TESSA Families Study
Draft Report of Pilot Evaluation

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Acknowledgements

We would like to thank all of the adoptive parents and Parent Partners who gave up their time to share with us their experience of adoption, adoption support and TESSA. These were not always easy stories to tell and we are grateful for your openness and willingness to reflect on both positive and challenging experiences. We are also grateful to the service delivery team in TESSA who put in considerable effort to provided us with the information we needed when we needed it in order to conduct the study and helped us connect with adoptive families. All of this was achieved in the midst of a global pandemic with great enthusiasm and efficiency. Thank you.

1 Executive Summary

TESSA is a new adoption support service developed by Adoption UK and operating in England, Scotland and Wales. The core service combines three pillars of support, namely, peer support for adopters, a consultation with a clinical psychologist and a reflective parenting group to improve quality of life and outcomes for adoptive families.

This document reports the results of a pilot evaluation of TESSA conducted by a team from the University of Strathclyde in preparation for a larger evaluation of TESSA that will take place between 2021 and 2023. The purpose of the pilot was to obtain some early data on the impact and effectiveness of the new TESSA service and to test out elements of the larger evaluation design. The pilot evaluation used a mixed methods approach to capture data on service usage and user satisfaction for 20 adopters engaging with TESSA. Standardised measures were also used to examine the effectiveness of TESSA and the wider experience of adopters of post adoption support were explored through a series of qualitative interviews.

High levels of satisfaction were expressed by adopters with all pillars of TESSA. Eighty five percent of adopters reported that as a result of the clinical consultation they had a better understanding of their child's needs and felt better able to explain these needs to professionals. Ninety percent agreed or strongly agreed that the report from the clinical consultation was a helpful resource. All adopters who attended the reflective parenting group agreed or strongly agreed that the groups were well organised, with relevant content and that group facilitators were respectful, non-judgemental and sensitive to participants' needs. Eighty five percent of adopters matched to a Parent Partner felt they had benefitted from this support and 90% felt their Parent Partner understood them and their situation. On a practical level most felt that it was easy to stay in touch with their Parent Partner (90%).

Adopters who had been in receipt of TESSA support for around six months were asked to comment on the benefits of engaging with TESSA through a survey. They overwhelmingly reported positive impacts of TESSA on their parenting experience such as increased confidence in dealing with challenges (95%), an improved ability to anticipate stressful triggers (85%) and more optimism about the family's ability to cope (95%).

A key outcome from the clinical consultation was the development of a coherent, comprehensive explanation of a child's strengths and needs captured in a single report that could be shared across settings such as school, nursery, childcare etc. The support of Parent Partners was highly valued by adopters who used this relationship to grow into their role of therapeutic parent. Adopters reported feeling less psychologically isolated, more confident in their parenting abilities, better connected to resources and that children were calmer and family life more settled. Strong supportive relationships also developed between adopters attending the reflective parenting group and some of these were maintained after the group meetings ended providing adopters with an enduring informal support network.

Questionnaires were used to measure both parental and child outcomes. Parental outcomes included parental self-efficacy, as well as interest and curiosity. Child outcomes captured total difficulties (emotional problems, conduct problems, hyperactivity, peer relation problems), as well as prosocial behaviour. The standardized measures showed statistically

significant increases in parental self-efficacy scores and parents' ability to see things from their child's perspective. There was also a statistically significant reduction in children's total difficulties scores as measured by SDQ. While children's difficulties did not fully resolve, we found that the quality of life of families was improved.

Adopters were asked to identify problematic and positive features of support services from their previous experiences of help-seeking prior to TESSA. Problematic features included concerns regarding children being dismissed or normalised by family members, friends or professionals, a 'wait and see' response to requests for help from professionals, problems being addressed in silos with the result that assessments are partial and families needing to wait until crisis point before issues are taken seriously. Adopters are instead seeking a multi-disciplinary approach, and comprehensive assessment of family strengths and needs, a shared understanding of what works for the child, access to long-term peer support and efforts directed towards increasing trauma and adoption-competence in professionals and informal support networks.

The strengths of TESSA identified through the evaluation included:

- the high level of expertise within the pool of clinical and peer support staff recruited to TESSA;
- the integration of clinical and peer support throughout the model in multiple forms;
- the quality of relationships developed through TESSA between adopters and clinicians, adopters and Parent Partners and adopters with each other;
- the momentum created with adoptive parents to make positive changes for children and the adoptive family;
- the added value brought to the adoption community and adoption support workforce through the investment in TESSA.

TESSA is a continually developing service that is adapting to the needs of adoptive families over time. The evaluation has highlighted a small number of areas that would benefit from further reflection as part of this development process. These included:

- consideration of how service quality can be maintained as TESSA is scaled-up;
- ensuring that the written output from the clinical consultation has the greatest impact possible on children's experiences of school, nursery etc. and their overall quality of life;
- identification of further opportunities to strengthen the adoption community's capacity for mutual aid;
- consolidating learning from online delivery of support during Covid to develop blended approaches to adoption support for individuals and groups;
- putting in place a process for systematic collection of information on unmet need in adoptive families and learning from good practice that can be fed into strategic planning.

2 The context for the TESSA Families Study

2.1 The importance of adoption support

Adoption provides an important route to permanence for children who have experienced significant abuse and/or neglect and cannot remain in the care of their birth family. It is now well recognised in public policy that the transfer of parental responsibility for a child through an adoption order does not signify the conclusion to a period of adversity and a fresh start. Instead families are likely to face ongoing challenges and have lifelong support needs (Smith, 2010). These challenges may be related to the adoption process, such as children's need to make sense of the adoptive kinship network over the life course (Grotevant, 2009) or manage birth family contact (Neil, Cossar, Jones, Lorgelly, & Young, 2010), or may be consequences of the adversity or harm experienced by a child which led to their permanent removal from birth parents and placement with an adoptive family (Anthony, Paine and Shelton, 2019; Fisher, 2015). The consequences of inadequate and sensitive adoption support can be devastating for the child and those around them (Donaldson Adoption Institute, 2014; Selwyn, Meakings and Wijedasa, 2015).

Concerns have been raised about equitable access to support following the adoption of a child in the UK, with provision being described as a postcode lottery (All-Party Parliamentary Group for Adoption and Permanence (APPGAP), 2019). England operates an England-wide adoption support fund which can be accessed directly by adoptive families, Wales has a National Adoption Service and Scotland delegates responsibility for adoption support to its 32 Local Authorities. As well as statutory provision, there is a range of private and voluntary support that can be accessed by families, sometimes at a cost to the family. While each model of support funding and provision has strengths and limitations, there is consensus amongst professionals, adopters and academics that support remains patchy and inadequate (Adoption UK, 2019; APPGAP, 2019; Selwyn et al, 2015) and the evidence-base for interventions is under-developed (National Institute for Health and Care Excellence, 2013; Stock, Spielhofer and Gieve, 2016; Selwyn, 2017).

TESSA is a new UK-wide adoption support model co-produced by Adoption UK, with The Family Place (https://www.thefamilyplace.co.uk), a specialist therapeutic service for adoptive and looked-after families. The piloting of TESSA is funded by the Lottery Community Fund, the National Adoption Service in Wales and Scottish Government. The new adoption support model integrates professional experience, evidence of best practice and the views of adopters. It provides timely clinical and peer support to adoptive families where children have been adopted from care to enable them to manage challenges and thrive. The introduction of TESSA provides a unique opportunity to learn more about the potential benefits of a national adoption support model that combines clinical input with peer support to adopters. The new model of support is being evaluated by a team from the University of Strathclyde through the TESSA Families Study.

This interim report sets out the methodology for the pilot evaluation of TESSA conducted in 2020/21 and some emerging findings. These will feed into a larger-scale process and impact evaluation due to take place between 2021 and 2023.

2.2 The needs of children adopted from care and their adoptive families

Children adopted from care face a number of adversities that interact in complex ways and can impact on development and wellbeing. Many have experienced exposure to risk prenatally or during their early years such as experiences of abuse and neglect and exposure to domestic abuse and toxic substances including alcohol (Anthony, Paine and Shelton, 2019; Gregory, Reddy and Young, 2015) and there is evidence that adopted children face elevated genetic risk of learning disability, neurodevelopmental disorders or mental health issues (Atkinson and Gonet, 2007; Green, Leadbitter, Kay and Sharma, 2016). In addition, children face stressors related to their experience of public care and adoption such as placement instability, inconsistent attachments and loss of significant relationships (Newton, Litrownik and Landsverk, 2000). Children's wellbeing can also be impacted negatively as a result of the stigma associated with both care status and adoptive status and issues related to identity development (Grotevant, Dunbar, Kohler and Lash Esau, 2007). The consequences of these multiple adversities can be lifelong and include social, cognitive, behavioural and emotional challenges (Fisher, 2015) and commonly manifest as conflict within relationships and educational struggles (Atkinson and Gonet, 2007). While children adopted from care carry additional risk of challenges, poor outcomes are not inevitable and many children will thrive despite experiences of adversity when the conditions are created to support this (Rutter, 1999; Fisher, 2015). It is important that the unique combinations of risk and resilience relevant to children and their families are understood so that appropriate support can be targeted towards them.

Adoptive parents are in a unique position to address the consequences of adversity and aid children's recovery through their day-to-day interactions but require support to do so. They are likely to experience high levels of parenting stress (Harris-Waller, Granger and Gurney-Smith, 2016) and vicarious trauma resulting from their children's needs (Leake, Wood, Bussey and Strolin-Goltzman, 2019). They may also experience social marginalisation manifesting as isolation, role ambiguity and stigma (Weistra and Luke, 2017). Where adoptive parents are exposed to child to parent violence they will also need to address their own experiences of trauma (Miller, Niu, Womack and Shalash, 2019). Timely professional and peer support, particularly at key points of family transition and child development, is necessary to promote family integrity and to avoid states of hopelessness in children and adoptive parents. Time-limited support has been shown to be less effective than consistent support over an extended period of time (Atkinson and Gonet, 2007).

The challenges faced by adopted children and their adoptive families must be viewed within the context of human development (Brodzinsky and Pinderhughes, 2005; Brodzinsky, 2011). Children's needs may present in particular ways at key stages of development and developmental delay is often a feature of adopted children's experience. Timely professional and peer support, particularly at key points of family transition and child development, is necessary to promote family integrity and to avoid states of hopelessness in children and adoptive parents. Time-limited support has been shown to be less effective than consistent support over an extended period of time (Atkinson and Gonet, 2007).

The needs of adopted children must also be understood within an ecological context (Palacios, 2009). Adoption support services may, therefore, need to intervene at the level of

the child, parent, family, community networks, broader social contexts or a combination of these.

2.3 The current policy and practice landscape for adoption support in the UK

Adoption support is a broad term that encompasses a range of interventions that may take place before or after the legal adoption of a child. Adoption legislation in the four nations of the UK establishes the right to an assessment of need for all adoptive families. The mechanisms for such an assessment and the meeting of identified needs varies across each jurisdiction with the result that post adoption support services have developed somewhat unevenly. Needs are met within a mixed economy of public, voluntary and private provision and through a complex pattern of service provision. Particular challenges have been identified with accessing specialist assessments such as neurodevelopmental assessments and identification of conditions such as Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Fetal Alcohol Spectrum Disorder and access to specialist Child and Adolescent Mental Health Services (CAMHS) support (Institute of Public Care, 2021).

In Wales, adoption support is organised through the National Adoption Service (NAS). Local authorities work together within five regional collaboratives to provide a range of adoption services in partnership with voluntary adoption agencies, health and education. A small national team provide high level co-ordination and leadership. In 2016 NAS developed a strategic plan for the development of adoption support services in Wales and in 2019 an investment of £2.3m was made by the Welsh Government to provide adoption support. The National Framework for Adoption Support developed in Wales aims to create clearer points of entry and a culture of open access to support for adoptive families. Adoption UK and NAS collaborate to fund and deliver TESSA.

In Scotland, adoption support is provided through the 32 local authorities and five voluntary adoption agencies. While the majority of local authority services to adoptive families are provided in-house, more than half contract out some services to voluntary sector services such Barnardo's Scottish Adoption Support Service, Post Adoption Central Support Scotland (PACS), Gap Scotland (Group for Adopted People – Central Scotland) and Adoption UK Scotland (see Critchley and Grant, 2019).

In England, there has been a move towards organizing adoption services into Regional Adoption Agencies in order to improve efficiencies in recruitment, matching and support (Department of Education, 2015). Since 2015, adoptive families in England have had access to the Adoption Support Fund and this has been accessed by more than 38,000 families (APPGAP, 2019). A number of benefits of the Adoption Support Fund have been identified in evaluations of the fund including increased awareness amongst adopters of the availability of adoption support, reduced perception of stigma associated with support, increased knowledge of trauma and self-care amongst adopters and increased knowledge amongst universal services such as schools of the support needs of adopted children (Institute of Public Care, 2020).

While the Adoption Support Fund has enhanced the support available to adoptive families, a number of challenges with its operation have been identified, in particular, the administrative burden placed on local authorities and subsequent delays in families

accessing funds (APPGAP 2019). The lack of continuity of funding across financial years, variability of quality of assessments and lack of consensus about the needs of children and their families have been raised as concerns (Institute of Public Care, 2020). While the current operation of the fund is perceived to have introduced an element of fair access to support, it may also have disadvantaged children with higher levels of need whose local authorities cannot afford to match fund high tariff interventions (Institute of Public Care, 2020).

Demand for support services can depend on a number of factors including the stage of family life but tends to increase over time (Selwyn, 2017). The California Long-Range Adoption Study, a longitudinal study of post adoption support examined use of general support services (case worker visits and support groups) and clinical support services by adoptive families over an eight-year post-adoption period. They found that use of both types of services increased over the period studied. Use of general support services by families increased from 31% at two years post adoption to 76% at four years and 81% at eight years post adoption. Use of specialist services increased over the three timepoints from 9 to 19% and then 31% by the eight year (Wind, Brooks and Barth, 2007). UK research has also shown that adoptive families' need for support can become acute when children reach adolescence (Selwyn et al, 2015).

2.4 Conceptualising Post Adoption Support

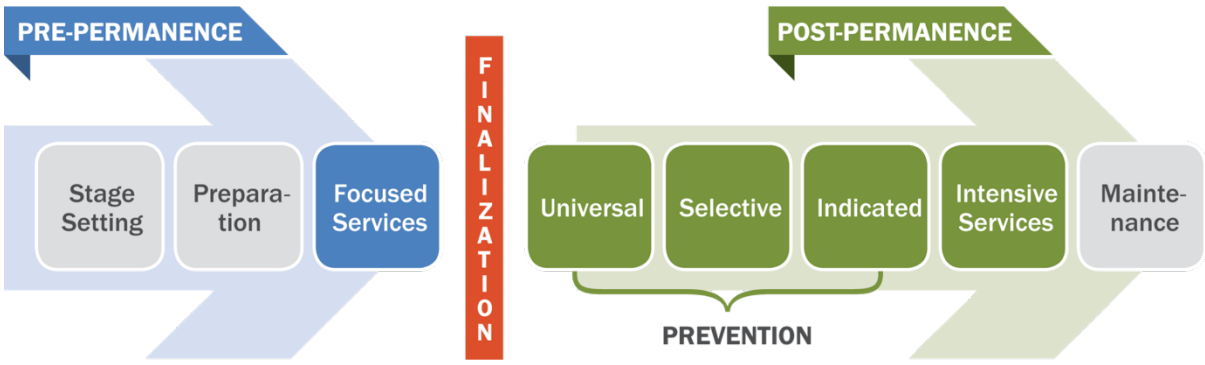
A number of terms are used internationally to describe the support available to adoptive families after a child has been placed with adopters including post-adoption services, adoption support and preservation services, post-placement services and family support. These have been further organised into categories such as (a) educational and informational, (b) clinical, and (c) material services (Barth and Miller, 2000). Within these various terms are a number of assumptions concerning the needs of adoptive families including the timing, purpose and focus of the support. The outcomes most commonly attributed to adoption support are post-permanence stability, child behavioural health and child and family wellbeing (Rolock and Fong, 2019).

Traditionally, post adoption services have encompassed supports such as advocacy, family support and education, information provision, financial assistance, peer support, support with birth family contact, record inquiries and reunions and service coordination. More recently it has been recognised that adoptive families need access to adoption-competent mental health support, specialist education and training, therapeutic services and support with schools though these are still not universally available (Burke, The Prevention Group Research Team, Schlueter, Bader and Authier, 2018; Bonin, Lushey, Blackmore, Holmes, and Beecham, 2013).

The Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG), funded through the Department of Health and Human Services, Administration for Children and Families, in the USA has a programme of work to develop evidence-based models of support and services to address the pre- and post-permanence needs of children in foster care (Rolock and Fong, 2019). From this work, they have developed the QIC-AG Permanency Continuum Framework. The framework emphasizes the importance of a continuum of support services for children from the point at which they first come into

contact with child welfare services throughout their journey and continuing after adoption or other forms of permanence have been secured. While the primary focus of the model is the child's need, these needs inevitably must be understood within the wider family context and, therefore, the model has relevance when considering the needs of permanent carers/adoptive parents such as those engaging with the TESSA service.

Figure 1: QIC-AG Permanency Continuum



The model makes a distinction between preventative and ameliorative services, universal and targeted services, drawing on a Public Health model of intervention (Springer and Phillips, 2006). Universal supports aim to keep all families engaged, informed and educated. Selective services proactively target families known to carry elevated risk in order to anticipate and mitigate this. Indicated services address specific types of risk or challenges that arise to prevent family crisis. Intensive services tackle crisis situations that have already arisen. The model also recognizes the importance of maintenance functions of adoption support, such as providing after-care, monitoring and booster sessions (Rolock and Fong, 2019).

This detailed model of pre and post-permanence support has yet to be fully considered in relation to the needs of adoptive families in the UK. The National Adoption Service in Wales partially draws on a public health model in its framework for adoption support (Appendix A) differentiating universal, targeted and specialist support and this provides a helpful starting point. The QIC-AG model though raises many questions about the respective roles and responsibilities of public services and civil society in promoting adoptive family wellbeing that have yet to be fully explored.

2.5 The TESSA model

The key goal of TESSA is to strengthen the parenting capacity of adoptive parents in order to create a nurturing environment in which the adopted child can flourish. The TESSA model has core and enhanced elements of service provision. The core programme consists of three key pillars: (1) peer support in the form of a Parent Partner; (2) a clinical consultation culminating in a clinical formulation relating to the adopted child's needs; and (3) a reflective parenting group (Figure 2).

Figure 2: Core TESSA pillars

Families referred to the programme will usually engage with all three core components though some may not take up the full offer. The core elements involve direct work with parents rather than the child though the expectation is that changes in parenting confidence and coping will have an impact on children's wellbeing. The enhanced element offers a range of additional support for families in the form of learning opportunities and well-being sessions and can involve the commissioning of bespoke therapeutic support for a family in need and direct work with the child. TESSA is not intended to replace, but rather enhance, specialist assessment, diagnostic and therapeutic services available to families through, for example, CAMHS services. The three core pillars of TESSA operate as follows:

Peer support from a Parent Partner: One of the differentiating aspects of the TESSA adoption support programme from many other intervention services for adopters is the universal provision of a Parent Partner. This role is held by experienced adoptive parents who are paid on a sessional basis to support and advise adopters engaging with the TESSA programme. A Parent Partner is matched one-to-one with an adoptive parent on the basis of personal strengths, adoptive family needs and geographical closeness. This is usually the first aspect of the programme to be put in place when a family is accepted into TESSA. It is the only universal element of TESSA involvement though the degree of input from a Parent Partner is negotiable. Following an initial meeting, the Parent Partner and adopter agree to continue to work together on specific issues or goals. In each nation, a team of part-time Parent Partners has been recruited and trained in order to be matched to adopters. Ongoing supervision, support and personal development is available to enable Parent Partners to fulfil their role. Guidance is also provided to Parent Partners by clinical staff through regular group meetings.

