Department for Education

An evaluation of the AdOpt parenting programme

Research report

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Executive summary

Programme background and evaluation summary

This report highlights the main findings from an evaluation of the AdOpt parenting programme as implemented by the National Implementation Service (NIS). The evaluation of the AdOPt programme was commissioned by the Department for Education (DfE), and is part of the Children's Social Care Innovation Programme. AdOpt is a group-based parenting programme, adapted and further developed from a US-based programme (KEEP) for application within the UK. The overall programme has been specifically designed for adoptive parents to help facilitate parenting techniques and supports that address specific difficulties which adopted children may experience. The intervention is informed by contemporary research in the areas of neuroscience and developmental psychology (social learning and attachment theory models of development). The programme is suitable for adoptive parents of children aged between 3 – 8 years, both pre- and post-adoption (ideally within the first 2 years of placement). The AdOpt programme is designed as a preventative programme to help parents understand and respond to the often complex needs of their adopted children. AdOpt groups are delivered by 2 trained facilitators, at least one of whom is either an adoptive parent or has substantial experience in the adoption field, and one other facilitator who has experience in social care and in background theory linked to the programme. Sessions are 90 minutes long and run weekly for 16 weeks. Further details regarding the operational mechanics of the programme can be found in the 'Introduction' section of the report.

The present programme evaluation engaged a cohort of participants and ran from September 2015 to March 2016, while also utilising existing pilot data which had been collected by the NIS across a 2-year period. This allowed evaluation of the efficacy of the AdOpt programme in relation to improved parenting capabilities among participating parents and adopted children's behavioural outcomes assessed across the programme period. The evaluation also incorporated systematic qualitative evaluation of parents' and facilitators' experiences of the AdOpt programme, as well as an analysis of available and relevant Local Authority (LA) data to ascertain the efficacy of the AdOpt programme relative to other available programmes targeting adoptive families, parents and children (see 'Project objectives' section of the main report, page 11).

Research design and primary findings

The core objective of this project was to evaluate the efficacy of the AdOpt parenting programme, working in partnership with the National Implementation Service (NIS). The primary design of the evaluation was a pre- and post-programme assessment of parenting and child-based outcomes. The evaluation team employed 3 main strategies to evaluate the AdOpt programme. The evaluation team examined the AdOpt evaluation

sample using pre-post programme measures, as well as qualitative analyses (focus groups and telephone interviews). In addition, comparisons of the AdOpt evaluation sample to the AdOpt pilot sample (conducted independently by the NIS) were conducted. Finally the evaluation team examined relevant comparative data, including possible examination of the cost-effectiveness of delivery of the AdOpt programme versus services as usual. Further details are provided in the 'Evaluation methodology' section of the report (page 13).

Pre- and post-test comparisons demonstrated that the AdOpt parenting programme was effective in reducing children's total problems and conduct problems, but not their emotional problems, hyperactive and impulsive problems, or peer problems, nor did it evidence improvements in prosocial behaviours (based on SDQ scores; see 'Key findings: Child measures/outcomes' section, page 18). Pre- and post-test comparisons demonstrated improvements in self-reported parenting, specifically parents' sense of competency and parental monitoring (specific results are outlined in the 'Parenting measures/outcomes' sub-section of the 'Key findings' chapter of the report, page 19). Interviews and focus groups with parents who completed the AdOpt parenting programme suggest that the AdOpt programme had positive effects on child outcomes and parenting practices as well as parenting satisfaction. These are recognised as important contributors to positive long-term well-being and wider family functioning. In addition, qualitative feedback evidenced that adoptive parents felt increasingly supported, more connected to others, less isolated, and reported their experiences as adoptive parents as being more normalised and understood by themselves: they found having a support group made them feel that they were not alone and that their experiences were shared by many other adoptive parents. These experiences encouraged continued programme participation and reduce adoption-based challenges, as reported by focus group participants. Focus groups with facilitators demonstrated that they had high job satisfaction and agreed that the skills gained from training were especially useful for adoptive families, and could be used in other areas of their work. Descriptions of the focus groups and telephone interviews are detailed in the 'Qualitative analysis of parent and facilitators' focus groups' sub-section of the 'Key findings' chapter (page 21).

Comparisons between the AdOpt evaluation sample and the AdOpt pilot sample demonstrated no significant differences in either pre- or post-test measures, with the exception of child emotional problems. There were also no significant differences in change over time (see 'Additional Preliminary Analysis' section of the report, page 21). The evaluation team explored the possibility of employing comparison data linked to other interventions where an independent evaluation had been completed. Two primary strategies were employed. The evaluation team spoke with the Department for Education (DfE) and were advised that there was information collected by the Adoption Leadership Board that may be relevant to comparison objectives. The Evaluation Team followed up on this recommendation concluding that parental and child outcome measures were not collected systematically across Local Authorities (LAs), thereby precluding possible programme comparisons. In addition to DfE engagement, the evaluation team also

requested LAs to complete a questionnaire (specifically developed by the evaluation team for this project) highlighting attributes and costs of other programmes. LAs completed questionnaires regarding other parenting programmes run within each LA thereby allowing the evaluation team to assess whether any data pertaining to parenting and child outcomes were available. Although other parenting programmes were run by LAs, these were conducted by independent agencies, with the evaluation team being informed that these data were confidential and not accessible. Therefore, although the evaluation team aimed to examine the cost-effectiveness of the delivery of AdOpt versus services as usual, due to limited information from LAs regarding costs of the programme, cost-benefit analyses could not be reliably conducted: the evaluation team and the NIS are exploring further opportunities linked to this objective. As a further attempt to calibrate programme costs relative to benefits and effects, the evaluation team explored the possibility of comparing attributes of the AdOPt programme to a complementary NIS implemented programme targeting foster carer support, targeting improved parenting, carer and child outcomes (the Keep Fostering and Kinship Carers Supported, KEEP), from which the AdOpt programme is adapted: see main report for further details, page 15. Both the AdOpt and KEEP programmes employ comparable parenting and child outcome measures. Analyses conducted by the evaluation team confirmed that AdOpt and KEEP samples both evidence reduced total parenting stress scores and child conduct problems from pre- to post-test, thereby highlighting the efficacy of the AdOpt programme as implemented in a UK context.

Across all analyses conducted by the evaluation team, it is concluded that the AdOpt parenting programme offers substantial opportunities, and merits continued investment and support to those providing this service and for those most in need of support: that is, newly formed adoptive families, parents and children.

Several limitations of the evaluation of the AdOpt programme should be noted:

- cost-benefit analyses could not be conducted due to limited information from LAs regarding overall costs of the programme (further opportunities in this area are being explored)
- Although the sample size was adequate for all primary analyses, due to limited sample size, it was not possible to examine the moderators of the efficacy of the AdOpt programme and related outcomes.
- Additional follow-up would be beneficial to systematically evaluate the long-term effects of the programme.

Details of these limitations are expanded further within the full report (page 37).

Recommendations for policy and practice

The AdOpt parenting programme represents a unique intervention targeting the needs of adoptive parents and their children. Most uniquely, the AdOpt programme targets parents and children post-legal Order. This is a time where parents have historically received

limited transitionary support, yet it represents a critical phase in the adaptation and prospects for future family cohesion and child development. Providing support to parents as new children formally enter the family system, for example, through foster care, or adoption, has evidenced significant long-term gains for children, parents and families. Presently, primary support for adoptive parents and families is predominantly targeted prior to the Adoption Order, with much greater uncertainty about availability after the Order. Yet 'becoming a family', where children are placed in a new or evolving family system is recognised as a distinctly sensitive and challenging period for family harmony and sustained family cohesion across all family types, biologically related or not. Systemic level support at this stage of family formation may be distinctly important, as agency support diminishes following the Adoption Order. According to a recent report on post-adoption service, Selwyn and colleagues (Selwyn et al., 2014) recommended that future support or intervention programmes be developed that focus on the child-parent relationship and that emphasise whole family interventions. By promoting family support in the proximity of 'becoming a family', opportunity is presented, by way of early intervention, to remediate the development of negative outcomes for children, parents and families in the short-term, and prevention by interrupting the potential long-term cascade of negative developmental trajectories that stem from early problems where parents, children and families do not receive support at critical points or phases of family transition. Early prevention, versus late intervention, has been evidenced to accommodate significant improvements in developmental outcomes for at risk individuals across childhood, adolescence and adulthood (See Harold et al., 2016). With a post legal-Order adoption specific support focus, the AdOpt programme evidences significant positive outcomes for parents and children, as well as providers and facilitators. Importantly, the emphasis of the AdOpt programme on promoting positive parenting skills and cohesive family relationship patterns is in accord with recent whole family government polices targeting improved life chances for today's generation of children – tomorrow's generation of parents.

Introduction

AdOpt is a group-based manualised parenting programme specifically designed for adoptive parents that aims to create a supportive environment with a focus on promoting positive behaviours in children by employing positive parenting techniques. The programme fundamentally aims to help parents understand and constructively respond to the often complex needs of their adopted children. The AdOpt programme was adapted from a US-based programme (KEEP, Keeping Foster & Kinship Carers Supported: a programme that aims to increase the parenting skills of foster and kinship carers) and was further developed for application within the UK.

The programme is informed by contemporary research in the areas of neuroscience and developmental psychology such as the areas of social learning theory (Bandura & Walters 1971), and attachment theory (Bowlby, 1969). Sessions employ a range of learning strategies such as psycho-education, skills training, as well as group discussion. Psycho-education involves informing parents through teaching and film clips. Skills training involves practical learning sessions whereby parents practice parenting skills and related concepts. Examples of session content include looking at the importance of play; ways to increase co-operation with a child; helping adopted children learn new behaviours; contact with birth families; and promoting school success. AdOpt groups are delivered by 2 trained facilitators, at least one of whom is either an adoptive parent or has substantial experience in the adoption field, and one who has experience in social care and in the background theory linked to the AdOpt programme. Sessions are 90 minutes and run weekly for 16 weeks. The AdOpt parenting programme is suitable for adoptive parents of children aged between 3 – 8 years. Families can participate in the programme either pre- or post- adoption, ideally within the first 2 years of placement.

The programme was initially developed in response to an evidenced-based need for an adoption-focused parenting programme as a result of a number of Local Authorities in England who run foster care initiatives receiving referrals to their programmes of young children who were either adopted or placed for adoption. It was also recognised that the needs of adoptive families may be different to the needs of foster carers. The available foster care programmes, although in part suitable for adoptive families, were recognisably different from the context of adoption and therefore warranted the development of a separate and contextually specific programme. The AdOpt programme was initially developed in 2011 as part of the Department for Education (DfE) Evidence Based Interventions Programme. Focus groups were held by the National Implementation Service (NIS) with stakeholders including adoption agencies, adoptive parents, social care professionals as well as the University of Oregon, USA. In Autumn 2012 expression of interest to participate in the AdOpt programme was sought from local authorities with existing partnerships with the NIS where KEEP and/or Multidimensional Treatment Fostercare (MTFC; now known as Treatment Foster Care Oregon UK, TFCO) was being implemented. From the responses, 4 local authorities were selected by the NIS and DfE based on their adoption support needs and their success to date with

implementation and sustainability of KEEP and/or MTFC. The initial phase took place in 2012 with 4 local authorities. Since then, in February 2014, 5 additional local authorities were recruited (9 in total) and participated in the 'pilot phase'. The Local Authorities came from geographically diverse regions/areas of England. In the period between 2014 and 2015, 2 local authorities dropped out as a result of local internal challenges to implementation. The remaining 7 authorities continued to implement the programme to date and participated in the AdOpt evaluation phase. As part of the development of the AdOpt parenting programme, an accreditation process was developed to aid and ensure sustainability of the programme. In addition, NIS provided weekly consultation to facilitators to maximise model fidelity. In total, 32 local authority staff have been trained by the National Implementation Service (NIS) and 20 groups with 155 adoptive parents have completed the AdOpt programme as part of the pilot sample.

Overview of the project

Project objectives

The core objective of this project was to evaluate the efficacy of the AdOpt parenting programme working in partnership with the National Implementation Service (NIS). The AdOpt evaluation engaged a new cohort of participants running from September 2015 to March 2016, while also utilising existing pilot data that had been collected by the NIS across a 2-year period. This allowed evaluation of the AdOpt programme in relation to improved parenting capabilities among participating parents and improvements in adopted children's emotional and behavioural outcomes assessed across the programme period.

To achieve the primary evaluation objectives, the project employed a pre-post evaluation design to examine the efficacy of the AdOpt programme in promoting improvements in the primary target domains of parenting and child outcomes. In addition, the evaluation team employed qualititative analyses, for example, focus groups and telephone interviews, to examine the efficacy of the AdOpt parenting programme from the perspective of parents and facilitators. Quantitative and qualitative methodological details are described in the 'Evaluation methodology' section below (page 13).

There have not been any unexpected changes to the proposed evaluation or related activities that it entailed. However, although not a major change to the project's research design, it is necessary to note that, although there was one cohort, half of the sample followed the AdOpt parenting programme at a slightly later date. There were therefore two groups of parents within the cohort who completed the AdOpt parenting programme. There was some overlap of timing of the administration of the parenting programme which was largely due to the practicalities of administering the course within the specified time frame. This had practical implications in terms of workload for facilitators, both in terms of delivering the programme and ensuring that questionnaires were returned.

However, there was minimal missing data (<10%) and thus this does not seem to have had an effect on data collection. In addition, there were no significant differences in primary measures between group 1 and group 2, suggesting that this minor change in protocol has not affected primary findings and the interpretation of results.

Relevant existing research and background to the AdOpt parenting programme

Evidence suggests that, during the period 1999-2000, adoption placement breakdowns occurred at a rate of 18% before an adoption order was made (Cabinet Office, 2000). In the UK, it has been estimated that approximately 4% of children are returned to care *after* an Adoption order is granted (Triseliotis, 2000). However, this estimate disguises differences in breakdown rates due to other factors: breakdown rates for children with special needs have been estimated to be around 19% within the follow-up period of 2 to 8 years after placement (Triseliotis, 2000). The age of the child at placement is also known to be a crucial factor in adoption breakdown: disruption rates of 20%, with a range of between 10-50%, have been reported with the rising age of the child at placement (Rushton, 2004). In addition, disruption rates are also predicted by a child's challenging behaviours, emotional or behavioural problems, and the child's previous adverse experiences (Rushton, 2003; Coakley & Berrick, 2008). Specifically, problems that are considered a threat to placement stability include severe parent-child relationship problems; poor returns of positive affect or rejection; extreme forms of behaviour (particularly noncompliance); violence, and aggression (Rushton, 2003). This highlights that support needs for families are multi-faceted. Indeed, areas of requested support raised by adoptive parents include education (for example help securing appropriate education), health (help securing appropriate health services), behavioural difficulties (such as assistance with challenging behaviours), and help building meaningful relationships with their child (Rushton, 2003; Rosenthal, Groze, & Morgan, 1996). Studies have shown that support post-adoption has been particularly inadequate for many families, and is unevenly spread geographically (Rushton, 2004). This highlights the need for post-adoption support. The AdOpt parenting programme is one such programme. The AdOpt programme has previously been piloted by the NIS. With the exception of these pilot data, there is no existing research relating to this innovation that specifically targets adoptive parents and their children post-legal Order. It is important to note, however, that the AdOpt parenting programme was developed from the KEEP foster-carer focused programme. The KEEP programme is well-evidenced in the US (Leve et al., 2012) and has recently been evaluated in the UK as part of the Innovation programme. However, the KEEP programme was designed specifically to provide training and support for both non-related and kinship foster carers.

