

**EVALUATING THE ONE ADOPTION 'CENTRE OF EXCELLENCE'
DEVELOPMENTS IN ADOPTION SUPPORT ASSESSMENTS:
ADOPTIVE PARENTS' PERSPECTIVES**

**Final Report
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1. Final Report Summary

1.1. Overview of the evaluation and brief summary of findings

Work Stream 1: Further Analysis of the 2017 survey

- A paper based on data from our previous survey has been published (*Neil, E. et al. (2020) 'Exploring links between early adversities and later outcomes for children adopted from care: Implications for planning post adoption support', Developmental Child Welfare, 2. doi: 10.1177/2516103220908043*).
- We are in the process of submitting another paper which looks at whether children who have significant mental health problems (as indicated on standardised measures used in our survey) are getting the right diagnoses and treatment.
- We have also undertaken additional analyses of data focusing on two further areas which are summarised in this report: (1) outcomes for children exposed to alcohol in utero and (2) parents' satisfaction with different types of services.

Work Stream 2: Online survey of adoptive parents' experiences of the (previous and new) post-adoption support assessment practices in One Adoption West Yorkshire

- The surveys were designed with support from adoptive parents in the area and were promoted via social media and in the regional newsletter; leaflets handed out at support groups, by mentors and during social worker visits; emails and postal mailings to new adoptive parents and to all adopters who have recently been assessed for support.
- The online survey focussed on post adoption support was made active in spring 2019 and was completed by 79 respondents. Sixteen (20%) received a service after the new assessment changes had been made.
- The most common difficulties which led to adopters seeking support were their child's behaviour in the home, their child's emotional wellbeing and their child's behaviour or wellbeing at school.
- A significant proportion of respondents delayed requesting support because they *'hoped that things would just get better without support'* or *'thought that I/we should be able to manage the difficulties ourselves'*.
- Most respondents were generally satisfied with their first contact with their local authority/ One Adoption West Yorkshire. However, there was less satisfaction regarding the time delay before the assessment/support, and how clearly the timeline of action (*'what was going to happen next'*) was explained to them. More than half of the responders who were offered holding services (peer support, a mentor or reading material) whilst waiting for an assessment found them to be at least *'slightly useful'* however not all seem to have been offered access to this often valued support.
- Respondents assessed after the launch of the new assessment system were generally positive about most features of their support assessment evaluation. High satisfaction was expressed around the assessor's ability to take into account the parent's knowledge,

concerns and wishes, and support the family during the assessment process. There was lower agreement that the assessment involved all necessary services and people (including the child's views), and helped to fully understand and identify the needs of the child and family

- Satisfaction with support services offered was generally high. Not all received the support they would be liked. Unmet needs around support included low cost support from support from peer mentors and groups. Respite was frequently sought but not received. Parents also made requests for more online training, and a wider range of services to include occupational therapy, assessment and support around Foetal alcohol syndrome (FAS), and more intervention in school.
- Issues related to schooling were a strong feature in the survey responses. Some parents felt that more education support from adoption support teams would have been beneficial. Suggestions given included support workers having an awareness of alternative education provisions, ensuring their child received the support they needed whilst at school or assisting parents in their understanding about what they should be expecting from schools. Having adoption social workers or other adoption/trauma informed professionals working proactively with schools was also suggested as desirable.

Work Stream 3: Online survey of adoptive parents' experiences of pre-adoption assessment practices in One Adoption West Yorkshire

- The survey focussed on pre-adoption support assessment practices was made active in the summer of 2019. Ten respondents completed the survey, most of whom had children placed for adoption after April 2019.
- The respondents generally felt that they have had a very positive adoption experience so far. All described the adoption as "*going well*" with few challenges. Positive experiences were '*more than expected*' for many of these parents and negative experiences for some were '*less than expected*'. The most common challenge, for two of the parents, was around behaviour.
- The sample were also generally positive about their adoption preparation although there was some sense that there could be more focus on positive stories, the basic practicalities of parenting babies and toddlers, and the overwhelming life change for the new parents that is experienced on placement.
- Most parents seemed to feel they had good information on most aspects of their child and their background prior to placement. There were some slight or more significant gaps for some parents regarding information around the birth family (particularly around the wider extended family and siblings). Only two of the ten new adoptive parents had one of meetings with birth family members, and few had received (or expected) letters from birth family members that could have helped fill some of these information gaps.
- In most cases parents seemed to feel that they had been offered all the support that was wanted at this stage of the adoption. Two parents felt that not all of their family's needs for support were not met, and this support included connection to peer support groups and mentors, both low cost and low intensity forms of support.

- There were some gaps in respondents' knowledge regarding how and where to obtain adoption support in the future, and of the ASF.

Work Stream 4: Staff experiences of the new standardised framework for adoption pre and post adoption support assessments in One Adoption West Yorkshire

- Three focus groups with professionals from One Adoption West Yorkshire took place between June 2019 and July 2020. Focus group 1 took place early in the project period, in June 2019, and included three participants from recruitment and assessment teams and one from an adoption support team. Focus group 2 took place in January 2020 with eleven practitioners from adoption support, recruitment and assessment, and family finding teams. Focus group 3 took place remotely in July 2020 with four adoption team managers.
- Generally, professionals spoke positively about the changes to assessment support services in terms of both workers appreciating the increased options of tools and resources and better experiences for families. Workers particularly valued being able to easily access multidisciplinary input, and the increased access to an increased provision of support services following the formation of OAWY (although it was noted that some gaps in support still need to be filled, such as FASD assessment and support).
- Some practitioners expressed a lack of competence and confidence in using the new tools. Workload, rapid changes and isolation due to hot-desking presented a barrier to the opportunities for upskilling that were now available. Professionals from recruitment teams had only limited direct experience and understanding and they expressed a wish for a greater training/mentoring in the new systems. The process of adapting to the new assessment could result in it feeling formulaic or process led, and there was some concern that tools could be used in an inflexible manner which took the focus off the parent/child and relationship building.
- Workers from the recruitment and assessment teams felt the tools could be used more at the pre-adoption stage.
- The final focus group took place in the months affected by COVID 19, and positives of the lockdown experience were referred to. For example home working enabled more time to reflect on cases and engage with families virtually due to time saved from travelling and remote working led to more flexible engagement with children and families. Interestingly, some children's needs reduced during lockdown, partly due not attending school which drawing further attention to the difficulties some adopted children experience in the education system.

1.2. Key suggestions for consideration in service planning/practice

- Further preparation and support for prospective adoptive parents may be needed around the basic practicalities of parenting babies and toddlers, and support provided around the overwhelming life change that is experienced once children join the family.
- Consider how greater knowledge of the birth family (including the wider extended family and siblings) can be provided to new adoptive parents, and how meetings with birth family members around the child's placement can be enabled. Making connections with extended family members can be positive for current and future information and support for the child's identity development (Neil et al, 2015). Explore the potential of using more virtual /video contact between adoptive families and birth family members.

- Greater use of the Tarren-Sweeney assessment checklist could identify problems not picked up on the SDQ. Use of this measure in the adoption support assessment process could be considered to identify which children need onward referral and understand what type of help children and families may need. The use of these measures and other assessment tools (such as the Goal Based Outcomes tool) could be considered at earlier stages of the adoption process such as when putting together the adoption support plan. This may help identify needs but also act as a baseline if families seek support at a later stage.
- Consider whether children known to have been exposed to high levels of alcohol in utero could receive early and proactive support and ongoing access to specialist assessment.
- Consider more proactive/specialist interventions around behaviour, emotional wellbeing and relationships. These issues are commonly experienced by adoptive parents and interventions may be easier and more effective when children are young.
- Consider increasing opportunities to check in with adoptive families and promote the availability of support. Ensure that parents know at each stage of their adoption journey that help is available and that needing help for vulnerable children and young people is normal/expected.
- Consider how to avoid delay to struggling parents who request help often as a last resort. Ensure that there is at least some communication to show people they have not been forgotten and provide a clear indication of how long things will take or what will happen next. Low cost holding services such as peer support and mentors and reading material are often found useful, so the offer of such services could be consistently embedded into the system.
- Consider if there is a need to raise more awareness and understanding of the new post adoption support assessments particularly amongst those in recruitments teams. Space to reflect and explore assessment tools could be allocated within team meetings. Support between colleagues such as via peer mentoring, joint working and/or swapping cases with workers in different roles could be helpful.
- Opportunities to seek views of all the professionals involved with the child and the child themselves should be considered in the assessment process. Flexible open questions should be included in the assessment along with more structured measures, and parents should be respected as experts in the assessment process.
- Provide training and support to help adoption workers understanding the different therapies and how they can help. Some resources that may be useful for this are:
 - The independent review of adoption support interventions by Tavistock institute (commissioned report for DfE):
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534787/20160701Evidence_base_researchreport.pdf
 - Julie Selwyn's report 'Post-adoption support and interventions for adoptive families: Best practice approaches' (commissioned by the German government):
https://www.dji.de/fileadmin/user_upload/bibs2017/Selwyn_Post_adoption_support.pdf

- The NICE clinical guidelines ‘Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care’: <https://www.nice.org.uk/guidance/ng26>
- Consider whether more remote working and meetings and online training opportunities can be continued in the future. Online webinars and support groups may enable more adoptive parents to participate. Virtual contact between foster carers, children and prospective adoptive parents as well as adoptive families and birth relatives may be positive in many circumstances.
- Consider and seek to fill areas where there the gaps in support. Therapeutic assessment and intervention (such as around Foetal alcohol syndrome and occupational therapy) that is not available through the ASF or currently within the agency needs to be explored and sourced. Consider the provision of a dedicated service or social worker role to support contact with birth families.
- Help newly formed adoptive families to build networks of kin and community, with flexible group meetings to fit around work and family commitments to help meet parent’s common need for more respite and peer support.
- Consider how awareness of adopted children’s needs can (continue) to be raised in the education sector. Further investment is needed to improve the education of adopted children. Schools and teachers need more specialist training, support and guidance e.g. (<https://sites.uea.ac.uk/providingasecurebase/secure-base-in-schools>).

1.3 Strengths and limitations of the research

The research analysed a range of data including secondary analysis of data from a previous survey of 319 adoptive parents and new data from 99 adoptive parents and 19 practitioners/managers. In depth data provided an emerging understanding of the new changes to assessment process as they unfolded over the first year of operation. This was contrasted with the experiences of parents who used services prior to the new developments. A key limitation is that feedback from parents who experienced new assessment survives was limited to a relatively small sample, and further monitoring of how the new changes are experienced by families is likely to be useful.

2. The Project Outline

In 2017 ONE adoption were successful in gaining funding via the Department for Education's Practice Improvement Fund (PIF) to establish a 'Centre for Excellence' (the name was later changed to 'multidisciplinary hub') to provide a co-ordinated assessment, treatment and therapeutic support for the adopted children and children in care. The key objectives of the Centre of Excellence were as follows:

1. Development of a standardised assessment framework for adoption support
2. Development of a multidisciplinary model of specialist assessment and therapeutic support
3. Involve adopters in the development and delivery of approving adoption support services
4. Development of the workforce with a CPD programme
5. Project manage the initiative effectively and evaluate impact

Our research team assisted ONE adoption through researching the perspectives of adoptive parents and staff on changes to adoption support assessments. It built on the previous programme of research carried out by the University of East Anglia (in collaboration with the University of Loughborough) in 2016-18. There were 4 work streams.

1. What do we know already about the experience of adoption and adoption support in the Yorkshire and Humber region?

The research team undertook further detailed analysis of data from the research team's previous, highly detailed adoptive parent survey.

2. How do adoptive parents experience the previous and new post-adoption support assessment practices in One Adoption West Yorkshire?

This stream aimed to provide a picture of adoptive parents' experiences of the post-adoption support assessment processes both prior to and subsequent to the new system being made active in February 2019. A short anonymous online survey was distributed to adoptive families who had sought support from One Adoption West Yorkshire before and after the launch of the new assessment system. The survey remained active from April 2019 until July 2020. A small sample of parents were also invited to be interviewed.

3. How do adoptive parents experience the previous and new pre-adoption assessment practices in One Adoption West Yorkshire?

This work stream aimed to provide a picture of adoptive parents' experiences of the pre-adoption assessment processes before and after the new system being made active in the summer of 2019. The online survey was distributed to families who applied for an adoption order for a child placed with them by One Adoption West Yorkshire after January 2017. The survey remained active from April 2019 until July 2020. A small sample of parents were also invited to be interviewed.

4. How do staff involved in delivering the new standardised framework for adoption support assessments (pre and post adoption support assessments) in One Adoption West Yorkshire experience the changes?

This work stream aimed to provide insight into practitioner experiences of the new adoption support assessment processes made active in February 2019. Three development workshops were conducted in June 2019, January 2020 and July 2020 with different practitioners involved in the new

assessments. The workshops both provided information to staff (about learning from the current and previous research) and collected views of staff (in a focus group).

3. Work Stream 1: What do we know already about the experience of adoption and adoption support in the Yorkshire and Humber region? Further Analysis of the 2017 survey

Further analysis was undertaken on data from our previous survey in four topic areas described below.

3.1. Links between early adversities and later outcomes for children adopted from care: Implications for planning post adoption support

Our paper describing further analysis undertaken on data from our previous survey on this topic was published in the journal *Developmental Child Welfare* in March 2020. It is entitled '*Exploring links between early adversities and later outcomes for children adopted from care: Implications for planning post adoption support*' and can be downloaded in full here: <https://journals.sagepub.com/doi/full/10.1177/2516103220908043>.

In summary, this additional analysis explored how child maltreatment, alongside a range of other variables, predicted adverse outcomes for children adopted from the foster care system in England. The analysis was applied to data collected from the 319 adoptive parents who completed our 2017 online survey about their most recently adopted child. Detailed information was collected about children's backgrounds, including their experiences in the birth family and the care system before adoption. Adoptive parents also reported on how well children were getting on in a range of areas of functioning and how well they felt the adoption was going overall.

The relationship between child maltreatment experienced and child adverse outcomes was explored alongside a range of other variables. Associated with worse outcomes for children were:

- potentially heritable factors (parental learning disability), the pre-birth environment (exposure to drugs or alcohol in utero)
- the period between birth and moving to the adoptive family (higher levels of maltreatment, spending more than a year in care, having two or more foster placements).
- The child's distress on moving from the foster home to the adoptive family

These important findings have implications for child welfare policy and practices before and after adoption:

- Primary risk factors such as parental substance misuse are known to be related to poverty, ill-health, and housing problems (Brown et al., 2016; Bywaters et al., 2016; Sidebotham et al., 2006). Funding for family support services and substance/alcohol abuse prevention is vital.
- Alongside family support, timely safeguarding of children, and where necessary proactive planning for permanence, is also needed to prevent or reduce children's exposure to maltreatment and promote their long-term welfare (Davies & Ward, 2012).
- Once a child enters care it is important to avoid unnecessary delay in permanency planning and to reduce the number of pre-adoption foster homes, preferably to one or none (i.e.,

utilising concurrency or foster for adoption placements where the child is adopted by foster carers).

- Intensive, purposive court and social work intervention and interdisciplinary practice with birth parents prior to and during the child's placement in care may help to reduce disruption for children and help parents tackle their problems, Family Drug and Alcohol Courts being one example (Harwin et al., 2018).
- Our analysis suggested the key difference for children was spending less than 12 months in care; there were no significant differences between those who stayed 12–24 months or more than 24 months. This may suggest that for children who have already waited a year, speed should not take top priority —the quality of the in-care experience, the appropriateness of the match with adopters, and careful preparation of the child may be more significant.
- Our analysis found that child outcomes did not differ by family structure (one- or two-parent families). This suggests that when matching children, decisions should be based on the capacity of the parent(s) to meet the child's needs, rather than on unfounded assumptions that couples can offer more than single parents.
- When children do move from foster care to their adoptive family, the focus may need to switch from reducing time delays to moving at a pace that is comfortable for the child. The vast majority of moves reported in the survey were short (12 days on average from the child first meeting the adopters to them assuming full-time care). Whether or not foster carers stayed in touch after the move was very variable, and adoptive parents frequently described transitions as intense and exhausting (Neil, Young & Hartley, 2018). Transitions may be easier if there is greater temporal and relational overlap between the foster and adoptive family systems. This can be achieved by adopters and foster carers working together and at the child's pace, and foster carers providing early support to the child and adopters after the move (Neil, Beek & Schofield, 2018; Boswell & Cudmore, 2017; Lewis, 2018). The UEA Moving to Adoption model addresses this area of practice (<https://www.movingtoadoption.co.uk/>).
- Information about risk factors known to agencies at the point of placing children for adoption should be used to identify which children might need further specialist assessment and intervention. Screening for the possibility of FASDs where prenatal exposure to alcohol is known is important, as early diagnosis and appropriate treatment can help adopters to better understand their child's needs and prevent secondary disabilities (Lange et al., 2013;). Children who are showing signs of attachment difficulties or whose experience of adversity puts them at risk of such problems should be assessed for attachment disorders and parenting interventions such as video feedback or therapeutic play sessions should be offered (National Institute for Health and Care Excellence, 2015). Other common mental health problems, especially behaviour problems, neurodevelopmental difficulties, trauma, and mood disorders, may also need to be considered and assessed by specialists (Woolgar et al., 2018). See also below for further analysis and commentary on children diagnosed with or suspected as having FASD in 2017 survey, and children who scored as having significant problems on the standardised measures but had not received a diagnosis or treatment for a mental or psychological disorder.
- Information about children's risks should be used in the recruitment and preparation of adoptive parents. Adoptive parents commonly report feeling ill-equipped for the realities of parenting an adopted child; they are likely to value specialist clinical information and opportunities to connect to others with relevant personal experiences as well as access to

services and parenting tools and strategies (Lee et al., 2018). Providing prospective adopters with more information about the impact of risks factors on children may help build their empathy and increase their confidence in considering a child with special needs such as FASD (Edelstein et al., 2017). Better initial preparation and training for adoptive parents can normalize expectations about the need for support and increase willingness to seek help later on (Wind et al., 2007). A focus on a wide range of risk factors beyond age at placement is important, as the support needs of children placed as babies and toddlers can be overlooked (Meakings et al., 2018). Simplistic or deterministic predictions about children's development need to be avoided as sensitivity to risk varies and children's outcomes are diverse (Woolgar & Simmonds, 2019), but building a realistic understanding of potential challenges balanced with a sense of optimism is important (Lee et al., 2018).

