Department for Education

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

December 2022

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

Government Social Research

Contents

List of Tables

List of Figures

Acknowledgements

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

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

Executive Summary

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

Between November 2018 and February 2020,1,008 of these adoptive parents and SGO carers completed a 'baseline' online survey prior to their child or family commencing ASF-funded support. Data from the baseline survey identified child mental health needs that were considerably elevated compared with those of children in the overall British population. A high proportion of parents recorded that their child's mental health needs were in the clinical or borderline clinical range. Reported parent and carer emotional health and wellbeing was also, on average, statistically significantly worse at baseline compared with adults in the overall British population (Burch et al, 2021).

Based on expectations regarding end dates for the funded support, parents and carers were sent an invitation to complete a second survey (wave 2) immediately after the support ended or 12 months after it started, whichever was the sooner. The wave 2 survey closed on 4 March 2021 and, at that point, 783 of the 1,008 (78%) parents and carers who had completed a baseline survey had also completed a wave 2 survey. From data provided by parents and carers at wave 2, it was possible to estimate that approximately two-thirds of the ASF-funded support packages were affected to some extent by the period of the first COVID-19 restrictions. However, the wave 2 responses from parents and carers showed that satisfaction levels with the support provided remained high, and there were also early signs of positive wellbeing outcomes for those children and families responding to the survey, particularly for children of school age (Burch et al, 2022(a)).

To evaluate child and family progress beyond the ending of ASF-funded support, a final 'wave 3' survey was sent to all 783 parents and carers who responded at wave 2, six months after they had completed a wave 2 survey. The wave 3 survey closed on 8 November 2021 and, at that point, 681 parents and carers (68% of the baseline) had completed a wave 3 survey. The wave 3 cohort was broadly representative of the baseline. 90% were placed for adoption and 10% were subject of a Special Guardianship Order.

Key findings relating to child mental health journeys

Findings from the wave 3 data build on those from wave 1 and 2 using the same two standardised measures of child mental health i.e., the Child Behaviour Checklist (CBCL) and the Strengths and Difficulties Questionnaire (SDQ). The findings at wave 3 demonstrated how, for many school-aged children and for boys in particular,

improvements in their mental health by the end of ASF-funded support were mostly sustained or further extended at the 6 month follow up.

- **The Child Behaviour Checklist (CBCL)** findings for children aged 6-18 years suggest that, at wave 3, further improvements were evidenced in relation to almost all aspects of their mental health. Differences in parent / carer-report CBCL scores between baseline and wave 3 identified:
    - **For boys aged 6-11 years**, statistically significant improvements in their mean total problems, also their internalising (e.g., anxiety or depression) and externalising problems (e.g., aggressive or anti-social behaviour), albeit with a small effect size in each case.
    - **For older boys aged 12-18 years**, statistically significant improvements in their mean total problems and externalising problems (with a medium effect size in each case). Their mean internalising problems also improved in a statistically significant way (with a small effect size).
    - **For girls aged 6-11 years,** improvements in their mean total, internalising and externalising problems, although these were not statistically significant. Improvements in their total problems were approaching significance by wave 3.
    - **For girls aged 12-18 years,** statistically significant improvements in their mean externalising problems (small effect size). Improvements in their mean total problems were also approaching significance by wave 3.
    - **For pre-school children aged 1.5 to 5 years**, there were no statistically significant improvements in their mental wellbeing, as measured by the CBCL.
- **The Strengths and Difficulties Questionnaire (SDQ)** findings demonstrated that, on average, the Total Difficulties of children aged 5-15 years did not improve in a statistically significant way between baseline and wave 3. However:
    - The impact of these children's difficulties on their daily lives did improve and sustain improvement in a statistically significant way (albeit with a small effect size).
    - There was also sustained and statistically significant reduction (small effect size) in the burden the child's difficulties placed on the family.
    - There were reductions in the number and proportion of children in the 'very high' category of difficulties.
- **The mental health of children with higher levels of problems or difficulties at baseline tended to worsen over the period of the study.** Conversely, those with lower levels of problems or difficulties at the start tended to improve. Children

with worsening problems represented between 11-16% (CBCL Total Problems) and 24% (SDQ Total Difficulties) of the samples in different age and gender categories. Their baseline scores put them in the 'very high' range of difficulties. Parents' and carers' free text comments in the survey echoed these quantitative findings.

In their wave 3 survey, a high proportion (79%) of parents and carers agreed or strongly agreed that receiving ASF support had helped their child. Many parents and carers provided more information, in their 'free text' responses and often in a cautiously optimistic way, about how the ASF had helped their child. Positive change was noted in relation to a range of child functioning including for example that they were: more able to verbalise and/or regulate their emotions; had fewer 'meltdowns' or angry outbursts; were better able to concentrate, manage relationships and make progress in school; were better able to maintain a friendship group and social interactions; had an improved sense of identity and life journey; had improved trust (in parents and carers) and confidence; and/or were more able to cope with challenges.

Where parents and carers described their child's distance travelled more modestly in the free text, they sometimes reflected that the lack of significant positive change was attributable to factors other than the nature and quality of support. For example, that support had not materialised or had been disrupted (mostly due to the COVID-19 pandemic) or because their child had not engaged with or disengaged from it. Alternatively, family events and circumstances (bereavements, separations, transitions, illnesses and other), contact with birth family members, ongoing difficulties in school, or the COVID-19 pandemic itself had affected their child's emotional health and wellbeing negatively (in spite of the ASF support).

Key findings relating to family including parent / carer wellbeing and parenting efficacy

Parents and carers appeared to have benefitted from ASF-funded support, and the findings suggest that these benefits may be linked with the sustainability of impact on the child and family over time. For example:

- The emotional health and wellbeing of parents and carers, as measured by the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), improved between baseline and wave 2 and again between wave 2 and 3. Overall, their emotional health and wellbeing improved in a statistically significant way between baseline and wave 3 (small effect size).
- Parenting self-efficacy or parenting confidence as measured by the Brief Parenting Self-Efficacy Scale (BPSES) improved between baseline and wave 2 in a statistically significant way (small effect size). However, scores then reduced

slightly between wave 2 and 3. Overall improvements between baseline and wave 3 remained statistically significant (small effect size).

- In their wave 3 survey, a high proportion of parents and carers agreed or strongly agreed that receiving ASF support had helped them 'as a parent' (80%) or had helped the family as a whole (75%).
- In their free text responses, a strong theme from parents and carers was that their family life felt much calmer and/or less tense and/or that they had an improved understanding of their child's needs.

Whilst some parents and carers attributed positive change(s) to the ASF-funded support their child had received independently, many more attributed this change to the support they had received themselves (whether as a stand-alone ASF-funded support or in conjunction with child-directed support). This support included mostly parenting support and / or information and support to understand their child's needs. Where parents and carers had been provided with (parenting) support as part of the ASF package of support, many expressed a view that this helped also with the sustainability of (improvements in) child and family wellbeing.

Key findings by placement type

Although we need to be cautious about the findings by placement type (because the sample sizes differed so much in size), this study did not find statistically significant differences in the standardised measure scores and overall trends in scores that could be compared[1] by whether children were placed for adoption or subject of a Special Guardianship Order.

The exception is that the SDQ scores for children living with an adoptive parent but not yet with an Adoption Order were significantly lower at baseline compared with those of children who were already subject of an Adoption Order (AO) or Special Guardianship Order (SGO). Their scores increased (worsened) more dramatically between baseline and wave 3 (particularly between wave 2 and wave 3) to 'catch up' with the scores of children already with an AO or SGO. The finding remained the same, even when controlling for age and gender. Therefore, the research team hypothesised that the children placed for adoption but not yet with an AO were experiencing a 'honeymoon period' in the early stage of their adoption, and that their difficulties began to emerge (or to become more evident to parents) over time.

However, as with other satisfaction measures at different waves of the survey, the extent to which the Fund was perceived by special guardians at wave 3 to have positively

[1] Some, for example CBCL by age category, could not be compared as these sample sizes were too small.

helped their child, themselves and the family was less on average compared with adoptive parents.

- 73% special guardians strongly agreed or agreed that the ASF had helped their child compared with 80% adoptive parents.
- 75% special guardians strongly agreed or agreed that the ASF had helped them as a carer compared with 80% adoptive parents.
- 72% special guardians strongly agreed or agreed that the ASF had helped their family compared with 75% adoptive parents.

There was also a statistically significant difference in how the adoption or special guardianship was perceived to be faring at wave 3 by these placement types, with a greater proportion of special guardians perceiving the ongoing challenges to be more significant.

Key findings relating to the extent to which the main aim of the ASF-funded support was met

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

Parents and carers were then asked in the baseline survey, repeated in the wave 2 and wave 3 surveys, "In relation to the main aim of funded support from your perspective, where do you think you are now? Please select on a scale of '1 = aim not met at al' to '10 = aim completely met'". The scores improved in a statistically significant way between baseline and wave 2 and improved again between wave 2 and wave 3. Overall, between baseline and wave 3, there was a statistically significant improvement in the extent to which parents and carers thought that their main aim was met (with a medium to large effect size).

A follow up question at wave 3 asked parents and carers more specifically about the extent to which any positive change had been sustained beyond the ending of the period of ASF-funded support. Parent and carer perceptions of the strength of sustainability of positive change were relatively high (mode = 7 and mean = 6.93 out of 10).

Key findings relating to the nature of impact to be expected from therapeutic support for this cohort of children and families and the perceived need for ongoing support

Overall, a strong theme from the findings was that modest, cumulative improvements rather than those of a more dramatic nature should be expected from therapeutic support for these cohorts of children. In addition to the findings from standardised measures (outlined above) analysis of the free text responses revealed that:

- Parents and carers frequently used phrases and terms like ‘coping better’, ‘in a better place’, ‘ups and downs’, ‘baby steps’, and ‘early days’ to describe progress for them and their child since receiving ASF-funded support. Many were also keen to point out that the support was ‘not a cure’ for their child who often still experienced (some) ongoing difficulties.
- A major theme was the uncertainty and unpredictability around improvements in child and family wellbeing. Although over two thirds (67%) parents and carers considered that the adoption or special guardianship was going really well or that there were challenges and rewards and overall they were managing, they frequently qualified this by referencing how challenges could emerge or re-emerge at key transitions for their child including for example: into secondary school; or becoming/being a teenager.
- Some parents and carers expressed a view that ongoing challenges were to a certain extent to be expected, as a result of their child’s early life experiences or underlying needs.
- At 6 months after the end of ASF-funded support, 80% of adoptive parents and carers thought their child and family still needed more therapeutic support, either by way of ‘follow on’ from the support they had already received, or at some theoretical point in the future. 7% responded negatively and 13% were not sure. A greater proportion of adopters (81%) than special guardians (72%) thought their child and family still needed more therapeutic support at the end of the ASF-funded support.

Chapter 1: Introduction

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

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

Two of the earlier reports (Burch et al, 2021 & Burch et al, 2022(a)) have explored findings from 'waves' one and two of a longitudinal survey of adoptive parents and SGO carers whose child was about to commence a package of ASF-funded the support over a 16-month period between November 2018 and February 2020. The first wave report provided a 'baseline' set of findings relating to 1,008 families, including their experiences of seeking and getting help through the Fund, as well as aspects of their child and family needs before the period of funded support commenced. A key finding from the baseline survey was that the level of presenting mental or emotional health needs for many of the children about to commence a package of ASF-funded support was considerably elevated compared with those of children in the overall British population, with a high proportion of the children presenting with mental health needs in the clinical or borderline clinical range. Adoptive parent and SGO carer emotional health and wellbeing was also statistically significantly worse than adults in the overall British population.

Based on expectations regarding end dates for the funded support, parents and carers were sent an invitation to complete a second survey immediately after the support ended or 12 months after it started, whichever was the sooner. Seventy eight percent (783) parents who had completed a baseline survey also completed a second. Approximately two-thirds of the ASF-funded supports had been provided during COVID-19 and were therefore affected to a greater or lesser degree by the period of the first COVID-19 lockdown. Despite this, parent and carer satisfaction levels were still very high and there were early signs at wave 2 of positive outcomes for participating children and families, particularly those children of school age (Burch et al, 2022(a)).

This report explores findings from the third and final wave of the longitudinal survey with parents and carers who, in addition to a baseline and first follow up (wave 2) survey, were asked to complete a third (wave 3) survey at 6 months after they had completed wave 2. The wave 3 survey was shorter than the other surveys and focused almost exclusively on measures of distance travelled for the child and family and repeat

standardised measures of child and family wellbeing that are explored in more detail in the methodology section (Chapter 2 below).

In addition to the baseline and wave 2 ASF survey findings reports described above, another earlier report was published in relation to the first wave of local authority / regional adoption agency and provider interviews and survey and can be found here.

Other reports available from this evaluation include:

- Findings from in-depth qualitative interviews with adoptive parents, SGO carers and children who have received funded support – after the support has ended and 6 months later.
- How local authority or regional adoption agency staff and providers are experiencing the ASF over time.

Throughout this report, comparisons will be made where possible with a study relating to an early implementation phase of the ASF from May 2015 to May 2016 (Tavistock Institute, 2017[2]) hereafter known as 'the earlier ASF study'.

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

Chapter 2: ASF longitudinal family survey methodology

2.a. Data capture methodology and number of participants at each stage of the longitudinal study

Between November 2018 and February 2020, 1,008 adoptive parents and SGO carers who were starting to receive ASF-funded support completed a baseline ASF survey. The baseline sample represented 7% of all children with an approved ASF support application during the same time frame, and 49% of all parents and carers who had been invited to complete a baseline survey. Whilst not fully representative of all children receiving support at that time, the differences (with reference to age category and adoption status) between the baseline sample and all children receiving ASF-funded support represented a small effect size[3].

Based on what parents and carers had described by way of expectations regarding end dates for the funded support in the baseline response, they were sent an invitation to complete a second survey immediately after the support was due to end or 12 months after it started, whichever was the sooner. This second 'wave 2' survey asked parents and carers questions about their experiences of receiving support, other factors (including Covid-related) affecting them and the ASF support during that time, their perceived impact of the ASF support (on child and family wellbeing, also parenting efficacy measures), the distance travelled in relation to a main aim for the funded support identified at baseline, and how the adoption or special guardianship was faring overall. A proportion (65%) of the parents and carers completed a second survey during the period of the COVID-19 pandemic involving lockdowns. A total of 783 of the 1,008 parents and carers who had originally completed a baseline survey also completed a wave 2 survey. This represents 78% of all baseline responses and 83% of parents and carers who did not actively withdraw their consent for continued participation between baseline and wave 2 surveys.

Parents and carers were then asked to complete a third (wave 3) survey 6 months after they had completed their wave 2 survey. A total of 681 parents and carers (68% of those who participated in a baseline survey) completed a wave 3 survey.

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

Table 1: Number and percentage (%) parents and carers completing a baseline, wave 2 and wave 3 survey

Parent / Carer Cohort	Number	% Baseline
Those who completed a baseline survey	1,008	-
Those who actively withdrew their consent for continued participation between baseline and wave 2	64	-
Those who could be invited to participate in a wave 2 survey (who had completed a baseline survey)	944	-
Those who completed a wave 2 survey	783	**78** (83% those who could be sent a wave 2 survey)
Those who completed a wave 3 survey	681	**68** (72% those who could be sent a wave 2 survey)

Data source: Baseline, wave 2 and wave 3 surveys and ASF application data

The majority 643/681 (94%) of parents and carers completing a wave 3 survey had also previously completed both a baseline and wave 2 survey. Six percent (38/681) parents and carers completing a wave 3 survey had only previously completed a baseline survey (i.e., they had not completed a wave 2).

More about their characteristics of survey participants and their children can be found in Chapter 3 below.

2.b. Statistical analyses applied to measure impact and distance travelled

To undertake analyses of the standardised measures used in the survey we used a mixed-model ANOVA to include all valid responses from all surveys. This meant that respondents did not necessarily need to have completed all three surveys to be included in this analysis.

The mixed model analysis involved several steps and was conducted as an iterative process to identify significant predictors for CBCL Total problems scores. To prepare for

the mixed model the dataset was transformed from a wide into a long format in SPSS so that each row presents one measurement and not one case (i.e., one respondent). As a first stage the estimation method (REML or ML) was selected. Next, the covariance structure was selected by comparing Akaike's Information Criteria (AIC) and Schwarz's Bayesian Information Criteria (BIC) scores of the models with different covariance structures. The best-fitting covariance structure was an unstructured covariance. Autoregressive, diagonal and compound symmetry covariance structures were tested, but neither resulted in improved fit of the model. Once this was selected, the fixed effect of intercept and time was added to the model. As this was significant for four outcome models, a random effect for the intercept and slope was added. Other covariates and factors were then added to decide on the best fit for the model i.e., age of child, gender of child, ethnicity of child and adoption status were included.

Scores at baseline, wave 2 and wave 3 were analysed in relation to the following scales and subscales:

- Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001).
- Child Behaviour Checklist (CBCL) (Achenbach, 2000).
- Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (Collins et al, 2012).
- Brief Parenting Self Efficacy Scale (BPSES) (Woolgar et al, 2013).

Mixed models take on many forms and the way they are reported is very varied. In this report, for the model itself, results are reported with F statistics and degrees of freedom for fixed effects. Random effects for the model are also reported.

Test statistics may be different from sample statistics because they are estimates of model parameters.