Context of the innovation (implementation and evaluation of the AdOpt programme)

Each of the local authorities (7) that participated in the evaluation differed in size and

were from geographically and economically diverse areas (see Appendix 1 for tables 3 - 6 for more detail). Three local authorities were from the North West of England (Cheshire West and Chester, Manchester and Trafford), 1 was from the Yorkshire and Humber area (Leeds), 1 from the West Midlands (Staffordshire), and 2 from the South East (Oxfordshire and West Sussex). By the size of resident population, Staffordshire (862,600) and West Sussex (836,300) were the largest, followed by Leeds (774,100), Oxfordshire (677,800), Manchester (530,300), Cheshire West and Chester (333,900) and Trafford (233,300). By employment and unemployment rates Oxfordshire had the highest percentage of the 'economically active' people (83.6%) followed by Trafford (82.6%), West Sussex (80.9%), Staffordshire (80.4%) and Leeds (79.6%), which were all above the national average of 77.8%. Manchester and Cheshire West and Chester both had employment rates below the national average of 68.2% and 76.8% respectively. Furthermore, based on the total number of benefit claimants, that is, job seekers allowance, employment and support allowance, incapacity benefits, lone parents, carers, other income related benefits, disabled and bereaved, Manchester and Leeds had the highest percentage of claimants, being 15.6% and 12.6% respectively, which are above the national average of 11.8%. They were followed by Cheshire West and Chester (10.5%), Staffordshire (9.8%), Trafford (9.6%), West Sussex (8.6%) and Oxfordshire (6.4%), all of which had rates of claimants below the national average (Find out more at the Office for National Statistics site).

Evaluation methodology

The evaluation questions

The core programme evaluation questions relate to the efficacy of the AdOpt parenting programme in promoting positive emotional and behavioural outcomes for children pre-, post-programme implementation, with the possibility of 6- and 12-month follow-up presently under discussion. Additionally, the efficacy of the programme in relation to promoting improved parenting competencies and capacity was examined. Information was collected regarding parent reports of parenting competence and satisfaction-based improvements, as well as child emotional and behavioural outcomes. The evaluation team examined programme facilitators' experiences of programme delivery, their improved sense of job or role satisfaction, a renewed sense of energy toward programme delivery across the full programme (16 weeks), and a sense of contributing to personal and professional development and participation. The evaluation team also contacted parents from the pilot sample to examine adoptive parents' experience of the programme at 6- to 12-month follow-up to investigate any sustained positive effects of the AdOpt parenting programme, as well as to examine whether parents from a previous cohort reported any differences in experiences compared to the AdOpt evaluation sample. The evaluation team also sought to examine the cost-effectiveness of the AdOpt parenting programme compared to service as usual.

Methodology used to assess the evaluation questions

The evaluation team employed 3 main strategies to evaluate the AdOpt programme. The evaluation team examined the AdOpt evaluation sample using pre-post programme assessments, and qualitative analyses. The evaluation team compared the AdOpt evaluation sample to the AdOpt pilot sample, and examined the possibility of employing comparison data linked to other interventions where evaluations have been completed.

The evaluation team, in co-operation with the NIS, developed a structured questionnaire booklet to provide systematic programme assessment. Measures primarily focused on child behavioural outcomes and parenting competencies or efficacy that the AdOpt programme aimed to target. These measures, supplemented by additional measures linked to the wider family context of parenting and parenting support, were included in the evaluation. A suite of quantitative measures was administered pre- (up to a month before the start of the AdOpt programme) and post-evaluation (up to a month after completion of the AdOpt programme).

Measures included 3 questionnaires that assessed emotional, behavioural and social well-being: Strengths and Difficulties Questionnaire (SDQ, Goodman, 2001); Assessment Checklist for Children Plus (ACC+, Tarren-Sweeney, 2007); Assessment Checklist for Children- Short Form (ACC-SF, Tarren-Sweeney, 2007). Three parenting measures assessed: Parenting Sense of Competence (PSOC, Jones and Prinz, 2005); Parenting Style and Parent–Child Relations (Iowa Youth and Families Project (IYFP) – Parental Monitoring and Discipline Subscale, Conger et al, 1992); and Time Spent with Child - Parent-Child Affiliation Style were also included (Harold et al., 2007; see Appendix 2 for the description of measures within the AdOpt evaluation sample). These measures focus on very specific features of parenting capacity/experience that may be particularly responsive to the primary programme focus of the AdOpt intervention (for example, parental monitoring and consistency of discipline practices; quality of time spent with child, and promoting positive parenting experiences). Pre- and post-programme assessment of primary study measures were derived from one new cohort of adoptive parents (n=101) who participated in the AdOpt programme.

Parents (*n*=101) participating in the AdOpt programme presented with the following primary demographic attributes:

- 91.2% of were couple adopters
- 86.6% of primary carers were female
- 91.3% of primary carers were white British
- 45% had an undergraduate degree
- 31.8% had previously attended other parenting programmes

The index children for whom adoptive parents attended the programme had the following primary characteristics:

- 61.1% were male

- 79.1% were white British
- 63.8% of parents reported their child having at least 1 behavioural difficulty with 46.1% reporting externalizing behaviours
- All children were in the AdOpt target range 2-8 years (mean age 4.9 years, standard deviation 1.9 years)

See Appendix 3, Tables 7 and 8 for detailed information about the AdOpt evaluation sample.

The evaluation team compared the AdOpt evaluation sample to existing AdOpt pilot data using parallel questionnaires, where available. Implementation of the evaluation project questionnaire booklet, developed for use with the evaluation sample, allowed calibration of existing pilot data to estimate any effects of random questionnaire order and administration during the pilot study. Thus, the pilot sample could be calibrated against the evaluation sample (see Appendix 4 for sample descriptives of the pilot data).

Qualitative methodologies such as focus groups and thematic analysis were also employed to examine interview derived parent and facilitator reports of the AdOpt programme and associated primary outcomes. Qualitative interview assessment materials were developed to be conducted with facilitators and parents. Two facilitator focus groups were conducted to investigate programme effectiveness; training support; professional development, and job satisfaction. Four parental focus groups were conducted with the AdOpt evaluation sample, investigating reasons for attending the group and perceived programme effectiveness. Ten telephone interviews were conducted with the parents who completed the AdOpt programme in the pilot phase and had completed the course either 6 or 12 months earlier. This allowed comparison of experiences between parents who completed the AdOpt pilot phase and the AdOpt evaluation phase as well as to obtain information on the sustainability of skills or training that had been acquired.

Exploring cost-benefit outcomes for the AdOpt parenting programme

The evaluation team explored the possibility with the LAs and the Department for Education (DfE) of non-invasively engaging with parents who received or did not receive AdOpt programme support, with a view to examining differences in relation to post-adoption outcomes such as adoption breakdown or requests for post-adoption support, thereby facilitating a possible comparison group component with a view to facilitating potential cost benefit analysis relevant to specific outcomes. As part of this objective, the evaluation team spoke with the DfE regarding possible comparison data. The evaluation team was advised that there may be relevant information available through the Adoption Leadership Board, which collects data from most Local Authorities (LAs) quarterly. Measures available from these sources were at the adopter level and included characteristics of the adopters (for example gender, date of birth, age, ethnicity, sexual orientation, relationship status) as well as date-based information (such as date adopter

registered, approval, legal Order). However, parental and child outcome measures were not systematically collected and the data that was collected was pre-legal Order. Due to these inherent limitations, it was not possible to use these data as comparison data relative to AdOpt programme specifics and objectives.

As outlined previously, the evaluation team used existing data available from the National Implementation Service (NIS) linked to another parenting programme (KEEP) as potential comparison data on primary outcomes such as child mental health and parenting. Data were available for 56 children who had participated in the KEEP parenting programme and were within the appropriate age range. Overall, demographics were similar across the AdOpt evaluation and KEEP samples (see Appendix 5 for further details and sample description), and no significant differences were noted in outcomes, suggesting comparability of outcomes for an adoption-focused sample of parents and children, relative to a foster-care focused programme.

Finally, the evaluation team aimed to examine the cost-effectiveness of delivery of AdOpt as against services-as-usual by collecting information on programme costs and associated outcomes for participants on AdOpt compared with LA services-as-usual. The evaluation team sent questionnaires (specifically designed by the evaluation team for this project) to AdOpt facilitators, asking them to report on estimated running costs of the delivery of the AdOpt parenting programme, as well as of alternative programmes that were being delivered by their LA. In addition, LAs were asked whether any data were routinely collected that assessed relevant parenting or child behavioural outcomes associated with specific programme objectives. This allowed the evaluation team to examine what information would be available to inform the cost-effectiveness of the delivery of the AdOpt programme (see Appendix 6 for a sample of the questionnaire sent to LAs, and Appendix 7 for a summary of responses from the questionnaires). All 7 LAs reported running several other programmes, namely Fostering/Nurturing Attachment and Safebase. However, it was established that these programmes were delivered by independent agencies that collect basic demographic information, some child outcomes (such as SDQ, placement quality, and problem behaviours) and parenting questionnaires (for example, Parenting Stress Index – Short form). However, the evaluation team was not permitted access to these data. Two LAs provided estimated cost information (see Appendix 7 for summary of responses specific to programme implementation). Manchester and Leeds each estimated the cost of the programme's first delivery as £1995.00 plus VAT. Leeds provided information estimating costs of subsequent delivery to be £1000 as part of a matched funded agency contract. There were also a range of alternative services being used within each LA, precluding opportunity to estimate how costs might compare to 'service as usual'. The NIS also provided information outlining AdOPt versus KEEP implementation costs (available on request). Future work should emphasise examination of relative cost-benefit or costs avoided outcomes, as compared to implementation costs alone.

Key findings

Summary of key findings

- Analysis of primary child outcomes demonstrated that the AdOpt parenting programme was effective in reducing total problems and conduct problems, but not emotional problems, hyperactivity problems, or peer problems; nor did it evidence improvements in prosocial behaviours (based on SDQ scores)
- Pre-post-test comparisons demonstrated improvements in parenting, specifically parents' sense of competency and parental monitoring capacity
- Interviews and focus groups with parents who completed the AdOpt parenting programme suggest that the AdOpt programme had positive effects on child outcomes and parenting practices as well as parenting satisfaction. In addition, adoptive parents felt increasingly supported, more connected to others, less isolated, and reported their experiences as adoptive parents as being more normalised and understood by themselves
- Focus groups with facilitators demonstrated that they had high job satisfaction who agreed that the skills gained from training were especially useful for adoptive families, and could be used in other areas of their work

Data for the AdOpt evaluation project were collected from parents of 101 index children (36.3% of couples attended the AdOpt course together. However, the information was collected from the primary caregiver, usually the adoptive mother. There was a ~10% drop out rate across the evaluation project period primarily due to placement disruption, inability to arrange child care at the time of the group sessions, or the timing of the course not being suitable. Full analysis has been conducted on a sample of parents of 91 index children.

Primary comparisons across pre- and post-test measures were conducted as independent tests with results also corrected for multiple comparisons using Bonferroni correction (Bender & Lange, 2001). Bonferroni correction is an adjustment made to *P* values when multiple statistical tests are being implemented on the same sample of individuals. To perform a Bonferroni correction, the critical *P* value is divided by the number of comparisons being made. Bonferroni correction is used to reduce the chances of obtaining false-positive results (type I errors) when multiple tests are conducted (Shaffer, 1995; Wright, 1992). Findings are presented as independent t-test results for all comparisons, with the Bonferroni corrected p-value (BCp) also noted. Furthermore, calculated effect sizes using Cohen's d (Cohen, 1988) formula are also reported indicating the potential clinical importance of findings. Cohen's d of 0.2 is considered 'small', 0.5 'medium', and 0.8 a 'large' effect size.

Prior to the main analyses, the evaluation team examined whether there were any significant differences between group 1 and group 2 of the evaluation sample. Only 2 significant differences were noted between the groups on either of the measures: Sexual

behaviour subscale of Assessment Checklist for Children - Short Form, (Tarren-Sweeney, 2007) and the Efficacy subscale for Parenting Sense of Competency scale (Jones and Prinz, 2005; see Appendix 8). However, these differences did not remain significant after adjusting for multiple testing. The 2 groups in the evaluation cohort sample were therefore analysed as a single group for all further analyses, thereby maximising available statistical power.

Child measures and outcomes

Three primary child measures were included in the evaluation:

- Strengths and Difficulties Questionnaire (SDQ, Goodman, 2001) a parent-reported questionnaire assessing both positive and negative attributes in children
- Assessment Checklist for Children Plus (ACC+; Tarren-Sweeney, 2007)
- Assessment Checklist for Children - Short Form (ACC-SF, Tarren-Sweeney, 2007). The ACC+ and ACC-SF are treatment monitoring measures which measure a broad range of mental health difficulties observed among children in care, children adopted from care, and maltreated children.

All significant results and effect sizes for child outcomes are reported in Table 1; full results are presented in Appendix 9.

Table 1 Significant results and effect sizes for Child mental health outcomes

	Pre evaluation	Post evaluation		
Strengths & Difficulties Questionnaire (SDQ)				
Score	M (SD) N=81-89	M (SD) N=81-89	t-value	Cohen's d
Total difficulties score	15.52 (6.85)	14.32 (6.64)	2.00*	.21
Conduct problems	3.72 (2.10)	2.97 (1.89)	3.25**	.35
Assessment Child Checklist- Short Form (ACC-SF) questionnaire				
Total score	17.56 (9.00)	15.63 (10.14)	2.16*	.43
Indiscriminate subscale	3.58 (2.28)	2.75 (2.14)	4.00**	.23
Assessment Child Checklist + (ACC +) questionnaire				
Total score	63.90 (12.54)	66.74 (11.87)	-2.21*	.22

Comparison of pre- and post- measures. Significance levels:*p<.05; **p<.001 (Bonferroni corrected)

Strengths and Difficulties Questionnaire

- There was a significant reduction of the total difficulties score (p<.05), which is an aggregate measure of conduct problems, hyperactivity, emotional symptoms and peer problems.
- There was a significant reduction in conduct problems (p<.01).

- Significant differences were not evident for the remaining SDQ scores (emotional problems, hyperactivity/inattention problems, peer problems, prosocial behaviours. Results for all SDQ comparisons are presented in Appendix 9).

Assessment Checklist for Children Plus (ACC+)

- There was a significant reduction in the total score ($p<.05$), which is an aggregate of child behaviours, emotional states, traits, and manner of relating to others in the period between the beginning and end of the programme (see table 1). Please note that higher scores indicates better child outcomes.

