



Department
for Education

The evaluation of the adoption support fund: long-term follow-up

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Social Science in Government

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3. Executive Summary/ Key Findings

This report presents the findings of the third wave of the longitudinal survey of applicants to the Adoption Support Fund (ASF). The ASF was introduced in England in May 2015 aiming to increase the access of adopted children and their families to therapeutic post-adoption support. The original evaluation of the ASF took place between May 2015 and August 2017 and comprised a mixed methods approach looking at the process of implementation of the Fund and the outcomes for families accessing it. This latest report provides a longer-term follow-up to the previous two waves of the longitudinal survey of applicants. The first wave of which was open for one year between June 2015 and June 2016 with the second wave following the first by a period of seven months, from February 2016 to February 2017. The third wave took place between July 2017 and July 2018 (25 months after Wave 1 and 18 months after Wave 2).

3.1. Aims of the research

The purpose of this research was to help answer the following research questions:

- What are the longer-term effects of receiving support through the ASF?
- What is the experience of the families accessing adoption support in the longer term?
- What are families' perceptions of their future support needs?

3.2. Summary of findings from wave 3 follow-up survey

The research found that:

- Improvements observed at the second wave of the longitudinal survey, in terms of children's and parents' wellbeing and family functioning, were sustained at the longer-term follow-up but significant further improvements did not occur after the Wave 2 Survey;
- Overall this means that a statistically significant improvement was observed between Wave 1 and Wave 3 of the survey for families in relation to each outcomes domain;
 - Adopted children showed improved behaviour and mental health; a small reduction in the predicted prevalence of psychiatric disorders; and a small decrease in aggressive behaviour;
 - The functioning of families in receipt of support through the ASF improved; with the greatest improvement being seen in parents' understanding of their children's needs and increased confidence in taking care of their children; and,

- Parents in families receiving support through the ASF saw modest but meaningful improvements in their wellbeing.
- At longer-term follow-up the ASF remained equally popular with respondents with the large majority reporting positive experiences of accessing the Fund and the support that it helped to provide. A large majority (73%) of respondents at Wave 3 reported that they were happy with the overall process;
- Respondents reported high levels of satisfaction with all aspects of the support they had received in terms of: choice of provider (84%), type of support (83%), frequency of support (86%), duration of sessions (91%), total number of sessions (83%), and location of support (82%);
- A large majority of respondents to the third wave survey of applicants to the ASF felt that the support they received through the Fund had been beneficial for themselves (84%), their children (81%) and their family as a whole (76%);
- Despite positivity about the benefits of the Fund and modest, sustained improvements in outcomes, the levels of difficulties faced within the families of survey respondents remained very high, reflecting the ongoing need for support in most cases; and,
- Respondents made a range of suggestions for changes to the Fund, most frequently these focussed on broadening the scope of the Fund to include additional types of support, improving coordination with education services, and loosening financial restrictions to permit greater quantities of support to be accessed.

4. Introduction

This report presents the findings from the continuation of the longitudinal survey of adopters who accessed Adoption Support Fund (ASF). This survey originally formed part of the Evaluation of the Adoption Support Fund (King, Gieve, Iacopini, Hahne, & Stradling, 2017) and was continued for a further wave in order to understand the longer-term effects of the Fund.¹

The ASF was introduced in England in May 2015 aiming to increase the access of adopted children and their families to therapeutic post-adoption support. Applications are made to the Fund on behalf of individual families or children by local authorities in order to fund therapeutic post-adoption support or assessments of need. Since its inception there have been 25,500 applications to the Fund, representing 31,000 families and 41,000 children, resulting in £88m of funding being released.^{2 3}

4.1. The relationship of this report with the previous national evaluation of the ASF

The aim of this current report is to add to and update the findings from the longitudinal survey in the original evaluation and thereby to help understand the experience of families accessing the Fund over a two years period after their original application to the Fund. This will help see whether observed improvements in family functioning, and child and parent mental health (summarised below) have sustained over a longer period, whether further improvements have occurred or whether the raised levels of wellbeing and mental health have returned to levels recorded at the first wave survey.

Unlike in the previous report covering the findings from wave 1 (June 2015 - June 2016) and wave 2 (February 2016 – February 2017), this report does not draw on additional sources of data such as family and staff interviews or the online survey of adopters, so it will focus exclusively on those aspects of the evaluation that were addressed in part or wholly through the longitudinal survey of families applying to the Fund.

¹

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

² These figures were provided by the Department for Education (DfE) and are taken from the end of August 2018.

³ Caution is advised in interpreting these figures as they do not account for families that have made multiple applications to the Fund or for funds that have been returned by local authorities to the DfE.

System for referring to the previous report

As far as possible we will seek to avoid duplication or repetition of material that appears in the original evaluation report.⁴ In order to minimise this, where possible in this report we will direct readers to the original evaluation report. For this purpose, we will adopt the notation '*Section number and title (ASF Evaluation, page number)*' e.g. '*3.1 Key Findings (ASF Evaluation, p10)*'.

4.2. Summary for previous evaluation findings

The following section presents the findings of the original evaluation of the ASF. From May 2015 to August 2017 the Tavistock Institute of Human Relations undertook an evaluation of the Adoption Support Fund. The key aims were to understand the effect that the ASF was having on:

- how funding was used for post-adoption support and how this impacted on core services;
- the assessment for post-adoption support;
- the market for post-adoption support;
- families' experiences of post-adoption support services; and,
- the lives of families who received therapeutic services through the Fund.

The evaluation took a mixed methods approach combining online and postal surveys of adopters and the Fund applicants, and interviews with adopters, local authority staff and other post-adoption support providers. The longitudinal postal survey of adoptive parents accessing the ASF comprised 2 waves to track distance travelled starting shortly after the ASF application was made with the follow-up taking place 7 months after the first wave survey.

Levels of satisfaction with the ASF-funded services

In relation to the central focus of this present report the key findings of the original evaluation of the Adoption Support Fund between May 2015 and August 2017 were as follows:

Parents reported high levels of satisfaction with the process of assessment of need that they and their children had gone through in order to access post-adoption support. Respondents to the longitudinal survey were especially satisfied with the process (74%),

⁴ For a full summary of findings please see 3. Executive Summary (ASF Evaluation, p9).
<https://www.gov.uk/government/publications/adoption-support-fund-evaluation>

the identification of needs (73%), and the consideration of their views and preferences (72%).

Parents allocated ASF funded services reported high levels of satisfaction with the various aspects of the support offered in the first survey – prior to having received the support itself. Respondents were in particular satisfied with the type of support they were to receive (88%). Some dissatisfaction was expressed in relation to the timeliness of the support with nearly one fifth (19%) reporting dissatisfaction with how quickly the support was going to start.

In the follow-up survey parents reported high levels of satisfaction with all aspects of the support they had received. In terms of the type, frequency, quantity, duration of sessions, choice and location of provider, over 80% indicated satisfaction. Again, this figure was slightly lower (68%) for satisfaction with the timeliness of receiving support after the assessment of need had taken place.

Prior Support Needs

Responses to the original two waves of the longitudinal survey of applicants revealed that a substantial proportion of children showed the effects of early childhood neglect and abuse with commensurate predicted levels of emotional, behavioural, developmental and psychiatric problems. Parents reported a wide range of difficulties and struggles in parenting and indicated strongly that these had had a detrimental effect on their own mental health and wellbeing.

In particular, the findings established:

- Children using the Fund showed substantially higher levels of emotional, behavioural and development needs than both children in the general population and compared to looked after children as a whole, and showed a very high level of predicted psychiatric disorder;
- Family functioning and parent-child relationships within the families using the Fund were found to be very challenging; and,
- The mental health and wellbeing of adoptive parents accessing the Fund was substantially poorer than the wider adult population.

Has the ASF improved the lives of adopted children and families?

Again, looking back at the results of the original evaluation, between wave 1 and wave 2 surveys, children receiving support through the ASF showed small but statistically significant changes in measures of impact, specifically:

- Improved behaviour and mental health;
- A small reduction in the predicted prevalence of psychiatric disorders;

- A small decrease in aggressive behaviour; and,
- A very high proportion of parents (84%) believed that the ASF had helped their child.

The functioning of families in receipt of support through the ASF improved; with the greatest improvement being seen in parents' understanding of their children's needs and increased confidence in taking care of their children. A large majority of survey respondents believed that the support provided through the ASF had helped them as a parent (85%); helped their family as a whole (82%); and made the adoption placement more stable and less likely to break down (66%). Parents in families receiving support through the ASF also saw modest but meaningful improvements in their wellbeing.

Overall there was a widespread view from parents and professionals that the ASF had made possible the provision of therapies that helped to meet the complex needs of adopted children and their families. Despite positive changes on most indicators, children's needs remained extremely high and complex at the second wave of the survey.

4.3. Aims of the research and methodology

Within the original evaluation the longitudinal survey of families was designed to comprise two waves: (i) a baseline, collected at the point that families first applied to the Fund, and (ii) a follow-up collected seven months later to capture changes in the family circumstances over the period of service receipt. With the introduction of a third wave of the survey, we have adopted the classification 'Wave 1' (to refer to the baseline survey undertaken between June 2015 and June 2016), 'Wave 2' (to refer to the 7-month follow-up between February 2016 and February 2017), and 'Wave 3' (to refer to the 25-month follow-up July 2017 and July 2018).

The purpose of this current piece of research is to understand the longer-term trajectory of families accessing the Fund. The original evaluation found that the families accessing the Fund faced multiple and severe challenges and that despite support services being modestly beneficial they continued to present very high levels of need. Moreover, the effects of therapeutic support are known to not always be linear (Owen et al., 2015) so the further wave allowed investigation of questions such as: Do the improvements found at Wave 2 sustain; do they continue to deepen after intervention or does the observable impact diminish with time; do the attitudes of families towards support change with greater hindsight or new interactions with the Fund?

This latest research required a partial redesign of the existing longitudinal survey in collaboration with the Department for Education. Much of the existing survey was repeated in the third wave for the purposes of longitudinal comparison however some aspects were adapted to reflect that fact that further time has passed since intervention.

Research questions

This report aims to address the following questions:

- What are the longer-term effects of receiving support through the ASF?
- What is the experience of the families accessing adoption support in the longer term?
- What are family's perceptions of their future support needs?

Description of the sample: who are the respondents?

All respondents who had returned at least the first wave of the longitudinal survey were re-contacted and asked to complete a further iteration of the survey. As with previous waves this was in the form of a postal survey completed by one adopted parent and returned in a free-post envelope. As with the previous waves we aimed to keep a standard time gap between second and third waves of the survey. The third wave went live at the start of July 2018 meaning the time between the Wave 2 and Wave 3 was 18 months and the gap between Wave 1 and Wave 3 was 25 months. The sample was therefore formed of adoptive parents who first accessed the Fund between 2015/2016'.⁵ The first wave of the survey received 792 responses (this represented 51% of parents who had provided consent to be contacted). The second wave, 7 months later received 481 responses (a response rate of 61%). The third wave at 25 months accumulated a sample of 372 (response rate of 48% of the original respondents to wave 1). Of the 372 survey respondents, 300 had completed all three surveys and 72 had only returned the first and third waves. For a detailed description of the make-up of the third wave survey sample please see Appendix 2.

⁵ Note: The respondents to this survey were drawn from early applicants to the Fund. While they may have also made subsequent application to the Fund, all respondents first made successful application between June 2015 and January 2016. This is important to note as numerous changes have been made to the operation of the Fund and have occurred in the wider context since this time that may affect families' experience of the Fund and may mean that later applicants to the Fund had different experiences. For an account of the changes made to the Fund please refer to *4.2 Scope changes* (ASF Evaluation, p20)

5. Support Received

Summary

- Number of applications to the Fund: The most common number of applications to the Fund by survey respondents was 2, with 85% of respondents having made between 1 and 3 application over the 25-month period. Just under 15% of families had made more than three applications.
- Types of support: A very wide diversity of post-adoption support was funded through the ASF. Within the survey cohort, the most frequently provided support types were: Therapeutic parenting training; Psychotherapy, Creative therapies and further specialist assessments.
- Support recipients: Therapeutic support was most frequently addressed at one child only (48%), however around one quarter each of the packages of support were aimed at either a parent/ parental couple (27%) or at the whole family (26%).
- Duration of support: Over half of respondents (59%) reported receiving support that lasted 20 weeks or fewer, however just under one sixth of respondents said that their packages of support lasted for more than one year.
- Timeliness: just under half of respondents (45%) reported having received support within 5 weeks of application approval, a further 28% waited between 6 – 20 weeks. A small proportion reported waiting more than 20 weeks with around 1% reportedly waiting over a year for support to be provided.

Among the families that returned the third wave survey there was a large degree of variation in their use of the ASF in terms of the number of applications to the Fund, and the quantity and type of support received. This section outlines the nature of the Fund use.