Clinical support and the clinical formulation: A further unique aspect of TESSA is the provision of a clinical consultation and formulation at an early point in the family's engagement with the service. Often adoptive families report significant barriers to accessing clinical services resulting in them being seen at the point of crisis. TESSA is designed as a preventative intervention offering clinical input either early in the formation of the adoptive family or early in development of a need or problem. The clinical formulation is constructed following an extended meeting between the clinician and the adoptive parent. Prior to the meeting, the adoptive parent provides any relevant paperwork such as Form Es, previous assessments etc. Following an in-depth exploration of issues during a face-to-face (or

Zoom) consultation a formulation is reached that describes these issues and potential actions. This element of TESSA is optional.

The reflective parenting group: Parenting programmes for parents of children who have experienced trauma or abuse have developed significantly in the last two decades moving away from educational or instructional formats. One of the aspects of parenting to emerge as key to recovery from trauma is parental reflective capacity. This approach underpins the parenting programme delivered as part of TESSA. The parenting programme is a group programme which runs over six sessions every other week. This allows time for reflection between sessions and for adopters to put into action their learning and insights. It is co-delivered by an adopter and a member of the clinical team, that is, either a clinical psychologist or psychotherapist. This element of TESSA is optional.

The TESSA model builds on key elements of good practice in adoption support adopting a preventative/early intervention orientation, focusing on wellbeing of adopters and blending clinical input with peer support. The pillars of TESSA are co-designed and co-delivered by Adoption UK staff with lived experience and clinicians in order to provide families with a coherent and holistic service. The clinicians are highly experienced in the adoption field and qualified in Dyadic Developmental Psychotherapy. TESSA places emphasis on providing opportunities for parental reflection in a safe and non-judgemental context. Families' engagement with the service is reviewed at six months at which point families may move on from TESSA where appropriate or may continue to engage with the core or enhanced service.

TESSA has been implemented in England, Scotland and Wales initially, with a plan for Northern Ireland coming on stream at a later point. The evaluation has focused on the first two services to be rolled out, that is, the Wales and Scotland TESSA services. Service provision started in Wales in November 2019 and in Scotland in June 2020. Since these launch dates, 177 families in Wales and 49 families in Scotland have received a service. Referrals in Wales come through the regional co-ordinators within the regional post adoption support teams. Following assessment, a range of supports could be offered including a referral to TESSA. In Scotland, referrals come through professionals within any of the 32 local authority and Voluntary Adoption Agency social workers.

TESSA has inevitably been impacted by the Covid-19 pandemic and associated restrictions. Nevertheless, Adoption UK has successfully rolled out the new service, albeit in unforeseen ways. The major change to service provision has been the move towards a predominance of online contacts between staff and families for assessment, peer support, clinical consultations, reflective groups and reviews.

3 Methodology of the pilot evaluation

The current pilot evaluation has been undertaken by the University of Strathclyde ahead of a larger evaluation of TESSA that will take place between 2021 and 2023. The purpose of the pilot was to obtain some early data on the impact and effectiveness of the new TESSA service and to test out elements of the larger evaluation design. The evaluation team worked with Adoption UK to develop a logic model for the TESSA service as part of preparation for the evaluation and service development and this can be found at appendix B.

The pilot evaluation was designed to capture data on service usage, user satisfaction and the effectiveness of TESSA as well as the wider experience of adopters of post adoption support. It adopted a mixed methods approach to build a comprehensive picture of adopters experiences of the TESSA model.

A sample of 20 adoptive families using TESSA were identified for inclusion in the pilot evaluation. These were the first twenty families who had engaged with at least two pillars of TESSA, had taken part in the six-month review routinely undertaken as part of TESSA and who had completed TESSA evaluation questionnaires. Families from Scotland and Wales only were included as these services commenced at an earlier date than the service in England.

Four main sources of data were drawn upon to conduct the evaluation. These were administrative and evaluative data generated by Adoption UK, satisfaction data collected by University of Strathclyde via an online survey and qualitative data generated through interviews with adopters using the TESSA service and Parent Partners providing peer support to adopters.

The pilot evaluation set out to answer the following research questions:

RQ1: What were adopters' experiences of engaging with the three pillars of TESSA?
RQ2: Was TESSA effective in strengthening adopters' parenting capacity?
RQ3: How do adopters define good adoption support?
RQ4: What are the strengths and limitations of peer support for adopters?

3.1 Collection of administrative data

As part of routine service delivery, Adoption UK records information about families referred to TESSA and their service usage. At the point of arrival into the service consent is gained from families for these data to be used in anonymised form for research purposes. A data sharing agreement is in place to transfer anonymised data to University of Strathclyde. Data shared included key dates such as date of referral and exit from the service and uptake of TESSA pillars for the 20 adopters. These data were transferred into a SPSS for analysis purposes.

3.2 Evaluation measures

Along with the administrative data described above, TESSA also completed a number of standardized measures with adopters as part of their routine service. These were collected at the point that families were accepted into the TESSA service and again at around the point of the six month review on one child only. Where there was more than one adopted child in the family, the measures were collected for the child who was the primary focus of the TESSA service (the 'focus child'). The measures data were available for 16 of the 20 focus children. Item level scores were transferred to University of Strathclyde for further analysis. The measures were:

i. Brief Parental Self Efficacy Scale (BPSES) (Woolgar et al., 2013). A five-item questionnaire measure of parental self-efficacy, used to assess a parent's own perceptions of their ability to effectively perform or manage tasks related to parenting.

ii. The Parental Reflective Functioning Questionnaire (PRFQ, Luyten et al., 2017). A self-report measure of parent-infant mentalizing. The questionnaire consists of three 6-item subscales, which represent different aspects of mentalizing: interest and curiosity in mental states (interest/curiosity), certainty of mental states (certainty), and pre-mentalizing.

iii. Strengths and Difficulties Questionnaire (Goodman and Goodman 2011; Goodman and Goodman 2012). A widely used and well-validated screening instrument that is used as a measure of mental health difficulties in children under 18 years old to identify emotional symptoms, conduct problems, hyperactivity and peer problems.

3.3 Online Survey

The adopters included in the pilot were invited to complete an online survey administered by University of Strathclyde. Information about the survey and a consent form was sent out by Adoption UK staff to adopters who met the criteria of having engaged with at least two pillars of TESSA and having reached the six-month review. Adopters were given the option to contact University of Strathclyde to seek more information about the study. Those who were willing to proceed emailed the completed consent form back to University of Strathclyde and were provided with the link to the online survey and 19 families did so. One additional adopter went on to complete the survey giving a total of 20 responses. The survey gathered data relating to the characteristics of the adopters and the focus child and also sought information on adopters' satisfaction with the TESSA service and the impact of the service on family life.

3.4 Qualitative study

A series of interviews were conducted with eleven adopters from ten adoptive families who had engaged with TESSA in order to gain their perspective on both the TESSA service and their experience of adoption support more generally. At the point that adopters were recruited to the online survey they were also asked if they would be willing to take part in an interview and the first ten adopters who agreed to this were interviewed. Ten Parent Partners were also approached and invited to take part in a qualitative interview about their role and all were enthusiastic about giving their perspective.

The interviews with adopters and Parent Partners were undertaken on Zoom due to Covid restrictions and with interviewees permission were audio-recorded. The audio-recordings were transcribed via Zoom and a descriptive qualitative and thematic analysis of data was undertaken (Braun and Clarke, 2013).

3.5 Characteristics of adopters and children included in the pilot

Almost all data collected on the 20 adoptive families using the TESSA service were provided by adoptive mothers. The majority of participants were parenting alongside a partner as opposed to being single and almost all adopters identified as White British. Fifteen of the adopters had adopted one child. The remaining five adopters had adopted more than one child. Some also had birth children.

The 20 adopters provided information on 13 boys and seven girls who were the key focus during the TESSA intervention. The average age of focus children at completion of the survey was 8 years and 7 months. Almost all the focus children were White British. The average age of children at the point that they were placed with their adoptive parents was around two years. Nine children had experienced either one or no placement moves prior to joining their adoptive parent(s); a further nine children had experienced two or more placement moves. At the time of the survey, the children had been living with their adoptive parents for an average of 6 years and 4 months.

A small proportion of children were reported to have a long term physical or mental health condition or disability (attachment trauma, developmental delays, fine motor skills challenges, learning challengers, behavioural challenges). When asked about the possibility of exposure to alcohol in the womb, about half of the twenty adopters reported that they either knew that children had been exposed to alcohol in the womb or had suspicions that they had such an exposure. Families completing the SDQ reported high and very high levels of difficulties in around three fifths of children.

The interviews with adopters included a diverse set of experiences including single adopters and heterosexual and same sex couple adopters, adopters of single children and sibling groups and with children of different ages from primary age to young adults. Adopters also had a range of perceptions of how well they were managing as a family.

It was not unusual for adopters to become tearful during interview either when reflecting on the positive impact of TESSA on their family life or thinking about the challenges that they are still facing. We ensured that interviewees had information about where to seek further help after the interview if they needed this and follow up contact was made with the adopter if this was felt to be necessary.

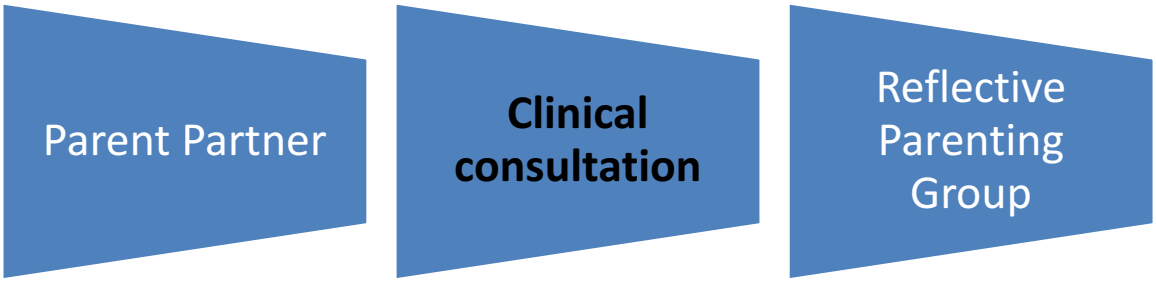
3.6 Limitations of the pilot

Given resource limitations there were many research questions that could not be addressed through the pilot evaluation and certain limitations within what was undertaken. For example, we did hear from people referred to TESSA but not actively using the service either because they did not fit referral criteria or chose to withdraw. These adopters may have a useful perspective to give in later stages of the evaluation.

4 Adopters' satisfaction with the three pillars of TESSA

In this section of the report we draw on survey and interview data from adoptive parents engaging with TESSA. Findings are presented in relation to each of the TESSA pillars starting with the clinical consultation, then moving on to the reflective parenting group and ending with the Parent Partner. All direct quotations have been anonymised throughout the report.

4.1 Adopters' satisfaction with the Clinical Consultation



Data are reported here on the experiences of 20 adopters of the clinical consultation, a direct meeting between the adopter and a clinical psychologist experienced in working with children who have been exposed to maltreatment and trauma. Some adopters chose to involve a key person such as a teacher, child minder or a Parent Partner in the consultation. The child was not present at any of the consultations which took place. The consultation meetings were intended to be around three hours long, though a small number lasted up to four or five hours and in some cases they were shorter at around an hour or two. They covered in detail the child's history and current strengths and challenges.

Table 1: Tell us about your experience of the consultation with TESSA clinical psychologist (n=20)

	Strongly agree or agree		Neither agree nor disagree		Disagree or strongly disagree	
	number	%	number	%	number	%
I was clear about what to expect from the clinical consultation	18	90%	2	10%	0	0%
I feel I have a better understanding of my child's needs as a result of the clinical consultation	17	85%	1	5%	2	10%
I feel better able to explain my child's needs to professionals as a result of the clinical consultation	17	85%	1	5%	2	10%
The report produced through the clinical consultation is a helpful resource for our family	18	90%	2	10%	0	0%

Adopters described very positive experiences of the clinical consultation and the impact of this for their family (Table 1). The majority of adopters reported that they had a better understanding of their child's needs and felt better able to explain these needs to professionals as a result of the consultation (85% of respondents in both cases). Eighteen of the twenty respondents (90%) agreed or strongly agreed that the report from the clinical consultation was a helpful resource and the same proportion felt they were clear about the purpose of the clinical consultation.

Our qualitative interviews gave us further insight into the experiences of families of the clinical consultation. Often the consultation was drawing together information about a child's background and presentation that was already documented in multiple reports held by the adopters. However, while much information was available, it was fragmented and not necessarily well understood or made use of until after the clinical consultation. One adopter struggling to make sense of their child's behaviour explained:

> "So I just think it's been amazing really because I think we would have really struggled, we would have just struggled on and tried to cope with it best we could, but it wasn't in his best interest to do that really. We needed somebody to make us see slightly differently and that's exactly what happened." ADOPTIVE PARENT 6

The clinical psychologist provided a particular interpretation or depth of insight into the child's needs that had often been missing from reports for adopters. Adopters often used metaphors such as 'unpacking' a problem, 'unpicking' a knot or "like a light bulb moment" when speaking of the clinical formulation developed by the psychologist. One adopter said:

> "The thing is, we've unpicked [adopted child's] background and his start in life so many times that we thought we knew it all. But it was just, [the clinical psychologist] just shone a light on things that we hadn't considered and just made us see it in a different way." ADOPTIVE PARENT 7

A key outcome from the clinical consultation, therefore, was a coherent, comprehensive explanation of the child's needs. Some adopters expressed surprise that they and the professionals with whom the family had previously come into contact had so much information about their child's history and challenges at their disposal but it wasn't until they spoke to the psychologist that they fully understood the implications of these for their current family life and how best to implement therapeutic parenting.

While some families were seeking and gained new insights, for others the consultation played an equally valuable role in confirming adopters' understanding of their child's difficulties, the source or triggers of these difficulties, the very challenging nature of these and appropriate strategies to respond in ways that made a tangible difference. The clinical consultation gave adopters a sense of validation and through this confidence in their parenting ability. One said:

> "She could shed light on things or a lot of it was confirming what I already knew, what I was doing, which you still need. It's a bit like a child, you need that … merit badge … as an adult you don't really get that and it was nice to have someone who knew her stuff to … sort of confirm that I knew my stuff … it gave me huge confidence that I was doing the right thing and that my understanding of behaviors X, Y and Z was because of this, and my approach to it was right and to keep going..." ADOPTIVE PARENT 8

The clinical consultation enabled a shared understanding of a child's needs to be developed within the family leading to better outcomes for the child and other family members. For example, one adoptive couple described how they developed a complementary parenting approach working together more effectively to achieve a positive outcome for their child:

> "We sort of learned to be like a tag team, so if one person is really struggling with it, the other one will take over and it's not about treading on toes or anything it's just trying to get him settled as quickly as we can." ADOPTIVE PARENT 6

Some families used information from the clinical consultation to allow them to discuss their situation more openly with extended family members, friends or other adoptive parents. Being able to offer an explanation for their child's difficulties, drawn from the clinical consultation, led to a more helpful and supportive response from some individuals and so extended the adopters' support network. The clinical consultation also enabled a shared understanding of a child's needs to be developed across other settings such as school, nursery, childcare etc. Several adopters used learning from the consultation to influence the way teachers responded to their child's needs.

> "The teachers were very frustrated because they weren't able to deal with [the challenging behaviours] and they were banging their head against a brick wall so [welcomed] fresh ideas. 'Let's try this', 'this is why he hits out', 'maybe if you praise him, rather than shout at him in front of the class', 'maybe if you keep him in the class rather than isolate him' there were just so many different pointers and , to this day, I think, from September onwards … we've had nothing but good feedback from school on a continuous basis." ADOPTIVE PARENT 2

Adopters received a detailed written report following the clinical consultation. Adopters highly valued the written report and described four key ways in which it was helpful: firstly, it allowed adopters to efficiently share key relevant information with key people involved with the child; secondly, it gave added authority to adopters' requests for support in, for example, school, whereas previous requests may have been disregarded; thirdly, it reinforced positive aspects of adopters' parenting and in doing so provided support and encouragement; and lastly a written report allowed adopters to go over the content of the report on multiple occasions. Adopters explained that this was useful as they took away different learning from the report at different times depending on their current circumstances.

Where adopters chose to share parts of the report with professionals, for example, teachers this was not always a straightforward process. In some cases it involved adopters redacting

sections of the report with marker pen and photocopying selected passages in an attempt to maintain some level of privacy for the child, particularly in relation to the child's experiences in the birth family. In other cases a separate report was produced by the psychologist for those outwith the family, usually the school and this was felt to be extremely helpful.

There was also a suggestion that having a comprehensive picture of the child's history and needs accelerated other therapeutic processes for children. One adopter whose child was about to start play therapy said:

> "the play therapist, that [report] allowed her to start from a completely different point, going into that play therapy with an absolute understanding [of child's needs]. That could have taken four or eight sessions if the psychologist hadn't been able to do that" ADOPTIVE PARENT 10

The expertise of the clinician in adoption and therapeutic parenting was seen as important and contributing to the success of the consultation and something that had been lacking in some other professionals with whom they had come into contact.

> "It was just really, really helpful to have someone understand and just go through and ... she was very insightful and she understood the relationship that we had, she understood the techniques that I was using." ADOPTIVE PARENT 8

> " The one thing I do remember when I got the report was how someone you've only spoken to for like four hours could be that intuitive as to what life was really like. Very thorough, factual, not judgy… I read it thinking that's amazing. It really gave us quite a boost." ADOPTIVE PARENT 1

The consultations induced a range of emotions. For some this included sadness and feelings of grief or guilt that they had not understood their child's needs earlier, for others anger that their family's needs had not been better supported earlier and for others relief that they felt them and their child was, at last, understood. Supporting these emotions was also an important part of the consultation process.

Adopters described the highly positive impact on family wellbeing brought by this new and deeper understanding of issues and how best to respond to their child's needs.

> "It was lifechanging really… it's completely changed the way we do things". ADOPTIVE PARENT 6

Some adopters were currently on long CAMHS waiting lists awaiting assessment of their child and appreciated getting access to clinical advice quickly. Adopters also expressed sadness that the clinical consultation had not been made available to them earlier in their family life.

> "there was loads of things that gave us that light bulb moment when we read that report …and the thing is you just kinda wish that this had happened years ago, and I

think, out of all of it, that's the saddest part, the fact that we are 12, 13 years in nearly and we're only now discovering all these things." ADOPTIVE MOTHER 1

Some adopters strongly advocated for a clinical consultation to be available on an annual basis to families. This was justified on the grounds that children's needs change as they develop, the parent-child relationship matures and parenting approaches may need to change. An annual written report was also perceived as supportive and validating for families and this is needed on a continuing basis.

> "it's a really evolving picture … because, as you know, your relationship develops as you learn different skills to try out and different techniques and as she develops and matures … I think that would be really helpful to know that you've got that, someone in your camp, somebody who understands. ADOPTIVE PARENT 8

4.2 Adopters' satisfaction with the Reflective Parenting Group

The Reflective Parenting Group brings together a small group of adopters over six sessions to explore parenting challenges and approaches and build family resilience. Given the timing of these groups, during COVID restrictions, most sessions were conducted online using the Zoom platform with the exception of a small number of sessions in early 2020 that were conducted face-to-face. Eleven of the 20 families completing the survey had taken part in a reflective parenting group and commented on their experience of this (Table 2).