At wave 2, analysis of the SDQ included calculating an 'added value' score to measure how much accessing specialist services helped the children and young people in the evaluation's sample. The developers of the SDQ have created a formula[4] to allow a calculation of the added value of specialist intervention in cases where a parent/carer-completed SDQ is undertaken at the time of the initial assessment and again after a fixed interval. The SDQ formula is intended to address the issue that high SDQ scores may improve over time, irrespective of intervention. The wave 2 report[5] presented an analysis of the added value calculation and its usefulness. In that report, it was suggested that the added value score is usually applied when a study incorporates a control group. Reflecting on this as part of the wave 3 analysis, we now feel a more cautious approach

[4] https://sdqinfo.org/c5.html
[5] https://www.gov.uk/government/publications/adoption-support-fund-first-follow-up-survey

to interpretation is required as suggested by the SDQ developers. In our own study, the SDQ parent/carer-report scores without the added value calculation:

- Triangulate with the parent/carer-report CBCL scores from the same survey.
- Also triangulate with other impact-related parent/carer scores and free text contributions in the online survey.

2.c. Strengths and limitations of this aspect of the ASF study

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

- The follow up (waves 2 and 3) family survey response rate (78% of the baseline for wave 2 and 68% of the baseline for wave 3) was considered to be very good, particularly given the COVID-19 pandemic during which so much of this element of the study was conducted and all of the challenges this brought. The earlier ASF study (Tavistock Institute, 2017 & 2019)[6] had a wave 2 response rate of 61% and wave 3 response rate of 48% of all baseline participants. This earlier study used a postal survey and had a longer gap between wave 2 and wave 3 (18 months), both of which may account for some of the difference in response rate.
- There were no significant differences between the child characteristics across the waves of participation (this is explored in more detail in section 3 (a) below).
- Parent and carer participants in the wave 3 as well as the baseline and wave 2 surveys were required to complete many of the key domains (rather than skip some) which means that the data set is relatively complete. This is a clear advantage of online surveys, where domains can be 'required' before participants move on to the next question.
- Despite all the disruptions experienced during the overall period of COVID-19 restrictions, participants have continued to feel able to engage with the content of the wave 2 and 3 surveys and provide quantitative and qualitative responses within these.

Limitations of this element of the ASF evaluation include that:

- Much of the study was conducted during periods of the COVID-19 pandemic and restrictions, which may at times have affected both participation timings and participant responses, as well as any disruptions to their support that may have been affected by COVID-19.
- A relatively small proportion of SGO carers participated, making it difficult to compare findings across cohorts of (SGO and adopted) children.

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

- The baseline sample was very similar to but not fully representative of the larger group of children receiving funded support, making it difficult to generalise about all children receiving ASF support.
- There was no control group, limiting the extent to which we can attribute change to the ASF interventions.

Chapter 3: Characteristics of survey participants and their children

3.a. Child age, gender and ethnicity

Approximately one half (51%) of parents and carers completing a wave 3 survey did so in relation to a child who was aged 5-10 years immediately before their ASF funded support was due to commence (at baseline survey). Other children were aged 0-4 years (8%), 11-14 years (27%), and 15 years plus (14%) at the baseline.

Table 2: Percentage (%) children subject of a wave 3 survey by age band at baseline

Age Band	%
0-4	8
5-10	51
11-14	27
15 plus	14

Data source: Wave 3 survey (N=681)

Under half (47%) of the wave 3 children who had received ASF funded support were female and 53% were male.

Most (79%) of the wave 3 children were described by parents and carers as White UK/British, with a range of other ethnicities represented in the remaining 21%.

3.b. Child legal and placement status

Of the children focus of a wave 3 survey:

- 85% (577) were subject of an Adoption Order;
- 10% (66) were subject of a Special Guardianship Order; and
- 5% (38) were living with adoptive parents but not yet subject of an Adoption Order

at the time of the baseline survey.

3.c. Parent / Carer Status

Most (73%) parents / carers completing a wave 3 survey were married or cohabiting in a civil partnership, and 17% were single parents.

Table 3: Number and percentage (%) of parents / carers completing a wave 3 survey by relationship status

Status	Number	%
Co-parent/carer married or cohabiting or in a civil partnership	500	73
Single parent/carer	118	17
Co-parent/carer	59	9
Other arrangement	4**	-

Data source: Wave 3 survey (N=681)

**Base sample is 10 or less so no percentage (%) is given

3.e. Extent of previous packages of ASF support

Of the children focus of a wave 3 survey:

- 256 (37%) had received ASF funded support prior to this package of support commencing.
- 114 (17%) had siblings who had previously received ASF funded support.

3.f. How alike are the baseline, wave 2 and wave 3 cohorts?

As in the two previous reports relating to the longitudinal survey, logistic regressions were conducted to detect a non-response bias. The first logistic regression was designed to compare baseline and wave 3 respondents. Predictors of the first regression were gender, age and ethnicity of the child.[7] None of these variables had a significant regression coefficient indicating that they were not meaningful in predicting the completion of the third survey[8].The second logistic regression included all standardised

[7] Dichotomised: English/Welsh/Scottish/Northern Irish/British and Other

[8] The overall model was not statistically significant neither were the individual predictors, Age of child, β=-.17, p=.24, OR=1.18, Gender of child, β=-.48, p=.21, OR=1.61, Ethnicity of child, β=--.04, p=.93, OR=0.96, Adoption status Living with you after an Adoption Order has been made, β=-.43, p=.63, OR=1.53, p= .57, and Adoption status Living with you after a Special Guardianship Order has been made, β=-.52, p=.63, OR=1.69, p= .57

measures (SDQ total difficulties, SDQ Impact, CBCL 1.5-5 total problems, CBCL 6-18 total problems, WEMWBS, BPSES). None of these variables were shown to be significant predictors of the completion of the third survey[9]. Therefore, we can say that wave 3 is broadly representative of the baseline.

3.g. What had happened since the earlier survey was completed?

In their wave 3 responses, 61/681 (9%) parents and carers stated that the composition of their household had changed in some way since the completion of an earlier (mostly second) survey, including that:

- Members of the family had left (in 35 cases).
- Members of the family had left, and others joined (9 cases).
- New members of the family had joined (15 cases).

A variety of scenarios were described in the free text, including partners leaving, older children leaving home (including for university or to live independently), fostered children leaving or arriving, other adopted or SGO children arriving, parents (grandparents) arriving to live with the family, child residing in a residential school for much of the year, and/or children leaving under a statutory (for example Section 20 Children Act 1989) order or returning from a period of being in the care of the local authority.

In addition to changes in the composition of families, 383 (56%) parents and carers at wave 3 stated that there had been at least one significant event for their or family child since the completing the wave 2 survey. Significant events described in the free text included, for example: child starting school or preparing for or taking exams; family bereavement or parental separation; changes to contact with birth family; child not attending school for long periods of time; moving house; child receiving a ‘diagnosis’; child exclusions from school, significant medical diagnoses for parents/carers.

[9] The overall model was not significant neither were the individual predictors, SWEMWBS, β=-.01, OR=1.01, p=.58, p=.08 SDQ Total difficulties score, β=-.04, OR=1.04, p=.07, SDQ Impact, β=--.01, OR=.99, p=.68 BPSES β=-.04, OR=1.04, , p=.11 CBCL 1.5-5 β= -.01, OR=1.00, , p=.34 CBCL6-18 Total problems β=--.01, OR=.99, p=.34

Chapter 4: Findings relating to child and family outcome measures and distance travelled

4.a. A reminder about the standardised outcome measures used in this longitudinal study

This study asked parents and carers of children receiving ASF-funded support to complete the following standardised measures of child and family emotional wellbeing and parenting self-efficacy at the baseline, first follow up (wave 2) and second follow up (wave 3) surveys:

- For children aged 5-15 years at the baseline, **The Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 2001) exploring child strengths and difficulties in relation to their mental health, and the perceived impact or burden of any difficulties on the child and whole family.
- For children aged 1.5 to 18 years at the baseline, **The Child Behaviour Checklist (CBCL)** (Achenbach, 2000) exploring child mental health problems.
- **The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)** (Colins et al, 2012) exploring parent mental wellbeing.
- **The Brief Parenting Self Efficacy Scale (BPSES)** (Woolgar et al, 2013) exploring parenting self-efficacy and confidence.

Child and parent / carer baseline, wave 2 (where available[10]) and wave 3 scores have been analysed to establish distance travelled.

4.b. Findings regarding child mental health with reference to the Strengths and Difficulties Questionnaire (SDQ)

SDQ Total Difficulties scores[11]

The majority (592/681 or 87%) parents and carers completed 3 SDQ questionnaires about a child aged 5 to 15 years and subject of ASF-funded support: at baseline, wave 2 and wave 3. The mean (average) child Total Difficulties score at wave 3 was 19.28 with a standard deviation of 6.51.

Table 4 below further outlines the wave 3 cohort's mean SDQ Total Difficulties scores by wave of study.

[10] In some cases, parents and carers only completed a baseline and wave 3 survey.
[11] The SDQ total difficulties score is calculated based on 4 sub-scales excluding the pro-social sub-scale. The total score ranges between 0 and 40, where higher scores indicate greater difficulties for the child.

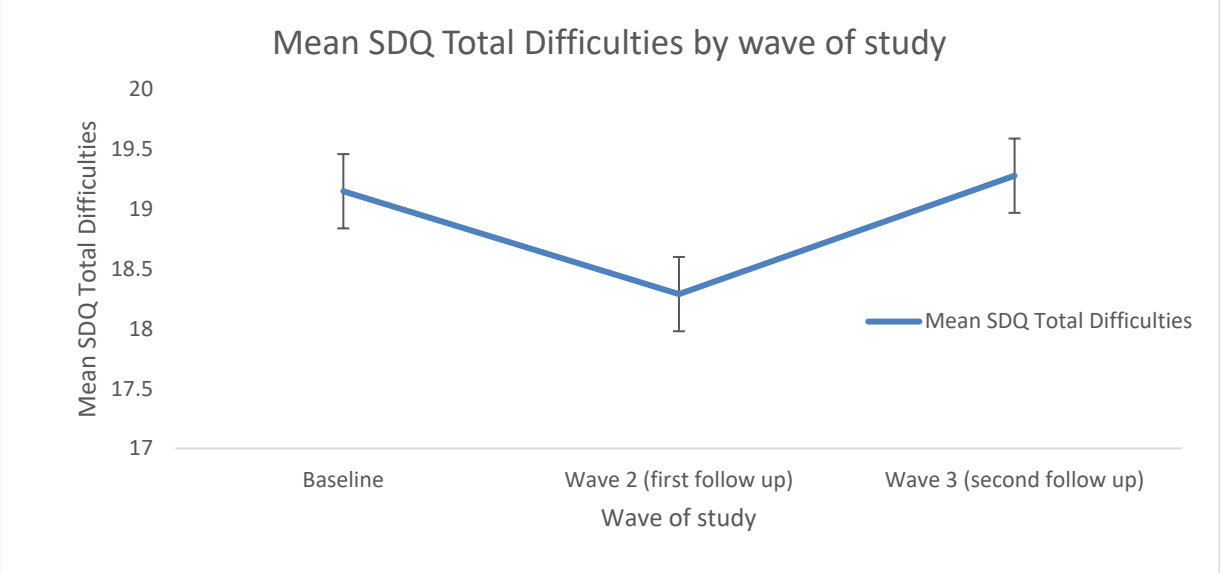
Table 4: Mean SDQ Total Difficulties scores and standard deviation (SD) by wave of study

Survey Wave	SDQ Total Difficulties Mean	Standard Deviation (SD)
Baseline	19.15	6.46
Wave 2 (first follow up)	18.29	6.51
Wave 3 (second follow up)	19.28	6.51

Data source: Baseline, wave 2 and wave 3 surveys (N=592 base sample)

Figure 1 below illustrates how, on average, the children's total difficulties as measured by mean SDQ Total Difficulties scores decreased (improved) from the baseline to wave 2 of the survey but then increased (deteriorated) from wave 2 to wave 3 of the survey.

Figure 1: Mean SDQ Total difficulties by wave of study



The decrease (improvement) in mean SDQ Total Difficulties scores for children aged 5-15 years from the baseline to wave 2 was not statistically significant ($t(774.66) = -.18$, $p > .05$). From wave 2 to wave 3, there was a statistically significant increase (deterioration) in the SDQ mean scores (small effect size) ($t(740.90) = -2.53$, $p < .05$). Overall, there was an increase (deterioration) in mean child SDQ Total Difficulties between baseline and wave 3. However, this change was not statistically significant ($t(757.78) = .34$, $p > .05$).

We also looked at the wave 3 child SDQ scores by their placement type (adopted with an Adoption Order; placed for adoption but no Adoption Order yet; or subject of a Special

Guardianship Order). Table 5 and Figure 2 below outline the children's mean SDQ Total Difficulties scores by placement type across the 3 waves of survey.

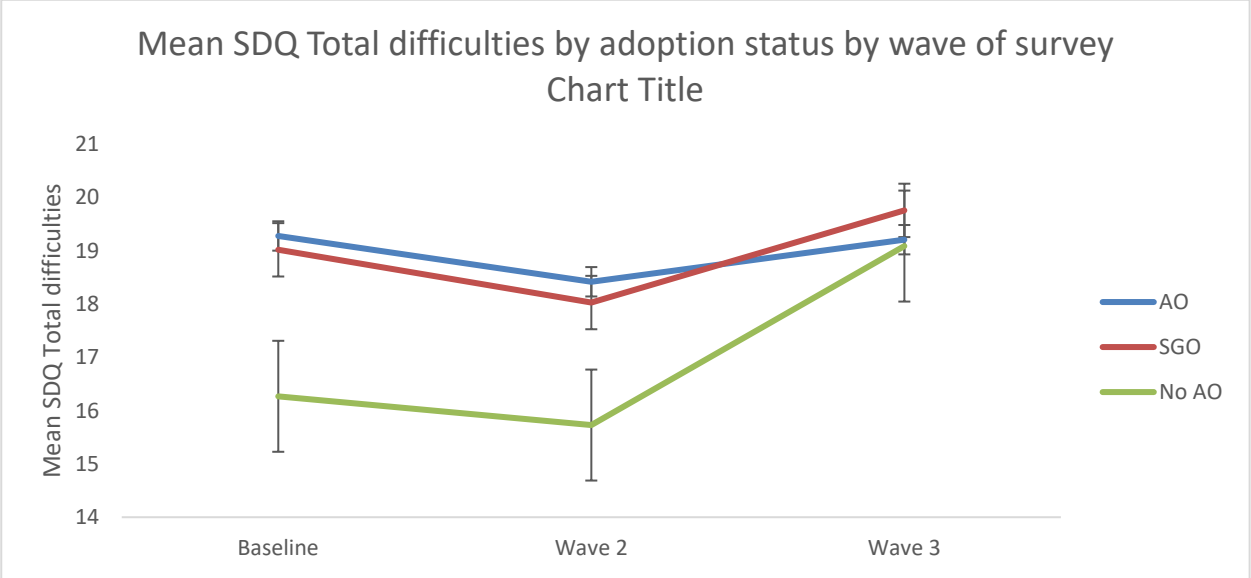
Table 5: Mean SDQ Total Difficulties scores and standard deviation (SD) by child placement status and survey wave

Placement status description	Number in the sample	Baseline survey Mean (SD)	Wave 2 survey Mean (SD)	Wave 3 survey Mean (SD)
Living with you after an Adoption Order has been made	511	19.28 (6.41)	18.42 (6.88)	19.21 (6.54)
Living with you after a Special Guardianship Order has been made	59	19.02 (6.57)	18.03 (6.33)	19.76 (5.56)
Living with you but not yet with an Adoption Order	22*	16.27 (6.86)	15.73 (7.05)	19.09 (6.28)

Data source: Baseline, wave 2 and wave 3 surveys (N = 592)

*Base sample is less than 50 so should be treated with caution

Figure 2: Mean SDQ Total Difficulties by child placement status at baseline and survey wave



Note: AO = Living with you after an Adoption Order has been made; SGO = Living with you after a Special Guardianship Order has been made; No AO = Living with you but not yet with an Adoption Order

At baseline, the mean SDQ Total Difficulties for children 'living with you but not yet with an Adoption Order' was statistically significantly lower, suggesting better mental health for these children compared with the 2 other groups ('living with you after an Adoption Order or Special Guardianship Order has been made'). However, by wave 3, the mean scores of the children 'living with you but not yet with an Adoption Order' had caught up with the 2 other groups i.e., increased to their level. These findings remained the same, even when controlling for child age at baseline and gender[12].

As age and gender of the child do not explain the difference at baseline, we hypothesise that the lower (better) scores may reflect a 'honeymoon period' for children in the early stages of an adoption in relation to whom difficulties begin to emerge (or be more evident to parents) over time.

SDQ Impact Scores (Impact of difficulties on the child)

At each wave of the survey and as part of the SDQ questionnaire, parents and carers were also asked questions about the impact of their child's difficulties on aspects of their life and functioning, including the extent to which they interfered with the child's home life, friendships, classroom learning and leisure activities.

[12] Mean SDQ Total difficulties at baseline were statistically significantly greater for the SGO group. ($t(749.40) = 2.01$, $p < .05$) and the Adoption Order group ($t(733.40) = 2.28$, $p < .05$) compared with the group of children 'Living with you but not yet with an Adoption Order'.

Table 6 below summarises the mean SDQ Impact scores for children whose parent / carer completed a wave 3 questionnaire by wave of survey.

