

**Impact Evaluation  
for  
Family Action**

**East Midlands Adoption Support  
Service (EMASS)**

**February 2018**

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## Executive Summary

The East Midlands Adoption Support Service is a **post-adoption** service available to adoptive families and Special Guardians going through crisis after adoption placement or after a Special Guardianship Order (SGO). Often, the children in EMASS cases have suffered early trauma, neglect, or abuse, prior to their adoption placement. EMASS began delivering support to families in January 2017 and is delivered by Family Action, a national charity that has provided support to children and families for almost 150 years.

Envoy Partnership conducted research from August to November 2017 about the impact and efficacy of the EMASS model across three areas of focus:

- Children's education and learning engagement
- Parental knowledge and confidence to meet children's attachment needs
- Knowledge of school staff to meet the needs of adopted or cared for children

The service is delivered primarily in Lincolnshire, where there is currently a lack of available resource for statutory and non-statutory provision for post-adoption support, compared to higher than anticipated levels of need. There are also a small number of cases in the East Midlands outside of Lincolnshire. Adoptive families and those with SGOs are primarily referred to EMASS through Lincolnshire County Council (LCC) Post Adoption Support (PAS) team, LCC/non-LCC Children's Services, and local schools.

EMASS services focus on introducing attachment theory and attachment-based strategies. 'Attachment' in this context refers to 'the bond and lasting relationships that young children form with adults', and especially a sense of security, trust, stability, and 'safety when in the company of a particular adult' (Wittmer, 2011)<sup>1</sup>.

### Key findings

From January to November 2017, EMASS received 81 referrals, of which 77 proceeded to case work. EMASS activities include i) highly personalised, tailored support and training for adoptive parents or guardians – often at home, ii) one-to-one sessions with adopted or cared for children, at school or at home, iii) training and process support for school teachers and staff, professionals, and support workers and iv) online resources. The importance of the areas of work – with children, parents/carers, and school practices – is that they work best as interactive components, giving flexibility to tailor activities to each family's needs and complexity level.

EMASS' work has helped adoptive families to better cope with and manage challenging behaviours and emotions of adopted children, including: rage or anger, ambivalence or avoidance, hyper-anxiety, controlling tendencies, separation anxiety, low self-esteem, depression and dark feelings, self-harm, aggression, and either hyper-vigilance, or no boundaries with strangers.

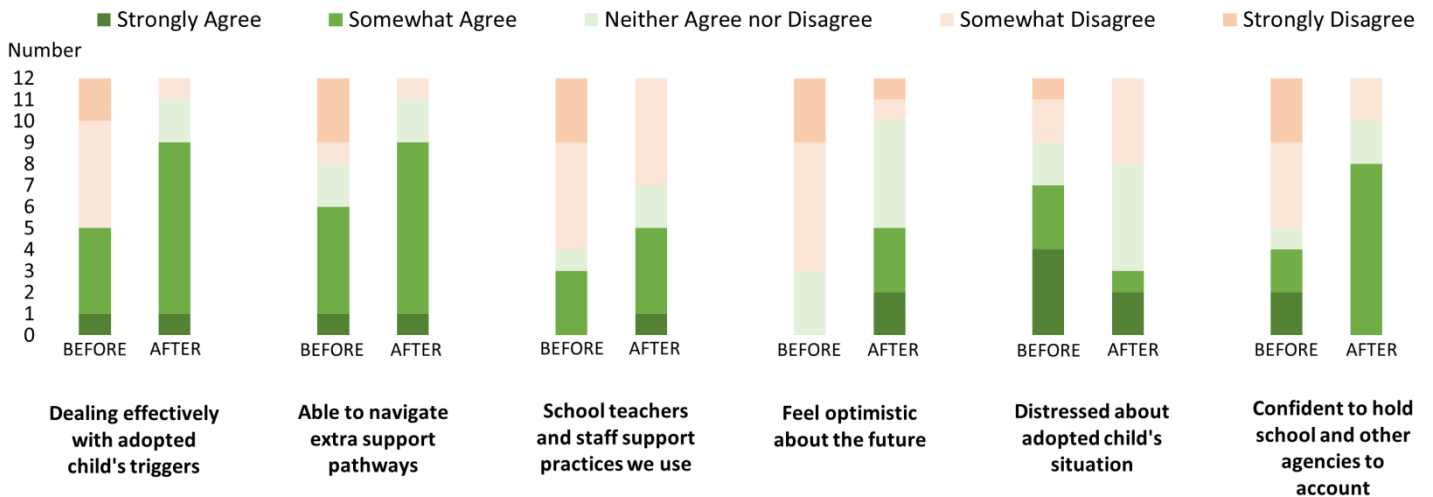
EMASS support has helped adoptive families and school teachers build a more stable, tailored routine around adopted or cared for children. This has helped children manage homework, interaction with teachers and other children, and to practice self-modulation of behaviours e.g. using techniques to de-escalate from certain situations.

There have been positive outcomes in terms of improved wellbeing, safety, and learning engagement for many adopted children. There have also been positive impacts on parents' sense of optimism, coping, and relief from feelings of extreme distress, as illustrated in Chart A – in some cases avoiding break-up of adoptive couples, and reducing avoidable breakdown of the adoption placement.

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<sup>1</sup> Wittmer, D. (2011) *Attachment. What works?* CSEFEL, Vanderbilt University

**Chart A.** Parent survey responses about key parent outcomes: pre v post EMASS service provision (N=12)



Through EMASS' support work, adoptive parents feel more equipped and confident, drawing on new knowledge, techniques and practices around attachment theory. Emotional support (often on a deeply personal level), advocacy support, feeling listened to, and feeling less alone or isolated, are all at the heart of how outcomes are achieved through EMASS, and how adoptive parents become motivated to continue with new approaches.

There is further reinforcement of the findings when assessing the project's 'Family Star' scores (Chart B) - a tool developed by Triangle Consulting (*Family Star User Guide*, 2013) covering eight support issues. These are recorded by EMASS at the start and towards the close of the cases with the whole family, and the resultant Star Chart helps inform action planning for the family.

**Chart B.** Recorded change in Family Star outcomes, N=39 (from cases so far that have had follow-up scores)

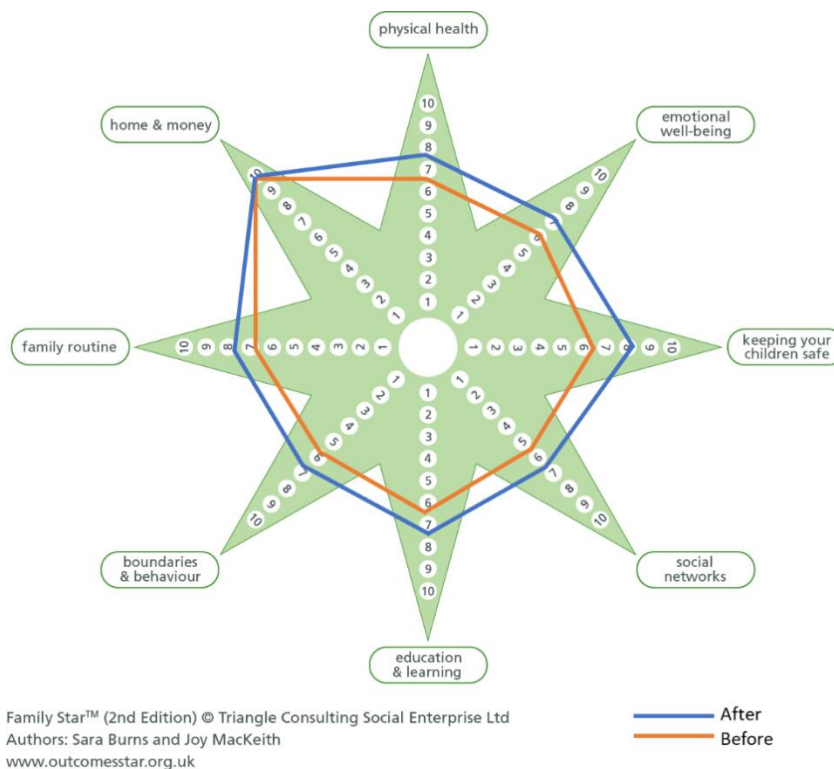


Chart B has filtered out families who had a starting score of over 7 as they therefore had relatively low need for support on those issues. Improvements in the scores range from c.13% to 27%, with largest improvements for keeping a family routine and keeping children safe.

