



Department  
for Education

# **Evaluation of the Adoption Support Fund: qualitative study of family experiences**

**Research report**

**December 2022**

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Government  
Social Research

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## Executive Summary

This report forms part of the Adoption Support Fund evaluation (2018-2021) and explores findings from two 'waves' of qualitative interviews with adoptive parents, adopted children and special guardians who were provided with support funded by the Department for Education (DfE) Adoption Support Fund (ASF).

Thirteen adoptive parents, three special guardians, and six adopted children and young people took part in an initial interview at the end of a period of ASF-funded support<sup>1</sup>. Fifteen of the parents and special guardians and three of the adopted children / young people then took part in a follow up interview 6 months later.

The cohort of parents, guardians, children, and young people participating in the interviews was not designed to be representative of all families participating in the ASF evaluation, nor of those with ASF funded support overall. Therefore, the findings should be read in that context and in conjunction with other ASF evaluation reports that can be found [here](#).

This report is organised thematically by section, and the key findings for each are as follows:

### Child needs

Interviewees described a range of significant difficulties that had led to their assessment of need for ASF-funded support. Adoptive parents, particularly those who had adopted more recently, described having received adequate or good preparation for child or family needs that might emerge over time. They also frequently described a 'honeymoon period' of relative calm and stability for them with their child(ren) that had lasted for weeks, months or years before difficulties emerged or escalated, often coinciding with a transition, for example into or between schools. The three special guardians interviewed were much less likely to consider that the preparation for caring for a child who might have future challenges had been adequate. They had often been thrust into providing care at relatively short notice and did not describe a honeymoon period, rather how their child(ren)'s difficulties were already evident at the start of the placement.

More about the child and family needs, including during the period of the COVID-19 pandemic, can be found in the chapter on 'Findings' (Section 1).

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<sup>1</sup> The research team was also interested in recruiting children subject of a Special Guardianship Order and ASF funded support into an interview, but this was not possible.

## **Experience of seeking help and getting funded support**

Adoptive parents frequently reported that they had received some help before the ASF application, including through their adoption agency or from a range of other agencies for example schools, GP surgeries, child and adolescent mental health services (CAMHS). Sometimes, the support from other agencies felt to these parents insufficiently informed about the needs of adoptive or care experienced children. Special guardians were less likely to recall having received support from their local authority or other agencies before the ASF application.

The experience of being informed about and discussing potential ASF support was mainly good or very good for both adoptive parents and adopted children participating in interviews. Whereas, special guardians reported having had to independently seek out information regarding the Fund and sometimes to 'petition' for support or to prove their child's eligibility. For both adopters and special guardians, the assessment process itself was mostly described in very positive and supportive terms. The most important aspect was that the child had been listened to and understood. Where delays in the process were very long (over 12 months), interviewees described feeling very frustrated and disappointed by this.

Decisions about what support was funded had generally been made by the professionals involved, but parents and guardians were mostly content with the selection of an intervention and provider. There were some examples of co-produced decisions regarding provider selection, including in the context of multi-disciplinary conferences. Choice about a provider or service was more likely to be considered 'not relevant' or 'not discussed' where families lived in a rural area or where the child was subject of a Special Guardianship Order.

More about the experience of seeking help can be found in the chapter on 'Findings' (Sections 2 & 3).

## **Experience of and satisfaction with the ASF-funded support**

To overcome potential worries or feelings of stigma about attending therapy, children and young people emphasised the importance of: receiving 'normalising' information and messaging; therapists who were friendly and welcoming; attractive therapy room(s); therapist taking time to get to know you; and doing some fun or ice-breaking activities at the start. Parents and guardians also emphasised the importance of the therapist taking time to build rapport and trust, including with themselves as well as with their child.

Most parents and guardians considered that the funded support was a 'good match' for the needs of their child and family, although some reflected that it would have been better to receive it earlier. Parents, children, and young people all described the support in

positive or very positive ways. Some children said that they had enjoyed it, found it 'relaxing' or 'helpful'. Even where the support had been challenging at times for children or adults, for example where it involved upsetting or challenging subject matter, family members all considered that it had been helpful in some way.

Children and young people valued therapy that was: varied and playful (including playing or having fun and talking); guided by them but also 'held' by the therapist (for example if things started to go awry); unhurried (including therapist not forcing the pace, not having to use all the time to talk); inclusive of practical tools and ideas to help them manage; and making a link with their educational setting, so that the teachers there could also support them in an informed way. Children and young people sometimes did not appreciate: activities and language that were not age appropriate; and unintended interruptions or disruptions to the therapy resulting, for example, from the COVID-19 pandemic.

Parents described key positive attributes of the therapy as engaging (of the child); supportive; expert; child and young person focused; strengths-based; realistic about what can be achieved in a short timeframe (including going at the child's pace); flexible; and involving of both the parents/guardians themselves, also where possible other key supports for the child, particularly school.

For many first wave interviewees and most by the follow up interviews, the COVID-19 pandemic had disrupted the therapy in some way and included either online alternative sessions, or paused therapy, or both. Some families found, often to their surprise, that online therapy had 'worked' to a certain extent. However, many others, particularly families with younger children, found that it had not worked so well or was not even attempted. Most appreciated a return to some face-to-face sessions.

More about the experience of and satisfaction with ASF-funded support can be found in the chapter on 'Findings' (Section 4).

## **Consequences of ASF funded support**

The six children and young people interviewed for the evaluation described often multiple positive consequences of the funded support from their perspective, including:

- Improved sleep and/or absence of nightmares.
- Improved concentration at school, and/or being more successful in school.
- Having more insight into and feeling more secure with emotions and being able to manage situations that trigger an emotional response.
- Being able to talk more freely or openly and express feelings, including with trusted people such as parents, friends, and teachers.

- Being less angry or 'fighting less', having improved 'behaviour'.
- Having improved self-esteem and/or confidence.
- Feeling more relaxed.
- Being more optimistic about the future.
- Feeling happier.

Parents and guardians also recognised these consequences. The area of sustained progress most frequently mentioned was that their child was more able to regulate their emotions and behaviours, including in educational settings and to the benefit of their education. In addition, parents and guardians noticed sometimes that their child felt safer; could manage friendships better; had stopped self-harming; was more empathetic; had a better understanding of their life story; and/or had improved physical (motor) skills.

At the time of the initial interview, parents and guardians interviewed fell into two groups. Some described the positive change for their child in 'transformational' terms. Others were more cautious in their responses, describing how improvements had been made but there were underlying, ongoing or new issues; or how consequences had not yet been evidenced clearly because of disruptions to the therapy. At follow up, almost all parents and guardians could identify sustained positive benefits of the therapy for their child. For some, this was again transformational in nature, for others there had been smaller steps towards desired outcomes and improved quality of life for their child (where needs had not gone away but had often reduced). Where parents and guardians reported that their child's needs had escalated in spite of them experiencing some positive benefits from the therapy, this was often where the child's needs had been complex or very complex at the start of the ASF-funded therapy.

At initial interview, all interviewee types often recognised positive consequences of the funded support on the parent or guardian including improved parent/guardian:

- Understanding of the child's needs and what was driving these.
- Confidence about parenting.
- Adaptability to their child's needs.
- Ability to communicate the child's needs to others, particularly school.
- Stress levels; sometimes also couple relationships.

By the time of the follow up interview, parents and guardians frequently described having gained and applied to their parenting a much-improved understanding of the child or young person's needs and/or considered that they had a greater ability to 'cope'. Parents and guardians reported how having been provided with what they saw as expert

information conveyed in a meaningful way, and practical steps to take, had been incredibly empowering and confidence-giving.

At the time of the initial interview, many interviewees also noticed positive consequences of the therapy for their whole family life, particularly where the child was still living at home. Common themes included improved: relationships across the family; trust; and overall family hopefulness and happiness levels. By the time of the follow up interviews, this theme was much stronger, with many more parents and guardians reflecting that things were overall much better, often much 'calmer' at home, also more joyful and fun.

Positive change for the families was mostly attributed to the ASF funding. However, other factors were noted to have potentially effected outcomes either positively or negatively, including support from other agencies; the COVID-19 pandemic; the quality of ongoing support from the post-adoption support team and social worker(s); needs described as being 'beyond the reach' of therapies funded by the ASF (i.e., too complex or severe for it); and normal transitions or development for their child.

More about the consequences of funded support can be found in the chapter 'Findings' (Section 5).

## **Family reflections on the learning from their experience for other families, government, and services**

In the context of the final interview, family members offered a range of reflections regarding their own experiences and learning for other future beneficiaries and supporters of the Fund. The key messages for other families and potential beneficiaries were to:

- 'Give it a go'.
- Trust the therapist.
- Ask for support sooner rather than later.

For the range of agencies supporting the ASF, key messages were to:

- Continue to invest in this Fund (because it works).
- Make the funded support more available to support children in school settings.
- Develop more combined, holistic funding streams for children with complex needs.
- Have or develop a more transparent overall offer of support for Special Guardianship.

More about interviewees suggestions for other families and services can be found in the chapter 'Findings' (Sections 6 & 7).



## Introduction and methodology

This report explores findings from two 'waves' of qualitative interviews with adoptive parents, special guardians and adopted children who had been provided with therapeutic support funded by the Department for Education (DfE) Adoption Support Fund (ASF).

The aims of the interviews were to explore parent, special guardian, child, and young person experiences of seeking and getting help through the ASF, and their views about the quality and consequences of their funded support.

Participants were recruited into this element of the ASF evaluation after the parents or special guardians had completed an online family survey timed to coincide with the ending of funded support. At the end of the survey, parents and guardians were asked whether they or their child might be interested in participating in a more in-depth interview about their ASF experience and in receiving some information about what that would involve. Where parents and carers responded positively to this survey question, they were sent written information about what participation would involve. If, having read this information, parents and special guardians remained interested in participating, they were offered a telephone call with the lead evaluator to further explore:

- Whether and how best to involve the child, including any supports they might need to participate as fully as possible.
- The best means of undertaking the interview (face to face, on an electronic platform such as 'Zoom', or telephone).
- The best timings and sequence for the interview(s), for example parent first, then the child, or child and parent together).

Between February 2020 and March 2021, a total of 16 parents and special guardians (from 16 individual families) participated in an initial qualitative interview at around the ending of their period of ASF funded support.