3.2. Are children likely to have significant mental health problems getting the right diagnoses and treatment?

We are in the process of submitting another paper focused on our examination of whether children who have significant mental health problems (as indicated on standardised measures used in our survey) are getting the right diagnoses and treatment.

The 2017 survey suggested that substantial numbers of adopted children were experiencing clinically significant levels of emotional or behavioural difficulties. 44% (n=86) of children had clinically significant difficulties on the **Strengths and Difficulties Questionnaires** (SDQ, Goodman, 1997). On the **Tarren-Sweeney Assessment Checklists**, 55% (n=89) of children/adolescents had problems in the clinical range. There was a strong significant association between clinically significant scores on the two measures ($P=0.000$) and 69 children scored clinically significant on both measures. However some children only scored clinically significant on one of the measures suggesting that they may pick up different issues (16 children scored in the clinical range only on the TS measure, with 9 of these being 'slightly raised' on the SDQ and 12 only on the SDQ measure, with 5 of these being 'borderline' on the TS).

The numbers of children with clinically significant difficulties was higher than the number of children who had received a diagnosis in relation to mental health or emotional well-being issue (29% of children had received such a diagnosis) suggesting some may have unmet needs for psychological/wellbeing services. Altogether there were 48 children who scored clinically significant on one of the measures (the SDQ or the TS checklists) but were reported to have not (yet) received a diagnosis or treatment for mental health of emotional/behavioural problems.

Our further analysis focused on 48 children none of whom had a diagnosis of a mental health, emotional or behaviour problem.

The analysis will be reported in more detail in the article but so far some emerging themes include:

- Although only a small minority of children who scored highly on both measures had received a diagnosis, significant challenges in the child's life were reported by adopters in almost all cases.
- Many families had tried to seek help and services may have been provided, but the child had not been referred to CAHMS. Some parents reported they were in the assessment process.
- Where support had been provided, satisfaction was mixed.

- Support services provided did not necessarily address key issues highlighted as problematic in the standardised measures. In particular, problems relating to peers, and to attention/hyperactivity problems appeared under addressed.

An overall conclusion is that greater use of standardised measures in the adoption support assessment process is likely to be helpful in identifying which children need onward referral and in understanding what type of help children and families may need.

3.3. What was the outcome for children whose birth mothers were reported to have significantly abused alcohol in pregnancy?

Further analysis was undertaken on the 38 children from our 2017 survey who were born of birth mothers said to have significantly abused alcohol in pregnancy. This group were chosen due to likelihood of the child experiencing greater difficulties, a presumption confirmed in our statistical analysis (Neil et al, 2020).

- Five of the 38 children from the sample of birth mothers who had significantly abused alcohol in pregnancy had received a diagnosis for foetal alcohol spectrum disorder (FASD). FASD was suspected by another two parents. The FASD diagnosis was usually in a context of multiple issues, e.g:
Poor attachment, very volatile behaviour, struggles with intimacy, low self-esteem, applies minimum effort to tasks, struggles to maintain friendships/relationships
- Of the 33 children who had not received or suspected to have a diagnosis of FASD, 8 had received another diagnosis related to emotional wellbeing and development or learning difficulties.
- The sample of children whose mothers significantly abused alcohol during pregnancy had significantly fewer adoptions described as going 'really well' in comparison to the sample as a whole (9, or 24%, as compared to 47% of adoptions in the rest of the survey sample). Of the adoptions going really well, the majority (7 of the 9) were in the 0-5 age group.
- Parents of children in the significant alcohol abuse sample reported significantly greater challenges in most areas of life covered by the survey.
- Four of the 38 children in the significant alcohol abuse sample were described as having no challenges (neither moderate nor significant) in any of the areas requested by the survey. However, three of these children were still very young, in the 0-5 year old age group, with one young person in the 12-17 year old age group.

When considered as a group, children of mothers who were high alcohol consumers during pregnancy were experiencing greater problems when compared adopted children in the rest of the sample suggesting that early and proactive support should be in place for adopted children of mothers who were high alcohol consumers during pregnancy. Support should also be considered within education, as this setting was clearly a concern for most families within this group.

3.4. How helpful was the support used by all families in the previous survey?

Finally, analysis was conducted to gain more detail on how all parents felt about the support they received. Looking at the individual ratings respondents gave for each service they received, it is

positive to see that the majority of services were at least slightly helpful for at least three quarters of families who had used them.

Services which were particularly helpful were selected out using the criteria that they had been noted to be at least moderately helpful by at least three quarters of families who had used them.

Services which fell into this category were:

- Some therapeutic services including psychological support, therapeutic parenting training; medication for emotional/ behavioural psychiatric problems, individual psychotherapy
- Services for disabled children - short break services for disabled children, direct payments for disabled children, sleep clinic/services, youth clubs for children with disabilities, online chat /forums for parents of children with specific needs
- Adoption parenting classes/training
- Sexual exploitation avoidance team/service
- Drug or substance misuse services and short break care (however only 1 or 2 people had rated these services)

Services which were selected out as less helpful were taken to be those where *less* than three quarters of families who had used them viewed them as at least slightly helpful (it must be noted that numbers of parents rating some of these services were very small). Services which fell into this category were:

- Some education services (SENCO, education welfare officers, Educational Psychologist)
- Some universal parenting services (Universal parenting classes/training, general parenting advice and support, support groups for parents which are not adoption specific)
- Therapeutic camps or respite for emotional/behavioural issues
- Psychiatric support
- Physiotherapy
- Youth offending team
- Child protection services/social worker.

4. Work Stream 2: How have adoptive parents experienced the (previous and new) post-adoption support assessment practices in One Adoption West Yorkshire?

4.1. Survey methodology

An online survey for adoptive parents was designed in collaboration with One Adoption managers and three adoptive parents (who were employed as Adopter Development Coordinators in the area). For ease of completion the questions were mainly fixed response with optional spaces to add further information. Paper copies of the survey could be requested if preferred.

The survey was to be completed for one target child in the family and focused on the assessment processes that occurred following a request to the adoption team for support. Questions asked about the child, the issues/challenges that led to the request for support, any reason for delay in help seeking, the experience of contacting the local authority team/One Adoption, the assessment content and the respondent's satisfaction with the process and its outcome.

The survey was made active in April 2019 and remained open until July 2020. It was promoted via a posted invitation leaflet to all families who had received support assessments since early 2017 and had been allocated a social worker. Invitation leaflets were also handed out at support groups and visits, and reference to the survey was posted on social media and included in regional newsletters. Due to a reliance on contact details being up to date and variability in worker's contact with families/remembering to pass on details of the survey, we cannot be certain that all eligible families received notification about the survey. Although the survey was completed anonymously those who participated in the survey were invited to take part in a short telephone interview and could provide their email address or phone number for this purpose.

4.2 Survey respondents

Seventy-nine respondents completed the survey. The majority of respondents stated that they were assessed for support *prior* to the launch of the Centre of Excellence new standardised assessment process. Sixteen (20.3%) respondents had support assessments on or after the 1st of February 2019, the launch of the new assessment process. Just over half, 46.8%, of respondents were assessed in the two years prior to the launch; between the 1st of January 2017 and 1st of February 2019 ($n = 37$). Around a third (26, 32.9%) of respondents received their assessment before the 1st of January 2017. A telephone interview was carried out with four of the adoptive parents who had recently been assessed for support (the interview data is included alongside quotes from the survey responses in the results presented below).

Just over two thirds of the survey respondents were adoptive mothers (67, 84.8%) with 11 (13.9) being adoptive fathers. One respondent had become the legal guardian of their (adopted) grandchild. Seventy were from two parent household (three male couple households, six female couple households and 61 heterosexual couple households) and nine were single parents (two male). Six indicated that they were early permanence carers for their adopted children.

An almost equal number of female and male children were the target child of the survey (39 female, 40 male, with none identified as non-gender conforming or 'other'). Sixty-five (82.3%) children were described as 'white' and nine (11.4%) described as having 'dual' heritage. Six 'target children' were actually adults at the time the survey was undertaken (referred to as 'aged nineteen years or older') with others ranging from two to seventeen years old. Four children (5.1%) were under five years of

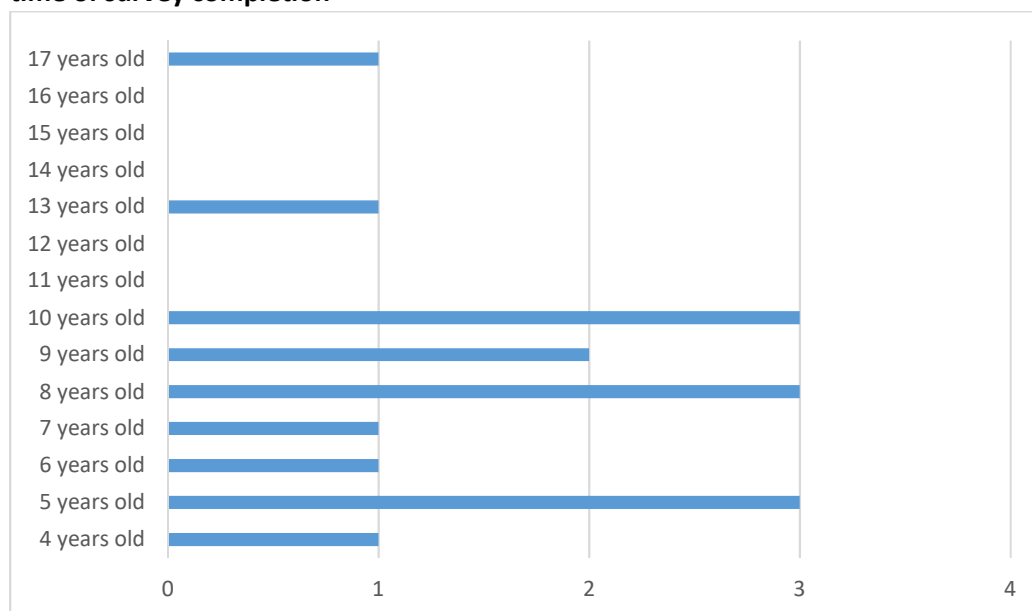
age, and around two-thirds (65.8%) aged twelve years or under. The mean age of young people under eighteen years of age was 9.8 years (median 9 years old). Note some families had received an assessment for support for their children some years prior to completing the survey.

Most children had been very young when placed with their adoptive parents reflecting national norms. Forty-five children (57%) were less than two years old and 69 (87.3%) were under four years of age. The oldest child at placement was seven years.

The sixteen respondents who experienced the new assessment process included 13 adoptive mothers (81.3%) and three adoptive fathers (18.8%). Three were single female households (18.8%), nine heterosexual couple households (56.3%), three from female couple households and one from a male couple household.

The target children focused on in their survey responses included 7 girls (43.8%) and 9 boys (56.3%). All were over four years and under 18 years old at the time of survey completion (all but two were under eleven years old), with a mean age of 8.38 years (median 8 years). The age breakdown of all children of respondents who experienced the new assessment process can be seen in Chart 1. All had been placed into their adoptive family age five years or younger with 75% (n=12) aged two years or younger.

Chart 1: Survey respondents who had received the new assessment process: Age of children at the time of survey completion



4.3. Issues experienced by children and families that led to seeking support

The main issues which led to adopters seeking support are listed below in order of frequency of selection (respondents could select more than one option). Respondents who experienced the older or new assessment processes are separated out in the second and third columns of the table.

Notably, their child’s behaviour and the emotional wellbeing was a key issue for the majority (over three quarters) of respondents. The parent’s wellbeing and violent behaviours shown towards them were an issue for over half of respondents.

Numbers are too small to compute statistical significance, however there seemed to be some indication of a greater desire for help around contact and the child’s life story work by adoptive

parents who received the new assessment. A quarter of parents who more recently requested help wanted support around contact (compared to 7.9% of parents who requested help prior to the launch of the new assessment). 31.3% of parents who recently requested help wanted support around life story work (compared to 17.5% of parents who requested help prior to the launch of the new assessment). This may indicate an increased awareness in parents of the importance of these areas for their children.

Table 1: Number of respondents who selected the following options in answer to the question ‘which of the following best indicates the difficulties or issues which led you to seeking support for your child?’

Issue which led to seeking support	Respondents in the full survey (N=79)	Respondents who experienced previous assessment (N=63)	Respondents who experienced the new assessment (N=16)
<i>‘My child’s behaviour in the home’</i>	63 (79.7%)	51 (81%)	12 (75%)
<i>‘My child’s emotional wellbeing’</i>	61 (77.2%)	51 (81%)	10 (62.5)
<i>‘My child’s behaviour or wellbeing at school’</i>	54 (68.4%)	43 (68.3%)	11 (68.8%)
<i>‘My own wellbeing/my partner’s wellbeing’</i>	43 (54.4%)	36 (57.1%)	7 (48.3%)
<i>‘My child’s violent or aggressive behaviour towards family members’</i>	40 (50.6%)	32 (50.8%)	8 (50%)
<i>‘My child’s relationship with me’</i>	38 (48.1%)	33 (52.4%)	5 (31.3)
<i>‘My child’s relationship sibling relationships in my family’</i>	31 (39.2%)	28 (44.4%)	3 (18.8%)
<i>‘My child’s behaviour outside the home’</i>	30 (38%)	23 (36.5%)	7 (43.8)
<i>‘My child’s relationship with my partner’</i>	28 (35.4%)	23 (36.5%)	5 (31.3)
<i>‘My child’s relationship with peers’</i>	24 (30.4%)	20 (31.7%)	4 (25%)
<i>‘My child’s life story or their understanding of adoption’</i>	16 (20.3%)	11 (17.5%)	5 (31.3)
<i>‘My child’s inability or unwillingness to attend school’</i>	15 (19%)	13 (20.6%)	2 (12.5%)
<i>‘Contact with my child’s birth family’</i>	9 (11.4%)	5 (7.9%)	4 (25%)
<i>‘My child’s absconding/risk taking/gang issues’</i>	6 (7.6%)	5 (7.9%)	1 (6.3%)
<i>‘My child’s sexual behaviour/wellbeing’</i>	4 (5.1%)	2 (3.2%)	2 (12.5%)
<i>‘My child’s social media use’</i>	3 (3.8%)	3 (4.8%)	0
<i>‘My child’s drug/alcohol addiction’</i>	1 (1.3%)	1 (1.6%)	0
<i>‘Other’</i>	6 (7.6%)	4* (6.3%)	2* (12.5%)

* Respondents who experienced the old assessment included: 'child's mental health', 'no suitable school is available', 'Sleep phobia', 'support following diagnosis of neurological condition'. Respondents who experienced the new assessment included 'continence issues' and 'financial issues'.

Qualitative comments from those who experienced the new assessment process include more detail about the reasons for seeking help:

Help with how to support life story work as we don't have much info...[also] she has trouble regulating her emotions and every emotion elicits an extreme reaction (joy, sadness, pain, hunger). She also finds it difficult to focus or be 'still' and nearly impossible not to make constant noise (from talking very loudly/constantly, to just singing/humming). I'd like to help her find some calm.

Child struggling at high school, quite often in trouble for his actions/behaviours there. Was quite violent and volatile at home, breaking things, hitting walls, one incident included myself being hurt. Getting himself in dangerous situations, some resulted in police being involved... generally being unmanageable and atmosphere at home was unbearable and depressing for all.

He cannot fall to sleep alone, someone has to be in the room while he falls to sleep...This regime is taking its toll particularly as now he goes to bed later meaning less relaxation/recharge time is left for us parents prior us going to bed.

Our daughter suffers from disorganised attachment disorder...[she] has a very insecure attachment to us, shows extreme emotional lability, violent outbursts and is educationally 4 years behind her peers.

My adopted child...spent 4 years trying to physically push me around and purposefully slam doors in my face when I was going through them and push me down the stairs, he put his legs out to trip me up, thrust things in my face and pretended to punch me in the face and stop 1cm away. He was oppositional, bed wetting, refusing to do any work at school, angry, defiant, unkind to animals and children, bullying other children, taking others things and hiding them/breaking them/throwing them away, excessive eating and taking all the rest of the families food, showing no empathy, very controlling, refusing to get washed/ bathed or change clothes, telling lies and trying to thwart family parties and holidays.

