for self-reflection unwelcome.

Negative experiences

Those interviewees who described very negative experiences had a poor relationship with the assessing social worker. There was a lack of trust between the prospective adopter and their social worker and the RAA. Two interviewees had withdrawn their applications. Factors that contributed to their negative experiences included:

- Feeling disliked, misunderstood, and judged by the assessing social worker.

- Feeling that their sensitive personal information was poorly handled.

- Too much focus on their own difficult childhood experiences without their worker considering whether and how those difficulties had been resolved.

- Delays at every stage of the process.

- Motivation for adoption was questioned, especially when infertility was not the reason. They felt their motives had been viewed with suspicion.

- Rigid application of guidelines with a focus on health and safety and procedures.

Timeliness and delay

Interviewees had different perceptions of timeliness and delay. Some were keen to progress quickly and at a faster pace than the guidelines recommend. They felt that they had moved through the process swiftly and felt that the RAA had been flexible and provided a smooth process to enable this. Others wanted more time for emotional and physical preparation. Not all the prospective adopters understood the significance of the formal registration date that started the 'clock' for their application process. A lack of a named contact or allocated worker incurred delays in Stage 1, as prospective adopters had nowhere to direct their questions. The most common view reported was of unwelcome delays in the assessment process. Delays ranged from a few weeks for example when a panel was delayed to over a year's delay due to staff shortages and waiting lists.

Preparation of children in the household

Eight of the interviewees were already parenting. Half reported that a social worker had spoken to the children but only two felt that they had been given advice on adoptive parenting if another child joined the family.

Experiences of approval and panel

Fourteen interviewees had attended panel at the time they were interviewed. They were positive about their experiences at panel and understood and felt reassured by the high level of scrutiny.

Chapter 1 The views and experiences of prospective adopters

This report provides the findings from research funded by the Department for Education to evaluate the introduction of Regional Adoption Agencies (RAAs). The regionalisation is intended to reduce the large number of agencies that provide adoption services by creating 25-30 regional agencies. The expectation is that larger organisations should be able to pool resources and share best practice leading to: targeted and efficient recruitment of adopters; speedier matching with a larger more diverse pool of adopters; and an improved range of adoption support services.

The evaluation of RAAs runs from January 2018 to December 2021. Ecorys is leading the evaluation and working with Professor Julie Selwyn and her team at the Rees Centre, University of Oxford. Five of the seven RAA case study areas 'opted in' to be part of the adopter evaluation. The focus of this report is on the perspectives of prospective adopters, as they prepared to become approved adopters. The views and experiences of adopters were sought as they ended their preparation group training and again as they were completing their home assessments and approval.[2]

Becoming an adoptive parent

Those wishing to adopt can apply to adopt through a RAA, a Voluntary Adoption Agency (VAA) or through their local council, if the council is not part of an RAA. Individuals usually begin by contacting their selected agency and having a home visit from a social worker who explains the process. If they wish to continue, they register their interest and that formal registration begins Stage 1. During this stage references are taken up, a medical report is requested from the GP, and a check is made to ensure there are no previous criminal convictions that would exclude an individual from parenting a child. The stage should take eight weeks. Based on the information gathered, the agency decides whether the prospective adopters can move to Stage 2. The assessment and home study visits begin and the prospective adopter report (PAR) is completed before being approved by a panel made up of adoption experts and experienced adoptive parents. Stage 2 should take no longer than four months. It is therefore expected that the process from registration to approval should take six months. Adoption agencies are monitored through score cards on their timeliness in respect of adopter approvals.[3]

Part of the preparation to become an adoptive parent requires attendance at preparation groups. They are intended to help individuals explore the benefits and challenges of adoption and understand the needs of the children waiting to be placed for adoption. The

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[2] Previous evaluation reports from the evaluation of Regional Adoption Agencies can be found at:
https://www.gov.uk/government/publications/evaluation-of-regional-adoption-agencies
[3] https://www.gov.uk/government/publications/adoption-scorecards

first part of this report considers how prospective adopters evaluated and experienced preparation groups. The second part considers the views and experiences of 30 prospective adopters who had completed their preparation group training and were going through the assessment process to become an approved adoptive parent. Identifiers are not provided for the RAAs or participants to maintain anonymity.

The evaluation: aims and sample

The overall aim of the preparation group evaluation was to consider whether participants were satisfied with the content and delivery of the training and if the training had improved their knowledge, influenced their attitudes, and widened their matching preferences.

Questionnaires were distributed at the end of training by the facilitators who were running the preparation groups. The intention was to collect responses over a 12 month period but due to the impact of Covid-19 and data collection having to cease, a full year of questionnaires were available from two RAAs, 11 months from one RAA, and nine and eight months of returns from two RAAs who had gone 'live' later than the first three. More details on the method can be found in Appendix 1.

Questionnaires were given to 620 participants and returned by 471 from 255 households: a response rate of 76%. Most trainers had asked prospective adopters to complete the questionnaire on the final day of training, achieving an 85%-100% response rate. One RAA gave the questionnaire to participants to complete at home and had a lower return rate of 26%.

Adoption agencies have had difficulty in recruiting adoptive parents from minority ethnic communities and that difficulty was apparent in this sample (Table 1). Only two of the 471 prospective adopters were black, four described themselves as 'other', 13 were of mixed ethnicity and 23 identified as Asian.

Table 1: Gender, ethnicity, and age of the prospective adopters[4]

Gender		Ethnicity		Age	
Female *n* (%)	Male *n* (%)	White n (%)	Minority ethnicity *n* (%)	25-39yrs *n* (%)	40-63yrs *n* (%)
248 (53%)	217 (47%)	421 (90%)	46 (10%)	216 (47%)	244 (53%)

Source: Surveys of prospective adopters attending preparation group training (November 2019-March 2020)

The average age of all participants was 40 years with a range of 25-63 years old. Most (76%) were heterosexual couples, 17% were gay/lesbian couples, 6% single females and 1% single men[5].

Nearly a third (32%) were already parenting: 122 participants had birth/stepchildren, 35 were foster carers, 17 had an adopted child/ren, two were kinship carers and one was a special guardian. Their children's ages ranged from 3-18 years old.

About 45% of the participants stated they had completed their home assessment study before their preparation group started, 24% were being assessed at the same time, and 31% thought their assessments would begin after completing their preparation groups.

Strengths and limitations of the study

The study provides new information on aspects of adoption preparation that have received little research attention. The strengths of the study include a good survey response rate with very little missing data: respondents rarely skipped questions. There were also no difficulties in engaging prospective adoptive parents to talk about their adoption journeys.

In any study there are also limitations. Views on preparation training came from prospective adoptive parents in five RAAs who were mainly in an early stage of their development. It was clear from discussions with senior managers that other parts of the adoption system were their priority and attention would be turned to preparation groups later.

Prospective adoptive parents, in their responses to the survey questionnaire, might also have given what they perceived as the desirable response. To try to overcome this tendency, individual stamped addressed envelopes were provided for surveys to be returned by prospective adopters to ensure respondents' answers could not be seen by the trainers. However, the surveys were distributed by trainers at the end of the group

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[4] Six prospective adopters skipped the question on gender, four omitted ethnicity, and 11 omitted age
[5] Seven (1.5%) ticked the 'other' box when asked about household but gave no further information

and some trainers did not use the individual envelopes but returned them as a 'batch' in one envelope. Trainers were contacted and asked to ensure that prospective adopters placed their surveys in individual sealed envelopes to maintain confidentiality. Checks on data found no significant difference before and after reminders were sent to trainers that confidentially should be maintained. Prospective adopters may also have been wary of who saw their surveys or might have been cautious about the security of data systems and given 'expected' responses. With those caveats in mind, the prospective adopters provided many suggestions for improvement, including a greater focus on parenting skills. The same suggestion and similar comments were made in one of the very few previous studies of preparation training (Rushton and Monck 2009).

Timing and location of the preparation groups

The group facilitators were asked to provide details of the frequency and broad content delivered in their training. In all the RAAs, preparation training ran over three or four full days with additional workshops being offered up to the point of approval. In one RAA there was an expectation that prospective adopters would attend the additional workshops whilst in others attendance was optional. Further training input was also available after approval. All the RAAs provided full or half day information sessions for family and friends. Trainers reported that the sessions for family and friends were very popular and well attended.

There was variation by RAA in the criteria for accessing the groups, in the pattern of delivery and in the content (Table 2 and Table 3). In one RAA, prospective adopters were required to have first completed four E-learning modules[6] provided by First4Adoption on 1) backgrounds of children and why they come into care, 2) attachment and its importance in adoption 3) identity, heritage and life story work 4) challenges and transitions to new situations. In another RAA, a workbook had to be completed. The workbook contained activities for prospective adopters such as completing their genogram[7], and giving key information on child development, attachment theory, and examples of children's profiles. The workbook also contained links to a range of online resources for self-directed learning. It was intended to help prospective adopters begin to think about how their own experiences might influence their adoptive parenting.

Two of the five RAAs required prospective adopters to have completed Stage 1 before starting the Stage 2 preparation groups; two RAAs only ran their groups in Stage 1 and one RAA ran groups with prospective adopters who were in Stage 1 and Stage 2. Foster carer adopters and second-time adopters were treated slightly differently. Mostly they skipped Stage 1 training and joined the group in Stage 2. In one RAA second-time

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[6] https://www.first4adoption.org.uk/resources/
[7] A genogram is a graphic representation of a person's family tree and relationships

adopters did not attend any of the preparation groups but had a separate day of training focused on the impact of another child joining their family.

Table 2: Preparation groups in five RAAs

All RAAs required an initial home visit and management approval to begin the registration process.