- 13 were adoptive parents.
- 3 were special guardians.

Twelve of these 13 adoptive parents and all 3 special guardians (a total of 15/16 overall) participated in a follow up interview approximately 6 months after the first (6 months after funded support had ended).

Six adopted children and young people aged 9 to 15 years participated in an initial interview, and 3 of them also participated in a follow up interview 6 months later.

The semi-structured interview schedules used for these interviews can be found at Appendices A to E. In addition to the schedules for children and young people, the

research team used visual prompts to support the conversation, particularly with younger aged children. The schedules were adapted with reference to the COVID-19 pandemic (hereafter referred to as the pandemic), which began soon after the start of the wave 1 interviews and continued until the end of this study. As a result of the pandemic, almost all the interviews needed to be conducted virtually, mostly using an online platform 'Zoom'. The fieldwork was also briefly paused between April and August 2020 in recognition of the significant pressures on families during this intensive first period of the pandemic.

With participant consent, audio recordings of the interviews were made and, where undertaken with the assistance of 'Zoom', these were automatically converted into transcripts using a software package 'Panopto'. The transcript content was then verified in turn by listening to the audio recording and making good any errors in the automated transcription process. In a small number of instances, where participants did not consent to an audio recording, careful hand-written notes of the interview were taken instead.

The interviews were then analysed thematically, with reference to the key questions for the study and with the support of NVivo software. The findings related mostly to the core ASF, but interviewees also sometimes talked about their experience and the benefits of an additional ASF COVID-19 Scheme that was put in place by the DfE during the early stages of the pandemic to help adopted and special guardianship families during this period of additional pressures<sup>2</sup>.

In addition to this report outlining findings from qualitative interviews regarding the ASF, earlier reports have been published in relation to a first wave of local authority / regional adoption agency (RAA) and provider interviews; and longitudinal (baseline and follow up) online survey findings regarding ASF experiences for a larger cohort of children and families. These reports can be found [here](#).

Forthcoming reports related to this evaluation will explore:

- A third and final survey 'wave' of parents and carers, including the impact of funded support 6 months after the wave 2 survey was completed and the support package ended.
- How local authority or RAA staff and providers experienced the ASF over time.

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<sup>2</sup> The Covid-19 Scheme provided emergency funding to Regional Adoption Agencies and Local Authorities to support children who had left care either through adoption or subject of a Special Guardianship Order, and their families, to meet needs arising from the pandemic. The Covid-19 Scheme operated between April and June 2020. A review of the scheme can be found [here](#).

## Limitations of this aspect of the study

The key limitations of this aspect of the overall ASF evaluation include that:

- In addition to adoptive parents, adopted children and special guardians, researchers were interested also in interviewing children subject of a Special Guardianship who had received ASF-funded support. However, we were not able to recruit these children into this element of the study, largely because their guardians did not think they wanted or could cope with an interview.
- The sample of parents, special guardians, children, and young people participating in the interviews was not representative either of all families participating in the evaluation, or of those participating in the overall ASF Programme. They were not selected in any way for representativeness. They had merely indicated a willingness to participate in a more in-depth conversation about their experiences at the end of the first follow up survey.
- Therefore, the findings from the analysis of the interviews should be read in conjunction with those from all other evaluation reports listed above, particularly those relating to the longitudinal online survey (baseline, wave 2 and wave 3).

## Findings

Findings from the two 'waves' of interviews are organised thematically by section, as outlined in the table below, incorporating both parent/guardian and child/young person perspectives by theme:

<b>Section</b>	<b>Detail</b>
1.	Child and family characteristics and needs
2.	Experience of seeking help before the ASF
3.	Experience of seeking help through the ASF (including the assessment and decision-making processes)
4.	Experience of and satisfaction with the ASF-funded support
5.	Perceived consequences of the ASF funded support including for children/young people; parents/guardians; and for the whole family
6.	Extent of any perceived unmet or outstanding needs
7.	Suggestions from family members for other families who might need help and for services

# 1. Child and family characteristics and needs

## 1.a. At the time of the initial (wave one) interview

The children and young people who had received ASF support and who are the subject of this report were aged between 4 and 17 years at the time ASF support commenced. They had been living with their adoptive parents or special guardians for between 12 months and 14 years, most for at least 6 years. Family units included between 1 and 3 children. Some parents and guardians shared information about their child's pre-placement history which mostly included abuse and/or neglect. Some parents and guardians were also aware of birth parent substance misuse, mental illness and/or experience of domestic abuse. In terms of the significance of this pre-placement background, parents and carers sometimes attributed their child's therapeutic needs to these earlier life experience(s):

"She is very much loved now, but the early years of neglect cannot be undone." - Adoptive Parent

"It's not as though you have many what I call straightforward, relinquished children [for adoption]. They're complex children who have pretty much fallen through the cracks of society... because things have gone wrong." - Adoptive Parent

Whilst some of the children had been taken into care at or close to their birth, others had lived with birth parent(s) for some years before becoming looked after.

Adopted children were often described by parents as having experienced a form of 'honeymoon period' in the early weeks or even years of the adoption:

"We had a really long honeymoon period... until transition to teenage years." - Adoptive Parent

In all cases where children had experienced a honeymoon or calmer period on placement, a 'catalyst for change' was often described – frequently, a transition into (secondary) school or between schools.

"Since starting school, everything has become more challenging... It's fight or flight... hits, kicks, bites, runs out of school." - Adoptive Parent

Children were also sometimes described as having developed more challenging behaviours as they began to feel safer in their new homes.

“The safer he felt, the more he was able to let himself go... so quite contained to start with... then behaviours came out.” - Adoptive Parent

For other children, particularly those living with a special guardian, worrisome or challenging behaviours were described as having emerged closer to the point at which the child(ren) had arrived in the home:

“Struggled with boundaries and routines... violent reactions, food insecurity.” - Special Guardian

“We had 2 very violent, emotionally disturbed children and the whole house was shaking, literally shaking, day to day.” - Special Guardian

However, these children with a Special Guardianship Order could also still experience an escalation of difficulty at points of transition:

“At eleven [years old], in the transition between primary and secondary, completely knocked him... became incredibly violent.” - Special Guardian

Strong themes from parent and guardian descriptions of primary aged child difficulties included:

- Child demonstrating ‘fight or flight’ when challenged.
- Intense violent outbursts, ‘tantrums’ or ‘meltdowns’ that were difficult to soothe or calm down, including biting, kicking, punching and/or destroying property.
- Difficulties with sleeping and ‘night terrors’.
- Difficulties in regulating emotions and behaviours.
- ‘Head banging’, hair pulling or other self-harming behaviours.
- Sensory processing difficulties.
- Difficulties with sustaining friendships and in managing social situations or friendships.
- A range of behaviours attributed: to a neuro-developmental condition, for example: Autistic Spectrum Disorder (ASD), Attention Deficit and Hyperactivity Disorder (ADHD), Foetal Alcohol Spectrum Disorder (FASD); or developmental trauma.

Themes regarding the needs of older children and young people from the perspectives of parents and guardians and from the young people themselves included:

- Mental ill-health including hearing voices, dissociation, hallucinations, self-harm.
- Difficulties in sleeping and 'night terrors'.
- Violent behaviour, including directed towards parents or guardians.
- Difficulties in school, including in regulating emotional responses to challenges and other 'triggers', resulting in them being labelled as 'behaviourally challenging', being excluded, or in declining educational performance.
- Lack of self-esteem and/or confidence.
- Challenged identity.
- Difficulties in concentrating on anything for long.

"I used to have night terrors and hallucinations. I just wanted them to stop... Knocked my confidence a bit... so I didn't go to school... my grades were going down and I couldn't really concentrate in class." - Adopted Young Person

Special guardians sometimes also described the complications of having to manage what could at times be fraught relationships with extended family members.

Almost all parents and special guardians interviewed for the evaluation described having reached a crisis, or a realisation that they were not coping, before seeking help through the ASF. They often described situations 'spiralling out of control' or 'being at breakdown point' or 'not coping' or even sometimes that they were 'experiencing compassion fatigue'. Some went on to describe this as a very fearful, lonely, and depressing place to be, with a strong sense of shame about the difficulties that had been exposed, and about needing help.

"I remember getting quite panicked... thinking I really can't do this anymore." - Adoptive Parent

"I felt really bad... I don't understand this child and I don't understand myself". - Adoptive Parent

## **Preparation for adoption or special guardianship**

Adoptive parents were more likely to describe having been aware of and prepared to a certain extent for the challenges of adoption and for their adoptive child(ren).

"Told to be prepared [for a traumatised child]." - Adoptive Parent

This awareness and preparation stemmed from a range of factors including:

- Having undertaken a degree of training and preparation pre-placement, including in child attachment and trauma and their effects.
- Early information from social workers about the child and their needs. Adoptive parents mostly trusted and valued this early information giving and early support they had received from the social worker.
- Having 'read around' the subject independently, or having listened to podcasts and/or attended workshops after the child had moved in.

However, a strong theme from the interviews was that even relatively good, informative training and information provided both pre-and immediately post-placement could not fully prepare adoptive parents for what they experienced in fact over time. Sometimes, adoptive parents described how they had not really taken in the information at the time, as did not think they would need it.

"We had some information. I didn't really take in the stuff about trauma and attachment." - Adoptive Parent

"People come and talk to you in a way you don't really believe... because you don't want to... not emotionally ready to hear." - Adoptive Parent

Some parents who had adopted their child some time ago also thought that the information and advice they had been given pre- and immediately post-placement had not been particularly useful:

"There was a massive assumption back in [X year] that 'Wow, aren't you lucky, you've adopted a baby, you'll be fine, off you go' and we should really, all of us, have known better at that point." - Adoptive Parent

Special guardians participating in an interview were much less likely to describe having had sufficient preparation and support, in part because they had 'taken on' children unexpectedly and at short notice, and in part because they considered that there had either been no training and support on offer to them at the time or that it had been unhelpful.