Assessment Checklist for Children - Short Form

- There was a significant reduction in overall difficulties and indiscriminate behaviour ($p<.01$; for example, attention-seeking behaviour or too friendly with strangers) in a period between the beginning of the programme and after the end of programme (see table 1).

Parenting measures and outcomes

Parenting measures included:

- Parenting Sense of Competence (PSOC, Jones and Prinz, 2005) which examined parental self-efficacy
- Parenting Style and Parent–Child Relations (Iowa Youth and Families Project (IYFP) – Parental Monitoring and Discipline Subscale, Conger et al, 1992) which recorded child monitoring, inconsistent discipline and inductive reasoning
- Time Spent with Child: Parent-Child Affiliation Style (Harold et al., 2007).

Please see Appendix 9 for all pre- post-comparison tests of the evaluation sample for all measures and their subscales, including the non-significant findings, and table 2 for significant results and their effect sizes.

Overall the effects sizes were larger for parental measures in comparison to the child measures. This is in line with parental reports from the focus groups, which suggested that, although child behaviours did not necessarily improve notably from before to after the AdOpt programme, a 16 week period, the parental attitudes and responses towards children and their sometimes difficult behaviours did improve (see facilitator focus group, page 22) .

Table 2 Significant results and effect sizes for Parenting outcomes

	Pre-evaluation	Post-evaluation		
Parenting Sense Of Competency Scale (PSOC)				
Score	M (SD) N=80-91	M (SD) N=80-91	t-value	Cohen's d
Total score	53.51 (9.60)	59.42 (9.53)	-5.96**	.67
Satisfaction subscale	21.21 (6.01)	23.85 (4.63)	-4.66**	.52
Efficacy subscale	17.25 (4.14)	20.47 (4.41)	-6.33**	.71
Iowa Family Interaction Rating Scales				
Total score	82.5 (9.4)	87.00 (9.30)	-4.05**	.43
Inconsistent discipline subscale	25.00 (3.06)	26.10 (2.60)	-3.69**	.39
Parenting by reasoning subscale	45.76 (8.58)	48.75 (7.99)	-2.83*	.30

Comparison of pre- and post- measures. Significance levels:*p<.05; **p<.001 (Bonferroni corrected)

Parenting Sense of Competence (PSOC)

- There was a significant improvement in overall Parental Satisfaction (p<.01) and Efficacy (p<.01).
- As noted above, the self-efficacy subscale showed differences pre-post AdOpt programme in groups 1 and 2 of the evaluation sample. Repeated measures Analysis of Variance (ANOVA) were conducted, examining pre- to post-programme differences separately for the 2 groups in the cohort. This allowed the examination of whether the findings were being influenced by one of the groups within the cohort. The results indicated that both cohorts improved significantly on Efficacy but that this improvement was slightly larger for group 2 in comparison to group 1.

Parenting Style and Parent – Child Relations (IYFP)

- Overall parenting style (p<.01) and parenting by reasoning (p<.05) improved significantly.
- Inconsistent discipline also showed significant improvement from pre- to post-testing, evidencing increased parental consistency in disciplining their child (p<.01)

Time Spent with Child

There were no significant differences in the qualitative attributes of behaviour by parents toward their children as assessed by this questionnaire, suggesting that levels of 'invested' parenting remain constant for this group of parents on this measure.

Additional Preliminary Analysis: AdOpt Evaluation and Pilot Sample Calibration

Data from the AdOpt pilot sample and evaluation sample were examined to assess whether there were any differences between the evaluation and pilot samples on any of the measures both pre- and post- programme. We further examined whether the magnitude of any differences was significant. After correction for multiple testing, there were no evident dfferences between the 2 samples on primary measures (See Appendices 10, 11 and 12). As a further step, we also examined whether the magnitude of changes pre- to post- differed across the pilot sample and evaluation sample. The 'magnitude of change' scores were calculated by subtracting the scores from pre-AdOpt from the scores collected post-AdOpt. Repeated measures analysis of variance (ANOVA) was then conducted comparing evaluation and pilot samples on the 'magnitude of change' on all child and parental measures including their subscales. The 2 samples did not significantly differ from each other on any of the measures or subscales.

Qualitative analysis of parent and facilitators' focus groups

In addition to comparison of primary quantitative measures pre- and post- the AdOpt programme, focus groups with both facilitators and parents were conducted during the course of the evaluation to examine parent and facilitator experiences of programme implementation and participation.

Facilitators focus groups

Two focus groups were conducted with facilitators from 7 local authorities as part of the evaluation. Three main themes were investigated: programme effectiveness, training support, and job satisfaction. The 2 focus groups comprised 6 facilitators. The vast majority of the facilitators in the focus groups had experience facilitating groups for AdOpt, but a few members had received training only. All facilitators were social workers, with several also being on an adoption support team. Many of the facilitators had previously been involved with other foster and early years programmes. Some of the facilitators were also adoptive parents themselves, and most local authorities had adoptive parents as facilitators on their team. Most of the facilitators reported that they had put themselves forward for the role when their teams were approached, but a few had been approached to do the role directly. Some of the facilitators had already known colleagues who had been trained for AdOpt before starting themselves. Some of the reasons put forward by the groups for wanting to work on the programme included that it was considered a good opportunity; it was a different experience to other roles; the facilitator was passionate about helping adoptive parents; and the programme itself was appealing, because it was tailored to the needs of adopted children.

Programme effectiveness

The facilitators were largely positive about the programme, and noted many benefits of the course. Specifically, the facilitators felt that the content of AdOpt was appropriate and helpful. The groups described the course as “practice-based”, “well thought out”, and able to provide the parents with useful knowledge, which allowed the material to make sense to both the facilitators and parents. It was also noted that the AdOpt programme brought “the theory and practice together”. Furthermore, it was felt that there were benefits of having adoptive parents as facilitators on the programme, as these facilitators could let the parents know that their experiences were not unusual. Facilitators also believed that the use of group work seemed to work well in the programme. Several facilitators mentioned the idea that the group dynamic could be powerful in changing the attitudes of parents.

One group commented that some of the language used was most appropriate, and could be particularly respectful at times:

> “For me I think that’s one of its biggest strengths and it increases good communication and good language and good messages about adoption across the board.”

The course was described as having a strong message and positive focus, by highlighting what the parents were doing right, and highlighting that parenting could make a difference. A few of the facilitators noted that the course was useful for parents who were either strict or permissive, with the course establishing a sense of balance between nurturing and boundary setting. It was further noted that the course worked particularly well when both adoptive parents engaged on the course, as parents could work as a team to approach, and deal with, problems together. Both focus groups of facilitators mentioned that adoptive parents work well together, finding it reasonably easy to share experiences and ideas with the rest of the group and it is particularly beneficial that they were able to solve problems amongst themselves, with larger groups allowing for a greater number of ideas to be discussed. Some sessions that facilitators thought worked particularly well included the ‘Take a Break’ session, and sessions covering limit setting, incentives for positive behaviour, and the nurturing and building of attachments.

> “AdOpt…is about getting you and your family off to a healthy start.”

One primary attribute of the programme that helped improve child behaviour was the opportunity for practice and feedback for the techniques throughout the course. Another attribute that facilitators mentioned which could help parents change their behaviour patterns was letting parents see situations objectively, by stepping back and evaluating their parenting. The course was also described as having the ability to give parents tailored, individual advice, as parents were able to be specific about what exactly it was that they wanted help with:

> “I think what it does is that it highlights what the issue actually is for them, so that they can actually be more specific about what they actually need.’

Facilitators further remarked that the follow-up sessions were beneficial in providing extra support for parents and receiving feedback about how well the families were doing after going on the course. Catch-up sessions for parents who have missed sessions were also considered to be useful for the parents, yet the facilitators noted that if the course was extended by too much then problems may arise:

> "We've had an awful lot of feedback from our families that have accessed additional support from our team."

It was noted that although child behaviour patterns did not necessarily always change, the attitudes of the parents and their responses to the behaviours change throughout the course. Facilitators reported that the course helped parents to change their way of thinking about parenting, with a big difference in parental attitudes being observed throughout the 16 weeks. For example, parents were provided with the confidence to try new techniques or to set boundaries when other parents shared their own experiences of doing so. Facilitators agreed that they had noticed parents gaining confidence in their own abilities to try techniques very quickly.

The group additionally noted that over time their opinions on the length of the course and use of a scripted programme changed; whereas, at first, the facilitators thought that the course might be too long a period to keep the parents engaged, after implementing the course it became evident that 16 weeks was an appropriate length of time to allow parents to practice techniques and to see and measure improvement, as well as giving time for the development of trust and support within the group. Some facilitators said that they found the use of a script challenging at first, but came to agree with this format later. Furthermore, it was felt that there were benefits of having adoptive parents as facilitators on the programme, as these facilitators could let the parents know that their experiences were not unusual.

Finally, facilitators commented that the programme worked well as a next step after other early years programmes and it had "a very specific purpose and range of needs" that was not met by other programmes. Facilitators compared AdOpt to other parenting programmes, such as 'P-book', 'Incredible Years', 'Strengthening Families, 10-14', 'Strengthening Families, Strengthening Communities', and 'KEEP'. Most programmes were described as being based on behavioural models that could be applied to parenting in general, yet were not specific to adoptive families. These other programmes were regarded as lacking the underpinning knowledge that was provided by AdOpt, meaning that parents were less aware of the reasons for implementing particular techniques and couldn't relate these back to their own situations. In addition to this, one facilitator expressed that AdOpt could explain to parents potential reasons for their child's behaviour, whereas 'KEEP' didn't fully explore these reasons. The aforementioned programmes tended to emphasise rewards and positive responses, with an assumption that the child had already formed an attachment with their caregiver, an assumption not made with AdOpt, which the facilitators appreciated. It was explained that different

programmes were written with different audiences in mind, which was why there is a difference between AdOpt and other programmes. Facilitators note that other programmes complement AdOpt and it can be useful to engage in more parenting programmes. Overall, facilitators felt that AdOpt was more suitable for adoptive families than other programmes, partly due to the level of knowledge provided:

> "So I'd say this course is the best practice, because it takes away the awkward things, but it also is mindful of children's capacity and the consequences of early separation, loss and trauma, and gets the parent to get their head around those."

Challenges raised regarding programme effectiveness

One common difficulty that was noted by the facilitators was that parents often experienced school-related issues, such as transitioning the child into a new school environment, or finding that schools provide a very different environment than at home. However, some facilitators did mention that parents are starting to get better at working with schools, and some local authorities provide training or information for school staff. A big challenge that the facilitators noted was the encryption procedure. This is a procedure whereby confidential information in 'encrypted' and submitted internally, for use, for example, for training purposes. One group found this process particularly difficult with the time restrictions:

> "And that's the thing I find really frustrating, especially with the time limit."

Facilitators were concerned that the programme has a primary focus on the target child, and does not clearly state that techniques can be applied to other children. Furthermore, there is reported inconsistency as to whether facilitators have been told to focus on the target child or not; facilitators who had not been explicitly told this had sometimes tried to relate the information to other children that the parents may care for or know. It was suggested that some parents relate less to the programme if they have more than one child, as the focus on the one target child made it difficult for these parents.

One group suggested that there should be a bigger emphasis on the carers looking after themselves: this topic was only covered towards the end of the course, and the group felt that it should be embedded throughout the whole course. Facilitators further felt that it would be useful to include an extra session to cover topics that parents found particularly tough and bring all the material together. Facilitators also believed that more time was needed to cover the 'life story' and 'contact' sessions: one group suggested integrating the material on contact throughout the course, rather than having just one session on this.

One group discussed how the size of a group could sometimes pose problems. For example, small groups may change the dynamics of the meetings, yet large groups may lead to difficulties trying to make plans for each parent whilst still completing all of the material. It was additionally noted that, when groups were particularly large, more time

was taken up with home visits and telephone calls, and it became difficult to co-ordinate meetings:

> "You kind of lose the potential to let them speak properly."

Professional development and job satisfaction

Overall, facilitators were pleased to be involved with the AdOpt programme, and particularly liked that it is an early intervention programme, noting that it is especially useful to provide this support to families before behaviours become entrenched. It was also noted that the AdOpt parenting programme allowed facilitators opportunities to gain experience in tasks that would not otherwise be a part of their job: "It's helped across the board for me." They all agreed that the skills gained from training were especially useful, and could be used in other areas of their work. It was felt by the group that it became easy to reuse the skills learnt for the course. In particular, it was noted that the training had enhanced skills for working with different people, and engaging the parents. The course had also helped facilitators to accept that they can't problem-solve on behalf of the parents; one facilitator explained that parents will always know their children best, so the training helped them to understand that strategies can be offered:

> "The thing I struggled with initially was in my head I wanted to try and problem solve and I had to realise that wasn't the model. I wasn't going to solve people's problems. And I think that will be useful to me in terms of training."

The main challenge that facilitators noted, in terms of fitting this role into the rest of their work life, was that it was rather time consuming. The work was described as being mainly evening-based, and one facilitator mentioned that they were still working standard work hours on top of these evening sessions. Additionally, several facilitators had a lot of other responsibilities other than running the AdOpt parenting programme. Also, as AdOpt is different from many other programmes that the facilitators are involved with, new skills had to be learnt for the role. However, overall facilitators expressed a high job satisfaction, stating "it's a lovely job" and that it was fulfilling being able to observe a big effect on the lives of the adoptive families:

> "The impact is massive."

The facilitators felt that the Ad0pt programme should be continued, referring to the programme as a good pilot for a long-term programme. Facilitators commented that the programme works well as a next step after other early years programmes. It was further noted that AdOpt had "a very specific purpose and range of needs" that was not met by other programmes:

> "I think it would be a shame for authorities to lose it."

Training support

Facilitators outlined the training process which involved practising the material within the training groups, engaging in role-playing, and taking the roles of facilitator or parent. After the initial 5-day training course, there was a consultation process and interview

validation. Some facilitators had received only 3 or 4 days of training, and those with only 3 days training explained that they had not covered every topic during this time period. One facilitator believed that having colleagues who had previously done the training also helped. Facilitators seemed to appreciate the interactive style of learning, as they were able to understand the material better after practising presenting the information. It was further considered helpful to engage in role-playing scenarios, thinking about the situations that adoptive parents may face, the reactions that they may have to suggestions, and how vulnerable the adoptive parent may feel as they enter the course. By considering different scenarios during training, facilitators noted that it was easier to draw on experiences and know how best to respond when facilitating a parent group:

> "So that when you go back to do your first group you've got a model to sort of draw on."