Table 2: Tell us about your experience of the Reflective Parent Group (n=11)

	Strongly agree or agree		Neither agree nor disagree		Disagree or strongly disagree	
	number	%	number	%	number	%
The group sessions were well organised	11	100%	0	0%	0	0%
The content of the group sessions was relevant to my needs as an adoptive parent	11	100%	0	0%	0	0%
Group facilitators were respectful and non-judgemental	11	100%	0	0%	0	0%
Group facilitators were sensitive to my needs	11	100%	0	0%	0	0%
The timing of group sessions worked well for me	9	82%	1	9%	1	9%

All respondents agreed or strongly agreed that the groups were well organised, with relevant content and that group facilitators were respectful, non-judgemental and sensitive to participants' needs. Only one of the eleven expressed dissatisfaction with the timing of the sessions.

Interview data provide further insight into how the groups were experienced by those attending. Interviewees were highly positive about the groups. It was common for group participants to have reservations about joining a group and concerns about it being conducted over Zoom but these soon diminished. One adopter said of parenting groups "that's my idea of hell" yet the same adopter said that once groups started "we bonded really quickly".

Adopters particularly emphasised the value of being with professionals and other adopters who had an understanding of their circumstances, the challenges they face and their difficulties seeking support and was accepting of them.

> "It makes a massive difference because now you're in a world where everyone knows exactly what you're talking about, [even] the red raw, you can speak very openly" ADOPTIVE PARENT 3

> "People just really benefit from speaking to somebody else who when you say something they just say, 'I know I know how you feel', and I think that's the biggest thing for us that we've missed over the years". ADOPTIVE PARENT 2

This level of understanding allowed adopters to vent frustrations in a safe space. Adopters also suggested that the shared experience and understanding of adoption that existed between participants accelerated the group process and allowed deeper discussions sooner than might otherwise have been possible and quicker routes to solutions.

Groups allowed adopters to learn strategies and then try these out at home. They could then come back to the group to reflect on how this went and get feedback on how to make best use of the strategy. Some placed emphasis on learning about the need for self-regulation and self-care in order to support their child's distress effectively. Self-care was personal to the individual but included going for walks, regular coffee breaks, having a soak in the bath. Adopters also mentioned that the groups were fun and they laughed a lot, particularly when in breakout rooms and less structured small group discussions.

> "it was a great support mechanism, certainly, but it was so much more than that, because … it really was an opportunity for you to reflect, as it says, you know you are on a hamster wheel constantly just trying to get through, hoping that they'll be a point that you can stop and it'll be a bit easier … but getting easier only happens if you're getting time to see what's working and what's not working for you." ADOPTIVE PARENT 10

The levels of knowledge of therapeutic parenting varied within groups and this was felt to be helpful as it allowed adopters to feel they could help others. Interviewees said that they were often shocked to hear about the challenges facing some families. For some this helped them get some perspective on their own challenges, despite these often being equally problematic. Adopters said:

> "You think, 'God', you know 'I don't have those issues' and they're thinking 'God, I don't have the violence'. So they're feeling good about their situation because it's never as bad as yours." ADOPTIVE PARENT 8

> "...when you go on to these groups and you meet with some of these parents and they say all this stuff … you sit there with your mouth open sometimes … I think if this is as bad as it ever gets for us, then … well we're winning really". ADOPTIVE PARENT 2

Strong relationships developed between group members and a willingness to provide mutual support.

> "It was great, we got to know the people in the group quite well. I think, just hearing other people's stories was just the best part and in fact I was disappointed sometimes when not everybody always showed up. You always wanted to hear how they've been getting on, or what happened since the last time and so yeah I got to know people quite well and their different situations and stories and challenges." ADOPTIVE PARENT 4

When groups finished, there was an interest amongst some adopters in staying in touch for ongoing support. Where this happened it was organised through a social media platform such as WhatsApp, Messenger or a Facebook page and in some cases organised by the adopters themselves. Adopters interviewed from one of these groups described a sense of responsibility to each other, supporting one another through tough times and also a sense of camaraderie. The group was used to stay in touch, share funny family stories or videos and to reach out for support. One adopter described it saying:

> "… we're all pretty outspoken and a bit downtrodden and a bit beaten by the system and you know, have extreme behaviours to deal with… I would tell them absolutely anything, I wouldn't be judged and I wouldn't be criticized and I would probably get a really funny comment back or you know, so I think that's been really, really useful for all of us". ADOPTIVE PARENT 8

It was suggested that this sense of belonging would have been difficult to create without the shared experience of the group. Another adopter mentioned that she was having a break from Facebook as part of her self-care efforts. This had hindered her staying in touch with her cohort after completion of the reflective group. Another adopter mentioned that she would have liked to stay in touch with her group but participants had not exchanged contact details.

4.3 Adopters' satisfaction with the Parent Partner

All adopters referred to TESSA are allocated a Parent Partner, an experienced adopter who provides peer support. Many of the Parent Partners also have relevant work experience as education, health or social care professionals. Parent Partners offer a range of types of support including listening, providing emotional support, encouraging adopters to practice self-care, supporting adopters to use therapeutic parenting techniques, providing information and signposting to further reading, training or support. Contact with the Parent Partner can be via face-to-face meetings (where Covid restrictions allow this), Zoom meetings, email, telephone calls and text messages. Typically the contact is every week or two though can be less frequent where this is preferred by the adopter.

Adopters completing the survey were asked to rate certain aspects of their experience with their Parent Partner (Table 3). Survey results showed that those who engaged with this pillar expressed high levels of satisfaction with the Parent Partner aspect of TESSA. Eighty five percent felt they had benefitted from having a Parent Partner and 90% felt their Parent Partner understood them and their situation. On a practical level most felt that it was easy to stay in touch with their Parent Partner and few felt they needed more contact with the Parent Partner (90% and 20% respectively).

Table 3: Tell us about your experience of being supported by a Parent Partner (n=20)

	Strongly agree or agree		Neither agree nor disagree		Disagree or strongly disagree	
	number	%	number	%	number	%
I feel I have benefitted from having the support of a Parent Partner	17	85%	3	15%	0	0%
I feel my Parent Partner understands me and my situation	18	90%	2	10%	0	0%
I found it easy to stay in touch with my Parent Partner	18	90%	2	10%	0	0%
I would like to have more contact with my Parent Partner	4	20%	6	30%	10	50%

Very high levels of satisfaction were also expressed in interviews by adopters having regular contact with their Parent Partner. It was common for adopters to have expressed scepticism that a Parent Partner could be helpful or nervousness about being matched with a Parent Partner but this was soon dispelled. They said:

> "I was nervous, because you know you're opening up your world to somebody that you've never met... she's just amazing … she's just kind caring, there, interested, listens, she's funny… she just oozes positivity. She just got this ability to take what is an absolute nightmare and see chinks of light and I'll tell you when I come off the phone, I feel that I can see it as well." ADOPTIVE PARENT 1

Adopters were often seeking out someone with similar experiences but who was a little further on in their adoptive parenting journey to provide insights, encouragement and inspiration.

> "I just thought that you'd be able to talk to somebody who was more experienced or now further down the track that might have some more ideas to do things differently." ADOPTIVE PARENT 9

> "there's hope from a place of having been there." ADOPTIVE PARENT 10

They described Parent Partners as very effective in their role, very well informed and drawing on both personal and professional experience.

> "I remember meeting her and thinking, oh no perhaps we won't get on [as] she was quite forward. But she is amazing when it comes to school. She knows her policies and procedures and things. She's an ex-teacher so she is absolutely on the ball with children's rights and what they're entitled to, and what they should be provided with. " ADOPTIVE PARENT 2

Adopters stressed how important it was that their Parent Partner understood their situation.

> "Out of all of it at the whole TESSA programme the most valuable part of it, for me, is having that parent partner which, in the beginning, I was very dubious about. But she she's been brilliant I can't speak highly enough of her … because … she was she's not a social worker, she's just a mam, just like me…she's very positive in her outlook and she just kind of gets it." ADOPTIVE PARENT 11

> "I think the difference is, because this person that you have connected to, they've been through it, they've got the battle scars as well yeah you know they've done it." ADOPTIVE PARENT 1

As well as experience, Parent Partners also brought insight into the emotional life of adoption. Adopters spoke about the importance of having someone available to call upon as an emotional or psychological safety net that allowed them to move forward in their parenting journey.

> "Being able to share with someone who absolutely gets it, who's been there, has read the book, you know, is able to then speak not just from a professional point of view on what things might help but form an emotional point 'I know how that feels'." ADOPTIVE PARENT 10

Having an open arrangement in terms of length of involvement rather than a set number of sessions was also felt to be helpful and take off some pressure although adopters were realistic that the support was not forever. A surprising degree of intimacy developed between adopters and Parent Partners even though they have not been able to meet face to face during the pandemic.

> "having somebody at the end of the phone who I've never met, you know, never met her but I tell you, she knows me better than my own family, to a certain extent. Not knows me, but knows our situation, what we're living with, how hard it is, how difficult it is and how exhausting." ADOPTIVE PARENT 1

One interviewee received support from a male Parent Partner and felt this helped her husband to engage with support.

Two interviewees had chosen to have infrequent contact with their Parent Partner. Reasons for less frequent contact included that they were online a lot for work or home schooling and wished to avoid more Zoom meetings or they already have support from friends who are adopters. These adopters nonetheless expressed their appreciation of the kindness shown by their Parent Partner. One of the adopters expressed concern about sharing family issues with someone outside the family whereas the other adopter expressed some disappointment that her Parent Partner had not shared more of her own personal experience with her. She found sharing personal stories particularly helpful in other situations, for example, when attending the TESSA reflective group and meeting other adopters. This suggests that getting the right balance of personal disclosure is an important judgement that Parent Partners must make.

Some possible improvements of the peer support element were suggested. One adopter was uncertain about the information shared with the parental partner by the service before meeting them and suggested a checklist of information may be helpful. In one case, an adopter felt it would have been helpful to be matched with a Parent Partner with teenage children like them, though they did say their contact with the Parent Partner was still useful. Another suggested that more male Parent Partners would be helpful.

Comments made on the survey of adopters about their experience with their Parent Partners are captured in Figure 3. All of the comments were positive.

Figure 3: Adopters' survey comments on their experience with Parent Partners

4.4 Reported impact of the TESSA intervention on family life and beyond

Adopters completing the survey were asked to comment on the benefits of engaging with TESSA (Table 4). These were adopters who had been in receipt of TESSA support for around six months. Adopters overwhelmingly reported positive impacts of TESSA on their parenting experience such as increased confidence in dealing with challenges (95%), an improved ability to anticipate stressful triggers (85%) and more optimism about the family's ability to cope (95%). No respondents disagreed or strongly disagreed with the statements. One respondent neither agreed nor disagreed with all three statements suggesting possible ongoing support needs. This respondent had benefitted from a clinical consultation but had not engaged fully with their Parent Partner and had not attended the Reflective Group. In the main study there will be opportunities to explore differential outcomes related to levels of engagement with the three pillars of TESSA.

Table 4: Benefits of using the TESSA service (n=20)

	Strongly agree or agree		Neither agree nor disagree		Disagree or strongly disagree	
	number	%	number	%	number	%
I feel more confident when faced with challenges since being involved with TESSA	19	95%	1	5%	0	0%
I feel more able to anticipate stress points and triggers since being involved with TESSA	17	85%	3	15%	0	0%
I feel more hopeful about my family's ability to cope with the future since being involved with TESSA	19	95%	1	5%	0	0%

All families using TESSA were referred due to the family being under considerable strain and in two cases adopters reported that they feared their family was at risk of disruption at the point that they sought support from TESSA. Adopters were asked in the survey to say how they felt the adoption was going at this six-month review point. Four felt things were "going really well", twelve felt that they were "managing" and four described their situation as "struggling to manage". None of the families reported that they were struggling so much that their child will need to leave the family home soon or that this had already happened. This suggests that TESSA had played a positive role in the lives of families using the service but that for some families an extended period of support is necessary to move from this "struggling to manage" category.

Adopters were asked in the survey to comment on the impact of TESSA on their family life. Some of the comments from adopters are included in Figure 4. All of the impacts identified were positive.

Figure 4: Adopters' survey comments on the impact of TESSA on family life

Positive outcomes described by adopters completing the survey included a better understanding of children's needs and how best to respond, feeling less isolated as parents and better connected to support and other resources, feeling calmer and stronger as a family, paying greater attention to self-care and feeling a sense of hope. Interview participants also spoke about the impact of TESSA reporting that they had gained understanding of their child's and their own needs, widened their support network and gained a sense of 'community'. Adopters said:

> "it's helped us to in the way we react to her behaviour. It's enabled us to stay calmer about it ... We've got strategies that we try and a way we approach her and the other thing is, we can anticipate her outbursts more … so yeah it's it's a calmer household." ADOPTIVE PARENT 5

> "I think it's beneficial, you're part of a community and I think that's really important to feel included and understood as an adult because we can take on so much." ADOPTIVE PARENT 2

For some adopters TESSA was instrumental in them making a significant psychological adjustment as an adoptive parent. The support of TESSA had helped them come to understand that they were not going to reach a point where they had a typical family life and it provided support for working through the feelings and grief associated with this. As one adopter powerfully put it:

> "I'm a different person now. I mean I always think you know I've always being kind and I'll do anything for anybody, that's my nature, but liking yourself is a totally different ball game and actually the one thing that kinda runs all through this is this level of you're good enough. If you have a blip it doesn't matter you can get yourself back on track." ADOPTIVE PARENT 1

She continued:

> "I think the biggest thing of all that's come from TESSA and it's not part of the process, but it's that acceptance. It's that acceptance of yourself acceptance, of your kids, accepting that this, this is what this is, what you have to deal with this is what your life is versus your expectations." ADOPTIVE PARENT 1

Impact beyond the immediate family was also evident. Adopters reported being more assertive with extended family members around their child's needs in terms of parenting style. Examples were also given of adopters showing leadership in their professional settings advocating for therapeutic and trauma-informed approaches to supporting children.

Adopters were grateful for the amount of progress achieved in a short period of time since joining TESSA.

> "The referral for TESSA was in [date] so that's, not even a year, but it seems much longer than that. So I'll say the help that we've had since then, has been amazing." ADOPTIVE PARENT 2

They reported that the good experience they have had with TESSA will make them more likely to seek help early rather than waiting for a crisis. The need for the right support early in the process was stressed.

> “I think every family should have exactly this support from day one” ADOPTIVE PARENT 8

> “I don't really know how long TESSA has been going, but I would have wanted that earlier if that was available. That would be … the only negative about it is that we weren't aware of that kind of help and support previously”. ADOPTIVE PARENT 2

While the positive outcomes of TESSA are to be welcomed, it should be noted that some families’ needs were ongoing. While adopters were coping much better and felt they had resources to draw on as a result of their involvement with TESSA they anticipated further challenges as their children developed. In addition, a degree of ongoing distress was evident in three of the ten interviews we conducted with adopters. One adopter said:

> “It’s still difficult, I’m not saying TESSA have got a magic wand.” ADOPTIVE PARENT 3

One regret expressed by several adopters was that they had not had access to TESSA at an earlier point.

> “I think our only regret is that we didn't reach out sooner” ADOPTIVE PARENT 7

> “It's been life changing for us, just in this last year or so and we are kind of really gutted that we didn't access these services earlier.” ADOPTIVE PARENT 2

5 Results of pilot effectiveness evaluation

This section presents findings from pre (Time 1) and post intervention (Time 2) questionnaires administered to participants during the pilot phase of the TESSA study. Questionnaires were used to measure both parental as well as child outcomes. Parental outcomes include parental self-efficacy, as well as interest and curiosity. Child outcomes captured total difficulties (emotional problems, conduct problems, hyperactivity, peer relation problems), as well as prosocial behaviour.

5.1 Methods and Analysis

Data were drawn from participants (n=16) who completed Time 1 and Time 2 parental and child outcome measures.

Parental self-efficacy was measured using the Brief Parental Self Efficacy Scale (BPSES). Parents were asked to rate the extent to which they feel they can support their child on a range of issues (e.g., ability to improve child's behaviour). The scale consists of five items measured on a 5-point Likert scale (1- strongly disagree to 5-strongly agree).

Parental Interest and Curiosity was measured using six specified items from Parental Reflective Functioning Questionnaire (PRFQ). Parents were asked to indicate the degree to which they strongly disagree (1) or strongly agree (7) with several statements concerning them and their child. Items on the curiosity and interest scale examine the degree to which parents want to find out more and understand reasons for their child's behaviour (e.g., I like to think about the reasons behind the way my child behaves and feels).

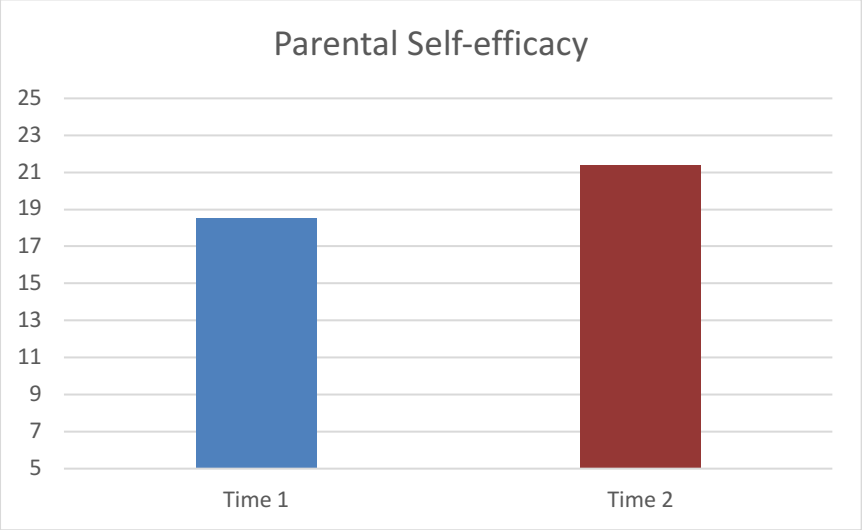
Child outcomes measured total difficulties (emotional problems, conduct problems, hyperactivity, peer relation problems) as well as prosocial behaviour using the parent version of the Strengths and Difficulties Questionnaire (SDQ). Parents were asked to rate on a 3-point scale (0-Not true to 2-certainly true) the extent to which their child engages in specified behaviours.

Data were analysed using descriptive and bivariate approaches aimed at assessing the level of child and parental characteristics and the degree to which these changed during the pilot phase of the study. Bivariate analyses were also undertaken to examine the degree to which changes in parental characteristics were associated with changes in child outcomes.

5.2 Findings relating to Parental Self-Efficacy

Average scores on the parental self-efficacy scale (Figure 5) indicate above medium levels of parental self-efficacy at Time 1 of enrolment on the TESSA programme (Mean = 18.5 on a 25-point scale) and this increased to a relatively strong level of self-efficacy at the end of the pilot in Time 2 (Mean = 21.4 on a 25-point scale). Analysis using a Wilcoxon Signed Rank Test revealed this to be a statistically significant increase in parental self-efficacy scores following the initial participation in the TESSA intervention, Z= -3.12, p< .01, with a large effect size (r=.55).

Figure 5: Parental self-efficacy at the start and end of TESSA pilot intervention



Item level analysis (Table 5) indicated that significant changes occurred on all items on the self-efficacy scale except for item 3. These changes were of medium to large effect sizes (*r*=.41 to .55) with the largest difference being on the item "I am able to do the things that will improve my child's behaviour." It is also important to note that participants had relatively high scores on item 3 at Time 1 ("I can make an important difference to my child") reflecting the very tiny effect size in the change observed.