	RAA1	RAA2	RAA3	RAA4	RAA5
Additional pre-requisites	Completion of First4Adoption online modules	Workbook completed at Stage 1. Stage 1 completed before Stage 2 training begins			Stage 1 finished before Stage 2 training begins
Prep course at Stage 1	4 days	1 day	3 days	3 ½ days	2 days
Prep course at Stage 2	4 days	3 days	No additional pre-requisites required	No additional pre-requisites required	2 days
Number of hours of core training	28	26	21	21	28
Delivery of main training	One site 2 weekdays over 2 consecutive weeks	Two sites 1 day a week on 3 consecutive weeks with some groups including a Saturday.	Three sites. Choice of: 3 consecutive days 3 alternate days 2 days with a break over the weekend and a further day on Monday	Two sites Friday Monday Friday	One site 2 consecutive days at Stage 1 and at Stage 2 Some courses inc. a Saturday
Number of hours of additional training	10	10	16	7	6
Pre-approval additional training with expectation of attendance	2hrs training sessions: Early Permanence Choosing nursery/school Parenting with PACE Theraplay Adopting older children/siblings	½ day on Early Permanence plus a further full day for those interested in this option.	2hrs training sessions: Fostering for adoption compulsory for those considering 0-2yrs Taking siblings Life story and talking about adoption Contact Linking and matching Attachment, play and parenting styles Medical issues, Trauma	1-day Early Permanence	3 hrs 'Fostering for adoption' 3hrs 'Adding one' - adding another child into a family

Table 3: The content of the preparation training

Day	RAA1	RAA 2	RAA3	RAA4	RAA5
1	Background of children needing adoptive families and legal orders Importance of children's identity/heritage Assumptions and diversity, prejudices values Personal journey through to adopting their child Assessment process framework and support in self-directed learning tasks Health issues for adopted children	Identity – who am I? An adopter's perspective Loss for children, for adopters and birth families Contact	Why do you want to be a parent? The child's journey Fostering for Adoption What do children need? Substance misuse Resilience	Maltreatment including domestic violence & impact on child development Parental alcohol and drug misuse Child development and developmental delay Child's adoption wall	Child and adopter's journey to adoption including maltreatment Introduction to safe base model Qualities needed in adoptive parents Legal issues
2	What constitutes child abuse, effect, outcomes? Creating a safe place Introduction to attachment theory and brain development Adoption Wall	How did our children get here? What does that mean for their development? Therapeutic parenting Compassion Fatigue	Attachment theory Brain development The secure base model Play Grief and loss Adoption triangle	Attachment theory & positive parenting strategies Emotional intelligence, speech development, formation of memories Loss for each member of the adoption triad Meeting birth parents Post-adoption depression Life story books/later life letters	Attachment theory Child development including brain development Loss and separation
3	Impact of separation and loss Birth parents' perspective Introduction to therapeutic parenting (managing the effects of abuse and neglect) Introduction to Theraplay and the importance of play in relation to building closer attachments	Adoption disruption/breakdown The importance of telling the children their story Post-adoption depression Education for adopted children Safe-care Post adoption support	Identity Behaviour-Adults/children Sharing, talking, and telling Contact and reunions Social media Adoption support Letterbox The assessment processes Linking and matching Profiles	Ages and stages Legal orders & the assessment process Panel, linking, matching introductions Early permanence Post-adoption support School issues	Assessment process Child permanence reports Linking, matching Panel Identity

4	The spectrum of contact (including the pros and cons of direct contact) Considering early permanence Reviewing the adoption process How we help children to understand their history Widening the view of the sort of children adopters could consider, children's profiles and matching considerations – implications for the family Preparing adopters for post-approval				Therapeutic parenting Resilience Life story work Talking about adoption with your child Post-adoption support

Accessibility of the venue

Participants were asked how they travelled to the venue, the length of travelling time, and whether the distance and location was acceptable. Comments were generally very positive about the venue location and comfort writing: "Distance ideal" … "Lovely venue" "Easy to find" … "Great venue with fantastic resources."

Satisfaction with the location depended on how far participants had to travel and whether parking was found easily and was free. A few participants found driving in rush hour and into an unfamiliar city stressful. A participant wrote, "Parking is an issue. Venues have to be accessible and to be able to park at a reasonable cost or be reimbursed." Training groups were disrupted if people had to go out to feed parking meters. Those living in rural areas often had to travel the furthest, as one person remarked, "As with many services they are concentrated on cities so anyone in smaller towns has a longer journey to courses."

The majority (99%) of the prospective adopters travelled to the venues by car. Travelling time to the venue ranged from five minutes to 1 hour 35 minutes. Fifty-two percent of participants were able to reach the venue within 30 minutes: an acceptable length of time based on responses. Some participants had made an active choice to travel further to attend a preparation group sooner, but many others complained about the distance. In one RAA the average travelling time to the venue was nearly an hour and in two RAAs, participants commented that since becoming an RAA, some individuals had to travel much further writing, "Long way to travel but closer courses were next year" … "Bit of a lottery if the training is in your county or not."

Availability of groups

Most participants felt there was plenty of choice and options about which group to attend. Training was delivered 9.30-4.30pm with usually a break between training days. Participants commented that they found the days "packed" and had needed the break because of the intensity of the training, the time needed to process challenging or disturbing information, and to make absence from work easier to arrange:

> "I liked that it wasn't three days in a row – that would have been too much to absorb."

> "The split of the course into 1-day segments made it easier to fit in and get leave."

> "Training was in blocks of two days over two weeks, worked well for me. This gave me time to process the information and not feel too overwhelmed."

A small minority felt that the days were too long with a suggestion that the course be extended to five days or alternatively some felt that the days were not long enough and

could be extended into the evening to reduce the number of days absent from work. However, comments from some of those who had attended three consecutive days of training were that they felt it was too intensive, and they wished they had chosen a course with breaks. A second-time adopter wrote: "3 full days spaced a week apart worked so much better than a previous course with 3 days back to back." Even with breaks, a minority reported that they found it difficult to return to work the day after attending a training day, for example writing, "Going back to work on the Friday was difficult." And another participant wrote, "It was too much information for a 4 days' training course. Sometimes we all felt exhausted. But other than that, it was really good."

Participants were very pleased with and commented on the flexible times and dates offered, especially when they could avoid taking time off work writing, "The timing flexibility is great e.g. allowing us to pick start times, being on a Saturday and completing full days." However, depending on individual circumstances, the timings of the groups benefitted some and not others. For example, running a training day on a Saturday benefitted those who did not want to take time off work, but it was difficult for those with children to find childcare for the whole day.

One RAA experimented with three venues across the region, allowing applicants to choose the nearest to their home. However, that resulted in delayed registrations for some applicants, as the preparation groups were only held in Stage 1. The RAA has recently begun trialling delivery more frequently in only one area so that applicants could select by date rather than location.

There was a tension in the larger RAAs between delivering less frequent local courses that might result in delay or more frequent centralised services that reduced delay but might incur longer travelling times. Many participants who had to drive for an hour before and after each day's training felt that it was too much. It is also possible that centralisation of training might have a negative impact on the development and maintenance of peer support networks.

Content and delivery of the preparation training

All the training groups covered child development and the impact of maltreatment. There was a common curriculum of attachment theory, separation and loss, trauma, and the impact on the adoption triangle (Table 3). All the trainers wanted to ensure that the adopter voice and the experience of birth families were included in the content. Three of the five RAAs used social workers from the recruitment teams, and two used social workers who were also adoptive parents to deliver the course. Outside speakers came to the groups to deliver specific sessions. Speakers included: adoption support workers, adoptive parents, foster carers, birth parent support workers, birth parents, a letterbox co-ordinator, clinical and educational psychologists, and therapists.

One RAA had recently introduced a new unified preparation course ensuring the same content was delivered across the region, three others used the preparation course that had previously been delivered by the largest local authority in the RAA and one RAA continued to deliver different preparation courses in their region.

Some RAAs also required participants to complete tasks in-between the training days. For example, participants were asked to watch a particular video, read an article, or consider how they might protect a child on social media.

Participants were complimentary about the competence of the trainers in delivering the material and creating a relaxed atmosphere where people could ask questions without feeling judged. Social workers were praised for their: "humour, warmth, and skills" … "honesty" … "passion for the children they care for" … "I felt I could ask any questions … they were answered well … no question was 'wrong."

Participants were asked an open question, 'What were the best things about your preparation groups?' Prospective adopters wrote about three key areas: training style and content; the skills of the trainers; and the opportunity to develop a peer support network.

Training style and content

Participants liked a teaching style that was varied using a mix of information sessions, presentations by knowledgeable speakers, and small group exercises. They felt that the groups had been well structured with ice breakers to help everyone feel at ease. They wrote:

> "I liked the PowerPoint interspersed with activities and speakers."

> "Group Discussions. Small group activities to simulate real experience such as reading children's case studies. Room setup as a 'Panel' to prepare us."

> "In a half circle so we could all see each other and felt equal."

All the RAAs used a variety of methods to engage and inform. There were exercises to build on information sessions and lots of active learning. Particular sessions such as the development of the brain, or the impact of alcohol on the foetus, made a big impact on some participants and were described as being very memorable. Participants also mentioned exercises that they had found powerful, especially the string exercise (an exercise that shows how many connections children have lost). Others liked the videos (especially one used of birth parents' views), the sound clips, hearing real life stories and being given a range of perspectives:

"We got to hear from trainers, adoptive parents, social workers and family finders …I also like that we spent a significant amount of time to empathise with the birth parents."

Most participants enjoyed having input from adoptive parents and foster carers and some thought their input was the best part of the training:

"Adoptive parents providing personal accounts. I was very appreciative of this."

"The best parts were the physical activities and meeting actual people who have been there and done that."

Skilled trainers

The skills of the trainers were appreciated. Participants wrote about the professionalism of social workers, their skilled management of the group and the non-judgemental atmosphere. They wrote:

"The leaders kept us stimulated and involved throughout. There was an upbeat atmosphere and lots of support."

"Cleverly broken down. Made you subconsciously see things from different perspectives."

"Course was led by a social worker who was also an adopter - this gave us invaluable insights. The clinical psychologist was fascinating. Time during breaks also important at forming links with fellow prospective adopters."

New friendships

Participants wrote about the importance of developing a new peer support network. Breaks and lunch times were key times when links were made. Participants wrote that the best part of the training was:

"New support network. The friendships and bonds made during the course."

"The trainers worked hard to give our group a sense of belonging and we felt very comfortable & friendly by the end."

"We all felt like part of a family and are all staying in touch with our fellow adopters. I really cannot speak highly enough of our two trainers."

Most important area of learning

Participants were asked, from their perspective, what were the most important areas of learning. Some selected specific areas of knowledge such as learning about the effects of abuse and loss, trauma, therapeutic parenting, and Dyadic Developmental Psychotherapy. Participants wrote:

> "The impact of the short film 'ReMoved' on me - this will stay with me during the really challenging moments when parenting our adoptive child."

> "The different (and many) types of loss that will be experienced by all during the process but most importantly the adopted child and how to deal with this."

> "The most important thing that I will take away is that all adopted children, to varying extents, have experienced some form of trauma and that the way these children are parented needs to be adapted to suit the particular needs of that child."

> "About attachment, letterbox and alcohol/drug misuse (i.e. you can't predict what/how child will be affected)."

Most participants mentioned greater knowledge and appreciation of the importance of family contact and being open about adoption throughout a child's life. Prospective adopters wrote that they had a better understanding and greater empathy for birth families and for the social workers who had to make difficult decisions:

> [Most important learning for me was] "Having a deeper understanding of the birth parents and the importance of empathy for them. Before hearing their side of their story, I thought I might feel threatened/frightened of them. I was very moved by their stories."