Parents and carers report that through receiving EMASS support, their children display calmer behaviours, and have better engagement with learning. This was corroborated by interviews with school teachers and through a quantitative survey with a sample of case families. These impacts help to improve and stabilise family relationships at home, and improve learning-readiness and engagement at school.

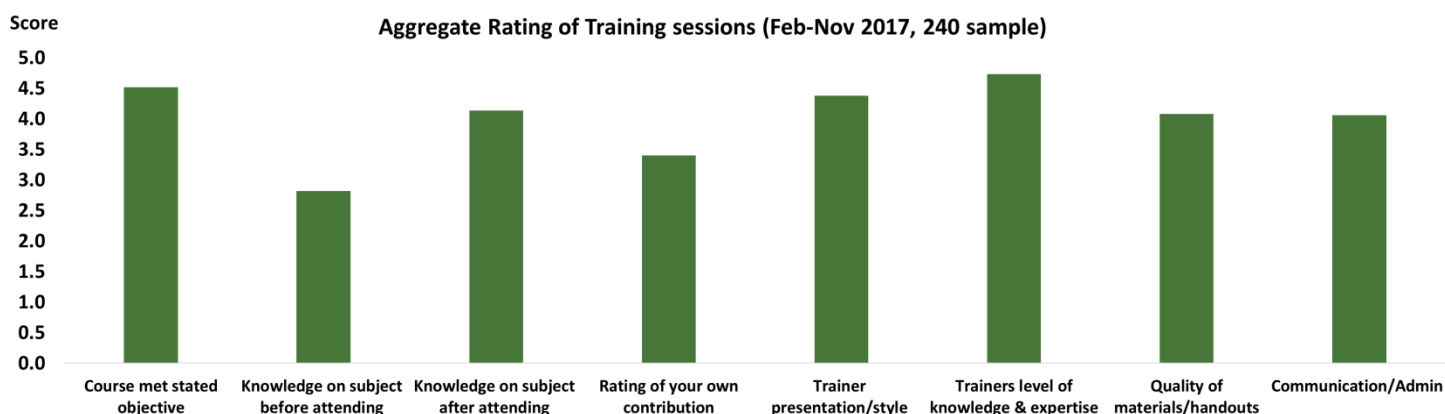
However, some cases are too severe or critical, and may require escalation – for example, placement termination, moving school, or referral to social services may be the best outcome for the adopted child and parents/carers, because of the level of need. Some issues may recur, or children may have new triggers in future, and some issues get worse before getting better, which may lead to re-referral back to EMASS.

### Findings – schools, professionals, and statutory services

22 schools hosted ‘in-house’ training sessions to November 2017, and across the year professionals from around 175 schools accessed EMASS general professional training courses i.e. not hosted ‘in-house’. Staff from 90 schools received support over 2017 during direct case work with adopted children in school.

In terms of training feedback, illustrated in Chart C below, professional knowledge about attachment-based approaches improved, and teachers and professionals we interviewed reported they were better able to identify counter-productive practices that would otherwise be used as conventional behavioural approaches. One area of potential opportunity appears to be to update the training to include interactive exercises and ‘live’ examples.

**Chart C.** Training evaluation feedback from professionals, N=240 (maximum score 5)



Teachers and adoptive parents felt that in the long-term, through advocacy and training, and building dialogue between adoptive parents and the school, that there are improvements in i) the quality of teaching practices and staff knowledge to tailor attachment-based nurturing approaches for adopted children, and ii) accountability about best ways to use Pupil Premium Plus (PP+) funding.

Furthermore, without EMASS, the PAS team reported it would be harder to cope sustainably in the short term with the sheer level of need, and this would impinge on the ability to reach more families in crisis. EMASS’ achievements are reported to reduce *avoidable* requirement for statutory crisis intervention from social services and PAS, helping to reduce the avoidable risk of costly placement breakdown (e.g. care costs) as well as reduce the risk of school expulsion costs. In this sense, LCC are effectively tapping into EMASS capacity, as there is otherwise a clear lack of available resources for these families where it is most needed: direct support at home, and in school settings. Further investment is necessary to ensure that:

- statutory agencies' obligations are met;
- the high level of current need is met for adoptive families in crisis;
- awareness continues to be raised amongst parents/carers and professionals and practice using attachment theory improve as a result
- the potential fiscal and emotional costs of placement breakdowns or family breakdowns are avoided.

### **EMASS - Service strengths**

- EMASS workers form trust quickly with adoptive families, with all children included in the process, providing personal emotional support, coaching/mentoring, and can be confided in as independent of other agendas.
- EMASS workers are empathetic, personal, and enable children and parents to be comfortable in their own skin.
- There is honest and straightforward communication between parents/carers and support workers; no ambiguity or parents needing to read between the lines
- EMASS workers make parents and children feel respected and recognised for their strengths/successes, and take an appreciative approach.
- Average case length is approximately 18 weeks, and parents in general reported that initial meetings and home visits were arranged within a week with two different adoptive couples commenting that the timeliness of this *was unheard of in statutory services*. This made families feel valued.
- Parents and children feel EMASS workers will help to make sure that progress happens in the work of other agencies, and make it clear to those agencies and others when an approach is not good enough or when decisions and feedback from other agencies - or the school - are not optimal.

### **Limitations and lessons learned**

- Some cases are too severe, and require EMASS support to escalate to placement termination or moving school or referral to CAMHS or care services
- EMASS activities are a culture change intervention for schools – and the pace of change in outcomes for children can depend on school leaders' mind-sets and tenure.
- There are potential capacity issues with the service, as seen by the inability to spread support across the East Midlands more widely, because of high demand in Lincolnshire.
- Additional capacity and resource is needed for future relationship management and feedback-sharing with referrers and schools that have received EMASS training.
- One unintended consequence of success is that some agencies use EMASS to continue providing support even if there is a need for EMASS to step down or close cases, owing to other agencies own limited capacity.

## 1. Introduction to East Midlands Adoption Support Service evaluation

The East Midlands Adoption Support Service (EMASS) is a **post-adoption** service available to adoptive families and Special Guardians going through crisis after adoption placement or after a Special Guardianship Order (SGO). The service is delivered by Family Action, a national charity that has provided support to children and families for almost 150 years. The organisation supports over 45,000 children and families each year through more than 135 local services. These services help people to tackle some of the most complex and difficult issues facing families today, including poverty, domestic abuse, mental illness, and substance misuse.

Adoptive parents and Special Guardians seek support, advice, advocacy, and information from EMASS when they are experiencing severe and distressing challenges with the children placed in the family. Often the children in these cases have suffered early trauma, neglect, or abuse, prior to the placement. The service is available to families with adopted children, or those placed under Special Guardianship Orders, from the ages of 4 to 16 years old. Unless otherwise stated in the report the term 'adopted children' also includes those children and young people under an SGO placement, and the terms 'parents' or 'adoptive parents' also include Special Guardians.

EMASS services focus on introducing attachment theory (see section three), attachment-based strategies, and nurturing approaches, rather than solely behavioural psychology approaches used by many parents and professionals. EMASS activities include i) highly personalised, tailored support and training for adoptive parents or guardians, ii) one-to-one sessions with their adopted children, and iii) training and process support for schools, teachers, and support workers.