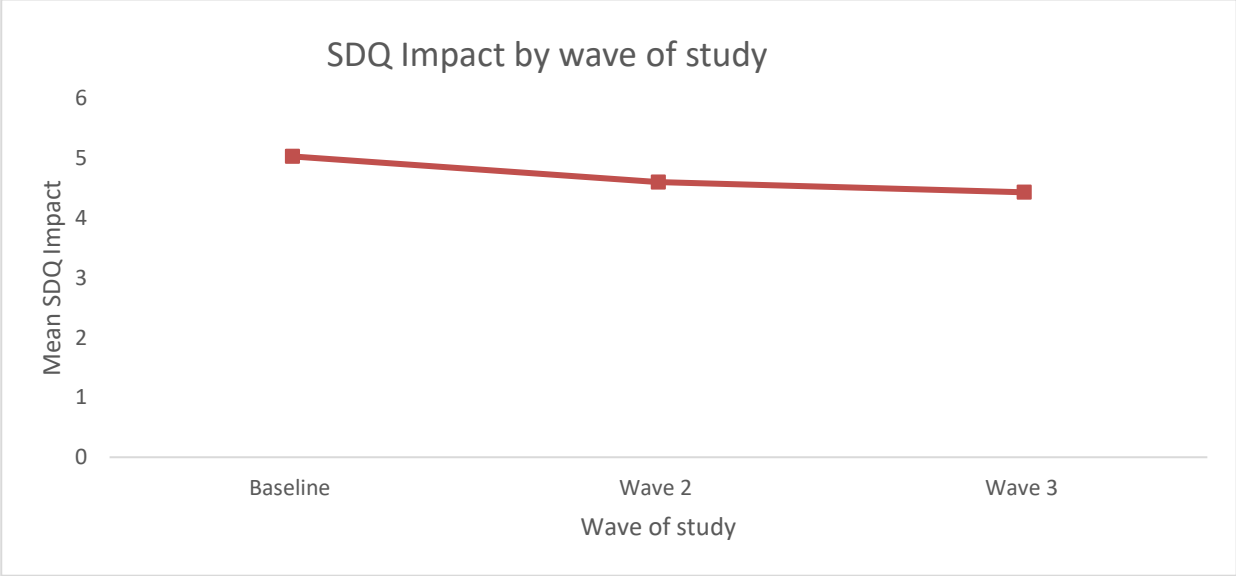
Table 6: Mean SDQ Impact scores and standard deviation (SD) by study wave

Study wave	Mean	SD
Baseline SDQ Impact score	5.03	2.68
Wave 2 SDQ Impact score	4.60	2.83
Wave 3 SDQ Impact score	4.43	2.93

Data source: Baseline, wave 2 and wave 3 surveys (N=556)

Figure 3 below illustrates how the impact of difficulties on the child's life, as measured by the SDQ Impact scores, decreased (improved) between the baseline and wave 2 and then decreased (improved) again between wave 2 and wave 3 surveys.

Figure 3: Mean SDQ Impact scores by study wave



There was a statistically significant decrease (improvement) in the SDQ Impact score from baseline to wave 2 ($t(740.80) = 4.39$, $p < .001$). From wave 2 to wave 3, there was a further decrease in SDQ Impact score, but this was not statistically significant ($t(715.25) = 1.02$, $p > .05$). Overall, there was a statistically significant decrease in the Impact scores between baseline and wave 3 (small effect size) ($t(728.02) = 3.53$, $p < .01$, $r = .13$).

SDQ scores by 'band' of Total Difficulties and Impact

In Table 7 and Figures 4 and 5 below we have outlined the number and proportion of children in the wave 3 sample by 'band' of difficulties (close to average, slightly raised, high and very high) at each stage of their ASF journey (baseline, wave 2 and wave 3) including with reference to both Total Difficulties and Impact scores.

Table 7: SDQ 4 band categorisation of Total Difficulties and Impact scores by study wave

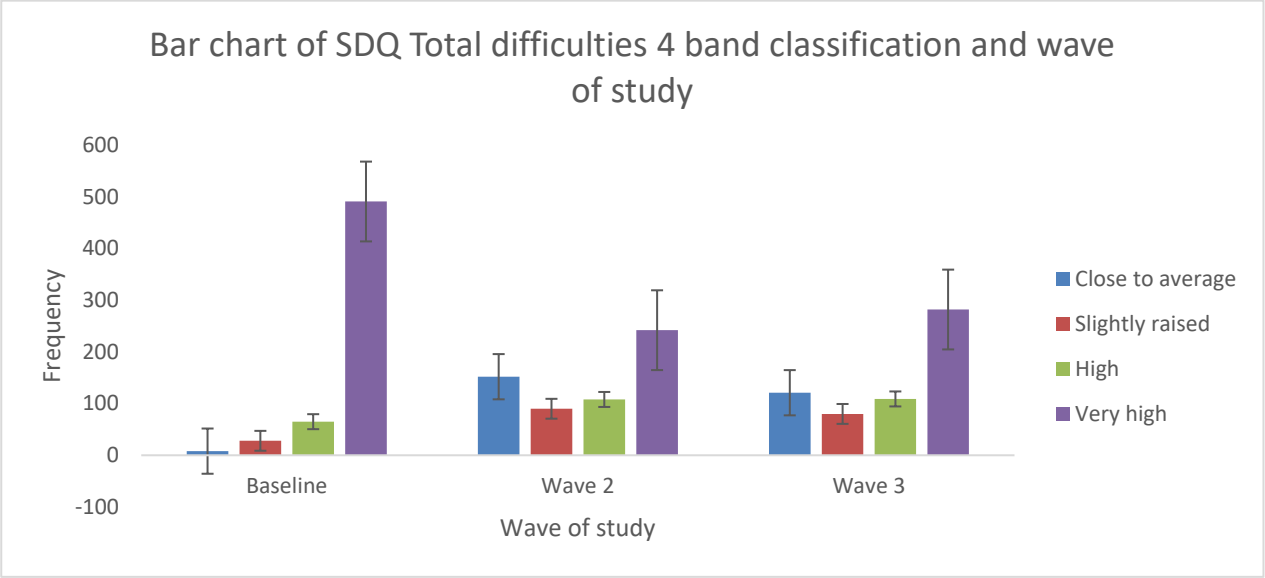
SDQ scale	SDQ 4 band classification	Baseline Number	Baseline %	Wave 2 Number	Wave 2 %	Wave 3 Number	Wave 3 %
Total Difficulties	Close to average	8**	**-**	152	**26**	121	**20**
	Slightly raised	28*	**5**	90	**15**	80	**14**
	High	65	**11**	108	**18**	109	**18**
	Very high	491	**83**	242	**41**	282	**48**
Impact	Close to average	29*	**5**	48*	**8**	58	**10**
	Slightly raised	43*	**7**	54	**9**	64	**11**
	High	55	**9**	61	**10**	63	**10**
	Very high	465	**79**	429	**73**	407	**69**

Data source: Baseline, wave 2 and wave 3 surveys (N = 592)

*Base sample is less than 50 so should be treated with caution

**Base sample is 10 or less so no percentage (%) is given

Figure 4: Bar chart of SDQ Total difficulties 4 band classification by study wave



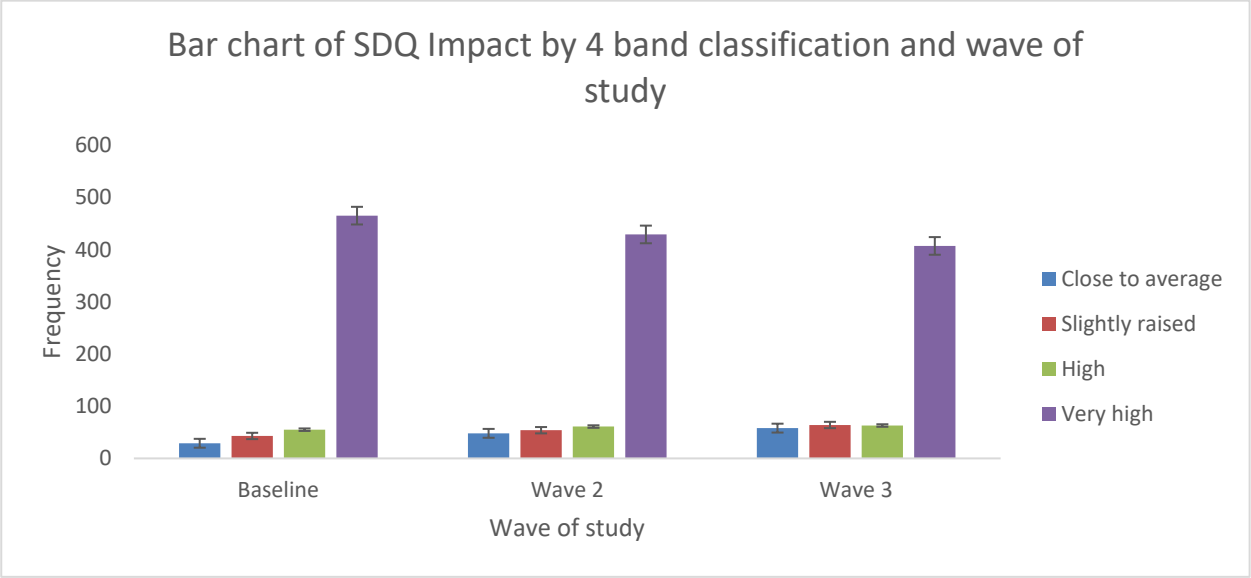
A Friedman test[13] was carried out to compare the SDQ 4 band classification for SDQ **Total Difficulties** over the three waves of the study. There were statistically significant differences in SDQ 4 band classification by wave of the study, $\chi^2_F(2) = 311.83$, $p < .001$

Post hoc analysis with Wilcoxon signed-rank tests was conducted with a Bonferroni correction applied with a significance level set at $p < .017$. There were statistically significant changes in SDQ 4 band classification from baseline to wave 2 of the study, z=13.49, p< .001, r= .32 (medium effect), wave 2 to wave 3 of the study, z= -2.88, p = .012, r= -.07 (very small effect), and baseline to wave 3 of the study, z=10.56, p< .001, r = 25 (medium effect).

In relation to SDQ Total Difficulties for children aged 5-15, the biggest change (reduction) in proportions of children by band between baseline and wave 3 was in the 'very high category'. At baseline, 83% of all children had Total Difficulties that were classed as 'very high', and this reduced to 48% at wave 3.

[13] Friedman's ANOVA is the non-parametric alternative to the one-way ANOVA with repeated measures. It is used to test for differences between groups when the dependent variable being measured is ordinal (in this case SDQ 4 band classification for Total difficulties).

Figure 5: Bar chart of SDQ Impact 4 band classification by study wave



A Friedman test was also carried out to compare the SDQ 4 band classification for **SDQ Impact** over the three waves of the study. There were statistically significant differences in SDQ Impact 4 band classification by wave of the study, χ^2_F (2) = 20.57, p< .001.

Post hoc analysis with Wilcoxon signed-rank tests was conducted with a Bonferroni correction applied with a significance level set at *p*< .017. There were no statistically significant changes between baseline and wave 2 of the study, z= 1.72, p> .017 or between wave 2 and wave 3 of the study, z= - 1.14, p > .017. However, there was a statistically significant change in SDQ 4 band classification for Impact between baseline and wave 3 of the study, z= 2.86, p= .013, r= .07 (very small effect).

In relation to SDQ Impact scores for children aged 5-15, the biggest change (reduction) in proportions of children by band between baseline and wave 3 was in the 'very high' category. At baseline, 79% of all children had Impact scores that were classed as 'very high', and this reduced to 69% at wave 3.

SDQ scores by the burden of the child's difficulties (burden on the parents / carers and whole family)

Parents and carers completing the SDQ questionnaire at all 3 waves of the survey were also asked about the extent to which their child's difficulties placed a burden on them or the family as a whole (not at all, only a little, quite a lot, or a great deal). Table 8 below outlines the frequencies of the different SDQ Burden categories 'scored' by parents and carers by wave of survey.

Table 8: SDQ Burden scores by category and study wave

SDQ Burden category	Baseline Number (%)	Wave 2 Number (%)	Wave 3 Number (%)
Not all	15* (3)	22* (4)	27* (5)
Only a little	81(15)	119 (22)	127 (24)
Quite a lot	205 (39)	215 (41)	206 (39)
A great deal	228 (43)	173 (33)	169 (32)

Data source: Baseline, wave 2 and wave 3 surveys (N = 529)

*Base sample is less than 50 so should be treated with caution

There were statistically significant changes in perceived family burden as measured by the SDQ over the three waves of the study (χ^2 (2) = 25.05, p< .01)[14]. The SDQ Burden changed statistically significantly between baseline and wave 2 (small effect size) (z = - 3.87, p> .001, r= - .17). However, the SDQ Burden did not change statistically significantly between wave 2 and wave 3 (z = - .70, p> .0167). Overall, the burden on families as measured by the SDQ reduced in a statistically significant way between the baseline and wave 3 (small effect size) (z = - 4.71, p< .001, r= -.21).

4.c. Findings regarding child mental health with reference to the Child Behaviour Checklist (CBCL)

These findings have been analysed by the following child age and gender category (at baseline), and by different types of scale, as required by the CBCL developers:

- 1.5 to 5 years.
- 6 to 11 years.
- 12 to 18 years.

Findings for each of these categories are explored in different sections below including with reference to what are described as 'Broadband Scales' i.e., Internalising Problems (e.g., anxiety and depression); Externalising Problems (e.g., aggressive or anti-social behaviour); and Total Problems.

[14]A Bonferroni correction was applied, and all effects are reported at the .0167 level of significance.

CBCL scores for children aged 1.5 to 5 years at baseline

75 parents and carers completed all 3 waves of survey in relation to a child aged 1.5 to 5 years at baseline. Table 9 below summarises their CBCL Broadband Scale mean scores (Internalising problems, Externalising problems and Total problems) by survey wave.

Table 9: Mean CBCL Broadband Scale scores (Internalising, Externalising and Total Problems) and standard deviation (SD) for children 1.5 to 5 years at baseline by survey wave

CBCL Broadband Scale	Baseline Mean (SD)	Wave 2 Mean (SD)	Wave 3 Mean (SD)
Internalising Problems	18.44 (12.77)	18.89 (13.52)	19.53 (13.62)
Externalising Problems	24.19 (10.93)	23.49 (10.96)	24.96 (11.65)
Total Problems	63.87 (34.15)	62.28 (35.26)	65.88 (37.05)

Data sources: Baseline, wave 2 and wave 3 surveys (N = 75)

Figure 6 below illustrates how, on average, CBCL Internalising Problems increased (deteriorated) for children aged 1.5 to 5 years over the 3 waves of the study, and how their Externalising Problems decreased (improved) from baseline to wave 2, then increased (deteriorated) from wave 2 to wave 3. Figure 7 shows how their Total Problems decreased (improved) from baseline to wave 2 and then increased (deteriorated) from wave 2 to wave 3.

Figure 6: Mean CBCL Internalising and Externalising Problems for children aged 1.5 to 5 years at baseline by survey wave

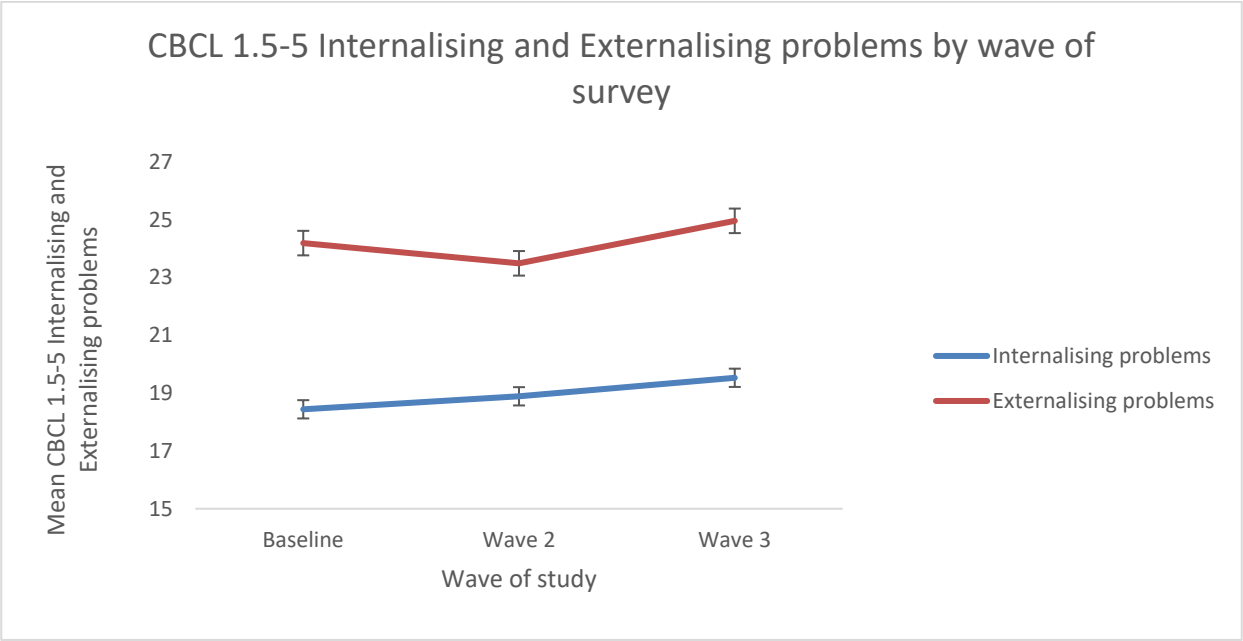
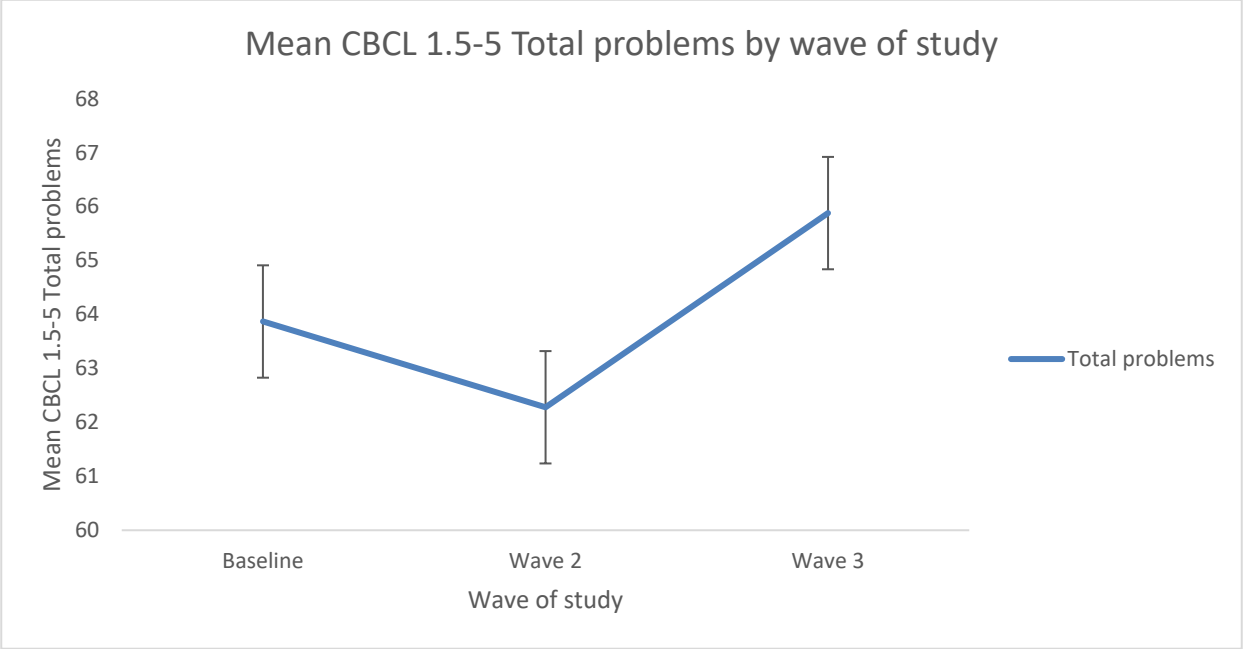


Figure 7: Mean CBCL Total Problems for children aged 1.5 to 5 years at baseline by survey wave



These changes were relatively small i.e. there were no statistically significant differences in mean CBCL Internalising Problems ($F(2, 95.22) = 2.10$, $p > .05$), CBCL Externalising Problems ($F(2, 95.07) = 2.05$, $p > .05$) or CBCL Total Problems ($F(2, 88.27) = .79$, $p > .05$) for children aged 1.5 to 5 years by wave of survey.