"Nothing is clear... changes in professionals... extremely difficult, emotionally charged, very chaotic... we were so naïve because we thought 'Oh, we're just opening up our home'... that would be enough." - Special Guardian



“I remember saying... repeatedly... who do I ask, where do I go, who’s going to answer my questions? And her stock answer all the time was ‘We don’t have the time’. And I’m so very angry... that special guardians get such poor treatment. We are the Cinderella of these ... situations.” - Special Guardian

## **1.b. Child and family needs by the time of the follow up interview**

By the time of the follow up interview (6 months after the first) the biggest change from the perspective of most interviewees, was the COVID-19 pandemic. For a small number of children, parents and special guardians, the impact of the initial period(s) of lockdown was relatively positive, often described by parents or guardians as a ‘really positive period’, involving ‘concentrated bonding’.

However, for many other parents and guardians, the pandemic had generated additional challenges, sometimes a ‘really hard time’, including that their child had:

- At times, experienced difficulties in accessing school (because of a lack of resources in schools), even where they were technically entitled to attend.
- Found it hard to concentrate for long periods and consistently on ‘Zoom’ lessons and on schoolwork more generally when they could not attend school in person.
- Found being ‘in and out’ of school (a series of transitions) very difficult to manage, triggering problematic behaviour(s). Parents and carers of these children described how it was a ‘huge relief’ when schools re-opened more consistently.
- Found it hard or possibly even harder to transition from one school to another.
- Not wanted to return to school or had found it difficult to settle after a period of lockdown.
- Felt quite socially isolated at times (also parents and guardians themselves).
- Where prone to anxiety, had experienced increased levels during the pandemic.
- Argued more with siblings.
- Experienced family bereavements or family struggles (including the impact of financial struggles) during the period of the pandemic.

Children and young people sometimes also acknowledged how things had been ‘up and down’ for them during periods of the pandemic, often affecting their mental health and friendships in particular:

“I’ve been doing really well but, during lockdown, some days I’d be happy and then some days it’s kind of like a bit stressed or a bit fed up... quite hard not to be able to see your friends... but also some days were just quite easy for me.” - Adoptee

For some, particularly single, parents or guardians of children with very complex needs, the lack of regular schooling and supports during COVID-19 had created very severe challenges indeed:

“It’s just so hard to be stuck at home with a child with additional needs and a lot of developmental trauma. It takes a lot of energy from me to keep us on an even keel.” - Adoptive Parent

Where the child’s needs had already been complex before the pandemic, these needs were often reported to have escalated to the extent that the child or young person subject of ASF support now needed more specialist or intensive support including, for example, periods of local authority child in need support, residential care or in-patient CAMHS care.

Some parents and guardians also described how the pandemic had ‘taken its toll’ on their own mental health.

## 2. Experiences of seeking help before the ASF

Most adoptive parents interviewed for this evaluation described having been offered or having sought help with parenting and/or other forms of direct support for their child before applying to the ASF for funded therapeutic support. These families had often received previous support through their adoption agency, from a peer support group, or from other agencies. Support obtained via adoption agencies included, for example, therapeutic parenting advice, support for child identity (including gender identity) issues, and play/creative arts therapies, and was mostly described in very positive terms. Similarly, support from peer networks was very much valued where it was available. However, some adoptive parents reflected that support groups had not been very accessible to them pre-COVID-19, particularly if they worked full time, were a single parent or lived in a rural area.

“I used to go to a few groups, but it’s hard for the children. I don’t know who else has an adopted child round here...and it’s hard to get to support group”. - Adoptive Parent

Pre-ASF, support had also been obtained from other agencies including:

- An adoption-focused helpline.
- Schools, including a school-based special educational needs coordinator (SENCO) and/or therapeutic school.
- A GP (mostly to access specialist Child and Adolescent Services (CAMHS), or health visitor.
- Speech and language therapy.
- A therapist paid for privately by the family.
- Child protection services focused on safeguarding, for example where there were high levels of conflict and child to parent violence.

The quality and usefulness of these ‘other agency’ supports were described variably by parents, with some instances of very helpful and empathetic support but others where the supports were described as insufficiently informed about the needs of adoptive or care experienced children (particularly around the impact of trauma) or difficult to obtain (for example a referral to CAMHS).

Special guardians were less likely to remember having received other forms of support before an application was made to the ASF and often considered that problems had become worse during this period of seeking but not yet getting help:

“The [Special Guardianship] Order is in place, you have a social worker for 6 weeks, and then they’re gone.” - Special Guardian

“We had... health assessments... had always had the same response which was there was nothing they could do. We’ve been to clinical psychology... diagnosed with an attachment disorder... but they didn’t have anything set up that I could attend or any kind of alternative to a conventional intervention.” - Special Guardian

However, where it had been provided, special guardians very much appreciated the support:

“[with regard to a support group] ... It’s really nice to know there are other people like me out there. I don’t tell anybody about my situation.” - Special Guardian

However, even some adoptive parents described having felt isolated and without much support with increasing worries before the ASF package was put in place:

“At the end of our tether. We couldn’t cope and the school couldn’t cope. No other particular support [available].” - Adoptive Parent

Other adoptive parents described having been ‘passed around’ from agency to agency looking for support when their child’s needs or difficulties had begun to escalate or having not known even where to start to look for help. Often this went back several years.

“Schools say one thing, doctors something else. They all want to pass the buck. Never know what you’re entitled to.” - Adoptive Parent

Where the (adopted) children and young people participating in an interview remembered an earlier pre-ASF support, they mostly described support in relatively negative terms, stating that it had ‘not been that helpful’ or ‘not very helpful’ including compared with their ASF therapeutic support.

“School based support... not very helpful.” - Adoptee

“[regarding earlier Life Story Work] It wasn’t right for me.” - Adoptee

### **3. Experience of seeking help through the ASF including the assessment and decision-making processes**

#### **3.a. Getting information about the Fund and knowing what to expect**

In most cases adoptive parents had themselves approached their local or 'link' post-adoption support service (often the RAA) for (ASF) support. However, in other cases, they had been referred for ASF support by the child's school, or the local CAMHS, or through a provider of therapeutic support services. Parents frequently considered the initial response they had received from the post-adoption support services to have been positive or very positive, including where they had sought support in a crisis.

"She listened and she understood, didn't judge." - Adoptive Parent

Most adoptive parents considered they had received good quality information about the ASF, largely orally from post-adoption social workers, or through post adoption support team newsletters, sometimes via other agencies. In some cases, adoptive families were offered other supports and/or therapies whilst they were waiting for the ASF-funded support, mostly therapeutic parenting training or Theraplay. The adopted children participating in an interview for this evaluation similarly described having received some information and knowing 'more or less' what to expect before starting the therapy, either through conversations with their parent or with their (post-adoption) social worker:

"...knew what it was about... I knew I was going to get some help. I've had a great post adoption social worker who came and talked... the process and what to expect." - Adoptee

Most children and young people described having been a little nervous or apprehensive about starting the therapy. They had felt encouraged to go along by the thought that it could help them, or by 'normalising' the activity, and information helped too. At a basic level, they all recognised they had wanted help with something and/or had been open to seeing what might happen.

"There's always a little bit of apprehension meeting someone new, but I was happy that I could understand some stuff and find some stuff to help me cope." - Adoptee

“I mean, there’s a stigma around therapy, you know, like you’re messed up if you go, but... everyone could benefit from it, honestly.” - Adoptee

One child participating in an interview thought that the process of informing children and young people about the therapy could be further improved, to make the therapy even more accessible:

“To encourage people to go, I’d give a ‘youngsters page’ on the website, so they can see before they come along, to know it [the therapy] helps. Say I was someone else and you told me it would help, I would be really nervous... the youngsters’ page would be reassuring.” - Adoptee

Special guardians had approached or were approached by their local authority about ASF-funded support. They had sometimes heard about the ASF by chance, including from a television programme or social media. These experiences were a little less positive, with some guardians describing how they had had to ‘petition’ for the support and/or explain about the ASF or ‘prove’ that they were eligible.

“I had to seek it out. There didn’t seem to be any knowledge of the ASF. I hounded our local authority social worker [for it].” - Special Guardian

One special guardian thought that better quality information should be provided to all guardians (for example at the point the child arrived in the home) to enable them to better understand what is available by way of support to them:

“I think guardians need to be given an information pack when that order is put into place, of what they can access.” - Special Guardian

### **3.b. Assessment of child and family needs**

Most adoptive parents and special guardians considered that they had been involved in the assessment process (in support of an ASF application), and that they trusted the process, even if they could not remember much about it or could not remember seeing the documented assessment. Most considered the process of assessment to have been relatively timely, and even a help in itself:

“Once it got started, it was fantastic... got a full report of everything... really helpful in terms of school, for them to understand.” - Special Guardian

Some parents and guardians described a multi-disciplinary assessment process that they had been part of and that they considered to have been particularly helpful:

“We had a massive meeting... with the chief psychologist... she was really insightful... everything that we needed to know she told us. She also assessed B’s needs.” - Special Guardian

However, some parents and guardians would have liked the assessment process to have been more transparent, and many reported not having seen the assessment report.

“I wish it was more transparent because I’m somebody that likes the detail. I wanted to see their recommendation ... didn’t get sight of that.” - Adoptive Parent

The most important aspect of assessment, from the perspective of parents and guardians, was that they and their child had been listened to and understood. Not being or feeling involved at all was rare, but when this was the case, it had felt like the family was being ‘done to’ rather than ‘worked with’. Long delays in the assessment process, where they were identified, were attributed either to the lack of understanding about eligibility (of SGO children) in local authorities; the lack of social workers able to lead an assessment; the reorganisation of adoption support services into RAAs; and/or the lack of availability of suitably trained therapists locally. These long delays (of over 12 months) were described as ‘very frustrating’ or ‘very disappointing’.

### **3.c Decision making (about how to apply for funded support)**

The selection of provider(s) was mostly described as having been undertaken by the ‘professionals involved’, particularly the post-adoption social worker. Mostly, parents and guardians were content with that degree of control exercised by the professionals, describing them as ‘knowing what they are talking about’, and/or that they were ‘happy to go along’ with the selection.