EMASS is currently operating primarily in Lincolnshire, but also has cases and delivers training in Nottinghamshire, Peterborough, Rutland and Leicestershire. The service is grant funded by the Department for Education from October 2016 until March 2018 and is a third-party service, as part of Lincolnshire County Council's (LCC) Post-Adoption Support (PAS) team. Schools can signpost parents directly to the service or via LCC's PAS team.

High quality, timely and effective post-adoption support can make the difference to whether an adoptive family thrives or struggles, and can improve adopted children's opportunities for development. The service therefore aims to improve outcomes for adoptive families by providing early intervention that gives families the support they need when they need it, as well as meeting gaps not addressed by other adoption support available. The service also aims to support improved educational outcomes for adopted children.

The service is designed to be flexible and responsive, working in partnership with local authority Children's Services, schools, parents, guardians, and children to deliver:

- Attachment-based advice, training and awareness raising for schools and professionals
- Support and advice for parents about using attachment-based approaches in the home to provide consistency across the home and school settings
- Independent advice for parents on the use of the Adoption Support Fund and statutory provisions for adopted children available from their local authority
- Support to parents around educational issues, such as effective use of the Pupil Premium Plus (PP+) and obtaining Education, Health, and Care Plan support
- Advocacy for parents at multi-disciplinary meetings
- Resilience and confidence building for parents to meet their children's needs
- An on-line portal with information for schools and families
- Direct work with families to meet their attachment needs to achieve jointly agreed outcomes

- Volunteer support for parents with attachment-based issues
- Development of Special Guardianship Order (SGO) support groups

### **Evaluation focus**

Envoy Partnership, a research consultancy specialising in measuring social and economic impact and social value, was commissioned to research and evaluate the efficacy of the EMASS model and the impact of its services across three areas of focus:

#### **Focus 1:** Impact on children's education and learning engagement

- Social and emotional development
- Parental and pupil attitudes to school

#### **Focus 2:** Impact on parental knowledge and confidence to meet children's attachment needs

- Implement strategies to build positive attachment
- Identify and seek support from a range of services before crisis
- Confidence in advocating for their children with professionals
- Knowledge about impact of trauma in early life

#### **Focus 3:** Impact on knowledge of school staff to meet the needs of adopted children

- Increased staff understanding of impact of trauma on learning
- Increased staff awareness of attachment theory
- Staff use nurturing techniques in the school



## 2. Background to the creation of the service

The Post-Adoption Support team within LCC is a small function covering a very large, rural county where many communities and families are isolated. Travel by road can be slow, and public transport options are limited for many communities. Public data on the number of adoptive families and their level of need is not consistently tracked by public or private organisations in Lincolnshire. However, according to our interviews with statutory agencies and schools, it is reported that the demand is far higher than anticipated – and cases requiring crisis intervention due to early trauma are increasing.

The Department for Education's (DfE) *Adoption: A vision for Change* policy paper (2016) outlines the department's commitments to all adoptive families going forward. The following commitments appear particularly pertinent to families receiving support from EMASS:

- *Promotion of the evidence base for best practice in therapeutic adoption support*
- *Developing models of care for the mental health of adopted children*
- *Best practice in the use of Pupil Premium Plus within schools*
- *Supporting VCS organisations to develop effective provision*
- *Understanding the impact of trauma and loss on the ability to learn, and how this can be integrated into teacher training*

There is clear recognition that too little support is available for adopters. The Department for Education's vision for adoptive families is that by 2020 *'every adoptive family has access to an ongoing package of appropriate support with a right to a high quality, specialist assessment of need... Adoptive families have a supportive relationship with their local agency and know they can turn to them for additional support at any time, without judgment.'* (DfE 2016 *Adoption: A vision for change*). The development - and DfE pilot-funding - of EMASS as a support for LCC's PAS team, stems from this context.

EMASS was designed to be different to other post-adoption services by offering a multi-faceted and multi-setting approach. Specifically, unlike many other services in the region, EMASS activities are conducted with schools, parents and children, during both home visits *and* in school visits, as well as in multi-agency meetings where parents require strong and forthright advocacy support. There is also a website and e-bulletin. For further information, see section three.

The original plans for the service were for EMASS to be expanded to other areas of the East Midlands. However, the demand for the service, and the complexity of crisis cases, has been so acute and so much higher than anticipated in Lincolnshire that capacity had been reached sooner than anticipated.

### 3. Service delivery details

#### EMASS and 'attachment theory' approach

The EMASS service is underpinned by a focus on attachment theory. EMASS' activities are based on sharing the importance of attachment theory with parents, schools, volunteers, and professionals involved in supporting adopted children.

According to online guidance funded by DfE *Fostering and Adoption, Research in Practice*, (2014)<sup>2</sup> attachment theory draws on research by John Bowlby and Mary Ainsworth. 'Attachment' in this context refers to 'the bond and the lasting relationships that young children form with adults', and especially 'a sense of security', trust, stability, and 'safety when in the company of a particular adult' (Wittmer, 2011)<sup>3</sup>.

Knowledge of attachment theory and nurturing approaches are disseminated to school staff, professionals, parents and children and young people. These are delivered through school awareness sessions, training, sessions delivered with parents, and the consistent use of attachment-informed practice.

EMASS emphasises the importance of relationships for children who exhibit insecure attachment behaviour. Their approach includes improving adult understanding of the potential reasons for adopted children's difficulties, such as poor concentration, difficulties with emotional regulation, executive functions, and peer relationships. EMASS then addresses presenting issues as part of an agreed whole family action plan through nurturing strategies. These strategies include the avoidance of punitive, isolating, and consequential behaviour management. Instead they focus parents towards building trust with the child or young person and support children, and the adults around them, to recognise their emotional state, de-escalate, and action plan for pro-social interactions.

#### Services provided

EMASS provides a range of services for parents, children, schools, and child support professionals. These include:

- **General support and advice on specialist issues** for:
  - adoptive families
  - families caring for children and young people under Special Guardianship Orders (SGOs), following a period in local authority care;
  - teachers and school staff
  - other professionals involved in child development and support
- **Targeted bespoke support through direct work with adopted children and adoptive parents:** bespoke 'one-to-one' support for families, usually at home or in school.
- **Training:** a range of sessions for schools and teaching staff, as well as parents/carers, to support the particular needs of adopted children based on building positive attachments.
- **E-bulletin and Website** ([www.learning-exchange.org.uk](http://www.learning-exchange.org.uk)): parents and professionals can find news items, research, useful links, tip sheets, case studies, tools, and templates on managing the emotional development of adopted children.

The specialist support and advice, and the targeted support, are described in more detail below:

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<sup>2</sup> Accessible at <http://fosteringandadoption.rip.org.uk/topics/attachment-theory-research>

<sup>3</sup> Wittmer, D. (2011) *Attachment. What works?* CSEFEL, Vanderbilt University

**Home visits and home-based support** to the family, listening to the needs of adopted children and adoptive families, and identifying triggers for insecure attachment and challenging behaviours at school and at home.

**Whole family approach to Action Planning**, including completion of the Family Star and a tailored forward plan to which parents and children contribute. Tailored Action Plans include a combined set of activities tailored to the needs of each family, including interactive strands of support to children and adoptive parents, advocacy support for adoptive parents, and support/training to school(s) and other professionals.

**Parenting support and training** on attachment-based strategies, de-escalation, and nurturing techniques appropriate for children who have experienced early trauma, e.g. ‘traffic light’ tools, emotions box, play-based interventions, and the inclusion of children in reasoning for ‘corrections’ (rather than using the bedroom as a space for punishment). Forward referrals to other agencies or PAS, for other therapies/counselling may also be appropriate.

**School visits**, to observe teachers’ practices and the dynamic of the classroom, as well as any triggers of challenging behaviours for children. Feedback, knowledge, and approaches that are working or could be improved are all shared with school teachers.

**School training/ training of other professionals** in attachment theory, attachment-based strategies, and the effect of early trauma on the neurological and emotional development abilities of children.