5.1. Number of applications made to the Fund:

According to respondents to the survey, families had made between 0 to 12 applications to the Fund since its inception (58 did not respond to this question). This number includes their initial application to the Fund (e.g. for a further assessment), applications for continuation of therapeutic support (e.g., Theraplay) and application for new support (e.g., a parenting course and combines applications to the Fund made on behalf of the each of their children. The median number of applications by families was 2, with 85% of families reported to having made between 1 and 3 application over the 25-month period. Just fewer than 15% of families had made more than three applications during this time.

Table 1 shows this self-reported number of applications made by families, this indicates that a few families were unaware at wave 3 that an application had been made.

Table 1: Number of applications per Wave 3 respondent

| Application count | N | % |
|-------------------|-----|-----|
| 0 | 6 | 2% |
| 1 | 76 | 24% |
| 2 | 134 | 43% |
| 3 | 55 | 18% |
| 4 | 21 | 7% |
| 5+ | 22 | 7% |

Note. N=314 (missing 58); Source: Wave 3 survey.

5.2. Type of therapeutic support received

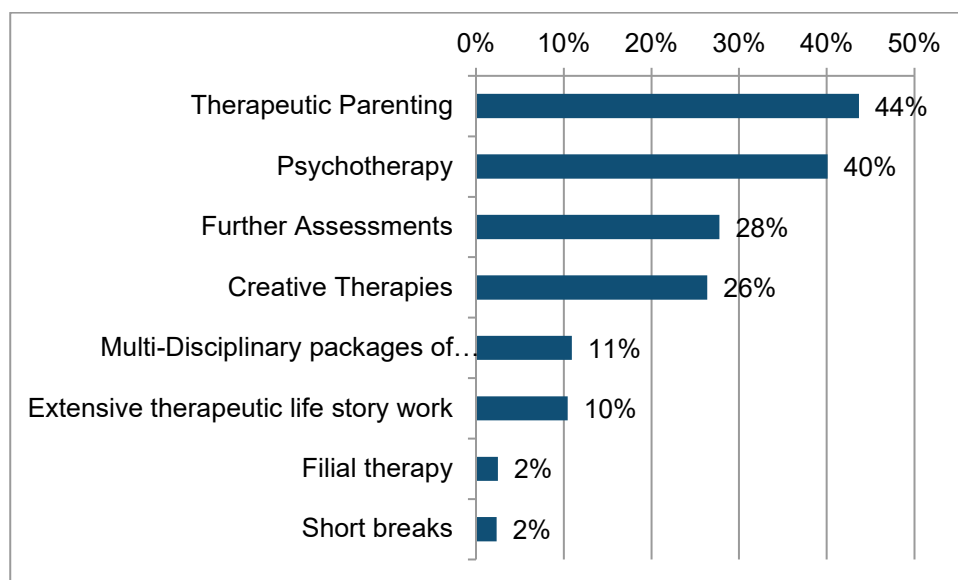
Survey respondents were asked to provide details of the type of therapeutic support received, however responses to this question were not sufficiently consistent throughout to allow statistical analysis (e.g., some parents reported two different types of support together, or did not know the name of the therapeutic support). Moreover, there were inconsistencies between the therapy described in the survey by parents and the information in the ASF application dataset. In a number of cases parents reported receiving either more or less support or support of a different type than had been applied for. For example, some respondents described receiving therapy following an assessment whereas in the application data only an assessment had been funded. The reasons for these differences in support type reported through the survey and recorded in the application are likely to reflect a number of underlying causes. Partly this will have resulted from errors and inconsistencies in the recording of information by parents and social workers, partly it may reflect that in some cases parents were unable to distinguish between services funded through the ASF and those funded through other mechanism and partly that in some cases there may be real differences between the service applied for and the service provided. Taken together the level of data quality does not permit statistical analysis of types of adoption support accessed. In order to give some sense of the types of support, below is a list of the most common types of therapeutic support that were reported in the survey:

- Theraplay
- Play therapy
- DDP
- Music therapy
- Drama therapy
- Art therapy
- NVR

- Psychotherapy
- Sensory integration therapy
- EMDR
- Filial therapy
- Life story work
- Parenting training
- Further assessments
- Therapeutic short breaks

According to the application data the 372 wave 3 respondents made 641 applications to the Fund, including the initial application as well as any further applications. The figure below shows the proportions of different types of support that have been listed in the application data for all applications combined.

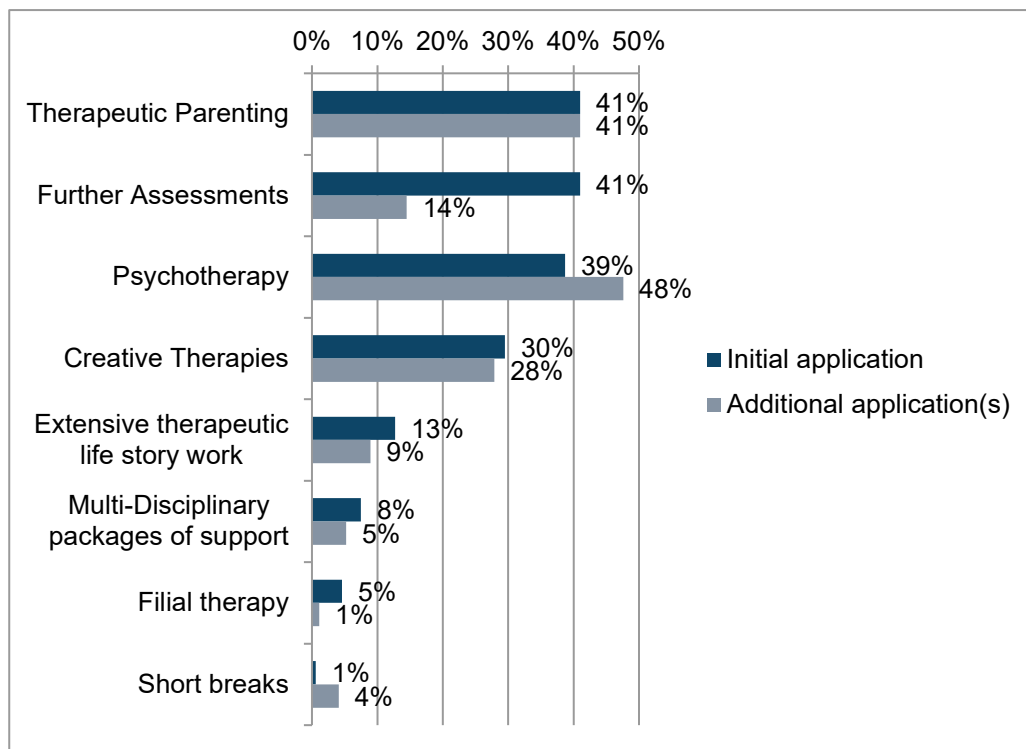
Figure 1: Types of support applied for by Wave 3 respondents



Note. N=641; Source: Application data.

We further compared the types of support funded in the initial application with the types of support reported in any additional application. The figure below shows the comparison for all wave 3 respondents who made at least one further application to the Fund (n=174). It can be seen that initial applications included a higher proportion of further assessments than in additional applications. This appears to be in keeping with rationale for the inclusion of specialist assessments in the scope of the Fund: that once these assessments were conducted further support was commissioned on the basis of their findings.

Figure 2: Types of support applied for by Wave 3 respondents who have more than one application



Note. N=175 and N=269; Source: Application data.

5.3. Timing of therapeutic support

In total, by Wave 3 of the survey, 348 (93%), respondents reported having received some support through the ASF since its inception while 24 (7%) reported that they had not. Responses by families at Wave 3 were validated against responses to previous surveys and the application data showing that 331 had received therapy since they last returned a survey (89%) whereas 41 respondents had not (11%).⁶ This is to say, either between second and third wave surveys for those who returned the second wave survey, and between first and third for those who had not returned the second.⁷ Table 2 below, shows how many Wave 3 respondents received support through the ASF and at which stage in relation to the waves of the survey. This is divided into the groups of adoptive parents

⁶ For a discussion of those respondents that did not report receiving any support through the period the survey see Appendix 2.

⁷ This calculation involved comparing entries to the second and third survey and triangulating that with application data about type of support applied for. A number of respondents repeated information that was already completed at the stage when they completed the second survey. These repeated entries of the same completed therapy were excluded from the analysis to avoid double-counting of the received support in any further analysis. Therefore, Tables 3 to 7 only refer to support that was either continued or started after the completion of the last survey.

who completed all three surveys and the ones that completed only the first and the last survey.

Table 2: Timing of receipt of therapy for Wave 3 respondents

| | All three surveys | | First and third survey | | Total | |
|---|-------------------|-----|------------------------|----|-------|-----|
| | Yes | No | Yes | No | Yes | No |
| Support between First and Second Survey | | | | | | |
| N | 273 | 23 | | | | |
| % | 97% | 8% | | | | |
| Support between (First)/ Second and Third Survey | | | | | | |
| N | 260 | 36 | 71 | 5 | 331 | 41 |
| % | 88% | 12% | 93% | 7% | 89% | 11% |
| Support between First and Third Survey | | | | | | |
| N | 290 | 6 | 71 | 5 | 361 | 11 |
| % | 98% | 2% | 93% | 7% | 97% | 3% |

Note. N=372; Source: Wave 3 survey and Wave 2 survey.

5.4. Recipient of support

Respondents were asked to report who within the family was the intended recipient of the support. Table 3 shows the result of these questions.⁸ Most commonly therapies were addressed at one child only, however around one quarter each of the packages of support was aimed at either a parent/ parental couple or at the whole family.

Table 3: Recipient of therapy for all ASF funded support received between first/ second and third wave⁹

| Recipient | N | % |
|--|-----|-----|
| Whole Family | 137 | 26% |
| Parent or Parental couple | 142 | 27% |
| All children in household | 71 | 13% |
| More than one child but not all | 20 | 4% |
| One child only | 254 | 48% |
| Other | 7 | 1% |

Note. N=532 (2 missing); Source: Wave 3 survey.

⁸ It should be also noted that respondents were able to select multiple options, indicating that the therapy was for example for 'one child only' as well as for 'parents'. For this reason, the resulting percentages do not sum to 100.

⁹ This combines all types of support received.

5.5. Frequency and duration support received

Almost two thirds of the packages of support described through the survey occurred at a frequency of one hour or fewer per week, with 86% occurring at a frequency of 2 hours or fewer per week. Table 4 shows a detailed breakdown of the frequency of support.

Table 4: Frequency of all support received between first/second and third wave

| Average duration per week | N | % |
|---------------------------|-----|-----|
| Less than 1 hour | 16 | 3% |
| 1 hour | 288 | 62% |
| 1.5 hours | 12 | 3% |
| 2 hours | 80 | 17% |
| 3 hours | 31 | 7% |
| 4-10 hours | 25 | 5% |
| 11+ hours | 9 | 2% |

Note. N=461 (73 missing). Source: Wave 3 survey.

The duration of the therapies received by families within the survey sample varied significantly. Around one fifth of respondents received 5 weeks or fewer support whereas around one eighth received support lasting over 1 year. The distribution of the length of support showed that 59% of respondents reported receiving support that lasted 20 weeks or fewer, with just under one sixth of respondents saying that their packages of support lasted for more than one year. Table 5 shows the duration of support in the sample.

Table 5: Duration of all support received between first/ second and third wave

| Total duration | N | % |
|------------------|-----|-----|
| 0-5 weeks | 77 | 18% |
| 6-10 weeks | 83 | 19% |
| 11-20 weeks | 93 | 22% |
| 21-52 weeks | 120 | 28% |
| More than 1 year | 58 | 13% |

Note. N=431 (103 missing); Source: Wave 3 survey.

5.6. Timeliness of support

Reported waiting time for the start of the support ranged widely. However just under two thirds of respondents reported starting the support within 10 weeks of having their application to the ASF approved. Table 6 shows a detailed breakdown of reported waiting times.

Table 6: Waiting time for all support received between first/ second and third wave

| Waiting time | N | % |
|------------------|-----|------|
| 0-5 weeks | 151 | 45 % |
| 6-10 weeks | 87 | 16% |
| 11-20 weeks | 57 | 11% |
| 21-52 weeks | 34 | 6% |
| More than 1 year | 5 | 1% |

Note. N=334 (103 missing); Source: Wave 3 survey.

5.7. Completion of Support

Nearly half of the reported support had ended at the point that respondents returned the third wave of the survey. However, a sizable proportion (14%) of reported support had more than 6 months left to run and for an additional 21% of the support respondents were unsure when the support would finish. Table 7 shows the proportion of completed support and how long the remainder had left to run.