“There was no choice with the offer. My social worker recommended them. We didn’t have an option, but she had good things to say, to recommend. I’m very happy with the provider.” - Adoptive Parent

In a minority of instances, adoptive parents described how the selection of the provider(s) had been agreed or co-produced between themselves and their social worker, in the context of a one to one or multi-disciplinary conference:

“There was this big discussion about what our options were ... guided by the social worker... we were trying to understand what was going on... sensory issues.” - Adoptive Parent

However, even in these cases, many parents and guardians were looking to the ‘experts’ to help them select the right therapeutic intervention for their child and family. Where families lived in a rural location, or where the child was subject of a Special Guardianship Order rather than adoption, it was reported by parents and guardians that there was little or no choice, or that it had not been discussed and was therefore ‘not relevant’.



## 4. Experience of and satisfaction with the ASF-funded support

### 4.a. What did the families remember receiving by way of ASF support?

In the initial interview, parents and special guardians described a variety of ASF support that had been received by their child and/or family. Some had additionally received previous, sometimes several previous packages of ASF support over time. Most parents and guardians described more than one element of this period of ASF support, for example: 'play therapy followed by sensory integration therapy' or 'parent/carer training, NVR and life story work'. In many cases, this period of ASF support had included work with both the child and the parent (sometimes together, sometimes separately). Mostly it was described as having been completed, but sometimes not yet finished. Only some children and young people participating in an interview could remember the name of the therapy they had received, but they could all describe what it involved, including aspects of: art and play therapy, Dyadic Developmental Psychotherapy (DDP), play and sensory therapy, and Eye Movement Desensitization and Reprocessing (EMDR).

"...sand so soft... mm lovely... amazing." - Adoptee

"Recently, I've been holding 'buzzy things'... I think that she made them herself. So, not an electric shock! It vibrates like when you're holding a phone. She has a remote and it controls the speed of the buzzing as we're talking. Sometimes, we do it and it makes me calmer. They're really good [the buzzy things]." - Adoptee

By the time of the follow-up interview, most parents and guardians described accessing or beginning the process of applying for further core ASF support, often as a 'follow on' to an initial stage assessment and/or therapy. Others described how their initial ASF support package had been suspended during the COVID-19 pandemic but restarted or re-starting again. In some cases, these parents and guardians had needed to reapply for funding that had not been fully used (because of suspended therapy during the period of the pandemic). Some parents and guardians remembered additionally having accessed support through the ASF COVID-19 Scheme, including a subscription to a national support organisation; a psychology 'brief intervention' to support parents; an adoption hub including expert webinars; and couple counselling.

## 4.b Child and young person hopes for ASF support and initial experiences

Children and young people were asked in their interviews if they had had any hopes about the therapy before it started. They described ways in which they hoped the therapy could help, including:

- **In general terms.**

“I was hoping it would help with some of my issues... work through some stuff.” - Adoptee

- **With specific reference to ‘night terrors’ or night-time worries.**

“I wanted to get out of what I was going through... night terrors and hallucinations. I just wanted them to stop.” - Adoptee

Adopted children and young people were also asked to describe their initial experiences of therapy. They described sometimes having had a first meeting with their therapist in a ‘special centre’ or ‘in school’, mostly with parent(s) accompanying them. Some children remembered having had to drive for quite some time for the meeting(s), but they thought it was ‘worth it’. They also articulated things about those initial meetings that were good and helpful including:

- **The therapist being friendly and welcoming.**

“I was a bit scared... but she was really nice.” - Adoptee

- **The centre or room(s) being attractive and broader workplace friendly.**

“It was really nice and it had lots of bright colours... quite cheerful. Everyone was super nice.” - Adoptee

- **The therapist taking some time to get to know you.**

“We just talked and she got to know me because, when you talk to someone... you have no idea who they are. X got to know me.” – Adoptee

- **Doing some fun activities early on in the therapy.**

“I got to play in a room with a swing from the ceiling! Also, there was a giant ball, a bouncing ball, a mini pad and other stuff. I loved that stuff!” - Adoptee

## 4.c What were the key attributes of the ASF-funded therapy from the perspective of parents/guardians?

Despite also often having had early reservations about the therapy, parents and special guardians described the ASF intervention positively. Words and phrases commonly used to describe the support were:

- **Supportive.** Many parents and special guardians really appreciated how supportive the therapy felt, not least to themselves, in recognition of how challenging their situation could feel. This was made tangible through many aspects of the funded intervention, including through regular ‘check ins’ on how they were doing.
- **Expert.** Most parents and special guardians also considered that their therapist understood the needs of their children and ‘got them’, and that this was very important.

“Having someone who knows what she needed...finally, someone who really knew what they were talking about. The therapist was fantastic, knew how to relate... very knowledgeable.” - Adoptive Parent

Almost all adoptive parents thought that the support was sufficiently expert, but some special guardians wondered whether the services had been sufficiently well tailored to the particular needs of the children in their care, for example parenting programmes or Non-Violent Resistance classes:

“[Therapist] not as versed in the issues that affect us.” - Special Guardian

- **Child and young person focused – listening to the child’s voice.** This was considered particularly important by special guardians who suggested that, in many ways, this felt like the first time their child had been truly heard.

“It was the first time he felt consulted about his own care and his own life... really important for him... he had a voice... was able to engage better. The first time he felt like a priority.” - Special Guardian
- **Positive / building on child and family strengths.** Some parents and special guardians described how important it was both for them and for their child to be encouraged to frame the support positively, including to combat the potential for feelings of shame. One parent described this positive framing as:

“...even in a storm of awfulness... a chance of anchoring.” - Adoptive Parent

- **Realistic.** For most families, this was very important. Many parents and guardians emphasised how, from their perspective, ‘there were no guarantees’ or ‘no magic bullets’. They and sometimes their children very much appreciated the therapy being undertaken at a pace to suit the child, rather than being rushed:

“He spent 5 years with a birth family where he was chronically abused and neglected. He’s not suddenly going to be better in 10 sessions.” - Adoptive Parent

- **Collaborative.** In many instances, the ASF funded support was being provided in the context of other services already involved with the child and family, for example schools, residential schools, CAMHS. Parents and guardians very much appreciated services collaborating rather than working in their silos. Where it worked, they described such collaboration as ‘everyone singing from the same song sheet’ or ‘working well together’. There was a strong emphasis placed on the importance of therapists being able to advise schools directly. In some instances, parents described having to ‘push for’ this join-up with their child’s school, and other parents/guardians would have liked a better link up with the school.

“It’s frustrating. I really think with both my children it’s the school not listening...that is the problem. It would help to have cohesion.” - Adoptive Parent

- **Flexible.** Parents and special guardians noticed how, in some cases, the support had been tailored to changing needs including providing support at times to suit young people, or by adjusting the nature of support when children were not responding well, or by providing support in a setting that suited the child better.
- **Engaging.** For many parents and guardians, the therapist’s ability to engage with them and their child was perhaps the most important aspect of the support, and they frequently commented that their therapist had gone out of their way to build rapport in the early stages through listening carefully and being non-judgemental, also making things fun and playful with the child from the outset:

“When X first started...got very nervous and started crying, hid under the bed. But the therapist knew what she was doing, she started playing alongside... coaxed her out.” - Adoptive Parent

“Engagement is key to a lot of it.” - Special Guardian

- **Built on trust / a trusting relationship** with the therapist and the overall system around, including the (adoption) social worker, which was also thought to help children and adult members of the family to 'open up', learn and grow.

All parents and guardians participating in a first interview considered that the funded support was overall a 'good match' with their child and family needs. Where this kind of statement was in any way qualified, parents and guardians sometimes described how it 'would have been better earlier', as it was much harder it was to engage their (older child or young person) or that the match was 'perfect' with reference to different support services working collaboratively together, rather than the ASF in isolation.

In response to a question about whether their child had enjoyed the funded support, many parents and guardians described how their child 'liked', 'enjoyed' or even 'loved' the support sessions. In most of these cases, the therapy had involved a form of play or playfulness:

"She saw it as playing, big swings and toys." - Adoptive Parent

"My son enjoyed at various different levels. Sometimes he refused, but on the whole he did engage. Actually, play therapy is a lot of fun!"  
- Adoptive Parent

Other parents and guardians considered that their child had found therapy more challenging, often where it drew them out to talk about upsetting things:

"Not happy, but she would come away a lot less stressed... If it's been a difficult session, let's say talking about her Dad... she'd be upset." - Special Guardian

"Some days he didn't want to go but, with a little gentle persuasion, ...did so... he didn't want to deal with the feelings... as much as X [therapist] made him in control, he wasn't able to stop himself feeling these things." - Adoptive Parent

Parents and guardians also unanimously considered that they (and their partners or spouses) had experienced the funded support very positively, despite sometimes finding it demanding where more confronting or challenging of self, or drawing out of challenging child behaviours.

"...Quite confronting... stressful, tricky, I had to draw on my emotions." - Adoptive Parent

Beginning to experience the benefits of therapy within the family was also described as having been incredibly motivating:

“Challenging... but the whole time I just knew it was going to be the best for Y. There were days I felt I could have walked out of that room. But then, the nightmares stopped... we saw the benefits fairly quickly.” - Adoptive Parent

Parents and guardians also frequently described how the funded support had involved both them and the child, and that this dual or dyadic aspect was very positive and powerful.

“She would explain to us maybe why A did this, and how... to try to deal with it. We came to understand... de-escalate problems... she was teaching us...we were learning.” – Special Guardian

“[involving parents] ... is critical... you’re dealing with so much emotion, so much guilt, so many questions. To have someone who comes and just listens to you... empathetic and responds to your needs... is everything.” - Adoptive Parent

## **Disruptions to the funded support**

In the initial interview, a minority of parents and guardians, also children and young people, described how the funded support had been disrupted for a period of time or that it had not gone ahead as planned. This was for a variety of reasons, the most common of which was the COVID-19 pandemic. By the time of the follow-up interview, participants described much more disruption resulting from (ongoing) COVID-19 restrictions, although this sometimes related to subsequent packages of funded support.

The impacts of disruption were that the sessions had to be delivered online (mostly with parents / guardians rather than the child) or that they were ‘pushed back’ until restrictions were lifted. Other reasons given for disruptions to planned ASF support were:

- Difficulties in securing a provider because the family lived in a rural area.
- Therapists were unable to continue with planned support because of significant events in their lives such as a bereavement or having a baby.
- Being unable to complete a funded package (because of COVID-19) but having to re-apply for funding in a new financial year. One special guardian described how their child had experienced ‘setbacks’ because of the enforced break in funding.
- Therapist not making a strong connection with the child.