**Direct work sessions with adopted children**, including exercises such as:

- ‘Social stories’ or ‘Words and Pictures Stories’ for children to make sense of things that have happened, how they identify themselves, and their hopes for themselves and for the future
- Anger Maps, Emotions Pairs
- ‘Ladder’-based emotion management tools
- Personal goals and plans
- Pupil Premium Plus support, especially to support hyper-anxiety, vigilance, or other maladaptive coping strategies.
- ‘Stranger danger’ workbooks for children who have difficulties setting boundaries
- Developing opportunities for dialogue with school and teacher to provide sensitive practices appropriate for managing adopted children’s anxiety and behaviour triggers, e.g. providing a familiar ‘Meeter-Greeter’ at the school gates to welcome adopted children, as this can have a calming influence during the transition period from home life with parents to the school day.

**Advocacy support** for adoptive parents, and driving forward joined-up decisions in multi-agency meetings. These meetings can be challenging to navigate, and accountability and efficacy is not always straightforward to ascertain, such as Child in Need (CIN), Team Around the Child (TAC), SEN meetings and Pastoral Support Programmes (PSP).

**Signposting, information and advice** delivered to other agencies, supporting strategies and family networks.

**Online Learning Exchange** ([www.learning-exchange.org.uk](http://www.learning-exchange.org.uk)) providing EMAS-specific web pages for post-adoption and attachment information, guidance, toolkits, and sign-posting. The ‘Learning Exchange’ is Family Action’s network for schools, childcare providers, parents, and carers in England.

## 4. Methodology

We conducted both qualitative and quantitative research for this evaluation.

We conducted qualitative in-depth interviews, using semi-structured discussion guides, and in the case of adopted children, we based our questions on a format using themes identified in the *Child Attachment Interview Protocol*.

A summary of the stakeholders engaged is listed below:

| Stakeholders                                     | Number interviewed |
|--|--------------------|
| Adoptive Parents & SGOs (family unit)            | 10                 |
| Adopted Children                                 | 7                  |
| Schools  | 5                  |
| Other child support professionals/social workers | 3                  |
| Statutory services/agencies                      | 3                  |
| EMASS team (from c.12 personnel) <sup>4</sup>    | 4                  |
| <b>Total</b>                                     | <b>32</b>          |

Further data was analysed from the service including: anonymised **case notes and referral information**, **training evaluation feedback scores**, and **Family Star** scores. An **online survey** was also conducted during November 2017, with 12 parents completing responses (from a total of 77 live or closed cases by that time).

As a comparison, the national Adoption Support Fund evaluation (2017) had a sample of 20 qualitative parent interviews, but *no* qualitative interviews with adopted children - though had a much larger online parents' survey sample (over 500 completions).

We originally planned to collect further primary survey data from a small sample of schools and children. This was not possible due to time constraints and difficulty of accessing families in periods of crisis. However, the primary and secondary research available allows us to be confident that the overall findings about the types of impact and stakeholder benefits to be assessed would not be significantly altered by this additional data (other than for purposes of presenting graphs to track longer-term outcomes).

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<sup>4</sup> 12 personnel at any one time, comprising of project manager, 4 senior support workers, 4 part-time support workers, and 3 sessional support workers (ad hoc)

## 5. Theory of Change

This section draws on qualitative feedback from parents, children, school teachers, and local child support professionals, to describe the story of what changes for families who use EMASS.

### Our understanding of what changes for families

All children want to be in a loving family and to be part of something special. But adopting or caring for someone else's birth child is not easy or straightforward. Like most children, there are things that adopted children get worried or scared about, and those accessing EMASS have been through extremely difficult times. For example, they may have experienced early trauma, neglect, abuse, or have witnessed domestic violence and other disturbing events. Guidance from NHS Choices<sup>5</sup> indicates that some variables of trauma, such as foetal alcohol poisoning, can affect the emotional or neurological development of adopted children, especially as they go through key life stages in their youth. Even moving into a new family can be traumatising in some cases.

This often results in adopted children displaying challenging behaviours and emotions with their adoptive parents, including rage or anger, ambivalence or avoidance, hyper-anxiety, controlling tendencies, separation anxiety, low self-esteem, depression and dark feelings, self-harm, aggression, and *either* hyper-vigilance, *or* lack of boundaries with strangers. Some of these can be more pronounced during periods that remind adopted children of past events or affect their sense of identity.

School settings are particularly challenging for many, and getting to grips with homework, teachers, other children, trusting situations, and making friends takes time. As both emotions and stimuli can often become more extreme or distracting in school, concentration then becomes harder than usual and it is easy for adopted children to become thought of as 'difficult' or disruptive, or picked out as different just because they are adopted. Adoptive parents can help by talking to their children before they start school, about what emotions to expect, about transitioning from home to the school environment, and how to think about their senses and feelings.

Talking openly about feelings or the day's events is not easy for many adopted children; it takes a lot to fully trust even the people closest to them, and each child feels differently about how much or how little they want to share. Feelings may often be masked, internalised, or expected behaviours acted out, until emotions boil over to an extreme level. Often this is unleashed at home with adopted parents and not in front of other people, in the form of shouting, arguing, biting, wanting to run away, needing to be alone, self-harm, or physically lashing out at family members.

However, it also means a lot to adopted children to have someone who is there and ready to listen. When adopted children have a bad day, EMASS supports parents with techniques and approaches to being calm and understanding, and to use de-escalation techniques and nurturing communication, e.g. including their adopted children in exploring reasons for correcting behaviour, or avoiding using the bedroom as a place of punishment. This can help adopted children become more open and trust their adoptive parents with emotions that have been pent up and internalised.

It is also important for teachers to be aware of different triggers and nurturing approaches most relevant to the adopted children. With the support of EMASS, teachers have learned to provide more appropriate practices to help adopted children cope with transitioning to an environment where they are without their adoptive parents. This

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<sup>5</sup> Accessible at NHS UK Choices: <https://www.nhs.uk/conditions/foetal-alcohol-syndrome/>

has helped teachers to equip the children to achieve in their own way, even though this can be different to that what may be conventional for the rest of the class.

Feedback from stakeholders indicates that a conventional behavioural approach to managing child development brings different and unexpected triggers if applied to adopted children. Therefore, this is why it is important that EMASS draws on different approaches such as attachment theory (see section three) and nurturing practices, to help parents, professionals, and volunteers tackle these challenges and reduce risks of escalation.

### **Mapping the Theory of Change**

Our understanding of the change created by EMASS is brought together in the Theory of Change (ToC). The Theory of Change is the foundation for understanding which outcomes are most material to the respective stakeholders in the short, medium and long-term. It helps to define the logical steps of how activities lead or have led to the outcomes that arise from the service, the factors that can enable or prevent these outcomes, and the assumptions that are made.

The Theory of Change has been developed jointly by Envoy Partnership and Family Action. It draws on the qualitative research outlined in this report and secondary research (see page 16), but not every outcome discussed in the research is shown in the Theory of Change. This is because some outcomes, such as outcomes for children's classmates, are outside the scope of the service, and are therefore outside of the scope of this Theory of Change. The Theory of Change is meant to be a working tool for Family Action, to be continually reviewed in the future for planning and refining the service.

As explored in the previous section, the main support options within the service cover home visits to the parents and children, tailored action planning with the *whole* family (including the children), observations at school, working with schools to train school teachers and professionals, training of parents, advocacy support through attending key meeting with parents, and one-to-one support sessions with adopted children.

The Theory of Change for EMASS, summarised in Figure 1, represents pathways of the stakeholders that engaged or are still engaging with the service. The Theory of Change provides an overview of:

- The **long-term goal** that the service is aiming to achieve.
- The **activities** that have taken place as part of the service.
- The material **stakeholders** of the service.
- The different **outcomes** that stakeholders experienced in the short, medium and long term that contribute to the long-term goal.
- Any **unintended or negative** outcomes.
- The **enabling factors** that allow or 'enable' the change; the more that the enabling factors are present, the greater the change for stakeholders.
- The **barriers** that prevent change; the more the barriers can be avoided or overcome, the greater the change for stakeholders.
- The **assumptions or inferences** that are being made.