Table 5: Changes in parental self-efficacy items from Time 1 to Time 2

BPSES Items	Average Scores		Effect size/significance
	Time 1	Time 2	
Even though I may not always manage it, I know what I need to do with my child	3.81(.75)	4.38(.62)	.48 (medium)**
I am able to do the things that will improve my child's behaviour	3.19(.75)	4 (.63)	.55 (large)**
I can make an important difference to my child	4.50(.82)	4.56 (.63)	.07 (tiny)
In most situations I know what I should do to ensure my child behaves	3.50(.97)	4 (.73)	.41 (medium)*
The things I do make a difference to my child's behaviour	3.50(1.21)	4.44 (.73)	.46 (medium)**

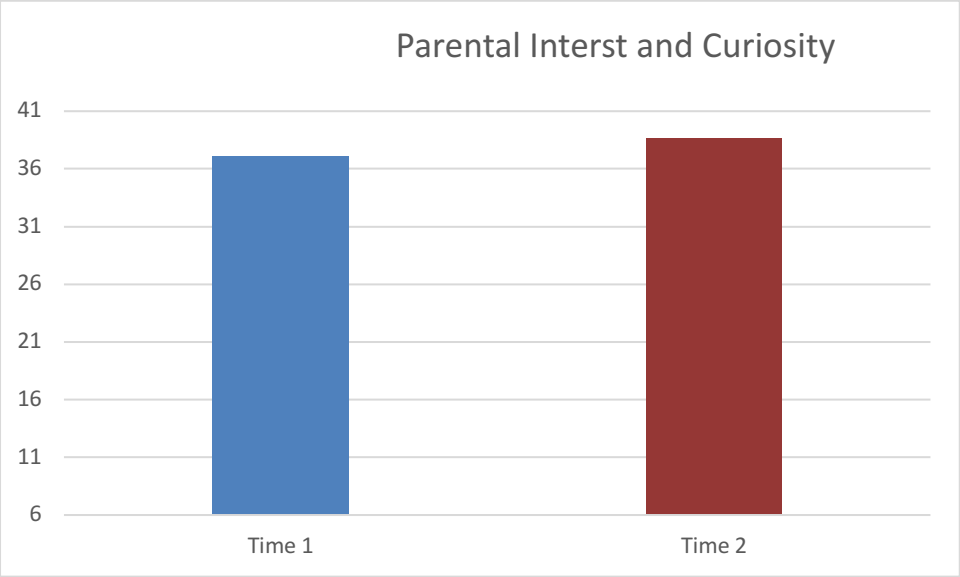
[1]Effect size calculated using Wilcoxon Signed Rank test
***p<.001; ** p<.01; *p<.05

5.3 Findings relating to Parental Interest and Curiosity in their Children

Average scores (Figure 6) on the parental interest and curiosity scale at Time 1 (Mean = 37.06 on a 42-point scale) indicated a high level of interest and curiosity in their children at enrolment on the TESSA programme, which increased slightly at the end of the pilot phase

(Mean = 38.63 on a 42-point scale). Analysis using a Wilcoxon Signed Rank Test revealed marginal statistically significant difference in parental interest and curiosity scores following the initial participation in the TESSA intervention, Z= -1.71, p=.09. However, the effect size was of a medium effect (r=.30) suggesting this change to be important.

Figure 6: Parental interest and curiosity at the start and end of TESSA pilot intervention



Item level analysis to investigate whether there were changes on specific items found tiny to medium effect sizes with the highest effect size being on the item "I try to see situations through the eyes of my child". This represents a shift in the level of participants' perspective taking from initial enrolment on the programme. Average item level scores confirm very high scores on parental curiosity and interest at Time 1 (5.6 to 6.6 on a 7-point scale) with very little room for these domains to change any further at Time 2 (Table 6).

Table 6: Changes in parental interest and curiosity scale items from Time 1 to Time 2

Items	**Average Scores**		
	T1	T2	Effect size
I like to think about the reasons behind the way my child behaves and feels.	6.6(.73)	6.5(.82)	0.05 (tiny)
I wonder a lot about what my child is thinking and feeling.	6.2(98)	6.1(1.2)	0.07(tiny)
I am often curious to find out how my child feels.	6.2(1.1)	6.6(.73)	0.22 (small)
I try to see situations through the eyes of my child.	5.63(1.1)	6.3(.85)	0.47 (medium)**
I try to understand the reasons why my child misbehaves.	6.25(1.1)	6.6(.63)	0.29 (small)
I believe there is no point in trying to guess what my child feels (REVERSED)	6.3(1.9)	6.6(1.3)	0.20 (small)

[1]Effect size calculated using Wilcoxon Signed Rank test

***p<.001; ** p<.01; *p<.05

5.4 Findings relating to Child Outcomes

5.4.1 Proportion of children falling into various Strengths and Difficulties domains

Ratings from the SDQ using recommended cut-offs suggest that the majority of children in the TESSA study have elevated total difficulties. About 56% of children fell into the very high difficulties category at Time 1 (with high and very high being 62%) compared to an expected (5%) based on findings from a general sample of children (See https://www.sdqinfo.org/py/sdqinfo/c0.py). Overall, at Time 1, a higher proportion of children fell into the very high emotional (38%), conduct (50%), hyperactivity (6%) and peer problem (38%) category, and very low prosocial category (44%) compared to the 5% observed within a general sample of children. While the percentage of children with very high levels of difficulties by Time 2 remained disproportionately high (44%) when compared to a general sample of children, there was a reduction in the proportion of children affected.

Table 7: Proportion of children falling into strength and difficulties cut-off ranges as against expected proportions in the general population

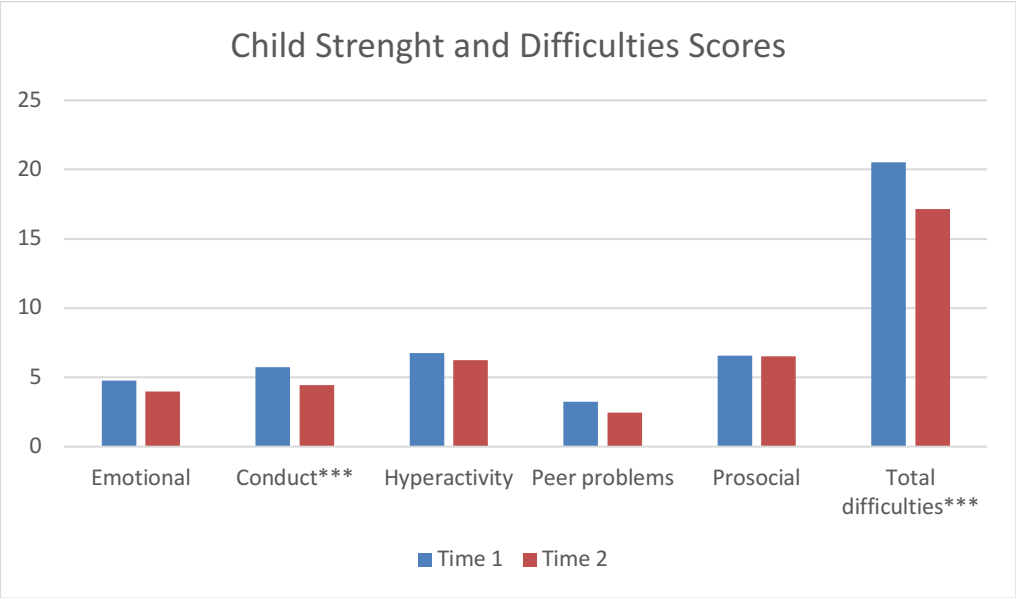
Domain	**Close to average**		**Slightly raised (slightly lowered*)**		**High (low*)**		**Very high (very low*)**	
	80% expected		**10% expected**		**5% expected**		**5% expected**	
	Time 1	*Time 2*	*Time 1*	*Time 2*	*Time 1*	*Time 2*	*Time 1*	*Time 2*
Emotional problems	43.8	43.8	12.5	18.8	6.3	12.5	37.6	25
Conduct problems	6.3	18.8	6.3	31.3	37.6	12.5	50	37.5
Hyperactivity	75	50	12.5	6.3	6.3	12.5	6.3	31.2
Peer relation problems	50	62.5	12.5	18.8	0	0	37.5	18.7
Prosocial behaviour*	43.8	37.5	6.3	12.5	6.3	18.8	43.8	31.3
Total difficulties	31.3	50	6.3	6.3	6.3	0	56.1	43.7

[1]*refers to prosocial behaviour which is a strength measure

5.4.2 Changes in SDQ scores over time

Analysis using Wilcoxon Signed Rank Test revealed statistically significant reduction in children's total difficulties scores following the initial participation in the TESSA intervention, Z= -2.31, p< .05, with a medium effect size (r=.41). When looking at specific strength and difficulties domains (Table 6), only the conduct problems domain reached statistical significance Z= -2.97, p< .01, with a large effect size (r=.53). Reference to effect sizes for the other domains, however, suggest that changes on emotional difficulties, hyperactivity and peer problems were of a small effect size (r=.27, .23 and .25 respectively) while that for prosocial behaviour was tiny (r=.01). These changes are consistent with the changes in the proportion of children falling into the various strength and difficulties categories from Time 1 to Time 2 (Table 7).

Figure 7: child strength and difficulties outcomes at the start and end of TESSA pilot intervention



[1] ***p<.001; ** p<.01; *p<.05

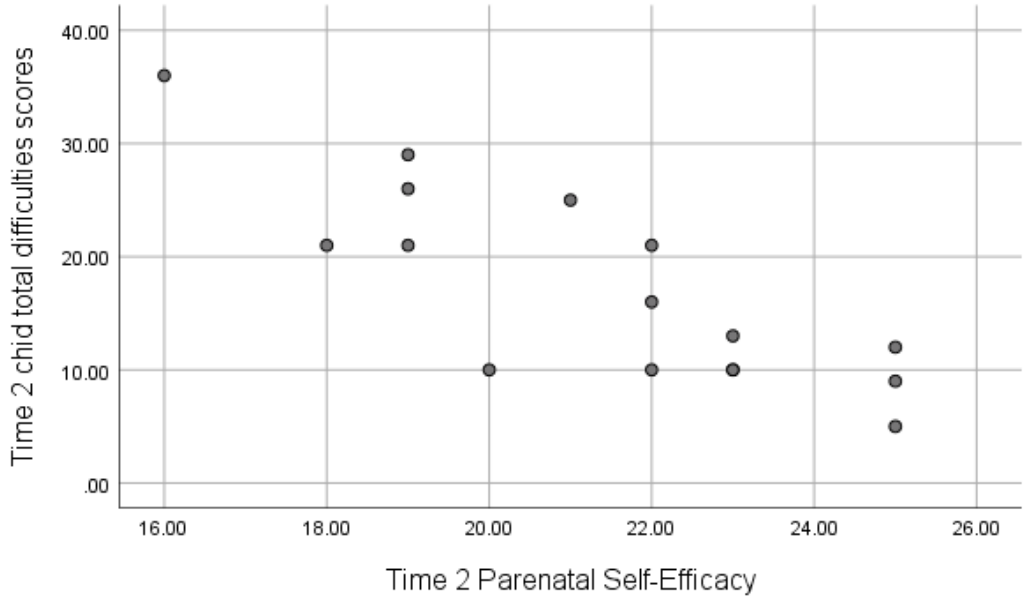
5.5 Association between changes in parental variables and changes in child outcomes

To descriptively examine whether changes in parental characteristics were associated with changes in child level variables, we undertook partial correlations analyses between Time 2 parental characteristics and Time 2 child total difficulties scores, while adjusting for Time 1 parental and child measures.

5.5.1 Association between parental self-efficacy and child total difficulties outcomes

Results from partial correlations (adjusting for Time 1 measures) indicate that parents who reported higher levels of self-efficacy at Time 2 equally reported lower total child difficulties scores at Time 2 (r = -.54, p<.05). In other words, parents who experienced changes in self-efficacy were also more likely to report improvement in child total difficulties outcomes. Figure 8 shows unadjusted correlations between parental self-efficacy and child total difficulties scores at Time 2.

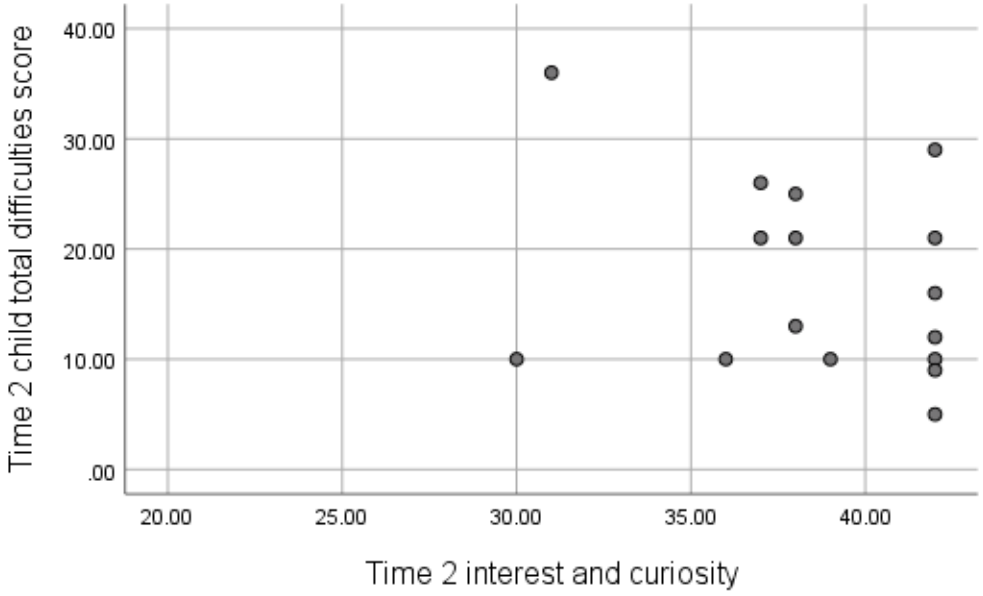
Figure 8: Association between parental self-efficacy and child total difficulties outcomes



5.5.2 Association between parental self-efficacy and child total difficulties outcomes

Partial correlation analysis (adjusting for Time 1 measures) indicated no significant association between parental interest and curiosity at Time 2 and child total difficulties scores at Time 2 (r = -.017, p>.05). In other words, changes in parental interest and curiosity were less associated with changes in child outcomes. Figure 9 shows unadjusted correlations between parental self-efficacy and child total difficulties scores at Time 2.

Figure 9: Association between parental self-efficacy and child total difficulties outcomes



5.6 Conclusions

The adopters engaging with TESSA were facing highly challenging parenting situations as evidenced by SDQ scores. Despite this they reported high levels of curiosity and interested in their children's mental states at T1 with this increasing at T2. They also reported above average feelings of self-efficacy at T1 and significant increases in this at T2. This suggests a deep commitment on the part of adoptive parents to understand and address their children's difficulties and maintain the integrity of the family. The findings also suggest that the TESSA intervention had a positive impact on parenting capacity and resulted in a reduction in children's overall difficulties. This improvement in families' situations was borne out in both qualitative interviews and survey data.

6 Qualitative insights into the experiences of help seeking of adoptive families

The qualitative interviews conducted with adoptive parents using TESSA services provided some helpful insights into the nature of the challenges facing adoptive families as well as the challenges of seeking help when presented with these difficulties. Adopters were asked, in interviews, to reflect on their experiences of help seeking since their child(ren) had joined their family.

Needs of adopted children

Adopters were parenting children who have experienced considerable early adversity and exposure to risk. Adopters' accounts suggested that in most cases children's needs while apparent were more manageable at the point that children joined the family. However, issues became more problematic over time and concerns increased as children joined nursery or primary school. Reflecting back, adopters recalled how young children were described as 'lively' or other euphemisms but these were early indications of the difficulties that later became more prominent. Adopters described a pattern of escalating concerns regarding their child and increased difficulties coping.

At the point of the interview, adopters were facing significant parenting challenges including children presenting with dysregulated mood, eating and sleeping, sensory and learning difficulties and difficult to manage, impulsive or controlling behaviours. Difficulties in the school setting or with transitions across primary, secondary or further education were common. Issues with sleep caused particular challenges as adoptive parents were denied a period of rest after a challenging day. As well as struggling with these challenges within the private space of the family home, often they had an effect in other settings. School was a particular area of concern for many adopters.

While TESSA is aimed at middle to low level need, as opposed to families in crisis, we heard examples of very distressing circumstances in some families, particularly those with children in adolescence. These included children stealing, running away, using threatening behaviour, self-harming, expressing suicidal thoughts, parent to child violence and sibling violence with some adopters having to resort to hiding kitchen knives and calling the police. Some older children had experimented with illegal substances and risky sexual behaviour such as sharing explicit images online. Collectively, these patterns of challenges were having an impact on the health and wellbeing of adopters as well as day to day family life. Adopters with birth children also expressed concern about the wellbeing of these children who were witnessing adopted children's distress and dysregulation and suggested more support is needed for them. The high level of difficulties experienced by adopted children were reflected in children's SDQ scores where available (Table 7).

Covid brought additional challenges for some families such as home schooling and long periods of time together as a family without the support or distraction of family and friends. For some this had been positive and reduced pressure while for others the opposite was the case. Covid interrupted some school processes such as a child having the possibility of being excluded and this brought uncertainty for the child and family that was difficult to live with.

Covid had also delayed referrals of children for specialist assessments such as screening for ASD, ADHD or FASD.

Adopters' experiences of statutory visits and early adoption support
Adopters' very early experiences of support and statutory visits when their child was first placed with them was variable. Local authority social workers in England, Scotland and Wales came in for particular criticism. Experiences included statutory visits being missed and inadequate or inappropriate advice being given that did not take account of children's therapeutic needs. This had the effect of undermining the relationship with the worker and the service and eroding trust. These adopters described feeling undermined rather than supported by the visiting social worker. One adopter put it strongly saying:

> "We just got disengaged from the social services, didn't really like them, didn't respect what they were saying and they really didn't have a clue what you're talking about." ADOPTIVE PARENT 3

Adopters also recounted experiences of raising issues and these being dealt with in an 'investigative' or 'risk oriented' way that resulted in surveillance rather than support. This had the result of silencing adopters or making them very cautious about raising further concerns. It was suggested by those with poor experiences of early support that some local authority adoption workers were at best responsive to requests for information or training from adopters but often lacked a proactive approach to support and at worst were ill-informed. In some cases adopters felt a sense of blame for their children's difficulties. These poor early experiences impacted on adopters' willingness to seek support further down the line.

It was common, though not universal, for adopters to have had little contact with an adoption professional following the legal adoption of their child. Some described adoption services drifting away after legalisation while others described quite negative experiences with statutory services and their relief to put distance between themselves and the agency. Some adopters stayed in touch with their adoption agency for a few years after the child joined the family through family days or training days and described this very positively but they then also drifted away from this.

> "In hindsight, what would have been useful was when [our child] joined our family was that I had a list of phone numbers, you know, to go to in an emergency. Because we didn't know. I might never have needed them. But … we have to wait for something detrimental to happen and for him to have a negative experience for the support to come in to play I didn't know of any services that I could... Honestly I didn't even know about adoption UK." ADOPTIVE PARENT 11

> "There just was nothing" ADOPTIVE PARENT 10

There was a sense of adopters taking on sole responsibility for meeting their child(ren)'s needs and using a process of trial and error. Adopters typically described the first few years of adoption as "muddling through". One adopter said:

> "we've learned the hard way and made loads of mistakes" ADOPTIVE PARENT 3

Adopters were often prolific readers and researchers in relation to their children's needs and many proactively sought out books and podcasts, training and development opportunities. Some used this reading and training to find solutions to some of the challenges they were facing without the help of professionals while for others it allowed them to more confidently approach professionals and seek help and challenge inadequate support and advice.