Some children and young people had ‘taken well to’ adapted ASF-funded therapy, for example where it was provided online. In some cases, more physical forms of therapy such as play therapy had been adapted using online ‘whiteboards’ that could be used for drawings and pictures. As one young interviewee described:

“They managed to do things through technology.” - Adoptee

Others had not found it so easy, mostly the younger children, and many families had very much appreciated a return to some face-to-face therapy when and where this was possible.

## **Parent and guardian overall perspectives on the ASF funded support**

Overall, parents and guardians participating in an initial interview spoke very highly about the funded support and used words like ‘fantastic’ or ‘really great’ or ‘lucky’ to describe their experience. In doing so, some referenced not only the quality of the funded therapy or therapist, but also the (adoption) support worker who had ‘made it happen’ and who had remained in a supportive role throughout.

“I cannot rate [therapist] highly enough.” - Adoptive Parent

Where parents and guardians had received support as part of the ASF COVID-19 Scheme, they also described the support very positively including:

- **Subscriptions to an ‘Adopters’ Hub’ and/or national support organisations:**

“They offered us free membership of the NATP. They invite us to online activities... they were amazing. I’ve learned so much about attachment, trauma, all about developmental trauma. They just get it. The most positive thing to come out of lockdown. They know what they’re doing.” - Adoptive Parent

- **‘Brief psychology interventions’ or counselling for parents:**

“That (brief intervention with a psychologist) has been incredibly useful. Just to try and keep me on the straight and narrow really. Without us being ... guided, I don’t think [child name] would be still with us.” - Adoptive Parent

## 4.f. Child and young person perspectives on the therapy

Children and young people interviewed for this evaluation all described elements of the therapy that they had liked, loved even. Almost all their descriptions of the therapy were positive, although some thought that it had been 'hard at times':

"It can be a bit tough, sometimes, you know working through things, but overall I think it's been really good." - Adoptee

The characteristics of therapy children and young people appreciated were that it:

- **Was play-based or playful, where play opened them up to facilitated conversations.** This was the most frequently described attribute of the therapy.

"She used to bring these emotion cards... on the floor, and she told me to point... and then she would ask why I was angry... and I would explain. Sometimes, X would make it a good hour of therapy and then a half hour of fun and games. At the end, we would throw cushions at each other... and squeeze the lemons (we clenched our fists) ... or different relaxing stretches." - Adoptee

- **Was child-led but also 'held' by the therapist.**

"She lets us do what we think is right but, if she sees like we're getting a bit tricky, she'll help us... ask us if everything is alright." - Adoptee

- **Was Fun.**

"There's nothing I don't like. I never don't want to go. She's fun... it's always fun to have a bit of laughing. She really helps people and makes them laugh." – Adoptee

- **Was unhurried.**

"...a longer amount of time is better, because that's when I can tell P everything, cos if I leave it halfway then, when we go home, I probably will have the stuff... in my head still." - Adoptee

- **Was interesting and varied.**

"We'd play with the thing she brought, or we'd talk about something or I'd do some paintings, and it pretty much changed from day to day." - Adoptee



- **Linked up with the school (as well as with parents).**

“M would tell the teachers... what would help or what I was going through... the teachers were really good, and I think they really understood.” Adoptee

Most children and young people could not think of anything or anything much that was negative about the therapy they had received.

“Nothing (to change about it). All of it was helpful.” - Adoptee

Aspects of the therapy that some children and young people appreciated less included where it:

- **Was not age appropriate**, mostly play therapy for older young people and/or language used by the therapist:

“It was kind of like I’m not four [years old], so please don’t talk to me like I’m four.” - Adoptee

- **Did not continue for long enough or was interrupted.**

“It was annoying we had to stop. We had a big gap. It ended, and we’re going back again now [for more].” - Adoptee

- **Had had to move to online delivery because of the COVID-19 pandemic.**

“It is sometimes on the screen. It works OK, but we can’t play games. I’d rather see her.” - Adoptee

## Child perspectives about the therapist

Similarly, children and young people participating in an interview frequently described positive characteristics of their individual therapist – the things they had liked about them, and thought was helpful, including:

- **That the therapist really listened** and was also easy to talk to, ‘accessible’.

“Listens... doesn’t make assumptions.” - Adoptee

- **That the therapist was calm and relaxing** to be around.

“She used to say it in a really soft voice... which could make you like really trust her, and it can make you relax.” - Adoptee

- **That the therapist did not force the pace.**

“Doesn’t force things. Gives you time to come out with things at your own pace.” - Adoptee

- **That the therapist sometimes gave good advice and ideas** (for example to help with managing emotions).

“Giving me practical ways to cope with day-to-day life.” - Adoptee

## **Child and young person perspectives about the setting for therapy**

Some children and young people interviewed for this evaluation considered it a positive that the therapy was based away from school and/or home, that this created a ‘separate space’ for them that assisted with the process.

“I liked that it was in a different place... I got to choose not to have it in my school... so I could have a place away from, separated from my therapy.” - Adoptee

However, some preferred the therapy to be based in school. In all cases, the children and young people liked to have a choice about where the therapy took place.

“It was somewhere I knew [school] and I used to go to... every lunchtime so, yeah, it was good.” - Adoptee

Some children and young people thought that the therapy centre could be improved by making it quieter (so that they were less aware of things going on around, in other therapy rooms).

## 5. Perceived consequences of the ASF funded support

The perceived consequences of ASF funded support for children and families were described by them in overwhelmingly positive terms, even where the child had required more specialist support.

### 5.a. Consequences for children and young people

Children and young people participating in the evaluation interviews all described positive consequences of the therapy for them, including:

- Improved sleep and/or absence of nightmares.
- Improved concentration at school, and/or being more successful in school.
- Having more insight into and feeling more secure with emotions and able to manage situations that trigger an emotional response.
- Being able to talk more freely or openly and express feelings, including with trusted people such as parents, friends and teachers.
- Being less angry or ‘fighting less’, having improved ‘behaviour’.
- Having improved self-esteem and/or confidence.
- Feeling more relaxed.
- Being more optimistic about the future.
- Feeling happier.

Detailed insights from all participating children and young people are provided below:

**Adoptee 1** “I’ve noticed I’ve been getting less nightmares...My sleep got a lot better... I feel more secure with my emotions and stuff. So, I feel I can talk to other people... Can talk about uncomfortable topics, which helps... It gets it off my chest and doesn’t make me grumpy or moody during the rest of the day... I say what I need and express that. I’m doing well [in school]. My behaviour in school’s been a lot better. My mood towards friends and my parents has been a lot better... I’m feeling confident [about school exams]. Before, I would just not have the confidence”.

**Adoptee 2** “Talking about my emotions more, opening up to them [parents] a bit more... recently, I found that I’m able to express the fact that I am angry, and I am sad and that I can cry in front of people – that’s been helpful I’d say. Before I was quite closed, and I wouldn’t say I was uncomfortable until things really started to get to me. Now it’s easier in the early stages, if something’s like bugging me... I need to go and take me away from the situation... I’m not bottling everything up. I’m not snappy as much”.

**Adoptee 3** “It has helped a lot. Before, I was angry and the littlest thing would set me off. Now it doesn’t set me off. I like myself more. I don’t fall over as often. I don’t get wound up... [the therapy] it really helps! ...Me and Mum have been a lot nicer... we’ve worked out our morning routine”.

**Adoptee 4** “I used to have these bad dreams every night and now that I have finished therapy, I have not had one in about a year or so... I can really see the improvements... I was a lot happier going into school... a lot more cheerful when I came back... when I was at home. With all the night terrors and stuff, my concentration, my grades were going down... now it’s all stopped, my grades are going up and I can concentrate... It helped me through, making family happier and my friends and stuff.

**Adoptee 5** “I’ve definitely improved my behaviour. Before, I was grumpy most of the time and me and Mum were fighting... but now it’s a lot better... Really helped me to relax. I’m more chilled than I was... Helped me to know how to trust people... how to express how I am feeling. I can help myself calm down. I take sips of water, wiggle my toes at the same time. Sometimes, I walk around...deep breaths. Mum reminds me of the techniques. She [the therapist] told me what is actually going through my mind or through my head and then it’s easier for me to explain [to others]”

**Adoptee 6** “That trauma affected me big time. Because I have this therapy, my life will change, that trauma won’t affect me anymore. If [sibling] is mean, I ignore him... And I can focus a lot more and I don’t get ‘triggered’ as easily. I am happier”

Children and young people often described how they wanted to continue with the funded therapy until they no longer felt the need for it.

“I don’t want it to stop... I only want it to stop when my anger management finishes. It really helps.” - Adoptee

Concerning the children themselves, the most frequently described specific improvements identified by parents and special guardians in an initial interview were:

- **Their ability to (self) regulate and to be calmer at home.**

“Calmer, less likely to fly off the handle... will take himself off ... has learned to self-regulate.” - Adoptive Parent

- **Being able to process trauma and express emotions.**

“(Able to) connect with feelings and thoughts and verbalise them.” - Adoptive Parent

- **Self-esteem.**

“Has started using his voice... less timid.” - Special Guardian

- **Reduced anxiety, feeling safe, happier.**

“She is lighter. She was so emotionally fraught [before] she could hardly eat or speak.” - Adoptive Parent

Other improvements described by adoptive parents and guardians in an initial interview included that their child had:

- **Improved ability to manage friendships positively.**

“A friendship group he’s managed to maintain for around 18 months now. He never had a friendship before.” - Special Guardian

- **Improved sleep (patterns) and concentration including at school.**

“Massively improved his engagement in school.” - Special Guardian

- **Stopped self-harming behaviours.**

“She is still alive. If she didn’t have that [support] I’m not sure she would be here.” - Adoptive Parent

- **Started to listen more and/or to be more empathetic.**

- **Improved physical (motor) skills.**

## **Extent to which consequences were perceived as sustainable**

At the time of the initial interview, parents and guardians had a range of reflections about the sustainability of any positive change for children. Some described the change in ‘transformational’ terms:

“It’s a massive difference... been a life saver.” - Special Guardian

“He has made fantastic strides.” - Adoptive Parent

Other parents and guardians were more cautious about their child's progress at this point in time, noting that sometimes significant improvements had been made, but there were still underlying, ongoing or new issues:

"Behaviours are challenging but... it's working in the right direction." - Adoptive Parent

Others noted that the support was not yet completed, that it was too early to know what the impact was or would be. In a small number of cases, they still considered that, without the support, the family would have broken down.