We identified the following stakeholders as benefitting from the service in the Theory of Change, and they are therefore judged to be material:

- Adopted Children
- Adoptive Parents and Special Guardians
- Schools and teaching staff
- Other child support professionals (who may or may not work in schools)
- Local authority care and support services / statutory agencies
- The State (including DfE)
- Health and medical services for children, e.g. Emergency Services for self-harm incidences, Child and Adolescent Mental Health services (CAMHS), or Paediatrics (in the case of identifying incorrect diagnosis or medication). One example of this is a child who has been prescribed medication for severe ADHD for several years rather than for Foetal Alcohol Syndrome)

The material stakeholders do not all necessarily benefit from the service to the same degree. The service itself is comprised of a combination of activity options, tailored to the specific needs of each case. As such, the magnitude of impact and strength of the outcomes achieved will vary from one stakeholder group to the next.

#### *Less material stakeholders not included in the Theory of Change*

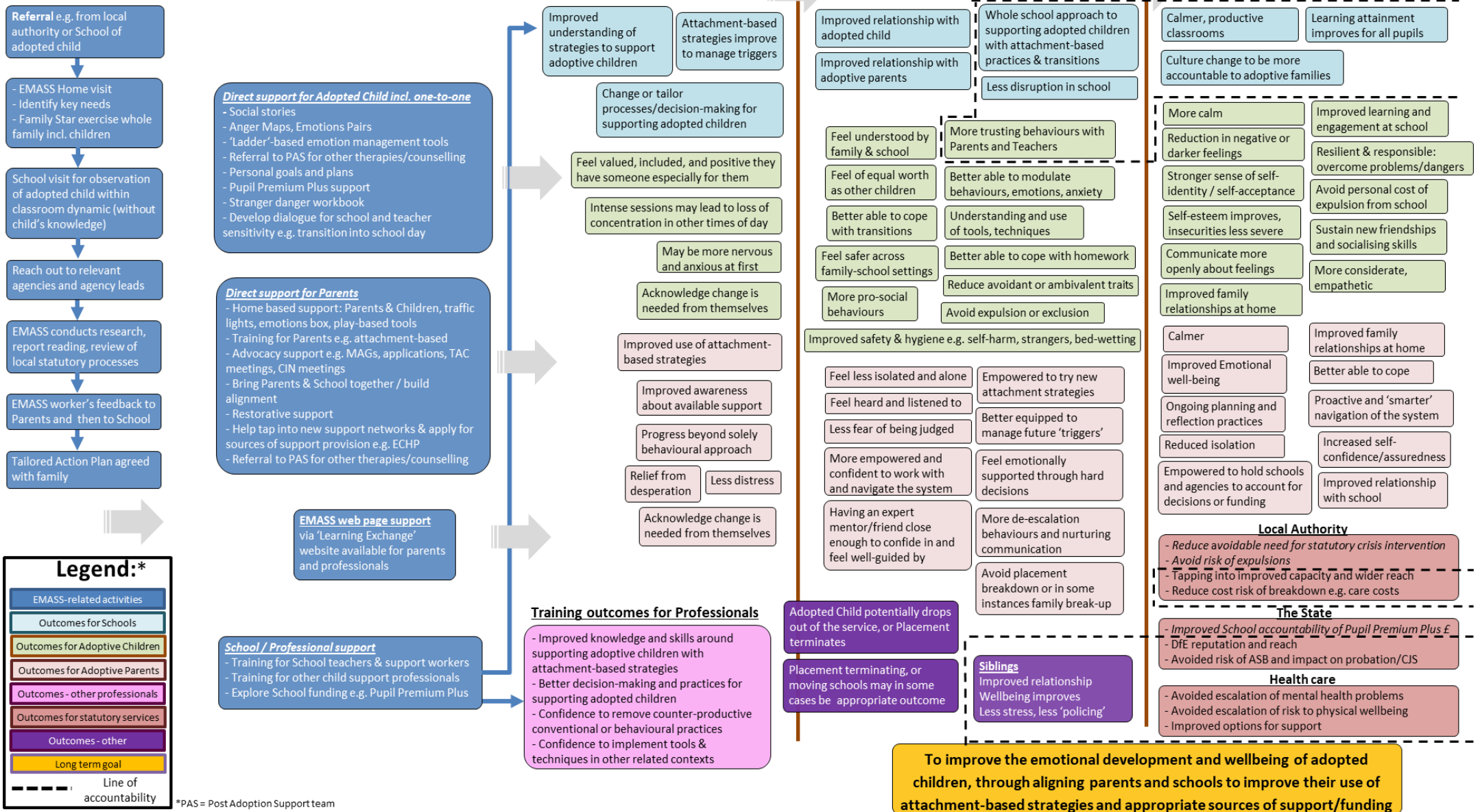
- Siblings – we recognise that siblings can benefit from support for the whole family, but the service will not be directly supporting siblings. Therefore, they are not categorised as material stakeholders in the ToC.
- Schoolmates - they can benefit from the adopted children’s calmer behaviours, but the service will not be directly supporting schoolmates. Therefore, they are not categorised as material stakeholders in the ToC.
- Birth parents - we recognise that birth parents are stakeholders in that they are interested in their children, but any influence on their relationship is likely to be characterised by a time lag of many years, and they are not directly benefitting from the service i.e. they are too far removed from direct delivery to be included in the ToC. EMASS is not funded to support birth parents. In some circumstances (particularly SGO cases) where there have been issues with birth family contact, EMASS has offered advice to carers around positive management of the situation.

### **Theory and Evidence for outcomes**

The Theory of Change presented in Figure 1 illustrates the processes and outcomes we have observed based on evidence from our primary research with stakeholders, as well as some secondary sources as described below; this includes data and de-identified case notes collected by EMASS and Family Action.

We would caveat that longer-term outcomes identified in the Theory of Change related to avoided costs have not been observed directly, but are based on a combination of qualitative research and secondary evidence regarding impacts of expulsion from school and poor mental wellbeing amongst children and adopted children (in particular *Children in Mind*, CAMHS 2016, *Adoption Support Fund evaluation*, Adoption UK 2017, *Backing the Future: Measuring Children’s Wellbeing*, nef 2009, *Pupil Premium for Adopted Children*, Coram BAAF 2015, and *Study of Young People Permanently Excluded from School*, University of Birmingham/DfE, 2003).

**Figure 1. Theory of Change (Impact Map)**





To the left-hand side of the Theory of Change in Figure 1, we have mapped the core sequence of referrals into EMASS activities and service-user pathways available (in the darker blue boxes). These then build into the short, medium and long-term outcomes from left to right, for adoptive parents, adopted children, schools, and other professionals trained by EMASS. It also shows knock-on benefits from these outcomes on to statutory resources. Whilst the outcomes were deemed material by stakeholders, they will be achieved at varying degrees.

- **Short-term outcomes** are those that can happen very quickly after engaging with EMASS.
- **Medium-term outcomes** are those that begin while using EMASS but may take longer to arise.
- **Long-term outcomes** are those that are expected or reported to arise at or beyond the close of a case, and may totally or partially be due to EMASS' activities. These can take longer to occur, and as EMASS is a relatively young service, these outcomes may be more apparent the future.

Ultimately, the outcomes in the Theory of Change should contribute to the **Long-term Goal** of the service, which is:

*“To improve the emotional development and wellbeing of adopted children, through aligning parents and schools to improve their use of attachment-based strategies and appropriate sources of support/funding”.*

With regards to the ‘**Line of accountability**’ in the Theory of Change, this shows:

- Which outcomes are directly within the remit and focus of the service, and which the service can therefore be ‘accountable’ for, and,
- Which outcomes are beyond the remit and focus of the service, either because they are too long-term, are more affected by external factors, or are not in an area that the service is focusing on, and which the service is not therefore ‘accountable’ for.