We also compared the CBCL Broadband Scales of children aged 1.5 to 5 years over the 3 waves of the survey by their gender (girls and boys).

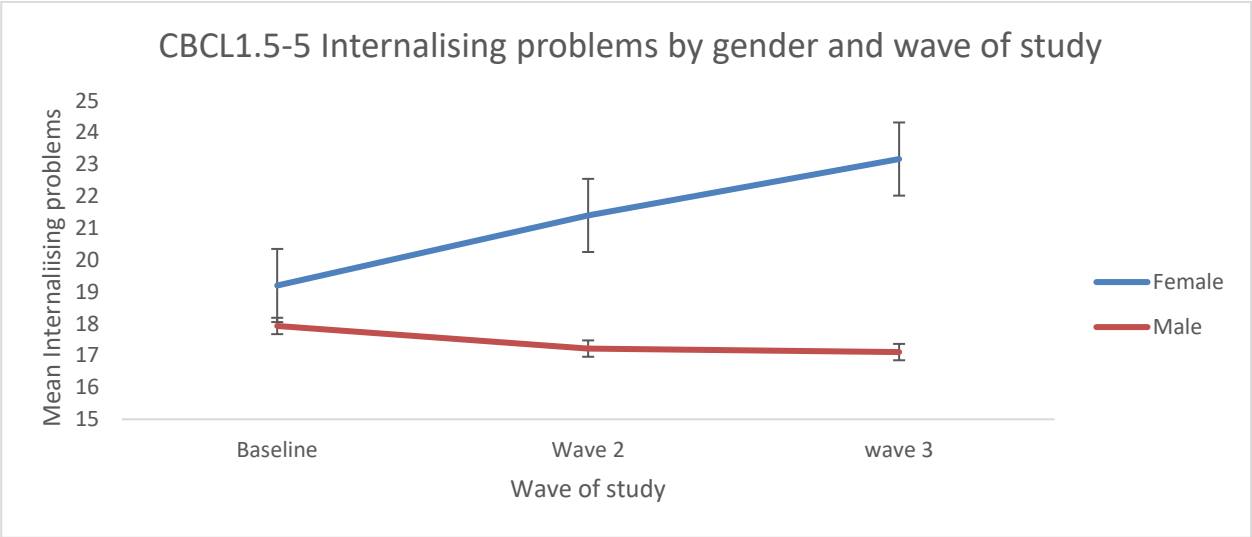
Table 10: Mean CBCL Broadband Scale scores for children aged 1.5 to 5 years at baseline by child gender & survey wave

Study Wave	CBCL Broadband Scale	Girls Mean	Girls SD	Boys Mean	Boys SD
Baseline	Internalising Problems	19.20	12.23	17.93	13.22
	Externalising Problems	23.87	11.00	24.40	10.99
	Total problems	65.10	33.05	63.04	35.21
Wave 2	Internalising Problems	21.40	14.98	17.22	12.35
	Externalising Problems	24.73	11.65	22.67	10.53
	Total Problems	70.23	40.31	56.98	30.79
Wave 3	Internalising Problems	23.17	14.32	17.11	12.72
	Externalising Problems	26.70	11.59	23.80	11.68
	Total Problems	75.17	39.42	59.69	34.45

Data sources: Baseline, wave 2 and wave 3 surveys (N = 75)

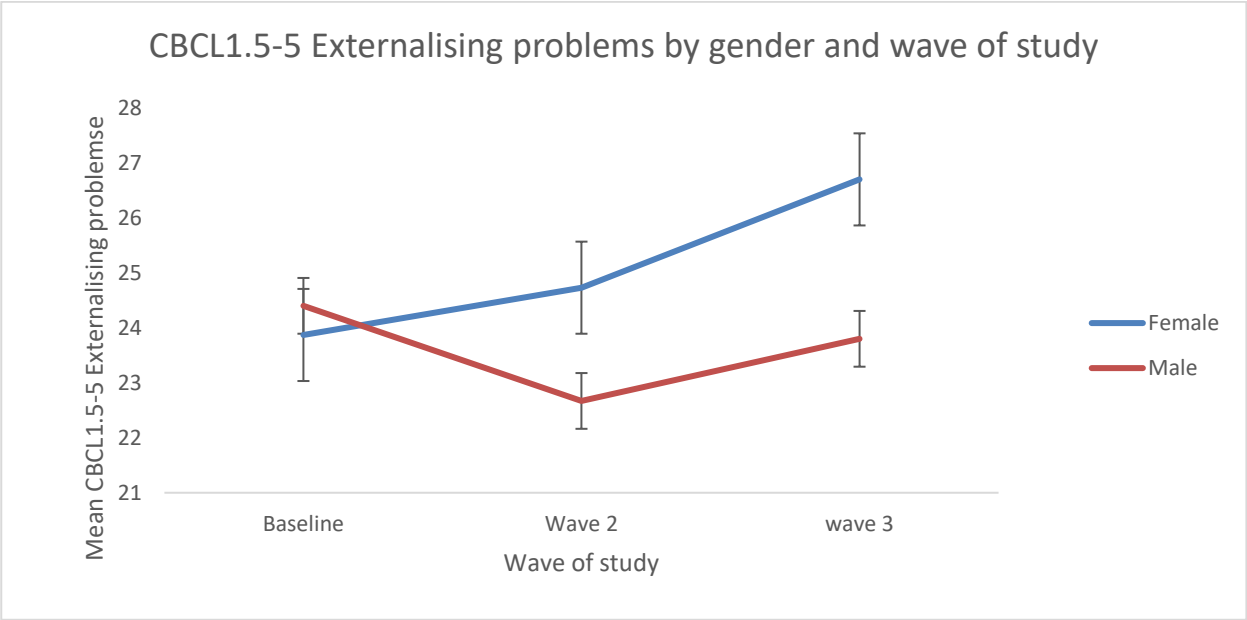
Figures 8, 9 and 10 below illustrated the different journeys of girls and boys aged 1.5 to 5 years at baseline through the study waves, with reference to CBCL Internalising and Externalising scores.

Figure 8: CBCL Internalising Problems of children aged 1.5 to 5 years at baseline by gender and wave of study



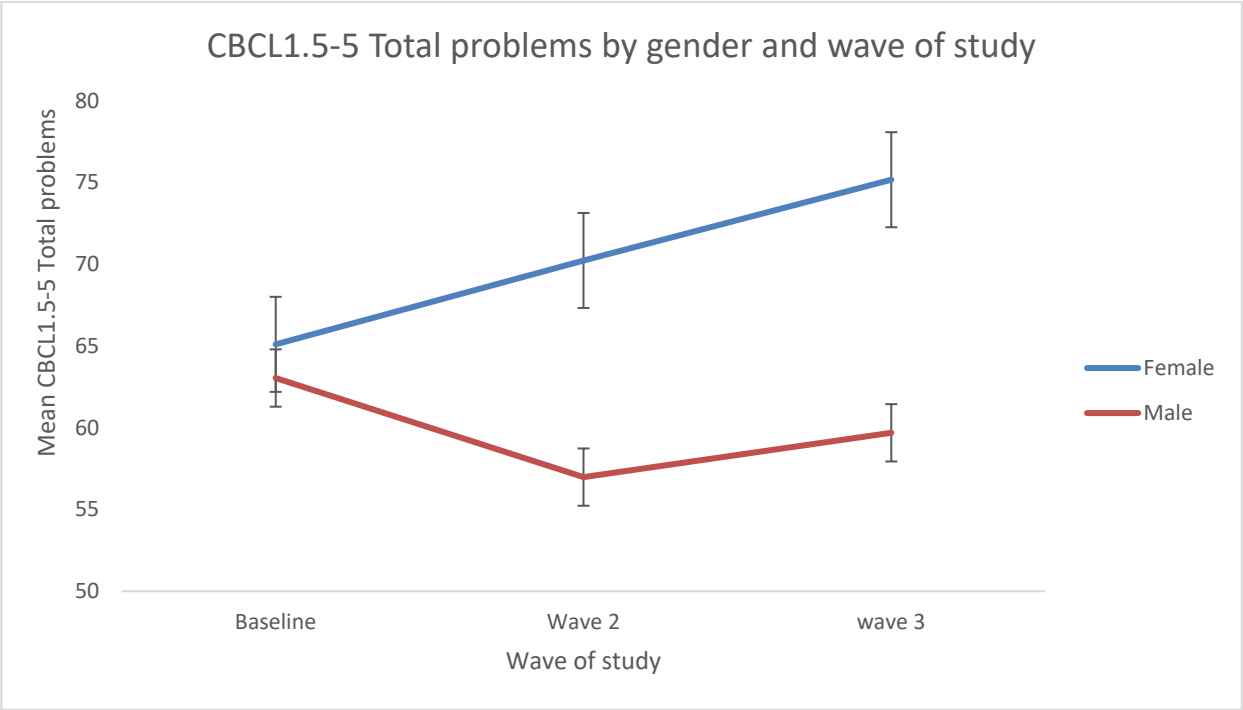
- Girls had higher mean Internalising Problems scores than boys at baseline, which then increased to wave 2 and increased again from wave 2 to wave 3 of the study.
- Boys' mean Internalising problems scores were lower than the girls at baseline and decreased to wave 2 and decreased again to wave 3 of the study.
- However, there were no statistically significant differences in mean CBCL Internalising scores for children aged 1.5 to 5 years by gender and wave of the study.

Figure 9: CBCL Externalising Problems of children aged 1.5 to 5 years at baseline by gender and wave of study



- Girls had approximately the same mean Externalising Problems scores at baseline as boys which then increased to wave 2 and wave 3.
- Boys' mean Externalising Problems decreased from baseline to wave 2 but increased from wave 2 to wave 3.
- However, there were no statistically significant differences in mean CBCL 1.5-5 Externalising problems scores by gender and wave of the study.

Figure 10: Mean CBCL Total Problems of children aged 1.5 to 5 years at baseline by gender and wave of study



- Girls aged 1.5 to 5 years had approximately the same mean Total Problems scores at baseline as boys of the same age, and the girls scores increased to wave 2 and from wave 2 to wave 3.
- Boys' mean Total Problems decreased from baseline to wave 2, but then increased from wave 2 to wave 3
- However, there were no statistically significant differences in mean CBCL Total Problems scores by gender and wave of the study.

CBCL Scores for Girls aged 6-11 at baseline

There were 153 girls aged 6-11 years where there was data at all 3 points (baseline, wave 2 and wave 3). CBCL Broadband Scale scores for wave 3 girls aged 6-11 years are summarised in Table 11 below.

Table 11: Mean CBCL Broadband Scale and standard deviation (SD) scores for girls aged 6-11 years at baseline by survey wave

Broadband Scale	Baseline survey Mean (SD)	Wave 2 survey Mean (SD)	Wave 3 survey Mean (SD)
Internalising Problems	16.70 (10.10)	16.37 (10.32)	15.86 (10.32)
Externalising Problems	19.03 (9.73)	18.59 (10.47)	18.25 (10.61)
Total Problems	66.71 (30.87)	65.08 (32.63)	62.90 (31.58)

Data sources: Baseline, wave 2 and wave 3 surveys (N = 153)

Figure 11 below demonstrates how the Internalising Problems and Externalising Problems for wave 3 girls aged 6-11 years decreased (improved) from baseline to wave 2 and then decreased (improved) again from wave 2 to wave 3. However, there were no statistically significant differences in mean Internalising Problems[15] or Externalising Problems[16] for girls aged 6-11 years by survey wave.

Figure 11: Mean Internalising and Externalising Problems scores for girls aged 6-11 years at baseline by wave of survey

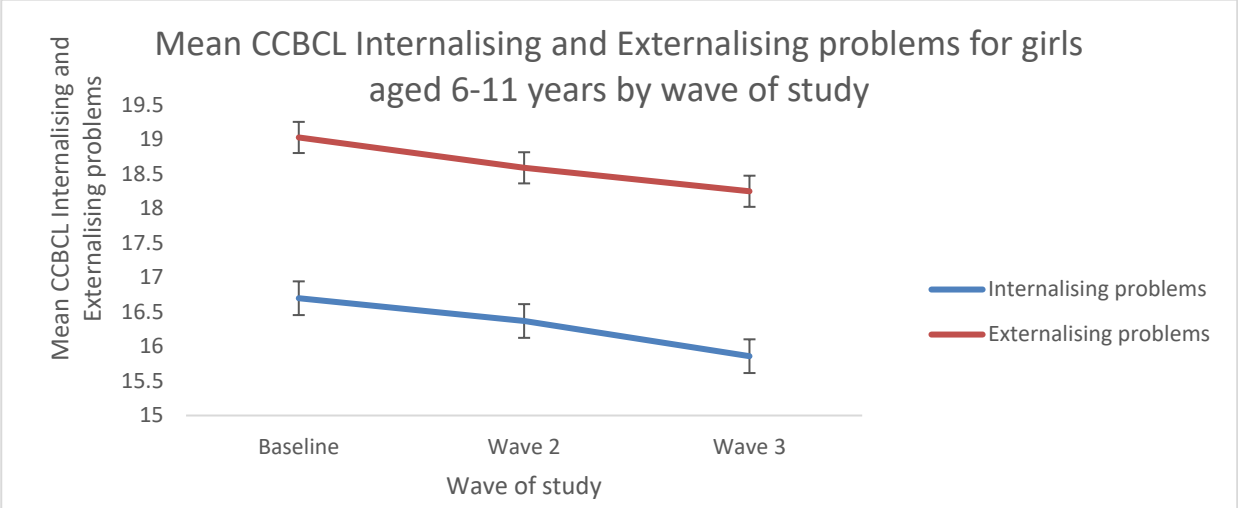
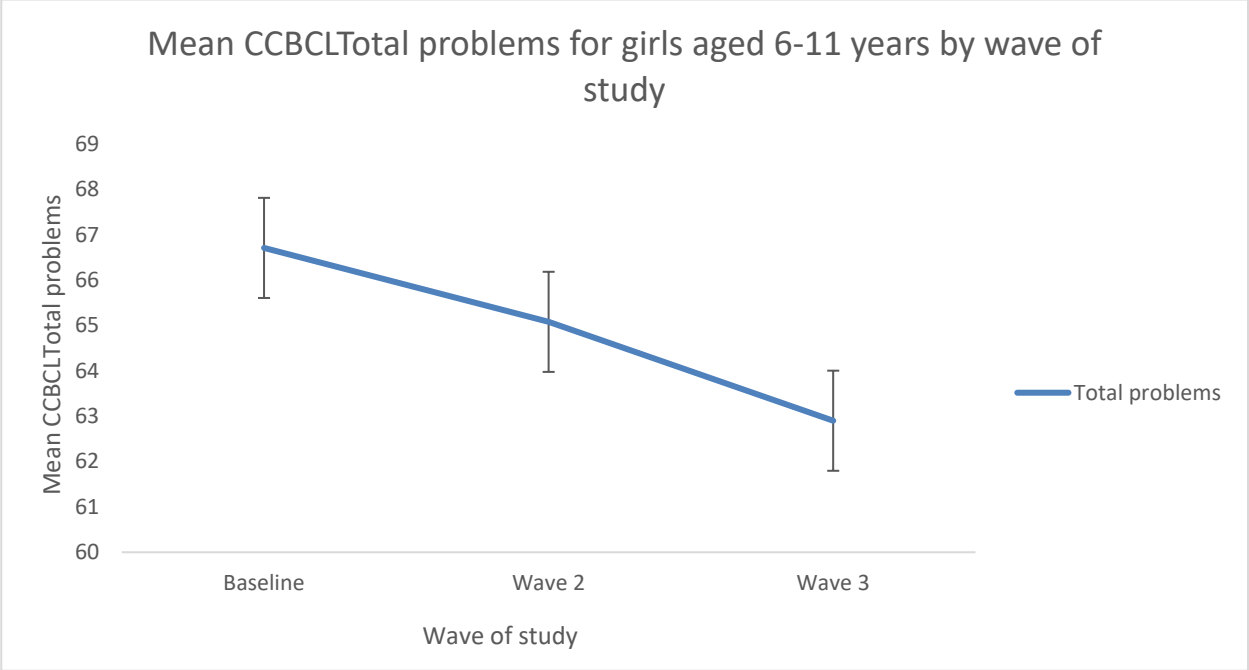


Figure 12 below illustrates also how the CBCL Total Problems for girls aged 6-11 years decreased (improved) from baseline to wave 2 and then decreased (improved) again

[15] F(2, 137.55) = 0.82, p> .05
[16] F(2, 137.69) = 2.49, p> .05 (approaching significance p= .09)

from wave 2 to wave 3. There were no statistically significant differences in mean Total Problems scores by wave of survey for girls aged 6-11 years (F(2, 173.28) = 2.97, p> .05 .05). However, the difference between baseline and wave 3 was approaching significance (t(181.34)=1.82, p= .07).

