



Department
for Education

Evaluation of the Adoption Support Fund 2018 to 2022: summary

Research Brief

December 2022

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Government
Social Research

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Introduction

This document summarises findings from a 3-year mixed-method evaluation (2018-2021) of the Adoption Support Fund in England undertaken approximately 6 years after it was established by the Department for Education (DfE) to meet the therapeutic needs of children who left care through adoption or a Special Guardianship Order (SGO)¹. The evaluation included: a three-wave longitudinal survey of adoptive parents and special guardians relating to a child receiving ASF support; qualitative longitudinal interviews with a sample of these adoptive parents and special guardians; and longitudinal interviews with and a survey of ASF provider organisations. More about the methodology can be found at the end of this document (in Section 5).

¹ The Fund was originally established solely for adopted children and families and later expanded to support children subject of a Special Guardianship Order.

1. The needs of children and families accessing ASF support

The mental health and wellbeing needs of children were measured at 'baseline' and the first and second follow up surveys with reference to parent/carer-report: Child Behaviour Checklist (CBCL) and Strengths and Difficulties Questionnaire (SDQ). Adoptive parent and special guardian emotional health and wellbeing was assessed using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS). Parenting efficacy was measured through the Brief Parenting Self Efficacy Scale (BPSES). The baseline survey² also included other non-standardised questions of child and family needs. It found that:

- As measured by the SDQ, the mental health and wellbeing needs of children aged 5-15 years about to receive ASF-funded support were significantly greater than those of the overall population of similarly aged children.
- A high proportion of all children in the study (80% those aged 1.5 to 5 years and 90% those aged 6-18 years) had needs in the CBCL clinical or borderline clinical range.
- Approximately one third of the children (31%) had a multi-disciplinary Education, Health and Care Plan (EHCP), approximately 10 times the rate of children with an EHCP in the overall population.
- A proportion of all children in the survey had a formal diagnosis that increased with age, for example: Attention Deficit Hyperactivity Disorder (13% or 18% children aged 11+); Autistic Spectrum Disorder (9% or 14% children aged 11+); or Foetal Alcohol Spectrum Disorder (6% or 7% children aged 11+).
- Parent and carer emotional health and wellbeing as measured by SWEMWBS was significantly worse at the point of accessing ASF support than in the overall adult population.

In interview, adoptive parents frequently described having experienced a 'honeymoon period' of relative calm and stability for them with their child(ren) that had lasted for weeks, months or years before their difficulties emerged or escalated, often coinciding with a transition, for example into or between schools. By contrast, special guardians were more likely to have been thrust into providing care at relatively short notice and did not describe a honeymoon period, rather how their child(ren)'s difficulties were already evident at the start of the placement.³

Across the period of the evaluation, LAs and RAAs stated that they had noticed an increase in specific child and family presentations referred to them including: child needs

² <https://www.gov.uk/government/publications/adoption-support-fund-baseline-survey-of-families>

³ Evaluation of ASF: qualitative family interviews <https://www.gov.uk/government/collections/evaluations-of-the-adoption-support-fund-asf>

in education settings; child to parent violence; child sensory (integration) needs; neuro-developmental disorders/diagnoses; parent/guardian-specific and couple needs; contextual safeguarding; birth family contact; and transitions to adulthood.⁴

⁴ Evaluation of ASF: LA, RAA and provider experiences
<https://www.gov.uk/government/collections/evaluations-of-the-adoption-support-fund-asf>

2. Family experiences of seeking and getting ASF-funded support

2.a. Seeking help

Key themes from the survey and qualitative interviews with parents and special guardians, also interviews with adoption and SGO-focused professionals from LAs and RAAs were that:

- Awareness levels of the ASF were greater amongst adoptive parents compared with special guardians, in relation to whom lack of contact with or information from local authority social workers might get in the way of their knowing what their child may be eligible to receive. The ASF COVID-19 Scheme was thought to have assisted in raising awareness levels amongst special guardians. However, LA/RAA as well as special guardian interviewees still considered that greater attention should be paid to tailoring awareness-raising or marketing activities to SGO families and tailoring accessible interventions (more) to their needs.
- In the baseline survey, both adoptive parents and special guardians rated aspects of seeking help funded through the ASF, including the local authority/ regional adoption agency assessment process, relatively highly, and the ratings were mostly an improvement on those reported by adoptive parents accessing the Fund at an earlier stage. However, special guardian satisfaction ratings were generally lower than those of adoptive parents, and lower overall in relation to the time it had taken to access support funded through the ASF. Where delays in the overall process of getting help were very long (over 12 months), parent/guardian interviewees also described feeling very frustrated and disappointed by this, even though the support was helpful.
- LA and RAA interviewees recognised and were concerned about the delays in accessing help for some families, these attributed to a combination of factors including: the centralised processing of applications; increasing demand overall, and the resultant pressure on RAAs or LAs to process applications to the Fund; and/or the insufficiency of providers to meet demand in some areas. RAAs and providers were also concerned about the perceived de-skilling of social workers working in 'assessment roles' and how, in particular in the transition to RAAs, some had moved out of their statutory roles into more obviously attractive therapeutic roles in the private sector. This meant that there was sometimes often insufficient human resource to cope with demand for assessment and review within the RAA.
- The quality of SGO-related assessments was also considered by LAs and providers alike to be inconsistent, including because social workers might only

undertake them occasionally. This was being addressed by some LAs by drawing SGO and kinship care experts into a single team.

- Although most assessments were reported by LAs and RAAs to continue to be led by social workers, they were sometimes described as being undertaken by multi-disciplinary teams within RAAs, including psychologists as well as social workers. Other developments within RAAs included: a greater focus on capturing both the voice of the child and whole-family needs; and the introduction of a form of triage system to assist with decisions regarding the prioritisation and nature of assessments.
- Decisions about what support would be funded was reported by adoptive parents and special guardians participating in interviews to have been made by the professionals involved, but they were mostly content with the selection of an intervention and provider. There were some examples of co-produced decisions regarding provider selection, including in the context of multi-disciplinary conferences. Choice about a provider or service was more likely to be considered 'not relevant' or 'not discussed' where families lived in a rural area (as more difficult to physically access) or where the child was subject of a Special Guardianship Order. LAs and RAAs acknowledged that it was harder to meet demand away from urban centres (due to supply issues) and also that the market was not fully representative of the families it was there to serve, particularly with reference to child and family ethnicity.

2.b. Getting help

Key themes from the longitudinal survey and adoptive parent / special guardian interviews included that:

- Through the core ASF, families often accessed a form of parent training (33%); a creative or physical therapy for the child (30%); a creative or physical therapy for the child and parent/guardian together (21%); family therapy (29%); psychotherapy or talking therapy (27%); or therapeutic life story work (14%). Some families received more than one type. The most frequently accessed specific supports were: Dyadic Developmental Psychotherapy (19%); Therapeutic Life Story Work (14%); Play Therapy for the child alone (15%) or Theraplay (11%); Sensory Integration (Processing) Therapy (10%); and certain forms of parent training such as Non-Violent Resistance (7%) or Building Attachments (8%).
- For many families in the longitudinal survey sample, the COVID-19 pandemic delayed or altered delivery to varying degrees. However, the ASF COVID-19 Scheme had allowed funding to be used for activities outside the scope of the core ASF such as: psychologist or therapist-led 'drop in' consultations with parents and

guardians; peer support for special guardians; and on-line delivery of NVR courses. Whether funded via the core ASF or COVID-19 Scheme, some families in the qualitative interviews found, often to their surprise, that online therapy had worked to a certain extent. However, many others, particularly families with younger children, found that it had not worked so well or was not even attempted. Most appreciated a return to some face-to-face sessions. LA and RAA interviewees also said that virtual support did not work for all children in all situations, particularly younger children.