Self-harm and massive meltdowns and no support.

Misunderstanding and inaccurate information given to the child about their reasons for adoption led to her being unable to settle. Life story work was needed to help her to understand what had happened.

His emotional wellbeing and the lack of being able to regulate his emotions have always been an issue, from a very early age. Even his teacher in Reception at school mentioned how he would burst into tears at everything. This was always mentioned at every parents evening, and is still mentioned even though he is in year 11. He does cope better (or rather he sometimes hides his tears from others). He has been bullied from year 7 in school.

Developmental trauma and attachment difficulties result in controlling behaviour and extreme difficulties managing relationships with us as adoptive parents and her siblings

My daughter presents much younger than her 14 years, more like a 3 year old emotionally and socially and is unable to grasp basics.

During the corona virus pandemic our child's issues have been exacerbated and they are struggling with anger.

As expected, at the time of seeking help most respondents were struggling with most (62.8%) feeling that they were not managing most of the time or were in crisis (see Table 2).

Table 2: Respondents sense of how well they felt they were coping as a family at the time of asking for support

	All respondents (N=78)	No. of respondents who experienced the previous assessment (N=63)	No. of respondents who experienced new assessment (N=15)
<i>Things were going well. Any challenges were minimal and manageable most/all of the time</i>	3 (3.8%)	3 (4.8%)	0
<i>Things were up and down, sometimes we felt we were managing and at other times we felt we were not managing</i>	26 (33.3%)	18 (28.6%)	8 (53.3%)
<i>Family life was very challenging and most of the time we did not feel we were managing</i>	35 (44.9%)	30 (47.6%)	5 (33.3%)
<i>We were in crisis, we were not sure that we would be able to stay living together as a family</i>	13 (16.5%)	12 (19%)	1 (6.7%)
<i>My/our child was not able to live with us at that time</i>	1 (1.28%)	0	1 (6.7%)

One parent chose not to indicate their position, stating:

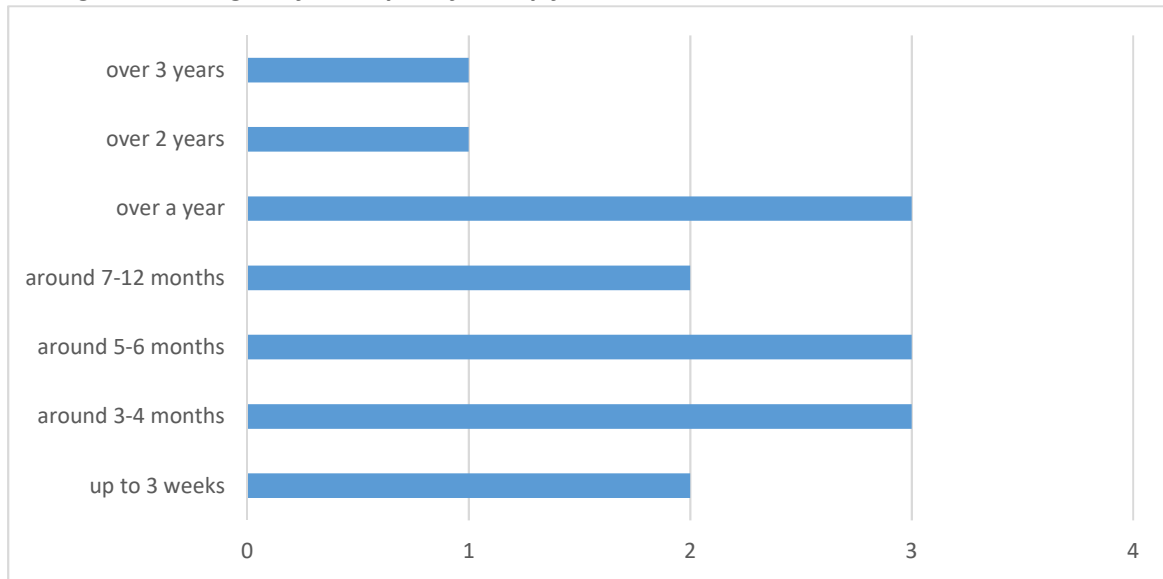
This is aimed at whether or not we as a family were in crisis. We were not our daughter needed funded support, not us. We were coping and standing by her

4.4 Decision making around asking for help

The survey asked respondents whether they delayed before asking for help. Just under a third (n= 23; 29.1%) of all respondents felt they did not delay. This included six (37.5%) of those who experienced the new assessment process.

Looking in more detail at those who experienced the **new assessment process**, out of the 15 who answered a question on how long did it took from them first experiencing these difficulties and feeling that they could not manage, to making the first request for help from OAWY, five parents waited over a year before asking for help with one waiting over 3 years (see Chart 2 below).

Chart 2: Number of respondents who selected the following options in answer to the question *How long did it take from you first experiencing these difficulties and feeling that you could not manage, to making the first request for help from OAWY?*



The majority of parents therefore *did* hesitate before seeking help, and the reasons provided can be seen in Table 3 below (more than one option could be chosen).

Table 3: Reasons for their delay provided by respondents who delayed in help seeking

Reason for delaying before asking for help	Respondents in the full survey (N=56)	Respondents who experienced previous assessment (N=46)	Respondents who experienced the new assessment (N=10)
<i>'I hoped that things would just get better without support.'</i>	34 (60.7%)	25 (54.3%)	9 (90%)
<i>'I thought that I/we should be able to manage the difficulties ourselves'</i>	30 (53.6%)	26 (56.5%)	4 (40%)
<i>'I was not sure the difficulties were severe enough'</i>	21 (37.5%)	19 (41.3%)	2 (20%)
<i>'Responses to previous requests for help were not positive'</i>	15 (26.8%)	12 (26.1%)	3 (30%)
<i>'I didn't know who to call'</i>	14 (25%)	11 (23.9%)	3 (30%)
<i>'I did not think that the issue would be taken seriously/ I would get a response'</i>	10 (17.9%)	9 (19.6%)	1 (10%)
<i>'I heard from others that requests for help were not positive'</i>	10 (17.9%)	8 (17.4%)	2 (20%)
<i>'I thought that I may be judged negatively'</i>	6 (10.7%)	5 (10.9%)	1 (10%)
<i>'I did not want to have help from professionals/outside the family'</i>	4 (7.1%)	4 (8.7%)	0
<i>'Other'</i>	2* (3.6%)	2 (4.3%)	0 (25%)

* Respondents who selected 'other' added: "we wanted to have tried everything we could think of ourselves first" and "I didn't know about the support until an adopter told me about it".

Some respondents added further comments in the space provided. Typically comments by those who shared that they had delayed before asking for help showed a tendency for parents to feel responsible for dealing with problems by themselves, assuming it was 'normal' to experience such challenges and difficulties, or that only 'extreme' cases are entitled to support:

I know that the issues I have raised aren't as extreme as some experience. (Parent who experienced the new assessment process)

I felt that we as adoptive parents had failed our daughter...but realised as she got older that the problems were beyond our ability to manage. My health suffered. I wanted my daughter to have help with her anger and lack of fuse because I believed in the long run it would help her become the best person she can be. I want her to have friends and happiness and that is difficult when you have no boundaries with anger and say hurtful and unkind things. (Parent who experienced the older assessment process)

We felt that we should have been able to deal with the issues, just as other non-adoptive parents do. It became clear that the issues were not going to get better without interventions. (Parent who experienced the older assessment process)

I wasn't sure if this was what I should be expecting. (Parent who experienced the older assessment process)

You normalise behaviours and dynamics in the family. You hope things will improve with time. (Parent who experienced the older assessment process)

I thought our situation was not severe enough but my child then explained how bad they really felt. (Parent who experienced the older assessment process)

A confusion or lack of awareness around support available or who was eligible was also evident:

I believed that the Fund helped children with specific diagnoses of additional needs; our daughter has general development delay. (Parent who experienced the older assessment process)

I did not realise funding would be available for children over 18. (Parent who experienced the older assessment process)

I didn't know about the support until an adopter told me about it. (Parent who experienced the older assessment process)

We were not aware of what support we could access as since our daughter was adopted we had no support or contact from services / social care / any follow ups. (Parent who experienced the older assessment process)

Negative hearsay from others shows the downside of social media and peer group talk, which can unfortunately continue to exist even after regional improvements have been made:

I had heard many stories from adopters of their inability to get support that it put me off asking in the first place. I didn't want to start another battle for help and support and fail. (Parent who experienced the older assessment process)

I had heard mixed comments about the effectiveness of Post Adoption Support - and the trouble with social media is that it tends to be polarised. Too many stories were negative, so I put off getting in touch as I didn't want to be disappointed. I only wish I had been in touch

much earlier, when the first issues arose for I have been blown away by the support and help we have received. If I had one thing to say to other adopters is "Don't Wait." (Parent who experienced the older assessment process)

One further comment indicated how problems can lie latent and resurface:

We initially asked for help... following a difficult transition to junior school- after 4 years at infant school fine. We moved our daughter from the school and Y3 at new school was great- back to her old self. New teacher in Y4 saw a resurgence of problems'. (Parent who experienced the new assessment process)

One parent expressed in their interview that they may have delayed before seeking help, however when contacting their social worker to chase a missing Life Story Book, they were proactively encouraged by this practitioner to seek support around their child's behaviour. The practitioner had engaged them in conversation regarding how things were going, and this led them to raise some struggles they were having with the demanding behaviour challenges and emotional needs of their daughter. As a consequence the family were offered and engaged in helpful support that they would not otherwise have thought to initiate. The parent commented how a regular check in from practitioners could help other families to obtain early support and prevent delay.

4.5 Parents' initial contact with their local authority/ One Adoption West Yorkshire

The majority of respondents who experienced the new assessment processed were satisfied with the attitude and understanding of their first contact with One Adoption West Yorkshire.

- Thirteen out of 16 respondents (81.3%) were 'extremely satisfied' or 'somewhat satisfied' with the initial contact's empathy towards their situation' (two were 'somewhat dissatisfied' and one was neither satisfied nor dissatisfied).
- Fourteen out of 15 respondents who answered the question (93.3%) were 'extremely satisfied' or 'somewhat satisfied' with the initial contact's understanding of their child's issues or needs (only one was 'somewhat dissatisfied' and one did not give an answer to the question).

There was less satisfaction regarding how clearly the timeline of action ('what was going to happen next') was explained to them, with just over half (53.3%) expressing satisfaction with this area. Five (33.3%) were dissatisfied and two were neither satisfied nor dissatisfied (one respondent did not answer the question).

These proportions are placed alongside those who experienced assessments prior to the launch of the changes in Table 4-6 below. The numbers were too small for statistical analysis but the data suggest some possible improvements in the proportion of parents assessed in the new system who were extremely satisfied with initial responses. Caution needs to be exercised in drawing conclusions because of the small numbers.

Table 4: Parents' satisfaction with the initial contact's empathy towards their situation

	No. of respondents who experienced previous assessment (N=63)	No. of respondents who experienced the new assessment (N=16)
<i>Extremely satisfied</i>	22 (36.1%)	8 (50%)
<i>Somewhat satisfied</i>	25 (41%)	5 (31.3%)
<i>Neither satisfied nor dissatisfied</i>	6 (9.8%)	1 (6.3%)
<i>Somewhat dissatisfied</i>	5 (8.2%)	2 (12.5%)
<i>Extremely dissatisfied</i>	3 (4.8%)	0

Table 5: Parents' satisfaction with the initial contact's understanding of their child's issues or needs

	No. of respondents who experienced previous assessment (N=60)	No. of respondents who experienced the new assessment (N=15)
<i>Extremely satisfied</i>	20 (33.3%)	8 (53.3%)
<i>Somewhat satisfied</i>	24 (40%)	6 (40%)
<i>Neither satisfied nor dissatisfied</i>	4 (6.7%)	0
<i>Somewhat dissatisfied</i>	8 (13.3%)	1 (6.7%)
<i>Extremely dissatisfied</i>	4 (6.7%)	0

Table 6: Parents' satisfaction with how clearly the timeline of action was explained to them

	No. of respondents who experienced previous assessment (N=59)	No. of respondents who experienced the new assessment (N=15)
<i>Extremely satisfied</i>	9 (15.3%)	2 (13.3%)
<i>Somewhat satisfied</i>	15 (25.4%)	6 (40%)
<i>Neither satisfied nor dissatisfied</i>	15 (25.4%)	2 (13.3%)
<i>Somewhat dissatisfied</i>	8 (13.6%)	3 (20%)
<i>Extremely dissatisfied</i>	12 (20.3%)	2 (13.3%)

There was some dissatisfaction regarding the time that passed between their initial query and the assessment to be completed, but evidence of some improvements under the new support arrangements. Half (50%) of respondents assessed **after** the launch of the new assessment agreed that they were happy with the time it took for the assessment to be completed. Under a third (28.3%) of respondents assessed before the launch of the new assessment process agreed with this.

Table 7: Parents' agreement with the statement 'I was happy with the time it took for the assessment to be completed after my initial query'

	No. of respondents who experienced previous assessment (N=46)	No. of respondents who experienced the new assessment (N=12)
<i>strongly agree</i>	5 (10.9%)	3 (25%)
<i>agree</i>	8 (17.4%)	3 (25%)
<i>neither agree nor disagree</i>	8 (17.4%)	3 (25%)
<i>disagree</i>	11 (23.9%)	2 (16.7%)
<i>strongly disagree</i>	14 (30.4%)	1 (8.3%)

Parents were asked to note the length of the period between making the initial contact and being assessed for support. Overall 45.5% parents assessed after the launch of the new assessment processes indicated that they were assessed within 3 months of their initial contact and 90.9% within 6 months (see Table 8 below). Those who were **assessed after the launch of the new assessment processes** and answered this question gave very variable answers, with one describing the assessment took place within a month and another stating the wait being over one year. It is

possible that some of these cases unfortunately fell into a time of multiple changes for the region and cases were sadly missed or delayed.

Due to the variability within this small sample (only 11 parents assessed after the launch of the new assessment processes answered this question) and the fact that a number of those assessed some time ago could not remember the length of this period which may distort results, no comparison is made between those who were assessed before and after the launch of the new assessment processes, and only those who experienced the new assessment process are included in the table below.

Table 8: Parents’ report of the length of the period between making the initial contact and being assessed for support

Period between making the initial contact and being assessed for support	No. of respondents who experienced the new assessment (N=11)	Cumulative Percent
up to 1 month	1 (9.1%)	9.1
up to 2 months	3 (27.3%)	36.4
up to 3 months	1 (9.1%)	45.5
up to 5 months	2 (18.2%)	63.6
up to 6 months	3 (27.3%)	90.9
over a year	1 (9.1%)	100

Whilst waiting for the assessment, some of the respondents **who were assessed after the launch of the new assessment processes** were offered ‘peer support’ (five parents), a ‘peer mentor’ (three parents) or ‘website or reading material’ (four parents). All of the responders who were offered these holding services found them to be at least ‘slightly useful’ with the peer support and peer mentor particularly valued:

- Peer support was found to be ‘extremely useful’ or ‘very useful’ by three parents, and ‘moderately’ or ‘slightly useful’ by the other two parents who were offered this
- A peer mentor was found to be at was found to be ‘extremely useful’ or ‘very useful’ by two parents and ‘slightly useful’ by the other parent who was offered this
- ‘Website or reading material’ was thought to be ‘very useful’ by one parent, ‘moderately useful’ by two parents and ‘slightly useful’ by the fourth parent who was offered this

Two other parents were offered other services prior to the assessment; an education support telephone line and a referral to a psychiatrist.

Comments were added by those who were *not* offered any support indicating some dissatisfaction with this

No support offered while waiting. I contacted OAWY in August 2019, assessment was started Feb 2020.

Waited 3 months heard nothing then called again they had no idea how long til anyone called and we got a call after 9 months.

Once we were allocated a social worker support has been brilliant, and I can't thank them enough. When I initially made contact I was told by the person on duty that we would not be eligible for support due to my child's disability being part of the issue.

Some parents **assessed prior to the launch of the new service** were also offering holding services. The data from these parents shows satisfaction with these to be more variable. As these parents

were assessed some time ago it is possible that this type of support was less well organised in the past, or that as some time has passed since the assessment they have taken on less significance in parents' memories. However these holding services were still clearly valued by more than half of those who were offered them. Peer support was seen as at least '*slightly useful*' by 57.7% (and at least '*very useful*' by 15.4%). A peer mentor was seen as at least '*slightly useful*' by 57.9% (and at least '*very useful*' by 21.1%). Website or reading material was seen as at least '*slightly useful*' by 72% (and at least '*very useful*' by 20%).

Other support offered to these parents waiting for assessment included a wide range of provision including: '*Interim adoption support worker*' ('*very useful*'), '*contact with social worker*' ('*extremely useful*'), '*Our adoption agency provided advice and support and helped get things organised*' ('*very useful*'), '*Stay and play sessions*' ('*not at all useful*'), '*One off appointment with educational psychologist*' ('*very useful*').