"It's taken off the big stuff... and you could continue." - Adoptive Parent

By the time of the follow-up interviews, almost all parents and guardians considered that their child had continued to feel the positive benefits of the therapy. For others, the benefits were revealing themselves 'even more' over time.

"It has really started to bear fruit. Incredibly helpful. Without it, I think we would have 3 children in care right now." - Special Guardian

"It's been hugely better. Three's still issues, but nothing on the scale. Really good (progress)." - Adoptive Parent

At this follow up stage, some parents and guardians described their child (and family) as having been 'transformed' in a sustained way by their ASF experience:

"He's completely different. The indicators are all there that it has been sustainable and it's working for him in the long term." - Adoptive Parent)

Others continued to feel that the support had not led to a transformational change in or for their child, rather progress or 'small steps' towards an improved quality of life for them (as children or as adults). In these cases, needs had not 'gone away' but had often reduced.

"DDP is not a fix... it's a process... we're not looking for a resolution... X can now cope if I leave the room for 10 minutes... before, he couldn't cope at all." - Adoptive Parent

"We're making our way along the tunnel... Little glimpses of being able to calm down quicker, understanding how to calm her down quicker, to help her regulate her emotions." - Adoptive Parent

However, at the time of the follow up interview, some other parents and guardians described how their child's overall needs had escalated. These were often the children perceived by their parents and guardians to have particularly complex needs at the start of the funded support.

"It worked for a while, but unfortunately T is so, so complex, it didn't matter what we did... it wasn't helping... [child] went totally off the rails. We couldn't cope." - Special Guardian

"We've got an adoption breakdown. Behaviours got progressively worse." - Adoptive Parent

Whether or not their child had continued to sustain or make improvements in their wellbeing, almost all parents and guardians participating in a follow up interview described the experience of being involved with the Fund as having been or continuing to be 'a lifeline'. This was a very frequently used word to describe the Fund.

When describing any ongoing positive impact on their child or young person/adult, the area of sustained progress most frequently mentioned by parents and guardians was that their **child or young person/adult was more able to regulate their emotions and behaviours, including in educational settings and to benefit their education**. Often, they shared how the school or other educational setting had noticed and communicated a positive difference in the child or young person/adult.

"So much more manageable. We're not literally waiting all the time for his explosive behaviours." - Special Guardian

"School is seeing a change in his behaviour... how he feels more in tune with his body." - Adoptive Parent

"He will literally go walk up and down and self-regulate... he's learned to do that really, really well. If we hadn't had the therapy... I'm not sure he would have managed to stay at the school." - Adoptive Parent

Other sustained or more recently emerging positive consequences of the funded support identified by parents and guardians included that the child or young person focus of the ASF support:

- **Was more able to open up to their parent or guardian, including to share worries or past traumas and be soothed, and to feel safe / attached.**

“We just noticed that there was a big difference in the way that she is attached to us... a lot more trust. She feels safe. She feels she can come to us for help and cuddles.” - Adoptive Parent

“She’s been able to understand that I’m solid, I’m trustworthy, and she’s been able to reach out and tell me things... able to cry... real progress.” - Adoptive Parent

“We are probably aware of telling him that he is loved, we’re here, it’s OK, he’s safe. These repeated messages that enforce attachment.” - Adoptive Parent

- **Was more able to socialise with other children** (this was particularly true for younger aged children with ASF support).

“She’s able now to go out at playtime at school [she couldn’t do that before] and play! She can engage in games.” - Adoptive Parent

“Able to establish a little bit more actual relationships with other children in a kind of more meaningful way. She asks to join in games now.” - Adoptive Parent

- **Had a better understanding of their life story.**

“The children learned things that they hadn’t been able to be told up to that point. Talking to the therapist gave me confidence to manage this and tell difficult things. I can’t speak highly enough of the life story work.” - Special Guardian

- **Demonstrated more empathy with other children and adults.**

“Somebody told me the other day what an incredibly empathetic child... she was.” - Adoptive Parent

## **5.b Consequences of the funded support for parents and guardians**

### **Consequences for parents and guardians described by children and young people**

Children and young people sometimes described the broader consequences of the therapy for their parent(s) or guardian(s), including that it had:



- **Improved their guardian or parent’s understanding of them.**

“I think they’ve been able to see a lot more of me as a person than before... They know how to handle that and manage it too.” - Adoptee

- **Helped parent(s) or guardian(s) to become less stressed.**

“Before, when I was stressed, Mum would get stressed. Now, not as much. And Daddy... then he’s not stressed. Everyone was stressed before.” - Adoptee

## Consequences for parents and guardians as described by them

Parents and guardians participating in an initial interview considered that the main consequences of the funded support on them as parents/guardians were in relation to:

- **Their understanding of the child’s difficulties and the reasons for these, in some cases making them feel more empathy for the child.**

“Given us that level of understanding of the traumatised child... therapeutic parenting... understand the value of play... letting the child lead... more focused on what our child is communicating to us.” - Special Guardian

“We now appreciate why going out ... can be challenging for her.” - Adoptive Parent

- **As a consequence of a better understanding, greater adaptability to the child’s needs.**

“We were quite structured before. Now we’ve adapted our parenting when things are not working.” - Adoptive Parent

“Made us realise that we weren’t doing things possibly the right way... we were trying to parent the way we’ve been parented.” - Special Guardian

- **Greater parenting confidence.**

“I feel more confident about the way that I parent... because I understand more of what’s going on with her.” - Adoptive Parent

- **An improved ability to explain to others about their child’s needs, particularly schools and members of the extended family.**

“We can say she has sensory processing difficulties. She’s not just being naughty. Even if they [school] don’t fully understand attachment and trauma, they can understand sensory difficulties. We have a report we can give to people. This has helped.” - Adoptive Parent

“Helpful to explain to relatives to help them understand. They get it more. They realise they can’t nurture everything out.” - Adoptive Parent

- **Sometimes, improved parent / guardian emotional health and wellbeing including less stress, greater emotional resilience.**

“Greater emotional resilience... as we are understood. I have calmed right down.” - Adoptive Parent

- **Sometimes, improved couple relationships, particularly where they had received ‘couple counselling’ in addition to support direct to the child.**

“As a couple, we’re both on the same page now. It makes us happier, not arguing about how to do it [parenting].” - Adoptive Parent

By the time of the follow up interview, parents and guardians frequently described having gained and applied to their parenting a much-improved understanding of the child or young person’s needs and/or greater ability ‘to cope’ as a result of funded support. For many, having been given well-targeted information conveyed in a meaningful way and practical steps to take had been incredibly empowering and confidence-giving.

“It’s expanded our understanding about different parenting styles... made me sort of analyse my own parenting style. It’s given me a platform of confidence. You need to treat these children differently, and then we have techniques too.” - Special Guardian

“The strategies that we learned in things like NVR... it’s just a way of parenting that just continues... keeps us all on an even keel. It works, it works like a dream.” - Adoptive Parent

“I feel like I’ve come to a point in my understanding of us...and of trauma in general. I’ve learned a lot of skills.” - Adoptive Parent

Many parents and guardians also re-emphasised how their improved knowledge and understanding had led to their child’s educational setting, for example school, also having a better understanding and implementing better strategies to support the child.

Sometimes, the setting's improved understanding and adaptations were attributed to work undertaken directly by the therapist (rather than via the parent or guardian). In all cases, parents and guardians emphasised how sometimes even small adjustments made in educational settings could be incredibly beneficial for their child.

"They know to say to him 'Do you need a drink of water or something' if he's getting agitated." - Adoptive Parent

## 5.c Impact on the whole family

Many parents and guardians participating in an initial interview also commented on the positive impact of funded support on their whole family, particularly where the child was still living at home. Common themes included improved relationships across the family, improved trust, and improved overall family hopefulness and happiness levels.

"Our relationship is much, much better... he seeks us out now for cuddles... for warmth, which he didn't do before." - Special Guardian

"More trust, celebration and acceptance... safe to love." - Adoptive Parent

By the time of the follow up interviews, this theme was much stronger, with many more parents and guardians reflecting that things were much better, often much 'calmer' at home, also more joyful and fun.

"We've managed to find special time to play. Much, much calmer at home It's very calm and it's really good." - Special Guardian

"You don't really understand until you experience first-hand... how exhausting [it is] and the joylessness you get from trying to parent a child who has attachment issues... now I use my therapy play basket... spending time playing." - Adoptive Parent

## 5.d Attribution of consequences

Children and young people mostly attributed the positive change(s) they had experienced to the ASF-funded therapy, although some also thought that they had 'grown up a bit' alongside the therapy.

Many parents and guardians considered that they could attribute quite a lot or a great deal of the improvements they saw in their child and family to the ASF-funded support.

However, some also mentioned other factors that could have either a positive or negative impact, including:

- Support received from other agencies and sources, including via schools or CAMHS and/or the extent to which schools or virtual school heads were involved positively in any therapeutic support programme.
- The COVID-19 pandemic which was attributed with either a very positive or a very negative impact overall on children by some parents and guardians. Some also talked about the potentially limiting factor (on consequences) being the need to undertake some at least of the therapeutic work via Zoom.
- The quality of ongoing support provided by the lead social worker embedded in either the local authority (mostly for special guardianship) or in the RAA (mostly for adoption).
- Children developing in a normal way, including normal transitions, age-appropriate behaviours, or maturation.
- Needs being 'beyond the reach' of therapies funded by the ASF (i.e., too complex or severe for it).

## 6. Extent of any unmet or outstanding needs

At the time of the initial interviews, only one child / young person described ongoing emotional, mental health and/or therapy needs specifically, although these were much less severe than pre-therapy:

“I still sometimes don’t like myself and get stressed... I worry about feelings sometimes.” - Adoptee

At the time of the initial interview, parent and guardian descriptions of unmet or outstanding needs fell mostly into two contrasting themes:

- One group of parents and guardians described how, although their child’s needs had been met to a greater extent by the period of funded support, they anticipated further therapeutic needs as their child got older, including at transitions and in relation to understanding their life story or engaging (more) with birth family members. These parents and guardians had developed sometimes new hopes and expectations for their child being better able to cope in the longer term:

“I don’t want him to bottle...[rather] to be an expressive, emotionally intelligent man.” - Adoptive Parent

- Another group of parents and guardians who considered their child’s needs to be so great or complex that they would need more imminent or ongoing therapeutic support, often in conjunction with support from a range of agencies. The ASF-funded support had helped to uncover some of the extent of these needs.