- Despite the COVID-related disruption to planned support, all aspects of the support continued to be rated very positively in the first follow up survey (parents and guardians satisfied or very satisfied), for example in relation to: the choice of therapist (84%); the duration of sessions (88%); how well support was matched to the child's needs (84%); the therapist's understanding of the needs of adoptive and SGO children (93%), also their compassionate (93%) and non-judgemental (92%) delivery of support.
- However, when compared with adoptive parents, special guardians were consistently less satisfied with these and other aspects of their ASF experience.

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

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

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

LA and RAA interviewees considered that, between the first and second wave of interviews, improvements had been made in the quality of ASF-funded support including as a result of the recruitment of more specialist therapists and the use of 'certified supervisors' to provide more consistent clinical oversight. They described a market for the provision of ASF-funded support that continued to be populated by voluntary or private sector providers, although some RAAs were beginning to provide more supports 'in house'. Most of this provision continued to be spot purchased, although some RAAs had experimented successfully with block contracting of supports with ASF COVID-19 Scheme funding. Block contracting was often considered by commissioners to have distinct advantages over spot purchasing in terms of an efficient and cost-effective use of the overall resource. However, they often expressed a view that, in the context of a system predicated on individual applications for funding, spot purchasing remained the only realistic method for procuring core ASF-funded services. Some RAAs and LAs expressed a preference for core ASF funding to be devolved to the region / local authority area to provide greater choice and control over use of the overall resource, including through block contracts and lighter touch administration perceived together to offer faster access for families and better value for money.

3. Outcomes for children and families receiving ASF-funded support

3.a. The views of parents and guardians about the overall helpfulness and extent of positive change for their child and family

- At the end of funded support, a high proportion (83%) parents and guardians participating in the longitudinal survey found the funded support helpful or very helpful overall, but this was so for a greater proportion of adoptive parents compared with special guardians.⁵ This was sustained six months later where 75% of parents/carers agreed or strongly agreed that the package of support had helped their family as a whole.
- There was also a statistically significant (substantial, with large effect size) improvement in parent and guardian estimates of the extent to which the main aim of the funded support had been met by the end of the intervention.
- Parents and guardians gave a relatively high average score of 6.93 and mode score of 7 out of 10 in relation to a question about the extent to which positive change(s) for their child and/or family had been sustained 6 months since the conclusion of ASF-funded support.

3.b. Impact on child mental health and wellbeing by age, gender and extent of child difficulties before ASF funded support started

- By the end of funded support⁶, the mental health difficulties (as measured by the CBCL and SDQ) of school-aged children subject of ASF-funded support improved on average to a small but statistically significant degree.
- These improvements for school-aged children were noticed across child gender(s) but were most marked for older boys aged 12-18 years.
- By 6 months after the end of funded support, these improvements were mostly sustained or even further extended for children of school age and with reference to the CBCL. There were also reductions in the proportions of children in the highest level of need 'band' and in relation to the impact of the child's difficulties of their

⁵ [Evaluation of ASF first follow up survey.pdf](#)

⁶ The end of funded support was based on expectations regarding end dates for the funded support. The first follow up survey was completed at around the time funded support was due to end, or 12 months after completing a baseline survey, whichever was the sooner.

day to day lives, as measured by the SDQ, that were sustained through to 6 months post-ASF support.