The indication from this survey data is that holding services of low level interventions (peer support, peer mentoring and reading material) are generally welcomed by those who received them. However, as a couple of parents noted, they need to be flexible according to circumstance and level of support required:

My daughter's situation was clearly not going to need unqualified help - peer support could not support the level of trauma and damage that she was exhibiting. All sessions were during the working week - as a family, we can't take time off work frequently to attend a coffee morning with other adopted families. I already have a strong peer support network. The offer of help was not at the appropriate level.

I needed practical support not reading material.

Further comments were added by respondents in relation to their initial contact with their local authority/One Adoption West Yorkshire. For those who were **assessed after the launch of the new assessment processes**, all additional comments are included in full here to aid improvement of the new service. Some comments were highly positive:

No issues with this request, not sure response could have been any better.

I was very happy with the service offered and cannot think of any improvements needed.

Comments which were negative highlighted issues of delay and slow response, and a lack of communication:

Quicker action.

Quicker response would be great but I understand the pressures everyone is under.

I once rang on a Sunday very distressed and wanting help. But no one answered so I left a message, no one called me back till the Friday.

It was a year after I first adopted that I finally got an adoption support worker as mine became uncontactable, all the promises I was given at panel we're not followed through and I was not given a meeting with doctor for feedback.

Suggestion for improvement including ensuring that there is at least some communication to show people they have not been forgotten and with an indication of how long things will take or what will happen next:

Being given a more realistic timeframe of when a worker will be in touch as are still waiting, a letter however has been received to advise of the delay.

It is really important that people know where they are on the waiting list and an idea of anticipated time of provision. Knowing that you are waiting say 9-12 months is better than having no idea at all...Call you after 4 weeks to update you...Check how you are - we heard nothing in 9 months... It would have been nice to have someone phone up and say 'are there still issues in school because whilst you are waiting for a post adoption support worker, the education worker could have a chat with you and see if there is anything she could do'. If there were other services which could be earmarked in that initial call and offered then that could be really helpful.

A quick response - at least an acknowledgement and an explanation of what it is happen next. We had no idea we would be assessed in this way. A warning of the formal assessment and official report.

More communication.

Other suggestions from those who were assessed after the new changes referred to a need for improved communication systems, less reliance on telephone calls and improved empathy from the first responder:

[I] think the phone line needs manning at the weekends and evenings as that's when children struggle most. Need more social workers to call people back. The service needs advertising more as we didn't know who to turn to or what help could be provided.

More understanding and empathy. Much like I've had since from our social worker.

Email Not phone. Phone is so hard when children are around.

There needs to be more consistency. Whilst first response from a manager was good, it then fell apart as communications were fragmented... The time it takes for some of the actions identified to be completed is quite eye opening. Communications are slow and nothing seems to change from week to week. We always have to chase things up.

I believe our referral fell between two systems? Might be good to put something in place to ensure this can't happen again.

Further comments from those who were **assessed before the launch of the new assessment process** also included issues with not being informed about timings or process, or struggling to contact a social worker. Parents highlighted the stress involved in any delay, which often occurs after parents have themselves *already* delayed before asking for help (as many reported above):

When adopters shout for help they are at their wits end - they've tried everything and have often become isolated through their children's behaviour.

When you are experiencing difficulties waiting a long time is hard.

Their response was 'yes, we can see you're at crisis [but] the waiting list to get a SW to undertake the ASF assessment is about 9 months to a year'. There was no suggestion that this was unacceptable.

In terms of a first response from One Adoption for therapy the main thing that could be improved is communication. Communication of waiting times, proactive contact on their part. We had to chase, and chase and chase to get a worker allocated to us in order to apply for therapy.

These parents again expressed that it would be beneficial to have a timeline of how long things may take which explicitly includes the steps to expect. They gave suggestions for better communication, regular checking in and holding services:

Being given a more realistic timeframe of when a worker will be in touch.

Informing people who are on the waiting list of what stage their case is at (realistic waiting time). Monthly call to check in. One off meeting to offer information, resources to access (I have found reading extremely helpful) Workshop on attachment/managing controlling behaviours/managing anger for example.

In terms of a first response from One Adoption...the main thing that could be improved is communication. Communication of waiting times, proactive contact on their part. We had to chase, and chase and chase to get a worker allocated to us in order to apply for therapy

I think a letter that explains what might happen would help... to say something like...Once a social worker has been assigned, they will ring you to arrange a visit in the next week or so. After meeting you and your children, they will suggest some options to help. That might include courses such as XXX or therapy. Your social worker will complete any paperwork to obtain funding for support from the Adoption Support Fund, which will/will not delay support being given. Like that, but better!

Tell you how long you will wait. Call you once every 4-6 months see how you are and update on allocations. Speed it all up.

The main thing that could be improved is communication. Communication of waiting times, proactive contact on their part. We had to chase, and chase and chase to get a worker allocated to us in order to apply for therapy.

All these comments indicating issues and suggestions for improvement need to be balanced with the comments praising a very positive service:

Since it came into One Adoption the response has been great

We did not have to wait very long at all for the assessment and the Post adoption support worker was in constant contact...We have been extremely grateful for the support and care we have had from OAWY. They are a very committed team and our PASW is brilliant. As is the team manager. We have noticed a change over the years we have been supported by the service that it is becoming more stretched and we have less regular contact than we used to

in terms of checking in. But if there is a need for them to respond or become involved this is immediate. We would quite honestly have been lost without this support. It is invaluable.

On call response was compassionate and empathetic which really helped... Interim adoption support worker was excellent and understood we needed help immediately until another worker was freed up.

Before moving on from this section it is also important to note some parents' additional comments regarding initiating and asking for help stressed the importance of support and preventative work prior to the call for help, from the start of the adoption:

An open and honest assessment of the complexity of a child's needs shared with prospective adopters prior to accepting a child, full package of support in place before placement, ongoing support - this would reduce to levels of disruption. It's not ok to just say it takes time, this is normal. In our situation we said it wasn't normal and nobody listened as we were first time parents

Preventative measures could stop this instead of offering reactive solutions which are often too late... Why can't adopters have social workers protecting their rights like foster carers? Why can't adopted children access professional help quickly like foster children can? Professionals need to stand shoulder to shoulder with adopters to fight their corner when blamed in school for their children's behaviour.

4.6 The post adoption support assessment

Respondents were asked to state which professionals were involved in their assessment for support. For the vast majority of respondents, regardless of whether they were assessed before or after the launch of the new system, they reported that only the social worker was involved in the assessment. (Six of the 48 who answered this question and who were assessed before the launch of the new system, stated that the assessment was undertaken by a family support worker rather than a social worker.) A small minority stated that a psychologist, CAMHS or a therapist were involved in the assessment (this included two of the 12 who were assessed after the launch of the new system and responded to this question).

Most of respondents who were assessed using the new assessment process were not aware that any tests or measures were used. One recalled that both the Strengths and Difficulties Questionnaire (SDQ, (Goodman, 1997).) and the Parental Stress Scale (Berry, 1995) was used. The SDQ was thought to be '*extremely useful*' and the Parental Stress Scale was thought to be '*slightly useful*'. Another parent recalled the use of the Developmental Coordination Disorder Questionnaire (DCDQ) which is a brief parent questionnaire designed to screen for coordination disorders in children. They added that their Occupational Therapist had already applied this and carried out a full assessment and report, indicating that the process was repetitive.

Respondents assessed after the launch of the new assessment system were generally positive about most features of their support assessment evaluation, with many more expressing positivity than those who took a neutral or negative stance. Data from these 12 respondents who answered the question showed that two thirds agreed with the statement '*overall I was happy with the assessment*' (see Table 9).

Table 9: Respondents agreement with '*overall I was happy with the assessment*'

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>
No. of respondents who experienced the previous assessment (n= 46)	8 (17.4%)	16 (34.8%)	14 (30.4%)	2 (4.3%)	6 (13%)
No. of respondents who experienced new assessment (N=12)	5 (41.7%)	3 (25%)	3 (25%)	0	1 (8.3%)

Satisfaction around the assessment taking into account their knowledge, concerns and wishes, and supporting the family during the assessment process was particularly high amongst these parents who experienced the new assessment process, as can be seen in Tables 10 - 13 and below:

- All but one (91.7%) of respondents assessed **after** the launch of the new assessment process agreed with the statement '*my knowledge/ perspective was taken into account in the assessment*' (78.7% of respondents assessed **before** the launch of the new assessment process agreed with this)
- All but two (83.3%) of respondents assessed **after** the launch of the new assessment process agreed with the statement '*my concerns were taken seriously*' (83% of respondents assessed **before** the launch of the new assessment process agreed with this)
- All but one (91.7%) of respondents assessed **after** the launch of the new assessment process agreed with the statement '*my wishes were taken into account in the assessment*'. One parent *disagreed*. (78.7% of respondents assessed **before** the launch of the new assessment process agreed with this)
- All but two (83.3%) of respondents assessed **after** the launch of the new assessment process agreed with the statement '*I felt supported during the assessment process*'. (52% of respondents assessed **before** the launch of the new assessment process agreed with this)

Table 10: Respondents agreement with '*My knowledge/perspective was taken into account in the assessment*'

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	21 (44.7%)	16 (34%)	4 (8.5%)	3 (6.4%)	3 (6.4%)	47
No. of respondents who experienced new assessment	6 (50%)	5 (41.7%)	0	0	1 (8.3%)	12

Table 11: Respondents agreement with '*My concerns were taken seriously*'

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	20 (42.6%)	19 (40.4%)	3 (6.4%)	2 (4.3%)	3 (6.4%)	47
No. of respondents who experienced new assessment	8 (66.7%)	2 (16.7%)	1 (8.3%)	1 (8.3%)	0	12

Table 12: Respondents agreement with '*My wishes were taken into account in the assessment*'

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total

No. of respondents who experienced the previous assessment	16 (34%)	21 (44.7%)	5 (10.6%)	2 (4.3%)	3 (6.4%)	47
No. of respondents who experienced new assessment	7 (58.3%)	4 (33.3%)	0	1 (8.3%)	0	12

Table 13: Respondents agreement with ‘I felt supported during the assessment process’.

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	9 (19.6%)	15 (32.6%)	9 (19.6%)	7 (15.2%)	1 (8.3%)	46
No. of respondents who experienced new assessment	6 (50%)	4 (33.3%)	1 (8.3%)	0	1 (8.3%)	12

There was slightly lower agreement that the assessment involved all necessary services and people, although still the majority (75%) of respondents who experienced new assessment did agree that ‘the assessment involved all those services and people who could contribute to understanding my child’s/our needs’, as can be seen in Table ? below. (41.3% of respondents assessed **before** the launch of the new assessment process agreed with this.)

Table 14: Respondents agreement with ‘the assessment involved all those services and people who could contribute to understanding my child’s/our needs’

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	9 (19.6%)	10 (21.7%)	9 (19.6%)	7 (15.2%)	11 (23.9%)	46
No. of respondents who experienced new assessment	5 (41.7%)	4 (33.3%)	2 (16.7%)	1 (8.3%)	0	12

Many respondents also did not feel that the assessment acquired their child’s views. Just over half (58.3%) of respondents assessed **after** the launch of the new assessment agreed with the statement ‘my child’s views were taken into account in the assessment’, as can be seen in Table 15 below. The four parents selecting ‘neither agree nor disagree’ had children aged 7-10 years and one selecting ‘disagree’ had a child aged 10 years old). (45.7% of respondents assessed **before** the launch of the new assessment process agreed with this).

Table 15: Respondents agreement with ‘My child’s views were taken into account’

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	10 (21.7%)	11 (23.9%)	16 (34.8%)	6 (13%)	3 (6.5%)	46
No. of respondents who experienced new assessment	5 (41.7%)	2 (16.7%)	4 (33.3%)	1 (8.3%)	0	12

Reasonably high satisfaction was seen around the new assessment’s ability to understand and identify the needs of the child and family, as can be seen in Tables 16-18 and below. However this left a significant minority who did not agree with this:

- Two thirds (66.7%) of respondents assessed **after** the launch of the new assessment agreed with the statement '*the assessment accurately identified the needs of my child*'. (66% of respondents assessed **before** the launch of the new assessment process agreed with this)
- Two thirds (66.7%) of respondents assessed **after** the launch of the new assessment agreed with the statement '*the assessment accurately identified my needs*'. (45.7% of respondents assessed **before** the launch of the new assessment process agreed with this)
- Just over half (58.3%) of respondents assessed **after** the launch of the new assessment agreed that '*the assessment accurately identified the needs of the whole family*'. (44.4% of respondents assessed **before** the launch of the new assessment process agreed with this)

Table 16: Respondents' agreement with '*the assessment accurately identified the needs of my child*'

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	11 (23.4%)	20 (42.6%)	8 (17%)	4 (8.5%)	4 (8.5%)	47
No. of respondents who experienced new assessment	6 (50%)	2 (16.7%)	3 (25%)	0	1 (8.3%)	12

Table 17: Respondents' agreement with '*the assessment accurately identified my needs*'

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	9 (19.6%)	12 (26.1%)	16 (34.8%)	4 (8.7%)	5 (10.9%)	46
No. of respondents who experienced new assessment	6 (50%)	2 (16.7%)	3 (25%)	0	1 (8.3%)	12

Table 18: Respondents' agreement with '*the assessment accurately identified the needs of the whole family*'

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	11 (24.4%)	9 (20%)	15 (33.3%)	4 (8.9%)	6 (13.3%)	45
No. of respondents who experienced new assessment	5 (41.7%)	2 (16.7%)	4 (33.3%)	0	1 (8.3%)	12

Qualitative comments from survey respondents and interviewees assessed **after** the launch of the new assessment regarding their thoughts on how the assessment service could be improved, noted the need to include flexible open questions, collect a broader range of information by listening to all relevant people including the child, treat parents as experts and ensure that the assessment is focussed on the needs of the child rather than the commitment of the parent:

Be more open, use open q's not closed and listen to the answers. Acknowledge that parents know their children well and know what they need... We had no idea we would be assessed in this way. A warning of the formal assessment and official report...The system is too

formal and reliant on a tick box mentality. People are scared of making mistakes. Better communication - more open and honest...We felt the assessment was aimed purely at proving the adoption was about to break down and was not aimed at what our daughter actually needed. The adoption is not about to break down, we will never let our daughter down. We don't need the support, our daughter does

The assessment was just based on one conversation and while I'm hopeful that the recommendations will make a difference I'm a little surprised that they didn't meet with my daughter...

I never saw a copy of the assessment, so I don't really know what the social workers concluded, only that they recommended some courses for us to attend.

Regarding the impact of the completion of the new assessment process on their understanding and knowledge of the issues, parents' views were variable:

- Half (six parents) of the respondents felt that *'the assessment helped me see things more clearly'*. (46.8% of respondents assessed **before** the launch of the new assessment process agreed with this)
- Seven parents (53.8%) *agreed* with the statement *'my understanding of my child's needs has improved'*. (63% of respondents assessed **before** the launch of the new assessment process agreed with this)
- Three parents (23.1%) *agreed* with the statement *'my understanding of the needs of my family as a whole has improved'* (58.7% of respondents assessed **before** the launch of the new assessment process agreed with this)
- 53.5% *agreed* with the statement *'my understanding of any terminology used/diagnoses has improved'* (59.1% of respondents assessed **before** the launch of the new assessment process agreed with this)

Table 19: Respondents agreement with *'the assessment helped me see things differently/more clearly'*

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	4 (8.5%)	18 (38.3%)	11 (23.4%)	7 (14.9%)	7 (14.9%)	47
No. of respondents who experienced new assessment	4 (33.3%)	2 (16.7%)	3 (25%)	2 (16.7%)	1 (8.3%)	12

Table 20: Respondents agreement with *'My understanding of my child's needs has improved'*

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	12 (26.1%)	17 (37%)	10 (21.7%)	3 (6.5%)	4 (8.7%)	46
No. of respondents who experienced new assessment	3 (23.1%)	4 (30.8%)	3 (23.1%)	2 (15.4%)	1 (7.7%)	13

Table 21: Respondents agreement with *'My understanding of the needs of my family as a whole has improved'*

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	10 (21.7%)	17 (37%)	11 (23.9%)	3 (6.5%)	5 (10.9%)	46
No. of respondents who experienced new assessment	3 (23.1%)	4 (30.8%)	3 (23.1%)	2 (15.4%)	1 (7.7%)	13

Table 22: Respondents agreement with ‘My understanding of any terminology used/diagnoses has improved’

	<i>strongly agree</i>	<i>agree</i>	<i>neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>	Total
No. of respondents who experienced the previous assessment	10 (21.7%)	16 (36.4%)	9 (20.5%)	5 (11.4%)	4 (9.1%)	44
No. of respondents who experienced new assessment	2 (15.4%)	2 (15.4%)	4 (30.8%)	4 (30.8%)	1 (7.7%)	13

Greater/new understanding felt to be gained by respondents who were assessed **after** the launch of the new assessment included the following

I always thought school wasn't a problem as he behaves at school but it might be that he holds it all in at school and bottles up his emotions, then takes it out on us when he gets home. (Parent who experienced the new assessment process)

I felt validated that these were more exaggerated issues than other children her age and I wasn't being over cautious in raising them now (Parent who experienced the new assessment process)

Controlling type behaviour and how there is some play therapy which is assessed as being successful. (Parent who experienced the new assessment process)

Became apparent that he is dealing with possible ASD as well as developmental trauma. (Parent who experienced the old assessment process)

Self-harming is a cry for help and a way of communicating. Whilst he has been provided with medication we are still investigating the underlying issues which are broad and complex. (Parent who experienced the old assessment process)

It has been suggested to us that although our daughter is 8 years old her emotional age is probably around 6 years old. This is useful to bear in mind in our nurturing. (Parent who experienced the old assessment process)

We hadn't identified her sensory underdevelopment at this point as being a factor at all... the assessment opened our eyes to a control issue that we hadn't previously noticed and has provided a solid foundation for future development. We learnt a great deal about issues and aspects of their behaviour and bodies that we had not considered fully before - as we had previously been focussed almost exclusively on their emotional regulation/ dysregulation/

hyper arousal as that seemed to be the biggest challenge in creating a happy family household. (Parent who experienced the old assessment process)

However some felt that the assessment had missed the key issues:

We felt the assessment was aimed purely at proving the adoption was about to break down and was not aimed at what our daughter actually needed. The adoption is not about to break down, we will never let our daughter down. We don't need the support, our daughter does. (Parent who experienced the new assessment process)

The support provided was incomplete and took the view that all difficulties were due to trauma and attachment issues. As it turned out our child has now been diagnosed on the FASD spectrum with special educational needs and other difficulties are currently being assessed. We wasted 2 years on ineffective attachment based interventions. (Parent who experienced the old assessment process)

4.7 Support services offered and wanted

For those who had experienced the new assessment process, an application to the Adoption Support Fund (ASF) has been made or was to be made for eight out of 13 parents (61.5%). Two parents commented that there was no plan to make an application to the ASF and three were not sure if an application would be made. Everyone was aware of the ASF opportunities.