Table 7: Completion status of all support received between second/first and third wave

| Completion status | N | % |
|---|-----|-----|
| We've completed this element of support | 244 | 48% |
| Less than 4 weeks left to run | 23 | 5% |
| 4 weeks or more but less than 3 months left to run | 32 | 6% |
| 3 months or more but less than 6 months left to run | 34 | 7% |
| More than 6 months left to run | 70 | 14% |
| Don't know | 107 | 21% |

Note. N=510 (24 missing). Source: Wave 3 survey.

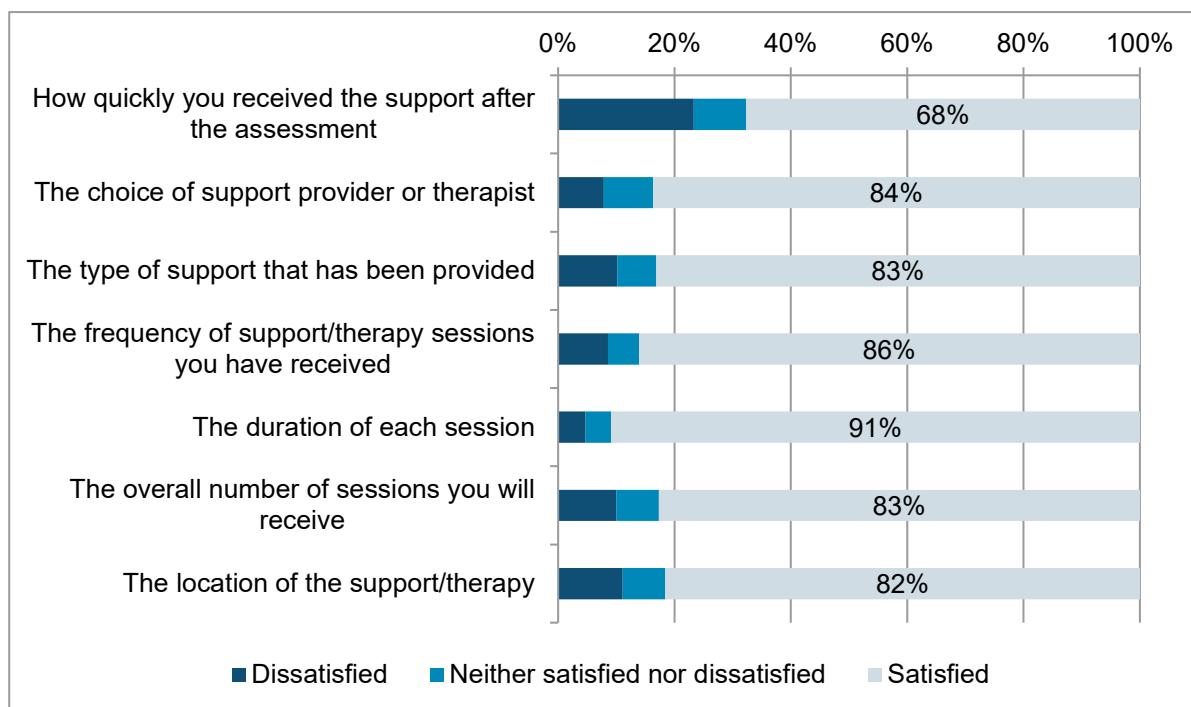
6. Changes in families experience of post-adoption services since the 1st/2nd wave survey?

Summary

- Overall satisfaction with the ASF was high with a large majority (73%) of respondents at Wave 3 reporting that they were happy with the overall process.
- Respondents reported high levels of satisfaction with all aspects of the support they had received in terms of: choice of provider (84%), type of support (83%), frequency of support (86%), duration of sessions (91%), total number of session (83%), and location of support (82%). The only aspect of support with notably lower levels of satisfaction was the timeliness of support for which 23% of respondents were dissatisfied with how quickly the support was received.
- Overall satisfaction was slightly lower than reported at wave two: down to 73% from 79%.
- Recipients of the ASF continued to access a wide range of services (in addition to those provided through the Fund). Most common were services for special educational needs, post-adoption support provided directly through the local authority and letterbox services.

As in the previous two waves of the survey, respondents were asked to report on their experience of the support they have received through the ASF. Overall, respondents were very positive about each aspect of the support received with over 80%. The only exception to this was the timeliness of support for which only 68% of respondents were satisfied with how quickly the support was received.

Figure 3: Frequencies of responses to ‘Satisfaction with received support’



Note. N=338-343 (missing 9-14); Source: Wave 3 survey.¹⁰

Responses to open questions give an impression of the issues experienced by those who were not satisfied with the timeliness of support:

“Our therapy package was delayed. We had asked for help a lot earlier. I think the escalation of issues wouldn’t have been so high if support had been received earlier.”

“The problem is a lack of availability of specialist therapists - hence having to wait to access support. We saw a brilliant sensory OT who offered us a package of support over 12 months ago - she has never got back to us regarding a start date!!”

“Our family has suffered intense delays in receiving funding due to haggling over allowable treatment, compounded by a lack-lustre approach from the local authority/ social services.”

The responses to the satisfaction questions at wave 3 were very similar in relation to each aspect of support received, to the levels reported in the second wave survey, indicating that the type, timing, location and timeliness of support remained largely satisfactory to fund applicants.

¹⁰ The categories ‘Very satisfied’, ‘Satisfied’ and ‘Somewhat satisfied’ were merged into ‘Satisfied’. The categories ‘Very dissatisfied’, ‘Dissatisfied’ and ‘Somewhat dissatisfied’ were merged into ‘dissatisfied’

Respondents were also asked to rate their experience of the process overall, whether they had felt listened to, and whether going through the process had led them to feel more positively about social services. While reported levels of satisfaction remained similar to those reported at wave 2 there were slight decreases in each category. Findings from wave 3 showed:

- A large majority (73%) of respondents at Wave 3 reported that they were happy with the overall process however almost one fifth (19%) disagreed with this view indicating that they had been unhappy with the process overall. This compares to 79% reported satisfaction at wave two with this difference between the two waves being statistically significant;¹¹
- A larger majority of respondents (82%)¹² agreed that they felt they had been listened to about the problems facing their families, with only one eighth (12%) disagreeing with that statement. These responses compare to 90% at wave two, this difference is statistically significant; and, ¹³
- The least positive response was reported in relation to attitude towards social services. However, still more than half of respondents (58%) agreed that they felt more positive towards social services, as a result of going through the process of applying for and receiving adoption support. The proportion with a positive attitude to Social Services was slightly higher at wave 2 (60%) but the difference was not statistically significant. ¹⁴

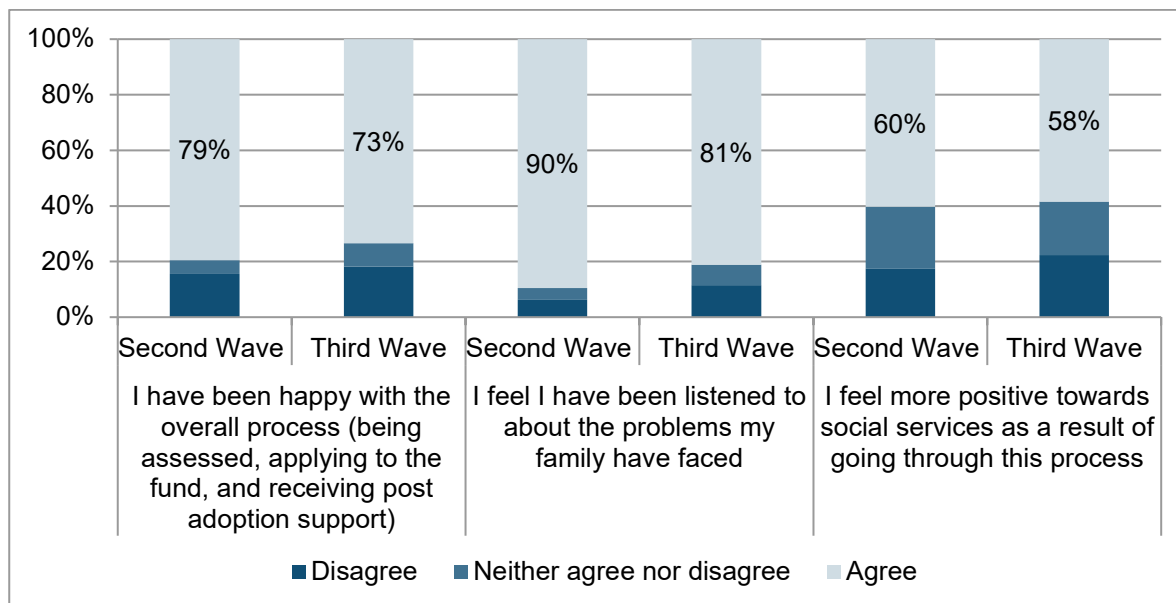
¹¹ The significance tests were applied only to the sample of respondents to both wave 1 and wave 2 and excluded those who only responded to wave 1. Wilcoxon signed-rank test did show a difference in the response to this statement 'I have been happy with the overall process' ($Z=-2.34$, $p=.019$) between Wave 2 and Wave 3.

¹² This proportion is slightly different to the one report in Figure 3 as Figure 3 refers to the third wave respondents who also completed the second wave survey.

¹³ Wilcoxon signed-rank test did show a difference in relation to the statement 'I feel I have been listened to about the problems my family has faced' ($Z=-3.33$, $p<.01$) between Wave 2 and Wave 3.

¹⁴ Wilcoxon signed-rank test did not show a significant effect for responses at Wave 2 and Wave 3 ($Z=-1.73$, $p=.083$).

Figure 4: Frequencies of Wave 2 and Wave 3 respondents' level of agreement to provided statements



Note. N=258-260 (missing 3-5); Source: Wave 2 and 3 survey.¹⁵

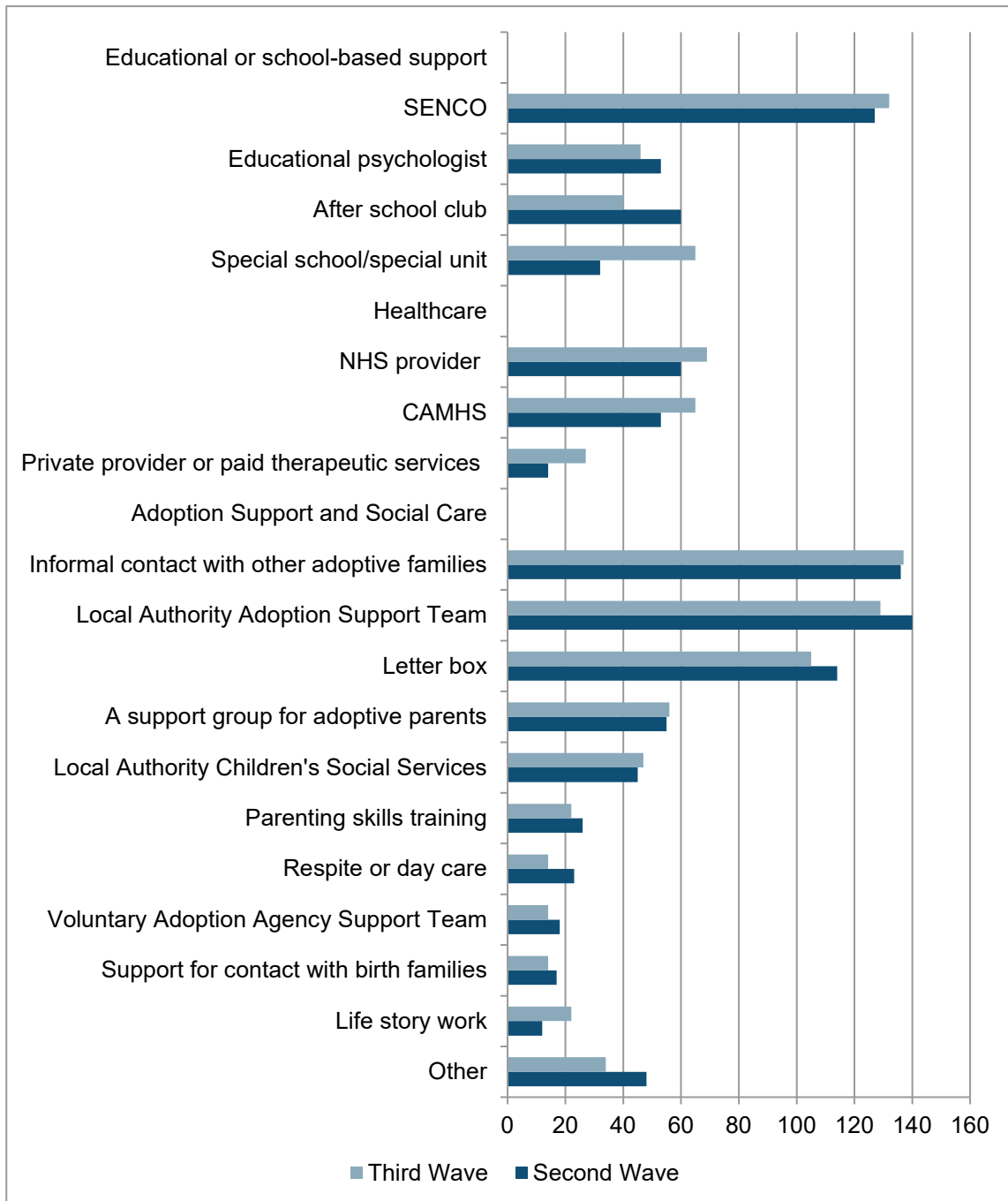
6.1. Support received by families not provided through the ASF

As described in-depth in the original evaluation, due to the extremely high levels of need of the families accessing the ASF, applicants to the Fund tended to be receiving services and support through a number of pathways in addition to the services funded through the ASF.¹⁶ Respondents to previous waves of the survey reported receipt of multiple additional services. Figure 5 shows the number of respondents that indicated receiving non-ASF funded services at Wave 3 compared with responses to the same questions at wave 2.