> "A better understanding and more empathy for all involved, from the birth family to the adoptive child to the social workers."

Some participants chose learning about the adoption process including the availability of adoption support, writing:

> "That there is a fantastic support network available to us and a child and this will always be available."

> "Understanding more about the process as a whole. I feel more confident and supported going forward."

Others chose the impact of the training on themselves and the opportunity for self-reflection. Prospective adopters wrote about learning that they needed to "know themselves", to "be prepared", "be honest," have "realistic expectations", and "to adapt, support, accept ,nurture" and that the child's needs were paramount; one participant commented, "That the needs of the child are at the heart of the whole system." Participants wrote:

> "How important it is to treat every child you adopt with empathy, understanding and love. Adopters are going into this with a lot of knowledge. A child has no control over what is happening."

> "It has been a reflective time for me. The information given has helped me make decisions about how I can cope going forward."

> "It is all about the child. Whenever we feel things are tough it will be much harder for the child."

> "Provoked unexpected thinking e.g. The impact of trauma on a child no matter the age."

Overall experience and satisfaction with preparation groups

Prospective adopters were asked how much they agreed with a set of summary statements on a 5-point scale with 5 being the highest possible score (Table 4). The rating scale was: 1 = strongly disagree; 2 = disagree; 3 = neither agree nor disagree; 4 = agree; 5 = agree strongly. The overall ratings showed high levels of satisfaction with most scores being in 4-5 range.

Table 4: Summary ratings of satisfaction with the preparation groups

Rating questions	Average (mean)
I was given opportunities to ask questions	4.72
The facilitators were competent	4.59
The purpose of the group was explained clearly to me	4.45
I felt comfortable enough to be myself during the group	4.38
The timings of the group sessions were convenient for me	4.14
The room the training was delivered in was comfortable	4.13
The venue of the prep group was convenient to get to	4.04
The timings of the group sessions were convenient for my partner	3.89
I was encouraged to keep a diary/log of personal reflections	3.53

Base: participants (460) Source: Surveys of prospective adopters attending preparation group training (November 2019-March 2020)

Participants were asked on a scale of 0-10 whether the training had met their expectations. Zero represented 'not met at all' and a score of 10 'exceeded expectations' (Figure 1)

Figure 1: Expectations of the preparation group training
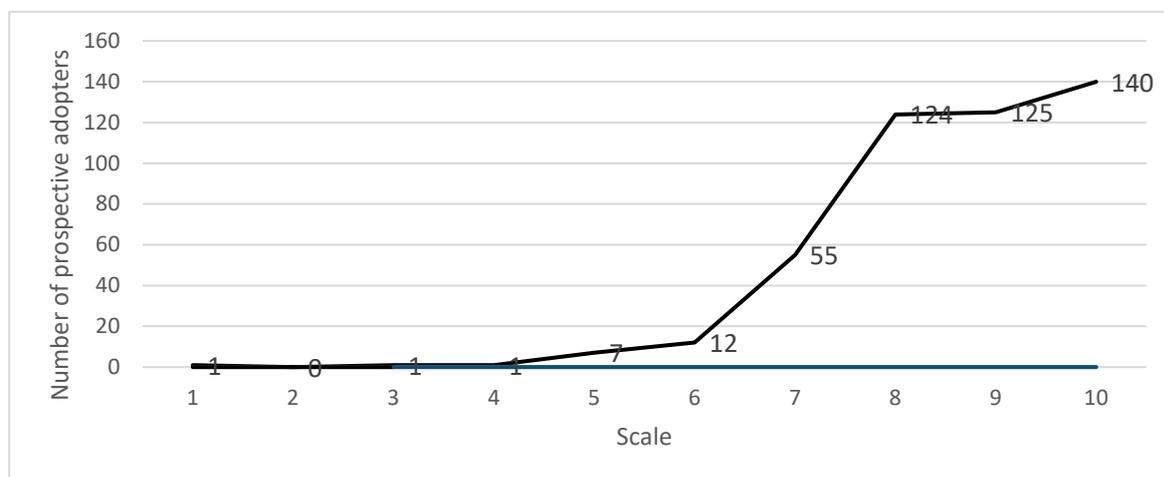
Base: participants (460) Source: Surveys of prospective adopters attending preparation group training (November 2019-March 2020)

The majority (83%) felt their expectations of the training had been met or exceeded (scores of 8-10). Sixteen percent had scores suggesting that some expectations had not been met (scores of 5-7). Just three participants gave a score below five indicating that

their expectations had not been met. A small number (*n*=10; 2%) were very dissatisfied with the content and/or felt their expectations had not been met; they tended to have higher knowledge scores before training, already felt informed, and were more critical of the training content, disliking the focus on attachment theory and trauma. Five of the ten were reluctant to consider any form of contact with the birth parents and three were reluctant to remain in touch with the RAA.

An overall rating of the content of the training was also obtained. Most people scored the quality of training highly as 9 (median) out of 10 with scores ranging from 2 to 10.

Participants were also asked about their commitment to adoption. Most (76%) of the participants felt more positive about choosing adoption after completing the training (Table 5). However, more than one in ten (12%) did have more concerns.

Table 5: Commitment to adoption after attending the preparation group

Survey responses	n	%
I have many more concerns about adopting	10	2
I have a few more concerns about adopting	46	10
I feel just the same	56	12
I feel more positive about adopting	194	41
I feel much more positive about adopting	163	35

Base: participants (469) Source: Surveys of prospective adopters attending preparation group training (November 2019-March 2020)

Although prospective adopters were identifying concerns, that was not reflected in their responses to a question that asked about their commitment not just to adoption but to adopting a child from foster care. Commitment is known to be a protective factor (Palacios et al. 2019) in the stability of adoptions. Pre-training, 77% felt committed to adopting a child from care and that increased to 92% after training. A prospective adopter commented that the training had, "really opened my eyes and made me more determined."

Overall, prospective adopters were very pleased with the training they had received. Although they could identify improvements to the training, they were still very satisfied with the quality and content of the training.

Suggestions for improvement

Participants were asked to suggest ways that the groups could be improved. Some wrote that they could not identify any improvements, with one participant writing, "the course content and delivery was faultless." Improvements were suggested by 290 participants (62%) in relation to the choice of venue, timing and organisation of courses, and delivery and content of the training. Their comments follow.

Improvements to venue, timing and organisation of courses

Participants who had to travel a long way to the venues wanted more frequent and more local courses to be offered. Although most participants reported that venues were comfortable, those who had particular needs such as back problems found it difficult sitting down for most of the day. There were also complaints that participants with hearing loss were unable to hear all the speakers and asked for microphones to be used. Others had difficulty watching videos or presentations when the layout of chairs or poor lighting prevented everyone being able to see. Prospective adopters wrote about wanting to feel "valued" and those with specific training needs did not feel their needs had been considered.

While recognising that things can go wrong in any organisation, participants queried why contingency and back up plans were not in place. They suggested trainers should be, "planning for when things go wrong" and anticipating IT challenges such as problems loading videos or presenters who failed to arrive.

Better management of group dynamics was also suggested with first time adoptive parents feeling that the groups that had included foster carers and second-time adopters had been monopolised by them. They complained that the "superior knowledge" of existing carers/adopters had dominated the Q&As and prevented others from feeling they could ask questions, as one participant explained, "It can be hard to get through the day when they [second-time adopters] are talking or holding the conversation more than anyone else."

Improvements to delivery

The two key areas that participants felt could be improved were: method of delivery of the sessions, and timing of sessions.

In all the RAAs, participants were the most critical of presenters who read from their PowerPoints. Participants wrote: "Second session the trainer could have been more relaxed, and this would of made me feel as though I was not in a school environment," or "INTERACTIVITY! Deliverers sat behind the desk for 3 days. Far too didactic." There was criticism of PowerPoints that contained too much information, that were badly designed or contained information that was out of date. Some commented on the after-

lunch dip in participants' energy and suggested that they, "Would recommend active/participation exercises in the afternoon as people were tired after lunch and this would help keep them awake."

There were also criticisms of the timing and management of sessions. A minority thought that the balance of presentations and exercises had not been quite right and that some topics had been rushed: "I feel they spend a lot of time on certain topics and rushed through others" … "Due to time constraints didn't go into as much depth in places as would have been good. Presenters cut short their slides; we didn't cover adoption support as much as I'd have liked." A few thought that the small group exercises had gone on for too long and needed more careful focusing so that time was not "wasted."

Improvements to content

Participants were also asked if they felt that the groups had covered all the relevant topics. Most thought that the training days had been "jam packed" and that they could not have taken in more: "Anything more is likely to overload adopters". There was a recognition that learning did not end with the preparation groups, as a participant noted, "I have a lot to learn and it will be a constant process for years to come."

In all the RAAs, participants wrote that they would have liked more information in advance of each session such as agendas and clearer learning objectives. Handouts (especially copies of PowerPoint slides) were requested to take notes on during the session and as a reminder, as so much information was presented and to aid with later reflection. They also wanted to be provided with reading lists, and to be signposted to resources for self-directed learning or training after the groups had finished.

In respect of the content, participants wanted to hear more positive messages about adoption with some feeling there had been far too much emphasis on difficulties and 'worst case' scenarios, writing, "It would be good to hear about a few more success stories … just to offer hope/optimism."

In two of the five RAAs, there was a small number of participants who were who very dissatisfied and wrote predominantly negative comments. They wrote that not only had they found the content difficult to listen to but felt that the days had ended without some form of resolution. They suggested that it would be helpful to, "End each day on a positive (Hope!). Reflect on a positive - your learning." They felt there was too much attention paid to the birth family, writing "Focused too much on the negative and birth parents. I was hoping for more parenting skills/advice." They were also critical of the theoretical content writing about the use of "unproven theories". One participant wanted more detailed explanations of trauma triggers writing, "Distinguish between normal child development and trauma related behaviours. An example of a child not wanting their hair

to be washed used to demonstrate traumatic behaviour! Most young children dislike having their hair washed- this was not explained."

A minority of participants in each of the RAAs thought that there had been some repetition in the content writing for example, "Some of the sessions were a bit repetitive - different professionals should compare what they are planning to deliver with each other! This could have freed up more time for other aspects to be covered."