Figure 12: Mean Total Problems scores for girls aged 6-11 years at baseline by wave of survey



CBCL Scores for Girls aged 12-18 years at baseline

There were 113 wave 3 girls aged 12 to 18 years where data could be collected at all 3 points (baseline, wave 1 and wave 2). Table 12 below summarises the mean CBCL Broadband Scale scores statistics for wave 3 girls aged 12-18 years across the 3 different waves of survey.

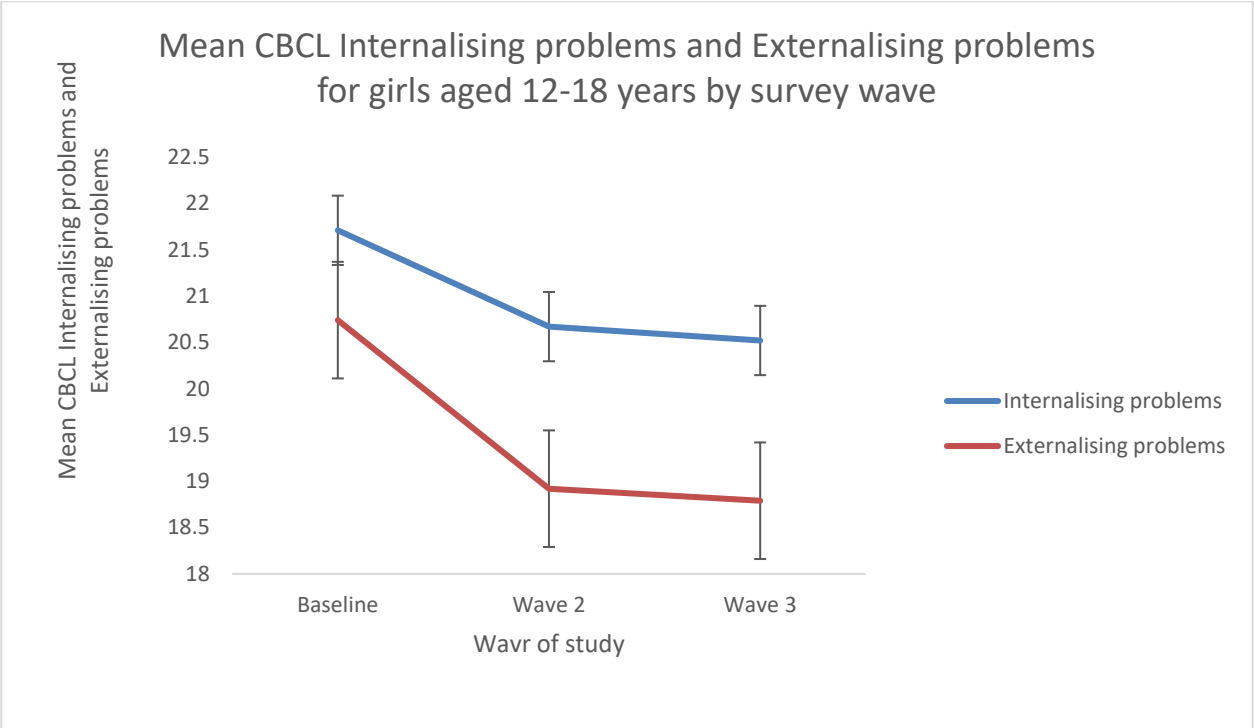
Table 12: Mean CBCL Broadband Scale scores and standard deviation (SD) for girls aged 12-18 years at baseline by survey wave

CBCL Broadband Scale	Baseline survey Mean (SD)	Wave 2 survey Mean (SD)	Wave 3 survey Mean (SD)
Internalising Problems	21.71 (10.53)	20.67 (11.01)	20.52 (11.34)
Externalising Problems	20.74 (13.73)	18.92 (13.47)	18.79 (13.84)
Total Problems	72.12 (33.16)	67.92 (32.91)	66.62 (33.30)

Data sources: Baseline, wave 2 and wave 3 surveys (N = 113)

Figure 13 below illustrates how the mean CBCL Internalising Problems and Externalising Problems for girls aged 12-18 years decreased (improved) from baseline to wave 2 and then decreased (improved) again from wave 2 to wave 3 of the survey.

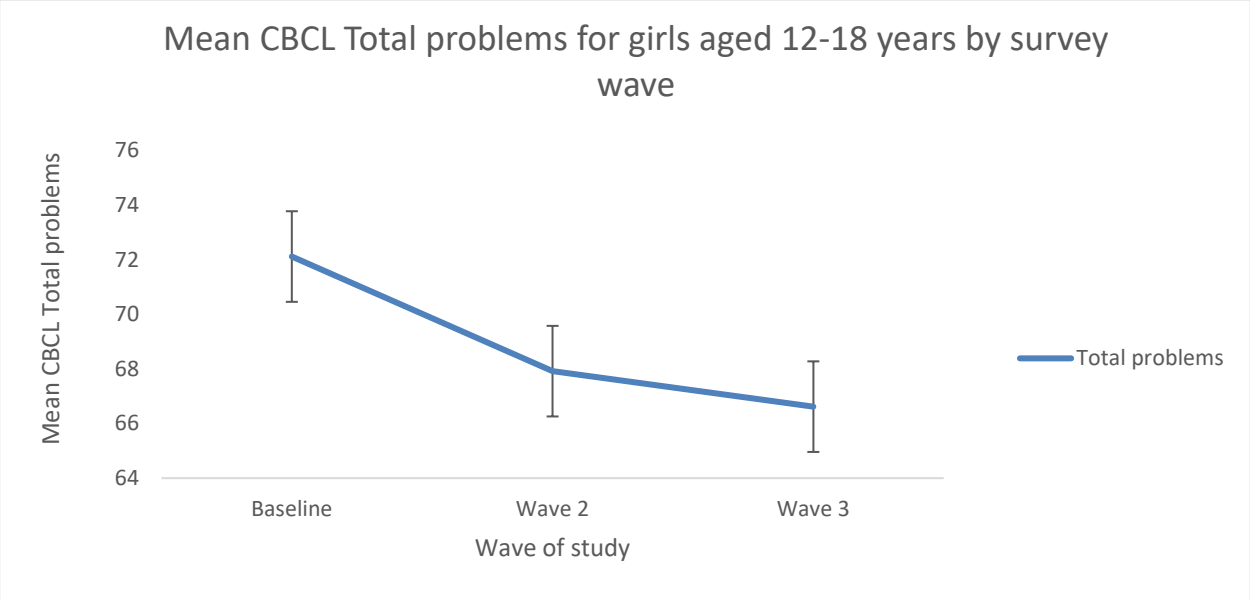
Figure 13: Mean CBCL Internalising problems and Externalising Problems for girls aged 12-18 years at baseline by survey wave



There were no statistically significant differences in mean Internalising Problems by survey wave (F(2, 137.55) = 0.82, p> .05). Externalising Problems reduced from baseline

to wave 2, but not in a statistically significant way (t(143.30) = 1.71, p> .05), similarly from wave 2 to wave 3 (t(123.99) = .0.06, p> .05). However, there was a statistically significant decrease in the mean Externalising Problems for girls aged 12-18 years from baseline to wave 3 (with a small effect size) (t(127.70.) = 1.98, p< .05, d=.18).

Figure 14: Mean CBCL Total Problems for girls aged 12-18 years at baseline by survey wave



The mean CBCL Total Problems scores for girls aged 12-18 years at baseline also decreased (improved) from baseline to wave 2 and then decreased (improved) again from wave 2 to wave 3 of the survey, but not in a statistically significant way (F(2, 137.69) = 2.49, p> .05) (approaching significance p= .09).

CBCL Scores for boys aged 6 to 11 years at baseline

There were 186 boys aged 6-11 years in the wave 3 cohort with scores at all 3 waves. Table 13 below summarises the mean CBCL Broadband Scale scores statistics for boys aged 6-11 years at baseline.

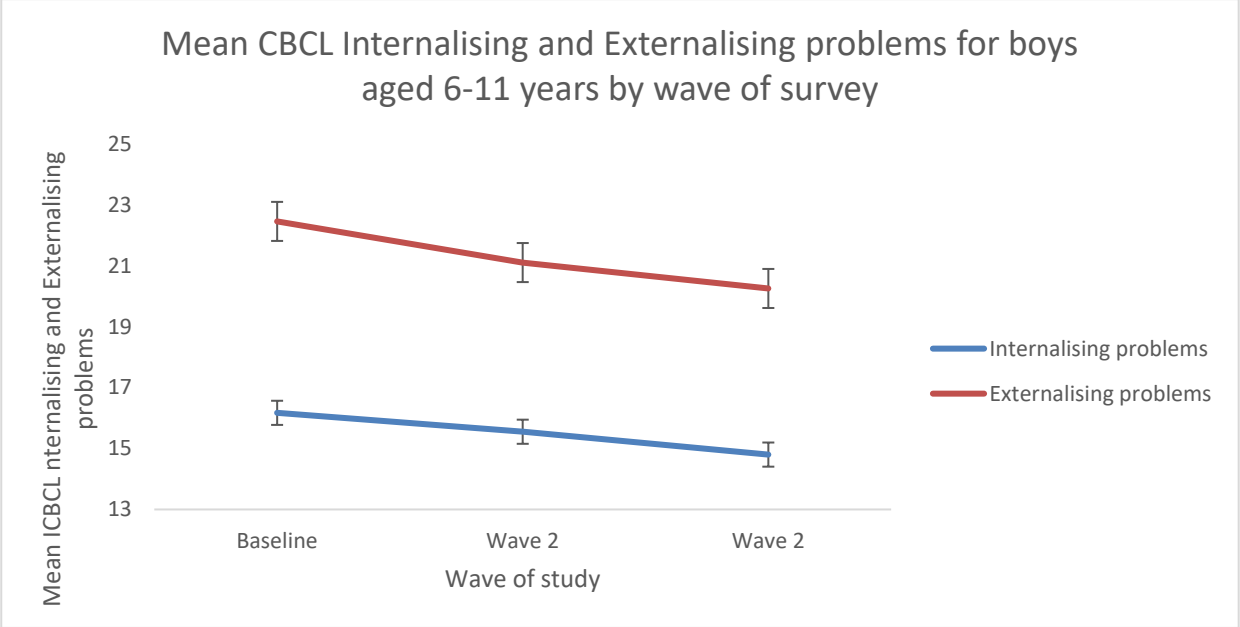
Table 13: Mean CBCL Broadband Scale scores and standard deviation (SD) for boys aged 6-11 years at baseline by survey wave

CBCL Broadband Scale	Baseline survey Mean (SD)	Wave 2 survey Mean (SD)	Wave 3 survey Mean (SD)
Internalising Problems	16.17 (9.78)	15.55 (9.79)	14.80 (9.47)
Externalising Problems	22.45 (11.54)	21.10 (11.52)	20.25 (11.22)
Total Problems	72.08 (30.83)	69.32 (31.48)	66.23 (29.91)

Data sources: Baseline, wave 2 and wave 3 surveys (N = 186)

Figure 15 below illustrates how the mean CBCL Externalising and Internalising Problems for these boys aged 6-11 years at baseline decreased (improved) from baseline to wave 2 and then decreased (improved) again from wave 2 to wave 3 of the survey.

Figure 15: Mean CBCL Internalising and Externalising Problems scores for boys aged 6-11 years at baseline by survey wave

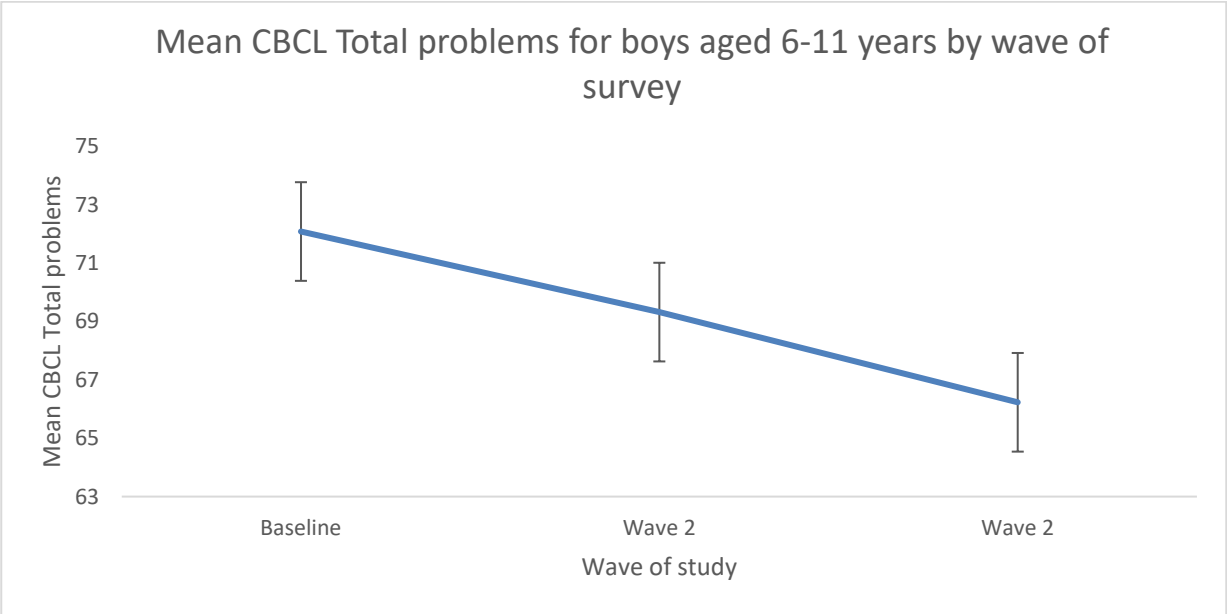


There were statistically significant differences in mean CBCL6-18 Internalising Problems by wave of survey for boys aged 6-11 years ($F(2, 218.21) = 3.05$, $p < .05$) including a statistically significant decrease (small effect size) in mean CBCL Internalising Problems for boys aged 6-11 years from baseline to wave 3 ($t(232.62) = 1.98$, $p > .05$). Also, there was a decrease in mean CBCL6-18 Internalising problems for boys aged 6-11 years from baseline to wave 2, but this was not statistically significant ($t(196.45) = 0.09$, $p > .05$).

There was a decrease in mean CBCL6-18 Internalising problems for boys aged 6-11 years from wave 2 to wave 3 but this was not statistically significant (t(216.15) = 1.98, p< .05, r = .13).

There were also statistically significant differences in the mean CBCL Externalising Problems scores for boys aged 6-11 years by wave of survey years (F(2, 213.95) = 10.47, p< .001) including a statistically significant decrease (improvement) in mean CBCL Externalising Problems from baseline to wave 2 (t(222.74) = 1.97, p< .05, d= 0.16) and a further statistically significant decrease (improvement) from wave 2 to wave 3 (t(194.02) = 1.48, p> .05). There was also a statistically significant decrease (improvement) in mean CBCL Externalising Problems from baseline to wave 3 (small effect size) (t(208.38) = 1.86, p< .05, r = .13).

Figure 16: Mean CBCL Total Problems scores for boys aged 6-11 years at baseline by survey wave



There was a statistically significant difference in mean Total Problems (F(2, 216.07) = 8.27, p< .001) for boys aged 6 to 11 years by wave of survey including a statistically significant decrease in mean CBCL Total Problems scores from baseline to wave 2 (small effect size)) (t(196.37) = 2.53, p< .05., d=.12), also from wave 2 to wave 3 (small effect size) (t(213.57) = 1.86, p< .05 , d = .23). Overall, there was a statistically significant decrease in mean CBCL Total Problems scores from baseline to wave 3 (small effect size) (t(213.57) = 1.86, p< .05 , d = .13).

CBCL Scores for boys aged 12-18 years at baseline

There were 98 boys aged 12-18 years at baseline in the wave 3 cohort. Table 14 below summarises the CBCL Broadband Scale mean scores for wave 3 boys aged 12-18 years.