¹⁵ The categories 'Strongly agree', 'Agree' and 'Somewhat agree' were merged into 'Agree'. The categories 'Strongly disagree', 'disagree' and 'Somewhat disagree' were merged into 'disagree'.

¹⁶ 8.1 Prior support needs (ASF Evaluation, p104)

Figure 5: Additional receipt of services at Wave 2 and Wave 3

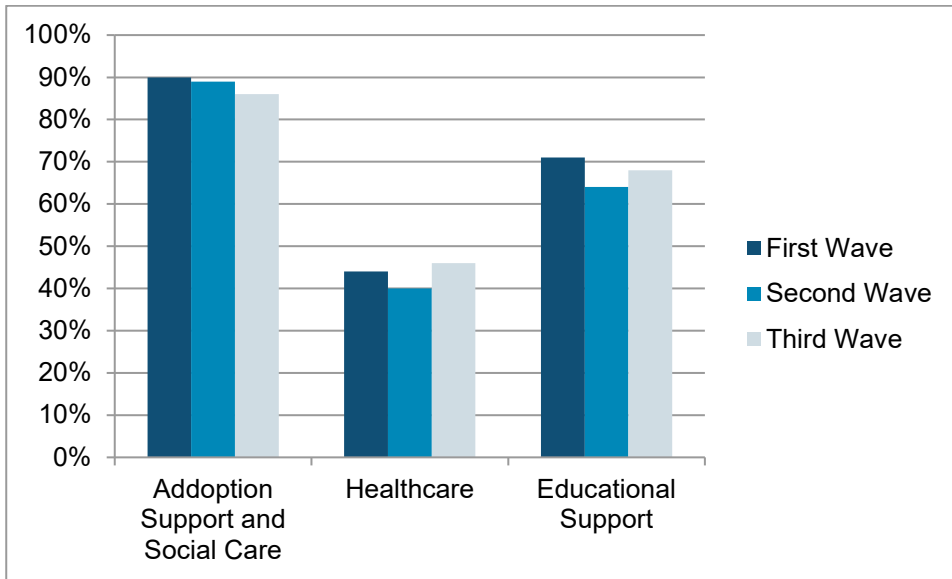


Note. N=279; Source: Wave 2 and 3 survey.

By grouping the range of services into three overarching categories we were able to compare the level of additional service receipt across the three waves. Figure 5 shows that the observed decrease in additional service use between the first and second wave only continued for support that follows under 'Adoption Support and Social Care'

heading.¹⁷ Healthcare and Educational Support showed an increase from the second wave to third. However, these differences are overall not statistically significant.¹⁸

Figure 6: Additional receipt over services of Wave 3 respondents



Note. N=279; Source: Wave 1, 2 and 3 survey.

¹⁷ Analysis based on respondents who returned all three surveys and for whom the child was living with the family at all three waves.

¹⁸ Friedman test resulted in not significant effects for all three types of services at Wave 1, 2 and 3 (Healthcare: $\chi^2(2)=2.63$, $p=.268$; Educational support: $\chi^2(2)=5.19$, $p=.075$; Educational support: $\chi^2(2)=5.32$, $p=.070$).

7. Has the ASF improved the lives of adopted children and families?

Summary

- Improvements observed between first and second waves of the longitudinal survey, in terms of child behaviour development and wellbeing were sustained at wave 3 but significant further improvements did not occur after Wave 2.
- Similarly, parental wellbeing and parent/child relationship also showed the maintenance of observed improvements between wave 1 and 2 but with no further statistically significant improvement between wave 2 and 3. Again this means that modest but statistically significant improvements were reported between wave 1 and wave 3 in each outcome domain.
- Attempts to better understand the outcome result were inconclusive with no statistically significant relationship discovered between improved outcomes and other variables such as the quantity, type, or timing of support.
- In response to self-attributed outcomes questions the large majority of respondents (84%) agreed that the support they had received through the Fund had helped them as a parent. Around three-quarters (76%) thought that the support has helped their family as a whole. And around two thirds (66%) reported that the support had made the adoption placement more stable.
- Majority of respondents (81%) agreed with the statement 'Receiving support through the ASF has helped my child for whom we applied to the Fund', with only 11% indicating disagreement.
- 84% of respondents felt that they were still in need of support. More than half of respondents (57%) also indicated that they planned to make further application to the ASF.

7.1. Introduction

This section addresses the key evaluation question of whether those in receipt of support through the ASF showed improvements over time in terms of:

- (1) Child behaviour, development and wellbeing;
- (2) Family functioning, parental efficacy and parent-child attachment; and,
- (3) Wellbeing of adoptive parents.

The longitudinal survey sought to measure these factors with a combination of validated psychometric scales and non-validated questions. Each set of questions appeared in the

same form in each of the three waves of the survey, enabling a distance travelled approach to be taken where statistically significant changes between first, second and third wave responses are identified and reported. Unless stated otherwise, the results reported in this chapter refer to the respondents who completed the survey at all three time points (N=300).

7.2. Child behaviour, development and wellbeing;¹⁹

In the longitudinal survey, child behaviour, development and wellbeing were measured through the use of two validated psychometric scales: Strengths and Difficulties Questionnaire (SDQ) and the Brief Assessment Checklist – Child/Adolescent (BAC-C/A).²⁰ In the following section the analysis of each scale is presented.

Strengths and Difficulties Questionnaire (SDQ)

Table 8 shows the mean scores of responses to each of the 5 sub-scales of the SDQ as well as the total mean scores and mean score of the SDQ impact supplement. Overall, the SDQ scores at wave 3 continue to show very small improvement from the scores at the first wave however it is notable that there was little or no observable change between wave two and wave three results: the changes detected between Wave 2 and 3 were not found to be statistically significant for any of the sub-scales or for the total or impact score.²¹ This shows that while improvements in child, behaviour and wellbeing observed at the second wave of the survey have sustained, there has not been a continued improvement on this measure.

¹⁹ Please refer to the introduction to this report for a summary of findings of this aspect of the original evaluation or for the full results see 8.3 *Child behaviour, development and wellbeing* (ASF Evaluation, p101).

²⁰ For a full description of these scales and their use in the survey see 8.3 *Child behaviour, development and wellbeing* (ASF Evaluation, p101).

²¹ The effect of time on the total score was overall significant (Total score: $F(2)=7.74$, $p<.001$, $\eta_p^2=.031$). This equates to a small effect size according to Cohen (1992). Post-hoc tests analysis shows that the differences from Wave 1 to Wave 2 ($p<.01$) and from Wave 1 to Wave 3 ($p<.01$) are significant but not the difference from Wave 2 to Wave 3 ($p=.74$). For results of each individual subscale please see Appendix 2.

Table 8: Descriptive Statistics of SDQ subscale and total score at all waves for Wave 3 respondents

| SDQ subscale | N | First Wave | | Second Wave | | Third Wave | |
|----------------------------|-----|------------|------|-------------|------|------------|------|
| | | Mean | SD | Mean | SD | Mean | SD |
| Emotional Symptoms | 248 | 5.36 | 2.63 | 5.11 | 2.47 | 5.09 | 2.72 |
| Conduct Problems | 248 | 5.61 | 2.33 | 5.18 | 2.42 | 5.11 | 2.54 |
| Hyperactivity /inattention | 248 | 7.71 | 2.27 | 7.27 | 2.35 | 7.2 | 2.34 |
| Peer relationship problems | 248 | 4.47 | 2.37 | 4.38 | 2.40 | 4.42 | 2.54 |
| Prosocial behaviour | 248 | 5.49 | 2.27 | 5.51 | 2.25 | 5.64 | 2.27 |
| Total score | 248 | 23.16 | 6.13 | 21.94 | 6.71 | 21.82 | 7.10 |
| Impact | 236 | 5.78 | 2.70 | 5.50 | 2.81 | 5.61 | 3.07 |

Note. Source: Wave 1, 2 and 3 survey.

Additional analysis of direction of travel in SDQ scores

To help place these results in context we submitted the SDQ scores to further analysis. First, we drew on the 4-part classifications of mean scores provided by the scale developer that places each score in relation to norms derived from children in the general population.²² Table 9 shows that there is a slight decrease in children whose SDQ total score is rated as ‘very high’, down from 73% at Wave 1 to 67% at Wave 2 and to 63% at wave 3, and that there is a slight increase in the proportion of scores falling into the other three bands. Over the three waves there is an observable movement away from the very high category towards lower bands in the classification. However, in keeping with the analysis of the SDQ mean scores there was greater observable change between Wave 1 and 2 than between Wave 2 and 3. Overall, there was a statistically significant difference in categorisation of SDQ scores depending on the wave.²³

Table 9: Categorisation of SDQ total scores of Wave 3 respondents

| Category | First Wave | | Second Wave | | Third Wave | |
|-------------------------|------------|-----|-------------|-----|------------|-----|
| | N | % | N | % | N | % |
| ‘Close to average’ 0-13 | 20 | 8% | 29 | 12% | 34 | 14% |
| ‘Slightly Raised’ 14-16 | 19 | 8% | 26 | 10% | 28 | 11% |
| ‘High’ 17-19 | 28 | 11% | 28 | 11% | 29 | 12% |
| ‘Very High’ (20+) | 181 | 73% | 165 | 67% | 157 | 63% |

Note. N=248. Source: Wave 1, 2 and 3 survey.

²² <http://www.leicspart.nhs.uk/Library/poilkj690.pdf>

²³ $\chi^2(2) = 16.65, p < .001$.

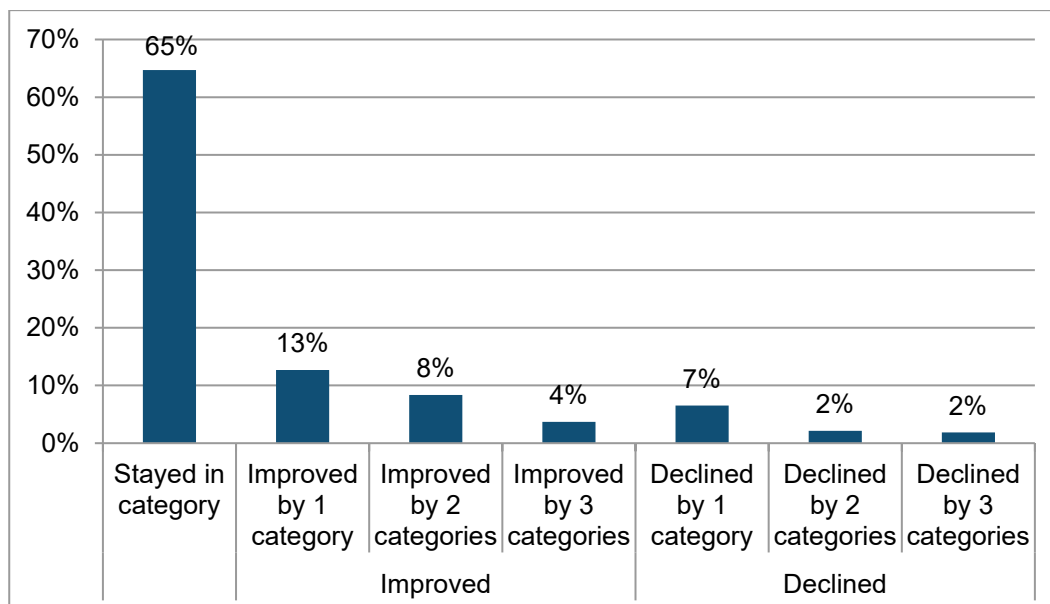
Further analysis using the 4-band categorisation better contextualises the findings. Table 10, and Figure 7 below show the change in the categorisation of respondents according to their SDQ total score at first and third wave. This analysis shows that the majority of children represented in this sample stayed in the same category from first to third wave, however, nearly one-quarter moved up at least one category and around one tenth of children moved down at least one band.