### **Pathways through EMASS’ multi-faceted service**

The Adoption Support Fund evaluation (2016) identified small teams with capability for multi-delivery combined with access to in-house therapy as a strong model for support provision. The EMASS model is aligned with this and goes further in terms of workers’ capabilities to combine home and school visits with a strong advocacy function.

Reasons for accessing EMASS are varied, and characterised by families reaching crisis point with their adopted child due to extreme and challenging behaviours becoming frequent and acute at home and school. These can result from hidden emotional or neurological triggers, especially for children who are also diagnosed with foetal alcohol syndrome, (NHS Choices, *Foetal Alcohol Syndrome* guidance, see page 9). Across EMASS referrals, these types of challenges have included self-harm, violence against the family, hyper-anxiety, controlling tendencies, bed-wetting, depression and dark feelings, aggressively lashing out at peers or siblings, and either hyper-vigilance, or conversely having no boundaries with strangers. Parents and carers in these situations often feel helpless, in despair, highly distressed, and desperate, often not knowing who to turn to or where they can find support. This can be more severe for SGO families, who often receive far less structured support from the local system than adoptive families.

*“My twelve-year old **tried to commit suicide** ... and now we’re being passed around from one agency to another who don’t want to deal with us ... the police were involved ... EMASS have been our only voice ... they’ve done everything they can since then to get us help”*

**SGO family**

*“He **violently attacked his Dad**, and has previously attacked his sister, and he has been sectioned from us, as we just don’t know how to cope and keep everyone safe ... we’re not sure he knows whether he can come back”*

**Adoptive parents**

A typical pathway would comprise of an EMASS worker arranging a home visit where key needs are identified with the parents and, if possible, with the children. The whole-family perspective on how they are doing is then reflected on and developed using the Family Star outcomes measurement tool.

The EMASS worker would then arrange a school visit to conduct an observation of the child(ren) during the school day, to assess interactions, processes, and practices of managing their behaviour and performance. Often this highlights potential triggers of the behaviours reported by either parents or school.

Feedback is provided to the parents about the process to that point, and a tailored Action Plan for the whole family is developed going forward. If the case is more complex, the EMASS worker may reach out to other agency leads to conduct further research, or commence an application, or look to escalate an issue with the appropriate agencies or with the school, such as effective use of the Pupil Premium Plus funding.

The action plan contains a package of activities which may include direct work with the children, parent support and coaching/training on practical strategies (alongside advocacy and emotional support), school training or knowledge-sharing. The importance of the three areas of work – with children, parents, and school practices – is that they work best as interactive components, giving flexibility to tailor activities to each family's needs and complexity level. Feedback and further home visits are provided to support progression, in addition to more school visits for direct work and informal feedback and knowledge-sharing with teachers.

Inevitably the journey towards the long-term goal is not straightforward. Each case is different, and outcomes don't occur at the same time or in the same sequence for each person. We do not expect every stakeholder to experience every outcome – with most stakeholders benefiting from a combination of outcomes. However, some of the outcomes might occur beyond the timeframe of the service.

### **Barriers to success**

There are several potential barriers that can prevent the service from succeeding in achieving the outcomes in the Theory of Change. The more the barriers can be avoided or overcome, the greater the change for stakeholders. These include:

- **Lack of available statutory support or resourcing** for Post Adoption Support services – this is at a **critical level** in Lincolnshire, especially for early intervention attachment-based support to prevent crisis situations.
- **Lack of collaboration or consistency between local agencies and statutory stakeholders**, e.g. if agencies focus on **not** using attachment-based approaches or are dismissive of the approach.
- **Inaction from local agencies** if they do not have the capacity or an incentive to escalate cases, and actually prefer EMASS to continue providing support (even though EMASS' recommendation may be that it is most appropriate for the adopted child and family to escalate the case, and for EMASS support to step down).
- **Lack of knowledge or awareness** that the service is needed.
- **Denial** (usually amongst school teachers and relatives) that the situation is too extreme and that there is a critical need for support or escalation.
- The East Midlands Regional Adoption Agency **not being able to provide strategic-level support and promotion**.
- **Travel/distance** between cases can be time-consuming and energy-consuming for case workers.
- **School structures, cultures, and organisational mind-sets vary** as to how deeply they want to embed practices.
- **Misconceptions and attitudes** amongst some professionals about differences between 'normal' parents and 'adoptive' parents, and adopted children being implicitly (or explicitly) labelled as 'bad'.
- **Assessment providers can also be therapy providers** – there should be a level of independence between the two.

- Shifts to an 'Academy' school model implies that **local authorities have less power/influence in those schools.**
- **Parents can sometimes be insular and resist discussing difficult issues** e.g. trauma, child's violent behaviour.

### Enabling factors

The research highlighted several enabling factors to the service achieving the outcomes in the Theory of Change. The more the enabling factors are present, the greater the change for stakeholders. These include:

- As previously explored, having a **multi-faceted and flexible package of services/activities.**
- **Recognition by other local agencies** that adoptive families and SGOs require independent advocacy support.
- **Schools, senior teachers, and support professionals who are open to improving** and embedding attachment-based strategies and nurturing techniques, to better support adopted children, i.e. in addition to conventional behavioural approaches.
- **Local authority willingness to work in cross-sector collaboration** with voluntary and community sector organisations to support frontline functions.
- A strong **network of knowledgeable referrers.**
- Building strong **networks of Adoptive Family Support groups** across key areas of the county.
- Availability of advice, information, and research via **EMASS' website and e-bulletin.**
- **Advice, research, and information from other national adoption charities** for signposting, evidence etc.
- **Promotion of EMASS** through a variety of media and through all available networks.

### Assumptions

The logic of the Theory of Change is based on a set of assumptions. If something is labelled as an assumption it does not mean that there is no evidence for it or that it is likely to be untrue. Instead, outlining the assumptions helps us to be clear about how the Theory of Change works, and helps us to ensure that important factors and potential risks or gaps in research are identified. The assumptions are that:

- **Adopted children have some understanding of what it is to be adopted** – however in some cases with very young children, they will not yet understand this or not be told about this part of their identity. This can result in later difficulties.
- **Families' progress can continually be at risk of being hindered by complicating factors**, e.g. family breakup, physical harm.
- There is **sufficient capacity at Family Action** to run and manage the service well, if demand increases dramatically in the short-term.
- There are a **sufficient number of Social Workers** that the local authority can allocate to cases as necessary.
- The **overall support system** for adoptive families in Lincolnshire is sufficient to enable appropriate referrals and escalation as required. This may not always be the case in some areas and in some agencies.
- **Returning service users** will benefit in similar ways to first-time service users, including when a re-referral pathway may be much shorter; e.g. having a duty phone line for brief questions or sense-checking.
- **Birth parents** are not major stakeholders of the service provision because though there may be some impact on their relationship with birth children in the long-term, the service is designed specifically for adoptive parents, special guardians and adopted children.
- **That the State** – and particularly the Departments for Education, Department of Health, and the Social Mobility Commission, **is joined up in their policies and approaches for adopted children and use of attachment theory.**
- **The EMASS website and e-bulletin (accompanying the direct support activities) provide relevant, accessible, and appropriate information** regarding attachment-based strategies and best practices for adoptive families.

## 6. Findings

In this section we describe the material outcomes experienced by stakeholders identified in the Theory of Change (section five).