- However, no such statistically significant improvements were demonstrated through the longitudinal CBCL measure relating to pre-school aged children.
- The longitudinal survey demonstrated that the mental health of children with higher level difficulties at baseline survey tended to worsen over the period of the study and the funded support, whereas children with lower-level difficulties at the start tended to improve. Children with worsening problems represented between 11-16% (CBCL Total Problems) and 24% (SDQ Total Difficulties) of the samples in different age and gender categories. Their baseline scores put them in the 'very high' range of difficulties. Where parents and guardians participating in an interview reported that their child's needs had escalated during the course of ASF-funded support (for example so that they required in-patient support or other forms of support living away from the family), this was often where the child's needs had been complex or very complex at the start. A small number of interviewees thought that, on balance, their child's needs had been too complex or severe to benefit from the level of therapeutic support that could be provided through the ASF.
- Positive change was noted by parents and guardians⁷ in relation to a range of child functioning including, for example, that they were: more able to verbalise and/or regulate their emotions; had fewer 'meltdowns' or angry outbursts; were better able to concentrate, manage relationships and make progress in school; were better able to maintain a friendship group and social interactions; had an improved sense of identity and life journey; had improved trust (in parents and carers) and self-esteem or confidence; and/or were more able to cope with challenges. The area of sustained progress most frequently mentioned was that their child was more able to regulate their emotions and behaviours, including in educational settings and to the benefit of their education.
- Children and young people participating in an interview often noticed these improvements in themselves, and additionally frequently reported: improved sleep and/or absence of nightmares; feeling happier and more relaxed; and feeling more optimistic about the future.
- At the point of the second follow up over two thirds (67%) parents and carers considered that the adoption or special guardianship was going really well or that there were challenges and rewards and overall they were managing. However, in free text responses they frequently qualified this by referencing how challenges often had and could emerge or re-emerge at key transitions for their child including for example: into secondary school; or becoming/being a teenager. Overall, a

⁷ Responding to free text questions in the longitudinal survey or participating in an interview.

strong theme from the findings was that modest, cumulative improvements rather than those of a more dramatic nature should be anticipated from therapeutic support for these cohorts of children.

- In addition to the findings from standardised measures, parents and carers in free text responses frequently used phrases and terms like ‘coping better’, ‘in a better place’, ‘ups and downs’, ‘baby steps’, and ‘early days’ to describe progress for them and their child since receiving ASF-funded support. Many parents and carers participating in an interview were also keen to point out that the support was ‘not a cure’ for their child who often still experienced (some) ongoing difficulties. At 6 months after the end of ASF-funded support, 80% of adoptive parents and guardians participating in the survey thought their child and family still needed more therapeutic support.

3.c. Impact of ASF-funded support on family functioning

Statistically significant improvements in overall family functioning were evidenced through the parent/guardian-report longitudinal survey and standardised measures embedded within it, including in relation to:

- Parenting efficacy and confidence in their ability to parent a child (particularly between baseline and the first follow up survey).
- The overall burden of the child’s difficulties on the family.
- Parent and guardian emotional health and wellbeing (by 6 months after the ending of ASF-funded support – at the first follow up survey, the findings were more mixed with reference perhaps to the stresses and strains experienced as a result of the COVID-19 pandemic).

Parents and guardians also provided insights, through their qualitative responses to the survey questions and more in-depth interviews, into other more specific areas of improvement, particularly in:

- The quality of family life, including that it felt ‘calmer’ and / or less stressed, also more hopeful and joyful, or fun.
- Relationships across the family unit.
- Their understanding of their child’s needs and what was driving these, also their adaptability to their child’s needs and ability to cope.
- Their ability to communicate key aspects of their child’s needs to others, particularly people working in schools.

Qualitative data from surveys or interviews with parents and guardians suggests that they attributed much of any positive change to ASF funding. However, other factors were

noted to have potentially affected outcomes either positively or negatively, including forms of support received by parents themselves (such as couple counselling through the ASF COVID-19 fund or parenting advice provided as a bi-product of ASF funded support); the COVID-19 pandemic (affecting child wellbeing or the availability of support); the quality of ongoing support from the post-adoption support team and social worker(s); the quality of contact with birth parents; transitions for example into or between schools; and family events or circumstances.

3.d. Was there any difference in impact by type of child placement (adoption or special guardianship)?

Although we need to be cautious about these findings (because the sample sizes differed so much in size), this study found no statistically significant differences in any of the standardised outcome measure scores and trends in scores that could be compared⁸ by whether children were placed for adoption or subject of an SGO.