Table 10: Change in categorisation of SDQ total scores from Wave 1 to Wave 3 of all Wave 3 respondents

| | N | % |
|--------------------|-----|-----|
| Stayed in category | 209 | 65% |
| Improved | 80 | 25% |
| Declined | 34 | 11% |

Note. N=323; Source: Wave 1 and 3 survey.

Figure 7: Change in categorisation of SDQ total scores from Wave 1 to Wave 3 of all Wave 3 respondents



Note. N=323; Source: Wave 1 and 3 survey.

To further complement the above analyses, we put the SDQ results through an algorithm that predicts the likelihood of psychiatric disorders within a population based on the impact and subscales scores of the SDQ as reported in Goodman, Renfrew, and Mullick (2000). The algorithm predicts the presence of a conduct disorder, an emotional disorder, a hyperactivity disorder and any psychiatric disorder in 3 categories, i.e., ‘unlikely’, ‘possible’ and ‘probable’. Table 11 shows the results of this calculation. In line with the findings above, this analysis showed a general trend towards a decrease in the number of children in the sample that were predicted to have disorders according to the algorithm. The only exception to this trend was in relation to emotional disorder which showed almost no change across the three waves with a slight increase from the second

to third wave. Again, as with the other analyses of SDQ data greater improvements in predicted psychiatric disorders were observed between Wave 1 and 2, as compared with Wave 2 and 3. Nevertheless a significant decrease in the prediction of ‘Hyperactivity disorder’ and ‘Any psychiatric disorder’ were observed across the three waves. This was found to be statistically significant between Wave 1 and Wave 3 for both of these disorder predictions.²⁴

Table 11: Prediction of the likelihood of psychiatric disorders for Wave 3 respondents

| | N | Unlikely | | | Possible | | | Probable | | |
|--------------------------|-----|------------|-------------|------------|------------|-------------|------------|------------|-------------|------------|
| | | First Wave | Second Wave | Third Wave | First Wave | Second Wave | Third Wave | First Wave | Second Wave | Third Wave |
| Emotional disorder | 236 | 42% | 43% | 42% | 11% | 11% | 9% | 48% | 45% | 49% |
| Conduct disorder | 236 | 22% | 26% | 29% | 13% | 14% | 13% | 65% | 60% | 58% |
| Hyperactivity disorder | 250 | 20% | 21% | 29% | 10% | 16% | 12% | 70% | 63% | 60% |
| Any psychiatric disorder | 250 | 6% | 9% | 10% | 8% | 10% | 13% | 87% | 81% | 77% |

Note. Source: Wave 1, 2 and 3 survey.

When compared to a sample of Looked after children from the Goodman et al. 2004 UK study the proportion of the Wave 3 sample still showed a much higher prevalence of predicted disorders (see Table 12 below).

Table 12: Prediction of the likelihood of any psychiatric disorder for all Wave 3 respondents compared to a comparison sample

| | N | Unlikely | Possible | Probable |
|-------------------|-------|----------|----------|----------|
| Third Wave | 336 | 10% | 12% | 78% |
| Comparison sample | 1,028 | 28% | 27% | 46% |

Note. Source: Wave 3 survey.

Further comparisons with both SDQ population norms and the average score of the Looked after children population in England in 2016 (Department for Education, 2016) showed that children in this sample score significantly worse for all subscales and the total score.²⁵ Despite these unfavourable comparisons, this difference was observed at

²⁴ Friedman test results showed significant differences for ‘Hyperactivity disorder’ ($\chi^2(2)=14.87, p<.01$) and ‘Any psychiatric disorder’ ($\chi^2(2)=12.97, p<.01$). Post-hoc analysis revealed a significant difference between Wave 1 and Wave 3 for ‘Hyperactivity disorder’ ($p=.001$) and a significant difference between Wave 1 and Wave 2 ($p=.015$) as well as between Wave 1 and Wave 3 ($p<.001$) for ‘Any psychiatric disorder’.

²⁵ One-sample t-tests showed a significant difference between the total score of the Wave 3 sample and the general population ($T(247)=29.78, p<.001, d= 3.79$) as well as the Looked after children population ($T(247)=17.36, p<.001, d=2.21$). Tests results for subscales can be found in Appendix 2.

both previous waves and reflects the extremely high needs of this sample of children as identified by their parents.²⁶

²⁶ For a detailed discussion of the level of need of the sample at Wave 1 see 8.2 Prior Support needs (ASF Evaluation, p104)

Brief Assessment Checklist (BAC-C and BAC-A)

Table 13 shows the mean scores of responses to both the BAC-C and BAC-A at the three time-points.²⁷ For both scales higher scores represent greater levels of difficulty for the child. The results show that from Wave 2 to 3 the BAC-A mean score continues to decrease, albeit by a very small amount, whereas the BAC-C shows a slight increase, again by a very small amount. Neither change observed was statistically significant.²⁸ In the case of the BAC-C score, while it does rise slightly it does not return to the levels recorded at Wave 1, suggesting that the improvements observed between Wave 1 and 2 are largely sustained between Wave 2 and 3.

Table 13: Descriptive Statistics of BAC scores at all waves for Wave 3 respondents

| | N | First Wave | | Second Wave | | Third Wave | |
|--------------|-----|------------|------|-------------|------|------------|------|
| | | Mean | SD | Mean | SD | Mean | SD |
| BAC_C | 107 | 20.74 | 7.01 | 19.56 | 7.98 | 19.66 | 7.93 |
| BAC_A | 74 | 21.51 | 5.78 | 21.09 | 6.84 | 21.04 | 6.53 |

Note. Source: Wave 1, 2 and 3 survey.

As with the SDQ, the BAC results were subjected to further analysis in order to better illustrate their real-world implications. As the BAC was developed as a clinical screening tool for children and young people, the BAC developer provides clinical thresholds for the interpretation of scores. Scores of 5 or higher are taken to indicate that children should be referred for further assessment to a child and adolescent mental health service or professional.²⁹ Table 14 shows the proportion of children within the sample that scored above this threshold at each wave of the survey. In keeping with the mean score calculations, the use of the clinical thresholds shows that the improvement recorded by the BAC-C at Wave 2 are sustained at Wave 3 whereas those improvements recorded through the BAC-A Wave 2 revert to their original levels at Wave 3.

Table 14: Proportion of Wave 3 respondents passing the clinical threshold

| | Total | First Wave | | Second Wave | | Third Wave | |
|--------------|-------|------------|------|-------------|-----|------------|------|
| | | N | % | N | % | N | % |
| BAC_C | 107 | 107 | 100% | 103 | 96% | 104 | 97% |
| BAC_A | 74 | 74 | 100% | 73 | 99% | 74 | 100% |

²⁷ The BAC-C and BAC-A, refer to the child and adolescent version of the scale. The BAC-C is used with children between 4-11 Years old and the BAC-A with children between ages 12 and 17.

²⁸ Overall, the effect for time on the BAC-C scores was not significant ($F(2,106)=2.88, p=.058, \eta_p^2=.026$). The effect for time on the BAC-A scores was further not significant ($F(1.802,106)=.253, p=.75, \eta_p^2=.003$). A possible reason for this is the sample size due to the separation in two groups. When using the combined mean score in the mixed model, time has a significant effect on the BAC scores with a significant difference between Wave 1 and Wave 2, but not between Wave 2 and Wave 3.

²⁹ This screening criteria has been updated to 7, however, to be consistent with the findings from the previous report we have used 5 for the purpose of the analysis.

Note. Source: Wave 1, 2 and 3 survey.

No published norms exist for the BAC so we sought to compare the scores collected in this study with scores in studies with similar population of children. The only European study we were able to find was the third wave of a longitudinal population study of Dutch children and adolescents in foster care. The study had a sample of 118 for the BAC-C aged 4–11 years old and 101 young people aged 11 to 17 completed the BAC-A. As with the SDQ, mean scores were significantly higher in the ASF population than those found in the Dutch study for both age groups (Goemans, Tarren-Sweeney, van Geel, & Vedder, 2018.)³⁰ It should be noted that this study is not directly comparable as it is based on children in foster care, both short and long-term in the Netherlands.

Aggressive conduct items

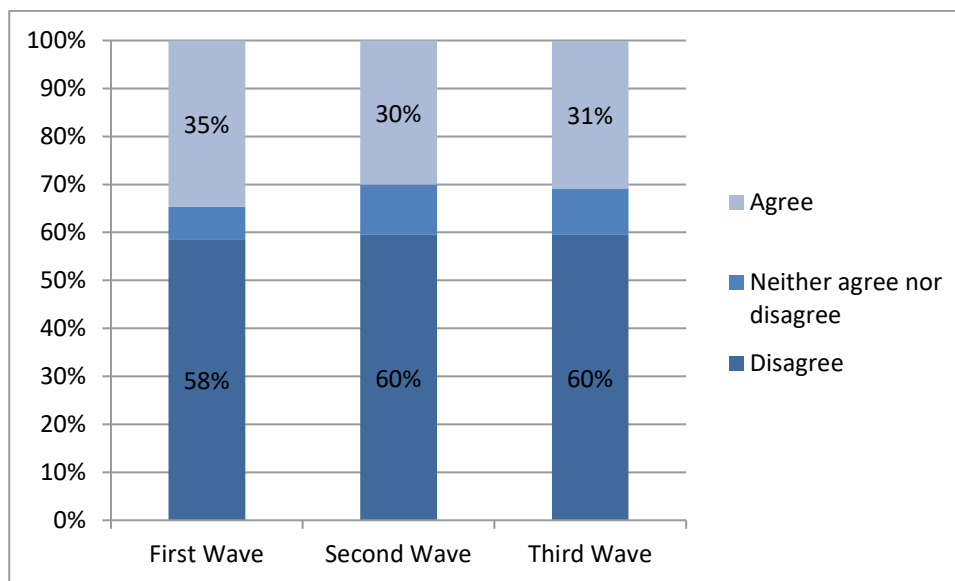
To further understand the changes in child behaviour over time the research team included specific questions about the child's aggressive conduct as this was known to be an important dimension of the adoptive families' experience but one that was not well captured by the validated psychometric scales used.

Figure 8 shows the frequencies of responses to the questions 'My child is often aggressive or violent towards friends or classmates': The results show that reported aggression towards peers remained on the same level between Wave 2 and Wave 3 but did not return to the levels reported at the first wave.³¹

³⁰ One-sample t-test showed a significant difference between the BAC mean score of children in the comparison sample and the Wave 3 sample ($T(153)=11.42$, $p<.001$, $d=1.85$). There was also a statistically significant difference between the BAC mean score of adolescents in the comparison sample and the Wave 3 sample ($T(98)=14.16$, $p<.001$, $d=2.86$).

³¹ Friedman test showed a not significant effect of time on the responses ($\chi^2(2)=.64$, $p=.73$).

Figure 8: Frequencies of ‘My child is often aggressive or violent towards friends or classmates’ of Wave 3 respondents



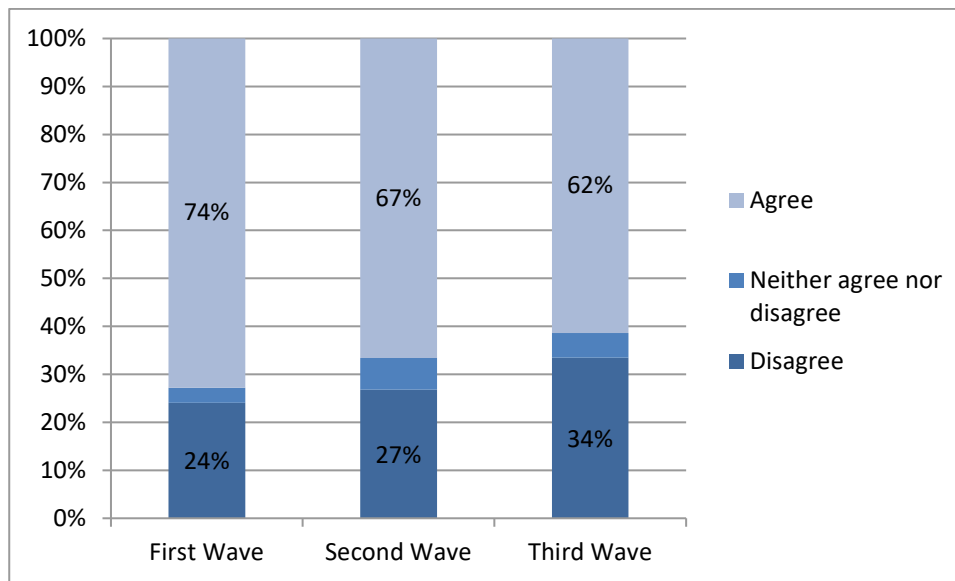
Note. N=257; Source: Wave 1, 2 and 3 survey.³²

In comparison, responses to the statement ‘My child is often aggressive or violent towards members of our family’ continued to improve as shown in the Figure 9. There was an overall statistically significant difference in responses depending on the time of measurement; this was shown to be significant between Wave 2 and Wave 3 as well as between Wave 1 and Wave 3.³³ However, it should be noted that the aggression level towards the family remained high in comparison to that reported towards peers.