Adopters' access to informal supports

Friends and family were usually the first source of support and advice called upon when difficulties were experienced by adoptive parents. The lack of adoption expertise generally amongst these individuals made this problematic. Biological parents often dismissed or downplayed challenges defining them as typical developmental issues and assumed 'harder' discipline was the answer to problem behaviours. Adopters commonly spoke of friends who were biological parents denying their experience "oh they all do that" or just not understanding adoptive family life as it is so outside their own experience. Adopters felt that solutions offered by friends and family did not fit with their experience or fully take account of their particular context for parenting. Adopters said:

> "It was tricky because everyone's got an opinion, haven't they (laughs) all the family have got an opinion about what you should be doing." ADOPTIVE PARENT 9

> "we've got great friends we've got really supportive friends, but none of them have ever been in a situation we've been in." ADOPTIVE PARENT 5

Sometimes adopters held back from asking for support because they were reluctant to reveal the extent of children's challenges or because they were reluctant to reveal too much of a child's story to family and friends as it was viewed as highly personal. This could lead to further strain in these relationships as friend or family members might witness the struggles faced by the child and the adoptive parent but with no explanation for these difficulties. The sense of isolation experienced by adopters was summed up by adopters who said:

> "it's kind of like a secret society being adopters." ADOPTIVE PARENT 6

> "you're very lonely when you're an adopter. You feel very lonely all the time." ADOPTIVE PARENT 3

This sometimes resulted in adopters becoming detached from these informal supports, but more often maintaining these relationships but feeling unsupported by them in relation to adoption issues. Where family members were offering support, such as an over-night stay with grandma, this was disrupted by Covid restrictions.

Experiences of accessing formal support and barriers to help-seeking

Coming forward for help was difficult for some adopters. There were both practical barriers and psychological barriers. Even in the case of relatively recent adoptions, where children were still primary school age, there was great uncertainty amongst adopters about where

they should go for help and what help was available. Some adopters found that there was ambiguity within and between voluntary agencies and local authority services about who should be providing support after the initial settling in period and how support should be funded.

It appears they often had concerns about their child's wellbeing or behaviour but struggled to articulate these. The lack of responsiveness on the part of professionals or minimal level of intervention was taken by adopters to indicate that their concerns were unjustified or disproportionate. This resulted in a reluctance to seek further help. For some adopters they were shocked and dismayed by the level of need they had to demonstrate before help could be accessed. One said of their attempts to access support through their local authority adoption agency:

> "We asked them multiple times, we need counselling, we're having a lot of behavioural issues, they said they weren't too bad. Anytime we tried to approach CAMHS the message constantly was they're not that bad. Are they burning down your house, are they knifing you? Oh well they're not doing that, you know." ADOPTIVE PARENT 3

In some cases adopters were reluctant to seek advice as they feared being blamed by professionals or other parents for their children's 'bad behaviour' and saw themselves as bad parents. For some adopters this fear had been realised:

> "The last eleven years it's been all our fault and being told by everybody, teachers, social workers, everyone it's our fault, and we're not good enough." ADOPTIVE PARENT 3

> "Every time we've asked for help, it's ended up in a disaster and they don't help you. They basically judge you. They come in saying basically your parenting skills are rubbish." ADOPTIVE PARENT 3

Adopters felt that they received more understanding of their difficulties when the social worker involved in providing support or referring a family for support was also an adopter and so had personal experience. One said:

> "I think it helps because he's an adoptive parent himself so he knows right at the coalface what it's like" ADOPTIVE PARENT 1

Several adopters were from professional backgrounds such as teaching or the health service and felt they would be expected to have all of the answers. Even those with relevant professional qualifications in teaching or health and social care recognised that they could not meet all of their children's needs alone.

Sometimes children were presenting differently in different settings, for example, being perceived as unproblematic in school but presenting significant distress and challenges after school in the home setting or vice versa. This made help-seeking more difficult when there were different perceptions of needs.

Several went on to describe their entry into accessing support as accidental, for example, a chance meeting with their adoption social worker from years previously or bumping into a worker in the street and these individuals signposting the adopter to Adoption UK.

Adopters' uncertainty around what was acceptable or unacceptable to share regarding a child's history made them reluctant to draw on this information to explain current behaviours in school to teachers creating gaps in understanding.

Experiences of professional support with adoption-related issues
Adopters were able to recount both good and bad experiences of adoption-related support from specialist adoption services and generic supports such as schools and health visitor services.

Some adopters described a lot of contact with various specialist services including speech and language therapy, clinical psychology, play therapy, occupational therapy, audiology, sleep clinics as well as universal services such as the health visitor and GP. Some families had engaged with specialists on a private basis at considerable cost. There was a sense of adopters telling the same story to multiple professionals, looking for answers to the issues they were facing but not finding satisfaction.

> "When I look at the long list of people that's been involved in our life … actually we've had quite a lot of support it's just it's just not been right." ADOPTIVE PARENT 1

Adopters often sought help from different professionals for different but related problems such as the GP for problems with their child's sleep, the teacher for behavioural issues in school and family support services for issues at home. These supports were not necessarily sought at the same time and did not join up. As a result, there was also a sense of professionals not really building a holistic picture of challenges and, therefore, not getting to the bottom of the problems brought by families to services. Often adopters had multiple contacts with multiple services such as adoption social workers, paediatricians, occupational therapists but without any sense of resolution or progress.

> "… they'd also put a referral in [to support service] so because we've had intervention before it was the same worker, who again didn't really help." ADOPTIVE PARENT 2

Where professionals did intervene in some way, these interventions were not always helpful or appropriate. Adopters gave a number of examples of behavioural advice being given which they felt was not a good fit for an adopted child such as using the 'naughty step' or 'thinking chair' or moving a young child on from bottle feeds early into the placement when an attachment was being formed. They felt professionals lacked knowledge of therapeutic and trauma-informed approaches often leading to failed strategies.

With regards to therapeutic parenting, knowledgeable adopters were often looking for help to bridge the gap between the theory they had read about or heard about in training and day-to-day family life. They were also looking for emotional support and encouragement to

put newly learned strategies into action or to know when to persevere through an initial period of adjustment to a new strategy or when to try an alternative. Adopters said:

> "You can read, you can do the online seminars, you can do all of these things, but you're [needing] feedback…" ADOPTIVE PARENT 10

> "We both felt that seeing somebody face to face would be helpful, because we want something more doable, somebody to help you with some practical things to do, as opposed to the theory, because I know the theory (laughs)." ADOPTIVE PARENT 9

Adopters often characterised their efforts to ensure their children's needs were met as a 'fight' or a 'battle' saying:

> " … because the children are back in school I've got a bit of time to regroup and refresh … I don't want to say go into battle (laughs) … to go back in and to be able to be the best you can be." ADOPTIVE PARENT 9

> "that's the other thing it's always a fight and it shouldn't be a fight." ADOPTIVE PARENT 11

For some adopters there was a sense of lost time and opportunities as a family.

> "I know it's never too late to learn but for us … when I look at the long list of people that's been involved in our life and only now are things making sense." ADOPTIVE PARENT 1

Good support services were described as warm, kind, interested, with informative staff who were accommodating and willing to find ways around problems.

Support for adopted children in schools

In the case of schools, children would get so far with strategies but then move into a new class teacher and have to start again from scratch.

> "Each teacher up until then had had concerns. But they've tried every avenue, and it had kind of worked for a bit, hadn't worked and then before you knew it your summer holidays and then it's up to the next teacher then to deal with it. By the time they learn how he behaves you're at Christmas, again." ADOPTIVE PARENT 2

Adopters reported that often problems had to escalate before any decisive action was taken. This was frustrating for adopters who were dealing with multiple problems both at home and in school. Only when the problems became more problematic at school were they taken seriously.

> "The teacher had finally come to realize that maybe this isn't just behaviours, maybe there is something going on. After all these years finally somebody else was saying there's a problem." ADOPTIVE PARENT 2

It was notable that several interviewees were education or health professionals and even they described considerable struggles to get right supports for their adopted children in school.

The need for schools to be more trauma-informed was raised. We did though hear one example of a very proactive school with a good understanding of the child's needs and a range of trauma-informed strategies in place to support him. This was a considerable relief for this adopter after several negative experiences with a previous school..

Positive and problematic elements of help-seeking journeys
Together the experiences described by adopters can be organised into a help-seeking journey that contains key positive elements (Figure 10) and a help-seeking journey that identifies problematic elements of the experience (Figure 11).

Figure 10: Adopters' experiences of help-seeking: a problematic journey

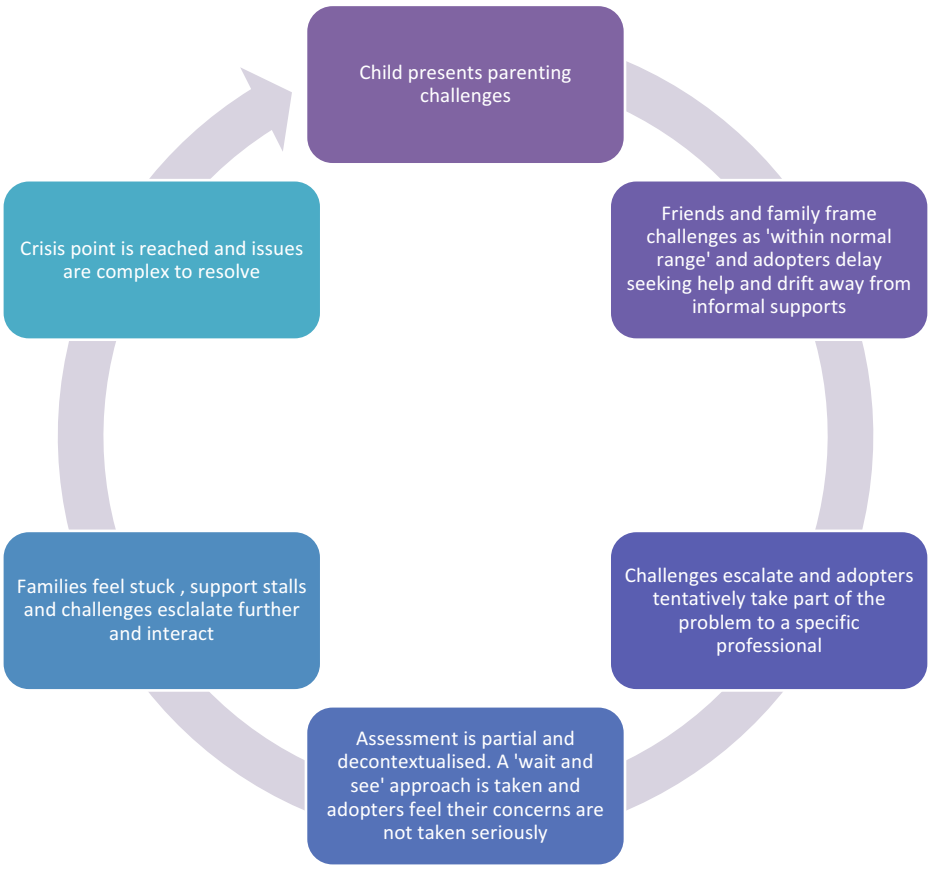
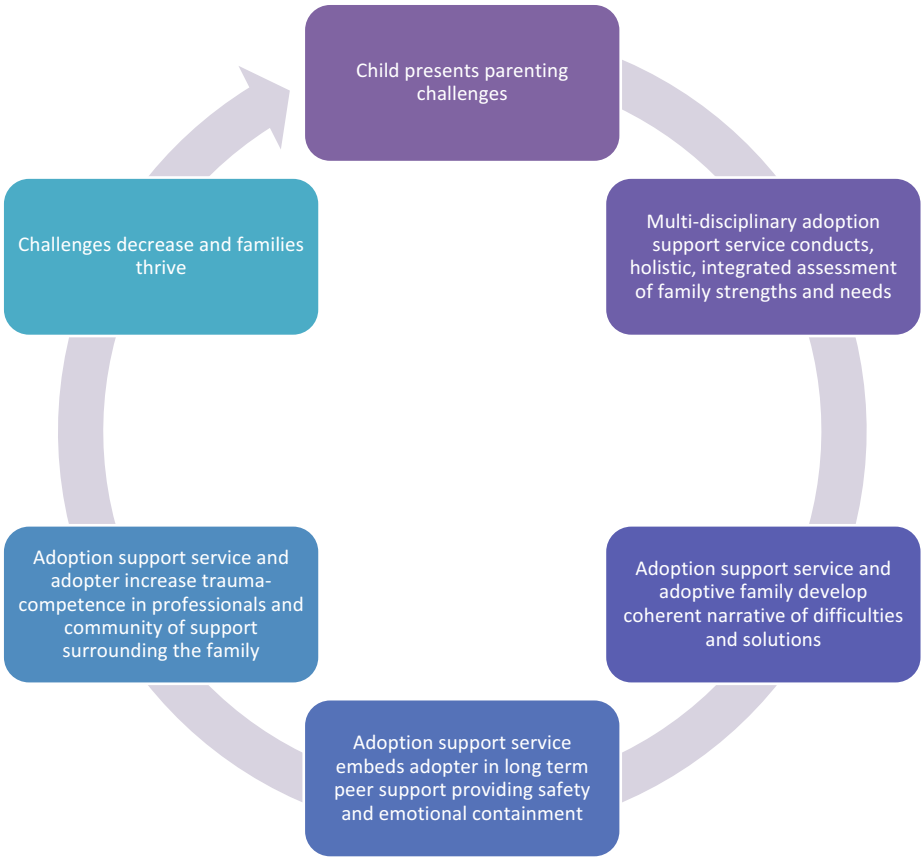


Figure 11: Adopters' experiences of help-seeking: a positive journey



7 Qualitative investigation of the peer support model within TESSA

This section of the report draws on in-depth interviews that were undertaken with ten Parent Partners who were delivering the peer support aspect of TESSA and ten adopters in receipt of this service. It starts with Parent Partners' descriptions and evaluations of recruitment, training and supervision processes and reflections on their role and the rewards and challenges of being a Parent Partner. It then uses Parent Partner and adopter interview data to elaborate on the model of peer support that has developed within TESSA and the key elements that are perceived to contribute to its success.

7.1 Parent Partners' descriptions of recruitment, training and support

Recruitment of Parent Partners

Parent Partner interviewees were all experienced adoptive parents. They were at different points in their adoption journey with children of various ages, with a range of needs and had various family structures in terms of the number of children, presence of birth children and some had grandchildren. They, therefore, had a breadth of background knowledge of adoption and the challenges faced by adoptive families. One of the Parent Partner interviewees was male and the others were all female. One had adopted internationally.

Parent Partners were recruited through a number of routes. Several had an existing relationship with the agency either having sought support or having had a voluntary or paid role previously with Adoption UK. Most Parent Partners had attended Adoption UK and other training events and had knowledge of therapeutic parenting before taking up the role. These courses had in some cases been transformational for their families and this encouraged them to come forward to take up the role in order to help others. Parent Partners also came from a range of professional backgrounds including teaching, nursing, social care, social work, school administration bringing an understanding of service systems. Some had other relevant training or expertise such as counselling and yoga. The experiences and expertise of Parent Partners were taken into account when pairing them with adopters. For example, a retired teacher was paired with an adoptive family struggling with school issues.

Parent Partners' motivations to take on the role included an aspiration to be employed in the field of adoption support or related areas in the future, the quality of the training offered by Adoption UK and the wish to help families like their own. Some Parent Partners also spoke of anger or a sense of injustice about the lack of adoption support acting as a motivating factor. The flexibility and part-time nature of the role was attractive to the Parent Partners who were recruited, particularly those who had chosen to work part-time due to their children's needs, had other work or caring commitments or were retired. Working from home was also attractive.

Induction and initial training for Parent Partners

Regardless of previous contact or role, Parent Partners described the induction and training process very positively using words such as "thorough", "well-structured", "amazing" and "intense". It included induction into the various TESSA processes and important policies and

procedures such as safeguarding and training in topics such as the effects of trauma on adopted children, Non-Violent Resistance, dealing with allegations of harm made by children against adopters, legal issues and Fetal Alcohol Spectrum Disorder. In some cases these topics were very familiar to Parent Partners and in other cases less so. Parent Partners did not feel it was unnecessary or unhelpful to repeat training they had previously attended before becoming a Parent Partner but rather felt it could refresh their understanding or help them reassess the information when hearing it for the second time. Two further key benefits of group induction and training were that is ensured a level of consistency within the peer support element of TESSA, or as one Parent Partner put it everyone was "on the same page' and it created the conditions for Parent Partners to become a source of mutual support. Through direct contact, Parent Partners became aware of the variety of experience amongst Parent Partners and felt connected as a group. Parent Partners also reported a sense of belonging to the Adoption UK community following induction. They were enthusiastic about getting to know the Adoption UK team during induction where they had not had a previous relationship. Some also reported that their knowledge of the range of work undertaken by Adoption UK was expanded enabling them to signpost TESSA families to other Adoption UK supports.

Ongoing support, supervision and training mechanisms for Parent Partners
A range of supervision and support mechanisms were described by Parent Partners including group meetings with the TESSA team, one-to-one supervision and support with the Parent Partner co-ordinator or other team members and reflective group sessions with clinical colleagues. These were an opportunity to discuss progress with families and challenges, seek advice, share resources, identify training needs and attend to their own wellbeing and were described as "amazing", "really supportive" and "invaluable". Meetings were mainly undertaken remotely due to Covid and this did not appear to cause any difficulties and in some cases was preferable due to the location of the Parent Partner. In Wales Parent Partners also use a WhatsApp group to stay in touch and support each other. Contact between Parent Partners was highly valued. These opportunities were described as supportive social events providing mutual support and learning and sharing of information and resources. For example, a Parent Partner who was a trained drama teacher, provided ideas for play sessions that could be suggested to adopters and a drama session for adopters. Parent Partners described an abundance of ongoing training opportunities and this was a key motivation for some for undertaking and continuing in the Parent Partner role. Parent Partners also appreciated the easy accessibility of the TESSA coordinators when they needed advice or support.

7.2 Parent Partners' perspectives on their peer support role

Nature and frequency of contact between Parent Partners and adoptive parents
Parent Partners have varied work patterns depending on their availability and service demand. Each Parent Partner could be supporting between 1 and eleven families at any point in time. This support could be provided to an adoptive mother or father or a couple together. Frequency of contact with families was set according to families' needs but was typically once every one or two weeks. This could be increased or decreased to match current circumstances but tended to be reduced over time as issues resolved. Parent Partners offered flexibility to families to maintain contact either by phone, email, text

messages, face to face meeting or via Zoom. This was sometimes influenced by geographical distance in rural areas and, at certain points, by the restrictions caused by Covid.

Parent Partners explained that it had been a considerable learning curve for Parent Partners and families when service provision had to move online due to Covid. However, they quickly became very familiar with platforms such as TEAMS and Zoom. Parent Partners felt they were able to develop supportive relationships online and the quality of the service had not been greatly affected by this shift as there was a clear commitment from Parent Partners and adopters to adapt and make the most of an unfortunate situation. Where adopters expressed a preference to speak by phone rather than video-conferencing this was accommodated. Online and telephone contact also allowed some efficiencies as travel time was eliminated and Parent Partners were able to support people who were geographically dispersed. One Parent Partner maintained socially distanced face-to-face meetings with an adopter due to the intensity of the difficulties this adopter was experiencing but this was an exception. Both adopters and Parent Partners arranged meetings around the needs of their children, family and work commitments, for example, speaking after the children's bedtime. Other means of maintaining contact with families included newsletters or monthly bulletins distributed by Adoption UK.

Parent Partners anticipated that some families would prefer to continue to remain in contact online or by phone or email while others will be eager to return to face-to-face meetings when possible. There was a perception though that face-to-face meetings were preferable where possible allowing a deeper connection to develop.