Most of those who had been assessed prior to the changes had also made or were in the process of making an application to the ASF (44 out of 49, or 89.8%). Two parents who were assessed before of the launch of the new system had not heard of the ASF. Their children were aged in their early teens and both respondents had been assessed for support some time ago, prior to regionalisation. They shared they were currently experiencing many challenges. One parent expressed '*We have had four or five years of extremely challenging behaviour. There were a number of times when the placement was in danger of breakdown. Things are more stable at the moment*'. The other shared that they were '*going through some traumatic times we feel we all need counselling*'.

Respondents had received or were planned to receive a range of support services after their support assessment (see Table 23 below). Ongoing support from the adoption support team was the most frequent support received. The benefit of simply of having a named social worker to call was noted by one interviewee:

It is just good to know we have a named social worker we can talk to. She answers my calls. I don't feel stuck on my own, and am confident I can get the life story work and contact support for my children when we need it. (Parent who experienced the new assessment process)

Psychological services for the child, life story work, educational support, support for contact with birth family and support to build the child's sensorimotor systems were also common forms of support. The most common **offered but not wanted** support was adoptive parent group support – which may be because some people already a network of friends who could fill this support need.

Table 23: Support services offered to families after their support assessment

Service	No. of respondents who experienced the previous assessment (N=47)		No. of respondents who experienced new assessment (N=14)	
	Received/to be received	Offered but not wanted	Received/to be received	Offered but not wanted
Ongoing support from the adoption support team	24 (51.1%)	3 (6.4%)	8 (57.1%)	1 (7.1%)
Adoptive parent mentor	3 (6.4%)	8 (17%)	0	2 (14.3%)
Adoptive parent group support	17 (36.2%)	12 (25.5%)	2 (14.3%)	3 (21.4%)
Psychological services for your child	26 (55.3%)	1 (2.1%)	5 (35.7%)	1 (7.1%)
Family therapy	19 (40.4%)	3 (6.4%)	2 (14.3%)	0
Psychological services for parents	15 (31.9%)	1 (2.1%)	2 (14.3%)	1 (7.1%)
Direct financial support	10 (21.3%)	0	2 (14.3%)	0
Respite/ child care	3 (6.4%)	1 (2.1%)	1 (7.1%)	1 (7.1%)
Support for contact with birth family	6 (12.8%)	3 (6.4%)	3 (21.4%)	0
Life story work	14 (29.8%)	1 (2.1%)	4 (28.6%)	0
Educational support	20 (42.6%)	0	4 (28.6%)	0
Building child's sensorimotor systems	16 (34%)	2 (4.3%)	3 (21.4%)	0
Other	5 (10.6%)*	1 (2.1%)	0	1 (7.1%)**

*Safebase training (2 respondents), Theraplay, sensory assessment, therapeutic parenting support for parents

** No further information offered by respondent

Satisfaction with support services offered was generally high, with more respondents in both samples (those who received the old assessment process and those who received the new assessment process) expressing satisfaction with the support offered compared to those who expressed dissatisfaction. There was extremely low dissatisfaction overall from those who had experienced the new assessment process which is encouraging. However the sample is very small, due to many not expressing view on this or feeling it was too early to make a comment (see Tables 24-27).

Table 24: Satisfaction with type of support offered

	Extremely satisfied	Moderately satisfied	Not satisfied	Unsure/too early to say	Total
No. of respondents who experienced the previous assessment	24 (53.3%)	10 (22.2%)	8 (17.8%)	3 (6.7%)	45
No. of respondents who experienced new assessment	6 (46.2%)	2 (15.4%)	0	5 (38.5%)	13

Table 25: Choice of support offered

	Extremely satisfied	Moderately satisfied	Not satisfied	Unsure/too early to say	Total
No. of respondents who experienced the previous assessment	25 (55.6%)	10 (22.2%)	6 (13.3%)	4 (8.9%)	45
No. of respondents who experienced new assessment	7 (53.8%)	0	1 (7.7%)	5 (38.5%)	13

Table 26: Overall number of sessions offered

	Extremely satisfied	Moderately satisfied	Not satisfied	Unsure/too early to say	Total
No. of respondents who experienced the previous assessment	25 (55.6%)	7 (15.6%)	7 (15.2%)	6 (13%)	45
No. of respondents who experienced new assessment	7 (53.8%)	1 (7.7%)	0	5 (38.5%)	13

Table 27: Location of the support offered

	Extremely satisfied	Moderately satisfied	Not satisfied	Unsure/too early to say	Total
No. of respondents who experienced the previous assessment	20 (45.5%)	15 (34.1%)	4 (9.1%)	5 (11.4%)	44
No. of respondents who experienced new assessment	6 (46.2%)	3 (23.1%)	0	4 (30.8%)	13

One interviewee showed how she greatly appreciated therapeutic support which was eventually provided at home for her son, and wished this option had been explored in the assessment:

We didn't explore therapist coming to the house – now we realise that one coming to house is better which fit in with the business of work and caring for younger sibling in retrospect I wish we had explored that a bit more as it is quite hard as a working parent to get to places, it was a real anxiety to think how we would manage all that, paying for extra nursery session for our younger child, I wish that had been explored more in our assessment. This home service is hugely valuable to parents. (Parent who experienced the new assessment process)

Respondents were asked to indicate from a list of services what they would have liked to receive after their support assessment but had not been offered. The results can be seen in Table 28 below. A wide range of different types of support was noted as sought and not received. No one type of support stands out above others as being commonly sought and not received, which be a consequence of families having varied and specific needs for their particular situation. However respite is a frequently sought but not received support, likely to indicate the strain that many families feel under. A number of families assessed under the new system noted that psychological services for their child, life story work and support around contact with birth family were wanted by not received. Low cost support from peer mentors and groups were also mentioned by a few parents as wanted but not received.

Table 28: Support services wanted but not offered or available to families

Service	No. of respondents who experienced the previous assessment (N=47)	No. of respondents who experienced new assessment (N=14)
Ongoing support from the adoption support team	6 (12.8%)	1 (7.1%)
Adoptive parent mentor	11 (23.4%)	3 (21.4%)
Adoptive parent group support	4 (8.5%)	3 (21.4%)
Psychological services for your child	4 (8.5%)	4 (28.6%)
Family therapy	7 (14.9%)	1 (7.1%)
Psychological services for parents	9 (19.1%)	2 (14.3%)
Direct financial support	10 (21.3%)	2 (14.3%)
Respite/ child care	15 (31.9%)	4 (28.6%)
Support for contact with birth family	6 (12.8%)	3 (21.4%)
Life story work	7 (14.9%)	3 (21.4%)
Educational support	10 (21.3%)	2 (14.3%)
Building child's sensorimotor systems	9 (19.1%)	2 (14.3%)

Parents were provided with space to include other support service needs. For parents who experienced the new assessment process, these included requests for more online training, and a wider range of services to include occupational therapy, assessment and support around Foetal alcohol syndrome (FAS), and more intervention in school:

Support to help with foetal alcohol disorder. There is a huge lack of awareness around foetal alcohol syndrome!! (Parent who experienced the new assessment process)

Although referral in place for psychiatrist - even they have provided about 3-4 different possible scenarios e.g. autism and we have now to wait 2 years for an assessment of needs! We would like support with ASF re foetal alcohol but this has not been offered. We have also struggled with respite requests. (Parent who experienced the new assessment process)

Respite care would be amazing. (Parent who experienced the new assessment process)

The training for therapeutic parenting online through pandemic (Parent who experienced the new assessment. process)

What would have been fantastic is for our daughter's OT to be funded from the ASF but she's not on the approved list of providers so we will continue to pay ourselves... our daughter's OT is great and they have built up a fantastic relationship. (Parent who experienced the new assessment process)

We've really struggled during lockdown, more support for adopted children while at home would have been massively appreciated (Parent who experienced the new assessment process)

More help re transitions to puberty and secondary school and educational psychologist. (Parent who experienced the new assessment process)

I know resources are really stretched but it would be great to see One Adoption becoming more involved in addressing issues proactively in schools. Our daughter's initial junior school ... couldn't have done things worse...[the] Virtual School has also been amazing. Schools are woefully under-educated but are very happy to take the PP+ money without evidencing how it is spent. (Parent who experienced the new assessment process)

There was also a desire for more support when dealing with multiple agencies and trying to obtain diagnoses:

[We have] many agencies involved. Time delays with diagnoses e.g. autism taking 2 years. Agencies taking a long time to action things. No real understanding from certain professionals about the complexities of adoption for children...Whilst he has been provided with medication we are still investigating the underlying issues which are broad and complex... We have already received therapeutic support but are now seeking support within the assessment area...Although referral in place for psychiatrist even they have provided about 3-4 different possible scenarios e.g. autism and we have now to wait 2 years for an assessment of needs... Our previous assessment of needs identified therapeutic input which was arranged but that was to the detriment of not also looking at the health slant. Thus we are now trying to get various assessments which are taking forever!... Communications are slow and nothing seems to change from week to week. We always have to chase things up. (Parent who experienced the new assessment process)

One of the interviewees expressed that post-adoption support social workers need to be more informed about the support services available, and their appropriateness and efficacy for specific needs. However as shown in the second quote, others found their social worker to be very knowledgeable:

Social workers need support to understand what the right interventions are. I felt I could have suggested play therapy or horse therapy or sound therapy or whatever I fancied and they would have taken that seriously. Or the social worker could have suggested any of those things and unless there was a reason not to I would have gone along with it. For someone who has no knowledge you are at the total mercy of a social worker who has potentially limited training in therapeutic services either deciding on the basis of what has worked with other families, or what is available or has a short waiting list. If there was a therapist in the team who the social worker can have supervision with and run things past with the family to work out what is the best intervention before they approach services would be invaluable. (Parent who experienced the new assessment process)

Once we met our social workers, they both seemed highly knowledgeable about adoption, issues, dysregulation and more, so we instantly felt understood and supported. At no point did I ever feel judged by them (which was a concern)

It was noted that there could be better ongoing communication about the support that is generally available to all adoptive parents across One Adoption:

There seems to be a lack of joined up communication about what is going on, there seems to be some really good evening courses however I don't hear about anything local just from [one local authority] in OA. I feel I might be missing out on what is on in other areas. They need to review who gets emails about adoption support training that is going on, there may be some really good courses in other areas that I would like to travel to. Everybody should be told about whatever is going on. (Parent who experienced the new assessment process)

Comments from others who experienced the **older** assessment process included a request for adoption support to move away from focusing narrowly on attachment and trauma and consider other alternatives that may explain their children's behaviour or how to appropriate support them:

Post adoption support needs in general to move away from the narrow focus of trauma and attachment towards a wider view of other risks, undiagnosed issues such as Autism, ADHD and FASD

Whilst I appreciate that many adopted children may experience some form of attachment disorder, my experience has been that it is an automatic assumption and it has actually delayed getting the correct support diagnosis as there was no real consideration given to the possibility that the root of my son's issues could lie elsewhere

Adoptive parents also commented on some of the positive practice they encountered. The following points were made by parents who **experienced the new assessment process**:

We valued being given the chance to meet therapy providers to discuss what may be best. Our worker first spoke to two - both were happy to meet us prior to the assessment completion and submission...I previously accessed for my son via OAWY and had a new worker who asked me what we wanted and had no local knowledge. She offered next to nothing and I sourced relevant training myself. There was no follow up or ongoing support which was not satisfactory. The worker was much better this time as was the offer of support we could access.

I've been able to read around the subject having to been able to pinpoint / label the issues.

I really benefitted from attending the seminars - therapeutic parenting.

I can't praise [our social worker] enough. She quickly and perceptively saw where the problem was and didn't make us jump through loads of unnecessary hoops to get the targeted help we needed.

Once we were allocated a social worker support has been brilliant and I can't thank them enough....Compared to my local authority where I was approved to adopt, one adoption is a lot more supportive.

Our social worker has always supported our needs and more importantly our child's needs. (Parent who experienced the new assessment process)

Qualitative comments from parents who experienced the **previous assessment process** commending the support received included the following:

The BUSS sensory course has been a total eye opener for me - and to be honest would have been better BEFORE the SafeBase training so that we could build her core before assessing issues in other areas. The SAFEbase training was excellent too - particularly in uniting my husband and I as a therapeutic team, in seeing other aspects of our children's needs (control,

nurture etc.) but implementing Theraplay exercises has taken a back seat to the tummy time and commando crawling we are currently focusing on.

4.8 Overall satisfaction with the adoption support assessment process

Parents were asked how confident they feel that their approach to OAWY for adoption support would make a positive difference to their family life at this time, and most, although not all parents felt confident with similar proportions seen in both samples (see Table 29)

Table 29: How confident respondents feel that their approach to OAWY for adoption support will make a positive difference to their family life at this time

	Extremely confident	Moderately confident	Neither confident or unconfident	Moderately unconfident	Extremely unconfident	Total
No. of respondents who experienced the previous assessment	15 (34.1%)	17 (38.6%)	5 (11.4%)	3 (6.8%)	4 (9.1%)	44
No. of respondents who experienced new assessment	5 (38.5%)	5 (38.5%)	2 (15.4%)	1 (7.7%)	0	13

A final question aimed at picking up overall satisfaction with OAWY asked respondents to think about their overall experience of approaching One Adoption West Yorkshire for adoption support and consider how likely they would be to recommend their service to friends and family if they needed similar support. Over two thirds (69.2%) of those who experienced the new assessment process stated they would recommend the service, with over half 'strongly' recommending the service. Similar proportions of those who experienced the older assessment process also felt they would recommend the service.

Table 30: How likely respondents would recommend OAWY service to friends and family if they need similar support

	Extremely likely	Moderately likely	Neither likely nor unlikely	Moderately unlikely	Extremely unlikely	Don't know	Total
No. of respondents who experienced the previous assessment	18 (38.3%)	11 (23.4%)	4 (8.5%)	6 (12.8%)	6 (12.8%)	2 (4.3%)	47
No. of respondents who experienced new assessment	7 (53.8%)	2 (15.4%)	2 (15.4%)	1 (7.7%)	1 (7.7%)	0	13

4.9 Issues experienced with education

Challenges around education seem to be a key issue for over two thirds (68.4%) of respondents ($n = 54$ out of 79 in the overall sample) who stated that their child's behaviour or wellbeing at school were part of the difficulties which led to them seeking support. As it was a common theme, this area has been looked at in more detail in this section.

Adoptive parents described a range of issues experienced by their children in school settings. These included struggling with school moves, issues with executive functioning, lashing out, attachment related issues, ADHD, aggression (verbal and physical), anxiety, difficulties managing relationships with peers, difficulties transitioning to high school, refusing to attend school, being unable to cope with their emotions, being bullied, getting into trouble, isolations, school exclusions, limited impulse control and lack of filter surrounding unacceptable behaviours, for example:

The transition to high school was difficult and she finds peer relationships hard. She has attachment issues and is very young emotionally which leads to her getting into trouble a lot at school. She has very little impulse control and no filters for what is acceptable behaviour and what isn't

Her move from year 2 (infant school) to a new school in year 3 was particularly difficult.

Child struggling at high school, quite often in trouble for his actions/behaviours there

Aggression towards adults at school, verbal and physical

Some parents recognised that their child's difficulties at school subsequently impacted their home life e.g.:

In general, life at home is good but school is where the difficulty lies and when things are bad at school this does then impact on home life

At the time, generally being unmanageable [at school] and atmosphere at home was unbearable and depressing for all

Being bullied was another factor, but it was creating a very stressful home environment".