Although the vast majority had enjoyed the input from those who were parenting an adopted child, there were comments that suggested that their input should have been more closely monitored by the trainers. Language was felt to be important, and there was a request for trainers to challenge assumptions and inappropriate language, writing that existing adoptive parents, "were too personal/emotional with their opinions - don't use language such as 'normal' children." … "She needs to be a bit more open minded to different perspectives/points of view and realise not everyone's adoption experience is going to be exactly the same as hers and not every adopted child is going to behave the same as her kids."

Perceived gaps in training content

Prospective adopters who identified gaps in the training content asked for more information on different aspects of the adoption process such as matching, what happened at panels, and post adoption support. A few commented that an assumption had been made during the training that everyone knew the process but as one participant wrote, "Knowledge is dependent on who your social worker is."

Prospective adopters wrote that they wanted to understand more on:

> "Child to parent violence and how to deal with it." … "Told lots of things we should avoid doing so what should we do?" … "More needed on practical 'hands on' approach."

> "Briefly mentioned children with disabilities but I would like to hear about adopters' experiences of this to see whether this may be okay for us." …

> "Thinking about diversity. Could have been in more depth – consequences of adopting a child from a different cultural background - the positives and negatives."

Common requests were for:

- More input on early permanence,

- More information on adopting older children or those with specific needs such as a disability, adopting when there were already children in the household.

- More practical advice on therapeutic parenting and adoption support particularly for those who were single parents.

- Information for LGBYT prospective adopters if there were specific issues they needed to be made aware of in their parenting of an adopted child.

- Input on the role of the adult who would not be the primary carer.

- More problem solving of common emotional issues for adopted children.

Self-assessed change in knowledge

At the end of the preparation groups, prospective adopters were asked to assess their knowledge before and after their preparation group training. Knowledge was self-assessed in three key areas: a) impact of abuse/trauma on child development b) the profiles of children and the adoption process, and c) adoptive family life. Knowledge was assessed on a four-point scale: 1 = very little knowledge; 2 = some knowledge; 3 = good knowledge; 4 = mastered can explain to others.

Examining the scores on knowledge of child development and maltreatment, participants felt that their knowledge had increased. About a quarter (26%) of participants began the course feeling that they had 'very little knowledge' of abuse/trauma and its effects. By the end of the training, participants were feeling more confident in their knowledge (Figure 2). None reported 'very little knowledge' after training. There were similar increases in knowledge on separation, loss, and grief and health issues.

Figure 2: Knowledge of the impact of abuse/trauma on child development
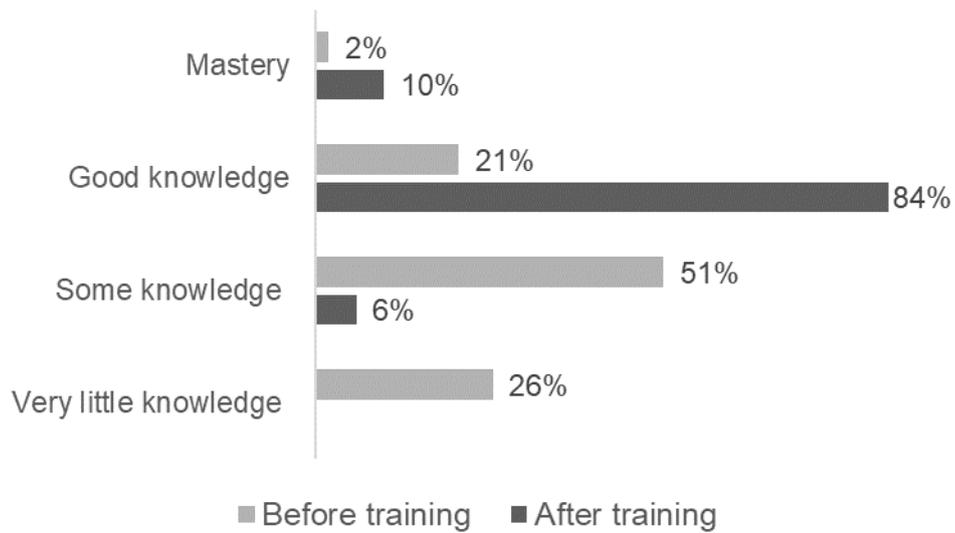
Base: participants (469) Source: Surveys of prospective adopters attending preparation group training (November 2019-March 2020)

Adopters were also asked to rate their knowledge of the needs/profiles of children waiting to be placed for adoption and the adoption process. Figure 3 below shows that before training, most participants had 'very little knowledge' of those areas. Post training the biggest increases in knowledge were in understanding the range and availability of adoption support and administrative processes such as going to panel and writing the Prospective Adopter's Report (PAR). Whilst knowledge of the profile of waiting children increased, the increase was small for knowledge on adopting a child of a different ethnicity or a child with a disability reflecting the comments of adopters on their perceived gaps in training.

Figure 3: Mean scores of knowledge of the impact of abuse/trauma on child development before and after training
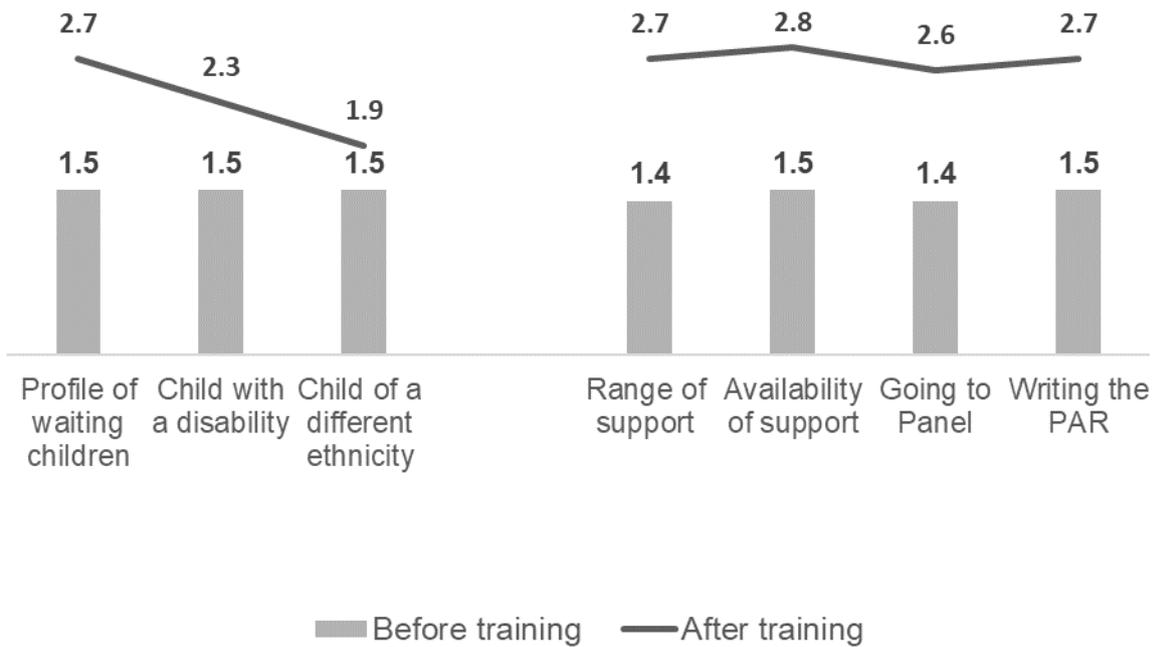
Base: participants (468) Source: Surveys of prospective adopters attending preparation group training (November 2019-March 2020)

The third area that prospective adopters were asked to self-assess, on a 1-4 scale, was their knowledge of adoptive family life and some aspects of the adoptive family life cycle (Figure 4). Prospective adopters thought that the largest increase in knowledge was understanding the development of adoptive identity and contact with the birth family. Average scores moved from 'very little knowledge' to 'good knowledge.'

Figure 4: Mean scores of knowledge of adoptive family life scores before and after training
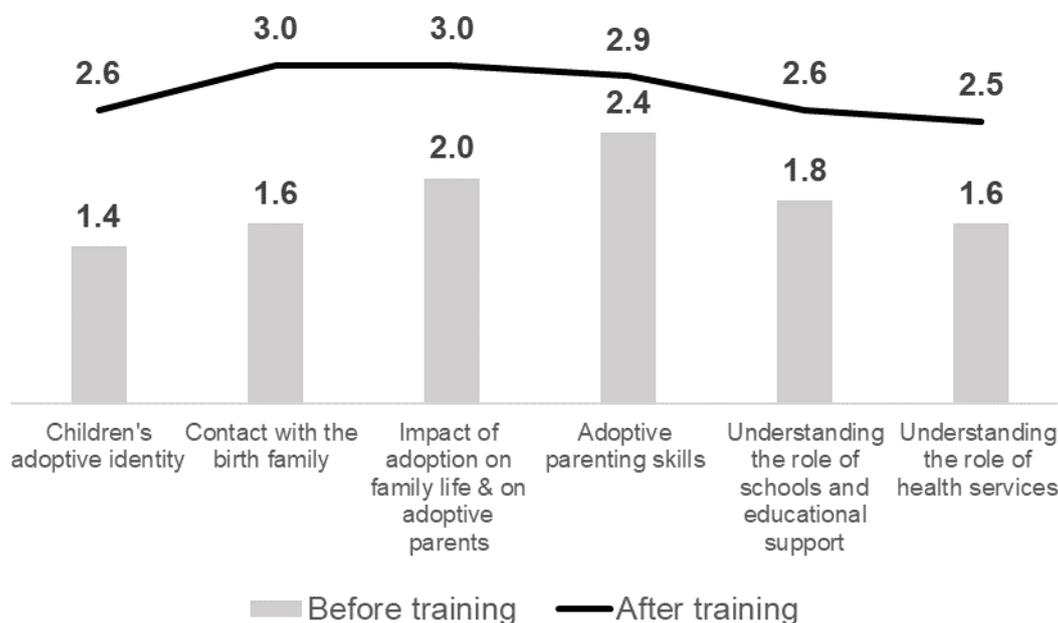
Base: participants (467-469) Source: Surveys of prospective adopters attending preparation group training (November 2019-March 2020)

Paired sample *t*-tests (Appendix 2) were used to determine whether there was a statistically significant mean change in the self-assessed knowledge scores before and after training. In all three areas of knowledge there was a statistically significant increase except in knowledge of adopting a child of a different ethnicity. Effect sizes were calculated using Cohen's *d.* [8] The largest effect size was in the change in knowledge about contact with the birth family (*d*=1.71, a large effect) and the development of an adoptive identity (*d*=1.76, a large effect).

On most of the areas of knowledge, men's scores were lower pre-training compared to females and the difference was statistically significant. However, after training men had caught up and there were no statistically significant differences in male and female scores.