### Trends in need and strengths of provision

From 81 referrals received after commencing service delivery to families in January 2017 up to mid November 2017, four were rejected at referral (one adoptive child and three children under SGOs) as they did not meet EMASS referral requirements, as explained below:

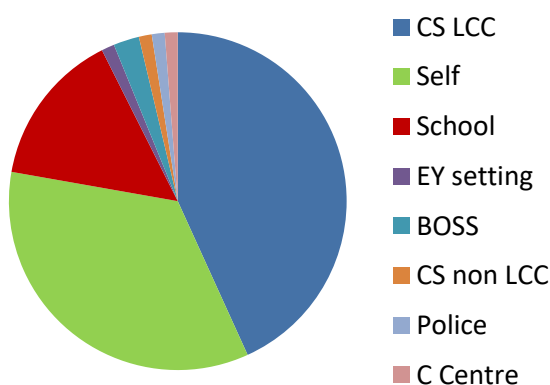
1. Carers explained the child was under a Residence Order, and not an SGO.
2. Adopted children were removed into local authority care on the day after the referral.
3. The child was under an SGO and carers stated they wanted her removed from their care. There were no issues at school. Due to concerns of emotional harm this could do to the child, the case was escalated to social care and closed to EMASS.
4. The adopted family had been re-unified after an adoption disruption. The child had no issues at school and there were a large number of agencies already working with the family. Parents and Post-Adoption Support agreed rejection of the case was appropriate.

Of the 77 appropriate referrals, 58 were from adoptive families, and 19 for families with a SGO.

22 schools hosted in-house training sessions to November 2017, and the service is proactively promoting training with more schools. Additionally, professionals from around 175 schools accessed EMASS' general professional training courses, i.e. training not hosted 'in-house', and staff from around 95 schools will have received support during direct case work with adopted children at school. EMASS workers provide opportunities for sharing guidance, attachment-based practices, and knowledge sharing with school staff involved in those cases.

Chart 1 indicates that most referrals have come through by LCC's Children's Services' (CS) PAS Team, followed by parent self-referrals, and then by schools. Three families (one SGO and two adoptive families) were re-referred after initial case closure.

**Chart 1.** Distribution of referral sources\*



| Referral route – Total 81 referrals (as of Nov 2017). |    |
|---|----|
| CS LCC  | 35 |
| Parent  | 28 |
| School  | 12 |
| EY setting  | 1  |
| BOSS  | 2  |
| CS non LCC  | 1  |
| Police  | 1  |
| C Centre  | 1  |

\*NB 'BOSS' is the acronym for Family Action's Behaviour Outreach Support Service, 'C Centre' means Children's Centre, 'EY' means Early Years

Around **three-quarters of the needs at referral** of adoptive and SGO families accessing EMASS are characterised by:

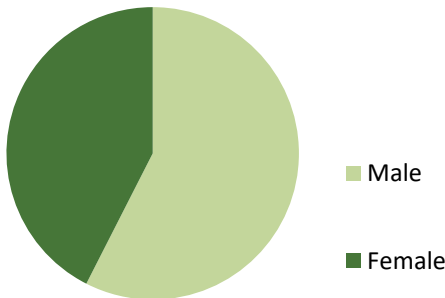
- Challenges around the emotional welfare and mental health needs of adopted children
- Challenging issues in school e.g. anger, rage, isolation, hyper-anxiety/vigilance, safety, homework problems
- Parents needing support to adapt their approach

Around **three-quarters of actual case provision** to families is characterised by:

- Advocacy support e.g. driving action at multi-agency meetings, school meetings
- Direct work with adopted children
- Parenting support and Signposting

During 2017 there was some increase in referrals around the start and first term of the school year, compared to the preceding summer holiday period.

**Chart 2.** Female and Male split of referred children

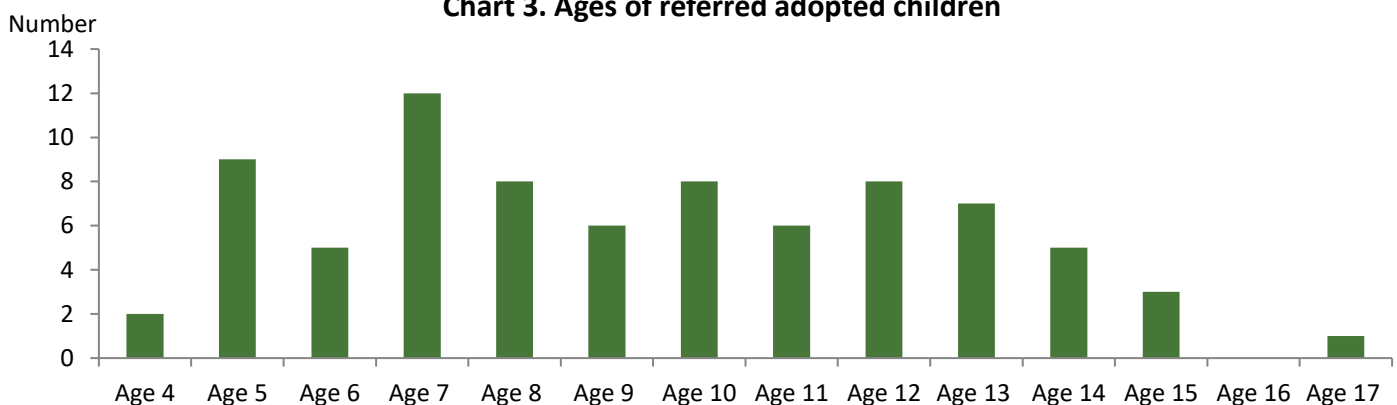


EMASS received referrals for 47 boys and 34 girls (not accounting for four rejections). This means boys account for approximately 60% of the cases referred (see Chart 2).

The age of **boys** seeking support **peaks at around 12 years**, whereas **girls'** peak referring age is **5 years**. The reasons for this are unclear; however, evidence indicates that girls are generally less physically aggressive than boys, and that higher spikes in aggressive behaviours amongst boys is linked to having higher testosterone levels than girls as they grow older (Bjorqvist, Lagerspez, 1988).

Chart 3 shows that overall referrals **are highest amongst 7-year olds** (12 referrals), and second highest at age 5, possibly coinciding with starting primary school. Around 63% of referrals were for primary school-aged children. This coincides with the period when children can develop a sense of inferiority if they cannot complete tasks, and their self-esteem is affected by how they view themselves alongside their peer group (Erikson, Identity and the Life Cycle, 1959), arguably contributing to behavioural issues and anxiety as seen in the Theory of Change.

**Chart 3. Ages of referred adopted children**



Almost all EMASS cases are characterised by families who are white British. Three families comprise of adopted children of mixed-race or black heritage with white British adoptive parents. This is reflective of Lincolnshire overall, where non-white groups comprise only around 2-2.5% of the population.

EMASS referrals are spread across most of Lincolnshire County Council's catchment, from the North to the South of the county, as well as to the East of the county and coastal areas, which are comparatively more isolated from towns and public transport links. However for the whole of 2017, there were a small number of referrals from outside of

Lincolnshire: two from Cambridgeshire, one from Peterborough, three from Nottinghamshire, and one from Leicestershire. Of the nineteen SGO referrals for 2017, three were outside of Lincolnshire (from Leicestershire).

### Online Learning Exchange

The EMASS model also provides post-adoption and attachment information, guidance, toolkits, and sign-posting online via [www.learning-exchange.org.uk](http://www.learning-exchange.org.uk). The 'Learning Exchange' is Family Action's network for schools, childcare providers, professionals, parents, guardians, and carers in England. Users can share knowledge, discuss issues, and access information about a range of issues. There is a section of the website that is dedicated to providing EMASS-related information about post-adoption support, case studies, tools, and upcoming training.

The Learning Exchange website received 72,891 visits in 2017, of which 2,308 were hits on EMASS web pages. EMASS page hits peaked in September (421), coinciding with the start of the school year, followed by June (340), approaching the end of the school year and start of the summer holidays, when adopted children's school routine stops. EMASS also provides an e-bulletin every school term (Spring, Summer, and Autumn) to over 10,000 schools in Lincolnshire and the East Midlands.