Other parents noted that their issues at school were their main cause for concern and home life was generally manageable:

Most of the time we are managing, though school is a challenge and resulted in requests for support for the school

Many parents expressed a lack of understanding by schools of the issues which their children faced and their subsequent needs. Some expressed the view that some teachers within schools were ineffective and/or inappropriate in their approach. Some parents felt they were being blamed by school for their child's behaviours and wanted an adoption professional's support around this. This is illustrated by the following comments:

[it is] challenging getting professionals to understand support needed.

He was issued with isolations and exclusions.... The annoying thing was we have had every professional in the school to explain he can't stop slipping up...he has self-modulating behaviour and attachment issues...they were immovable, during this time he has gone from wanting to go to school with feeling angry and rejected.

School did not understand her needs. There were also difficulties with aggression at home.

School could not cope - child was in fight/flight mode most of the time due to high anxiety....resulting in violence/aggression.

We've had major difficulties with school.

We've had a bad year at school with a teacher who failed to make any adjustments for SpLDs and was volatile, doing lots of shouting and using shaming tactics... Schools are woefully under-educated but are very happy to take the PP+ money without evidencing how it is spent

It's just getting schools to follow good practise guidance, they just won't unless law changes to make it absolutely discrimination.

The only thing that changed our views was the professionals' worry that he may be a psychopath. I think this may well have been the case had he not received such brilliant therapy.

We were the first family with an adoptive child in the school...I've done a lot of educating of school. There has been an acceptance of what I've said but a lack of willingness to do anything out of norm. Until they had other adopted children and a looked after child which brought quite a bit of complexity in to the school.

Not all reference to school was negative. A couple of people made positive references to schools/teachers, including interestingly, a parent stating that school had *helped* them seek support for their child:

Actually school approached us and asked if they could contact adoption support regarding my child's mental health. We didn't know of any support that would be available for my child's age.

Our daughter has a new teacher who is both experienced and empathic so it is to be hoped that the difficulties do not continue.

His nursery didn't not suggest anything although were responsive to me and changed ways of managing things in terms of reducing shaming, no isolating and sending him out the room.

Some adoptive parents expressed that more education support from adoption support teams would have been beneficial, such as awareness of alternative education provisions, ensuring their child received the support they needed whilst at school or assisting parents in their understanding about what they should be expecting from schools:

The other issue is being aware of what other options are available in relation to school such as alternative provision outside of mainstream

More help re transitions to puberty and secondary school and educational psychologist

Adoption social workers and other adoption/trauma informed professionals working *proactively* with schools and teachers (including with pre-school education providers) was also suggested as desirable:

...it would be great to see One Adoption becoming more involved in addressing issues proactively in schools.

It would be really good if the impact of trauma was part of the education training curriculum. It should also be accessible and affordable for the private sector and nurseries. My son's nursery responded well to him but others may not. There are a lot of younger children being placed for adoption and they are being placed with child minders and nurse settings who have not idea about any of this.

Some parents had clearly experienced very effective support from the Virtual School and the school liaison worker within OAWY:

I knew via a friend that the Julie, the adoption support worker was starting her post with One Adoption to run the education helpline and I asked if she would deliver a twilight training session to school (I'd previously asked the school to pay for the Adoption UK training with our pupil premium but they refused). The school really valued Julie's training and I think that reinforced the fact that it's not just a bunch of crazy parent telling them to do something differently. Since then they have called Pupil Premium and transition meetings and have communicated a lot better with myself. This was after 4 years of me drip feeding, sending in articles and books

Case study: A parent's struggle with the education system

Ben was placed for adoption at 3 years old after multiple moves in and out of foster care. He came to the family in a state of extreme worry and anxiety and he showed aggressive behaviour towards his carers. Some support, such as Theraplay was provided soon after placement and was very helpful.

Ben had a reasonably good start at a nurturing infant school but as academic demands increased he began to struggle. The parents asked the school repeatedly to investigate Ben's additional needs but without success. The parents wondered whether Ben wasn't tested by the school due **a culture of low expectations surrounding adopted children.**

When the time came for Ben to transfer to junior school, the school agreed to pay for the input of a therapeutic social worker. The social worker and parents met together with the school staff to form **a transition plan** which contained some recommendations, such as letting him have a special cushion to sit on and allowing him to go into the classroom before the other children. However, shortly into the start of term Ben was showing increased anxiety and his parent's discovered that **none of the recommendations had been followed.**

Ben's parents contacted the therapeutic social worker who came with them to meet staff at the school, but this still did not action any change. The Virtual School and the Special Educational Needs and Disabilities Information Advice and Support Services of the local council gave some advice but stated that they were unable to offer any direct assistance at this time. At this point, Ben was suffering so badly from anxiety that he was unable to attend school and his **parents decided to try moving him to a different junior school following recommendations of friends.** The new school felt that the adjustments that Ben needed were very manageable and he made a successful move into the new school.

For the first year at the new school, Ben got on well and was taught by an **experienced, empathic teacher.** However **a change to a new teacher a year later led to a resurgence of problems;** the culture of the classroom was more strict and rigid with no allowances were made for Ben's additional needs. Ben began to display anxious behaviours again and was reluctant to attend school. Parents again contacted the Special Educational Needs and Disabilities Information Advice and Support Services at their local authority and a volunteer came with them to their meeting with school staff, however the school seemed resistant to supporting the family.

Meanwhile Ben's parents had started the process of **funding several assessments themselves** and he was diagnosed with dyslexia, dyspraxia, dysgraphia, as well as other difficulties. The diagnoses

came with their own recommendations to support Ben, but these were also felt by Ben's parents to be ignored by the class teacher. The **parents paid for some the additional learning aids** that had been recommended for Ben, such as a dyslexia dictionary.

Ben's parents met repeatedly with the school with no progress, they felt that they were not listened to and that Ben's needs were not being addressed. They decided to contact One Adoption. Support was swiftly given; **OAWY were able to get the Virtual School Head on board and offered attachment training to the school.** Ben's parents were very happy with the support and practical solutions, describing the worker as *'brilliant....absolutely fantastic... She's very, very good at listening and very practical, very down-to-earth which we really like...[she] looks for solutions that are meaningful.* Her presence and demeanour in **meetings with the school helped to repair relationships.** Ben's parents are confident that Ben will be supported through any future transitions.

There was some frustration felt by the parents that the **support available via the ASF is limited to a list of approved providers,** which led to them having to spend extra money on activities to meet his needs. They feel that a degree of flexibility and discretion should be allowed. Ben's parents feel they were lucky that they could be confident and 'pushy', and could afford to drop to one salary in order to be able to remain home with Ben for a while and pay for the additional support he needed. It is clear that **Ben's parents were able to mobilise personal and financial resources that other parents may not be able to.**

When asked what recommendations they would give for future improvements, Ben's parents felt strongly that **there should be a way for One Adoption to work more closely with schools to ensure recommendations are implemented and pupil premium funding is spent on meeting a child's needs.** They also recommended that attachment training be embedded within teacher training programmes.

4.10 Chapter Summary - key findings

- The most common issues which led to adopters seeking support were their child's behaviour in the home, their child's emotional wellbeing and their child's behaviour or wellbeing at school. Over two thirds of children were reported to have these challenges. Parent's wellbeing and violent behaviours shown towards them were an issue for over half of respondents.
- Most respondents delayed before asking for help often feeling *'I hoped that things would just get better without support'* or *'I thought that I/we should be able to manage the difficulties ourselves'*. Simply not knowing who to call was also a factor for around a quarter of those who delayed.
- At the time of seeking help nearly two thirds of respondents felt that they were not managing "most of the time" or were "in crisis".
- The majority of respondents who experienced the new assessment process were satisfied with the attitude and understanding of their first contact with OAWY. However, there was less satisfaction regarding how clearly the timeline of action (*'what was going to happen next'*) was explained to them. Frustrations around delay was highlighted by frequently by survey respondents although there was a suggestion that things may be improving in this area.
- Whilst waiting for their assessment for support, many found that interim offers of support from peers, mentors and online resources/webinars to be very beneficial.

- Respondents assessed after the launch of the new assessment system were generally positive about most features of their support assessment evaluation. High satisfaction was expressed around taking into account the parent's knowledge, concerns and wishes, and supporting the family during the assessment. There was lower agreement that the assessment involved all necessary services and people, and helped to fully understand and identify the needs of the child and family
- Some felt that the assessment could have picked up a broader range of information by including more flexible open questions that parents must be treated as experts and the assessment must be focused on the needs of the child rather than the commitment of the parent.
- Satisfaction with support services offered was generally high although many parents also noted they had not received *all* types of support they would have liked.
- A wide range of different types of support was noted as wanted but *not* received, including life story work and support around contact with birth family. Parents also made requests for more online training, and a wider range of services to include occupational therapy, assessment and support around Foetal alcohol syndrome (FAS), and more intervention in school.
- Challenges around education were a key issue for over two thirds of respondents and some adoptive parents expressed that more education support from adoption support teams would have been beneficial. The work of an education support practitioner within OAWY and a virtual school system was considered beneficial by parents.

Suggestions for practice

- Earlier targeting of support for key issues: A range of easy to access training, webinars, reading materials or advice guides could be developed to proactively support adoptive parents with common areas of need as issues emerge.
- Ongoing training/advice and/or early targeting of support for children with risks factors in their background may help families recognise when issues require support and feel able to ask for it.
- Consider how delays from the point of referral can be minimised.
- When a request for help is made, a clear explanation about the process and its timing is important. If a wait for support is necessary, some communication to show people they have not been forgotten is likely to be helpful
- Interim offers of support from peers, mentors and online resources/webinars should continue to be consistently embedded into the system.
- Moving forward, opportunities to seek the views of a wider range of people should be considered in the assessment process, including professionals within schools and the child themselves. Overall, a wider, holistic assessment may be required for some, with consideration of foetal alcohol spectrum disorder, special educational needs and other difficulties as well as trauma and attachment issues.
- Life story work and support around contact with birth family need to be more consistently available.
- Consider how support around educational issues can continue to be strengthened as this is a key area of need. Adoption/trauma informed training for professionals in schools may be helpful, one such model being the adaptation of the secure base model for use in schools, available here: (<https://sites.uea.ac.uk/providingasecurebase/secure-base-in-schools>).

- Many families identified 'respite care' to be an unmet need. Although this is difficult for local authorities to provide, adoptive families can be encouraged to build networks of kin and community from the start of their adoptive journey.
- During COVID 19 restrictions many parents and practitioners have developed skills in online group meetings that can be put to use to help fill gaps in support. Parents also made requests for more online training, and a wider range of services to include occupational therapy, assessment and support around Foetal alcohol syndrome (FAS), and more intervention in school.

5. Work Stream 3. How had adoptive parents experienced the pre-adoption assessment practices in One Adoption West Yorkshire?

The new online survey focussed on pre-adoption assessments was made active in the summer of 2019 and was promoted via an email to all families who recently had a child placed with them for adoption and whose e-mail address was available in the files. Ten respondents had completed the survey by 20th August 2019. A telephone interview was also carried out with one new adoptive parent whose child was placed with them in 2020.

5.1. Survey methodology

As before, this online survey for new adoptive parents was designed in collaboration with One Adoption managers and three adoptive parents (employed as Adopter Development Coordinators in the area). The questions were mainly fixed response to enable quick completion with optional spaces to add further information. Paper copies of the survey could be requested if preferred.

The survey was to be completed for one target child in the family who had recently been placed by OAWY (since April 2017). Questions asked about their adopted child, what was known about their child before adoption, how the parents felt about their preparation for adoption, what support plans were made, any subsequent requests for support, and their overall experience of adoption with OAWY.

The survey was made active in April 2019 and remained open until July 2020. It was promoted via a posted invitation leaflet to all families who had recently had a child placed with them by OAWY (since April 2017). Invitation leaflets were also handed out at support groups and visits, and reference to the survey was posted on social media and included in regional newsletters. Due to a reliance on contact details being up to date and variability in worker's contact with families/remembering to pass on details of the survey, we cannot be certain that all eligible families received notification about the survey.

5.2 Survey respondents

Ten respondents completed the survey and one parent participated in a follow up interview (this interview data is included alongside quotes from the survey responses in the results presented below).

Due to the small sample and that fact that changes to the assessment of prospective adoptive parents and children to be adopted were made gradually over the period of the evaluation and across teams, no clear distinction can be made between respondents and their children assessed before or after the launch of the new assessment process. Most (eight) parents completed the survey over the spring and summer of 2020, and most of their children had been in placement for less than a year (one had been in placement for around two years). Two completed the survey in the latter part of 2019 and their children had been in placement for less than a year.

All but one of the respondents were adoptive mothers (all from heterosexual couple households) and one was an adoptive father (from a male couple household). Half of their children were boys and half were girls. The children were all aged four years or younger (one four-year-old, one three-year-old, two two-year-olds and six one-year-old children). One child was identified as of dual ethnicity and the other as white. None of the parents had fostered their child prior to them being placed for adoption. Eight children were the only adopted children in the family, two parents had other adopted children in the family.

5.3 How the adoption was faring at the time of the survey

All parent described the adoption as “*Going well. Any challenges are minimal and manageable most/all of the time*”. Qualitative comments referred to good foster placements and transitions.

Our baby boy has been very settled from placement. We feel in part that this was due to a very supportive foster placement. We were also equipped to provide for him prior to introductions, which we felt was important. It made no sense to us to have the stress of purchasing all we needed in the days leading up to him coming home.

There was very little upset / no upset during the introductions and handover. Everything has run extremely smoothly since and we’ve never had a problem, everything has been wonderful from day one

Seven parents described experiencing no challenges at all in caring for their child and no parent described experiencing any ‘serious’ challenges. Four parents noted that they experienced some ‘moderate’ challenges in caring for their child (their children were aged one, two and four years old). Challenges were found in the areas shown in the table below.

Table 31: Number of respondents experiencing the following challenges at a ‘moderate’ level

Challenges	
‘My child’s behaviour in the home’	2
‘My child’s behaviour outside the home’	1
‘My child’s emotional wellbeing/self-esteem’	1
‘Physical health’	1
‘Social interaction with adults outside the family’	1
‘My child’s relationship sibling relationships in my family’	1

Further details were added by some parents:

Very sociable - would say although she has a strong attachment she is too happy to go to strangers. Small challenges due to being an almost two year old!

She’s 2 years old so it’s just general challenges that come with having a very bright little girl wanting to be boss (two challenges noted)

She is a joy. The odd tantrum but very quickly over. Very loving, friendly and kind.

Although there is no hitting in our house, nor was there in the foster accommodation, our eldest child often hits his younger brother (three challenges noted)

We have been pleasantly surprised by our little boy’s ability to learn. Despite being so young (nearly 14 months) he can use basic sign language and is very happy and playful, preferring books to other toys when the choice is offered.

Parents were asked “*How far would you say the expectations that you had about your child before placement have matched reality?*” They were specifically asked about challenges and positive experiences choosing, for each, one option from a 5 point Likert scale: much fewer than expected, slightly fewer than expected, matched what expected, slightly more than expected and much more than expected.

No parent who responded to this survey considered that the parenting of their child was overall a more negative experience than they had anticipated. Regarding positive experiences, six parents stated that they were more than expected and four stated that they matched what they expected.

Clearly the adoption is still in the early days for these families, but all had a sense of optimism about how things were going. Some reflected that their preparation and training could pay more attention to the joys of adoptive parenting:

Our child never lived with birth parents and was taken into foster care three days after he was born, so far he hasn't shown any different challenges than any other toddler or three year old

So far she has settled in beautifully. No challenges at all have appeared. We know we have been very fortunate

The adoption process, in our opinion, is incredibly negative. The focus is on trauma, challenges, developmental delays, behavioural issues and long-term needs. While this is to be expected in some instances and with certain aged children, it is not relevant for all. We adopted a baby with no experience of birth family before placement with us. He had a very positive time with his foster family and transition was nothing like as distressing, unsettling or traumatic as we were led to believe. We appreciate that people need to be prepared, but there is absolutely no encouragement for adopters to feel excited or to celebrate other than panel

5.4 Pre-adoption preparation and information

All parents responding to this survey stated that the preparation and training received from OAWY in relation to adoption *in general* was helpful (three 'extremely helpful', and the others 'moderately helpful'). Also, all felt that the preparation and training that they received in relation to their *particular child* was helpful (four 'extremely helpful', five 'moderately helpful' and one 'slightly helpful').

Further comments highlight some areas in the preparation which parents felt could be improved:

There was very little information about parenting a child... We were very surprised with the gaps in baby basics and handling toddlers... The whole process needs to be reviewed. It is needlessly repetitive... There needs to be a more positive narrative. It's not about misguiding people, it's about celebrating the fact that adopters will have the family they do desperately long for.

I think that the prep courses were too early in the experience, they contained very useful information but we did them before we were even approved [a year before child was placed], it's quite hard to remember the training after such a long time. I also think there should have been some training on how the adopter might feel when the child is placed, it can be a big shock to the system but we weren't really made aware of this.