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[8] Cohen's *d* is an effect size when comparing two means. It is used to examine how important the difference is. A small effect is 0.2, a medium effect is 0.5 and a large effect is more than 0.8. The standard deviation of the pre training value was used in the calculation.

Self-assessed change in attitudes

Participants thought that their knowledge had increased but we were also interested in whether that would change their attitudes. Prospective adopters were asked to rate their willingness to consider contact with the birth family and be open in their communication before and after training. They were asked about three elements of communicative openness that have been shown (Brodzinsky 2006) to be significantly associated with successful adoptions. The three types of communicative openness are 1) openness to birth family contact 2) talking with the child about adoption and their history and 3) openness in their communication with the agency. The latter type has been associated with parents accessing support or asking for help in a timely way. Families who wait until the situation is desperate may already be beyond the point where an intervention is likely to successful (Palacios et al 2019). The rating scale was 0 -10 (with zero = not at all willing and 10 = completely willing). The means of the scales provide limited information and rather than providing the full distribution, scores were grouped based on their position on the scale. Responses were merged into four categories: 0-4 unwilling, 5-6 would consider, 7-8 willing and 9-10 very willing.

Figure 5 shows that willingness (scoring 7-10) to accept direct face to face contact with the birth parents increased considerably after training rising from 17% to 59%. Virtually all the prospective adopters (94%) were willing to accept indirect (letterbox) contact after training. The shift in attitudes was also apparent in the written comments with many participants stating that they had developed empathy for birth parents as a result of the training.

There was also a statistically significant increase in the two other types of communicative openness: 'talking to the child about adoption and their pasts' and 'keeping in touch with the agency'. Of course, prospective adopters may have responded thinking that they knew what was the 'expected' response after completing the preparation groups. They had been given input on the benefits of contact and adoption agencies would be extremely reluctant to approve an individual who would not accept form of contact with the birth family.

Nevertheless, post training, about 5% of participants continued to have negative attitudes to communicative openness : 24 participants were unwilling to consider direct or indirect contact with birth parents, 12 unwilling to consider sibling contact, 11 unwilling to keep in touch with the agency and eight were unwilling to be open with their child about their adoption and history. Most of these participants were seeking to adopt a child under two years old and also reported that they had more concerns about adopting after training.

Figure 5: Willingness to engage in different types of communicative openness before and after training
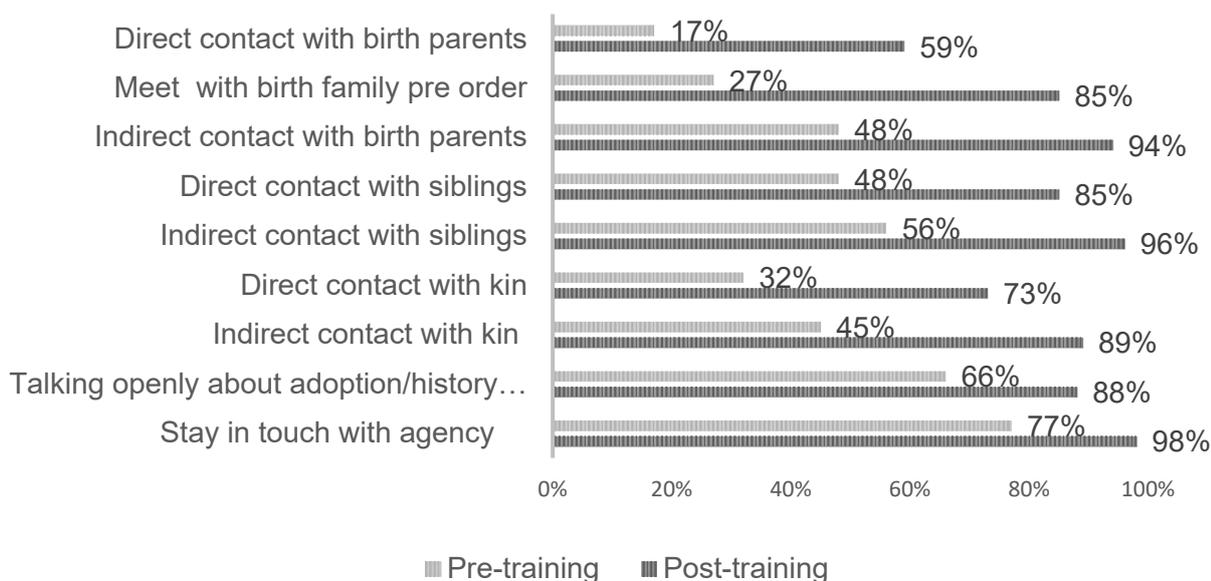
Base: participants (469) Source: Surveys of prospective adopters attending preparation group training (November 2019-March 2020)

Just as with the ratings of knowledge, the pre-training self-rating scores of males were statistically significantly lower than those of females on all the questions on communicative openness.[9] Before training fewer than half of males were willing to consider any kind of contact with the birth family and were very reticent to be open with their adopted child in talking about their adoption and history. Post training there were no statistically significant differences in the scores of males and females on any of the questions on communicative openness.

Knowledge and attitudes to communicative openness had seen positive change for the majority of participants: the largest growth was in the scores provided by prospective adoptive fathers. There were no statistically significant differences in the scores by type of household[10] but there was a pattern of single females being more willing pre and post training to consider contact and openness with the child.

Matching preferences

Prospective adopters were asked, 'If the children were placed at the same time, how many children would you consider?' Initially, 292 (63%) wanted one child, 165 (36%) felt they would like two children and five participants (1%) wanted 3 or more children. The proportions willing to adopt a sibling group rose slightly from 37% to 48% after the

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[9] e.g. Pre-training 41% men were unwilling to talk openly with their child about adoption/their history in comparison with 27% of females being unwilling χ^2 =10.58, df1 p<.001
[10] Single men excluded from the analysis as sample size was too small.

preparation groups. There was no change in the preferred maximum age of the child (range 0-11yrs) with the majority (70%) wanting a child under 4 years of age, 16% had a maximum age of 5 years old and 62 (14%) were willing to adopt an child aged 6 years older.

Prospective adopters were also given a list of characteristics that often make children 'hard to place' (Table 6). Many prospective adopters began training with high levels of acceptance on most of the characteristics. There were statistically significant increases in acceptance on many of the characteristics although the effect sizes were very small. There was no statistically significant increase in willingness to consider neglect (had a very high percentage of acceptance before training), parents with learning difficulties, a child with a disability or a child of a different ethnicity than the prospective adopters. The greatest change after training was in willingness to adopt a child with known attachment difficulties or a child who had been sexually abused. Even so, post training over a third (n=165; 37%) still felt unable to consider a sexually abused child compared to only six participants who were unwilling to adopt a child who had been neglected.

Table 6: Self-assessed change in matching preferences

	Consider before and after training (no change) n	Not willing before and after training (no change) N	Consider before but not after training N	Not willing before but consider after training n	Overall percentage willing after training %
Neglect	428	4	-2	+21	99%
Emotional abuse	419	10	-1	+22	97%*
Physically abuse	397	20	-6	+24	93%*
Attachment difficulties	345	30	-9	+61	90%*
Parent unknown or child born following a rape	344	50	-6	+41	86%*
Parents misused alcohol/ drugs	342	50	-12	+40	85%*
Parents have a learning disability	325	79	-4	+32	81%
Multiple types of abuse	311	71	-7	+50	81%*
Developmental concerns for the child	285	89	-10	+57	77%*
Parents have a mental illness	277	119	-2	+39	71%*
Child has been sexually abused	208	153	-12	+73	63%*
Child has an ethnicity different than your own	241	153	-18	+37	62%
Child has a disability	113	289	-10	+28	32%

Base: participants (442-469) Source: Surveys of prospective adopters attending preparation group training (November 2019-March 2020)

* change reached statistical significance p=.05 but all low effect sizes (phi no larger than 0.16)

Participants who had recorded changes were asked to explain why their matching preferences had altered. Comments from prospective adopters suggested that the training had helped them to become better informed and more realistic about their parenting capacities especially when they already had a birth child. The promise of life-long support had influenced decisions and made some more confident in considering 'hard to place' children. Prospective adopters wrote:

> "The course has raised awareness of the years beyond childhood and the impact on the whole family."

> "Feel more informed to consider children I would have avoided."

> "Realised that I probably couldn't cope with a child who has witnessed domestic violence."

> "I learned that a learning disability in parents does not necessarily predict the same in their children."

> "Preference to adopt one child now rather than siblings - partly as a result of conversations during the course, conversations with our social worker and self-reflection."

> "Was reassured about the support that will be available so changed my preference in respect of attachment issues."

Overall, most prospective adopters were satisfied with the content of the training and felt better informed. Many had formed new friendships and were reassured by the support that would be provided by the agency. Prospective adopters, especially men, felt that the training had enabled them to better understand the circumstances of birth parents and with increased empathy came greater willingness to consider contact post adoption. Most were looking forward to adopting a child from care and were excited by the prospect.

The questionnaire that prospective adopters completed also asked if they were willing to be contacted by the researchers to take part in telephone interviews. The next chapter follows the journey of 30 adoptive parents who gave consent to be interviewed.

Chapter 2 Interviews with prospective adoptive parents

In this chapter, we report on 30 telephone interviews with individuals wanting to adopt and their experience of assessment and approval. The RAA or interviewees' numbers are not provided to ensure that anonymity is maintained. Details of sample selection and method are provided in Appendix 1.

Between March 2019 and March 2020, thirty prospective adopters (12 males and 18 females) were interviewed: 20 individuals were adopting as a heterosexual couple, nine were lesbian/gay couples and one was a single man. Their average age was 38 years old with an age range of 27 years to 57 years old. Only two of the thirty described themselves as being of minority ethnicity: reflecting the small percentage (9.5%) of ethnic minority participants who had completed the preparation groups. Eight of those interviewed were already parenting: six had a birth child, two had an adopted child and one was a foster carer. The children in their households were on average four years old.

The interviewees were selected as they had expressed a willingness to adopt a 'hard to place' child. For example, 24 of the 30 were willing to adopt a child who had experienced multiple forms of abuse including 23 who were willing to adopt a child who had been sexually abused. Eighteen were willing to adopt a sibling group (age range of children up to 8 years old) or a child of a different ethnicity, 14 were willing to consider a child older than five years old and nine of the thirty felt able to adopt a child with a disability.

Prospective adopters were interviewed by phone and asked about how they made their choice of agency, their experience of being assessed as an adoptive parent and approval.