³² The categories ‘Strongly agree’, ‘Agree’ and ‘Somewhat agree’ were merged into ‘Agree’. The categories ‘Strongly disagree’, ‘disagree’ and ‘Somewhat disagree’ were merged into ‘disagree’.

³³ Friedman test resulted in a significant effect for time on agreement level, $\chi^2(2) = 7.600, p = 0.022$. Post hoc analysis with Wilcoxon signed-rank tests showed that there was a significant difference between Wave 2 and Wave 3 responses ($p=.002$) and between Wave 1 and Wave 3 ($p<.001$), but not between Wave 1 and Wave 2 ($p=.117$).

Figure 9: Wave 3 respondents response to the statement ‘My child is often aggressive or violent towards members of our family’



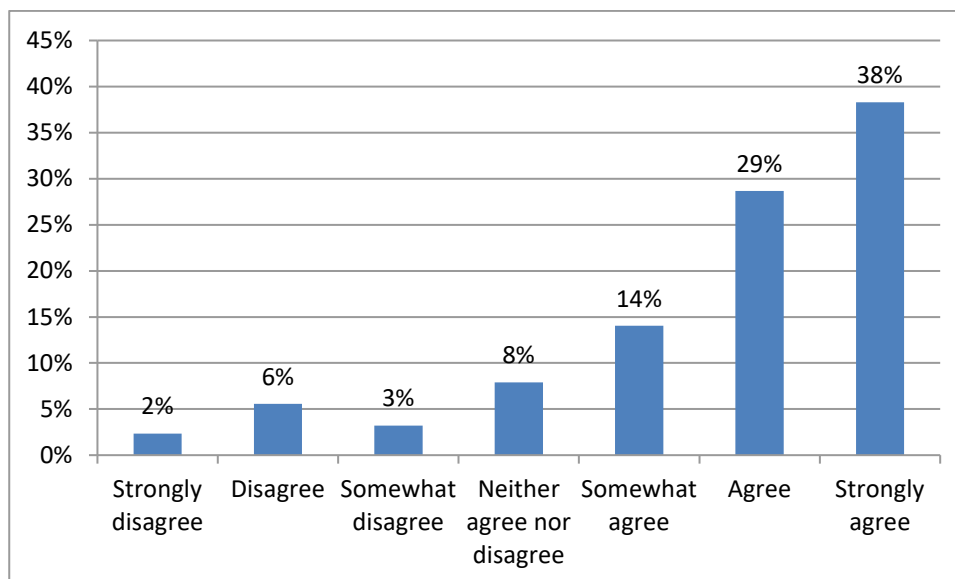
Note. N=259 Source: Wave 1, 2 and 3 survey.³⁴

Respondent attributed outcomes

In addition to the above questions, survey respondents were asked the extent to which they felt the support they had received through the Fund had helped their child. Figure 10 shows that the majority of respondents (81%) agreed with the statement ‘Receiving support through the ASF has helped my child for whom we applied to the Fund’, with only 11% indicating disagreement.

³⁴ The categories ‘Strongly agree’, ‘Agree’ and ‘Somewhat agree’ were merged into ‘Agree’. The categories ‘Strongly disagree’, ‘disagree’ and ‘Somewhat disagree’ were merged into ‘disagree’.

Figure 10: Wave 3 respondents' level of agreement level with the statement 'Receiving support through the ASF has helped my child for whom we applied to the Fund'



Note. N=342 (6 missing); Source: Wave 3 survey

Comparing the responses to this question with responses from the previous wave shows that respondents still felt that the support has helped their child. In Wave 2, 82% of the respondents who had also completed the third wave of the survey agreed that the support had helped their child. This effect is not statistically significant.³⁵

Qualitative responses

Respondents were also asked to provide their assessment of the impact of receiving support on their family. A fuller analysis of these responses will appear at the end of this chapter however we include a selection of responses that may help illustrate the results of the statistical analyses above. Comments typical of those that reported a positive impact were as follows:

“My daughter has matured and grown into the person I knew was there. It is very satisfactory to see this and I would like to thank you for providing the funds to allow this to be facilitated.”

“The sessions with the paediatrician have had a massive impact as her diagnosis and recommendations have led to my son being prescribed medication for ADHD which has helped him and the family immensely. The life story work has helped the family allow my son to understand his difficult background.”

³⁵ Wilcoxon signed-rank test did not show a difference in the responses to this statement ($Z=-.81, p=.42$) between Wave 2 and Wave 3.

However, in line with those respondents that indicated that there had not been benefits for their child a proportion of responses were negative and indicated that either the services had not been helpful or that the process had had a negative effect:

“The therapy helped [our child] a little at the time, but none of it transferred to home life. It stopped abruptly without a gradual stage, this caused a lot of distress for our son who took this as a rejection.”

“It has made no difference to our situation which is not acceptable when I know it costs a great deal to provide. Nothing has changed or improved for my daughter. She still has the same issues which we all try to deal with. We would not welcome any further input from social services.”

Other responses were more mixed, suggesting that the support had been of limited help to the child in question:

“It has offered some limited support but there has not been the time to explore the complexities and severity of the difficulties.”

“Daughter is making progress but it is slow. The progress she is making is improving situation at home very slowly but is improving.”

7.3. Family functioning, parental efficacy and parent-child attachment

Within the survey, family functioning parental efficacy and parent-child attachment were evaluated through a combination of a psychometric scale, self-attributed outcomes questions, and open questions.

Carer Questionnaire

In order to understand changes in the levels and quality of family relationship for those receiving support through the Fund the ‘relationship’ sub-scale of the Carer Questionnaire was included at each wave of the survey. On this scale higher scores indicate improved relationship between parent and child. Table 15 shows that on this scale there was a slight increase in parent-child relationship from Wave 2 to Wave 3. However, this change was not statistically significant.³⁶ Moreover, the trajectory of this change is similar to those observed with both child scales, of a flattening of change

³⁶ Overall the effect of time of measurement on the Carer Questionnaire scores was significant ($F(1.902,255)=14.99, p<.001, \eta_p^2=.056$). This equates to a medium effect size. Post-hoc tests analysis shows that the differences from Wave 1 to Wave 2 ($p<.001$) and from Wave 1 to Wave 3 ($p<.001$) are significant but not the difference from Wave 2 to Wave 3 ($p=.44$).

between Wave 2 and Wave 3 as compared to more marked changed between Wave 1 and Wave 2.

Table 15: Descriptive Statistics of Carer Questionnaire scores at all waves for Wave 3 respondents

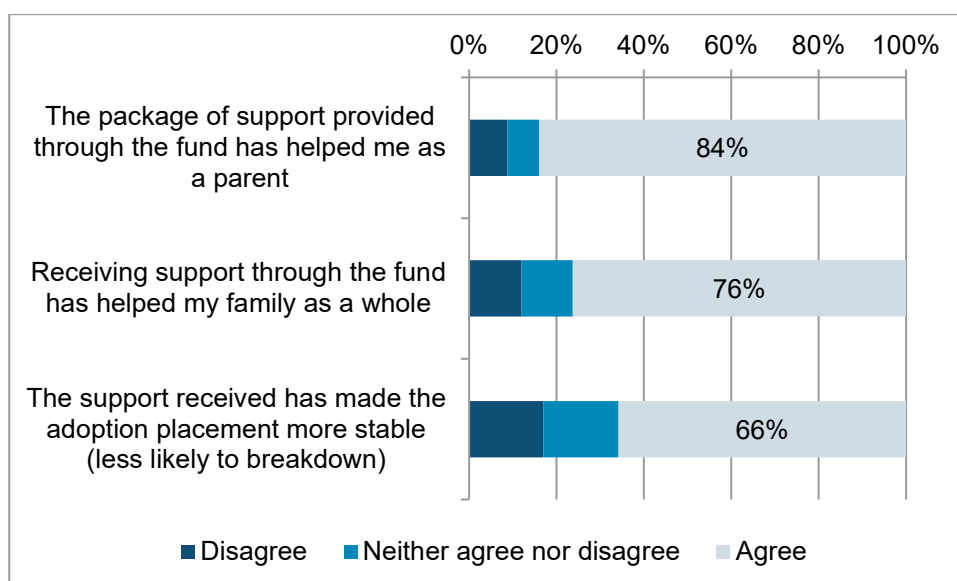
| N | First Wave | | Second Wave | | Third Wave | |
|-----|------------|-------|-------------|-------|------------|-------|
| | Mean | SD | Mean | SD | Mean | SD |
| 256 | 62.63 | 14.70 | 66.21 | 15.54 | 66.83 | 16.83 |

Note. Source: Wave 1, 2 and 3 survey.

Self-Attributed outcomes

In response to self-attributed outcomes questions the majority of respondents (84%) agreed that the support they had received through the Fund had helped them as a parent. Around three-quarters (76%) thought that the support has helped their family as a whole. And around two thirds (66%) reported that the support had made the adoption placement more stable. A more detailed illustration of these responses is found in Figure 11.

Figure 11: Wave 3 respondents' level of agreement to provided statements



Note. N=343-342 (missing 6-5); Source: Wave 3 survey.³⁷

Comparing the responses to the same statements from the Wave 2 shows that the ratings were similar, however in each case slightly less positive. The most notable decrease was in relation to whether respondents felt the support had helped their family

³⁷ The categories 'Strongly agree', 'Agree' and 'Somewhat agree' were merged into 'Agree'. The categories 'Strongly disagree', 'disagree' and 'Somewhat disagree' were merged into 'disagree'.

as a whole which reduced from 84% agreeing at Wave 2 to 76% at Wave 3. However, this difference as well as the differences in relation to the other two statements were not significant.³⁸

Open Question response

In line with the responses to the questions above, many respondents pointed to the positive impact of receiving support on their family life. Parents particularly pointed to their own increased understanding of the difficulties faced by their children.

“We have been shocked and overwhelmed by the level of violence, verbal abuse and control our children have brought into our family home. Adoption support has enabled us to understand our children, create stronger structures of support using friends and family (NVR), have somewhere we can be honest about the difficulties and stress we experience, and give us hope that we will retake our sanity and our family. Our children have benefitted from having other adults, who really have good experience and understanding of their feelings. These professionals have given our children space to reflect on their behaviour.”

Other respondents spoke of feeling better equipped and more confident in managing their children’s behaviour:

“It has helped us to manage behaviours/situations which could potentially get worse. It has given us (parents) confidence, and confidence to ask for help when we feel that we need it.”

Nevertheless, a proportion of parents reported not seeing the benefit of support for their family:

“We are still waiting for the improvements in family life to kick in.”

In other cases, respondents pointed to the benefits for individual children but not for the family as a whole:

“It has been really great, but it’s simply not enough. The therapies are only for my son, no support for the family.”

7.4. The wellbeing of adoptive parents

The final outcome domain addressed through the survey was the wellbeing and mental health of adoptive parents. This was evaluated with a combination of a validated

³⁸ Wilcoxon signed-rank test did not show a difference in the responses to the three statements between Wave 2 and Wave 3 for the respondents that completed the wave 2 and wave 3 survey ($Z=-.29$, $p=.78$; $Z=-1.31$, $p=.19$; $Z=-.57$, $p=.57$).

psychometric scale: The Short Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBS), a self-attributed outcomes question and open question.

SWEMWBS

The long-term follow-up through Wave 3 of the survey showed a continued slight improvement for those respondents who completed all three surveys.³⁹ Table 16 shows the mean SWEMWBS scores for respondents at each wave. The results show that there was a very slight continued improvement between Wave 2 and Wave 3 however as with the previous three measures this change is marginal and is not statistically significant and is better understood as a maintenance of previous improvements rather than a meaningful change in itself.⁴⁰

Table 16: Descriptive Statistics of SWEMWBS at all waves for Wave 3 respondents.

| N | First Wave | | Second Wave | | Third Wave | |
|-----|------------|------|-------------|------|------------|------|
| | Mean | SD | Mean | SD | Mean | SD |
| 239 | 20.34 | 3.16 | 21.16 | 3.15 | 21.40 | 3.47 |

Note. Source: Wave 1, 2 and 3 survey.