The training was excellent. It focused on potential issues and a lot on the effects on neglect/substance misuse and resulting issues. Our child was placed in Foster care from birth so suffered no neglect, there was also no known substance misuse. This is not to suggest that there will be no issues in the future. Maybe focus on what it feels like for a child to be adopted a little bit more, as this is the baseline for every child.

I was glad I was offered the training but I didn't need it.

The survey asked parents to indicate which professionals or experts were involved in assessing their child or passing on information about their child prior to placement. They were able to choose from a given list of roles with additional space to add further professionals /experts.

As can be seen in Table 32, all parents received information from a social worker (one receiving the information indirectly) and from the child’s foster carer (all directly). Information from other professionals was more variable, with health professionals the next most common provider of information for parents.

Table 32: Professionals and experts involved in assessing the child or passing on information about the child prior to placement

Professionals or experts were involved in assessing the child or passing on information about the child prior to placement	No. of parents receiving information from them indirectly via a report or via another	No. of parents receiving information from them directly (face to face meeting or phone call)
Social worker	1	9
Clinical, assistant or trainee psychologist	4	
Child psychiatrist	3	
Educational psychologist	3	
Paediatrician	2	
General practitioner	5	
Health visitor	6	2
Education or nursery professional	2	2
Child’s foster carer		10
Parent experienced at looking after a child similar to your child	1	3
Adoptee who has experienced similar issues to your child	1	2

One parent added:

As we adopted during lockdown the ability to meet anyone in person was limited and in some cases impossible. As such the information provided is not typical of the process or what would be expected.

Parent were asked to what extent they felt that they were given, in a way that they could understand, all relevant information about their child's history and development before they came to live with them. Parents could miss out questions they did not see as relevant to their child’s situation. Most parents seemed to feel they had good information on most aspects of their child and their background (see Table 33). Three parents felt that they felt they had received all relevant information about their child's history and development in *all* of the areas presented in the question and listed in the table.

All parents referred to receiving good full information on their child’s care and experience whilst in their foster family. There was some slight or more significant gaps for some parents regarding information around the birth family (particularly around the wider extended family and siblings). Three parents also noted gaps around their child’s health and three noted gaps regarding possible long term effects of their child’s background/care history.

Another area with less satisfaction expressed was around how and where to obtain adoption support in the future. One parent expressed having ‘*significant*’ gaps in this area, and three parents

noted 'slight' gaps. However the parent who expressed having 'significant' gaps in this area added that this was not an issue as they felt they could approach their social worker if required:

No details given regarding post adoption support, I would use my social worker as a point of contact, or social workers I have met previously. Our last social worker is very helpful, and I am happy I'd be proactive enough to find where I'd need to go to find help.

Table 33: Number of parents who felt that they were (or were not) given all relevant information about their child's history and development before they came to live with in their home

Area of information	Lots of significant gaps	Some significant gaps	Slight gaps	All key information given in a way that was understandable	Total
Birth parent health & difficulties		2	1	7	10
Any birth siblings		2	2	3	7
The wider/ extended birth family		3	3	3	9
Your child's care & experience whilst in their birth family				4	4
Your child's care & experience whilst in their foster family				9	9
The possible long term effects of your child's background/care history		1	2	7	10
Your child's behaviour & character			1	8	9
Your child's health			3	7	10
Your child's learning challenges & difficulties			1	6	7
Your child's emotional needs & attachment issues			1	6	7
Your child's routine prior to moving in with you				10	10
Your child's relationships with and experience of contact with their birth family				5	5
How & where to obtain adoption support in the future	1		3	6	10

Further comments were added by one parent, regarding the missing birth family information:

The information supplied by our baby's first social worker was quite confused. Looking back, there were inaccuracies. Thankfully, nothing that would cause any great concern. We did feel that more information about birth family, in particular father, could have been sought. Lockdown hasn't helped matters, but this was some months prior... As well as information about birth family, which was not forthcoming from his parents, there was little if anything about our baby's half siblings. All this lack of information will do is make the conversations we will inevitably have to have far more difficult. We will not be in a position to answer all of our baby's questions and that is a worry to us.

5.5 Meetings and ongoing contact with birth family

The survey asked adoptive parents if they had experienced any meetings with any birth family members of their child before or around the time of them moving in with them. Only two of the ten parents noted that they had such a meeting. One of these respondents met with both of their child's

birth parents, and the other met with a member of their child's extended family. The parent who met their child's birth parents found it very positive and commented:

This was a positive meeting. We were all very emotional but came away happy and pleased with how the meeting went.

No additional comment was made by the respondent who met with a member of their child's extended family. Five of the eight parents who did not meet with birth family members gave the following reasons for the meeting not taking place (three parents add detail as to why a meeting had not occurred). In most cases there was no sense that there may be another opportunity to meet with birth family members in the future:

A birth grandparent was meant to meet us. However, due to COVID-19, this was unable to happen (but still may).

We have previously met birth parents as have full siblings already placed and adopted and decided that another meeting was not required.

Initially it was made very clear that birth family wanted nothing to do with our little boy. Some family members then requested a paternity test, which was completed. We've heard nothing since. We feel that although birth parents should be handled sensitively, so too should the adopters. The context throughout the process is that the child is the priority but in many instances we felt it was in fact the birth parents.

We would have been willing to meet birth parents but the decision was taken that it wouldn't be in birth mothers best interests. Everyone I know who has met birth parents has been glad that they have done so, I think meeting them might have made it easier to answer any questions my son has about them.

We would have liked to meet the birth family but they didn't want to meet us. I feel it would have been incredibly useful for us all but understand their feelings and reasons.

Nine parents provided detail on the plans for ongoing contact that with their child's birth family. Two of these noted that the plans had not yet been decided. One parent noted they were to have face to face contact with a great grandmother every six months. The other six respondents noted that the plans were for letterbox contact with birth parents. Five parents who had a contact plan commented that they felt 'mostly positive' about the contact plans (including the respondent with a plan for direct contact). Two others with letterbox contact plans noted that they were 'undecided or neutral' about the plans.

Five of the parents with letterbox contact plans provided additional comments, showing some of the feelings and expectations around contact. Three respondents seemed unsure that birth family would engage, one had a positive start to the two way contact:

We've sent letters but had no reply.

Hoping to have yearly letterbox contact with birth parents but awaiting birth parents to sign the agreement. We will write anyway and the letters be put on file. I feel it would be important to have contact. We are open to all options and remain that way.

Letterbox will be happening [but] I'm not sure that the birth family will engage in letterbox contact.

We are looking forward to commencing the [letterbox] contact.

We've only had one letterbox contact so far but it was quite a positive one. We received a brief but nice reply back from the birth parents.

One parent who did not have a clear contact plan in place also added further comments:

Irrelevant of whether birth parents want contact with our little boy we will be writing a letter. We feel that this is the right thing to do for him. As far as we are concerned, given our experience to date, we are not at all beholden to them and in fact in some instances contact with extended family should be questioned.

Only one parent mentioned that there was a contact plan with siblings:

Currently in the planning stage for direct contact with younger half sibling that has just been placed with a family.

5.6 Adoption Support plans and experience

The survey included a section on the adoption support families had been offered if any, before or when their child moved in, such as in the Adoption Support plan. A range of support service were listed for respondents to note whether it had been offered, or wanted but not offered. There was also space for further types of support to be added. In most cases parents seemed to feel that they had been offered all the support that was wanted; two parents felt that not all of their family's needs for support were met and indicated this in the 'wanted but not offered' options.

Table 34: Support offered or wanted in the Adoption Support plan

Support Service	Offered and received	Offered but not yet received	Offered but not wanted	Wanted but not offered
Psychological services for your child	0	3	0	0
Family therapy	0	3	0	0
Psychological services for you or your partner	1	1	0	0
Direct financial support	3	1	0	0
Support for contact with birth family	2	1	0	0
Life story work	3	4	0	1
Educational support	0	3	0	1
Building underdeveloped sensorimotor systems	0	0	0	1
An adoptive parent mentor	3	0	2	1
Other peer support	0	0	0	1

Further comments on adoption support were added by a couple of parents. One parent who had wanted but not offered peer support or a mentor stated that this would have been extremely helpful. Another spoke of wanting *more* connection with adoptive families:

We felt that our social worker was a constant support throughout the process but very much that we were in a 'process'. There was no suggestion of peer support or an adoptive parent mentor which would have made a great deal of sense. You have questions that other people are unable to answer. We don't all have access to adoptive parents and we know that from the outset it is different to parenting a birth child. Having someone to talk through even the most basic of things would have been very much appreciated. The default seems to be to join Adoption UK or find support groups through your own efforts.

Maybe more meetings with adoptive families.

As these types of support are low cost/intensity it could be beneficial for OAWY to ensure that further options to enable such support from the early days of adoption are provided. Finding appropriate locations and times to suit all adoptive parents is less of a challenge now that parents are becoming more competent at participating in and running groups online, and webinars and support/discussion groups can take place more easily this way. Of course many will still want to greater intimacy of a face to face support group but technology has enabled greater flexibility and choice in provision.

One parent indicated in the survey that they were not aware of being offered life story work. Four further parents (equating to half this sample of 10 parents) indicated that they had not received the life story work at the time of the survey. It is still early days into the adoption and it may be that work is in progress here, however these findings worryingly echo Meakings et al's (2018) findings from the Wales Adoption Study where than two-thirds of their adoptive parent survey sample did not yet have a life story book at home, and many shared their struggles to get one and expressed frustration around the perceived lack of priority it was given. Although most of the children of our survey respondents are too young to explore their life story, having more information on the child's background can help adoptive parents to understand and develop empathy with the birth family, can aid contact with the birth family, and can provide a context for and understanding of the child's development and vulnerabilities.

A final question in the section asked about any applications for the Adoption Support Fund (ASF). One parent noted that an application to the ASF has been made, and for another there was a plan to make an application. Unfortunately three of these ten new adoptive parents stated that they did not know about the ASF. This connects to the previous finding noted in above, where four of the ten parents felt that did not have full and clear information regarding how and where to obtain adoption support in the future. In fact the three parents who stated that they did not know about the ASF, had previously stated in answer to the earlier question that they *did* have full and clear information regarding how and where to obtain adoption support in the future, but clearly had not understood that this source of funding could be available to them.

[Case study: Rosie placed age 4years old, a positive adoption transition in lockdown](#)

The adoptive parents of Rosie were matched with her in the early part of 2020. When Lockdown restrictions were suddenly called into place, plans around introductions and transitions had to quickly change. The time for these to take place was extended over several weeks and includes weekly Zoom chats and games with Rosie, her foster carers, and the prospective adoptive couple. Looking back, this extended transition period was felt by Rosie's adopters to be very positive. Although they would have loved Rosie to move in more quickly, the virtual contact enabled relationships to build up gradually and allowed time for Rosie to work through child centred adoption transition stories with her very competent foster carer and process the huge, forthcoming life change.

Rosie's adoptive parents, were very grateful for the Life Appreciation Day organised for them by One Adoption to gain information on Rosie. This was well attended by a nursery key worker, past and current social workers involved with case, and a contact worker who had facilitated and observed contact between Rosie and her birth parents. They appreciated being able to ask questions directly,

build on their understanding of Rosie and gain a clear, detailed and direct sense of the issues experienced by her birth parents which ultimately led to the court decision that she could not return to her birth family's care.

A meeting with a member of the extended family was delayed due to Covid, however there is a plan for this to take place in the future, and for ongoing letter contact with this relative to continue. Rosie's birth parents have not engaged with attempts to set up letterbox contact, so her adoptive parents are pleased that they have an opportunity to at least engage with a member of the birth family. They have mixed feeling about contact. They are open to direct contact in the future if it is right for Rosie, although are concerned that they will be seen as a 'substitute parents'.

Rosie has a younger birth brother and Zoom meetings between his and Rosie's adoptive parents have gone very well and enabled Rosie to see his progress. Contact with Rosie's foster carer has also continued approximately monthly via Zoom, and this has been helpful enabling positive memories of her time with them to be kept alive.

When Rosie was first placed no life story book had been put together but this was quickly remedied when Rosie asked some questions about her birth parents. A short life story book with photos and brief explanations as to why she could not live with them was provided to the adoptive family and they have worked through some of Rosie's questions. The adoptive parents have a good understanding that life story work is ongoing process for child; they feel that in the future it will be helpful for her to explore more of her story with a third party professional and feel very confident that this will be provided from One Adoption. In the meantime they now have a more detailed life story book and a 'later life letter' is being created.

The adoptive parents are very positive about Rosie's '*amazing*' social worker and feel she is doing extremely well. Transitions moved very smoothly, and they had been able to get all the support they need from her monthly visits prior to the adoption order. The adoptive parents have a large social network with other adoptive families, who too have many positive stories to share and they feel that the positive side of adoption needs to be celebrated in the media. However they are clearly aware that she may need help in the future (such as around life story work) and are connected to both formal and informal support which may hopefully mean that any further problems will be addressed quickly.

5.7 Summary and implications

- It is clear that these ten parents feel that they have had a very positive adoption experience so far. All described the adoption as "*Going well. Any challenges are minimal and manageable most/all of the time*". For many parents the positive experiences were more than expected and the challenges less than expected. It seems important that in preparation courses as well as covering difficulties families may experience, positive stories and a celebration of the joys of adoption are important as balance.
- The most common challenge, for two of the parents, was around behaviour. As this was also frequently mentioned in the post-adoption support survey, webinars and support groups for parents of pre-school children around understanding and supporting a young child with their behaviour could be beneficial and help prevent issues developing.
- All parents responding to this survey stated that the preparation and training received from OAWY in relation to adoption *in general* was helpful. Also, all felt that the preparation and training that they received in relation to their *particular child* was helpful. There was some

indication that further preparation and support may be needed around the basic practicalities of parenting babies and toddlers, and around the overwhelming life change that some parents may experience on placement.

- Most respondents indicated that had received good information on most aspects of their child and their background prior to placement. Some gaps were noted for some parents regarding information around the birth family (particularly around the wider extended family and siblings). Only two of these new adoptive parents had one off meetings with birth family members around the placement of their child, and few had received or expected letters from birth family members. Arranging meetings with parents can be difficult at such an emotional time, but making connections with extended family members can be positive for current and future information and support for the child's identity development (Neil et al, 2015). The experience of lockdown restrictions in place at the time of writing this report have helped parents and professionals gain experience and confidence in virtual meetings and the potential of using more virtual contact to enable meetings with birth family could be explored further (see also chapter 8 of this report https://www.nuffieldfjo.org.uk/app/nuffield/files-module/local/documents/nfjo_contact_lockdown_rapid_research_main_report_20200521.pdf)
- Some respondents recalled input in preparation sessions from other parents who had experience at looking after a child similar to their child or adoptees who have experienced similar issues to their child, however this was not the case for all parents, and this could be considered as a standard provision.
- In most cases parents seemed to feel that they had been offered all the support that was wanted at this stage of their adoption journey. Peer support groups and mentors were highly valued in our 2017 survey, and this is echoed again in this new survey, yet not all seem to be receiving their desired level of this low cost and low intensity support. Such support groups may be helpful for sharing tips and advice and enabling peer reminders of the preparation and training that for some adopters may have been received some time before placement.
- There were some gaps in respondents' knowledge regarding how and where to obtain adoption support in the future, and of the ASF. It is important that this is promoted continually to ensure that parents know at each stage of their adoption journey that help is available.

6. Work Stream 4: How have staff involved in the Centre of Excellence new standardised framework for adoption support assessments (pre and post adoption support assessments) in One Adoption West Yorkshire experienced the changes?

Three focus groups with professionals from One Adoption West Yorkshire took place in June 2019, January 2020 and July 2020.

6.1 Outline of the three focus groups

Three focus groups took place across the period of the evaluation and included a range of professionals at different stages of implementation of the changes.

Focus Group 1 took place face to face around four months after the launch of the new post adoption support assessment in June 2019 and included four practitioners. Three participants were from recruitment and assessment teams and one was from an adoption support team. Professionals from the new post adoption support assessments recruitment teams had only limited direct experience of new post adoption support assessment. When asked to rate their overall views of the adoption support assessment changes as red (mostly negative), amber (mixed) or green (mostly positive); two people chose amber, one chose green and one stated that they were *'between red and amber'*.

Focus Group 2 took place face to face in January 2020 and included eleven practitioners from adoption support, recruitment and assessment, and family finding teams based in Leeds, Wakefield, and Bradford. Since the first focus group, changes had become more embedded however people felt that the access to the multidisciplinary hub was really only just starting outside of Leeds – people in other areas felt it had been harder to access the service. When asked to rate their overall views of the adoption support assessment changes as red (mostly negative), amber (mixed) or green (mostly positive); most people chose amber with 3 people choosing green.

The final focus group, took place online over 'Teams' in July 2020 with adoption team managers in OAWY. The four attendees all had long experience of adoption in the area. When asked to rate their overall views of the adoption support assessment changes as red (mostly negative), amber (mixed) or green (mostly positive); two people chose "amber" and two chose "green".

The key themes from the three separate focus groups with staff are presented below. It is worth noting that given most people rated their feelings as "amber" (showing that they had mixed positive and negative feelings about the new assessment system at the time of the focus groups), discussion tended to focus around the challenges. People who had rated their feelings as "green" may have found it harder to contribute with positive examples of what they felt was going well.