Facilitators explained that, although they needed to film certain sessions, they did not get to watch the videos back, and these were used entirely for the use of fidelity checks and feedback from the consultants. Overall, the facilitators and parents seemed to be comfortable with sessions being filmed but one group was a little concerned that these videos didn't always accurately reflect their facilitation skills, which may be because the video only showed a proportion of interactions between facilitators and parents: that is, interactions were not recorded during home visits or for telephone calls, and some interaction occured before and after filming; or because the consultants did not know the parent and how they would react to particular phrasing. The facilitators were able to develop skills by receiving feedback throughout training and for a period after. Facilitators were contacted by telephone every week during the programme until accreditation; these calls would last between 30 minutes and 1 hour. Opinions about the consultation process were mixed, with some group members finding them useful and others finding them less useful. Some facilitators felt that these consultations didn't always seem like an opportunity to ask for advice, but instead were a way for trainers to check up on them. However, other facilitators felt that these consultations could be useful for skill development, noting that it helped with understanding how to "deal with tricky situations", with a "very, very good" quality of consultation. It was suggested that the quality of consultation was crucial to the development of skills. Facilitators described the training process as being initially "scary" and "hard work", but most members seemed to have appreciated the experience and found it useful; one facilitator referred to the training as "invaluable". Another facilitator noted that the quality of training was very important, and that it had seemed to vary considerably across sites. Other facilitators observed that the training didn't always take into account that facilitators varied greatly with the amount and type of previous experience that had been acquired. It was suggested that training could additionally cover more information regarding facilitating groups.

> "…they bring a huge amount of experience, but they haven't got any experience teaching groups at all."

It was noted that some facilitators had been told to focus on the target child, and others had not been, which led to confusion over the most suitable approach. Some facilitators,

as mentioned above, reported receiving adequate support, and some did not, which is partly explained by high staff turnover, with consultants changing before relationships are established. It was reported that different consultants employed differing methods and quality of feedback, adding to the inconsistency in support.

Parent focus groups and telephone interviews

Four parent focus groups were run during the evaluation period. The focus groups were conducted at the end of the final AdOpt session within 4 local authorities: 1 group - Cheshire West and Chester; 1 group -Oxfordshire, and 2 groups-Trafford . The Cheshire West and Chester parent focus group comprised 4 adoptive fathers and 4 adoptive mothers who were couples that attended the group together. The Oxfordshire group comprised 1 couple, an adoptive mother and father, and an additional 5 adoptive mothers. One Trafford group comprised 5 adoptive mothers and the other comprised 3 mothers and 2 fathers. Parents were predominantly white British with the exception of 1 white European and 1 mixed race mother. The purpose of the interview and focus groups was to investigate reasons for attending the parenting programme, and to examine parents' perceptions of programme efficacy. In addition to the 4 parent focus groups, telephone interviews were also conducted with parents who had previously completed the AdOpt parenting programme. One couple and 6 other parents from 5 local authorities, (3 parents - Cheshire West and Chester; 2 parents – Oxfordshire, Manchester and Leeds, and 1 parent – West Sussex) who had participated in the pilot phase of AdOpt programme, were interviewed over the telephone. Most parents interviewed had completed the course approximately 1 year previously, with 2 of the parents having completed the course between 7 and 10 months previously. The main objective of these interviews was to compare the experiences of the parents from the AdOpt pilot sample with the AdOpt evaluation sample, as well as to obtain information on the sustainability of the skills that had been acquired through the AdOpt programme 6 months and 1 year later.

Reasons for attending

The main reason parents gave for attending the programme was that the programme was recommended to the adoptive parents by a social worker, post-adoption support leader, or friends; at times it was because help had previously been requested. In addition, one parent noted that they found out about the programme via an email advertisement, and one parent had been told to complete the course as part of their adoption placement plan. One parent had received a flyer about the programme and after asking their adoption support worker for more information, had decided to join the course. Another parent had started to work part-time and so the course had seem convenient. The groups were mixed with parents who had experienced challenging behaviour from their children, and those who had simply wanted to prepare for future challenges.

> "We had some challenging behaviours, so when we were approached about the course we got an insight into what support we would get from the course that would help tremendously."

One parent discussed the difficulty of accessing the support programme as they had adopted a child from a different LA and found it difficult to get the 2 LAs to communicate so that the nessecary funding could be put in place.

> “it was a bit of to-ing and fro-ing. The timing of support is critical and could have been sooner, and would have helped sooner”.

The minority of parents had known other parents who had previously been on an AdOpt course. One of the parents had known a couple that had completed the course to make it easier to get accepted onto higher-level support programmes in the future. Several of the parents had also attended previous parenting courses, but had either wanted a reminder of previous techniques or had wanted more information. Parents explained that the skills required to raise an adopted child were different from those for raising a birth child, stating that “It’s a different type of parenting all together”, and it was important to access additional help for this. Specific challenges raised included challenges relating to child behaviour, previous trauma in the child’s life, dealing with attachment, developing consistent parenting practices appropriate to the child’s previous trauma, and understanding how previous trauma might affect child development.

The importance of a support network was noted, with parents wanting to talk to other adopters. All felt that it was important to hear from other adoptive parents and share experiences. The idea of having a facilitator who had adopted children was also seen as a positive aspect of the course:

> “ We always said we would take on board any support that we can get to make life easier for ourself and it has been great, and everyone… Many heads are better than one and it just gives you a different perspective on things”.

Parents were asked to reflect on their expectations before they started the course. The importance of structured support and advice was noted: parents wanted to receive both general advice about parenting and specific advice relating to individual circumstances. Parents had expected to develop a variety of skills that could act as a ‘toolbox’ of skills for the future, with one parent wishing to use these skills in their job as a teacher. One parent claimed they felt that they hadn’t bonded well enough with their child so had hoped to learn further parenting skills that would improve their situation. Another parent had wished to learn how to think about responses to a child’s behaviour before reacting. Some parents wanted to learn additional techniques and get help with learning to deal with specific challenging behaviours from their child and understand why the behaviours occurred. Some parents wanted additional ideas and techniques to add to previous skills they had been using, or wanted to understand their child better.

> “I wanted more help with my daughter – she can be a handful at times and I wanted hints and tips to help with her behaviours.”

The parents also had wanted to attend the course to gain a support network and talk to other adopters. All parents felt that it was important to hear from other adoptive parents,

and the expectation that they would be able to share experiences and network was appealing and invaluable.

> "I wanted to feel supported and learn something that would help. Being part of a community and being with people going through the same thing is really helpful. I wanted techniques and tools as well as emotional support – I wanted to feel like I wasn't drowning or being overwhelmed by the challenges."

The idea of having facilitators who have also adopted children was seen as a positive aspect of the course that had further encouraged one parent to enrol onto AdOpt.

> "We always said that we would take on-board any support that we can get to make life easier for ourselves and it has been great".

> "The added bonus of being with other people who can really relate to how I'm feeling."

Several parents claimed that they had not had any preconceptions about the course, but hoped that it would be beneficial to attend:

> "I came with an open mind, and I've got 2 birth children, so a lot of it, I sort of had ideas but just don't think about what you do on a day-to-day basis, so it just gets you to think more about what you're doing and how you go about things, and just makes it a bit clear."

Other parents had wanted to gain specific knowledge. One parent mentioned that they had specifically wanted to learn about theories of child behaviour, including information on brain development. Others had completed previous parenting courses (not specific to adoption) and wanted to add to previous knowledge.

Programme efficacy

The parents were very positive about the programme and expressed enjoyment of the course and said that they had liked the relaxed environment that it provided, which allowed the group to discuss their experiences. There were several parents that felt that they would not have coped without AdOpt. The course was described as being able to meet specific individual needs and to prepare parents for various situations. Parents felt that the information provided in the course was well presented and felt that it contained good, varied content that kept them "engaged and interested". Parents stated that it had included everything that they would have liked to cover, with some parents stating that they would not change any aspect of the programme. Parents liked the focus on promoting positive child behaviour, rather than simply eradicating negative behaviours. It also helped with learning how to use specific techniques effectively. All parents suggested that they would recommend the course to others, and some already had. Parents also felt that the course was most useful if both parents attended the course together so that they could both be consistent, and support one another with the techniques they had learnt. Where both parents are not able to attend, it was noted that it

was especially useful having notes to take away and refer to, or even to share with their partner.

Overall, parents agreed that the course had been appropriate for the age of their child. In addition, parents felt that having a range of ages helped to give reference points for experiences reported by other parents. Some parents suggested that there were aspects of the course that biological families might also find useful.

The range of topics and information covered was noted as being especially good. Being provided with a range of strategies to use was considered to be very helpful, as it provided a toolbox of skills for the future:

> "You don't feel like you're banging your head against the wall with certain behaviours. You've got, like, a strategy to deal with it".

Several specific techniques were discussed as being particularly helpful for the families. Firstly, techniques, such as the number game, that involved breaking down tasks into smaller steps for children, were felt to be very helpful. The use of reward charts and incentives were further positives that were mentioned; the reward charts were noted to be particularly beneficial if specific positive behaviours were used. The use of limit setting, 'Take a Break', and counting to 15 seconds after requesting a behaviour from the child were also found to be very helpful by the parents, and had produced positive results.

> "I found that all the strategies were really good. Take a break was useful too, to help keep everyone calm. We can all calm down and move on afterwards."

> "We definitely use the take a break technique with our child and… because he used to get himself, like, emotionally to a level where he couldn't bring himself down, so taking a break was about spending more one-on-one time with him to help him calm down, and then as it's moved on… he's able to now calm down by himself, but with the 'Take a Break' technique … he's now a different child really."

> "The reward charts, which we weren't really using very well before …the course helped me understand how to use them a bit better."

Furthermore, the material on pre-teaching and life stories was mentioned as beneficial. Parents further believed that the course had developed their communication skills, promoting the use of positive language and eye contact. Finally, one parent noted that the application of self-forgiveness was important when things do not go to plan. A few of the parents pointed out that it was particularly important to be consistent with parenting, as this would help the child to feel safer. Parents also noted that pro-social opposites were also useful, for example:

> "Our son used to hit a lot and spit and things like that so instead of saying 'don't hit' we say 'kind hands' and all of the pro-social opposites"

Parents noted that the course had additionally helped with school-related issues, providing them with information that they would have liked to have known previously. This session helped with talking to schools to help them understand challenges, as well as helping with routine setting. Some parents also suggested that the homework tasks were particularly useful as they provided continuity across the couse. They also felt that they gained useful tips after discussions about the homework, and could share techniques with others in the family.

Parents felt that the course had provided a good sense of support through the network provided. It was explained by some parents that this support network helped parents to know that they were not the only ones experiencing challenging situations or feeling stressed by them. Being able to hear from other adoptive parents was considered particularly helpful, as different parents may have different ideas and techniques that were not directly mentioned by the facilitator or course material. The group was also able to report back on experiences with techniques, which was considered useful, both in terms of reporting back and receiving advice. One parent mentioned that it was useful hearing from parents who were further along in their adoption journey. Another parent felt that it was useful to off-load their problems from the week to some extent during the session. One parent mentioned that some of their group had kept in touch so that they can continue to support one another.

> "Just kind of that sharing and understanding, and talking to the people who have been, or are in the same situation really, really helped."

The vast majority of parents believed that the programme had improved their knowledge and understanding of their role as a parent, with some parents noting that their attitudes had been affected by the course, helping them to be more patient, reflective, nurturing, and confident with their techniques.

> "But the main thing is being reflective and being able to stand back and analyse what's going on, you know, and get your head out of the chaos and just kind of look in at it a bit more objectively."

Parents also felt that their behaviours had changed since starting the course, with a couple of parents noting that they were better able to act in a sympathetic and calm way with their child. Parents also noted that the course had further allowed them to understand their child better. Parents discussed how the course helped them to understand why their children behave the way that they did; how trauma could affect children in the long-term, and why certain parenting behaviours were most appropriate in response to challenging child behaviour.

> "It did have impact, yes. I have more understanding, more sympathy. Before I got frustrated and cross more easily, not that I wasn't sympathetic, but I had less patience. Now I understand more and can stay calm."

Several parents noted that, since starting the course, there had been a noticeable improvement in behaviour for their children. It was further highlighted that the course was

long enough to be able to see a positive change from start to finish. In particular, one parent noted that their child was much more compliant since they had started the course.

> "It's been quite amazing to see a work in progress each week."

The majority of parents felt that the course had a positive effect on their relationship with their child. Parents felt that their relationships had improved because they and their children were more open and because the parents were better able to understand the child, with conflicts becoming less frequent.

> "To me it's been the difference between whether he stayed or went!"

One parent noted that the course had taught them to gain perspective and look at situations more objectively, helping them to accept challenging periods and become more reflective at those times. Several parents also believed that the programme had benefitted their whole family as they now did things as a family that they would not have done previously.

> "It also allows you to stop fighting and to build constructive relationships and to build your relationships together. And that's what you want – to get close to your child, to nurture them …. But that is hard to do if you're at war and don't know how to cope and you're stressed. That's when it's hard to have space for loving relationships to develop and for love to grow. That's why AdOpt is so important."

Some parents also felt that the course had indirectly taught their child to understand and manage their own behaviours and emotions. Two parents felt that their relationship with their child had not been changed by the course, as they felt that the course had only targeted parenting behaviours, but did feel that their own behaviours had been influenced by the course.

Parents also explained that having the support of other adoptive parents and the facilitators was invaluable. The group structure lowered anxiety about problems for parents, and provided supportive and therapeutic qualities:

> "Because you think that you're a really bad parent and then when you come to a group like this, you realise there's lots of other parents in the same boat, so you're not the only one, that's very, very, very important."

The groups described the facilitators as "fantastic" and non-judgemental, with lots of relevant experience and advice to offer:

> "The facilitators were amazing… It wasn't like they were teachers or judgemental or… you know, they emphasised all the time that there wasn't a right or a wrong."

It was also noted that facilitators were able to maintain a balance between the counselling and learning aspects of the course. Some of the parents from the evaluation sample noted that it would be helpful to have a longer-term follow-up, both for feedback and the continuation of the support network; and some were planning to keep in touch with one-another informally to continue the network of support. Some parents from the

pilot sample noted that they had already attended follow-up sessions which they had found useful as a refresher of the course, as well as for extra support.

Parents discussed different ways that the course might be improved. Parents felt that overall the course covered all the right areas, but that more time could be devoted to specific topics. For example some parents felt the course might be improved if more time was spent on the session about looking after youself and managing your own emotions; or that this session could come earlier in the course. Some parents felt more time should be devoted to parenting roles, stress, and the child's life stories and contact. Other parents would have liked additional information on attachment, learning to trust the child, neuroscience, and the theories that were only briefly covered in the course. It was further suggested that there could be a bigger focus on day-to-day problems as the course currently focused on worst case scenarios. One topic that was mentioned that would have been useful earlier in the adoption process was school-related issues. Parents explained that these topics felt a little rushed or were barely touched upon, and believed that these were important topics that needed a little more attention. One parent felt that AdOpt was an "outstanding" course, but more time on certain topics would have helped them to remember everything:

> "Sometimes we are rushing too quickly for a certain topic."