Parent Partners took on a number of roles including listening to and empathising with daily challenges and distress experienced by adopters, offering emotional support, encouraging them in their parental role, directing to resources. They did not see their role as advising but rather encouraging parents to talk through concerns, reflect on their situation and come to decisions about how to proceed. They were careful not to be overly directive but did guide adopters towards information and research that might help them make sense of their experience and as one Parent Partner put it offering several "avenues to go down". In some cases more experienced Parent Partners did feel able to offer practical advice to adopters on challenges such as difficult bedtime routines or liaising with teachers. Some adopters were primarily seeking information and signposting to further resources such as books, websites and professional supports but most were seeking regular opportunities to meet and talk through issues with a Parent Partner.

Some Parent Partners liaised with a social worker or school on behalf of or alongside an adoptive parent or helped adopters prepare for important meetings or discussions with social workers or teachers. Parent Partners were also researching and collating resources that could be sent to individual families or groups of families on topics such as addressing sleeping difficulties.

Parent Partners stressed to adopters the importance of self-care and to having a support network in order to effectively parent. When speaking to couples, Parent Partners could be faced with different perspectives on an issue or even couple conflict and would try to help couples come to a shared understanding of problems and solutions. Sometimes Parent

Partners felt families needed to be gently "persuaded" towards certain actions and this needed to happen within a trusting relationship. Sometimes Parent Partners were responding at a time of high stress such as when an adopter's daughter had gone missing and the Parent Partner spoke on the phone to offer support to the adopter and helped her maintain some composure when the child returned so she could respond in a therapeutic way.

While the basis of the Parent Partner role was to be a supportive listener, where Parent Partners felt able to do so they took on more responsibility as they grew into the role. They were, though, very aware of the need not to step beyond their capabilities and to seek advice and refer on to more specialist services where necessary. Several interviewees stressed that they were not counsellors or therapists and were cautious about offering advice. One Parent Partner described how they had declined to speak to a couple about their different parenting styles as he saw this as "beyond my skill set". Relationships between adopters and Parent Partners varied in nature from occasional and relatively "distant" to more long term and close and moving towards a more mutual relationship.

Contact with other TESSA pillars

Parent Partners described different levels of involvement with the clinical consultation and reflective parenting group pillars of TESSA. Some had participated in one or more clinical consultations while others had not. Some adopters had shared the clinical consultation report with Parent Partners while others had not. It was typical, though, for adopters to refer to information from the consultation in discussions with Parent Partners and equally Parent Partners would ask adopters to reflect back on advice given as part of the clinical consultation when an adopter was seeking advice from the Parent Partner. One Parent Partner wondered about the possibility of observing the clinical consultation (and reflective group) but had not yet requested this. Where the Parent Partner had attended, this was viewed positively by them. It gave the Parent Partner a fuller understanding of the family's challenges and allowed the Parent Partner to reflect back with the adopter on advice and strategies offered by the clinical psychologist. Parent Partners did acknowledge, though, that the decision about whether to include the Parent Partner or share the report had to lie with the adopter as the consultations could be deeply personal and emotive. One Parent Partner explained that she was more likely to be included by a family if she had established a relationship with the family before the consultation was scheduled which suggests that the timing of the consultation may be important.

Where the Parent Partner did not attend the consultation meeting, they sometimes phoned a couple of days after the meeting to allow adopters to take in all of the information and to allow them to form questions or reflections. Other Parent Partners waited for adopters to initiate any discussion about the clinical input. One Parent Partner passed on further information from an adopter to the clinician that they had forgotten to share. Parent Partners also sometimes discussed with adopters whether, and how, they might share the information from the consultation with other relevant people such as teachers.

With regard to the Reflective Parenting Group, there was usually, though not always, some discussion between the Parent Partner and adopter in between group sessions to allow for reflection.

The significance of the Parent Partner role as a paid role

When asked about the significance of the Parent Partner role being a paid role, Parent Partners felt this was important as it gave legitimacy and weight to the role. This status was particularly important when coming into contact with other professionals. It was also suggested by Parent Partners that receiving payment may make them more accountable and committed or reliable. Several Parent Partners also said that they would continue in the role if it was voluntary while others were more reliant on this small income. Parent Partners reported that they contribute hours over and above those formally acknowledged with a payment and are happy to do so as they benefited in other ways from their involvement. Other benefits of the role were the training offered and the experience gained which could contribute to their professional development or own parenting capacity. Supervision with TESSA staff was also sometimes used to seek advice about their own family challenges.

7.3 Rewards and challenges of the Parent Partner role

Rewards within the Parent Partner role

Parent Partners talked about how rewarding they found the role particularly when they observed families' situations improving, adopters developing confidence and strategies being used successfully. One explained:

> "[when their daughter was excluded from school] they were in a terrible state and I look at them now. She started in a new school and they're just more much more settled and attending school full time and mum is a lot more calm and dad is a lot more calm and I think they're getting on with their life. Now it's not all about that one subject, you know… so I think that's a success and I feel I helped them, well I know I did." PARENT PARTNER 10

Parent Partners often identified with struggling parents and expressed a desire to help avoid adoptive families struggling for long periods as their family had in the past. Some felt that they had found out about adoption support accidentally and worried about families in difficulty who weren't being reached.

Parent Partners saw the role as an opportunity to continue their own learning journey in order to help their family and others. They also suggested that talking to others about therapeutic parenting acts as a reminder to practice it in their own family.

> "I think for me as well, I've learned so much myself, about adoption, about processes and … how children react in different ways. And I've also learned a lot about therapeutic parenting and I find it helps my own personal life as well." PARENT PARTNER 10

Parent Partners also highly valued the support they received from Adoption UK and the regional adoption services in their role as Parent Partners and the opportunity for mutual support from other Parent Partners. One said:

> "… it was kind of like self-care in action, you know, it was really nice … a really nice way of getting together and kind of sharing thoughts and feelings about the role and getting some support back… I remember I got quite emotional when we did the first reflective group because it just felt like such a safe place to be able to talk about things." PARENT PARTNER 1

Another Parent Partner spoke about the "ripple effect" created by TESSA as Parent Partners disseminate information and training to other adopters and they in turn pass it on to their contacts.

Challenges within the Parent Partner role

The role was clearly demanding for Parent Partners while not outwith their capabilities. Parent Partners were honest about how uncomfortable it could be at times when trying to help a family but feeling uncertain that you were achieving this. Engaging busy, stressed parents or keeping them engaged, especially online during covid was also a challenge at times. It could also be uncomfortable for Parent Partners where there were problems within the couple's relationship and Parent Partners were careful to avoid stepping into a couple-counselling type role. Witnessing conflict between couples online was highlighted as challenging and it was felt best to avoid calls late in the evening to allow any disagreements to resolve with the help of the Parent Partners. That said, this was not always possible if parents had to wait until children were in bed to be free to chat during lockdowns.

Contact with adopters facing challenges could take an emotional toll on Parent Partners and act as a reminder of their own difficult experiences of parenting. One explained:

> "Sometimes you know you can be quite worried about a family and … sometimes I haven't been able to sleep, you know, because I've been worried about them … I think sometimes it does bring up things that have happened for me and takes me back there, which I don't always want to go back." PARENT PARTNER 10

One Parent Partner described how she had to hold back tears when a distressed adoptive mother questioned her decision to adopt her child. Parent Partners appreciated the mechanisms for support and reflection built into TESSA in such circumstances. Self-care and support were, therefore, just as important for Parent Partners as they were for adopters and the mechanisms put in place by Adoption UK to provide this were highly necessary.

Parent Partners anticipated that endings with some families could be difficult for them and adopters as a close and supportive relationship is developed. While there was recognition that Parent Partners cannot continue to work with families indefinitely, knowing how to move on or withdraw was sometimes uncertain particularly when involvement did not 'come to a natural end'. Parent Partners said:

> "Part of me feels that you build up this relationship with these people that to let them go just feels wrong, you know. I have to become professional about that. So that will be another part of my learning. You know how to do that." PARENT PARTNER 4

> "I will check in with them every now and again and just see how they're going because you can't just kind of dump them, you know, I think that I will carry on for a number of the families… just to a text message or an email. I found this resource. Thought you might find it useful. How are you? Just a general checking really. And you know, with this family that I've worked with, the need has been very intensive and I'd like to feel that if she was struggling … that I could channel her back to get some support and not to go as long as she did before she sought help." PARENT PARTNER 3

One Parent Partner reported that they often wondered about an adoptive father they supported for a short period but did not feel they could follow this up saying:

> "I wonder how [adopter's name] is getting on, you know… but I can't phone him up off my own back because that's just obviously crossing that professional relationship. But I do often wonder how he's getting on." PARENT PARTNER 2

The space occupied by the Parent Partner as neither professional nor volunteer, neither counsellor nor friend also created some uncertainty regarding how the relationship should be conducted. A degree of intimacy came from adopters sharing personal information with Parent Partners and vice versa.

> "Maybe not a friendship. But there's a close a close working relationship where I'm happy to discuss with them, you know, personal things that have happened within my family." PARENT PARTNER 1

It could be tricky for Parent Partners to find a balance between providing a 'service' and working within a close relationship.

> "It's really hard … because I care for them. I suppose you have to learn ... not to get too personally involved." PARENT PARTNER 4

> "You do build a friendship with them." PARENT PARTNER 3

While challenging, this was largely negotiated successfully by Parent Partners and adopters. Some relationships were described as 'like friends' but with an awareness from everyone that the Parent Partner is paid to provide support for a limited period and certain boundaries existed such as not being on social media together. Some relationships between Parent Partners and adopters had moved into being mutually supportive friendships and there was an expectation that these relationships would continue.

> "it's just become really friendly and I think it's difficult, but some of them I'll probably be friends for life with them." PARENT PARTNER 10

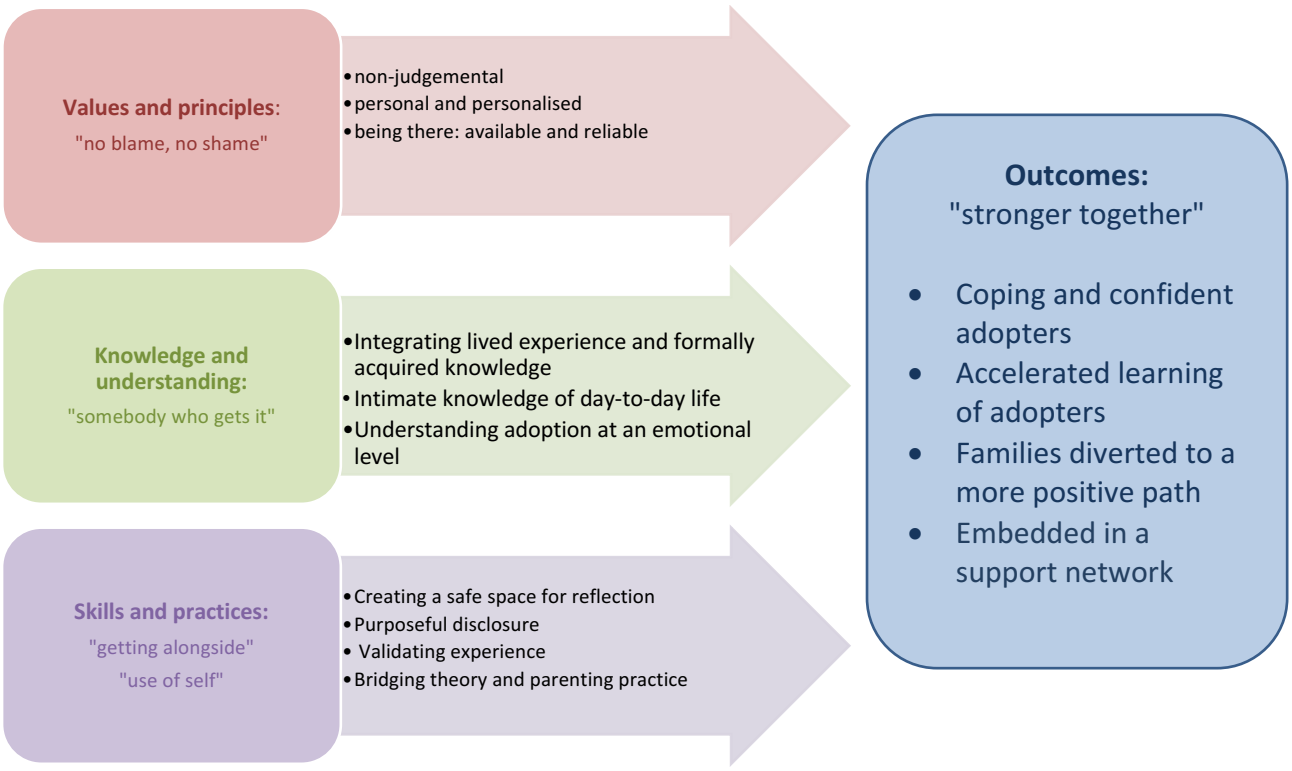
Where this is the case it may require some careful negotiation between the service, Parent Partners and adopters about when this should cease to be a paid role and service relationship rather than a private arrangement.

7.4 A proposed model of successful peer support: Parent Partners

Peer support is a well-established support function within adoption practice. Adoption UK has provided peer support as part of its offer to adopters for many years and an ethos of mutual aid is built into Adoption UK's design as an organization run for and by adopters.

There has been relatively little research that has examined in detail the process of peer support from the perspective of both the adopters and the peer supporters. This evaluation has allowed us to do this. In this section of the report we draw on qualitative interview data from both Parent Partners and adopters matched with a Parent Partner in order to understand this better. A thematic analysis was undertaken and, from this, the essential elements of the peer support element of TESSA from the perspective of Parent Partners and adopters have been identified and these have been organized into a testable model of effective peer support (Figure 12).

Figure 12: Proposed model of the Parent Partner Pillar of TESSA



The data that informed the model are presented to illustrate the processes within the adopter/Parent Partner relationship that were highlighted by interviewees. These have been organized under four meta-themes which are: values and principles underpinning the Parent Partner approach; knowledge and understanding drawn upon by Parent Partners; skills and practices utilized by Parent Partners; and outcomes of the Parent Partner approach.

7.4.1 Values and principles underpinning the Parent Partner model

Non-judgemental

A very strong theme from the narratives of both adopters and Parent Partners was the need to avoid coming across as judgemental with regard to the challenges adopters were facing and their responses to these challenges. Often Parent Partners' awareness of the need to avoid blame and a judgemental stance came from personal experience of this when accessing support and the negative emotions associated with this such as shame. One Parent Partner explained:

> "With my own child when she tried to run away from home, I handled it so badly. And I remember looking for help because none of my friends had ever experienced that. And I … got a helpline number for [name of support service]. And I remember the guy being really judgmental with me and saying 'oh that wasn't great'. PARENT PARTNER 4

Adopters also stressed how much they appreciated that Parent Partners did not imply any blame on their part when discussing issues. One said:

> "[Our Parent Partner] understands because of her own situation with her own adopted children, you know. So she's not judgmental, and that is really important. I think the fact that … this happened and I didn't handle it very well … she said, well, of course, you did, you're human you know and … she's really good for us not thinking it's all bad parenting." ADOPTIVE PARENT 5

Parent Partners recognised that experiences of feeling blamed or shamed could increase adopters' hesitation to ask for support from family, friends or professional services. A Parent Partners reflected on their own experience saying:

> "If I'd had a Parent partner … it would have been someone else to speak to and not feel ashamed or not feel that someone was judging you because I think that was the worst thing. You couldn't really tell a lot of people what was happening, because you felt that they'd say it was your fault, you know, you were spoiling the child or you were, you know, not parenting the right way. And yeah, so, I did find that very, very difficult." PARENT PARTNER 10

Personal and personalised

Parent Partners emphasised the individuality of the needs of families and the way needs change over time. This was exacerbated during Covid given that restrictions changed and children's school attendance fluctuated. They highlighted the need for flexibility within service delivery in terms of frequency and timing of sessions, modes of contact, intensity of contact and the focus of support. One said:

> "it's very unique for different families." PARENT PARTNER 8

They also spoke of the need to offer choice to adopters. For example, adopters had some choice in terms of the Parent Partner they were matched with. Adopters received a short

description and photograph of their proposed Parent Partner and could decline a match. One adoptive couple did so when they realised that the Parent Partner's child with whom they were matched attended their child's school and felt they would prefer to be allocated a Parent Partner who was less closely involved in their day-to-day community network.

Adopters also expressed an appreciation for this personalised approach contrasting it with some previous experiences of support which were less tailored to their needs, were more rigid and, therefore, harder to engage with. As one adopter put it:

> "I think it's been fantastic support because it's been very individual. We've never felt we've been given this generic program and right we'll fit you into the programme. It was very much about the program fitting in with what we needed and suggesting things that could help us. But not saying 'Oh, you have to do this, you have to do that', you know … it was the individualized support that we've got which I think has really been the strength of it. " ADOPTIVE PARENT 5

Being there: available and reliable

Parent Partners emphasised the need for regular contact with adopters and being available and reliable . A Parent Partner described how offering the possibility of an extra meeting at a time of high stress provided reassurance to the adopter even though they did not take this up.

> "One of my families … the week before she had been really, really down and everything was getting on top of her and she was really stressed. And so I said, well, …we'll put next weeks call in, but if you need one sooner. Just drop me a message and I'll find a time to speak to you sooner. So when I spoke to her the next week, she said to me 'Oh, that makes so much difference to me. I know I didn't actually contact you and ask for to speak to you sooner but because I knew in my head, that if I really needed to I could, that actually got me through'. Just knowing that that safety net was there actually meant that she didn't use it… and it got her through." PARENT PARTNER 9

Adopters also stressed the importance of knowing that the Parent Partner was contactable and responsive when needed. Just knowing this could reduce the adopter's anxiety and need to call on the Parent Partner.

> "Just having the support, just knowing that we're not on our own I think that's just really beneficial for the both of us. And we may not fully use the service every week, or every two weeks or monthly even but just knowing that she's there." ADOPTIVE PARENT 2

> "… when things have happened I've sent her a wee email saying 'this is what happened, I don't need to talk to you I just need to get it down. I just need to share it with somebody'." ADOPTIVE PARENT 1

7.4.2 Knowledge and understanding held by Parent Partners

Both Parent Partners and adopters stressed the importance of peer supporters having appropriate knowledge and understanding of their experiences in order for them to be able to provide effective support. This was very strongly emphasised by interviewees as they had typically encountered a complete lack of understanding in many different contexts including with family, friends, neighbours, schools, social care and health services and even within adoption services. Parent Partners explained that within society ideas persist of adoption as rescuing children so that problems disappear or children "grow out of it" yet the reality is quite different as children's needs are complex and long term.

Integrating lived-experience and formally acquired knowledge

The knowledge and understanding drawn upon by Parent Partners came in part from their lived-experience of adoption and adoptive parenting, but also from extensive research and training in adoption matters and contact with other adoptive families. This breadth of knowledge enabled Parent Partners to appreciate the uniqueness of each family's situation as opposed to viewing it solely through the lens of their own personal experience. Many Parent Partners also had relevant professional education and employment experience which they drew upon in their role and it was evident in interviews that they were highly reflective individuals.

Parent Partners' and adopters' accounts highlighted a number of areas of knowledge and understanding which they saw as important for them to have. These included knowledge of the adoption journey for children and adopters, care experienced children's needs and the effects of trauma, parenting an adopted child, the need for self-care and the challenges of help-seeking for adoptive families. Particular theories and approaches that were highlighted as important by Parent Partners and adopters included neuroscience, attachment, therapeutic parenting, educational support and non-violent resistance. As well as attending training events/webinars, reading various books and watched numerous YouTube videos, Parent Partners were also members of groups such as Adoption UK and the National Association of Therapeutic Parents.