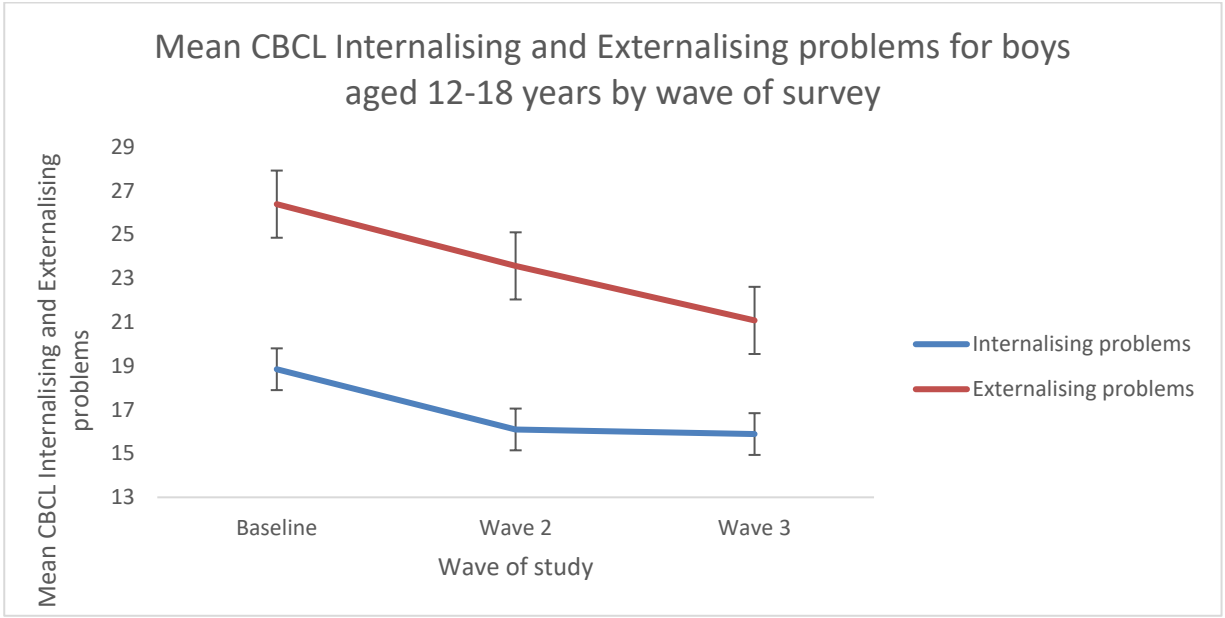
Table 14: Mean CBCL Broadband Scale scores and standard deviation (SD) for boys aged 12-18 years at baseline by survey wave

Broadband Scale	Baseline survey Mean (SD)	Wave 2 survey Mean (SD)	Wave 3 survey Mean (SD)
Internalising Problems	18.85 (10.48)	16.10 (10.60)	15.89 (10.55)
Externalising Problems	26.39 (12.62)	23.57 (11.77)	21.08 (12.83)
Total Problems	79.36 (31.79)	69.35 (31.75)	64.85 (33.16)

Data sources: Baseline, wave 2 and wave 3 surveys (N = 98)

Figure 17 below illustrates how the mean CBCL Externalising Problems and Internalising Problems for wave 3 boys aged 12-18 years decreased from baseline to wave 2 and then again from wave 2 to wave 3 of the survey.

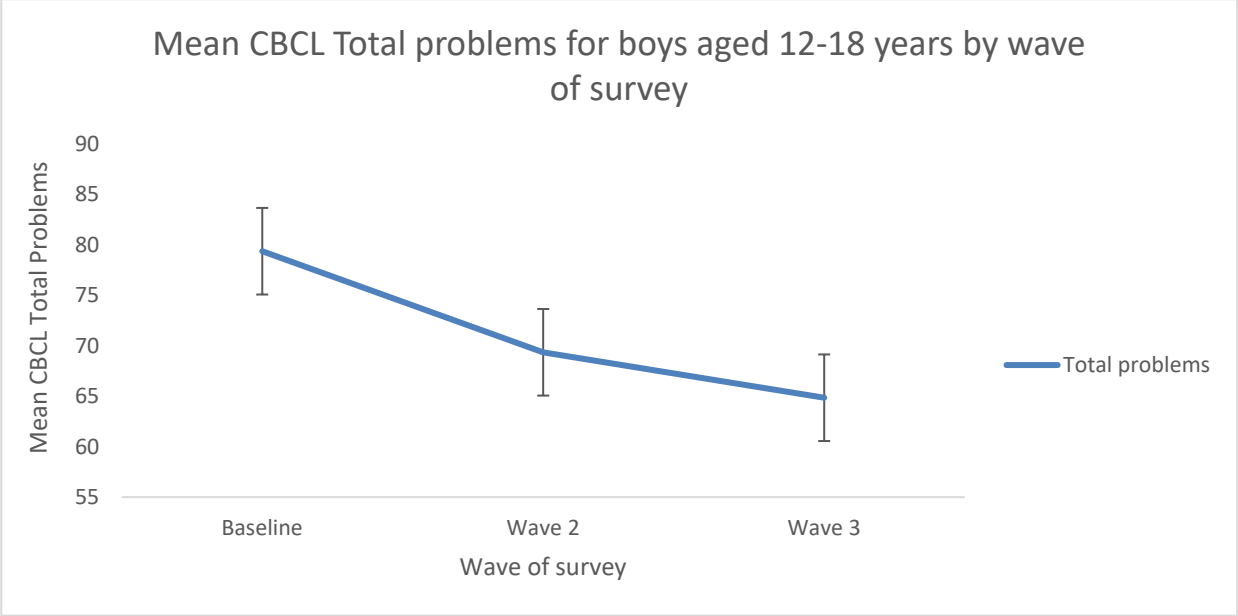
Figure 17: Mean CBCL Internalising and Externalising Scales scores for boys aged 12-18 years at baseline by survey wave



There were statistically significant differences in mean CBCL Internalising problems (F(2, 113.49) = 9.46, p< .001) for wave 3 boys aged 12 to 18 years, in particular a statistically significant decrease from baseline to wave 2 (small to medium effect size) (t(133.82) = 3.37, p< .001, d=.32). Although there was a decrease in mean CBCL Internalising Problems for the boys aged 6-11 years from wave 2 to wave 3, this was not statistically significant (t(101.39) = 0.47, p> .05). There was a statistically significant decrease from baseline to wave 3 (small effect size) (t(112.90) = 2.62, p< .01, d = .33).

There were statistically significant differences in mean CBCL Externalising Problems for wave 3 boys aged 12 to 18 years (F(2, 152.34) = 603.86, p< .001), including a statistically significant decrease of Externalising Problems from baseline to wave 2 (small effect size) (t(127.83) = 3.37, p< .001, d=.37), and another decrease from wave 2 to wave 3 that was not statistically significant (t(93.52) = 1.83, p> .05). Overall, there was a statistically significant decrease of Externalising Problems from baseline to wave 3 (medium effect size) (t(108.36) = 3.38, p< .01, d = .52).

Figure 18: Mean CBCL Total Problem scores for boys aged 12-18 years at baseline by survey wave



There were statistically significant differences in mean CBCL Total Problems for wave 3 boys aged 12-18 years by wave of survey (F(2, 109.11) = 22.43, p< .001) including a statistically significant decrease in scores from baseline to wave 2 (medium effect size) (t(129.96) = 3.37, p< .001, d=.45). There was a further decrease from wave 2 to wave 3 but this was not statistically significant (t(105.70) = 3.13, p> .05). There was a statistically significant decrease in scores from baseline to wave 3 (medium effect size) (t(103.34) = 6.35, p< .001, d = .56).

Outcomes for children with higher levels of need at baseline

With reference to both the SDQ and CBCL, the Total Difficulties or Total Problems of children with higher level scores at baseline tended to increase (worsen) over the period of the study. Conversely, for children with lower Total Difficulties or Total Problems at baseline, these difficulties or problems tended to decrease (improve) over the period of the study. We have drilled down into the SDQ and CBCL scores of children whose scores worsened between baseline and wave 3.

In relation to the **SDQ sample of children aged 5-15 years at baseline**, approximately one quarter (24%) had worsening Total Difficulties scores between baseline and wave 3 and 21% had worsening Impact scores. At baseline, children for whom Total Difficulties scores had worsened had very high levels of need in relation to their total difficulties, peer and social problems, and the impact of the difficulties on their daily lives was also very high.

Table 15: SDQ mean baseline and wave 3 scores and standard deviation (SD) for children with worsening difficulties by scale and compared with British norms

SDQ Scale	Baseline scores Mean (SD)	Baseline band of difficulties	Wave 3 score Mean (SD)	British mean (norm)[17]
Total difficulties	20.77 (3.09)[18]	Very high	25.50 (4.07)[19]	8.4 (5.8)
Emotional problems	4.64 (2.48)	Slightly raised	5.82 (2.35)	1.9 (2.0)
Conduct problems	4.83 (2.08)	Slightly raised	6.22 (1.66)	1.6 (1.7)
Hyperactivity	6.87 (1.90)	Slightly raised	8.30 (1.90)	(3.5 (2.6)
Peer problems	4.47 (1.66)	High	5.18 (2.11)	1.5 (1.7)
Prosocial	5.60 (2.40)	Very high	5.11 (2.25)	8.6 (1.6)
Impact	4.57 (1.39)	Very high	6.94 (1.53)	0.4 (1.1)

Data sources: Baseline, wave 2 and wave 3 surveys (N=142)

[17] SDQ norms are for Britain rather than for England only for children aged 5 to 15 years.
[18] The mean baseline score for all children in the wave 3 cohort was 19.15 (6.46).
[19] The mean wave 3 score for all children in the wave 3 cohort was 19.28 (6.51).

In relation to the **CBCL sample of children**, covariance calculations were undertaken in relation to the scores for boys aged 6-11 and 12-18 years, and girls aged 12-18 years (Externalising and Total Problems only). Between 11% and 16% of the overall CBCL samples by gender and age had worsening Total Problems scores between baseline and wave 3, as outlined in tables 16, 17 and 18 below:

Table 16: Proportion of boys aged 6-11 years with worsening CBCL scores by their mean baseline and wave 3 T scores and standard deviation (SD) and compared with US norms

CBCL Scale	Proportion of sample with worsening scores	Baseline T score Mean (SD)	Wave 3 T score Mean (SD)	US normative sample for boys aged 6-11 (n=1651)[20]
Internalising problems[21]	12%*	68.83 (3.50)	72.00 (4.44).	50.7 (9.1)
Externalising problems[22]	14%*	69.15 (4.19)	72.88 (4.23)	50.1 (9.6)
Total problems[23]	16%*	71.33 (4.17)	74.32 (4.06)	50.1 (9.6)

Data sources: Baseline, wave 2 and wave 3 surveys (N=186)

*Base sample is less than 50 so should be treated with caution

[20] No British or UK whole population norms are available for the purposes of comparison with the CBCL. For a full description of the comparative US norms and cuts offs please refer to Appendix 1 of the report on the baseline survey of parents. Evaluation_of_ASF_Report_ASF_Baseline_Family_Survey.pdf

[21] Covariance parameters:91.54, 95% CI [77.54, 108.06], 92.82, 95% CI [77.76, 110.79], 88.07, 95% CI [73.24, 105.91], 67.11, CI [53.36, 80.85], 73.59, CI [58.87, 88.31], 61.71, CI [48.35, 75.07]

[22] Covariance parameters: 137.04, 95% CI [116.09, 161.78], 133.44, 95% CI [111.81, 159.24], 129.41, 95% CI [107.63, 155.61], 105.24, 95% CI [84.66, 125.82, 112.75, 95% CI [90.93, 134.56], 101.24, 95% CI [80.65, 121.82]

[23] Covariance parameters: 954.44, 95% CI [808.50, 1126.72], 975.41, 95% CI [816.69, 1164.98], 901.71, 95% CI [750.19, 1083.84], 714.58, CI [569.80, 859.36], 794.57, CI [639.40, 949.72], 675.94, CI [534.85, 817.02]

Table 17: Proportion of boys aged 12-18 years with worsening CBCL scores by their mean baseline and wave 3 T scores and standard deviation (SD) compared with US norms

CBCL Scale	Proportion of sample with worsening scores	Baseline T score Mean (SD)	Wave 3 T score Mean (SD)	US normative sample for boys aged 12-18 (n=1447)
Internalising problems[24]	17%*	70.14 (3.13)	72.43 (2.94)	51.4 (9.1)
Externalising problems[25]	14%*	70.50 (4.46)	74.50 (4.93).	51.2 (9.1)
Total problems[26]	16%*	73.17 (8.09)	75.67 (7.17)	51.3 (9.0)

Data sources: Baseline, wave 2 and wave 3 surveys (N=98)

*Base sample is less than 50 so should be treated with caution

Table 18: Proportion of girls aged 12-18 years with worsening CBCL scores by their mean baseline and wave 3 T scores and standard deviation (SD) and compared with US norms

CBCL Scale	Proportion of sample with worsening scores	Baseline T score Mean (SD)	Wave 3 T score Mean (SD)	US normative sample for girls aged 12-18 (n=1026)
Externalising problems[27]	16%*	70.50 (4.44)	74.50 (4.93)	51.0 (9.1)
Total problems[28]	11%*	69.17 (8.82)	72.00 (9.08)	50.9 (9.2)

Data sources: Baseline, wave 2 and wave 3 surveys (N=113)

*Base sample is less than 50 so should be treated with caution

[24] 116.66, 95% CI [93.89, 144.95], 16.44, 95% CI [92.38, 146.76], 115.01, 95% CI [89.22, 148.25], 83.65, CI [61.14, 106.16], 92.26, CI [67.41, 117.10], 84.27, CI [60.64, 107.90]

[25] 169.40, 95% CI [136.34, 210.48], 143.29, 95% CI [112.60, 182.35], 164.89, 95% CI [127.56, 213.13], 96.98, CI [66.95, 127.00], 115.35, CI [81.65, 149.06], 109.81, CI [76.31, 143.31]

[26] 1065.01, 95% CI [857.17, 1323.25], 1026.21, 95% CI [810.67, 1298.56], 1108.30, 95% CI [859.19, 1429.64], 720.97, CI [519.00, 922.94], 820.60, CI [590.21, 1051.00], 785.10, CI [543.48, 986.72]

[27] 198.05, 95% CI [162.31, 241.66], 206.35, 95% CI [166.10, 256.37], 201.25, 95% CI [157.89, 256.51], 162.24, CI [124.50, 199.98], 56.75, CI [115.77, 197.73], 154.15, CI [115.64, 192.66]

[28] 91.54, 95% CI [77.54, 108.06], 92.82, 95% CI [77.76, 110.79], 88.07, 95% CI [73.24, 105.91], 67.11, CI [53.36, 80.85], 73.59, CI [58.87, 88.31], 61.71, CI [48.35, 75.07]

4.d. Parent and carer mental wellbeing findings with reference to the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)

A total of 630 wave 3 parents and carers completed a Short Warwick Edinburgh Mental Wellbeing scale at baseline, wave 2 and wave 3. Table 19 below summarises the wave 3 parent / carer SWEMWBS mean scores by survey wave.

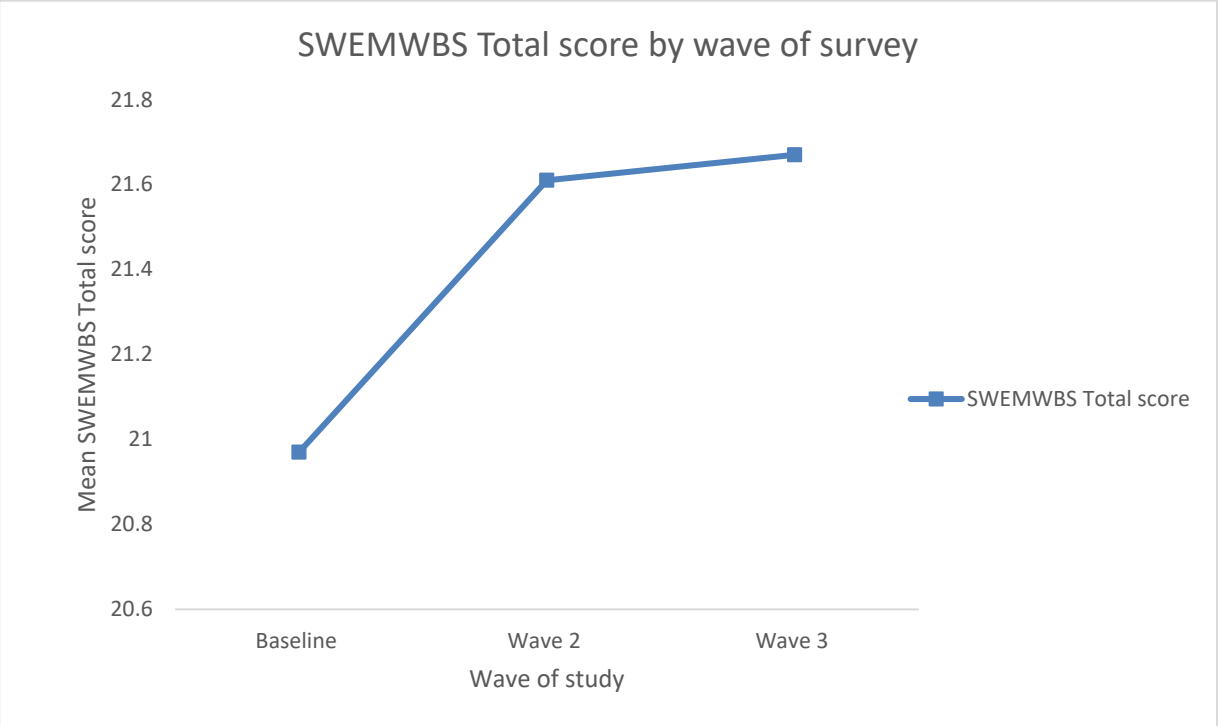
Table 19: Mean Parent / Carer SWEMWBS Total Scores and standard deviation (SD) by survey wave

Survey wave	Mean Total Score	SD
Baseline	20.97	3.45
Wave 2	21.61	3.56
Wave 3	21.67	3.64

Data sources: Baseline, wave 2 and wave 3 surveys (N = 630)

Figure 19 below demonstrates how the mean SWEMWBS Total Scores for wave 3 parents increased (improved) from baseline to wave 2 and then again from wave 2 to wave 3 of the survey.