Choosing an agency

Prospective adopters were asked what had influenced their choice of agency and whether they had first approached other adoption agencies. The first and only choice for 22 of the 30 interviewees was an RAA. Websites were an important starting point, as most interviewees described googling and searching for an adoption agency that was close to their home. It was also important that websites were inclusive and that the images reflected the diversity among adoptive parents, as an interviewee explained, "I want to see myself there on the website as a same-sex adopter. Something that says, 'You're welcome here.'"

Individuals said that they had chosen an RAA because either they wanted to adopt through an LA as opposed to what they described as a "private" adoption agency or had adopted previously through a LA that was now part of the RAA, or thought the RAA support package would be superior. Another wanted a progressive modern adoption agency and deliberately chose a particular RAA because, "Their website just looked quite

good, they seemed quite forward-thinking. They had a lot about single adopters, or same-sex couple adopters, or older adopters and so they came across as being quite progressive." One interviewee had initially considered fostering and was signposted to the RAA by the fostering team when it became apparent that he wanted something more long-term.

The eight interviewees who had first approached another agency said that first impressions mattered, especially if they felt that their enquiry had been met with a rude and unwelcoming response during initial phone calls, initial visits, and open evenings. For example, an interviewee described how during his initial telephone call to a VAA, "The person was a little bit offhand, not very well prepared." In contrast, when he contacted the RAA, he noted that, "They just appeared very professional all the way through." Another described how an initial visit from a VAA social worker lasted for 2.5 hours, and the interviewee commented, "She [social worker] was asking us details about our lives that probably was wrong for the first meeting of somebody." An agency's approach to diversity and inclusiveness also influenced decisions about which agency to choose. Another person who had initially selected a VAA described a first visit where she was told that, "No social worker is going to give a baby to a same-sex couple." All those who had approached another agency went on to register their interest with an RAA.

Interviewees were asked their opinion on the regionalisation of adoption services. Most were supportive saying, "Makes perfect sense, a pooling of resources and sharing information" or "seems more professional than managed by the local council." However, a few interviewees were more cautious, "On the positive side, more availability of children. On the other side, I always know that the bigger teams get, the less efficient they are and the less personal they become." Those who were interviewed as first time adopters in 2020 were usually unaware that services had been delivered in any other way than through an RAA.

Satisfaction with ease of contact and communication

Interviewees were asked whether they were able to contact their social worker easily and whether the RAA provided regular communications. The majority praised their social workers, describing social workers who were responsive and returned calls and answered emails within 48 hours and often on the same day, "I have [social worker's] landline, mobile and email address, she replies in a few hours and at the most in a few days." The responsiveness of RAAs as organisations was also important, and the role of support staff such as administrators was significant, "Since the first visit they were very prompt when we got in touch with them, very professional, they were helpful, whenever we had a question they were eager to help us and to answer our questions, they were very accommodating as well."

For those interviewees who described difficulties in contacting their worker or the RAA, part-time workers, staff vacancies, and changes especially during the transition to an RAA caused frustration. For example, one interviewee said, "Part-time worker is not easy to contact, the admin is off on maternity [leave] and the allocated social worker we met once, and she told us she was leaving." Another said that she had rung asking to speak to her social worker only to be told by administrators, "Never heard of her." Some of the difficulties might be due to timings around the point the RAA was just forming and appeared to prospective adopters as not yet working as a single entity. One interviewee explained, "There are different offices and they don't see each other as one group. There isn't a common purpose yet … and it's really unhelpful being at the end of it. The marketing has said one thing but when you ring them, they're in old money and it's hard to know what to do."

Communication was also more difficult for prospective adopters who did not have an allocated worker or named RAA contact during Stage 1 of their assessment. For example, an interviewee said, "We find the problems with the agency itself is that they don't really get in touch with us much. It's more us ringing them to find out things and we get told we'll get an email back or a phone call back and we never hear back from them, so we've got to ring them again." There was variation *between* RAAs and *within* RAAs as to whether prospective adopters were allocated a worker at Stage 1. Without a named worker, prospective adopters did not know where to direct questions and it resulted in delays in moving to Stage 2. Interviewees who felt they were the ones chasing the RAA to move the process on, were also comparing their progress with other prospective adopters from their preparation group. They needed reassurance that they had not been forgotten. Decisions not to have a named contact/allocated worker at Stage 1 should be revisited.

Ten of the 30 interviewees had had at least one change of social worker during their assessment - one person had had four social workers. Changes of social worker were generally unwelcomed by adopters. The exception being when it resulted in a more experienced worker being allocated or the process speeding up. Changes of worker, especially when the new worker was also new to adoption practice led to a lack of confidence. For example, one interviewee said, "It would be helpful to feel like the social worker knows what the process is."

A variety of communication methods were used by RAAs, the most common being via email with most using Egress software for security. Some RAAs had a Facebook or WhatsApp group for adopters and sent monthly emails with newsletters. Social workers also used text messaging to contact prospective adopters. Overall, adopters were satisfied with the variety of methods used for communication, as they wanted to be kept informed. However, there was some concern in how sensitive personal information was protected. There was an instance of personal data going missing for several months resulting in a long delay in being approved as an adopter. Another interviewee described

how the RAA repeatedly misspelt his name and as a result, "They kept sending information to the wrong people." Prospective adopters wanted to know who in the RAA had access to their personal information and who could read it, especially when it was sent by email.

The transition to an RAA created data challenges, especially when LAs were combining IT systems. We would expect those challenges to be worked through as the RAAs become more embedded. However, RAAs should consider how to give prospective adopters greater confidence in the use of adopters' data, for example by having an information sheet on who has access to prospective and approved adopters' data and how it is protected.

Assessment of prospective adopters

Interviewees were asked about their experience of assessment. Based on their responses their accounts were coded into a) prospective adopters who described overwhelmingly positive experiences (n=13) b) mixed experiences (n=11) and c) negative experiences (n=6). Interviewees with positive experiences had high regard for the professionalism of the assessing social worker and the support from the RAA. Those with mixed experiences generally had a good relationship with their assessing social worker but also felt that the process had not gone smoothly. Accounts of negative experiences were characterised by very poor relationships with social workers and/or the RAA.

Positive experiences of the assessment process

Overall prospective adopters spoke very positively about their experiences of the assessment process. For instance, one interviewee stated, "They seem to know what they are doing and I feel really confident and comfortable having used them to go through this journey, it's just knowing the support's there all the time, it's really nice." Another commented, "'I've always felt that they were there for the child and for us in the interest of both parties, so personally I can't recommend them highly enough."

Prospective adopters wanted to know what to expect and for clear communication between themselves and the agency. They wanted and liked being given clarity on the adoption process. An example of this was a timeline given to one interviewee who said, "When we started we were given a really specific timetable… we knew even before Stage 2 started we knew … what exact week a Stage 1 decision should be made … and it kind of followed exactly what they said it would." Another interviewee, from a different RAA, said, "They've explained everything before it actually happened so there were no surprises, we knew exactly what to expect all the way through."

Relationship with the assessing social worker and RAA

The quality of the relationship between the prospective adopter and their social worker and RAA were important factors in positive or negative feelings of satisfaction with the home assessment. As noted with the websites, first impressions counted. For example, one interviewee said, "It felt like we were in good hands and like they were there to support us and help with any questions that we had."

All the prospective adopters spoke about the importance of having a good relationship with their social worker. They wanted to be welcomed and wanted, "To feel a valued part of the process… it's very exposing … we have to reveal our hearts to people that we don't know at all … we tend to be very vulnerable in the process and we need reassurance that we are valued."

Interviewees identified the qualities they appreciated in their workers. They spoke about the importance of trusting their social worker and of feeling that their worker understood them.

> "She's really approachable, I feel like we really trust her … I think we both get the feeling that she's really sussed us out and knows us really well."

> "She's quite intuitive, seeing what's needed, where things are at."

Interviewees wanted social workers who were experienced not just in social work but in adoption practice, finding their knowledge of the process reassuring. When asked about satisfaction with their social worker interviewees said, "Can't rate highly enough, excellent" … "fantastic" … "look forward to her visits."

Prospective adopters did not expect the assessment process to be easy, and some recognised that it was important to be challenged, as long as this was done sensitively, "I think [my social worker] particularly was very, very, good at the way she asked the questions, the way she got me to talk about my family and my experiences… I think it was done very sensitively." A foster carer adopter appreciated her social worker's thoroughness, "Even though it was in the Form F she still discussed it, she didn't leave any stone unturned." Another said, "Although some of the things that she asked us were challenging they were challenging in a good way if that makes sense, it didn't feel as though we were being intimidated or kind of cross-examined." Interviewees appreciated social workers who were able to balance the serious nature of adoption with some light-hearted moments too. Those with a good relationship with their social worker described them as "fun", which "made it very easy for us to open up."

Mixed experience of the assessment process

Whilst the majority of prospective adopters were satisfied with their experience of being assessed, there were examples of more mixed experiences. Delays, poor communication, lack of confidence in the worker and their own ambivalent feelings about the process contributed to mixed experiences. For example saying, "Once we'd applied to adopt it took about 7 or 8 weeks before we met a social worker who came to do the initial visit … we were desperate to start, and I think because the one who had been assigned to us was on long-term sick we just couldn't get any information as to what was happening."

Social workers' lack of experience in adoption practice and the complexity of people's lives led to delays and left interviewees lacking confidence in their worker. For example, social workers who were uncertain about which procedures to follow when prospective adopters had moved home many times during their childhoods, or where they had lived abroad as adults. In one example, an interviewee had moved in with a person who was already an approved adopter. The interviewee said, "The message we were getting from [the RAA] was very mixed. At one stage it was fine, then another stage it wasn't fine because essentially they weren't happy with me being involved in a child's life." The interviewee described how the RAA asked Coram BAAF for advice and once a decision was reached on how to proceed the process was much smoother, "Once we had a clear plan in place… the process was very smooth and very good."

Mixed experiences were described by adopters who felt that social workers were 'box-ticking'. In one RAA prospective adopters were asked to undertake voluntary work, and some mentioned that this felt like a 'tick-box exercise' rather than something meaningful that would prepare them for adoption, "It doesn't seem to matter what the role you are doing is as long as you do some, it feels a bit like they're making you jump through hoops no matter what your experience is already." The amount of "repetitive, bureaucratic paperwork" was often mentioned as something that prospective adopters wanted to see reduced but was thought to be outside the control of the RAA.

Those prospective adopters who found the whole assessment process 'strange' were ones that did not enjoy, or feel comfortable with, the opportunity for self-reflection and looking back at their lives. One interviewee explained, "You're not prepared by social norms for the kinds of conversations you will have." And another commented, "I think it's always a bit difficult to warm to somebody who is a complete stranger and who is making judgements on you, and who is compiling a report on things that you say and you do. But that aside, she's been really warm towards us and yes, I think we've got a good relationship with her."