Some parents felt that additional activities throughout the course would also be useful to help understand difficult topics. One parent said it was difficult to tell whether the course was helping as their child was "improving anyway". Another parent reported that they still experienced problems occasionally but that at least the course had provided them with knowledge to understand their behaviour. This parent wanted to become more patient with their child's challenging behaviours. One parent felt that the course content was too basic, too slow, and that the group was too talkative, reducing learning time, as they were already an "experienced parent". Finally, another parent had found that waiting times were sometimes too long, and therefore help couldn't be available when families were at crisis point. Other challenges included remembering that a child was not going to behave perfectly all of the time; however, the parents noted that they were starting to come to terms with this idea and realise that this was normal. Furthermore, several parents noted that it could be a challenge keeping calm when things did not go to plan, with some of these parents explaining that this could be a personality trait of theirs. Some parents commented that information for adoptive parents in general, outside of AdOpt, was "fragmented", and this made it difficult finding answers to questions that arose in the process. Finally, some parents also suggested that it would be useful to have more information available for their wider support network of friends and family. It was suggested that information could be made available through a VLE (Virtual Learning Environment), online audio recordings, or in an abridged one-day family session. Currently, some parents were finding it difficult explaining ideas to family members, but these relatives lived too far away to join the same local support group. It was further noted that if the information was available remotely, "We could access them anytime, anywhere…. that would be better."

There were mixed views about the length of the course, with some parents feeling that sessions were a little slow paced for them, and that the material could be covered over fewer weeks. One of the parents who liked the length of the course and sessions noted that this was an adequate time to cover everything that needed to be covered on the course. One parent had initially felt that several longer sessions over a shorter time period may have been more convenient; however, most of the parents liked the length of the course being 16 weeks, as support networks could be formed and changes in behaviour observed with this longer time-frame.

The parents were divided between those who felt that the course was offered at an appropriate time and those who felt that it should be offered sooner in the adoption process. For some parents who were only 6 months into placement at the time of the course, the course was seen as helping them to prepare for future behaviours. For parents who felt that the course was provided too late in the process for their families, they believed that the course should be offered within the first year of placement. These parents noted that they had been struggling earlier and were less in need at the time of the course. Some parents felt the course would be helpful at around 3 to 4 months after placement. Some parents felt that, if the course could not be offered sooner, then it could be useful for social workers to give some of this information to them during their visits. One parent explained that after placement there was less time to read the materials, so it would help to have a pre-adopt course that would prepare the parents from day one:

> "I think the AdOpt programme should be offered before placement, because if I had known half of the things that I've learnt from this course… I wouldn't have been so stressed out for the first 5 months, because that was very stressful."

On the other hand, many of the parents felt that the course was offered to them at the right stage of their adoption journey. The main reason stated for this view was that it was helpful having personal experiences with their child to relate to the material. The parents agreed that the course was needed within the first year of adoption, before behaviours become entrenched:

> "You have to kind of wait until you're there and living through it to kind of, erm, realise what will work for your particular child. So it does need to be a bit of both, a bit up front and then having direct experience."

Overall, most parents seemed to be positive about the programme, and felt that the course was useful for them. These parents felt that the course had been a positive influence on them and had provided a lot of knowledge:

> "It also gave techniques and a sense of something there to support you and to fall back on, and a useful tool. It gave you a few ideas of how to get through the day when you're struggling."

> "I think it's a fantastic course. We got a lot out of it. It was really useful for us."

Several parents stated that they felt AdOpt should be made available nationally, with some parents suggesting that the course should be compulsory for adoptive parents, and others suggesting that it should at least be better advertised to families.

Parent Ratings

Parents were asked to provide ratings out of 10 for various aspects, with higher ratings representing a greater improvement. When asked how they would rate the AdOpt programme in terms of improving their parenting skills, the majority of parents gave ratings of between 6 and 10, with the majority of parents reporting 8 or higher. One parent from the pilot sample gave a rating of 4. Some parents gave ratings of 7 but claimed that this would be 8 or 9 if they hadn't learnt some of the information on previous courses.

When rating the programme in terms of improving their relationship with their child, the majority of parents gave ratings between 7 and 10. One parent gave a rating of 4 and another 5 (both from pilot sample). Parents from the evaluation sample felt that it was difficult to judge the improvement of this relationship, as this changed depending on the circumstances at the time. Other parents felt that their relationship had improved, but that this still wasn't perfect, stating that "…my relationship improved massively, but there's still a lot to do."

Again, when rating the programme for overall improvement, the majority of parents gave ratings between 8 and 10. One parent from the pilot sample gave a rating of 4, another of 6, and another of 7. The average rating was 8.

Comparisons between pilot sample and evaluation sample

Parents in the pilot sample reflected on skills and techiniques that they were continuing to use. Importantly, all parents confirmed that they were still using most of the techniques that they had been trained on though the AdOpt programme. Parents from the pilot sample noted specific techniques that were helpful for discipline, and these were similar techniques that were highlighted as useful by the evaluation sample. These included techniques such as 'take a break' and 'limit setting'. However, one parent from the pilot sample found that the 'take a break' method did not work very well with their child, but found it useful to hear how other parents had adapted the technique for their own children. In addition parents from the pilot sample noted 'counting and waiting for the child to act' as also being helpful for them and their child. Some parents suggested that sessions on looking after themselves, and on brain development were particulary useful.

Achievement of intended outcomes

The AdOpt parenting programme is designed specifically for adoptive parents and aims to offer adoptive parents support and parenting techniques which address the specific

difficulties that adopted children and adoptive families may face. The core programme evaluation questions were related to the efficacy of the AdOpt programme in promoting positive behavioural outcomes for children pre-, and post-programme implementation and specific parenting practices that the programme aimed to target.

Overall the AdOpt programme demonstrated positive effects on child outcomes, specifically child conduct problems. There were also reductions in indiscriminate behaviour such as attention-seeking behaviour or being too friendly with strangers. The AdOpt programme demonstrated improvements in specific parenting practices with parents reporting increased parenting self-efficacy, satisfaction and improved parental monitoring.

Qualitative interviews with parents in focus groups and telephone interviews suggested that the programme was beneficial to parents; and that the course and support from facilitators and other adoptive parents was considered necessary. Interviews with parents who had completed the programme 6-12 months previously suggested that many parents continued to use the skills learned as part of the AdOpt parenting programme, and continued to use the manual as a resource.

Improvements in child functioning for those participating in the AdOpt programme was equivalent to those participating in the KEEP programme. The AdOpt parenting programme is designed specifically for families with adopted children. In contrast, the KEEP programme is designed for foster parents. Each programme is specific to its target population and highlights the importance of targeted and specialised programmes for specific groups. Where programmes are well designed for these specific groups, positive outcomes are observed in relation to the targeted areas of change such as improved positive parenting and child mental health and well-being.

Limitations of the evaluation

Several limitations relating to the evaluation of th AdOpt programme implementation merit mention and further explanation.

One of the primary limitations of programme implementation was that participating parents could not be randomised to participate in the programme. Selection biases may therefore operate in relation to generalising study findings. For example, it was noted that parents without child care facilities, or those without transport, were likely not to participate in the AdOpt programme. However, given that many parents wanted the support provided by the AdOpt programme, it would be impractical to randomise to a control group with no support. Data was not available from other sources to examine the effect of the AdOpt programme in relation to other services provided. The sample size was also relatively small, albeit adequate for all primary analyses, and representative of the cohort of families who would have been seen within a specified period, and is therefore representative of cases seen by AdOpt facilitators.

Second, an additional follow-up with standardised questionnaires would be beneficial. Telephone interviews with the pilot sample at 6 to 12-month follow-up suggested that parents were continuing to use parenting skills learnt during the AdOpt parenting programme. Systematic assessment with the evaluation sample using standardised measures described previously would allow a more effective assessment of this observation.

Third, it would be important to examine intervention moderators such as child age, gender, length of time since legal Order, or parent mental health. Furthermore, some local authorities reported that couples completed the AdOpt parenting programme together. It would be important to examine whether attending the course together had additional effects on targeted parenting practices and related child outcomes.

Fourth, it would be beneficial to collect information regarding other related family and child outcomes, to have a clearer idea of which areas of family functioning are affected. For example, the AdOpt programme may additionally affect other areas of parenting. Furthermore, it would be necessary to examine whether the programme influences inter-parental relationships and communication between parents, given that the quality of the inter-parental relationship is known to affect parenting and related child outcomes (Harold et al., 2016). Relatedly, as all measures collected are parent-reports, additional measures from other sources could be collected, for example, from the teachers/school-based measures, to allow more objective measures of child functioning.

Fifth, a cost-benefit and costs avoided analysis of the AdOpt parenting programme could not be adequately conducted due to limited information from local authorities regarding costs of the programme relative to assessed outcomes and costs avoided. Of those who returned the questionnaires, the majority were unaware of the costs of delivering the

programme. There were also a range of alternative services being used within each LA, making it difficult to estimate how costs might compare to service as usual. This is an area that requires further evaluation.

Implications and recommendations for policy and practice

Evaluative evidence for capacity and sustainability of the innovation

The AdOpt parenting programme represents a unique family support programme targeting the specific needs of adoptive parents and children, post-legal Order. Presently, primary support for adoptive parents and families is predominantly targeted prior to the Adoption Order, with much greater uncertainty about availability after the Order. Yet, becoming a family, where children are placed and enter a new or evolving family system, is recognised as a distinctly sensitive and challenging period for family harmony and sustained family cohesion across all family types, biologically related or not. Systemic level support at this stage of family formation may be important, as agency support diminishes following the Adoption Order, and the newly configured family is left to progress autonomously. Providing and supporting parents post-legal Order offers substantial advantages aimed at improving outcomes for children and parents such as improved mental health outcomes, and reduced placement or adoption breakdown. Quantitative evidence highlights the efficacy of the programme across pre- post-programme measures in improving specific areas of child mental health such as conduct problems; and overall features of parenting efficacy, for example sense of parenting competence. Qualitative findings provided by parents who completed the AdOpt programme highlight the positive effects on child mental health outcomes and parental parenting practices as well as parent satisfaction. These parenting attributes are recognised as important contributors to positive long-term well-being and wider family functioning. In addition, qualitative feedback showed that adoptive parents felt increasingly supported; more connected to others; and less isolated. They further reported their experiences as adoptive parents as being more normalised and understood by themselves. In addition, they found having a support group made them feel that they were not alone and that their experiences were shared by many other adoptive parents. Focus group participants reported that these experiences helped to encourage continued programme participation and reduced adoption-based challenges. Specific to the experiences of providers and facilitators and the future sustainability of the programme, feedback provided by facilitators demonstrated that they had high job satisfaction. Facilitators agreed that the skills gained during training were especially useful for their work with adoptive families, and could also be used in other areas of their work.

Conditions necessary for this innovation to be embedded

A fundamental component of effective programme implementation and future embedding is the provision for training and support provided to facilitators. One of the strengths of

the present evaluation is the partnership established between the evaluation team and the NIS, both across the evaluation period, and in terms of future activities, through the facilitation of ongoing support and training in the areas of data processing, analysis and interpretation and implementation of findings. Qualitative data provided by the facilitators, collected as part of the present evaluation, offer significant insights into promoting the future effective embedding of the AdOpt programme. Facilitators of the AdOpt programme were very positive about the programme, highlighting that, as an early intervention, it helped to prevent problems from becoming too set. They reported the skills they had learnt as part of their AdOpt training to be very beneficial, both in terms of working with adoptive families, but also of enhancing skills for working with different people and engaging parents. Facilitators did note that a limitation to delivering the AdOpt programme was that it was time consuming. However, they did highlight that training and support, and regular consultation with NIS staff, was invaluable.

Considerations for future development of the innovation and wider application

The AdOpt parenting programme is unique among adoption-focused parent support programmes in that the focus of support is post-legal Order. Providing support for parents post-legal Order offers substantial benefits by, improving outcomes for children and parents. Importantly, this programme is among the very few programmes in the UK aimed at adoptive parents and children that employs a rigourous theoretical evidence base in social learning theory and attachment theory, that aims to target and improve synergies between parents and children. The programme is also representative of an emerging genre of family-focused support programmes that recognise the family as a system beyond a sole focus on the parent-child relationship, to highlighting the wider family environment and the reciprocal interplay between children and parents in an adoption context. From a policy perspective, this programme offers timely evidence led ‘fit’ with government polices aimed at improving the life chances of vulnerable individuals. From this perspective, the programme offers substantial future opportunities, and merits continued investment and support to those providing this service and for those most in need of support: newly formed adoptive families, parents and children.

APPENDICES: Appendix 1: Geographic distribution across England and of type of local authority

Table 3 Local authorities by size of resident population (2015)

People – division by gender	Area (numbers)	Area (numbers)
	Cheshire West & Chester	**Great Britain**
All People	333,900	63,258,400
Male	162,800	31,165,100
Female	171,100	32,093,100
	Leeds	**Great Britain**
All People	774,100	63,258,400
Male	379,800	31,165,100
Female	394,300	32,093,100
	Manchester	**Great Britain**
All People	530,300	63,258,400
Male	268,400	31,165,100
Female	261,900	32,093,100
	Oxfordshire	**Great Britain**
All People	677,800	63,258,400
Male	337,100	31,165,100
Female	340,700	32,093,100
	Staffordshire	**Great Britain**
All People	862,600	63,258,400
Male	428,600	31,165,100
Female	434,000	32,093,100
	Trafford	**Great Britain**
All People	233,300	63,258,400
Male	114,200	31,165,100
Female	229,200	32,093,100
	West Sussex	**Great Britain**
All People	836,300	63,258,400
Male	405,700	31,165,100
Female	430,500	32,093,100

Table 4 Local authorities by size of resident population and employment status (2015)

All people	Area (numbers)	Area (%)	Area (%)
Employment status	**Cheshire West & Cheshire**	**Cheshire West & Cheshire**	**Great Britain**
Economically Active*	162,800	76.8	77.8
In Employment*	156,000	71.6	73.6
Employees*	138,200	66.4	63.1
Self Employment*	16,800	6.9	10.2
Unemployed**	6,500	4.0	5.2
Employment status	**Leeds**	**Leeds**	**Great Britain**
Economically Active*	415,500	79.6	77.8
In Employment*	392,700	75.0	73.6
Employees*	340,700	65.7	63.1
Self Employment*	46,900	8.6	10.2
Unemployed**	25,700	6.2	5.2
Employment status	**Manchester**	**Manchester**	**Great Britain**
Economically Active*	254,400	68.2	77.8
In Employment*	233,800	62.6	73.6
Employees*	204,300	55.1	63.1
Self Employment*	29,200	7.6	10.2
Unemployed**	19,900	7.8	5.2
Employment status	**Oxfordshire**	**Oxfordshire**	**Great Britain**
Economically Active*	375,500	83.6	77.8
In Employment*	362,800	80.6	73.6
Employees*	309,000	70.5	63.1
Self Employment*	52,200	10.0	10.2
Unemployed**	12,700	3.4	5.2
Employment status	**Staffordshire**	**Staffordshire**	**Great Britain**
Economically Active*	445,100	80.4	77.8
In Employment*	426,500	77.0	73.6
Employees*	370,200	68.0	63.1
Self Employment*	54,000	8.6	10.2
Unemployed**	18,600	4.2	5.2
Employment status	**Trafford**	**Trafford**	**Great Britain**

Economically Active*	123,900	82.6	77.8
In Employment*	118,100	78.8	73.6
Employees *	99,100	66.8	63.1
Self Employment*	18,400	11.8	10.2
Unemployed**	4,900	4.0	5.2
Employment status	**West Sussex**	**West Sussex**	**Great Britain**
Economically Active*	421,200	80.9	77.8
In Employment *	410,400	78.7	73.6
Employees*	328,000	64.0	63.1
Self Employment *	80,500	14.4	10.2
Unemployed**	10,800	2.6	5.2

Source: ONS Population survey
* numbers are for those aged 16 and over, % are for those aged 16-64; **numbers and % are for those aged 16 and over. % is a proportion of economically active.