“It has emerged she has regulation difficulties, ADHD symptoms, certainly sensory processing difficulties... additional educational needs... it’s complicated.” - Adoptive Parent

By the time of the follow up interviews, some parents and guardians considered that their child and/or family continued to need ongoing ASF-funded support.

“Still on a journey... in terms of unmet needs.” - Special Guardian

“A lot [of ongoing needs]! What we’re doing is managing, not her being able to manage life [yet]...” - Adoptive Parent

As articulated above, some parents and guardians described how their child’s needs had become so severe or complex that they had indeed needed more specialist, intensive support provided for example by a local authority child in need team, an inpatient hospital (mental health) care or a specialist residential school. For these parents and guardians,

ASF-funded support often remained important but potentially 'on hold' until their child could reasonably access it again.

However, other parents and carers considered that further ASF-funded support was not required or not yet required, because their short to medium goals had been reached.

“We’ve had 2 years of funding... and the[re is a] possibility we might need to apply in the future. I’d rather hold off [for now].” - Adoptive Parent

Where parents or guardians did not need or felt they could not (yet) apply for more ASF-funded support, they were often seeking out other forms of support, notably universal including peer support, or privately accessed therapies.

## 7. Suggestions from family members

Children and young people participating in the evaluation had excellent suggestions for other children and young people who might need therapeutic support, including:

- **To ‘have a go’ - because it helps and gives hope.**

“It’s a good idea... cause it can change your life.” - Adoptee

- **To overcome understandable fears and anxieties about the therapy, again because it’s ‘worth it’.**

“I think it’s a bit weird talking to someone that you don’t know but, at the end of the day, it’s good to have someone who’s not emotionally connected to it and who’s able to ...give you actually good ideas and advice.” - Adoptee

- **To trust the therapist.**

“The main thing is to stick with it. Because it doesn’t happen just overnight... trusting the therapist [is important].” - Adoptee

- **To try something else if one therapy really isn’t working.**

“Some stuff doesn’t work for some people, and some stuff does... so, if you try one thing and it doesn’t work, don’t be put off... once you’ve found that thing that does work... it works, so it’s about making sure that you find the right thing for you.” - Adoptee

Suggestions made by parents and guardians participating in an initial interview for other parents and guardians mostly settled around **asking for help as soon as it’s needed and not ‘holding back’**.

“Don’t hold back... services have changed and improved... they provide quite a lot of parental support... get hooked in.” - (Adoptive Parent)

Other suggestions to parents and guardians included to:

- Be as aware as possible of rights to support and what’s available.
- Chose support wisely and ‘in the right order’.
- Remain open to ideas throughout the process.

- Try not to feel like a poor parent or to be embarrassed or ashamed about asking for help.
- Not to give up if told you can't access support, particularly for special guardians.

Parents and guardians participating in an initial and/or follow up interview had the following suggestions about the Fund:

- **To continue with it and invest in it, because parents/ guardians felt it worked for them and they thought it would be cost effective in the long run.**

“If that young person finishes school without being excluded, doesn't end up in the justice system... it's going to pay dividends.” - Adoptive Parent

“These children would be out in the streets, causing havoc... into drugs... on the same path as a parent [without the support].” - Special Guardian

- **To make the funded support more available to support children in school settings and/or to encourage schools to become more aware of the particular needs of care experienced including adopted children.** Although parents and guardians often understood and acknowledged the pressures on individual teachers, and although some schools were noted to be aware and supportive, this was a particularly strong theme in the follow up interviews with parents and guardians.

“Without that, it's not pointless but the damage keeps on being done, as schools are not working with us. The therapists themselves say it's really important to work with the child, home and school.” - Adoptive Parent

- **Encourage investment in early / earlier intervention.** This suggestion was proposed much more frequently in follow up interviews compared with initial interviews and was a significant theme in that later round of interviews.

“Anticipate more... a recipe for disaster [is] what we inherited. No advice, no training.” - Special Guardian

“I think it [support] needs to be available earlier, rather than us ask for it later. It should be offered. This is difficult because we didn't want to see social services again after we'd adopted. Even if it's just an annual call.” - Adoptive Parent



Many adoptive parents described how they would welcome being approached by their support agency every year or two years to 'check in' on support needs, thought that would be a really helpful and well-received offer to adoptive families in particular:

"It would have been ... someone, every so often, to check in and say 'Oh, we've got this funding available...'" - Adoptive Parent

- **Looking more holistically at all the needs of the child**, for example where they have complex needs straddling health, educational and therapeutic needs.

"Better to have one pot combined... link it more with EHCP Plans." - Adoptive Parent

"Maybe that would be one message... that the therapeutic support should be aligned to the other forms of support and other services." - Adoptive Parent

- **To enable longer term planning through removing uncertainty about the Fund.**

"There were question marks over whether it was going to be available his year... it's sort of short term." - Adoptive Parent

- **To enable all children subject of a Special Guardianship Order to access the Fund, irrespective of how they came into the special guardianship.** Some went further to suggest the Fund should be extended to all care experienced children including those in foster care or other forms of kinship care.

"Take away the ridiculous test of what order they were on beforehand." - Special Guardian

"Foster carers, special guardians, adopters, kinship... should all really get the same support." - Special Guardian

- **Encourage greater consistency across local authorities or regions** so that the offer to parents and guardians is more transparent, for both adoption and special guardianship.
- **Do more to encourage CAMHS to provide more timely support** where it is needed.

Children and young people mostly did not have suggestions for the Fund itself. However, one child commented that:

“To my therapist, I would say ‘I really like you and miss you. You’re one of my best friends.’ - Adoptee

Suggestions from parents and guardians to local authorities and RAAs included:

- **To make sure all parents and guardians know about the Fund from an early stage** in the adoption or special guardianship, and to make it easy or easier to ask for help at an early stage, including by ‘checking in’ more regularly.

“They need to write therapy into every package... for all children. Make it more apparent.” - Adoptive Parent

“Make some things like therapeutic parenting courses more mandatory.” - Adoptive Parent

- **To have a more transparent offer of support, tailored for special guardianship.** All special guardians involved in the interviews mentioned this, thought it very important area to change with reference to the experience they had had. There was a sense amongst special guardians that currently they were the ‘poor relation’ compared with adoptive families and, to a certain extent, foster families.

Special guardians were often also keen to explain how important it is for them to have (parenting) courses and programmes tailored to them rather than having to attend things that are designed for adoptive parents and children.

“Build materials and involvements around special guardians. Otherwise, you’re already telling me I’m not important enough.” - Special Guardian

- **To ensure that there are sufficient suitably trained adoption or special guardianship social workers to work with families.** Many adoptive parents in particular recognised how important their social worker had been or could be to the outcome of the support and noticed when there was variability in the availability of suitably qualified staff.

“The reliability... experience... is variable. Because our social worker had experience of sensory attachment, we went for that first, but maybe something else would have been better? Going through one person can limit the options.” - Adoptive Parent

Some emphasised the need for social workers and other professionals assessing their needs to be experienced, expert even in working with adopted and SGO children, including to enable them to match support effectively to needs. A specific

gap in knowledge amongst professionals reported by adoptive parents and special guardians related to 'trauma'.

"I think the understanding of trauma is emergent... [but] doesn't seem to be touched on." - Adoptive Parent

- **To listen to families without judgement, to be approachable.**

"Do I want to go there? Do I trust that person? Are they going to understand and react in a way that's going to make me feel comfortable?" - Special Guardian

- **Provide more help with transitions to adulthood.**

"The thing that's terrifying me... is that she is about to turn 18 and I don't know, no-one can tell me how we get support." - Adoptive Parent

Other suggestions from parents and guardians for local authorities, RAAs and providers included to:

- Enable parents and special guardians to be more involved in the decision making about what support is provided and to make this process more transparent.
- Provide better access to valued support such as buddies or respite care.
- Speed up assessment times.
- Focus more on the needs of parents and guardians, not just the children:

"You need a break as well. You're constantly told about the importance of looking after yourself. You have to free yourself first." - Adoptive Parent

# Appendix A: Semi-Structured Interview Schedule for Parents and Special Guardians (Wave 1)

## Section One: About your family

1.a) Can you tell me about your family?

- Who is living in the home and how old are the children?
- Which members of the family are adopted / have a Special Guardianship Order / are fostered? When did they come to live with you?

1.b) Can you tell me briefly about the circumstances leading to the adoption / Special Guardianship Order. What was the impact of these circumstances on your child(ren)?

1.c) How were they coping when they came to live with you? For example: at school, in relation to other children, at home?

1.d) What was or has become challenging since the adoption / Special Guardianship arrangement?

- For them?
- For you?

1.e) What information did you have, if any, about the likely challenges before they arrived in your home or at the start of the adoption / Special Guardianship arrangement?

## Section Two: Experience of seeking help before the ASF application

2.a) Before accessing this ASF-funded support or during it, what other supports were you offered or did you seek for your child(ren), if any? For example, from the GP, Health Visitor, Teacher(s), Church? If it was help that you sought:

- What prompted you to seek help in this way?
- When (approximately) did you seek this help and over what period of time?
- Did you receive any support? From whom/where? To what extent was this support useful?
- To what extent did it have a positive impact on your child(ren) or you?
- To what extent did it complement or work well alongside the ASF-funded support?

## Section Three: Experience of seeking ASF-funded support

3.a) I want to ask you about your experience of seeking ASF-funded support.

- What were you looking for help with / help with in particular?

- What prompted them to seek help at this point?
- Approximately when did you seek this support?

3.b) What kind of information did you receive about how the ASF might be able to help?

- From where?
- How did you receive this information?
- To what extent was the information helpful?

3.c) What was your experience of the assessment process (including discussions about ASF-funded support)?