Additionally, it should be noted that despite the improvements observed between Wave 1 and 3 the wellbeing of respondents remained significantly lower than population mean of 23.6 for adults based on the Health Survey for England in 2011.⁴¹

Self-attributed outcomes

In response to a self-attributed outcome question more than two-third of respondents (68%) that had received support agreed with the statement “I feel more optimistic about the future as a result of the package of support” however a little under one fifth of respondents (18%) disagreed with this statement. At Wave 2 74% of the Wave 3 respondents agreed that the support has made them more optimistic about the future. This slighter higher proportion is not significant when comparing responses at Wave 2 and Wave 3 to this statement.⁴²

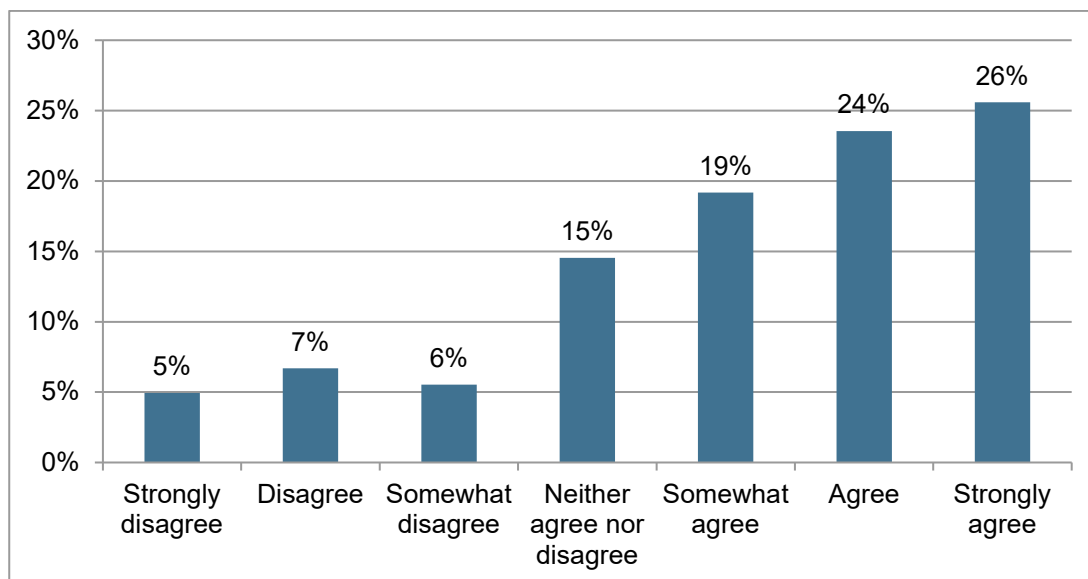
³⁹ Note: Higher SWEMWBS scores indicate a higher level of mental wellbeing

⁴⁰ Overall the effect of time of measurement on the SWEMWBS scores was significant, $F(1.939,238)=14.90$, $p<.001$, $\eta_p^2=.059$. This equates to a medium effect size. Post-hoc tests analysis shows that the differences from Wave 1 to Wave 2 ($p<.001$) and from Wave 1 to Wave 3 ($p<.001$) are significant but not the difference from Wave 2 to Wave 3 ($p=.26$).

⁴¹ One-sample t-test yielded a significant effect, $T(238)=-9.81$, $p<.001$, $d=1.27$. The effect size equate to a very large effect.

⁴² Wilcoxon signed-rank test did not show a difference in the responses to this statement, $Z=-1.82$, $p=.069$.

Figure 12: Wave 3 respondents' agreements levels with the statement 'I feel more optimistic about the future as a result of the package of support'



Note. N=344 (missing 4); Source: Wave 3 survey.

Open questions responses

Those that had given positive responses to the self-attributed questions pointed to how the support had helped them. Some respondents referencing the direct effect of the therapeutic support for them as parents:

“The counselling helped my husband and I considerably.”

Whereas other felt that the package of support had helped them manage their children’s difficulties more effectively:

“The support helped my husband and I through a difficult time psychologically during a period of extreme behaviour from our daughter in her early teenage year.”

“Having access to regular consultation with the psychotherapist has really helped me to cope with my daughter's behaviour. She refuses to go herself, so I am in affect her therapist via my parenting. It's exhausting and depressing but I would have had a mental breakdown without this input. She would definitely have had to move out of our home.”

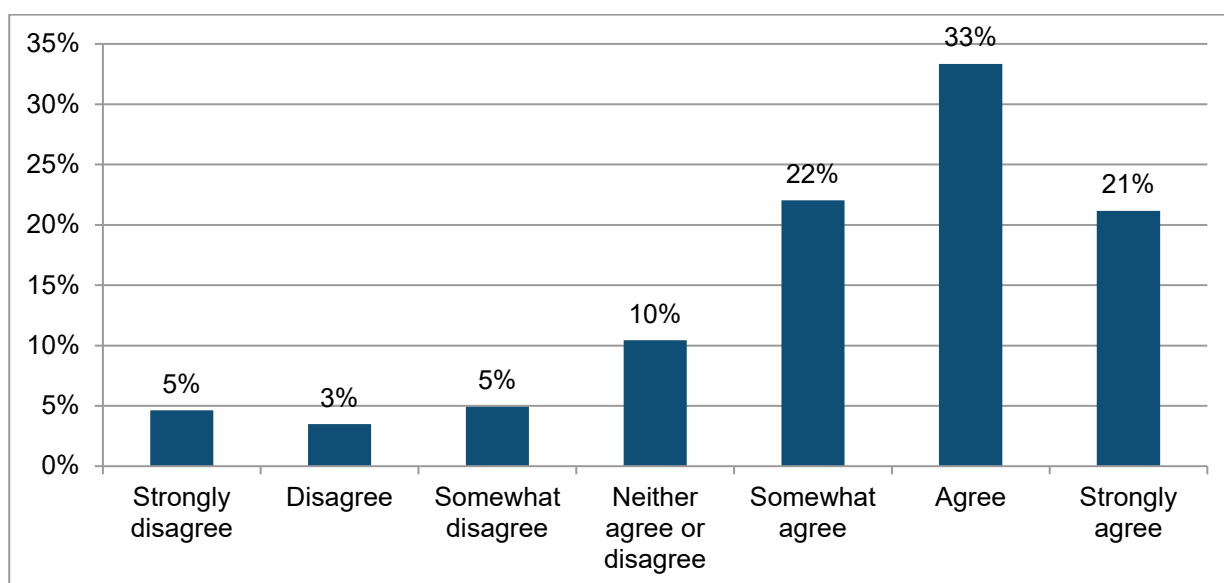
Nevertheless, in keeping with those who did not feel that support had helped respondents made comments such as:

“Not helped at all. Did not think we, as parents, were being listened to. Lack of appropriate care and support from [service provider] and adoption support.”

Overall outcomes

In line with the detailed self-reported outcomes, when asked for their global assessment of the value of the support to their family, over three quarters of respondents (76%) agreed that the package of support provided through the ASF had met the needs of the child and their family. Figure 13 shows a more detailed breakdown of responses to this question. Again, this was comparable to the responses to the previous survey. At Wave 2 82% of the ones that also completed the Wave 3 survey agreed that the support has made them more optimistic about the future. This difference is not statistically significant.⁴³

Figure 13: Wave 3 respondents' agreements levels with the statement that this package of support met your child's and family's needs



Note. N=345 (3 missing); Source: Wave 3 survey.

Qualitative responses

Survey respondents were given the opportunity to assess in their own words the impact of the Fund in response to the questions 'What effect, if any, has receiving adoption support through the Adoption Support Fund had on your family?' (N=316). Responses ranged in terms of how positive or negative they were, in relation to what aspect of the support had or had not helped, and in relation to which aspect of family life had been affected.

In keeping with trend in responses to the above questions the majority of open-question responses were positive; suggesting that support received had helped the child for whom

⁴³ Wilcoxon signed-rank test did not show a difference in the responses to this statement, $Z=-1.90$, $p=.058$.

the services were commissioned. These responses were coded and the proportions of comments falling into each code are given in Table 17.⁴⁴

Table 17: Frequencies of coded responses to the question ‘What effect, if any, has receiving adoption support through the Adoption Support Fund had on your family’

| | N | % |
|---|-----|-----|
| Positive effect - diagnosis and access to specific therapy/courses | 88 | 28% |
| Positive effect - support for family as a whole/improved relationships/feel listened to | 215 | 68% |
| Concerns about future funding of services/support from LA | 51 | 16% |
| Mixed views - valuable support but family still struggling with some aspects | 46 | 15% |
| Respondent felt unable to comment due to having had little experience of ASF funded support | 39 | 12% |
| Negative - support via ASF of very little help | 50 | 16% |
| Other | 9 | 3% |

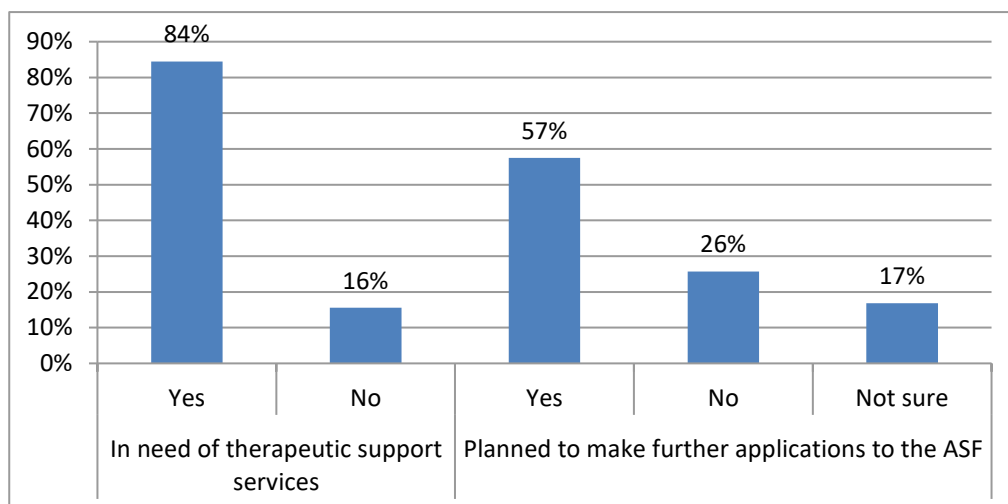
Note. N=316; Source: Wave 3 survey.

7.5. Future support needs

Commensurate with the very high levels of need recorded through the outcome measures at the Wave 3 stage the large majority of respondents indicated that they and their children continued to need therapeutic support services. Of the 360 parents that answered the question 84% felt that they were still in need of support. More than half of respondents (57%) also indicated that they planned to make further application to the ASF while 26% were unsure.

⁴⁴ Note that responses of some parents match several codes, hence, the percentages do not add up to 100%

Figure 14: Frequencies of future support needs



Note. N=360 (missing 12) and 362 (missing 10); Source: Wave 3 survey.

Qualitative responses

Survey respondents were given the opportunity to feedback in their own words about their families' ongoing needs for support and what could best be done to help them. In response to the question: *“Thinking about the future needs of your family: What support or other actions do you think would best help to meet your family needs in the future? This can include recommended changes to the ASF or support from other sources”* we received 189 comments. These comments were then coded and Table 18 shows a detailed breakdown of the proportion of comments that fell into each code.⁴⁵

Table 18: Frequencies of coded responses to the question ‘What support or other actions do you think would best help meet your family needs in the future?’

| | N | % |
|--|----|-----|
| I would have liked more help or support | 92 | 48% |
| Fund should be more flexible/wider choice of therapies | 51 | 27% |
| The process was too long | 26 | 14% |
| Better training needed for social workers | 19 | 10% |
| General positive comment about support/process | 16 | 9% |
| Support should be more local | 12 | 6% |
| Would have liked more input or involvement | 9 | 5% |
| The process was difficult or confusing | 8 | 4% |

⁴⁵ Total percentage exceeds 100% as some respondents covered more than one code.

| | N | % |
|---|---|----|
| Families should be made more aware of the Fund and sooner | 5 | 3% |

Note. N=189. Source: Wave 3 survey.

The most common responses to this question were that the respondents' family needed more and ongoing therapeutic support or support of a different kind, often including suggestions, as to the type of support required. These comments referred both to the needs of adoptive parents and of their children. Typical comments in relation to adopted children were as follows:

"It's difficult to know what may come up in the future but I would imagine my son and I will continue to need psychotherapy support."

"Continued access to our therapist if required. Just to know the support is there if required."

A number of comments pointed to the importance for continuity of support:

"Continuing DDP - the needs are continuity not episodes or passing."

A significant number of respondents referred to the need for support specifically for the parents, with a sizable proportion mentioning the need for respite support for parents and other family members:

"Both children will need further therapeutic support in future. The biggest need is for parents to be able to get respite - preferably workers who are able to maintain routines in the home and engage with the children of course! While the parents take time to refresh themselves."