Negative experiences of the assessment process

Those who described predominantly negative experiences had poor relationships with their assessing social workers, feeling that they were: misunderstood or disliked; their motivation for adoption questioned; described what they perceived as a rigid application of guidelines; and felt that sensitive personal information had been poorly handled. These prospective adopters also had more complexity in their personal circumstances. For example, they had experienced a difficult childhood or some complexity around a previous partner and felt that this was handled inappropriately with snap negative judgements made by their social workers. For example, one person wrote about his childhood in the Stage 1 paperwork. Without any discussion, he said that the social worker spoke to his wife suggesting, "They'd never come across someone with such obvious issues."

Several interviewees commented on how their RAA worked within statutory and Coram BAAF guidelines but those who described negative experiences felt that the guidelines had been applied too rigidly and with too much focus on health and safety checks. For example, one of the interviewees asked the social worker not to contact her ex-husband whom she had left because of domestic violence. The interviewee, who had not had a child with her ex-partner, felt she had not been believed saying, "and that's kind of part and parcel of the whole domestic abuse."[11]

Those prospective adopters who did not have fertility issues felt that their motivation for adoption had to be justified. One interviewee, who withdrew from the adoption process, said, "I think that was another issue as well… she was I think - suspicious is too strong a word - I think intrigued by our motivations." Another participant, who had a birth daughter, commented that, "We're doing it by choice, and that's the other thing, which I find, it's really hard for them to understand."

Where prospective adopters had or were working in social care, their professional experiences had influenced their decision to choose adoption and to do so through an RAA. They had a difficult experience of assessment. One interviewee described her relationship with the assessing social worker, "I find myself making trying to make it easier for her… trying to make her feel more comfortable when actually this is a big thing for myself and it should be the other way around."

Two of the 30 adopters had withdrawn their applications, anticipating rejection at panel because of their poor relationship with the assessing social worker. One explained, "I just felt that she didn't like me. It was a bit odd, and I think everybody who knows me will say

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[11] It should be noted that it is a requirement to contact ex-partners when they have shared parenting of a child, but that is not the case when there has been domestic violence. Advice is to approach such situations very cautiously, assessing the risk (https://corambaaf.org.uk/sites/default/files/Form%20PAR.pdf).

I'm quite an inoffensive person, … I don't know what went on there, but it made it quite difficult for us, it was quite a stressful time."

They described their experience as feeling that the assessing social worker had got fixated on a particular aspect of their childhood and could not get past it and had "got stuck." All prospective adopter reports (PARs) include information on an individual's own childhood experiences including how they were parented. Research (Van Wert et al., 2019; Schelbe et al., 2017) has shown that having a difficult childhood or being maltreated does increase the risks of transmission of abuse across generations and increased parental stress, but not inevitably so. The developmental processes that influence parenting style are complex and one particular 'risk factor' should not be viewed in isolation. Adoption research and practice (e.g. Alper and Howe 2016) has shown that individuals can resolve complex feelings about their childhoods. Indeed, individuals who have adverse early experiences can be resilient and be more empathetic to the experiences of children needing an adoptive placement.

The majority of those who stated that they had experienced difficult childhoods felt that the assessing social worker had managed this aspect of their assessment poorly. One interviewee, who had started the process 18 months previously, and had experienced delays and changes of worker explained that she was finally expecting to be approved and had informed her friends and employers that she would be taking adoption leave. She felt shocked when just before the panel met, the social worker raised concerns about her childhood. She said that the concerns came, "…out of the blue. We were told that they wanted me to see a psychologist … I didn't understand … I'd had a difficult childhood, I'd been open about that from the beginning but instead of tackling that at the beginning, it came at the end. We walked away … if it's that difficult what are we doing to ourselves?" The prospective adopter withdrew believing that the panel would not approve the application.

Another interviewee who had reported an overall positive experience of assessment also commented on assumptions that were being made. He said, "It felt at times like they almost wanted us to have been more damaged than we were … I wonder if both of us at times had to give particular answers that weren't necessarily reflective of exactly where we were at." There was a good practice example from an interviewee who had had a difficult childhood but described a positive assessment experience. He said, "We read the PAR before it went to panel, and the way it was worded … I was really pleased with the way [my social worker] handled the information."

Timeliness and delay

This section focuses on prospective adopters' concepts of timeliness and delay within the assessment process. The guidelines state that registration to Stage 1 should be completed in 2 months and Stage 2 in four months: that is 6 months in total. Interviewees

had different perceptions of timeliness, with some wanting to move through the process as quickly as possible and faster than the guidelines; others were wanting to go at a much slower pace and were "not in a hurry." Timeliness was also affected by staff shortages and practices within the RAA.

Most (*n*=22) of those interviewed had contacted the RAA in 2019 asking to register and start Stage 1 of the process, six made their first contact in 2018 and two interviewees began enquiring about adoption in 2017. Three interviewees delayed making a formal registration. They first made contact when they were undergoing fertility treatment or had recently experienced a miscarriage and were advised to wait between 2-6 months before starting their applications. One interviewee stated that her registration was delayed for 12 months due to staff shortages and waiting lists.

Experiences of initial contact appeared to be an important step in deciding whether to proceed with the adoption application months or sometimes years later. However, it was clear that few understood the significance of the formal registration date that started the application process and the requirement for assessments to be usually completed within 6 months of registration. One couple described how a five-month delay was caused by confusion about whether they had completed their formal registration. The interviewee said, "It created a little bit of confusion… we thought, 'OK, nothing's happening'… and then we kind of got told, 'Oh but we haven't started yet.' So, we're, like, 'Really? So, what have you been doing until now?'" A year had elapsed between contacting the agency and starting Stage 2. They felt that the agency had not provided "sufficient explanation" for the delay. Interviewees could recall when they had first contacted the agency but were far less certain about the date when the formal registration was completed.

Adopters could move through the process quickly. There were examples of RAAs being proactive in cases where adopters wished to do so and interviewees feeling that their application had been dealt with speedily. For instance, one interviewee was impressed and said, "'It seems quite a smooth-running, well-oiled process, even though I know it's quite early for them in terms of all of the regions getting together." A second-time adopter felt that her experience was quicker than her first adoption, which "took forever." Another interviewee had three social workers during the assessment but felt this had enabled him to fit in the assessment around work commitments, "We expressed a desire to go quickly because we felt ready for the process. They assigned us a sessional social worker for Stage 2 because they are often more flexible, and because we were both working having someone who was able to come a bit later in the afternoons was helpful."

Reasons for delays

The prospective parents we interviewed felt that the delays were mainly caused by staff shortages. One of those interviewed was still waiting for the home assessment to begin. She had registered in 2019 and was still waiting for a Stage 2 worker to be allocated

seven months later. She had been given no indication of how long she would have to wait before the start of the home assessment and was very dissatisfied with the process.

An earlier section (page 39) highlighted some of the difficulties encountered by interviewees without a named worker in Stage 1. There were also delays at Stage 2 with some interviewees recalling that there was a 'waiting list' for a social worker to be allocated. Administrative staff shortages also had a negative impact. An interviewee reported that in one RAA staff shortages led to no-one chasing references or ensuring that all the paperwork was in place. In an example of delay, an interviewee first registered in April 2019 but was not informed until December 2019 that she would have to have Disclosure and Barring checks for the times she had lived abroad, so delaying the move to Stage 2.

There were also some delays completing Stage 2 caused by a lack of quality assurance of prospective adopter's reports (PARs), unavailability of panels, and social worker's workloads/sickness. An interviewee described how her panel date was postponed two days before she was due to attend because the panel chair discovered that the PAR was missing key information, including references. Two interviewees from different RAAs commented that their approval panel was delayed due to a lack of panel slots:

> "I know there's … so many children waiting at the minute with placement orders … I think there's like 12 or 15 adopters my social worker said but … the panel, 'It's too full this month can you wait until next month?' Why on earth just not do another panel date in this month … if you have all these children and the delay?"

> "It would be great if they met more often. We got the nod from child's social worker end of June. We couldn't get the paperwork in in time for July and therefore nothing could happen until August. While I know it was only 2 months, we just wanted to get going. We were kicking our heels."

Another interviewee described how her panel date had been delayed. She said, "It's raw for me right now, because of our social worker's workload basically they pushed our panel back." And another highlighted that delays in panels needed to be communicated sensitively, "A random member of the administrative team told me 'Your panel's been cancelled, it's moved.' And that was to me hugely unprofessional, that that came from somebody that didn't know us, and had no understanding of the implications for us. So, I think that wasn't handled very well."

In total, 17 of the 30 interviewees experienced unwelcome delays. These delays ranged from a few weeks (at the panel stage) to lengthy delays that mainly occurred at registration and Stage 1. There were also three other prospective adopters who chose to

have a break of 3-6 months during their assessment due to their personal circumstances such as extended stays abroad, financial pressures, or having major house renovations.

At the time the prospective adopters were interviewed for this research study, all but five had been in the process for six months or more. Table 7 shows the time in weeks between the stages. *The time between registration and Stage 1 should be viewed with caution, as many prospective adopters were unsure when they had made their formal application.* Excluding Stage 1, only five of 14 interviewees whose applications had been viewed by the panel had done so within the expected timescales.

Table 7: Time in weeks between the assessment stages

Stages in becoming an approved adopter	Median in weeks	Range in weeks
Registration to completion of Stage 1	17	4-57
Stage 1 to completed home assessment	12	4-30
Completed home assessment to panel approval (Stage 2)	4	2-11

Base: participants (30) Source: Interviews with prospective adopters, March 2019-March 2020

Preparation of children in the household

Eight prospective adopters were already caring for a child. Three gave accounts of careful preparation of their children, two children had been spoken to on a single occasion whilst three other children had had no preparation. Similarly, only two of the eight interviewees felt they had received advice on the additional demands of adoptive parenting if another child joined their family.

A foster carer adopter was pleased with work done with the children in placement. She described how two long-term foster children had input from their social worker, the independent reviewing officer, and the adoption social worker. A couple with a pre-school age birth child described how the social worker had supported their child, "She talked to my daughter … 4 or 5 times and she played with her. She was happy … that, obviously age-related, she had a good understanding.". Another interviewee felt that her daughter was well prepared as they had close friends and family who had adopted, and the social worker had spent two hours talking to her daughter. She found it helpful that the social worker had explained it was her role to find a child, as that enabled her daughter to understand that "the responsibility is not on us or on her."