6.2. Staff confidence and skills in using the new assessment tools

This was the most dominant theme in the first two focus groups. Professionals discussed the range of assessment tools which helped underpin their assessments. Specifically, the Strengths and Difficulties Questionnaire, Parental Stress Scale and Goal Based Outcomes were mentioned, alongside the utilisation of other tools which assisted with professional's assessments e.g. the HOME inventory, Attachment Style Interviews, life scripts, life graphs, family trees, eco-maps and case studies.

All practitioners, even in the early focus groups, did acknowledge that they had received training on the assessments, but generally they felt this had only “scratched the surface” and that this training needed cementing in practice. Adapting to the changes was not straightforward; some also referred to feeling that their current ways of working were effective, which therefore affected their motivation to embrace the changes.

Some practitioners expressed a lack of competence and confidence in using the new tools. They felt that whilst they might be able to ask the questions on an assessment tools such as the home inventory, and follow the guidelines about scoring this, the main challenge was in interpreting the results and using the results to recommend appropriate services for the child. There was some recognition that they may need to build their confidence around the use of some of the tools.

Professionals raised issues with having the time to reflect and embed these new assessment tools into their practice. Having an already full workload meant little time to read around and familiarise themselves with the new assessment tools and to reflect on how they could use these tools and in what circumstance are they are most appropriate for families.

Some people in adoption support teams felt that simply administering these additional assessments constituted quite a burden in the context of having high caseloads of families with a high level of need. It was also mentioned that due to a waiting list of about six months, by the time they finally met with families, parents could feel very frustrated and these feelings could get in the way of their work with service users.

Some family finders also talked about how although they appreciated that adoption support was “everyone’s business” undertaking additional assessments could impact on the time they can spend looking for right match for a child.

Professionals acknowledged that the current workforce across adoption teams within OAWY are now more skilled than those in the past, but professionals’ ability to upskill generally was impacted by time or work capacity limitations. One person mentioned that whilst they appreciated that part of the goal of the new assessments was to see social workers more as the experts, they could actually feel more *de*-skilled because of anxieties around their competence to use the new tools.

The changes had not impacted all to an equal level as the underpinning framework of “restorative practice” was more familiar to some people than others (for example if practitioner who had worked in Leeds before the regionalisation were more likely to be familiar with this framework).

In contrast, workers from the recruitment and assessment teams expressed more uncertainty about the OAWY’s support assessment changes. They felt they had received to be less guidance and support from others around how to complete the support assessments. Professionals felt that the training did not go into enough depth or allow them enough time to explore the new assessment tools. They felt it was relevant to their role to know about post adoption support. This was because they could inform prospective adopters about this, and also because they may be called in to do such assessments (e.g. if a family adopting a second child had issues with an older child).

Some professional development occurred as a result of learning from others who were thought to have more expertise, and professionals had sought advice from those within different teams. For example, if a recruitment worker had to complete an adoption support assessment, they would speak to a worker within the adoption support team and go through a report they had previously completed, to improve their understanding of what needed to be addressed. This was however reliant on being able to access others, which was tied to these teams having a close physical

proximity within their offices. Some talked about feeling “alone” in trying to deal with challenges around the new assessments due hot-desking.

Some people felt that their team managers did not always have the expertise/time to support them with using new tools – but this was not the same for everyone. Some people discussed that mentoring or support on the use of the new tools does not really feature in supervision which tended to be dominated by case management matters. One person mentioned a three-hour supervision meeting that was only able to deal with looking at their current cases and what needed done.

There was no sense that people were against the use of new assessment tools and the multidisciplinary hub per se. However some did feel that the new changes to adoption support were requiring them to do work that was challenging and for which they did not always feel “qualified” to do. Although most of the discussion was highlighting challenges of the new system, it was more a matter of feeling they needed more time, training, and mentoring to build their confidence and skills to really implement these changes.

6.3. Experiences of accessing the hub and using the expertise of the consultants

Participants in the later focus groups expressed positive views of the change of the name from “centre of excellence” to “multidisciplinary hub”, which was seen as more appropriate to the function of the resource. Particular recognition was given to the fact that the hub is multi-disciplinary, meaning workers could access those with expertise in other fields such as psychology.

Participants expressed positivity about the way the new process was seen to permit workers to have conversations or consultations with others about the assessment and/or tools which may be benefit to use. Some people had had good experiences of consultation with the hub. In particular they valued having one-to-one input alongside their own work when undertaking additional assessments.

Managers made further detailed comments regarding the Multi-Disciplinary hub. On the positive side, they appreciated opportunities to go to the Hub consultants when feeling stuck and find a multi-disciplinary perspective beneficial. The Hub consultants helped by raising ideas and things to consider that could may been missed by practitioners/managers.

However using the Hub consultants were also referred to as ‘challenging’ at times. Some staff felt that the existing skills of the social worker and the reality of their workload were not fully appreciated. Managers had experienced some staff coming away feeling devalued and with tasks they were unable to complete. This was also expressed by practitioners who were sometimes found that the outcome of a consultation was a long list of additional assessments for them to do themselves and, as noted above, they often lacked both the time and the expertise to undertake these additional assessments. Family finding social workers particularly found that specialist consultations resulted in them being asked to undertake assessments for which they had not had any training.

It was also felt that the system had been overly bureaucratic with a restrictive booking system and detailed form to complete. However it was appreciated that positive progress is being made in this area. The hub’s offer of open office consultations on certain days with less formality and staff able to drop in for a chat was seen as a very positive step. A social worker is also now being integrated into the Hub which it was hoped would have positive implications such as being able to remind the staff of what it is like to be on the frontline and improve communication and mutual understanding.

There was particular mention in the focus groups that Julie the Education worker has been very helpful. Managers appreciated the way she has relieved the team of practical tasks in addition to providing education expertise. She is able to visit and liaise with schools and organise staff training. As found in the post adoption support survey analysis, education is a commonly raised concerns by adoptive parents. Nationally there is also a growing awareness of the difficulties adopted children have in the education system, highlighted even more so by the schools closure due to COVID 19 in the Summer term 2020 (see below). Specialist support in this area is invaluable and it may be that still further investment is needed to improve the education of adopted children.

6.4. Positives and negatives of the new assessment for families

Generally, professionals spoke about how the changes that have occurred within OAWY in relation to the assessment changes have been positive. The new assessment was seen to have a clearer process. The tools available to professionals was highlighted as useful and flexible as a wide range of resources available for use (for example the sensory integration screening tool was referred to).

Adoption support workers perceived the process of using these tools within assessments as being helpful for families because it enabled discussions, allowed time to reflect and compare, and helped highlight any discrepancies. Additionally, they understood the assessment tools to assist with advancing the robustness of assessments for families, whilst helping practitioners get more quickly to the root of any issues.

It must be noted here that managers expressed more positivity about and understanding of tools than the social workers. The following elements of the assessment were specifically referred to by managers:

- The Developmental Checklist was highlighted as particularly helpful and managers were keen that this was more commonly used. It was not uncommon for parents to have unrealistic expectations of their child (both too high and low) and this enabled a more realistic position.
- It was noted that the “6 Ps” element was very helpful in supervision assisting managers to get to grips with the case and reflect on what is going on, what is getting better. It was commented that there has been a history of adoption support teams not always closing cases in a timely manner.
- The Goal based tool was referred to as useful for capturing what is going on in a family, helping everyone to be more focussed and move things through to case closure. It allowed all to reflect on whether they have achieved what they set out to achieve.
- ‘Thinking about your child’ along with similar tools enabled a good inclusion of parent and child views and the tools were viewed as useful for showing differences between individual family perspectives.

Workers from the recruitment and assessment teams felt the tools could be used more at the pre-adoption stage. Using such assessment tools within the earlier stages of adoptive parent recruitment and assessment was also seen as valuable in terms of feeding into professional’s understanding of what support may be required at a later date. Managers also expressed that more baseline assessments are needed, in particular an adoption cognition assessment is needed for all adopted children.

Some concerns were expressed from both managers and practitioners about a potential negative impact of assessments on families. There were some reservations made by practitioners about how

adoption related issues feature in new assessment. A view expressed by some that the new assessment forms could feel a bit formulaic and that the strengths-based/solution focused nature of the assessment could squash space for a deeper analysis of some of the in-depth feelings of adopted young people, adoptive parents-issues such as loss, anger, secondary trauma. In contrast to their feelings of being not able to manage some of the new assessment tools, people did feel much more confident in their expertise in dealing with these adoption specific types of issues.

Managers (who took part in the last focus group) were reflective of the challenges experienced by staff. They felt that initially the new system was felt to be too process led, tools were not always being used in a meaningful way, and did not result in different outcomes. It was felt that practitioners were trying to learn a new language whilst still using practice wisdom / qualitative information to really identifying what families needed. Some staff preferred the older Child in Need templates and were not making much use of the new tools. There were some concerns that staff were trying to fit the new way of working into the old format. There was also some concern that tools could be used in a manner which took the focus off the parent/child and relationship building. They felt that this is starting to change as confidence is improving.

Managers also felt that some practitioners were cautious about using the tools, afraid that they may reveal things that the family are not ready to see or understand. For example, although the Secondary Trauma Questionnaire was referred to as useful there was concern from workers that parents could be alarmed by results. The Parent Stress Index was also difficult to use with parents for similar reasons.

The negative points were made within the context that it is early days, and all acknowledged that they are still on a journey with the new system and things are improving.

6.5. Linking children's needs to effective support

Positivity was expressed about the increased access to support services. It was expressed that the formation of OAWY created a wider range of services due to the increase in geographical area covered, enabling adoptive families to have more choice than that previously offered. Whereas previous ways of working with families had generally been resource driven, professionals felt more able to first focus on the identification of an adoptive family's needs, before finding suitable resources/services which can best meet those needs.

A particular challenge expressed about undertaking adoption support was that families often came forward asking for a very specific service. Workers could feel that they lack the expertise in knowing whether this service was effective, and matched to the child's needs. Related to this, some people expressed that they have heard of lots of different therapies such as developmental dyadic psychotherapy, but they didn't really know exactly what they were, what the evidence base was, which children it would help. They felt more training around this would be useful.

It was noted that there are gaps in support that need to be filled. One area is Non Violent Resistance (NVR, a form of systemic family therapy). There was some temporary funding made available for this during the COVID 19 lockdown and it was reported to be universally positive. It was also acknowledged that FASD assessment and support is urgently needed. Even health professionals seem to lack training in this area, and with growing evidence of the harms of any alcohol in pregnancy issues related to FASD may be far more widespread than first thought.

It was noted that, to some extent due to the employment of an education worker within the Hub, good support provision within education is improving but this is an area that needs further investment/development.

Support for birth families particularly around contact was noted to be a time-consuming area of work for the post-adoption support team, and frequently did not feel able to give it the time and resources necessary. It was suggested that a separate service or social worker role could relieve pressure in dealing with common contact-related issues.

6.6. Dealing with the wider impact of organisational change

Practitioners discussed the impact of dealing with the wider challenges around the changing organisation. They discussed that since OAWY had formed there have been several changes, and due to all these changes happening at the same time, there was a sense of “information overload”.

The reorganisation of team structure had also made people feel more separated from each other, less able to gain support and advice from colleagues.

These changes had impacted staff morale and their ability to adopt further changes. However, professionals were clear that this was not related to the work itself and the work they were undertaking with families, but more so due to the procedural changes.

6.7. Assessment and Support in Lockdown

Due to the timing of the session there was an interesting discussion of the changes that have occurred due to COVID 19. Many positives were referred to – people enjoying working from home, more time to reflect on cases and engage with families virtually due to time saved from travelling. There was widespread feeling that the agency have been very supportive to staff during this time.

Some positive impact was also seen in families, expressed as unexpected by professionals, in terms of a child’s reduced need during lockdown. In particular, with children not attending school some families have reported a massive reduction in anxiety in their children. This relates to many issues parents raised concerning education in the post adoption support survey, and could be an interesting opportunity to isolate the impact of schooling, and reflect on and explore why school is found to be so difficult for these children.

The impact of COVID 19 on parents themselves has been mixed. It was felt that many parents have developed a better sense of agency and a feeling of being in control whilst in lockdown. They have learnt to just get on with being a family and have thrived. However this was not the case for all; some families have been finding lockdown very difficult. Overall these seem to be in the minority and the influx of trauma and distress that was expected has not materialised.

Family assessment has moved to taking place on Zoom/telephone/What’s App/Skype etc. Some young people have found the remote working better (for example some seem to experience it as less interrogative). Arranging time for workers to see families virtually, especially when many parents are working from home or furloughed, has been easier with greater flexibility. Although remote working is not appropriate for all or everything, it has raised awareness of the opportunities that technology can bring. With staff and families developing confidence in using these forms of communication it is hoped that their use and benefits can be harnessed more creatively in the future.

A final negative point was made that staff development and training were more limited at this time. With many regional conferences and webinars now moving online it is hoped that gradually people will become confident to continue staff development and training in a more flexible manner.

6.8. Summary and suggestions for practice and service improvements

On the whole the new assessment is regarded as positive progress by professionals. The range of assessment tools available to professionals was felt to be beneficial as they enabled discussions with the family, allowed time to reflect and compare, and helped highlight discrepancies. Additionally, the assessment tools could assist with advancing the robustness of assessments for families, whilst helping professionals get more quickly to the root of any issues.

It was appreciated that the Centre of Excellence was multi-disciplinary, so workers could access those with expertise in other fields such as education and psychology. Recent changes to the hub such as the open office consultations and a social worker role within the Hub are welcomed.

The assessment ultimately enabled professionals to find additional ways of supporting adoptive families. The formation of OAWY has created a wider range of services due to the increase in geographical area covered, enabling adoptive families to have more choice.

Negative comments were mainly around confidence and expertise and the difficulty in adjusting to rapid changes that will hopefully change over time if adequate support and training as well as team building is in place. They needed more time, training, support and mentoring to build their confidence and skills to really implement these changes and embed their use in practice.

In addition to training on the assessment process the need for training and awareness of the types and efficacy of support available for adopted children was highlighted.

The following are suggested as areas for consideration:

- Further training and support on the new assessment tools. This is particularly needed by those with less experience (such as those who have worked/are working in recruitment) to enable them to have more time to explore the assessment tools in depth.
- Ensure there is space to reflect and explore assessment tools within team meetings and supervision
- Utilise assessment tools (e.g. Goal Based Outcomes or Strengths and Difficulties Questionnaire) at earlier stages of the adoption process (for example when putting together the adoption support plan). This could also allow for a baseline comparison to be made if families seek support at a later stage
- Encourage support between colleagues such as via peer mentoring, joint working and/or swapping cases with workers in different teams.
- Provide training and support to help adoption workers understanding the different therapies and how they can help. Some resources that may be useful for this are:
 - The independent review of adoption support interventions by Tavistock institute (commissioned report for DfE):
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534787/20160701Evidence_base_researchreport.pdf
 - Julie Selwyn's report 'Post-adoption support and interventions for adoptive families: Best practice approaches' (commissioned by the German government):
https://www.dji.de/fileadmin/user_upload/bibs2017/Selwyn_Post_adoption_support.pdf
 - The NICE clinical guidelines 'Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care':
<https://www.nice.org.uk/guidance/ng26>

- Consider whether some remote working, meeting and training opportunities can be continued in the future where beneficial for all concerned.
- Consider and seek to fill areas where there are gaps in support. Therapeutic assessment and intervention (such as around FASD) that is not available through the ASF or currently within the agency needs to be explored and sourced
- Specialist support within education is invaluable and it may be that still further investment is needed to improve the education of adopted children. Schools and teachers need more training, support and guidance. Training such as that recently put together by Gill Schofield and Mary Beek (<https://sites.uea.ac.uk/providingasecurebase/secure-base-in-schools>) could be a useful resource.
- Consider the provision of a dedicated service or social worker role to support contact with birth families.

7. Strengths and weaknesses of the evaluation

This evaluation has been very broad in focus, including further data analysis on the previous survey, two new extensive parent surveys focussed on different aspects of adoption and adoption support, five parent interviews and three focus groups with professionals working at levels, regions and teams within One Adoption West Yorkshire.

Due to the timing of the latter part of the evaluation, spanning a period of lockdown restrictions due to COVID 19, there has been a useful opportunity to pick up findings related to remote working and training with families, young people and teams, and the impact of lockdown restrictions on family life.

A key limitation is that the survey samples, particularly of those who had experienced the new post adoption assessment changes and parents of newly placed adoptive children, are too small for statistical comparisons and generalisations. However the survey and interviews coverage spanned a very broad range of topics. The findings note interesting observations regarding both strengths and weaknesses of many aspects of the old and new adoption service and support process, and include suggestions for service improvement. There is some detailed qualitative data from parents' interviews and open survey questions providing in-depth insight into particular aspects of the adoption and support process.

The focus groups also present a range of experiences. Perhaps inevitably as the professionals had undergone many changes in their service, the focus groups discussion tended to focus around the challenges. People who had rated their feelings as "green" may have found it harder to contribute with positive examples of what they felt was going well. However it is clear that most found the changes to be positive and highlight benefits of the new system as well as areas for improvement.

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