Figure 19: Mean parent and carer SWEMWBS Total Scores by survey wave



There were statistically significant differences in mean parent / carer SWEMWBS Total Scores by wave of survey (F(2, 802.63) = 7.22, p< .01), including a statistically significant increase (improvement) from the baseline to wave 2 (small effect size) (t(870.44) = -3.73, p> .001, d= 0.18). Whilst there was a further increase (improvement) in mean SWEMWBS Total Scores between wave 2 and wave 3, the increase was not statistically significant (t(666.54) = - 0.92, p>.05). There was a statistically significant increase (small effect size) in mean SWEMWBS Total Scores between baseline and wave 3 (t(768.50) = .80, p> .05, r= .15).

Estimates of covariance parameters suggest that the variability in SWEMWBS Total scores increased from baseline (12.10, CI [11.09, 13.20]) to wave 2 (13.41, CI [12.14, 14.81]) and then increased again from wave 2 to wave 3 (14.04, [12.63, 15.64]). The baseline to wave 2 covariance, is smaller than the wave 2 to wave 3 covariance. The baseline to wave 3 covariance (0.10, CI [.01, 1.06]) is positive. This indicates that, where parents and carers had high (better) SWEMWBS Total Scores at baseline, these tended to increase (improve) over the waves of the study. Conversely, parents and carers with low (worse) SWEMBWBS Total Scores at baseline tended to decrease (worsen).

We further explored the extent to which there were differences in SWEMWBS parent / carer mental wellbeing scores by child placement type. Table 20 below summarises the SWEMWBS scores by child placement type and survey wave.

Table 20: Mean Wave 3 parent / carer SWEMWBS Total Scores and standard deviation (SD) by child placement type at baseline and survey wave

Placement status description	Number in the sample	Baseline survey Mean (SD)	Wave 2 survey Mean (SD)	Wave 3 survey Mean (SD)
Living with you after an Adoption Order has been made	538	20.98 (3.47)	21.48 (3.53)	21.48 (3.64)
Living with you after a Special Guardianship Order has been made	59	21.50 (3.22)	22.31 (3.73)	22.43 (3.32)
Living with you but not yet with an Adoption Order	33*	19.94 (3.31)	22.56 (3.56)	23.43 (3.72)

Data sources: Baseline, wave 2 and wave 3 surveys (N = 630)
*Base sample is less than 50 so should be treated with caution

There were no statistically significant differences in SWEMWBS Total score by child placement type ($F(2,989.46) = 1.95$, $p>.05$).

4.e. Parent and carer parenting self-efficacy with reference to the Brief Parenting Self-Efficacy Scale (BPSES)

A total of 630 wave 3 parents and carers completed a BPSES questionnaire (Woolgar et al, 2013) at baseline, wave 2 and wave 3 which is a measure of parental confidence in their ability to parent a child. Table 21 below summarises wave 3 parent / carer BPSES Total Scores by survey wave.

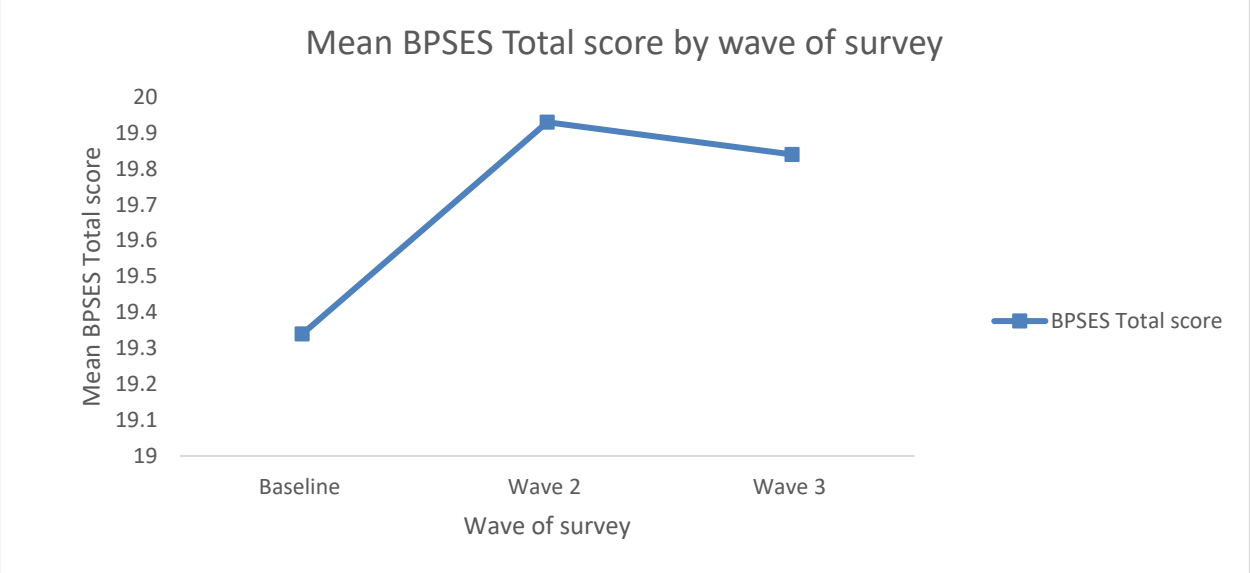
Table 21: Mean parent / carer BPSES scores and standard deviation (SD) by survey wave

Survey wave	Mean Total Scores	SD
Baseline	19.34	3.08
Wave 2	19.93	3.23
Wave 3	19.84	3.30

Data sources: Baseline, wave 2 and wave 3 surveys (N = 630)

Figure 20 below demonstrates how mean parent / carer BPSES Total Scores increased (improved) from baseline to wave 2 and decreased (deteriorated slightly) from wave 2 to wave 3 of the survey.

Figure 20: Mean parent and carer BPSES Total scores by survey wave



There were statistically significant differences in parent / carer mean BPSES Total Scores by wave of survey ($F(2, 755.21) = 14.19$, $p < .001$) including a statistically significant increase (improvement) in mean scores from baseline to wave 2 (small effect size) ($t(773.65) = -4.06$, $p > .001$, $r = .14$). From wave 2 to wave 3 there was a subsequent decrease in mean BPSES Total Scores, but this was not statistically significant ($t(706.25) = -0.47$, $p > .05$). There was a statistically significant increase (improvement) in mean BPSES Total Scores between baseline and wave 3 (small effect size) ($t(739.95) = 2.78$, $p < .05$, $r = .10$).

The estimates of covariance parameters suggest that the variability in BPSES Total Scores increased from baseline (10.07, CI [9.23, 10.99]) to wave 2 (10.54, CI [9.55, 11.64]), and then increased again from wave 2 to wave 3 (11.22, [10.08, 12.49]). The baseline to wave 2 covariance (5.14, CI [4.36, 5.91]) is smaller than the wave 2 to wave 3 covariance (6.13, CI [5.21, 7.04]). The baseline to wave 3 covariance (4.94, CI [4.10, 5.78]) is positive. This indicates that wave 3 parents and carers with high BPSES Total Scores at baseline tend to increase (improve) over the waves of the study. Conversely, parents and carers with low BPSES Total Scores at baseline tended to decrease (worsen).

We undertook further analyses to understand whether there were any differences in wave 3 parent / carer BPSES scores over time by their child's placement type.

Table 22: Mean parent and carer BPSES Total Scores by child placement type and survey wave

Placement status description	Number in the sample	Baseline survey	Wave 2 survey	Wave 3 survey
Living with you after an Adoption Order has been made	538	19.29 (2.99)	19.88 (3.30)	19.73 (3.36)
Living with you after a Special Guardianship Order has been made	59	19.56 (3.94)	20.31 (3.15)	20.39 (3.35)
Living with you but not yet with an Adoption Order	33*	19.79 (2.70)	20.15 (2.09)	20.70 (1.57)

Data sources: Baseline, wave 2 and wave 3 surveys (N = 630)

*Base sample is less than 50 so should be treated with caution

As illustrated in Table 22 above, there were no statistically significant differences in BPSES Total score by adoption status (Living with you after an Adoption Order has been made and Living with you after a Special Guardianship Order has been made, Living with you but not yet with an Adoption Order) ($F(2, 1002.12) = .04$, $p>.05$. (nearly significant $p= .07$)).

Chapter 5: Parent / carer perceptions of the distance travelled for their child and family as a result of ASF-funded support

Parents and carers participating in the longitudinal study were asked in the baseline survey to identify a 'main aim' from their perspective for the ASF-funded support, for example: 'To improve my child's emotional health and wellbeing' or 'To improve our family life and relationships' or 'To help my child develop positive behaviours'. They were asked to identify a score (where 1= Aim not met at all and 10 = Aim completely met) in answer to a question 'Where do you think you are now in relation to the main aim?'. The same question was asked in wave 2 and wave 3 surveys in relation to the main aim they had for the funded support (that parents and carers were reminded of at both stages).

For the whole cohort of 681 children the mean (average) score at wave 3 was 6.05 and the mode (most common) score was 7.

Of the 645 parents and carers who provided a score at all 3 waves, the median score at wave 3 was 7 (SIQR=1.50) and the mode score was 7. A full breakdown of the wave 3 'scores' (from 1-10) is provided in Table 23 below:

Table 23: Number and percentage (%) parents and carers scoring their ASF aims met from 1-10 at wave 3

Wave 3 score (1-10)	Number of parents and carers scoring their aims met at this number	% of parents and carers scoring their aims met at this number
1	26*	4
2	26*	4
3	38*	6
4	34*	5
5	89	14
6	106	16
7	163	25
8	108	17
9	43*	7
10	12*	-

Data sources: Baseline, wave 2 and wave 3 surveys ASF survey (N=645)

*Base sample is less than 50 so should be treated with caution

We have also compared parents and carers' 'aims met' scores across the survey waves. Table 24 below outlines the median scores (between 1 and 10) by survey wave.

Table 24: Parent / carer median scores (between 1 and 10) on a scale in relation to the question 'Where do you think you are now in relation to this main aim?' by survey wave

Survey wave	Median	SD
Baseline	4.00	1.50
Wave 2	7.00	1.50
Wave 3	7.00	1.50

Data sources: Baseline, wave 2 and wave 3 surveys (N=645)

There was a statistically significant change in parent / carer scores in relation to the question 'Where do you think you are now in relation to this main aim?' by survey wave, $\chi^2_F(2) = 293.50$, $p < .001$. Post hoc tests were used to follow-up this finding. Parent / carer scores changed statistically significantly between baseline and wave 2, T = 137191.50, r = .41 (medium to large effect). They also changed statistically significantly between baseline and wave 3, T = 130385.50, r = .40 (medium to large effect). There was no statistically significant difference in parent / carer scores between wave 2 and wave 3.

A follow-up question in the wave 3 survey asked parents and carers to rate the extent to which positive change had been sustained ('on a scale of 1-10 where 1= No positive change sustained and 10= Positive change sustained very well'). For the parents and carers responding to this question (N=681), the mode (most common) score was 7, and the mean (average) score was 6.93 indicating mostly good levels of sustainability. A breakdown of the scores is found in Table 25 below:

Table 25: Number and percentage (%) parents and carers scoring the sustainability of positive change from 1-10 at wave 3

Wave 3 score (1-10)	Number of parents and carers scoring the sustainability of positive change at this number range	% of parents and carers scoring the sustainability of positive change at this number range
1-2	76	11
3-4	74	11
5-6	198	29
7-8	271	40
9-10	62	9

Data sources: Baseline, wave 2 and wave 3 surveys ASF survey (N=681)

Chapter 6: Parent / carer perceptions on how helpful the ASF-funded support had been

Parents and carers completing a wave 3 survey were asked to respond to a series of statements designed to explore the extent to which ASF support had helped them, their child and family, each of which is examined in turn below.

6.a. The extent to which ASF support had helped the child

Of 664 parents and carers who responded, 79% agreed or strongly agreed that 'receiving support through the ASF has helped my child for whom we applied to the Fund'. 8% disagreed or strongly disagreed with the statement and 12% were not sure.

Table 26: Parent / carer responses to a statement 'Receiving support through the ASF has helped my child for whom we applied to the Fund' by number and percentage (%) response types[29]

Response	Number	%
Strongly agree	284	43
Agree	243	37
Not sure	81	12
Disagree	24*	4
Strongly agree	32*	5

Data source: Wave 3 survey (N = 664)

*Base sample is less than 50 so should be treated with caution

Of the 64 special guardians and 600 adoptive parents who responded to this question, a greater proportion (80%) adoptive parents agreed or strongly agreed that receiving support through the ASF had helped their child compared with special guardians (73%).

6.b. The extent to which ASF had helped the parent or carer

Of the 664 parents and carers who provided a response, 80% agreed or strongly agreed that 'The package of support provided through the Fund has helped me as a parent'. 10% disagreed or strongly disagreed and 10% were not sure.

[29] The percentage for each response does not add up to 100%

Table 27: Parent / carer responses to a statement 'The package of support provided through the Fund has helped me as a parent' by number and percentage (%) response types

Response	Number	%
Strongly agree	259	40
Agree	269	40
Not sure	66	10
Disagree	41*	6
Strongly agree	29*	4

Data source: Wave 3 survey (N = 664)

* Base sample is less than 50 so should be treated with caution

Of the 64 special guardians and 600 adoptive parents who responded to this question, a greater proportion (80%) adoptive parents agreed or strongly agreed that receiving support through the ASF had helped them as a parent compared with special guardians (75%).

6.c. The extent to which ASF had helped the whole family

Of the 664 parents and carers who provided a response, 75% agreed or strongly agreed with the statement 'The package of support through the Fund has helped my family as a whole'. 11% disagreed or strongly disagreed and 14% were not sure.

Table 28: Parent / carer responses to a statement 'The package of support through the Fund has helped my family as a whole' by number and percentage (%) response types

Response	Number	%
Strongly agree	241	36
Agree	258	39
Not sure	93	14
Disagree	42*	6
Strongly agree	30*	5

Data source: Wave 3 survey (N = 664)

* Base sample is less than 50 so should be treated with caution

Of the 64 special guardians and 600 adoptive parents who responded to this question, a greater proportion (75%) adoptive parents agreed or strongly agreed that receiving support through the ASF had helped their family as a whole compared with special guardians (72%).

6.d. The extent to which ASF helped with placement stability

Of the 664 parents and carers who provided a response, 72% agreed or strongly agreed with the statement 'The support received has made the placement more stable (less likely to break down)'. 13% disagreed or strongly disagreed and 15% were not sure.

Table 29: Parent / carer responses to a statement 'The support received has made the placement more stable (less likely to break down)' by number and percentage (%) response types[30]

Response	Number	%
Strongly agree	249	37
Agree	227	34
Not sure	103	15
Disagree	48*	7
Strongly agree	37*	6

Data source: Wave 3 survey (N = 664)

* Base sample is less than 50 so should be treated with caution

Of the 64 special guardians and 600 adoptive parents who responded to this question, a greater proportion (72%) adoptive parents agreed or strongly agreed that receiving support through the ASF had made the placement more stable compared with special guardians (64%).

[30] The percentage for each response does not add up to 100%

Chapter 7: Parent / carer perceptions of how the adoption or Special Guardianship was faring

In the baseline, wave 2 and wave 3 surveys, parents and carers were asked '**How is the adoption or special guardianship of your child faring currently overall?'** They were given five main options and a further 'other' option. Table 30 below explores the responses of parents and carers at wave 3. The majority (55% of all respondents) considered that 'There are challenges, but also rewards, and overall I/we are managing'. 3% described how there were 'many challenges and it is possible my/or child will not remain in this family' and 1% described how the adoption or special guardianship had broken down.

Table 30: Parent and carer responses to the wave 3 question 'How is the adoption or special guardianship of your child faring currently overall?' by number and percentage (%)

Parent / carer response	Number	%
It's going really well	83	12
There are challenges, but also rewards, and overall I/we are managing	374	55
There are ongoing challenges, but I/we are totally committed to keeping my/our child in this family	184	27
There are many challenges, and it is possible my/our child will not remain in this family	22*	3
The adoption / special guardianship has broken down	7**	-
Other	11*	2

Data source: Wave 3 survey (N = 681)

* Base sample is less than 50 so should be treated with caution

**Base sample is 10 or less so no percentage (%) given

Where parents and carers responded that the adoption / special guardianship had broken down, we asked a further question about what had happened. In most (5/7) instances, the child had left home permanently and returned to care or, where 18, to live independently. In 2/7 instances, it was not clear whether the breakdown would be permanent or temporary.

Table 31 below explores parent carer responses by wave of the survey, for those who provided a response at all 3 waves.

Table 31: Parent carer responses to the question 'How is the adoption or special guardianship of your child faring currently overall?' by number and percentage (%) and survey wave

Parent / carer response	Baseline Number	Baseline %	Wave 2 Number	Wave 2 %	Wave 3 Number	Wave 3 %
It's going really well	69	**11**	79	**12**	81	**13**
There are challenges, but also rewards, and overall I/we are managing	324	**50**	357	**55**	353	**55**
There are ongoing challenges, but I/we are totally committed to keeping my/our child in this family	224	**35**	166	**26**	173	**27**
There are many challenges, and it is possible my/our child will not remain in this family	17*	**3**	22*	**3**	19*	**3**
The adoption / special guardianship has broken down	1**	**-**	1**	**-**	7**	**-**
Other	9**	**-**	19*	**3**	11*	**2**

Data source: Baseline, wave 2 and wave 3 surveys (N = 644)

* Base sample is less than 50 so should be treated with caution

**Base sample is 10 or less so no percentage (%) given

Overall, there was a significant association between wave of data collection and how the adoption or special guardianship of your child was faring currently overall ($\chi 2(6) = 14.98$, $p < .05$). Post hoc tests comparisons of proportions showed:

- There were no significant differences in proportions of "It's going really well" categories by wave of study.
- There were no significant differences in proportions of "There are challenges, but also rewards, and overall I/we are managing" categories by wave of study

- There were no significant differences in proportions of “There are ongoing challenges, but I/we are totally committed to keeping my/our child in this family” categories. However, comparisons of baseline and wave 2 proportions and baseline and wave 3 proportions approached statistical significance, p= .06 and p+.08 respectively).
- There were no changes in proportions of “There are many challenges and it is possible my/our child will not remain in this family”.
- There was insufficient data to test “The adoption / special guardianship has broken down”.