Table 5 Description of earnings by residence by local authority (2015)

Gross Weekly Pay	Area (£)	Area (£)
Full-Time Workers	**Cheshire West & Chester**	**Great Britain**
	£527.80	£529.60
Full-Time Workers	**Leeds**	**Great Britain**
	£501.80	£529.60
Full-Time Workers	**Manchester**	**Great Britain**
	£483.70	£529.60
Full-Time Workers	**Oxfordshire**	**Great Britain**
	£578.40	£529.60
Full-Time Workers	**Staffordshire**	**Great Britain**
	£506.40	£529.60
Full-Time Workers	**Trafford**	**Great Britain**
	£565.60	£529.60
Full-Time Workers	**West Sussex**	**Great Britain**
	£552.70	£529.60

Source: ONS annual survey of hours and earnings – resident analysis.

Table 6 Description of total number of benefit claimants by local authority (November 2015)

Total Claimants	Area (numbers)	Area (%)	Area (%)
	Cheshire West & Chester	**Cheshire West & Chester**	**Great Britain**
Total Claimants	21,650	10.5	11.8
	Leeds	**Leeds**	**Great Britain**
Total Claimants	63,710	12.6	11.8
	Manchester	**Manchester**	**Great Britain**
Total Claimants	56,500	15.4	11.8
	Oxfordshire	**Oxfordshire**	**Great Britain**
Total Claimants	27,710	6.4	11.8
	Staffordshire	**Staffordshire**	**Great Britain**
Total Claimants	52,470	9.8	11.8
	Trafford	**Trafford**	**Great Britain**
Total Claimants	13,970	9.6	11.8
	West Sussex	**West Sussex**	**Great Britain**
Total Claimants	42,370	8.6	11.8

Source: DWP benefit claimants – working age client group
Note:Main out-of-work benefits includes the following groups: job seekers, ESA and incapacity benefits, lone parents and other on income related benefits; % is a proportion of resident population of area aged 16-64.

Appendix 2: Description of measures

AdOpt evaluation measures

There were 6 validated and widely used measures administered by the group facilitators and completed by primary caregivers attending the AdOpt group before they started the programme and after they had completed the programme. Three questionnaires assessed the emotional, behavioural and social well-being of a child and 3 self-reported parenting questionnaires collected information about parenting style, efficacy and satisfaction.
In addition, every parent completed a thorough Intake form which collected parent and child demographics.

Child measures

Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) is a widely used 25-item behavioural assessment device examining both positive and negative attributes in children. The questionnaire yields a Total Difficulties score, as well as score in 5 subscales relating to Emotional Symptoms, Behavioural Symptoms, Hyperactivity/Inattention Symptoms, Peer Relationship Problems and Prosocial Behaviour. For total score, and all subscales except the Prosocial Behaviour subscale, lower scores indicated better emotional, behavioural and social outcomes for the child. SDQs were collected prior to the first session and at the final group session, or shortly afterwards. The reliability was assessed using Cronbach alpha (α; Bland & Altman, 1997). The reliability of this measure was Cronbach α=.71 pre-intervention and Cronbach α=.73 post-intervention.

Assessment Checklist for Children Plus (ACC+)

The Assessment Checklist for Children (ACC) was developed for use in the Children in Care Study (CICS), a prospective epidemiological study of the mental health of children in long-term foster and kinship care, in New South Wales (NSW), Australia (Tarren-Sweeney & Hazell, 2005, 2006). The ACC+ is a caregivers report and contains 29 questions about behaviours, emotional states, traits, and manners of relating to others, with higher scores indicating more positive outcomes for the child. The reliability for this measure was very good:Cronbach α=.85 pre-intervention; Cronbach α=.88 post-intervention.

Assessment Checklist for Children Short-Form (ACC-SF)

ASS-SF is a 44-item short version of the ACC, which was developed primarily for use as a research instrument and as a relatively brief treatment monitoring measure. It excludes the low self-esteem scale, the suicide discourse scale and the pica index from the self-

injury scale. The full version of the ACC is recommended for comprehensive mental health assessment, and the Brief Assessment Checklist for initial mental health screening. The ACC was designed to measure a broad range of mental health difficulties observed among children in care, children adopted from care, and maltreated children. Ten scores are calculated for this measures: (1) Total score; (2) Sexual Behaviour; (3) Pseudomature; (4) Non Reciprocal; (5) Indiscriminate; (6) Insecure; (7) Anxious/distrustful; (8) Abnormal Pain Response (9) Food Maintenance; (10) Self-injury. The reliability for this measure was high: Cronbach α=.82 pre-intervention; Cronbach α=.81 post-intervention.

Parenting measures

Parenting Sense of Competence (PSOC)

PSOC scale is a commonly used measure of parental self-efficacy, which is strongly associated with parenting competence and child developmental outcomes (Jones & Prinz 2005). Four scores are calculated for this scale (1) Satisfaction score; (2) Efficacy score; (3) Interest score and (4) Total score. The higher score indicates more positive parenting outcomes. The reliability for this measure was high: Cronbach α=.87 pre-intervention; Cronbach α=.88 post-intervention.

Iowa Family Interaction Rating Scales (Discipline monitoring subscale)

The Family Interaction Rating Scale, Discipline monitoring subscale (Conger et al., 1989) is a Parental Monitoring and Discipline Subscale. The scale measures child monitoring, inconsistent discipline and inductive reasoning. The questionnaire yields a Total Difficulties score, as well as score on 3 subscales relating to Parental monitoring, Inconsistent discipline, and Parenting by reasoning. Higher scores indicate more positive interaction between the parent and child. The reliability of this measure was acceptable: Cronbach α=.60 pre-intervention; Cronbach α=.73 post-intervention.

Time spent with the child

Time spent with the child (Harold et al., 2007) contains a number of statements describing the way different parents act towards their children. A lower score indicates more positive actions of parents toward their children. The reliability of this measure was high: Cronbach α=.86 pre-intervention; Cronbach α=.87 post-intervention.

KEEP measures (comparative data)

Strength and difficulties questionnaire

As described previously.

Parenting Scale

The Parenting Scale (Arnold, 1993) is a 30-item questionnaire measuring 3 parenting discipline styles that are significantly related to child behavioural difficulties. It yields a total score and subscale scores in 3 factors: Laxness (permissive discipline); Over-reactivity (authoritarian discipline, displays of anger, meanness and irritability) and Verbosity (overly long reprimands or reliance on talking). High scores indicate less effective parenting styles. Parenting Scales were collected prior to the first group, at the final group session, or shortly afterwards and then at the 6 and 12 month follow up where possible via the local authority KEEP group facilitators irrespective of whether the index child remained in placement: Cronbach α=.74 pre-intervention; Cronbach α=.88 post-intervention.

Appendix 3: Detailed description of AdOpt evaluation sample

Completed Groups 30th March 2016

Parents of 101 focus children from 7 local authorities across England enrolled in the AdOpt programme. However, 10 dropped out before the programme commenced. Parents of 91 focus children completed the full programme. The parents completed questionnaire booklets once before they started the programme and once at the end of, or shortly after, the last session. The parents that dropped out of the programme completed the measures prior to the AdOpt course commencing but have not been able to go through the AdOpt course. Where these parents dropped out of the programme prior to commencing the course, they were not included in the current analysis. The reasons given were the following: (a) the disruption of placement where children were returned to the foster carers; (b) the timing of the course was not suitable; (c) the programme was not addressing the needs of the parent because they already had a lot of other support and assessments in place.

Table 7 AdOpt evaluation sample - Parent demographics

Information about adopters and home description	Size of cells in percentages (n in brackets)
Female main carer	86.6% (n=78); NB:The data available for 90 carers;
Couple adopters	91.2% (n=83)
Ethnicity- White British	91.3% (n=84)
Primary reason for attending AdOpt	To better manage child behaviour 55% (n=50); Skill development 18.7% (n=17); Support from other carers 1.3% (n=1); Child's history 1.3% (n=1); NB:The data available for 69 carers;
Carers that have attended a previous parenting programme	31.8% (n=29)
Carers that have attended other groups	24.2% (n=22)
Carers that have other agencies involved with the index child	32.9% (n=30)
Carers that have other biological children living at home	16.5% (n=15)
Carers that have other adopted children living at home	47.2% (n=43)
Of those other adopted children at home, the amount who were siblings of the index children	38.5% (n=35)
Adopters that work	Full time 30.7% (n=28); Part time 35.1% (n=32); Not working 24.1% (n=22); NB:The data available for 82 carers;

Adopters education (primary carer)	GCSE 5.5%(n=5); A-level 3.3%(n=3); Diploma 22%(n=20); BA/BSc 45%(n=41); MA/MSc 6.7%(n=6); Doctorate 1.1%(n=1); NB:The data available for 76 carers
	Mean (Mode)
Carer age	42.80 (43 years)

Table 8 AdOpt evaluation sample – Children's demographics

Information about the focus child and previous placements	Size of cells in percentages (n in brackets)
Female index child	38.4% (n=35)
Ethnicity- white British	79.1% (n=72)
Behavioural concerns present	63.7%(n=58) 46.1% of which was externalised behaviour (n=42)
Children who have contact with their birth parents	69.2% (n=63)
Children who have contact with siblings	50.5% (n=46)
Children who have contact with extended family	23.1% (n=21)
	Mean (Range)
Child's age at the beginning of the group	4 years 9 months (2– 8 years) though there was one child that was 10 years old at the beginning of the programme (pre-programme assessment)
Previous placements	2.78 (0-6 years)
Age of child when placed in adoptive home	3 years (0-7 years)

Appendix 4: Detailed description of AdOpt pilot sample

Completed Groups in a period between 2014 and 2015
Parents of 151 focus children from 8 local authorities across England enrolled the AdOpt programme in the pilot phase in a period between 2014 and 2015.

Table 9 AdOpt pilot sample - Parent demographics

Information about adopters and home description	Size of cells in percentages (n in brackets)
Female main carer	82.7% (n=125)
Couple adopters	94% (n=142)
Ethnicity- White British	86.8% (n=138)
Primary reasons for attending AdOpt	To better manage child behaviour 33.8% (n=41); Skill development 48% (n=59); Support from other carers 9.1% (n=11); Child's history 5.9% (n=6); Professional development 3.3% (n=4); NB:The data available for 121 carers;
Carers that have attended a previous parenting programme	38.41% (n=58)
Carers that have attended other groups	33.7% (n=51)
Carers that have other agencies involved with the index child	35.7% (n=54)
Carers that have other biological children living at home	23.7% (n=35)
Carers that have other adopted children living at home	60.3% (n=91)
Of those other adopted children at home, the amount who were siblings of the index children	43.7% (n=66)
Adopters that work	Full time 29.8% (n=45), Part time 27.8% (n=42); Not working 38.4%(n=58); NB:The data available for 145 carers
Adopters education (primary carer)	GCSE 9.3%(n=14); A-level 2.6%(n=4); Diploma 11.9%(n=18); BA/BSc 23.8%(n=36); MA/MSc 8.6%(n=13); Doctorate 2.6%(n=4); Missing information 41%(n=62);
	Mean (Mode)
Carer age	42.83 (42 years)

Table 10 AdOpt pilot sample - Children's demographics

Information about the focus child and previous placements	Size of cells in percentages (n in brackets)
Female index child	45.7% (n=69)
Ethnicity- white British	81.4% (n=131)
Behavioural concerns present	66.8% (n=101) 32.5% of which was externalised behaviour (n=49)
Children who have contact with their birth parents	72.8% (n=110)
Children who have contact with siblings	42.4% (n=64)
Children who have contact with extended family	22.5% (n=34)
	Mean (Range)
Child's age at the beginning of the group	4 years 8 months (2–10 years)
Previous placements	2.95 (0-8 years)
Age of child when placed in adoptive home	2.61 years (0-8 years)

Appendix 5: Detailed description of KEEP sample

KEEP consists of weekly group sessions of 90 minutes held over 16 weeks. Between September 2009 and June 2014, KEEP-P groups were completed across the UK. Routine demographic and audit information was collected by the local authority sites and anonymised versions sent to the NIS. The constructs assessed in the KEEP sample included relevant parenting and child mental health measures. These measures were used to examine specific outcomes across the AdOpt evaluation sample and the KEEP sample. Outcome measures assessed as part of the KEEP and AdOpt programmes overlapped on all subscales of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001), and subsequently both the KEEP sample and the AdOpt evaluation sample were compared on this measure. The KEEP programme also employed a parenting measure, that is The Parenting Scale, (Arnold, 1993), which could not be directly compared to the parenting measures employed in the AdOpt evaluation sample, but was described in terms of improvement in parenting from the pre- to post-evaluation period.

Between September 2009 and June 2014, 109 KEEP groups have been completed: 81 KEEP standard (for carers of children aged 5 to 12 years), 22 Keep Safe (12 years and over) and 7 KEEP P (for carers of 3-6 year olds). Twenty-five (2.7%) did not start the group and therefore were not included in the audit. Sixty-two (6.8%) attended at least 1 group and then dropped out, and 853 completed the programme, equating to a retention rate of over 90%. Attendance rates for each session were also very high ranging from 72% to 100% with a mean of 84%.

Data here is restricted to children aged between 3 to 6 years old (KEEP-P) given consistent intensity of intervention to estimate intervention effects, and given that this reflects the age range suitable for the AdOpt parenting programme which is suitable for children aged 3 to 8 years. Analyses were therefore based on a sample of 56 index children aged between 3 to 6 years of age. Routine demographic and audit information was collected by the local authority sites and anonymised versions sent to the NIS. The parents who participated in the KEEP programme evaluation had similar demographics to the AdOpt evaluation sample (see tables 15 and 16 below). Routine demographic and audit information was collected by the Local Authority sites and anonymised versions sent to the National Implementation Service in London for collation and further analysis.