However, the extent to which the Fund was perceived by special guardians to have positively helped their child (73%), themselves as a guardian (75%) and the family (72%) were lower than those expressed by adoptive parents. There was also a statistically significant difference in how the adoption or special guardianship was perceived to be faring at wave 3 by these placement types, with a greater proportion of special guardians perceiving that there were ongoing, significant challenges.

These and other differences in satisfaction 'scores' across adoptive and SGO family cohorts are perhaps understandable, because the ASF was originally set up for adoptive families, only more recently adapted to incorporate SGO families.

⁸ Some, for example CBCL by age category, could not be compared as these sample sizes were too small.

4. What other aspects of the ASF would it be good to explore?

- For guardians of children who left care under a Special Guardianship Order, how to improve awareness of the ASF and access to tailored support for them.
- The extent to which the not so good findings from this study relating to pre-school children are either 'honeymoon period' or COVID-19 pandemic-related, and/or whether support including that funded through the Fund could be even better tailored to their needs.
- Whether it is possible at an early stage of the support journey to identify children with the highest level of needs and to apply either adapted ASF funded or other forms of specialist support to better meet their needs.

5. The evaluation methodology

The evaluation has included:

- **A three-wave longitudinal online survey of adoptive parents and special guardians** exploring their needs; experiences of looking for and getting help; and child and family outcomes. The survey included several standardised measures exploring, from the parent/carer perspective (a) their child's mental health and wellbeing (b) their own emotional health and wellbeing and (c) parenting confidence. Their responses relating to these measures and broader questions together provide in-depth evidence regarding child and family functioning pre-ASF funded support, immediately after the support ended, and 6 months later. A total of 1,008 parents and guardians completed a first (baseline) survey immediately before a package of funded support commenced. Thereafter, 783 (78%) of these completed a first follow up survey timed to coincide with the ending of ASF-funded support, and 681 (68%) completed a further (final) follow up survey 6 months later. Approximately 10% across all waves were special guardians and 90% were adoptive parents, approximately the same proportions of adopted/special guardianship order children receiving support from the core ASF overall.
- **Longitudinal qualitative interviews with 13 adoptive parents, 3 special guardians, and 6 adopted children** who had received ASF funded support (immediately after the support ended and 6 months later⁹ 10).
- **Longitudinal qualitative interviews with professionals working in 15 local authority areas** (LA's) representing their LA or Regional Adoption Agency (RAA) involved in assessing families' support needs and providing or arranging support – in 2018-19 and again, in all 15 areas, in 2021.
- **Longitudinal qualitative interviews with professionals working in medium to large-sized organisations involved mainly in providing ASF funded support.** Twenty-one provider organisations participated in initial interviews (2018 -2019) and 15 of them participated in follow on interviews in 2021.
- **A longitudinal survey of professionals working in mostly small to medium sized provider organisations.** A total of 117 professionals participated in a first wave survey in 2019 and 48 of them participated again in a follow up survey in 2021.

⁹ The evaluation team wished also to interview some children subject of a Special Guardianship Order, but this was not possible within the study as none came forward to participate.

¹⁰ The cohort of parents, guardians, children, and young people participating in the interviews was not designed to be representative of all families participating in the ASF evaluation, nor of those with ASF funded support overall.

The evaluation has been conducted during the COVID-19 pandemic (2020 – 2021) and this has affected the methodology, for example: the online survey was paused and adapted between 24 March and 28 June 2020. It is likely also to have affected the findings to a certain extent, for example because some ASF funded interventions also needed to be paused or adapted to online delivery. Whilst the core ASF continued to operate during the period of the pandemic, between April and June 2020, an additional DfE-funded ASF COVID-19 Scheme also provided emergency funding to Regional Adoption Agencies (RAAs) and Local Authorities (LAs) to deliver immediate therapeutic support to families with children eligible for core ASF funding to meet needs arising from the pandemic.

Individual reports relating to the findings from each of these aspects of the study can be found [here](#).



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Reference: DFE- RR1271

ISBN: 978-1-83870-409-4

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