Differences in how the adoption or special guardianship was faring at wave 3 by child placement type at baseline[31]

A 3X4 chi square analysis of the data was undertaken[32] to explore any differences in parent/carer scores at wave 3 by child placement type. There was a statistically significant association between how the adoption or special guardianship of the child was faring currently overall and child placement type (Living with you after an Adoption Order has been made, Living with you after a Special Guardianship Order has been made, and Living with you but not yet with an Adoption Order), $\chi 2$ (6) = 13.04, $p < .05$. Cramer's V = 0.10, which indicates a small effect size.

- In the special guardian group, there were fewer (than expected) wave 3 respondents reporting that “There are ongoing challenges, and we are struggling to manage, but I/we are totally committed to keeping my/our child in this family” and more than expected respondents reporting that “There are many challenges, and it is possible my/our child will not remain in this family” or “The adoption / special guardianship has broken down” i.e. there was a difference between observed frequencies and expected frequencies.
- In the group of wave 3 adoptive parents where, at baseline, an Adoption Order had already been granted, all responses for how the adoption or special guardianship of the child was faring currently overall were as expected i.e. there was no difference between observed frequencies and expected frequencies.
- In the group of wave 3 adoptive parents where, at baseline, the child had been placed but the Adoption Order had not yet been granted, more respondents than expected reported that “It’s going really well” and fewer than expected

[31] Placement type may have changed since baseline, particularly child ‘living with you but not yet with an Adoption Order to ‘Living with you after an Adoption Order has been made’.
[32] The “Other” category was omitted from the analysis because of cell expected frequencies less than 1 and diversity of the response category; also, to avoid expected cell frequencies less than 1, the categories. “There are many challenges, and it is possible my/our child will not remain in this family” and “The adoption / special guardianship has broken down” were combined.

respondents reported that “There are ongoing challenges and we are struggling to manage, but I/we are totally committed to keeping my/our child in this family”.

Chapter 8: The extent of perceived need for ongoing support and final thoughts from parents and carers

Parents and carers completing a wave 3 survey were asked at the end of it 'Do you think that your child or family continues to have need of therapeutic services after this most recent support?'. Of the 664 parents and carers who responded to this question, 80% responded positively 'Yes'. 7% responded negatively 'No', and 13% were not sure.

Table 32: Wave 3 parent/carer responses to a question 'Do you think that your child or family continues to have need of therapeutic services after this most recent support?' by number and percentage (%) response types

Response Type	Number	%
Yes	532	80
No	47*	7
Not sure	85	13

Data source: Wave 3 survey (N = 664)

* Base sample is less than 50 so should be treated with caution

Of the 600 adoptive parents and 64 special guardians who responded to this question, a greater proportion (81%) adopters thought that their child or family continued to need therapeutic services compared with 72% special guardians.

Table 33: Wave 3 parent/carer responses to a question 'Do you think that your child or family continues to have need of therapeutic services after this most recent support?' by number and percentage (%) responses and placement type

Response	Special Guardians Number	Special Guardians %	Adopters Number	Adopters %
Yes	46*	72	486	81
No	5**	-	42*	7
Not sure	13*	20	72	12

Data source: Wave 3 survey (N= 64 special guardians & 600 adoptive parents)

* Base sample is less than 50 so should be treated with caution

**Base sample is 10 or less so no percentage (%) given

Chapter 9: Themes from the qualitative content of the survey

In many instances, parents and carers provided more information (in a free text box) in relation to specific survey questions regarding their child or family journey, or the extent to which the ASF-funded support had been helpful. Their responses provide important insights into how and why the ASF funded support was helpful, why positive impacts were not evidenced for all children in all instances, and what may be the key factors influencing outcomes.

9.a Qualitative responses regarding positive child and family progress and impact of the ASF-funded support

Many parents and carers took the opportunity to share, in relation to a range of questions and often in a cautiously optimistic way, how the ASF had helped their child and family:

> "S has had a lot of work with expressing his emotions and learning that this is not by using hands to hurt people. He's come along way" (Special Guardian)

> "After receiving Theraplay and Play Therapy, our daughter has shown huge improvements in her attachment to us. She was very avoidant and now she seeks us for cuddles and support and feels more settled, safer, and much less self-reliant. It has been an extremely positive outcome" (Adoptive Parent)

> "This therapy is essential for our family. It is a lifeboat when things go wrong and a lighthouse to help us see where we are going" (Adoptive Parent)

Positive change was noted by parents and carers in relation to a variety of aspects of their child's functioning including, for example, that they:

- Were more able to verbalise and/or regulate their emotions.
- Had fewer 'meltdowns' or angry outbursts.
- Were better able to concentrate, manage relationships and make progress in school.
- Were better able to maintain a friendship group and social interactions.
- Had an improved sense of identity and life journey.
- Had improved trust (in parents and carers) and confidence.

- Were more able to cope with challenges.

Many parents and carers also commented that their family life was calmer or less tense and/or that they had gained an improved understanding of their child's needs.

9.b Qualitative responses relating to the attribution of sustainable positive change

Whilst some parents and carers attributed positive change(s) to the ASF-funded support their child had received independently, many more attributed this short to medium term change to the support they had received themselves (whether as a stand-alone ASF-funded support or in conjunction with child-directed support). This support included mostly parenting support and / or information and support to understand their child's needs:

> "If I'm feeling OK he will feel OK. The support [to carers] is essential" (Special Guardian)

> "I am so grateful that we had this early intervention as it taught us skills and techniques that we are still using now to help our family bond. Our son is so much more relaxed and physically affectionate than he was when we first started receiving the support" (Adoptive Parent)

> "We attended the [parenting] course. It really helped us to understand our child much better. We now parent in a therapeutic way. This has improved our relationship with our child, and he is calmer" (Adoptive Parent)

Where parents and carers had been provided with (a form of parenting) support as part of the ASF package, many also expressed a view that this had already helped, or they predicted would also help with the sustainability of (improvements in) child and family wellbeing.

> "I noticed a small decline when we first stopped accessing services provided by the ASF, but by continuing the practices the OT taught me, we got back on track" (Special Guardian)

> "We continue to practice the methods shown by our therapist and we have seen no deterioration in her behaviour. We have found that as each month that goes by there has only been improvements" (Adoptive Parent)

Other parents and carers attributed positive change for their child to broader factors including the COVID-19 pandemic (which had enabled better quality family time and/or a respite from the demands of school, in the early stages at least), or other support services that had become involved, or medication for their child's specific difficulties.

9.c Qualitative responses exploring the reasons why positive change was not always demonstrated for children and families

Covid-related reasons

Where parents and carers rated their child or family distance travelled more modestly, they sometimes reflected that the lack of significant positive change was attributable to ASF-related factors other than its nature and quality, for example the ASF funded support had not materialised or had been disrupted (mostly due to the COVID-19 pandemic) or because their child had not engaged with or disengaged from it during this period.

> "There has been a better understanding of the situation and progress was being made, but Covid has scuppered a lot" (Adoptive Parent)

> "This would have been better had the Covid situation not set us back a bit" (Adoptive Parent)

Some parents and carers alternatively or additionally expressed a view that their child's and/or family mental health had taken a knock during periods of the COVID-19 pandemic and that they had not yet fully recovered from it:

> "Our daughter has really struggled emotionally during lockdown. Her poor mental health has led her into risky behaviour, mainly through contacts made via social media" (Adoptive Parent)

> "The additional challenges that COVID 19 has brought has had a negative impact on her ability to self-regulate, which had been improving" (Special Guardian)

> "Regressed we feel mostly due to covid19 disruption to routine" (Adoptive Parent)

Events and transitions affecting outcomes

Family events and circumstances (bereavements, separations, transitions, illnesses and other) were also sometimes also considered by parents and carers to have affected their child negatively (often in spite of the ASF support).

> "[Child] has come a long way, unfortunately knocked sidewards due to his [birth mother] dying" (Special Guardian)

> "It's difficult to comment on this because of the pandemic and lockdowns, going to a new school - I feel that these may have prevented any major positive benefits" (Adoptive Parent)

Parents and carers of teenaged children sometimes reflected that their child's problems or difficulties had seemed to 'catch up with them' as they approached adulthood, just at the point when support services other than ASF began to drop away:

> "It is very sad to see how as our daughter gets older her difficulties impact more on her life. There are few consequences for a child's difficulties aged 8, but at 18 the world is less forgiving and as her peers make progress in moving on in their lives, she seems increasingly left behind and exposed" (Adoptive Parent)

> "We love and care for our son, but he is now 18…There is little support or guidance for us or our son" (Adoptive Parent)

Children with higher level needs at the start of ASF-funded support

Another strong theme relating to a lack of positive change was that, where the child(ren) had high level or complex needs at the start of ASF-funded support, these needs had continued or worsened and had not necessarily been met by services more broadly than ASF:

> "Both children are destructive and angry. They are aggressive towards each other and other family members. They also find it difficult to remain in their friendship groups" (Adoptive Parent)

> "It's incredibly hard at any times of transitioning for our child. We were constantly faces with verbal abuse and challenging behaviour. There are days that are incredibly rewarding but there are days that are so hard, that's it a struggle to carry on" (Adoptive Parent)

> “Our child has been diagnosed with severe mental health issues and we've been waiting a year for CAMHS to support her” (Adoptive Parent)

Some of these parents and carers were extremely concerned that the violence they experienced was ‘escalating’ and things were generally reaching a crisis point:

> “We remain committed to the boys and would never ever want to be without them. [However] we worry that the level of violence and destructive behaviour is not sustainable. It is putting a lot of pressure on us as a family” (Adoptive Parent)

Contact with birth family members (for children subject of a Special Guardianship Order and their carers)

Special guardians often also expressed how there were ongoing challenges and struggles for the child and family that they attributed to (the need for) contact with birth parents:

> “A large majority of our challenges stem from contact with the birth family and how we handle that challenge and the effects it has on the children” (Special Guardian)

> “She can be really happy, but any time birth mum or contact is mentioned she gets violent towards the rest of the family” (Special Guardian)

Ongoing child difficulties in school

Another key theme from the free text responses of parents and guardians was that their child’s (ongoing) difficulties in school were potentially a factor influencing more negative outcomes for them overall. They further described how their child(ren)’s needs were not necessarily met in school:

> “I love having my grandson live with me despite his challenging behaviour at school. It is made harder because everybody concerned recognises that my grandson needs additional help, however the time it is taking to get it makes life very difficult” (Special Guardian)

> “Most difficulties are around the school environment and will impact on his achievements and therefore his future prospects” (Adoptive Parent)

> “My son is continuing to struggle in school. Trying to get more support” (Adoptive Parent)

9.d Qualitative responses relating to the nature of impact to be expected from therapeutic support for this cohort of children and families

Frequently used phrases and terms relating to the progress parents and carers perceived had been made since receiving ASF-funded support were ‘coping better’, ‘in a better place’, ‘ups and downs’, ‘baby steps’, ‘not a cure’, and ‘early days’.

A major theme was the uncertainty and unpredictability around improvements in child and family wellbeing. Even where parents and carers had responded that ‘It’s going really well’ or ‘There are challenges and rewards and overall we are managing’, they frequently qualified this in their free text responses by referencing how there were ongoing challenges, particularly at key transitions including into secondary school; or becoming/being a teenager:

> “[Child] still has issues regarding transitions and separations. He has started to notice his family is different and has started to ask questions around this” (Special Guardian)

> “It’s going really well but obviously there are challenges, particularly with getting used to secondary school – a big change from primary” (Adoptive Parent)

> “She still exhibits a lot of social, emotional and behavioural difficulties and so has problems with her relationships. However, I think she is improving. Her behaviour gets a lot worse when she is anxious, e.g., around transitions, but when she is feeling settled, she can do really well” (Adoptive Parent)

Some parents and carers further expressed how they would expect these kinds of ongoing challenges, a result of their child’s early life experiences or underlying needs:

> “There will always be challenges with 2 boys with SEN [special educational needs] and complex needs and different understanding of their birth history... but we are managing much better than ever despite puberty!” (Adoptive Parent)

> “There are some issues and challenges that one would expect from raising a teenager with a disorganised attachment disorder, but on the whole we, as a family are very happy” (Special Guardian)

> “We’ve developed the skills, but the recent ADHD diagnosis helps explain why even with therapeutic parenting, we still face a lot of challenges” (Adoptive Parent)

9.e Qualitative responses regarding the need for ongoing support

In relation to a wave 3 question about whether ongoing therapeutic support was needed for their child and/or family (Yes, No, Not Sure), parents and carers sometimes described a perceived need for further or future ASF support in immediate terms, including as a form of ‘follow on’ support to what they had already received:

> “Ongoing issues regarding query developmental trauma, delays, sensory problems, so awaiting further assessment with a view to formally diagnosing so support can be put in place” (Adoptive Parent)

> “Help with understanding what had happened in his life. With understanding why professionals were involved and the decisions they made. Help with understanding why he is, in his own eyes, different” (Special Guardian)

> “Family therapy already applied for, therapeutic parenting skills/strategies” (Special Guardian)

Others thought that they might need similar support in the future, but perhaps not yet.

> “Support when she is a little older, when she is able to process what has happened to and how she came leave her family and the neglect she experienced” (Adoptive Parent)

> “Right now I don’t think we need any ASF help but I suspect we might when she starts school as from other adoptive parents I am aware this or a time of significant challenge” (Adoptive Parent)

> “Once an ADHD treatment programme has been stabilised, we feel our child will be able to engage with therapeutic help more and as she gets older, it may help her manage her emptions and behaviours or at least understand how these manifest” (Adoptive Parent)

Many parents and carers reflected again that their child had not been ‘fixed’, even if helped, by ASF-funded support and had ongoing sometimes significant needs:

> “I do not think that my child can be ‘fixed’. I believe my child is going to have ongoing issues due to multiple placements prior to adoption and early life trauma” (Adoptive Parent)

9.f Qualitative responses to a question about ‘Anything else you would like to tell us about your experience of the ASF funded support?’

A minority view was that the ASF-funded support or the process of getting it had been unhelpful and/or that it had made parents or carers more mistrustful of support services:

> “The therapy was extremely unhelpful and caused a lot of issues. We stopped it a month or so into it starting. We do not trust these centres” (Special Guardian)

> “The provider did not fully fit with our needs, perhaps because of the pandemic” (Adoptive Parent)

> “We were promised the support would be there immediately, but we have had to jump through hoops” (Adoptive Parent)

Some parents and carers expressed worries about their child in the future, in particular as they transitioned into adulthood, including about the availability of ASF or other support for their children at this important transition.

However, many parents and carers wanted to ‘thank’ the Adoption Support Fund for the support they had received and/or to express again how helpful they thought it had been, many using words like ‘godsend’, ‘vital’, ‘invaluable’ and ‘lifeline’ to describe it:

> “Thank you for the support we have been given so far…we wouldn't have survived without [it]” (Adoptive Parent)

> “It’s been very positive on our family to help with challenging situations” (Special Guardian)

> “It is a lifeline for adoptive families. We wouldn't have had any help without it” (Adoptive Parent)

> “The therapeutic support funded by the ASF has been invaluable to our family. I cannot imagine how we would have coped without it” (Adoptive Parent)

> “Without it we would have struggled as a family and for the individual child. To have someone who understands without having to explain or justify ourselves has been a godsend” (Special Guardian)

> “...a fabulous resource allowing us to access services to support my child” (Adoptive Parent)

Some wanted to thank their individual therapist(s) and used words like ‘brilliant’ or ‘amazing’ to describe them.

> “T, the play therapist, was absolutely brilliant and he’s doing so well. He’s coping so much more now, his behaviour is greatly improved and he’s much more settled. We have the odd blip but we are in a far better place. Thank you!” (Adoptive Parent)

> “Y is amazing. Helpful, straight-talking and experienced” (Adoptive Parent)

Others expressed how essential they thought further (ongoing ASF) support was:

> “The ASF funded support has enabled for us to continue as a family, but more support is required to secure this” (Adoptive Parent)

> “The support helped him understand the reasons for going into care, but he now needs support to process what he has learned” (Adoptive Parent)

> “We are almost 100% certain that we will need support in the future to help her, and us all as a family” (Adoptive Parent)

> “Following the training, we had some success and a positive impact. But a year on, our child is facing more difficulties in managing her own behaviour and we need greater support to be able to help her. Currently feel like we have gone backwards and would like further training / therapy” (Adoptive Parent)

Others, particularly special guardians, thought that the experience of receiving ASF – funded support made them think that support like this should be offered (more) proactively to all parents and carers, for example in the context of statutory reviews.

“I'm glad there is the support there but feel it would be better if social services send out an assessment questionnaire maybe once a year (Special Guardian)

References

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

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

Burch, K., Backinsell, A., Coombes, L., Halford, E. (2022(a)) Evaluation of the Adoption Support Fund: first follow up survey of parents and carers. Department for Education, London.

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

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

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

Meltzer, H., Gatward, R., Goodman, R. and Ford, F. (2000) Mental health of children and adolescents in Great Britain. London. The Stationary Office.

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

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

Department for Education

Reference: DFE-RR1272

ISBN: 978-1-83870-410-0

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

This document is available for download at www.gov.uk/government/publications