Table 11 KEEP 3-6- Carer demographics

Information about carers and home description	Size of cells in percentages (n in brackets)
Female main carer	92.2% (n=52)
Joint carers	73.2% (n=41)
Ethnicity- White British	94.6% (n=42)
Reasons for attending KEEP	Professional development 34% (n=19); Child behaviour 17.8% (n=10); Support from other carers 23.2% (n=13); Skill development 16.1% (n=9)
Carers that have attended a previous parenting programme	19.6% (n=11)
Carers that have attended other groups	25% (n=14)
Carers that have other agencies involved with the index child	30.4% (n=17)
Carers that have other foster children living at home	48.2% (n=27)
Of those other foster children at home, the amount who were siblings of the index children	35.7% (n=20)
Carers that work	Full time 5.4% (n=3); Part time 21.4% (n=12); Not working 76.8% (n=43);
	Mean (Mode)
Carer age	48 years 3 month (52 years)
Length of time spent caring	4 years 3 months (3 years)
Number of biological children living at home	1.07 children (1 child)

Note: There was no data on carers education recorded

Table 12 KEEP 3-6- Children's demographics

Information about the focus child and previous placements	Size of cells in percentages (n in brackets)
Female index child	41.1% (n=23)
Ethnicity- white British	89.2% (n=50)
Behavioural concerns present	83.9% (n=47) 60.7% of which was externalised behaviour (n=34)
Children who have contact with their birth parents	73.2% (n=41)
Children who have contact with siblings	32.1% (n=18)
Children who have contact with extended family	50% (n=28)
	Mean (Range)
Child's age	4 years 6 months (2 - 9 years)
Previous foster placements	.83placements (0 - 4 placements)
Age of child upon entering care	1 year 7 months (0-5 years)

Appendix 6: Questionnaire for local authorities

Information about additional parenting programmes

We are collecting this information to see what information is routinely collected in your area about programmes that are run for adoptive parents other than AdOpt.

Thank you for taking the time to complete this questionnaire. It should take about 10 minutes to complete.
Where information is easily available, please try to complete as many of these questions as you can. If you don't know the answers to any questions, please leave them blank.

You can either complete this questionnaire on the computer, or print it out and complete by hand. Return details are at the end of this brief questionnaire.

If you have any questions, please contact the researchers at: [email addresses removed].

Section 1: General background		
1.	Which Local Authority do you work in?	
2.	In your team/area, apart from AdOpt, what programmes exist in the site for adoptive families (post-order?) Please list below all that you are aware of in your team.	

Section 2: Programmes for adoptive parents (excluding AdOpt): background information		
3.	Which programme is the mostly commonly used by you/ in your area?	
Please answer the following questions about the programme that is most commonly used by you / in your area		
4.	How is it decided which parents or families receive this programme?	
5.	Approximately how many parents participate in this programme?	
6.	Are there any criteria (e.g. child age, etc.) for participating in the programme?	
7.	How many days or weeks does the programme run for? (please specify days/weeks)	…… days / weeks (please delete as appropriate)
8	How many sessions does the programme have?	
9.	How long is each session?	…… Mins / hours (please delete as appropriate)
10.	How many practitioners are required at each session to deliver the programme?	
11.	What training is required to deliver this course?	

Section 3: Programmes for adoptive parents (excluding AdOpt): features of the course		
Please answer these questions about the programme you answered questions about in section 2		
12.	What are the main	

	features of the programme or the main course content?			
13.	How is the programme delivered? (e.g. lecture-based, etc.)			
14a.	Is the programme: (please select one answer)	Group-based	One-to-one	other
14b.	If other, please specify			
15a.	What information is collected about the adoptive families for this programme? (please select all that apply)	a. Don't know		
		b. Nothing		
		c. Questions about child mental health?	Pre intervention	Post intervention
		d. Questions about family functioning	Pre intervention	Post intervention
		e. General demographic information		
		f. Other information		
		•		
15b.	If you selected 'other information', please specify			

Section 4: Programmes for adoptive parents (excluding AdOpt): cost of implementation		
Please answer these questions about the programme you answered questions about in section 2 If you do not know about the costs, please skip to section 5		
16.	What is the total cost of programme materials in the programme's first delivery?	£
17	What is the total cost of the programme materials in later programme delivery?	£
18a.	Are there any additional costs for programme delivery? (please specify)	
18b.	Please estimate the cost of these additional costs	£

Section 5:		
19.	In your team/area, what *other services* (i.e. not parenting programmes) are provided for adoptive families post-order? E.g. parent support groups; CAMHS, etc.	
20.	Where parents attend these services, what information is	

	routinely collected about the adopted child / adoptive family?	

Section 6: Contact details				
21a.	If we require any further information, would you be happy to provide your contact details?		YES	NO
If yes, please provide				
21b.	Your email address			
21c.	Telephone number			

Thank you for taking the time to complete this questionnaire.

Appendix 7: Summary of questionnaire information from local authorities

Comparative data summary

Oxfordshire

Programmes available (other than AdOpt):

- Fostering attachment:14 week programme, mostly used overall
- Parenting adopted teenagers: 6 week course

Fostering attachment: delivered by the Fostering attachments team

- Group based -16 parents per group – no specific criteria
- 14 weeks: 2 sessions 9:30am – 2pm, 11 weeks 9:30am-12pm
- No training required but delivered by professionally trained psychologists and senior social workers
- Aims to: (1) provide support to cares and parents who feel isolated caring for children with attachment difficulties (2) increase understanding of their children and their behavioural and emotional needs though an increasing understanding of attachment theory and its application to the parenting of these children (3) to increase the skill and confidence of carers and parents (4) promote attachment relationships between carers or parents and their children

Information collected:

- Pre and post questions about child mental health
- Pre and post questions about family functioning
- General demographic information
- Caregiver stress: Parenting Stress Index – Short form (PSI)
- Placement quality and problem behaviours: Thinking about your child questionnaire
- Reflective function of caregiver: descriptive task
- Child's expression of feelings, or attachment behaviour, within the caregiver-child relationship: Expression of Feelings questionnaire (EFQ)
- Child's psychosocial functioning: Strengths and Difficulties Questionnaire (SDQ)

No cost has been provided

Manchester

Programmes available other than AdOpt:

- Safebase programme offered by After Adoption (4 days)
- Therapeutic parenting

Safebase programme

- Assessment of families' needs, including observed participation activities and video of family; Feedback given and invitation to programme
- Group based - 2 families participate and 2 children per family maximum (open age range for children)
- Four days spread over 2 weeks (10am – 4pm)
- 2 qualified social workers who had undertaken Theraplay training and 1 and 2 level therapy
- Aims to teach about early trauma and its effect upon development.
- Understanding brain development. Teaching practical techniques to build positive attachments and modify challenging behaviours

Programme delivered:

- Presentation, DVD, handouts. Group involvement and discussion of particular topics encouraged. Practice set weekly to undertake at home and expectation for families to feedback on usefulness or effectiveness or difficulties in implementing
- Reviews at beginning of each session focus on home practice as detailed above, discussion and problem solving

Information collected:

- Pre- and Post-intervention feedback and assessment to measure effectiveness for children and families

Cost of this programme is £1995 plus VAT at the Programme's first delivery
Other programmes provided by the local authority that are not parenting:

- Adoption psychology team
- After adoption

Trafford

Programmes available (other than AdOpt):

- Nurturing Attachments (18 weeks)

Nurturing Attachments

- Parents are referred if an interest is expressed or a need identified by assessing Adoption support worker.
- Group based – 10 parents
- No specific criteria for choosing parents
- 18 weeks, 2.5 hours
- Delivered by Adoption support worker and a psychologist

- Aims: Consider attachment styles and effect of early trauma on a child's brain development; increase positive styles of parenting, thus promoting relationships

Information collected:

- Initial intake forms

No cost has been provided.
Other programmes provided by the local authority that are not parenting:

- Weekly surgery appointments
- Adoption support
- Dedicated CAMHS support

Cheshire West and Chester

Programmes available other than AdOpt:

- Safebase programme (4 days) – delivered by After AdOpt Liverpool

Safebase programme

- Offered to all families struggling with complex family issues. Spot purchase as required. Previously had 20 places available per year in a match for match contract.
- Four days spread over 2 weeks
- Unsure how many practitioners required or what training is required to do this course as it is an outside agency that delivers it
- Aims to introduce strategies of working with complex family issues
- Programme is delivered in sessions looking at the specific issues

Information collected:

- Pre and post questions about family functioning

No cost has been provided.
Other programmes provided by the local authority that are not parenting:

- AdOpt Follow-on group
- Theraplay
- First Time Parenting sessions
- Fun Days in conjunction with 2 other local authorities
- Bi-annual Newsletter
- CAMHS

Leeds

Programmes available (other than AdOpt):

- Safebase programme (4 days) - outside agency, After Adoption.

Safebase programme

- Offered to all families and delivered by an outside agency, After Adoption.
- Group based - between 4 and 12 families per programme,either couples, single parents or one parent of a 2 parent family
- Initial family observation, follow up feedback session then 4 full days' training (16 sessions over 4 full days)
- The 16 90-minute sessions are split over 4 days. Each day is 6 hours: 10 a.m. to 4 p.m.
- Delivered by 2 practitioners
- Training required: Trainers need to be trained internally within After Adoption to deliver the programme. Although the majority of trainers are social workers, and some are adoptive parents, neither is compulsory. For each programme and family observation, there needs to be at least one qualified social worker
- Main futures: (1) Parents' reflections about self and own parenting (2) Attachment Theory (3) Object Relations theory (4) Current research re brain development (5) Theraplay (6)Narrative therapy
- Mixture of inputs and mediums: mainly experiential group / individual / pair exercises; some powerpoint-style lectures; modelling of strategies, for example, Theraplay activities); short film segments followed by group discussion; sensory exercises

Information collected:

- Pre and post questions about family functioning
- General demographic information

Other information:
Before the family observation, each parent is asked to complete a questionnaire for each child in their family (birth and adopted); this asks the parent what they find difficult / enjoyable about parenting their child(ren), what behaviour they struggle with, what they would like to do differently and their views on various aspects of their child(ren)'s experience of being parented by them.

During the family observation, a number of Theraplay activities involving all - and all combinations of – family members are filmed and analysed. Information is gathered regarding interactions between family members.

At the subsequent feedback session, information is garnered about the observation (for example, how it felt, what felt unusual or representative) and in a wider sense about how parents feel about their relationship(s) with their children.

During the programme itself, parents usual share information about their family life, their own childhood and family history, their children's pre-adoption history, and their feeling about all of the above, but none of this is formally 'captured' and written down, but is subject to confidentiality, except for a safeguarding matter.

After the programme, parents voluntarily complete an evaluation form, mainly in relation to their experiences of the programme itself.
Costs on the Programme's first delivery
£1995.00 as a spot purchase
£1000.00 as part of a 'match funded' agency contract

Other programmes provided by the local authority that are not related to parenting:

- See 'windscreen of services' – attached, alongside this form

Other information collected for additional programmes:

- For all services besides general workshops and the 'stay and play' group, the family must have an Adoption Support Assessment to access services. Adoption support assessments capture general information, such as date of birth, date of adoption, ethnicity etc, but routinely also capture varying information about the child's background; family relationships; support network; environmental factors; and other information such as social worker analysis and recommendations.

Appendix 8: Evaluation cohort, group 1 and 2 – comparison analyses pre- and post- evaluation

Table 13 Child mental health outcomes - Comparison of group 1 and 2 (evaluation sample)

	Pre evaluation			Post evaluation		
Strengths & difficulties questionnaire (SDQ)						
	Group 1	**Group 2**		**Group 1**	**Group 2**	
	M (SD)	M (SD)	t-value	M (SD)	M(SD)	t-value
Score	N=44	N=50		N=42	N=47	
Total difficulties score	16.27 (7.08)	15.78 (6.96)	0.34	15.4 (6.85)	13.40 (6.47)	1.42
Emotional symptoms	3.23 (2.64)	3.35 (2.40)	-0.24	3.12 (2.46)	2.70 (2.38)	0.81
Conduct problems	4.00 (2.29)	3.75 (2.02)	0.58	3.26 (2.07)	2.66 (1.69)	1.51
Inattention/hyperactivity	6.43 (2.82)	6.20 (2.48)	0.43	6.45 (2.89)	5.72 (2.90)	1.19
Peer problems	2.61 (2.15)	2.70 (2.45)	-0.18	2.57 (2.27)	2.32 (2.25)	0.53
Prosocial behaviour	5.91 (1.92)	6.55 (2.36)	-1.44	6.43 (2.14)	6.72 (2.23)	-0.63
Impact score	2.37 (1.85)	2.33 (2.49)	0.10	2.75 (2.53)	2.15 (2.49)	1.12
Assessment Child Checklist- Short Form (ACC-SF) questionnaire						
	Group 1	**Group 2**		**Group 1**	**Group 2**	
	M (SD)	M (SD)	t-value	M (SD)	M (SD)	t-value
Score	N=41	N=51		N=40	N=49	
Total score	20.00 (10.04)	16.67 (8.96)	1.68	16.07 (10.17)	14.77 (10.30)	0.60
Sexual behaviour	0.35 (0.98)	0.00 (0.00)	2.27*	0.07 (0.47)	0.16 (0.55)	-0.80
Pseudomature	2.83 (2.07)	2.35 (2.23)	1.05	2.37 (1.82)	2.37 (2.03)	0.02
Non-reciprocal behaviour	3.29 (2.36)	2.55 (1.97)	1.65	3.00 (2.74)	2.49 (2.25)	0.97
Indiscriminate behaviour	3.90 (2.06)	3.31 (2.36)	1.26	3.15 (2.33)	2.39 (1.90)	1.70
Insecure	3.58 (2.22)	3.04 (2.17)	1.19	2.92 (2.06)	2.67 (2.30)	0.54
Anxious distrustful	2.02 (2.16)	2.06 (2.07)	-0.08	1.50 (1.60)	1.59 (2.07)	-0.23
Abnormal pain response	1.22 (1.54)	0.97 (1.33)	0.87	0.82 (1.38)	0.80 (1.31)	0.10
Food maintenance	1.44 (1.88)	1.25 (1.65)	0.50	0.95 (1.30)	1.14 (1.72)	-0.59

Self-injury	1.36 (1.97)	1.14 (1.92)	0.56	1.27 (1.81)	1.16 (1.98)	0.28

Assessment Child Checklist + (ACC +) questionnaire

	Group 1	Group 2		Group 1	Group 2	
	M (SD)	M (SD)	t-value	M (SD)	M (SD)	t-value
	N=45	N=48		N=45	N=48	
Total score	63.69 (11.11)	63.13 (14.13)	0.21	64.65 (12.65)	68.49 (10.73)	-1.58

Significance levels:*p<.05; **p<.001(Bonferonni corrected)

Table 14 Parenting measures - Comparison of group 1 and 2 (evaluation sample)

	Pre evaluation			Post evaluation		
Parenting Sense Of Competency Scale (PSOC)						
	Group 1	**Group 2**		**Group 1**	**Group 2**	
	M (SD)	M (SD)	t-value	M (SD)	M (SD)	t-value
Score	N=43	N=50		N=41	N=45	
Total score	53.93 (10.79)	52.64 (8.98)	0.63	58.54 (9.40)	59.55 (9.58)	-0.50
Satisfaction subscale	20.63 (6.75)	21.46 (5.43)	-0.66	23.83 (4.60)	23.73 (4.66)	0.10
Efficacy subscale	17.95 (4.11)	16.20 (4.07)	2.06*	19.83 (4.17)	20.67 (4.49)	-0.89
Interest subscale	15.34 (2.20)	14.98 (2.16)	0.81	14.89 (2.62)	15.15 (2.75)	-0.48
Iowa Family Interaction Rating Scales						
	Group 1	**Group 2**		**Group 1**	**Group 2**	
	M (SD)	M (SD)	t-value	M (SD)	M (SD)	t-value
Score	N=44	N=52		N=44	N=49	
Total score	83.16 (10.62)	81.42 (9.54)	1.55	83.16 (10.62)	81.42 (9.54)	0.84
Parental monitoring	12.09 (1.71)	11.44 (2.29)	0.86	12.33 (1.56)	11.92 (1.93)	1.12
Inconsistent discipline	25.23 (3.19)	24.69(2.88)	0.30	25.93 (2.61)	26.27 (2.61)	-0.61
Parenting by reasoning	45.84(9.97)	45.29 (8.33)	0.84	48.05 (8.63)	49.37 (7.42)	-0.78
Time spent with child						
	Group 1	**Group 2**		**Group 1**	**Group 2**	
Score	M (SD)	M (SD)	t-valu	M (SD)	M (SD)	t-value
	N=37	N=51		N=40	N=48	
Total score	15.16(3.12)	14.9(3.39)	0.37	15.37(3.19)	13.87(3.12)	2.22