"I feel very strongly that EMDR or similar should be made available for adoptive parents. I have not been given support earlier as I could not prove - through having flashbacks - that I have PTSD. We often have secondary trauma which makes it even more difficult to parent children who have been traumatised - a vicious circle. The ASF is very valuable - extending it would help so many families."

These comments accorded with those that more generally requested greater flexibility in the scope of the Fund, where a wide range types of post-adoption support were requested. In particular, a call for greater links with education was made.

"Involving school in process: School are not equipped to deal with children with emotional needs. The lack of consistencies in schools is not good enough for young people."

"Support available to help schools with EHCP applications would be good because this process has taken far too long and we have not had confidence that the

school know what they are doing. We still don't know whether the application has been successful. The ASF should be able to help schools pay for additional support whilst awaiting EHCP funding to come through (at the moment our child's school is paying for a full time TA out of their own budget.)”

Other respondents spoke of the need to improve the response of social workers and support providers:

“Last October during a crisis incident we rang social services to be told there is nothing they can do, they were completely dismissive of our family situation. In the end we had to call the police, which had a detrimental effect on our relationship with our son.”

A number of respondents also directly referenced concerns about the Fair Access Limit which was felt to make some types of support unavailable on account of cost:

“The cap of £5000.00 has meant that we can't access all the therapy needed. E.g. I would like more support but am unable to afford the sessions.”

“Removing the fair access limit would help. The kind of support our children need is of the industrial strength variety.”

7.6. Interpreting the results

Above we have presented the main result of the third wave survey, in particular the changes in mean scores on the four psychometric scales used to measure the three main outcomes. What emerges is a clear pattern of change over time across all four outcomes. The pattern is of small (and statically significant) improvements between Wave 1 and Wave 2, followed by no statistically significant change between Wave 2 and 3 (neither an improvement nor a decline). Broadly this pattern can be described a modest initial improvement that is then sustained over a longer period of time. (See Appendix 2 for a more detailed illustration of this pattern).

This result poses a challenge for interpretation. The fact that the same trajectory is recorded on each scale gives confidence that effects observed on the outcomes measures are describing a ‘real-world’ effect. However what accounts for the ‘plateauing’ in the trajectory of change? We might expect that as families receive more therapeutic support the trajectory of improvement will continue.

A range of possible reasons may underlie this effect. One thing to note is that this effect is not uncommon in therapeutic trajectories, after an initial steep rate of improvement, associated with starting therapeutic support, the rate of change slows or stops. Both clinical and naturalistic studies of the longer-term effects of mental health treatment have found this type of trajectory of change for those going through interventions, (Hayes et al., 2007; Warren et al. 2010) while other studies have suggested multiple possible

trajectories are normally found within large samples (Laurenceau et al., 2007; Owen et al., 2015).⁴⁶

To try to better understand the meaning of these results and the potential causes of the pattern, we submitted the data to further analyses where we sought to understand the influence of a range of additional factors on the trajectory of families in relation to the three outcomes domains. Details of this further analysis are found in Appendix 2.

These further analysis aimed at understanding the role played in the results by the following factors:

- The timing of support received (in relation to the waves of the survey)
- The quantity of support received
- The reported further support needs of families

Timing of support

The purpose of this was to see whether the presence of respondents in the sample who had not received therapy since they last returned a survey was ‘diluting’ and otherwise observable change in the families that had received therapy. Across all four outcome measures, there was no significant main effect of the timing of receipt of therapy on the outcome scores at the three time points.⁴⁷ This is to say that no such ‘diluting’ effect was discovered.

Quantity of support

In addition to the timing of support we analysed the influence that the amount of therapy received had on the trajectories of families. For details of how we created a measure for quantity see Appendix 1. The mixed model results show that the amount of therapy had no significant effect on the four outcome measures.⁴⁸ While counter intuitive this finding accords with other research in the field that does not find a linear relationship between ‘dose’ and ‘effect’ in therapeutic interventions (Bickman, et al. 2002; Baldwin et al, 2008). It should also be noted in this study that there was a substantial proportion of missing data on the amount of therapy received.

⁴⁶ While these studies do appear to show similar trajectories of change, there are a number of important differences in both the aims and methodologies, meaning that too close a comparison may be misleading. For example none comparable studies couple be found for therapeutic work with adopted or looked after children

⁴⁷ The p-values of the main effect for receipt of therapy at each wave were larger than .05 for every outcome measure.

⁴⁸ No significant main or interaction effects were found for ‘amount of therapy received’ for all four outcome measures, $p > .05$.

Further support needs and applications

Finally, we explored the relationship between those families who reported a continued need for therapeutic support among those who have received therapeutic support between the Wave 1 and 2 and whether they received further support between Wave 2 and 3. This showed that there was a significant association between receiving support between the second and third wave and the responses to the question whether they continued to need therapeutic support services.⁴⁹ For details of this analysis see Appendix 2.

This final analysis may help us explain some of the flattening out of the trajectory described at the start of this section. It is observable that of the families that received support between Wave 1 and 2, those who went on to receive further support generally had a greater level of need than those who did not. Again, supporting the view that services on average were provided to families in greater need. The flattening of the line for families who did not receive more support is in keeping with what might be expected. Whereas for those that did receive more support after Wave 2, it is possible that the difficulties they were facing were, on average, less amenable to moderation by therapeutic support or the high levels of need recorded may reflect the changing nature of challenges faced by adoptive families as children grow older.

Despite these further analyses we have struggled to account for the pattern observed in outcomes for the sample of families. Some of these analyses point to possible reasons, however there are many other factors that we were unable to consider due to limitation of the data set and the absence of additional sources of data. Therefore, on the basis of longitudinal survey data alone it is not possible to further infer the underlying causes.

⁴⁹ Chi-Square test showed a significant effect, $X^2(1)=9.14$, $p=.003$, Cramer's $V=.18$.

8. Policy and practice implications

The further findings of the longitudinal survey support several conclusions relevant to policy, while the present report is based largely on the longitudinal survey and we are therefore somewhat limited in the extent to which we can make recommendations, by building on the findings of the original evaluation and on comments from the DfE Research Advisory Group we are able to draw some general implications from the research.

First, it should be noted that the findings of this latest piece of research broadly support the central findings of the original evaluation (2015-2017). It may therefore be helpful to review the recommendations for policy made in the original evaluation report (ASF Evaluation: 10.6 Implications for policy and practice, p164). Most importantly, this wave of the research reinforces the continued need for additional support for adoptive families. It shows that there is a substantial group of adoptive families with profound, long-term, and complex needs. It further shows that while therapeutic support provided through the ASF contributes a modest benefit to the circumstances of these families, needs remain severe, even for those that have received substantial support. In keeping with this, the most frequent comment by respondents to the third-wave survey was about the need for more and ongoing therapeutic support for their families. Taken with the original evaluation findings this provides a strong case for the continued provision of post-adoption support through the Adoption Support Fund or an equivalent mechanism. The questions facing policy makers and services providers in this field is how best to meet the complex and ongoing needs of adopted children and their families within the resources available.

This research further points to the need for continuity of support for families. With the needs for most fund-applicants remaining high, even after receiving support, and an observable pattern of repeat applications to the Fund by many families, consideration should be given as to how support can be made available on an ongoing basis. Further adaptations to the Fund should take into account the ongoing nature of need and prioritise building sustainable capacity within the system.

In recognition of the ongoing need, the effect of the Fair Access Limit (FAL) runs the risk of contributing to “stop-start” effect for families trying to access support. While the FAL in principle allows for the local authority to match funding with the ASF up to the amount of £30,000 (including the £5,000 FAL) in many cases this does not happen, either because the children do not meet the criteria for this further matched funding or the local authority is unable to afford their contribution.⁵⁰ Parents expressed concerns about support being

⁵⁰ <https://www.gov.uk/guidance/adoption-support-fund-asf>

unavailable due to reaching the limit and having periods of hiatus before new applications could be made. While, as with any area of government policy, the ASF must operate within a limited budget, finding ways to offer continuity of support rather than discrete packages of support may better reflect the nature of the underlying need. In many cases the reassurance that support is available if needed may be of benefit to families in itself.

Findings suggest that the needs of the vast majority of applicants are far beyond the level of need required to access support through the Fund and that the levels of need do not tend to change to the extent that a child deemed in need of support at one assessment is deemed not to need it three months later. Therefore the requirement for regular re-assessments in order to confirm continued need for the Fund might be reconsidered. While the subsequent re-assessments are not required to be full assessments of need and many adoption teams developed light-touch approaches to this process any steps that reduce barriers to access for families are likely to encourage parents to use the ASF in a preventative and developmental way rather than as a resource to help manage crises.⁵¹ Equally any steps that reduce the administrative burden on local authority teams will free up resources for staff to undertake other tasks, such as the provision of support themselves or the processing of further applications to the Fund.

While the ASF is a welcome contribution to addressing this need and is broadly popular with adoptive parents, in light of the issues faced by many families, greater attention may be needed in relation to the role of mainstream services both in understanding the particular issues faced by these families and in providing support that compliments specialist therapeutic care. Building understanding and capacity within services, especially schools but also social care, health and mental health services may lead to the kind of ongoing support that many families need. This relates to the recommendation in the previous report to develop stronger 'scaffolding' around families in order to meet their needs and to act preventatively in catching issues before they escalate to crises. This further capacity building could potentially be provided through the ASF, via a staff training budget, or through wider funding and policy developments in relation to looked after, adopted and fostered children.

In terms of the need for further research, it should be noted that the cohort of families responding to the longitudinal survey were drawn from early applicants to the Fund so may not be representative of later applicants. Similarly this cohort's experiences of Fund use may not fully capture the effects of changes to the Fund introduced since its inception (ASF Evaluation: 4.2 Scope changes, p20). We would therefore recommend continued evaluation to validate findings from this research in relations to more recent

⁵¹ 10.6 Implications for policy and practice (ASF Evaluation, p164)

applicants. Beyond this general updating of research findings for more recent applicants the following areas could be addressed in more detail in subsequent research:

- Regionalisation: Particular attention may be necessary to the effects of regionalisation within adoption services which has largely been outside the scope of this research but is likely to have a significant impact of how services are accessed in the future;
- Fair Access Limit: Greater focus may be fruitful on the operation of the FAL and its effect on access to and provision of adoption support. So as to gain a better understanding of the proportion of local authorities providing matched funding above the £5,000 limit and the proportion of applicants overall receiving some level of matched funding and the factors determining this; and,
- Timeliness: This report highlighted that applicants' experience of the Fund were broadly very positive with the partial exception of their experience of timeliness of support. Having a greater understanding of the factors that are leading to this experience may allow the department and local authorities to take steps to mitigate this issue. Part of the initial rationale for the ASF was to grow the capacity of the market in adoption support. It may be time to re-visit this question to understand if waiting times reflect a lack of capacity in provision or administrative factors or a mixture of both.

9. Final Conclusions

This report provides the results of the third wave of the longitudinal survey of ASF applicants. The continuation of the survey was intended to provide a longer-term follow-up on the results of the evaluation of the ASF and to help answer the following research questions:

- What are the longer-term effects of receiving support through the ASF?
- What is the experience of the families accessing adoption support in the longer term?
- What are family's perceptions of their future support needs?

This research found that the improvements observed at the second wave of the longitudinal survey in terms of: child development, mental health and wellbeing; parental wellbeing; and parent child relationship, were sustained in the longer-term but that statistically significant further improvements did not occur after the Wave 2 Survey. Nevertheless, this means that a statistically significant improvement was observed, and sustained, between Wave 1 and Wave 3 of the survey for families in relation to each outcome domain.

Further analyses were unable to shed light on the reasons for the observed 'plateauing' of reported outcomes. No relationship was found either between the timing of therapeutic support or between the quantity of support and reported outcomes. Further research may be needed to better understand the reasons for this observed trajectory. Possible factors to consider in further research which were raised by respondents in the open survey questions but which were beyond the scope of this research are: the appropriateness of the types of therapeutic support for the needs of the families, the effect of the Fair Access Limit on longer-term outcomes, and the amenability of the difficulties faced to substantial improvement as a result of therapeutic treatment.

While the third wave of the longitudinal survey of applicants to the Fund did not find further improvements in outcomes at the longer-term follow-up, the ASF remained popular with respondents with the large majority reporting positive experiences of accessing the Fund and the support that it provided. A large majority of respondents felt that the support they received through the Fund had been beneficial for themselves, their children and their family as a whole, with parents feeling that they now better understood the difficulties their children faced.

Despite this positivity around the benefits of the Fund and modest, sustained improvements in outcomes since the inception of the Fund, the levels of difficulties faced within the families of survey respondents remained high, reflecting the ongoing need for support in most cases. Respondents made a range of suggestions for changes to the Fund, most frequently these focussed on broadening the scope of the Fund to include

additional types of support, improving coordination with education services, and loosening financial restrictions to permit greater quantities of support to be accessed.

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