- How did you contribute?
- Did you see the assessment?
- What was positive about the experience, if anything?
- What was less positive, if anything?
- In your view, what might put adoptive / SGO parents off applying to the Fund?
- What could make the assessment process easier?

3.d) How was it decided what type of therapy your child / you would receive? And who would provide it?

- To what extent were you involved in choosing a preferred provider or form of ASF-funded support?
- Were you offered a choice of provider?
- How did you decide which provider to use?
- Where did you find the information relevant to choosing a provider?
- Did you look for your own information or rely on information provided to you by an organisation / professional?
- To what extent did you use social media to find things out or test things out? Was this information useful?
- To what extent do you think that you had enough choice of provider?
- Were you happy with the provider that was selected?
- Did you have a support plan?
- Was it drawn up with you?

#### **Section Four: Experience of the funded support**

4.a) Tell me about the ASF-funded support you or your child/ren received.

- What did it involve?
- Who did it involve (in terms of your family members)?
- How frequently was it provided and for how long?

- Did you complete the planned programme?
- If not, what were the reasons for stopping or failing to complete the programme?

4.b) To what extent are you satisfied that the funded support matched your child / family needs?

4.c) What do you know about your child's experience of the funded support?

- To what extent did they enjoy attending the funded support?
- What barriers were there, if any, to your child engaging with the funded support?
- What helped or encouraged them to participate, if anything?

4.d) To what extent were you involved in the funded support?

- To what extent did you enjoy attending the funded support (if relevant)?
- What barriers were there, if any, to you engaging or participating?
- What helped you to engage or to participate, if anything?

4.e) On a scale of 0-10, how would you rate your experience of the funded support (where zero is terrible and 10 is fantastic)?

- What were the positive features of it, if any?
- What were the negative features of it, if any?

4.f) What difference has the funded support made for your child, for you and/or for your family, if any?

- When did it start and end (approximately)?
- What have you noticed, if anything, in relation to your child? Probe for changes in behaviour, in the home, at school, with peers etc?
- What have you noticed, if anything, in relation to yourself / you and your partner?
- What have you noticed, if anything, in relation to the whole family?
- What have you noticed, if anything, in relation to the broader / extended family?

4.g) What do you think are the main reasons why the support has been helpful / unhelpful?

- What else may have affected the result?

4.h) Are there any unmet needs of your child or family (even with the ASF-funded support and any other supports you mentioned earlier)?

- If yes, what are these?
- How do you feel that they would be best met?

### **Section Five: Some more general final questions**

5.a) What advice / tips would you give to other families seeking ASF-funded support?

5.b) What suggestions for improvement, if any, would you give to the Government about the Fund?

5.c) What suggestions would you give to local authorities / regional adoption agencies who are currently supporting families to access the Fund?

5.d) What suggestions would you give to providers of ASF-funded support?

5.e) Is there anything else you would like to share about your experience of the ASF?

## Appendix B: Semi-Structured Interview Schedule for Parents and Special Guardians (Wave 2)

### Section One: Generally

1.a) Generally, how have things been since we last spoke?

1.b) How were things during the period of Covid restrictions?

- Did you receive any specific support during this period or during the transition period back to school?
- What was this support?
- Who provided it?
- How was it funded (ASF or other or both)?
- How easy or difficult was it to access?
- For how long did you have it?
- How useful was it?
- Do you think the Covid restrictions had a positive or negative effect on your child (as well as other things, like the ASF funded support?)

1.c) How is the adoption / special guardianship faring now?

1.d) How has your child been coping including with transitions e.g., back to school, starting a new school? Your family?

### Section Two: To what extent do you think that the support is still helping or beginning to help your child or family?

2.a) If yes (it is still helping or beginning to help)

- How / why / in what way? How long for?
- What are the main reasons why any impact of the support has been sustained or is beginning?
- How do you know this? What are the signs? Can you give some examples of this? E.g., at home or in school or college or with friends / friendships or with extended family / in social situations?
- How easy has it been to sustain? What has helped in sustaining the impact?
- Looking back, what would have been helpful or more helpful at different points in time to maximise the impact of funded support?



2.b) If no (it is no longer helping or has not helped)

- Why not?
- How do you know this? Can you give some examples of this? E.g., at home or in school or college or with friends / friendships or with extended family / in social situations?
- What do you think are the reasons for the impact not being sustained (or not beginning if the impact wasn't there at the end of the funded period)?
- Looking back, what would have been helpful or more helpful at different points in time to maximise the impact of funded support?

**Section Three: To what extent do you think that your child or family still has need of support?**

3.a) What kind(s) of support?

3.b) Why?

**Section Four: Further reflections on the ASF**

4.a) Do you have any further reflections on your experiences of therapeutic support funded by the ASF? E.g., how could the Fund, therapies or processes be further improved?

4.b) Do you have any further reflections on how support for adoptive or SGO families more broadly should be provided in the future?

# Appendix C: Semi-Structured Interview Schedule for Younger Children (Wave 1)

## Section One: Warm Up Questions for example:

- How old are you
- Do you go to school? What school?
- What do you like to do? (Draw, read, play with Lego, dolls?)
- Specific warm up questions in relation to the therapy (assuming we will have the name of the therapist and other basic details from the key parent / carer)

## Section Two: Experience of ASF Support / Therapy

2.a) You were seeing a person called X (timescales)

2.b) Can you tell me what X was like? (Encourage to draw or get the researcher to draw)

2.c) Was there anyone else there when you say X? (Add to drawing, also shall we put you in there?)

2.d) Tell me about where you met X (prompts = colours, size, windows, smell, journey – add to drawing). **Additional resources 1 'Places'** to use as needed – school, home, office, garden etc.

2.e) Tell me what sorts of things you did there with X. **Additional resources 2 'Activities'** to use as needed – pictures of children talking, playing with toys, sand trays, talking, art materials, dancing etc (things like this that you did?)

2.f) Tell me about anything you enjoyed doing there. **Additional resources 2 to use as needed (same as above)**

2.g) Was there anything you didn't enjoy doing there? **Additional resources 2 to use as needed (same as above)**

2.h) What feelings did you have when you were there with X? **Additional resources 3 – faces (can point to more than one)**. Could extend the question to 'can you tell me more about why you felt like that or what made you feel like that?'

## Section Three: Impact of ASF Support / Therapy

3.a) Then you stopped going to see X. How did that feel? **Resources – faces (can point to more than one)** Could extend the question to 'can you tell me more about why you felt like that or what made you feel like that?'

3.b) Tell me about the things X helped you with? Was there anything? Could extend this question to what it helped Mum/Dad/siblings with.

3.c) Tell me about anything X couldn't help you with. Was there anything?

3.d) Is there anything you would like to say to X if you could see them again?

# Appendix D: Semi-Structured Interview Schedule for Older Children and Young People (Wave 1)

## Section One: Warm Up Questions

For example:

- What have you been doing today?
- What do you like to do? What are your interests?
- Can you tell me about your family? Who lives in your home? What are their names?
- Do you have any pets?

## Section Two: About your experience of funded support

2.a) I would like to talk with you about the therapy you had with X

- Check understanding of what this was for
- Name of the support?

2.b) Did you know about what to expect before you got started? A lot? Some? Not much?

- How did you find out about what to expect?
- Was the information accurate / helpful?

2.c) Did you have any hopes for it before you went along? Were you worried about anything before you went along?

- What were these hopes or worries?
- Was there anything in particular you wanted to get or achieve from it?

2.d) Can you remember a first visit or meeting / session?

- How did you get there?
- What did the place feel like?
- Did it feel like a friendly place?
- Who was there?
- How did it go?
- What was helpful, if anything, about this first visit?
- What was unhelpful, if anything?

2.e) What did the sessions involve after that?

- Did this stay the same all the way through or did it change?
- If so, how?

2.f) What did you like about the sessions, if anything?

- What didn't you like, if anything?

2.g) What would you change, if anything, about the sessions or support for you? Why?

2.h) What other supports or services have you been getting (before or alongside this one)? For example, in school, through the GP or from anyone else?

- What's been helpful and what's not helpful about these other supports?
- Is there anything missing in terms of the kind of support you'd like to see?

### **Section Three: Impact of the Support**

3.a) Has the therapy helped you?

- In what way(s)?
- Have you noticed anything different about yourself? For example, feelings, likes or dislikes, ways of managing?

3.b) Has the therapy helped your family (e.g., Mum, Dad, other members of the family?)  
In what ways?

3.c) To what extent did you get from it (the therapy) or achieve what you wanted?

- In what way(s)?
- What have you noticed?

3.d) What do you think are the main reasons why the support has been either helpful or unhelpful?

- What else may have affected any changes in you or your family, if anything?

### **Section Four: Final Questions**

4.a) Is there any advice or suggestions you would give to other young people or families in the same situation?

4.b) Is there anything else you would like to share about your experience of support?

# Appendix D: Semi-Structured Interview Schedule for Children and Young People (Wave 2)

## Section One: Warm Up Questions

(Determined by the interviewer, including with reference to the first interview and reminders about the therapy / therapist)

## Section Two: Impact of Therapy

2.a) Remind me about the things X helped you with (when you were still seeing them)

2.b) How are things going for you now?

- At school or college? At home with family? With friends / friendships?  
(Use visual prompts if useful and possible to show 'at home' 'at school' 'friends')
- Has this been different at different times (establish if possible pre-Covid; during Covid restrictions; afterwards / in transition back to school or college)?  
(Use visual prompts if useful and possible to establish whether when at school or when home most of the time)
- Have you kept up with the things you did with X or that X helped you with (mention the specifics they mentioned last time)? Have they been helping you? Or Mum, Dad / Y (special guardian)?
- **If yes**, what has helped to keep these going? Was there anything in particular you learned or remembered from the time you were seeing X that has helped more recently?
- **If things are going well or OK** - How do you know? In school / at home? What are the signs?  
(Use visual prompts if possible, to explore in school, at home etc)
- **If no or if things aren't going so well**, what are the signs (at home / at school / with friends)? Why do you think this is? Why has it been difficult to keep going with what X showed you?  
(Use visual prompts if useful and possible to explore in school, at home etc.)

2.c) Is there anything you'd find helpful in the future? To keep things going well / positively, or to make things better?



Department  
for Education

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**Reference: DfE RR1274**

**ISBN: 978-1-83870-412-4**

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