However, not all families felt their children were prepared. A second-time adopter felt that her child had received little input and the particular complexities and risks of adding another child into an adoptive family had not been considered, "It feels like you are on the end of someone crisis managing and ticking a box – 'Have you got a garden?'... What I

really want is an expert who has worked with families for years and years to tell us what the challenges will be for us [as second-time adopters]."

Approval: Experiences of panel

At the time of the first interview, 14 prospective adopters had been to panel. They were predominantly positive about their experiences at the approval panel and understood the need for a high level of scrutiny. For example, one interviewee reflected on his experience: "What they're trying to do is… find a family for children, and everything they've done has been spot on as far as that's concerned. They've been very thorough and dealt with us really fairly, but they had to try and get as much information as they can, so I can't fault them at all." This view was also echoed by others. Another interviewee explained that he found panel daunting but also found the level of scrutiny reassuring, "It also makes me feel more comfortable that lots of people have looked at our case and have said, 'Yes'."

Most people reported that they had been unanimously approved at panel. Two interviewees described panel having reservations. One interviewee described how the panel had some reservations about the couples' ability to adopt siblings. He said, "I think they had some reservations about two [children], their reasons for that were because we don't have any other children. I think they felt that going from no children to two is quite a big leap. So, I think they had some reservations about that, but they did eventually approve us for two, but they put some provisos on that." The interviewee went on to describe how shortly after the panel the couple lost confidence in their ability to care for siblings. Their matching preferences were changed to preferring a single child. It was unclear from the account whether this would have happened without the reservations from the panel. Another interviewee expressed concerns that it was the panel who decided the category of child/ren they were approved to adopt saying, "I think it should be up to the adopters to make a decision on the age of the child. I wouldn't mind adopting an older child, I would adopt siblings, but the agency disagrees."

Another couple described how their approval was not unanimous, as one panel member felt that they needed more preparation and were not yet ready to adopt. The couple were going to undertake some further parenting training focusing on PACE (Playfulness, Acceptance, Curiosity and Empathy) at the request of their social worker, but did not seem concerned about the panels' reservations saying; "It was only one person, we got six people saying we are ready to be an adopter."

Overall, most of those who had been assessed had positive comments on the process. There were concerns about lack of an allocated worker at Stage 1, delays, inadequate preparation of children in the household, inflexible application of guidelines in complex circumstances and workers being unsure how to assess parenting capacity when the individual themselves had experienced a difficult or abusive childhood.

Next steps in the evaluation

This report has followed 30 prospective adopters from their preparation groups in 2018/19 to March 2020. We will pick up the accounts of their adoption journeys when prospective adopters have follow-up interviews between June 2020 - December 2020. We are expecting that all will have been to panel and be in the next phase with some having children placed. We anticipate that problems with the transition to RAAs should have eased, although Covid-19 will have brought new and unanticipated challenges.

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Appendix 1: Methodology

The research design included two methods of capturing the 'adopter voice'. The first method evaluated preparation group training in each of the five RAAs using a paper survey to gather prospective adopters' experiences. The second method involved telephone interviews with prospective adopters who had expressed a willingness to adopt a 'hard to place child/ren'. They were selected because the RAAs were established with the aim of recruiting adopters to meet the needs of waiting children, especially those who are thought of as 'hard to place'. Children who are described as 'hard to place' wait the longest to be placed with a family and are likely to be older than 4 years of age, needing to be placed with siblings, have a disability and those of minority ethnicity. Five of the seven RAA case studies 'opted in' to the 'adopter voice' strand of the RAA evaluation. The two methods are described in more detail below.

Preparation group surveys

Participants (n=620) attending preparation groups in five RAAs were given a paper questionnaire and a stamped addressed envelope for returning to the Rees Centre, University of Oxford for analysis. However, some trainers returned questionnaires in a 'batch' in one envelope and were reminded to return surveys individually. The intention was to collect 12 months of evaluation questionnaires from preparation groups delivered by the five RAAs. The period of collection differed by RAA, as each went 'live' in different months and years. Collection began in November 2018 and was due to end in August 2020. However, due to the impact of Covid-19, a decision was made to cease collection in March 2020. At that point, 12 months of questionnaires were available for analysis from two RAAs, 11 months from one RAA, and nine and eight months of returns from two RAAs who had gone 'live' later than the first three.

The trainers reported that attendance at the groups was excellent: it being extremely rare for both members of the couple to be absent. Size of training groups varied, by month and by RAA, with a range of eight to 28 individuals (usually 6-10 couples) attending the groups

The questionnaires asked about satisfaction with the location, comfort, frequency of preparation groups and the content and delivery of training. Prospective adopters were also asked to think back and rate themselves before and after training on their knowledge of adoption related issues and their matching preferences. This method of retrospective ratings was influenced by the work of the US Centres for Adoption Support and Education (https://adoptionsupport.org/nti/) and the US Quality Improvement Centre for Adoption and Guardianship Support and Preservation (https://qic-ag.org/). Both of whom have been evaluating adopter preparation and support.

Traditionally, questionnaires have been completed before training begins and repeated on completion. However, it has been found (e.g. Howard *et al*., 1979) that the pre/post method often shows 'no change' because those filling in questionnaires before the start of training may not have enough self-knowledge or content knowledge to respond accurately, even if they think they are being truthful. They 'do not know what they don't know'. After training, individuals have gained a better understanding of what is being asked in questionnaires and are believed to apply a different, typically higher, standard when rating their performance (Geldorf *et al.,* 2018; Little *et al.,* 2019).

By completing pre and post ratings at the same time and after courses have ended, participants are using the same frame of reference to rate themselves (Pratt et al., 2000). The retrospective method does not completely remove bias (Geldorf et al., 2018). For example, re-call error can still occur with participants forgetting their previous levels of knowledge/skills and social desirability effects can still operate with participants wanting to show improvement or please their trainers. Bearing in mind that all methods have limitations, the retrospective method was selected as the best option. By only having one questionnaire to complete it reduced the burden on adoptive parents ensuring a better return rate and fewer missing responses.

Surveys were returned by 471 individuals: a response rate of 76%. The surveys were analysed in SPSSv25 using frequencies, paired *t* tests (scale variables), and McNemar's test (with continuity correction) for dichotomous variables to determine difference in proportions before and after training.

Telephone interviews with prospective adopters

To select a sample of adoptive parents, prospective adoptive parents who had attended the preparation training groups in the five RAAs were asked to consent to a telephone interview: 223 gave written consent to be contacted. The interview sample was selected based on the following criteria: a) had expressed a willingness to adopt a 'hard to place child' defined as an older child, or a sibling group or a child with a disability or a child with an ethnicity different to their own b) eight prospective adopters from each of the five RAAs. Those willing to adopt a 'hard to place' child were selected to follow on their adoption journeys.

The work plan was to interview 20 prospective adopters in 2019 and a further 20 in 2020. Twenty-five of the 40 would be interviewed at least twice (with a 6-month gap between interviews). The intention was to follow their experiences, as they moved from assessment to approval, linking, matching, and placement. It was expected that a few would withdraw or not be approved, and they too would have a follow-up interview.

Eighty-four prospective adopters met the criteria from the 223 who had given consent to be contacted. It is important to note that only 38% met the criteria reflecting the difficulty

adoption agencies have had in recruiting adopters to meet the needs of waiting children. In a small RAA, all those who met the criteria were emailed asking for a convenient time to interview. In larger RAAs, those who had given consent were emailed until the sample size was met.

Professor Julie Selwyn and Dr Shirley Lewis completed all the interviews (average length 45 minutes) using the investigator-based standard method. The method, developed by George Brown and Sir Michael Rutter, makes a distinction between events and people's feelings about those events, while recognising both are important[12]. The narrative elements are used both qualitatively for hypothesis generation and to elicit the content and meaning of experiences and quantitatively for statistical analysis[13]. The interview schedules were developed based on our previous studies of adoption[14] and with the help of our advisory group. All the main questions had codes assigned to them in advance of the interview and were completed during the interview and rechecked afterwards. Discussions took place between the researchers on coding questions. Data were entered into SPSS for analysis. In addition, a detailed case summary was compiled after each interview including transcripts from the interview. Analysis of the interviews began in SPSSv25 with frequencies of responses examining the patterns in the data followed by an analysis of the qualitative text to gain a deeper understanding of prospective adopters' experiences.

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[12] Green J & Yule W (2001) *Research and Innovation on the Road to Modern Child Psychiatry*: London Gaskell/Royal College of Psychiatry

[13] Brom D., Pat-Horenczyk R., Ford J. (2008) *Treating Traumatised children: Risk, Resilience and Recovery*. Routledge. London and New York

[14] Selwyn J. et al (2015) Beyond the Adoption Order: challenges, interventions and adoption disruption. London BAAF, Selwyn J et al (2006) Costs and Outcomes of non-infant adoptions. London BAAF

Appendix 2: Paired Samples Test: Comparison of change in ratings of knowledge before and after training

Survey responses of knowledge before and after training	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Separation/ loss/ grief	.921	.649	.030	.861	.980	30.605	465	.000
Impacts of health concerns on child development	.886	.695	.032	.822	.949	27.430	462	.000
Impacts of abuse/ trauma on child development	1.056	.717	.034	.989	1.123	31.115	446	.000
Contact with birth family following adoptive placement	1.469	.706	.033	1.405	1.533	44.961	466	.000
Characteristics of children waiting to be adopted	1.240	.744	.034	1.173	1.308	36.010	465	.000
Development of children's adoptive identity	1.386	.671	.031	1.325	1.448	44.336	460	.000

Talking to children about the past/birth parents and foster families	1.412	.715	.033	1.346	1.477	42.557	463	.000
Adopting children with a disability	.852	.714	.033	.787	.917	25.708	464	.000
Adopting children of a different ethnicity to your own	.458	5.978	.278	-.088	1.004	1.648	462	.100
Impact of adoption on your family life	.985	.708	.033	.921	1.049	30.045	465	.000
Impact of adoption on you	.994	.702	.033	.930	1.057	30.564	465	.000
Parenting skills	.652	.656	.030	.592	.711	21.426	464	.000
Understanding the role of schools with adopted children.	.991	.785	.038	.917	1.065	26.360	435	.000
Understanding the role of health services available for adopted	.976	.722	.034	.910	1.042	29.10	462	.000
Preparing for approval (writing the PAR)	1.226	.763	.035	1.157	1.296	34.640	463	.000
Going to panel	1.213	.755	.035	1.144	1.282	34.621	463	.000
Availability of adoption support	1.287	.709	.033	1.222	1.351	39.079	463	.000
Range of adoption support available	1.310	.716	.033	1.245	1.376	39.425	463	.000