The extensive knowledge-base developed by Parent Partners over several years and understanding could be made available to adopters through their contact with Parent Partners. Over and above this, the understanding developed by Parent Partners through lived-experience provided an important backdrop to and shaped the peer support relationship. Parent Partners reported that adopters value having the support of someone who understands their world to the extent where they do not have to constantly explain themselves and their day-to-day family or retell their child's history. Parent Partners said:

> "Well all three of them just feel like it's somebody who gets it, somebody who understands and that talking to professionals is not the same as talking to a fellow parent who just understands the sort of whole dynamic and … where these children are coming from." PARENT PARTNER 5

Intimate knowledge of day-to-day life

Interviewees accounts suggested that the understanding of adoptive parenting that comes from lived-experience is qualitatively different from knowledge gained from reading,

listening to podcasts, attending courses or webinars and the professional education experienced by teachers, therapists etc. This understanding through experience meant that Parent Partners had an intimate knowledge of the day-to-day realities of adoptive family life that was not necessarily available to professionals who were not also adopters. The problems created where this understanding of day-to-day parenting is missing was illustrated by one Parent Partner describing the repercussions of a change in a child's routine which may seem minor to the professional but can significantly affect the family's ability to cope:

> "It can even involve things like you know therapy sessions or the social worker and people who are not purposefully trying to be difficult but you would think would really understand, you know, the need for no changes to routine. And it probably seems so petty that you'd become agitated by that but actually the knock-on effect if something changed at four o'clock might mean that at 10 o'clock your child is still awake, you know, whereas, usually they would be asleep by now and then for you that means that precious hour where you maybe get a little bit of self-care is gone. And I think it's just yes. Being able to appreciate and understand things like that and how it does affect your life and other people. Sometimes they just don't get it really." PARENT PARTNER 1

Understanding at an emotional level

Lived experience also brought with it an understanding of the emotional life of adoption and this in turn appeared to bring a sense of authenticity to the relationship between adopters and Parent Partners and to expressions of empathy. Both experienced the pain and distress of misunderstanding from others and feeling challenged by children's needs. An adopter described this shared understanding being expressed simply by her Parent Partner when the adopter described her child's challenging behaviour to the Parent Partner:

> "[My Parent Partner said] 'God, isn't it hard when they do that' and just that kind of unspoken … she just gets it" ADOPTIVE PARENT 8

Parent Partners also spoke about the role of empathy in the relationship explaining:

> "They want somebody, not necessarily a professional, but somebody who's lived the experience and that can show them empathy and understanding and, you know, if you've been there … you're in a much better position to be able to support them." PARENT PARTNER 3

> "I'm very much there to support her and reassure that she's doing a good job… a fantastic job and there have been times, you know, when she's quite down and quiet... you know it is exhausting what she's doing." PARENT PARTNER 6

Humour was sometimes used by adopters and Parent Partners to show support and empathy.

> "We also laugh about things as well, which is really good, you know, sometimes I can feel they're so down sometimes." PARENT PARTNER 10

Parent Partners were also careful to avoid platitudes in response to expressions of distress from adopters. As one Parent Partner put it:

> "… giving them the old 'och it'll be worth it in the end'." PARENT PARTNER 2

The understanding that exists between Parent Partner and adopter also creates the conditions for trust and honesty within the peer support relationship.

> "You can say things to your Parent Partner that you couldn't say to your friends who've got kids the same age." ADOPTIVE PARENT 10

> "A successful match has got to be a family that you can support, that you've got the knowledge and experience to support that you get on well with them in that they trust you, can trust your judgment and you can speak openly and honestly with." PARENT PARTNER 3

There was a sense of being on the same page and having a mutual understanding of the 'problem' and mutual interest in creatively finding the solution. One adopter said of her Parent Partner:

> "we're going through similar things with school with our little ones, and so that worked." ADOPTIVE PARENT 11

7.4.3 Skills and practices employed by Parent Partners

The Parent Partner role requires careful and skillful deployment of knowledge and expertise to enable adopters to parent successfully. Interviews with Parent Partners and adopters identified four aspects of the approach to practice used by Parent Partners.

Creating a safe space for adopters' reflection and growth

Adopters and Parent Partners are inevitably brought into a deeply intimate relationship given that very personal information is exchanged.

> "They open up to you so much and they tell you their deepest secrets you know." PARENT PARTNER 10

Creating a sense of safety and mental space to reflect were important aspects of the relationship reported by both adopters and Parent Partners.

> "A lot of the support that I'm doing with people at the moment seems to be about them, just having … a safe place to be able to say what's going on … in their world at the moment and for someone to say, 'ah yeah, I get that. I remember that. It happened to me' or whatever it is, so that they can just kind of feel that they're not on their own." PARENT PARTNER 9

A sense of safety was created through offering gentle encouragement to adopters, going at their pace, avoiding judgement, focusing on positives that can be built upon and showing solidarity.

> "One of the things …is just letting them really offload, you know, with no kind of agenda in terms of trying to maybe solve any problems or, you know, I think just talking and letting them offload has been really helpful. And often that just leads to conversation in terms of, you know, have you heard of this or maybe you could try doing it this way, or have you have you read this, have you seen this article." PARENT PARTNER 1

> "Just by very gently sort of leading us that way, instead of heavy-handed questions." ADOPTIVE PARENT 5

It was suggested that what might appear to be general chit chat between a Parent Partner and an adopter can have an important place as it allows a relaxed, non-pressurised context for exploring issues and for ideas to emerge rather than being overly focused upon. A male Parent Partners also emphasised the importance of being sensitive to gender differences:

> "[the adoptive dad] said to me 'I could never talk to any of my mates like this'." PARENT PARTNER anonymised

Parent Partners also suggested that it was important that families knew that the Parent Partner was there for them and 'holding them in mind' outside of meetings and this added to the sense of having a safety net. One example of holding families in mind was Parent Partners seeing a course advertised and thinking of it as a good fit for the family and recommending it. This seemed to help families feel their needs were less invisible or ignored.

Parent Partners also talked about the need to be responsive to the needs of adopters in the moment and attuned to their presentation. They did not necessarily know what they would be presented with at that moment when calling an adopter and had to tune into the mood and think on their feet.

> "… the first phone call, your first initial contact is as a weird one. Because you don't know what you're going to get at all. I mean, I was prepared for a little bit of small talk. My very first family and I went 'So hi, how are you doing', and immediately got 'we're in crisis' … I felt like I was having to kind of hit the ground running. Whereas the next family. It was a lot of small talk, you know. So you don't know what you're going to get." PARENT PARTNER 4

Purposeful disclosure of adoption-related experiences by Parent Partners to adopters
Parent Partners saw it as a key part of their role to pass on their accumulated knowledge and personal experience in order to avoid help adopter making some of the 'mistakes' that they had made. One important way this was achieved was through selective disclosure of their own personal experience to help someone in similar circumstances.

> "… she likes to hear a bit about 'well have you been through that, and what did you do', so she likes to be able to relate and talk back … I think she finds it reassuring to know 'well, it's not just me that it's experiencing these types of behaviour' … she'll ask if I've experienced anything. She likes to kind of reflect on maybe how I've approached things." PARENT PARTNER 7

> "that's really, really useful to hear other people's personal experiences, because that … reassures you that you're not the only people going through this." ADOPTIVE PARENT 4

As well as highlighting similarities, the sharing of experiences also had the effect of humanizing these troubles.

> "It's always helpful to discuss similarities, so if their child is experiencing … jealousy or whatever that feeling might be, or anger, or frustration, I think it can be helpful, sometimes to give examples of our own experiences so they can relate." PARENT PARTNER 8

Selective self-disclosure also had the benefit of communicating empathy, reducing feelings or isolation or difference and creating a sense of solidarity.

> "I think for them, a lot of the reassurance has been learning that other adopted children are experiencing similar things and it's not unique just to their daughter." PARENT PARTNER 8

> "she's very believable in what she says, her approach, but she's not condescending. So she doesn't say 'do it this way, do it that way', she just gets what you're saying and then says 'well, you know, I've heard that this might work' or 'we could try this' or 'have a go, get back to me, tell me how it went'. So she's always there, it's like that lifeline at the end at the end of the phone." ADOPTIVE PARENT 11

Part of their motivation was to avoid adopters experiencing the same distress that they had experienced.

> "I just found it very, very, very difficult. And I found that we got support when things got really desperate, that's when our support came and I just think it's so wrong for it to have to get to that." PARENT PARTNER 10

The Parent Partner interviews gave us some insight into the skill of doing this effectively. Sometimes this involved identifying a current problem, talking about similar issues experienced by the Parent Partner and what the Parent Partner had learned then reflecting together on how this learning could be applied to this adopter's current situation. While this sounds relatively uncontentious, this requires a high level of skill.

> "it's about sharing it for a reason for that person rather than for yourself." PARENT PARTNER 5

> “I guess it's just being mindful, isn't it, that my experiences might not be the same as somebody else's experiences. I think it's always being … very clear that every child and family are unique in their dynamic.” PARENT PARTNER 8

Parent partners were careful to stress that they held back information and were judicious in the information they shared and only did so when directly relevant to the current problem the adopter was presenting.

> “I share a little bits about my son. Not loads but you know I will share a story, say, we've had problems similar to that.” PARENT PARTNER 5

> “I think the drawback is always wanting to say, oh we did this, or we've experienced this and you kind of have to hold yourself back from doing that too much because it's about them not you.” PARENT PARTNER 1

Sometimes this involved honestly sharing mistakes that they made as adoptive parents and explaining why certain choices did not work out. This sharing personal stories aspect of the role took some adjustment for some Parent Partners who were used to occupying professional roles that discouraged sharing of personal experiences. Parent Partners were also aware of the need for their experience not to dominate but be understood alongside the adopter’s challenges.

> “I don’t bombard the conversation. It's not about me. I'm there to support them and listen to them. But if they ask me or if there's something that I feel will help them they obviously I'm quite happy to do that.” PARENT PARTNER 7

Matching of Parent Partners and adopters was important to enable self-disclosure to be helpful. Parent Partners often referred to common characteristics shared with adopters that they felt contributed to a good fit such as the work circumstances of the adults, ages of the adults, family structure or the gender of the adopted child. Some Parent Partners also had a child of a similar age or slightly older than the child in the adopter’s family. Having children slightly older than the adopter allowed Parent Partners to reflect back on recent experiences that may be similar to those of the adopter.

> “[Adoption UK] didn't go into specifics of that but certainly we are a good fit, you know, in terms of being slightly old mums both being involved with the university and having an [age] year old daughter and then the other family …they have … adopted teenagers and I have a teenager.” PARENT PARTNER 6

An exact match of characteristics was not seen as essential but it appeared that having some points of commonality meant that adoption-related experiences when shared felt more meaningful and salient. One Parent partner said adopters get sick of hearing “all kids do that” but she has a birth child and was careful about repeating this even though there was some truth in it from her perspective.

Validating extraordinary experiences

Often the experience of adopters facing very challenging circumstances were outside the experience of other parents with whom they were in contact. Adopters and Parent Partners often spoke of adoption as being like a parallel or alien world or "secret club" that was outside the experience of other parents.

> "I recognize this from my own adoption that actually you started tearing your hair out and then you're looking around and actually if you look at all the mainstream regular birth families around you, you're like, well, I can't say that to them. And I definitely can't say that to them. And they're not going to get it. And so then you're like, well, what do we do with it. And actually, you need another person from the adoption world to be able to see that stuff too, because otherwise you can't do anything with it, you're stuck with it. They're looking at you like you've got three heads and [they're saying] 'that's happening? Really? that's weird'." PARENT PARTNER 9

> "As an adoptive parent, you do quite often live in a very different world to everybody else and it becomes normal for you, but if you start saying that stuff to some of the other families who haven't got adopted kids or have no experience of trauma, they really think you've kind of come down off the moon." PARENT PARTNER 9

Adopters and Parent Partners commonly talked of friends and family not being able to understand their children's need for a particular parenting approach. This had the effect of isolation and alienating adopters from the wider community of parents.

> "Having had the experience of [parenting through adoption] you can sort of help them through that journey in a way and just reassure them that it's fine if you don't go to three different Father Christmas days and go on four holidays and go to Alton Towers before they're three years old. That's absolutely fine. Other people may judge you for that but just have the confidence to know that you know this is best for your family." PARENT PARTNER 1

> "It's really hard and you can have loads of friends and unless someone has actually adopted and is going through the same process as you are, seeing problems, they still don't get it. Know it. This is really, really hard." PARENT PARTNER 10

> "actually it's really isolating as well. So if you're struggling with something, even if you're keeping it on top of it. It's just that being able to say it to somebody what you're actually dealing with at this particular time and know that they'll get it and you won't have to justify it, you won't have to explain it. You won't have to kind of feel like you're making an excuse for what's going on." PARENT PARTNER 9

Sometimes adopters felt that they were failing in some way as typical parenting strategies were not effective and Parent Partners took a role in reassuring adopters that they were not at fault.

> “Sometimes you just need someone to go, ‘no, you're not alone. It's not just you. It's not your parenting skills. This is how it is.’” PARENT PARTNER 7

> “of course, because [my Parent Partner] has her own [adopted child] … she's able to say ‘I'm going through the same’ so it just makes you think we're not on our own. There's lots of us doing the same type of things.” ADOPTIVE PARENT 11

Isolation was a particular danger where adopters were facing child to parent violence. This could be a source of shame which drives the experience further underground.

Parent Partners are very sensitive to the problem of alienation often from personal experience and are keen to avoid claiming they know how adopters feel, that they’ve 'been there', telling adopters what to do or suggesting any blame on the part of adopters.

> “I'm you know I'm not here to give any kind of right or wrong answers, you know. I can offer some suggestions.” PARENT PARTNER 1

> “It’s a really important role. It's somebody that gets it, understands how you feel and what you're trying to do and what’s hard about it. I mean, my family, oh my goodness, are all educated and doing education and all the rest of it and those sorts of roles [but] did not get it at all.” PARENT PARTNER 5

Adopters also sometimes had to convince professionals such as teachers that their perception of challenges and solutions needed to be revised. A Parent partner said:

> “I think just listening to people, you know, listening for what the challenges really are and … giving them the confidence to feel … what I'm doing is, okay… I can do this and … this is how I need to parent, my child. … Sometimes to the rest of the world it seems like you're kind of not doing [your child] any favours, but you know … you're doing the best for your child.” PARENT PARTNER 1

One of the roles of Parent Partners, therefore, was to validate the experiences and associated feelings of adopters. As one Parent partner put it:

> “You’re not saying you have all the answers … but you're there to go … it's okay to feel that way.” PARENT PARTNER 4

Adopters and Parent Partners really appreciated when professional were validating. One said of that a particularly supportive teacher:

> “just made you feel really valued in your concerns … and the difference that makes, even if even if it's not whole school approach, if you have a good teacher that you can work with it makes a big difference.” PARENT PARTNER 1

Parent Partners are in a unique position to meet adopters’ need to be validated. This can be offered in a truly authentic way given their shared experience of adoptive parenting.

Bridging theory and parenting practice

Interviews with both Parent Partners and adopters indicated that many adopters are highly skilled researchers who are committed to seeking out information and training to assist their parenting. Some adopters needed support to seek out such information and Parent Partners directed those families towards key reading, research and organisations that they had found helpful increasing adopters' access to resources. Even where knowledge levels of therapeutic parenting were high, the application of this when in the thick of challenges was not straightforward for adopters.

> "I [thought] I was going to be perhaps working with more families who had no clue about a therapeutic approach. And I think I've been surprised by how much families know and it's probably just that gap between Theory and Practice that they are perhaps struggling with rather than actually not knowing in the first place." PARENT PARTNER 1

Parent Partners played an important role in assisting adopters to translate this learning into their own context and applying these principles in difficult circumstances.

> "I will try to say 'right now let's think about when you had your psychological consultation what the psychologists say that you could try' or 'I tell you what, this is a good resource have a read of this. And next week we'll talk about how you think you can apply it. And I mean sometimes you know that things are going to work, and they've worked for you. And so sometimes you can you know channel them in the right direction." PARENT PARTNER 3

> "… even though it's looking at that sort of … general theory, it still really feels that it's being applied in an individual way to us in our particular situation. ADOPTIVE PARENT 5

Parent Partners also encouraged adopters to raise issues with teachers and other professionals and pass on information about their child's need for a therapeutic and trauma-informed approach. They could offer advice about how to do this and offer support if the outcome was not as hoped for.

> "they've got someone to push them, but to lean on as well if things don't go the way they think, which I found really, really hard." PARENT PARTNER 10

7.4.4 Outcomes from involvement of Parent Partners

Four key outcomes of peer support were described by Parent Partners and adopters.

Adopters are coping and feel confident in their parenting abilities

A key goal of TESSA is to strengthen the capacity of adopters to successfully parent their adopted children and their confidence in their own abilities. There were many examples of this being an outcome of peer support in Parent Partners' accounts of their work with families.

> " She's feeling great and much more confident and so much calmer" PARENT PARTNER 4

> “Parents can cope a little bit more, can cope without you.” PARENT PARTNER 3

Parent Partners acknowledged that their involvement did not eliminate stress for families but did allow them to find some moments of calm to allow them to reflect and respond appropriately to their children’s needs.

> “It is nice to see that the change in the parents themselves from being quite stressed out and anxious to, you know, still a bit stressed but settling down.” PARENT PARTNER 7

> “They were under a lot of pressure when they started off at first. And you can see that change in their persona, how they’re more relaxed and they’re more willing to embrace these ideas.” PARENT PARTNER 7

Accelerating learning and sensitive application of learning for adopters
Interviews with both Parent Partners and adopters presented a picture of adopters trying to make sense of what they had learned in adopter preparation groups but when this proved in adequate moving on to undertake their own research to understand and meet their children’s needs. For many this was a slow and isolating process and involved much trial and error.

> “until you're doing it and you're in the middle of it you learn when in the middle of it, so to speak, so there was a lot of things I hadn't appreciated” PARENT PARTNER 7

The involvement of the Parent Partner created a short-cut to success for families, accelerating learning and increasing the sensitivity of the application of theory to real world family life.

> “I think it should be provided as a standard, because it would have been a game changer for me, you know, I would have done things differently, three years ago and I don't think I have harmed our relationship in any way, but if I could have accelerated certain parts or she could have trusted me more.” ADOPTIVE PARENT 8

This was also presented by adopters and Parent Partners as a shared endeavour with each party brining to the other’s attention useful resources to discuss.

> “We talk a lot as equals. I'm forever sending her links and ‘oh my God, you need to watch this’, ‘listen to this podcast’, ‘what about this’ and ‘I found this amazing book’, and so there's a lot of that that goes on. And she's like ‘I absolutely love this’.” ADOPTIVE PARENT 8

Diverting adoptive families to a more positive path
Because of their own experience of challenges and finding solutions, Parent Partners were able to spot problems in terms of how the challenge is understood and responded to at an earlier stage to divert families onto a positive path towards resolution.

> "There was an incident last week where a parent was telling me about something that happened with their child in school, and it was, it was like a like a flashback, you know. I mean I just thought oh my word, they're going through exactly what I went through and I how can I stop this getting much worse them." PARENT PARTNER 10

In some cases, this meant avoiding a family disruption:

> "the family that I that I've been working most closely with have said it really feels like our conversations have taken them away from that point where they almost felt like the adoption was going to break down." PARENT PARTNER 1

Part of this diversion to a more positive path involves giving families hope that a different path is within their grasp:

> "Families are feeling more relaxed and better about their situation and more able to move forward, feeling positive about the future." PARENT PARTNER 1

Embedded in a support network

Adopters and Parent Partner accounts described a reduced sense of psychological isolation or alienation from social networks and other families as a result of TESSA generally but also the Parent Partner specifically. Contact with the Parent Partner resulted in an immediate reduction in isolation for adopters. Parent Partners were aware that they could not be the families' sole source of support and sought to build other meaningful connections for adopters through mechanisms such as the reflective parenting group.