Significance levels:*p<.05; **p<.001(Bonferonni corrected)

Appendix 9: AdOpt evaluation sample – comparison analyses pre- and post- programme

Table 15 Child mental health outcomes - Comparison of pre and post measures - evaluation sample

	Pre evaluation	**Post evaluation**	
Strengths & difficulties questionnaire (SDQ)			
	M (SD)	M (SD)	t-value
	N=81	N=81	
Total difficulties score	15.52 (6.85)	14.32 (6.64)	2.00*
Emotional symptoms	3.22 (2.51)	2.90 (2.42)	1.58
Conduct problems	3.72 (2.10)	2.97 (1.89)	3.25**
Inattention/hyperactivity	6.16 (2.64)	6.11 (2.88)	0.54
Peer problems	2.55 (2.25)	2.43 (2.25)	0.54
Prosocial behaviour	6.24 (2.21)	6.55 (2.20)	-1.51
Impact score	2.23 (2.05)	2.46 (2.49)	-0.97
Assessment Child Checklist- Short Form (ACC-SF) questionnaire			
	Pre evaluation	**Post evaluation**	
	M (SD)	M (SD)	t-value
	N=86	N=86	
Total score	17.56 (9.00)	15.63 (10.14)	2.16*
Sexual behaviour	0.12 (0.53)	0.13 (0.53)	-0.19
Pseudomature	2.57 (2.19)	2.20 (1.93)	0.69
Non-reciprocal	2.79 (2.08)	2.78 (2.47)	0.05
Indiscriminate	3.58 (2.28)	2.75 (2.14)	4.00**
Insecure	3.23 (2.18)	2.83 (2.19)	1.98
Anxious distrustful	1.90 (1.92)	1.59 (1.87)	1.38
Abnormal pain response	1.03 (1.40)	0.83 (1.34)	1.29
Food maintenance	1.22 (1.65)	1.08 (1.55)	0.88
Self-injury	1.12 (1.83)	1.24 (1.91)	-0.71
Assessment Child Checklist + (ACC +) questionnaire (AdOpt evaluation sample)			
	Pre evaluation	**Post evaluation**	
	M (SD)	M (SD)	t-value

	N=89	N=89	
Total score	63.90 (12.54)	66.74 (11.87)	-2.21*

Significance levels:*p<.05; **p<.001 (Bonferroni corrected)

Table 16 Parenting outcomes - Comparison of pre and post measures - evaluation sample

	Pre evaluation	**Post evaluation**	
Parenting Sense Of Competency Scale (PSOC) (AdOpt evaluation sample)			
Score	M (SD)	M (SD)	t-value
	N=80	N=80	
Total score	53.51 (9.60)	59.42 (9.53)	-5.96**
Satisfaction	21.21 (6.01)	23.85 (4.63)	-4.66**
Efficacy	17.25 (4.14)	20.47 (4.41)	-6.33**
Interest	15.05 (2.20)	15.10 (2.68)	-0.16
Iowa Family Interaction Rating Scales (AdOpt evaluation sample)			
	Pre evaluation	**Post evaluation**	
Score	M (SD)	M (SD)	t-value
	N=91	N=91	
Total score	82.5 (9.4)	87.00 (9.30)	-4.05**
Parental monitoring	11.77 (2.08)	12.10 (1.77)	-1.47
Inconsistent discipline	25.00 (3.06)	26.10 (2.60)	-3.69**
Parenting by reasoning	45.76 (8.58)	48.75 (7.99)	-2.83*
Time spent with child (AdOpt evaluation sample)			
	Pre evaluation	**Post evaluation**	
Score	M (SD)	M (SD)	t-value
	N=82	N=82	
Total score	14.9 (3.18)	14.36 (3.16)	1.79

Significance levels:*p<.05; **p<.001 (Bonferroni corrected)

Appendix 10: Pilot sample – comparison analyses pre- and post- programme

The analyses comparing outcomes before and after the AdOpt course for the pilot sample were conducted. Similar to the evaluation sample, the pilot sample showed significant improvements between pre- and post-programme outcomes. For SDQ questionnaires children, as reported by their parents, showed significantly lower scores for total difficulties and emotional symptoms, conduct problems and inattention/hyperactivity subscales. For the ACC-SF questionnaire there was a significant reduction in overall difficulties, pseudo mature, non-reciprocal, indiscriminate and insecure behaviours. For the ACC+ questionnaire there was a significant reduction in total scores as an aggregate of child behaviours, emotional states, traits, and manners of relating to others. Parenting measures also showed significant improvement in overall self-efficacy as well as in parental satisfaction and efficacy, as measured by Parent Sense of Competency Scale (see tables 11 and 12 below).

Table 17 Child mental health outcomes - Comparison of pre and post measures - Pilot sample

	Pre	**Post**	
Strengths & difficulties questionnaire (SDQ)			
Score	M (SD)	M (SD)	t-value
	N=146	N=146	
Total difficulties score	15.89 (6.91)	13.89 (6.51)	5.09**
Emotional symptoms	2.97 (2.26)	2.33 (2.00)	4.31**
Conduct problems	4.03 (2.22)	3.30 (2.37)	4.54**
Inattention/hyperactivity	6.31 (2.78)	5.77 (2.81)	3.32**
Peer problems	2.68 (2.03)	2.54 (1.97)	0.93
Prosocial behaviour	6.42 (1.95)	6.70 (2.10)	-1.91
Impact score	2.01 (2.30)	1.73 (2.22)	1.75
Assessment Child Checklist- Short Form (ACC-SF) questionnaire			
	M (SD)	M (SD)	t-value
	N=130	N=130	
Total Score	18.08 (11.03)	15.45 (10.18)	4.09**
Sexual behaviour	0.12 (0.62)	0.25 (1.03)	-1.54
Pseudomature	2.85 (2.20)	2.48 (2.12)	2.19*
Non-Reciprocal	2.88 (2.52)	2.41 (2.32)	2.67**
Indiscriminate	3.78 (2.31)	3.45 (2.35)	1.96**
Insecure	3.08 (2.14)	2.35 (1.93)	4.65**
Anxious distrustful	1.94 (2.00)	1.48 (1.81)	3.22
Abnormal pain response	1.13 (1.63)	1.05 (1.57)	0.58

Food maintenance	1.04 (1.46)	0.95 (1.56)	0.85
Self Injury	1.26 (1.87)	1.02 (1.60)	1.68
Assessment Child Checklist + (ACC +) questionnaire			
Score	M (SD) N=128	M (SD) N=128	t-value
Total score	66.35 (9.82)	68.20 (10.30)	-2.99**

Significance levels:*p<.05; **p<.001 (Bonferonni corrected);

Table 18 Parenting measures - Comparison of pre and post measures - Pilot sample

Parenting Sense Of Competency Scale (PSOC)			
	Pre	**Post**	
Score	M (SD) N=150	M (SD) N=150	t-value
Total score	54.57 (9.64)	59.17 (8.41)	-6.29**
Satisfaction	21.13 (5.64)	23.11 (4.62)	-4.80**
Efficacy	18.05 (4.41)	20.59 (3.63)	-6.88**
Interest	15.53 (2.05)	15.56 (2.23)	-0.18

Significance levels:*p<.05; **p<.002(Bonferonni corrected)

Appendix 11: AdOpt evaluation and pilot samples – comparison analyses pre- and post- programme

To estimate any effects of prior random questionnaire order and administration within the pilot sample, data from the AdOpt pilot sample were compared to the AdOpt evaluation sample on 4 overlapping measures: Strengths and Difficulties Questionnaire, (Goodman, 2001; Assessment Checklist for Children Plus, (Tarren-Sweeney, 2007); Assessment Checklist for Children- Short Form, (Tarren-Sweeney, 2007); and Parenting Sense of Competence PSOC, (Jones and Prinz, 2005).

Overall there were very few significant differences between the evaluation and pilot samples on any of the measures both pre- and post- programme. Significant differences between the AdOpt evaluation sample and the AdOpt pilot sample were found for

- SDQ emotional symptoms subscale post-programme where the evaluation sample yielded slightly higher emotional symptoms but did not show improvements across the programme assessment
- ACC-SF post-programme indiscriminate behaviour subscale where the pilot sample showed slightly worse behaviour
- Parenting sense of competency, efficacy subscale pre-programme where the pilot sample showed improved efficacy (see table 19 and 20 below).

However, these disappeared following correction for multiple testing. The evaluation team also examined whether there were any differences in change across time, conducting repeated ANOVA comparisons of group differences, to statistically examine whether there were any differences between the AdOpt evaluation sample and the AdOpt pilot sample. There were no statistically significant differences.

Table 19 Child mental health outcomes - Comparison of evaluation and pilot samples

	Pre			**Post**		
Strengths & difficulties questionnaire (SDQ)						
	Evaluation	**Pilot**		**Evaluation**	**Pilot**	
Score	M (SD)	M (SD)	t-value	M (SD)	M (SD)	t-value
	N=94	N=184		N=89	N=148	
Total difficulties score	15.89 (6.92)	15.88 (6.67)	0.22	14.37 (6.69)	13.85 (6.52)	0.59
Emotional symptoms	3.27 (2.48)	2.96 (2.19)	1.08	2.91 (2.41)	2.31 (2.00)	2.07*
Conduct problems	3.85 (2.14)	4.05 (2.25)	-0.72	2.93 (1.89)	3.31 (2.36)	-1.36
Inattention/ hyperactivity	6.24 (2.62)	6.37 (2.66)	-0.38	6.07 (2.90)	5.75 (2.83)	0.83

Peer problems	2.64 (2.32)	2.56 (2.02)	0.28	2.46 (2.24)	2.52 (1.97)	-0.21
Prosocial behaviour	6.25 (2.18)	6.51 (2.01)	-0.97	6.57 (2.17)	6.72 (2.10)	-0.50
Impact score	2.33 (2.28)	2.19 (2.30)	0.49	2.43 (2.51)	1.83 (2.34)	1.80
Assessment Child Checklist- Short Form (ACC-SF) questionnaire						
	Evaluation	**Pilot**		**Evaluation**	**Pilot**	
Score	M(SD)	M(SD)	t-value	M(SD)	M(SD)	t-value
	N=92	N=158		N=89	N=156	
Total score	18.15 (9.55)	18.20 (11.04)	-0.04	15.52 (10.16)	16.33 (11.10)	-0.57
Sexual behaviour	0.15 (0.66)	0.20 (0.97)	-0.43	0.12 (0.52)	0.38 (1.40)	-2.04
Pseudomature	2.56 (2.16)	2.93 (2.22)	-1.27	2.39 (1.92)	2.62 (2.33)	-0.76
Non-reciprocal	2.88 (2.17)	2.92 (2.58)	0.12	2.74 (2.46)	2.63 (2.47)	0.35
Indiscriminate	3.58 (2.34)	3.68 (2.31)	-0.36	2.73 (2.13)	3.53 (2.34)	-2.66*
Insecure	3.28 (2.20)	3.06 (2.12)	0.80	2.79 (2.19)	2.52 (2.06)	0.95
Anxious distrustful	2.04 (2.10)	2.00 (1.98)	0.16	1.55 (1.86)	1.60 (1.82)	-0.19
Abnormal pain response	1.08 (1.42)	1.12 (1.62)	-0.19	0.81 (1.33)	1.01 (1.52)	-1.06
Food maintenance	1.34 (1.75)	1.02 (1.46)	1.54	1.15 (1.70)	1.03 (1.66)	0.51
Self-injury	1.24 (1.93)	1.28 (1.90)	-0.16	1.24 (1.90)	1.01 (1.59)	0.98
Assessment Child Checklist + (ACC +) questionnaire						
	Evaluation	**Pilot**		**Evaluation**	**Pilot**	
Score	M(SD)	M(SD)	t-value	M(SD)	M(SD)	t-value
	N=93	N=157		N=91	N=157	
Total score	63.40 (12.70)	65.89 (9.89)	-1.72	66.55 (11.74)	67.47 (10.58)	0.53

Significance levels:*p<.05; **p<.001 (Bonferroni corrected)

Table 20 Parenting measures - Comparison of evaluation and pilot samples

	Pre			Post		
Parenting Sense Of Competency Scale (PSOC)						
	Evaluation	**Pilot**		**Evaluation**	**Pilot**	
Score	M (SD)	M (SD)	t-value	M (SD)	M (SD)	t-value
	N=89	N=188		N=85	N=156	
Total score	53.09 (9.56)	54.70 (9.71)	-1.29	59.14 (9.48)	58.94 (8.96)	0.17
Satisfaction subscale	20.91 (5.91)	20.97 (5.76)	-0.08	23.81 (4.63)	23.12 (4.61)	1.11
Efficacy subscale	17.07 (4.13)	18.25 (4.40)	-2.13*	20.27 (4.36)	20.41 (3.92)	-0.25
Interest subscale	15.11 (2.15)	15.56 (2.09)	-1.65	15.06 (2.67)	15.60 (2.22)	-1.69

Significance levels:*p<.05; **p<.001 (Bonferroni corrected)

Appendix 12: KEEP sample – comparison analyses pre- and post- programme

Results KEEP pre – post programme comparison

Both the SDQ (Goodman, 2001) and the Parental Scale (Arnold et al., 1993) measures yielded significant reductions from the period before the beginning of the KEEP programme to the period after the final session. Similar to the AdOpt evaluation, there was a significant reduction of child total difficulties SDQ score (an aggregate measure of conduct problems, hyperactivity, emotional symptoms and peer problems) and reductions in child conduct problems. In addition, data from KEEP also demonstrated significant reductions in inattention and hyperactivity symptoms and peer problems. The Parenting scale questionnaire also showed overall reduction of the total parenting score and the verbosity subscale, but note that higher scores indicate less effective parenting.

AdOpt and KEEP comparisons - SDQ questionnaire

AdOpt and KEEP samples were compared on the Strengths and Difficulties Questionnaire both at the pre-programme and post-programme level and no significant differences were found. The 2 programmes were also compared on a magnitude of change between pre- and post-symptoms, which also yielded non-significant results. The results demonstrated that for both groups, children demonstrated fewer child behaviour problems post-intervention, specific to target population Each programme has a specific target population, that is, foster families or adoptive families and the programmes are designed specifically for these target populations.

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