> "They really have nobody nearby to talk to … they should have been on the reflective parenting course which is the next stage… I think that will do them a hell of a lot of good because they'll start meeting people." PARENT PARTNER 4

Parent Partners also plugged adopters into wider Adoption UK training and support groups and described one of the broader outcomes of peer support as building communities of adopters.

> "I don't know how you do it. Maybe just let it happen organically or maybe as part of, at the end of those sessions, you actually actively encourage parents to sort of develop groups. I don't know. You could tag another session on at the end that was about the sort of ongoing support in your area and you know ways of developing support networks." PARENT PARTNER 5

Parent Partners stressed the need for this community to develop organically rather than be artificially created and for a sense of belonging and solidarity to emerge.

> "a certain sense of community. I think that's what it's creating, an adoptive community … I hated those big groups where you get together at Christmas and all your kids are there because they've been adopted … those things just felt forced to me, this feels just a much more natural way of people supporting people." PARENT PARTNER 4

One Parent Partner described it as “collecting your tribe”.

For some Parent Partners and adopters their relationship had become more like a friendship and with a level of reciprocity.

> “You do build a friendship with them.” PARENT PARTNER 3

> “But I feel now I can ask her about her family and at first I didn’t think that was okay. You know, I probably felt that that was possibly a bit too intrusive and not what the relationship was meant to be… what I expected was that listening ear but I feel we’ve got more than that. There’s a friendship there, there’s a connection. She’s got a lot of empathy. She just gets it” ADOPTIVE PARENT 1

Some Parent Partners saw TESSA and the peer support element of it as a catalyst for a much stronger network of adopters supporting adopters to develop.

> “Potentially, we can develop all sorts of networks through this and encourage parents to sort of continue supporting each other. Adoption UK can through [the volunteer co-ordinator] a sort of community development of the parents. There could be an opportunity, you know, as a lot of parents go through TESSA of actually really building up a support network.” PARENT PARTNER 5

8 Discussion of implications of the findings

Adoption UK set out an ambitious set of aspirations, through TESSA, to improve the lives of adoptive families through targeted adoption support. The qualitative and quantitative data we have collected as part of the evaluation shows that TESSA has had a range of positive impacts for adoptive families. Overall, adopters are less psychologically isolated, feel more confident in their parenting role, better connected to resources, and reported that children are calmer and family life is more settled.

Adopters' and Parent Partners' accounts suggest that too often in the past adoptive parents have felt let down and misunderstood by health, social care and education services creating frustration and a reluctance to approach services for help. Contact with the TESSA service has created an optimism in families that they can parent their adopted children successfully with appropriately tailored support.

The success of the TESSA model is evidenced in the direct reports of adopters through both survey and interview findings. The standardized measures showed statistically significant increases in parental self-efficacy scores and parents' ability to see things from their child's perspective. There was also a statistically significant reduction in children's total difficulties scores as measured by SDQ.

8.1 Strengths of the TESSA model

A number of strengths of the TESSA model are apparent from the evaluation.

Integrating high quality clinical support and robust peer support

Fundamental to the TESSA model is the integration of clinical support and peer support in order to achieve a satisfying family life for all including the child or young person. TESSA has engaged a number of highly experienced clinicians with specific expertise in adoption and trauma to provide clinical input through the clinical consultation and reflective parenting group. This resource has been used in a very targeted and time-limited way to great effect.

TESSA has also harnessed lived-experience of adoption as an effective resource in a number of ways. TESSA staff are experienced adopters as well as experienced staff members within Adoption UK with many years' experience of offering training in therapeutic parenting and other key areas. These individuals also bring knowledge of the range of services and supports offered by Adoption UK more generally and services offered locally to adopters by other agencies. TESSA has also recruited a number of highly experienced adopters into the Parent Partner role, including many from a range of professional backgrounds.

Integration of clinical and peer support happens in various ways. Reflective groups are co-facilitated by an individual with clinical expertise and a staff member with lived-experience of adoption. Parent Partners help adopters to integrate information from the clinician into their everyday family life. Attention to the quality of personnel within TESSA has contributed towards creating a high-quality adoption support service.

The core TESSA service was designed as a three-component model, that is, Parent Partner, clinical consultation and reflective parenting group. The majority of families in Scotland

have engaged with all three pillars, whereas in Wales this is more variable. The current evaluation has not been able to compare outcomes for families engaging with two as opposed to three pillars and this should be built into the next stage of the evaluation. That said, there is no suggestion in the data collected that the outcomes for those receiving two pillars or three are qualitatively different. The key factor appears to be the combination of clinical input and peer support in some form. Data also suggests that flexibility within the model is key in order to engage families and meet their needs. A rigid approach to delivery that insists on engagement with all three pillars may, therefore, be problematic.

The clinical consultation: high expertise, modest intervention, large impact
The clinical consultation, has been universally welcomed by families and transformational for families. Key outcomes from the Clinical Consultation described by adopters included:

- a coherent, comprehensive explanation of the child's needs that unpacks issues and suggests approaches
- validation of adoptive parents' strengths and abilities
- increased adopter confidence to discuss a child's needs with those outside the immediate family leading to better informal support
- added weight given to adopters attempts to influence settings such as school
- a shared understanding of the child's challenges and needs across multiple settings
- improving adoptive family relationships and relationships with family, friends and professionals
- acceleration of therapeutic work with children
- child being calmer and family life being more settled.

The success of this pillar of TESSA relies on the high level of expertise of the clinician, the fit of expertise with the needs of the families and timely access to individually-tailored clinical advice. Substantial impact has been created through a relatively modest investment of a one-off meeting between clinician and adopter plus preparation and report writing time.

The reflective parenting group: growing together
Those who attended a reflective parenting group spoke very positively about it identifying the following key outcomes from their perspective as group participants:

- feeling understood, accepted and a sense of belonging
- having a safe space to vent frustrations and see the funny side of challenges
- developing a better understanding of self-care
- increasing skills and abilities to implement strategies
- opportunities to help others as well as be helped
- a longer-term commitment to supporting each other after the group ends.

The reflective parenting group is also important as it models partnership between adopters and professionals. From adopters' accounts it appears that the group process was as important as the content.

Parent Partners: authentic, empathic and encouraging.
The Parent Partner role ranged from an occasional checking-in with adopters to a much more intensive peer support role. One of the keys to the success of this support was the flexibly of provision to meet the needs of adopters.

The majority of families were seeking regular sustained contact with a Parent Partner. The support offered in such circumstances included, but was much more than, being a listening ear. Parent Partners very skillfully drew on their personal experience of adoption and a much broader set of knowledge which came from extensive researching of adoption and therapeutic parenting and previous professional roles to build safe, trusting and authentic relationships with adopters so they could work together to find solutions to the challenges families were facing. Matching of Parent Partners' parenting experiences to adopters' current circumstances and challenges also contributed to this relationship building though an exact match of family circumstances was not necessary. Parent Partners were careful not to take on a didactic educational role with adopters but instead helped them to explore ways of translating theories and strategies learned into the reality of day-to-day family life. In order for this to be successful, adopters spoke of the importance of Parent Partners' ability to connect with them on an emotional level because of their shared experiences and to communicate deep empathy and validation.

Key outcomes of the Parent Partner support were adopters feeling more confident in their parenting role and more accepting of this highly challenging role. They also expressed a more positive view of the future and their capacity to parent when provided with support and development opportunities.

Being relational in a time of social distancing
There is a commonly held belief that face-to-face contact is necessary for relationships to flourish. While this may be the case for some individuals, TESSA has demonstrated that this is not a universal truth. The degree of intimacy that has developed between adopters and TESSA personnel without any face-to-face meetings is to be commended. This was particularly the case for relationships between adopters, for example those taking part in groups together, and with Parent Partners. Relationships have been facilitated through regular and flexible contact using, for example, video calls, audio calls, texts and WhatsApp groups. Adopters and Parent Partners were regularly sharing very personal stories of challenges, regrets and triumphs using these media. Relationships were also reinforced through acts of thoughtfulness such as Parent Partners coming across a course or a book and contacting an adopter to recommend it could help them and their family.

Creating momentum for improved quality of life and accelerating positive outcomes
TESSA is working with several families who had become stuck in negative cycles and who had experienced a degree of inertia in their attempts to seek support from formal services. In contrast, their accounts of their contact with TESSA suggests that it has created a sense of momentum and positive change. In addition to creating momentum, several references were made to the way that TESSA accelerated adopters' and children's journey towards positive outcomes. Examples given were of adopters' understanding of and ability to practice therapeutic parenting being accelerated through TESSA and therapeutic work with children being accelerated due to the quality of information available to the therapist from the clinical formulation.

Building expertise and employability within the adoption sector
TESSA has put in place very robust arrangements for the induction, support and ongoing development of Parent Partners. These have the primary benefit of ensuring that a high-

quality service is provided to adopters. There is also a potential secondary benefit beyond TESSA as Parent Partners are seeking opportunities to strengthen their expertise and increase their employability. TESSA is, therefore, contributing to workforce development within the adoption sector. Adopters are also acquiring knowledge and skills that can equip them for future paid roles such as the Parent Partner role.

8.2 Areas for further reflection and evaluation

There were some indications within the data of aspects of TESSA that could be further strengthened or reflected upon as the evaluation proceeds.

The Clinical Consultation

There were some different practices noted in the preparation of the report from the clinical consultation. Sometimes a single report was produced. Where relevant information within the report needed to be shared with key professionals, this created some challenges for families who felt they needed to redact parts of the report in order to maintain some level of confidentiality for the family. Some clinicians were able to produce different versions of reports for different purposes and different audiences. It would be helpful for TESSA staff and families to reflect together on the reporting aspect of the clinical consultation and how reports can be presented in order to have maximum benefit.

Some adopters felt that the clinical consultation and accompanying report enabled them to better articulate the needs of their children to family, friends and professionals, especially teachers. Where adopters were able to do this, it created positive changes in the way children's needs were understood and met and relationships with children and between important adults improved. Some adopters felt less confident about communicating their child's needs to family, friends or professionals. There would be value in exploring ways for adopters to develop a language and confidence around expressing their child's needs in a more intentional way through their contact with Parent Partners and the reflective parenting group. This could contribute to the important agenda of increasing adoption and trauma competence within universal services.

While families were highly appreciative of the one-off clinical consultation, some were seeking additional consultations to update information as children develop and their needs shift. Some adopters thought this should be available annually. Again some reflection would be helpful on the circumstances that would warrant another clinical consultation being offered and the process that would be used. For example, could information be updated through a paper exercise rather than a meeting in order to maintain the currency of the clinical opinion or would a further meeting be necessary. Also, once a relationship is established with the family, could an annual consultation be helpful to anticipated future challenges and work in a more preventative way with families.

Building the peer support community within Adoption UK

Peer support infuses many elements of TESSA. It comes through contact with the Parent Partner, attendance of the reflective group with other adopters and also from the fact that many of the staff working on TESSA are also adoptive parents. TESSA has created opportunities for models of peer support to develop and emerge in a variety of forms. For example, some reflective parenting groups became informal peer support groups and there

were examples of adopters being linked by Parent Partners into Adoption UK's wider support activities and networks. These have the potential to provide longer term buffers for families and to maintain an open door for adopters to return to TESSA for more targeted support at a later point. They also have the effect of building a community of adopters who can unite in common cause. Group induction, training and support for Parent Partners was another example of peer support being built into the TESSA model and strengthening the community of adopters. While peer support can bring many positive opportunities it can also raise ethical dilemmas. For example, Parent Partners spoke about a degree of ambiguity within the role with regard to balancing the personal and the professional. Also a TESSA employee who is an adopter may also occupy the role of service user or Parent Partner at certain times necessitating systems being put in place to protect the confidentiality of Adoption UK employees referred to TESSA. There is still much more learning to be done in relation to the opportunities and challenges of peer support. As an organization run for and by adoptive parents, Adoption UK is in a unique position to continue to build expertise in peer support to adoptive families and provide leadership to others.

Blended approaches to individual and group adoption support

TESSA has demonstrated that high quality adoption support can be delivered successfully online. While this may not be the first choice for all adopters in a post-Covid world, there will be some families who find online support more accessible and a better fit for them and their family. Therefore, a blended approach to adoption support and a choice of methods of engagement will be needed to ensure equity of provision. More consideration is needed to establish what works for whom in what circumstances.

Articulating TESSA's fit within the adoption support landscape

While the impact of TESSA on the quality of life experienced by families has been universally positive, there also remain some unresolved challenges for some families who need ongoing support to get to the point where they are at least 'managing' and at best feel life is 'going really well'. TESSA is designed as a time limited intervention and there was some anxiety expressed by both families and Parent Partners about how families' longer term support needs would be met. Even where family life was going well, adopters were realistic about the likelihood for challenges to resurface intermittently as children develop, face transitions and the demands placed upon them change. It is unclear whether TESSA will be in a position to meet these longer terms needs and if not, how they can best be met. There would be value in articulating more fully Adoption UK's strategic positioning of TESSA within the wider landscape of adoption support and its strengths in terms of complementing and adding value to clinical mental health support and statutory adoption support (see Figure 1). Within TESSA itself further exploration will be needed to address scaling up clinical and peers support models while retaining the quality of the service.

Involving adopters in service improvement and strategic planning

TESSA has created a sense of momentum and an acceleration of positive change for adoptive families. With this has come an increased ability on the part of adopters to articulate their needs and preferences. This shift, while largely positive, may create some discomfort for service providers and commissioners as families' expectations increase and their demands become amplified. It also, though, provides an opportunity to develop a

more accurate account of service needs, preferences and gaps. There is scope through TESSA for meaningful engagement with families to identify and quantify unmet need in order to inform strategic planning processes. It would be helpful to introduce a systematic process for recording unmet needs as part of the TESSA process. TESSA also brings opportunities to collate and share examples of good practice when supporting adoptive families.

Demonstrating medium and longer-term benefit of TESSA
Most previous studies of adoption support have been relatively short-term, limiting what can be said about the medium to long term impact of an adoption support intervention. The six month follow up of TESSA families suggests that positive changes are not merely short-term gains. Some longitudinal follow up of families in the next phase of the evaluation would be of value to assess longer-term impacts and whether certain combinations of the three pillars of TESSA are more effective than others. It will also be important to establish whether medium-term benefits are sustained over time and if so, whether this requires additional support or maintenance interventions.

8.3 Conclusion

Much of the previous research on adoption support has been dominated by adopter satisfaction data. While this type of evidence is important, more evidence on the effectiveness of interventions is needed and there have been few studies able to provide a longitudinal picture of the benefits of adoption support. This pilot has gone some way towards redressing this and these elements of the evaluation will be built upon in the next phase of work. The report also provides a more nuanced understanding of the issues faced by adopters regarding help seeking, access and acceptability issues in post adoption support than has been previously available and a fuller exploration of peer support, how it can be conceptualised, different ways it can have impact and elements that contribute to success.

The Independent Care Review in Scotland refers to the need to identify promising practice that can add rocket fuel to the change that is needed to #Keepthepromise for care-experienced children and young people. The lessons from the pilot of TESSA offer a number of positive future directions for adoption support. Just as is the case with the larger system change proposed in Scotland, this will require a degree of disinvestment in older failing models of support as well as judicious investment in evidence-based models of adoption support. While the fundamental principles and approaches needed are likely to be similar across different contexts, there will also need to be some adaptation to the local policy and practice landscape and current pattern of service provision. We would welcome some cross-nation discussions about the service improvement journey that is required and how adoptive families, adopted children and birth families can be included in such discussions.

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10 Appendices

10.1 Appendix A: National Framework for Adoption Support in Wales

Universal Support

• Access to specialist adoption advice, information, support and services • New framework to support children placed • Access to TESSA • Adoption UK Membership • Preparation and post approval training • New information and support services for children and young people • New Life journey materials arrangements • New framework for contact • Ongoing contact by services • Pre placement meeting with medical advisor • Services in health, education & family support are 'Adoption aware' • Support groups/family events •Improved Birth Parent support • Improved access to Records

Targeted Support

• Active oversight of ongoing support plans • Assessment for
new post placement support • Financial allowances • Access to therapeutic services • Adopting Together service • Menu of more specialist post approval training • Pathways to 'adoption aware' additional needs support in schools, CAMHS and other secondary/ tertiary health services • Therapeutic life journey work

Specialist Support

• Specialist CAMHS assessment and services • Other specialist / therapeutic assessment and services

10.2 Appendix B: Logic Model for TESSA Service

Context	Target	Intervention	Mechanisms of Change	Anticipated Outcomes
Children adopted from care face a number of adversities (risks) that interact in complex ways and can impact on development and wellbeing. Many have experienced exposure to environmental risk prenatally or during early years such as abuse and/or neglect, toxic substances and the effects of poverty while with their birth family. They may face elevated genetic risk of learning disability or mental health issues related to biological parents' needs. They also face stressors related to their experience of public care and adoption such as placement instability, inconsistent attachments and loss of significant relationships. Finally, care status and adoptive status are socially devalued and carry stigma and this can threaten wellbeing. The consequences of such adversities can be lifelong and include social, relational,	<u>Inclusion criteria</u> Adoptive families of children adopted from care who are experiencing chall enges. <u>Exclusion criteria</u> Families in acute crisis. Other forms of substitute care. Families currently engaged with another non-complementary service.	The 3 components of the model are underpinned by a belief in the equal value of both professional expertise and lived experience and the benefits of a process of *co-production*. The model avoids attribution of blame and instead encourages a move towards acceptance of the *therapeutic parenting role and feelings of parental self-efficacy. I*t *integrates* attachment-related, behavioural and social-psychological theories. The core ideas are based on positive psychology i.e. acknowledging *strengths* as well as challenges, understanding that *strong social relationships a*re fundamental to resilience, and focusing on the importance of *hope* and aspirations. 1. *Clinical assessment and formulation.* 3-hour consultation meeting drawing together and reflecting on information about the child from their parent and significant others, including both how they are now, and information about their early life experiences. Culminates in a shared understanding of the family's needs, including implications for parenting and future support. 2. *Parenting programme*	A co-produced clinical formulation of issues empowers families to understand the complex needs of their adopted children and act upon these. Parenting programmes can have a *direct* impact on adults' capacity to provide sensitive parenting (inc. sensitive disciplining) and give adoptive parents a set of psychological resources and self-care strategies to draw upon when needed. Parenting programmes can also have an *indirect* impact on children's wellbeing and promote family resilience. Parent partners provide a unique listening ear to allow parents to	Adoptive parents are comfortable and confident in their 'therapeutic' role and express parental self-efficacy. Adoptive parents can identify and address day-to-day internal and external risks to sensitive parenting. Adoptive parents feel supported by a community of 'experts by experience' and express feelings of safety and belonging. Parental stress is reduced. Adoptive parents can confidently explain childhood risks and effects and represent their children's needs in non-

cognitive, behavioural and emotional challenges. Adoptive parents, witnessing the effects of such experiences, are in a unique position to address the consequences of adversity and aid children's recovery but require support to do so as they are likely to experience high levels of stress, social exclusion and isolation, vicarious trauma, role ambiguity and stigma. Timely professional and peer support, particularly at key points of family transition or child development, is necessary to promote family integrity and resilience and to avoid states of hopelessness.		Fortnightly group for parents over 6 sesssions, each lasting 3 hours. Group facilitated by experienced adopter and psychologist/therapist. Focus on parental reflective abilities and self-care. 3. *Parent partner*[i] A Parent Partner is carefully matched with an adopter on the basis of location, need and experience. They support adopters to implement changes within the family such as implementation of parenting techniques and self-care. The Parent Partner does not provide family support or advocacy.	express negative feelings such as loss and anger in a safe environment and to move beyond this to become a therapeutic parent. They reinforce positive patterns of interaction within families and embed parents in wider social support networks to aid longer-term resilience.	stigmatising ways to others in a range of social, educational and health care contexts increasing their impact within professional circles. Adoptive families have optimism about the future.