It is difficult to ascertain the effectiveness of the EMASS webpages, although positive feedback is presented below from an Early Help Worker within Lincolnshire:

*"I've just looked at the website [[www.learning-exchange.org.uk](http://www.learning-exchange.org.uk)] and didn't realise what good resources were available. I've been struggling to find resources and even paid for some training myself as I couldn't find any on offer"*

However, we observe that there has been a relatively low number of downloads (15) for the year. This suggests that more proactive search engine ranking, and promotion of the EMASS web pages more widely to adoptive parent groups/adoptive family or SGO support groups, could be considered to improve download numbers of key informative documents. This might also help improve reach, access, and increase online traffic.

### Service strengths

Below is a summary of specific strengths of the EMASS model reported by adoptive parents and children:

- Adoptive parents (and adopted children accessing direct support) can form a bond with their EMASS workers, who provide them with personal emotional support, coaching/mentoring, and can be confided in as they are seen as independent of other agendas.
- EMASS workers become well-trusted by the *whole* family.
- EMASS workers are empathetic, personal, and enable the child or parent to be comfortable in their own skin.
- Honest and straightforward communication; there is no ambiguity or needing to read between the lines in the messages given to families.
- EMASS workers make parents and children feel respected and recognised for their strengths/successes, and take an appreciative enquiry approach.
- Average case time is approximately 18 weeks, and parents in general reported that initial meetings and home visits were arranged within a week. This made families feel valued. Two different adoptive couples commented that the timeliness of this was *unheard of in statutory services*.
- Parents and children feel EMASS workers will help to make sure that progress happens with other agencies, and make it clear to those agencies and others when an approach is not good enough, or when decisions and feedback from other agencies - or the school - are not good enough.

## Outcomes achieved for Adoptive Parents

*"They make us feel things can get better ... [they help us] to make sense of everything and make things happen with CAMHS or school ... someone I can turn to and confide in when we can't see any light in our situation – nobody else cares"*

**Special Guardian**

*"We've been doing traffic light with our boys ... that's helped calm them when things boil over ... I try to stop shouting too, and we've stopped using bedrooms as a punishment space – we include them in any correction"*

**Adoptive Parents**

*"The school stopped putting him alone in the corner in the classroom, and we're going through training with EMASS to understand more of the approaches we need to use, and help him manage [those triggers]"*

**Adoptive Parents**

Responses from our qualitative research and survey sample indicate that EMASS activities enable adoptive parents to start progressing beyond conventional behavioural approaches with their adopted children. In the short-term, EMASS achieves this by providing advice and expert guidance to improve knowledge and practices focused on attachment-based strategies. Appreciative enquiry and coaching sit at the heart of EMASS workers' interaction with adoptive parents.

As interventions progress, the medium term for adoptive parents is characterised by improved use of attachment-based strategies and de-escalation techniques to defuse challenging behaviours; improved awareness about available post-adoption support in the local system; as well as gaining a sense of relief and feeling less distressed or anxious about their adopted child's situation. Adoptive parents feel more listened to, as other provision in Lincolnshire has limited capacity to meet their level of need. There is some impact on adoptive parents' own emotional wellbeing, and in many cases an EMASS worker is the only person available to them for empathetic emotional support and personal contact during times when extremely hard decisions need to be made. Whilst the aim is often to reduce avoidable placement breakdown or family split (e.g. one of the parents leaving the relationship), in some extreme cases terminating the placement or moving school may turn out to be the most appropriate outcome for the child. For example, there has been an instance where moving from one large school with an intake of over 2,000, to a smaller school with an intake of c.230, has provided a calmer learning environment for the adopted child.

*"Without EMASS, things would have broken down ... (husband) and I likely to have split up, one of us would have left ... I don't think we'd survive without this support"*

**Adoptive mother**

*"He was misdiagnosed with ADHD, turns out he had Foetal Alcohol Poisoning ... he's physically underdeveloped ... has behavioural and anger issues, but school are understanding now to stop singling him out or sit him alone"*

**Adoptive parents**

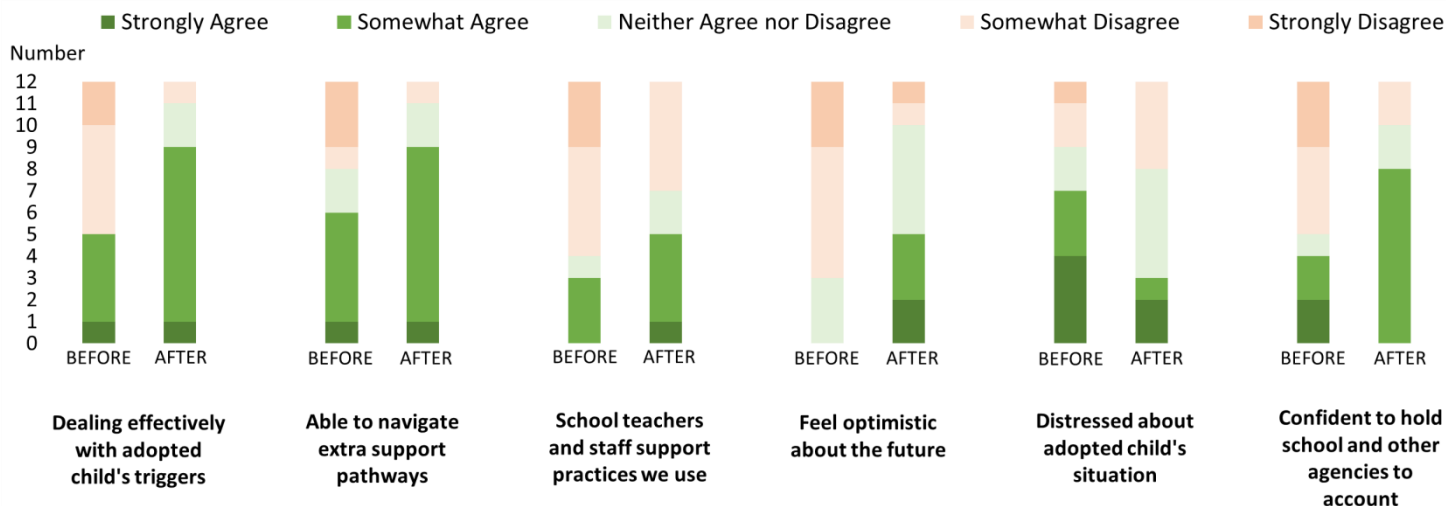
*"We couldn't see any light ... having to cope with her rage and bed-wetting... EMASS brought a chink of daylight"*

**Adoptive father**

In the longer term, as cases close, and beyond this, parents feel less alone and gain some moderate increase in confidence to deal effectively with their adopted child's triggers for extreme behaviour or emotional outbursts. This is indicated by interviews and survey responses in Chart 4 below.

Chart 4 shows measures in strength of agreement about parental outcomes that arise from EMASS support. There are moderate improvements across all indicators, which reflects the positive impact of the project, albeit to varying degrees. The sample is relatively small and shows indicative results as to the direction of travel; however, these improvements have also been corroborated by qualitative research with schools, parents, and statutory agencies.

**Chart 4.** Parent survey responses about key parental outcomes: pre v post EMASS service provision



Parents also report experiencing more calmness at home (indicated in Chart 6), and there are small but significant increases to their sense of optimism and hope about the future, as they see the techniques being applied by themselves and also by their adopted child leading to positive results (further indicated by Chart 4). This has resulted in a sense of improved family relationships, and improved parental relationships with their adopted child's school, where the school is working in partnership with the adoptive parents to support and align with the attachment-based practices needed.

There is further reinforcement of our findings when assessing the project's 'Family Star' scores. This is a tool developed by Triangle Consulting and is widely used by projects to support parents and families to plan and measure benefits to be achieved. These are recorded by EMASS both at the start and towards the close of the cases.

The tool covers eight areas of parenting: physical health; emotional well-being; keeping your children safe; social networks; education and learning; boundaries and behaviour; family routine; and home and money.

Family Star scores are out of 10 and relate to a series of steps. These steps and corresponding scores can be summarised as follows:<sup>6</sup>

**“(1-2) Stuck”:** Parents are not yet aware of the children's needs and not doing anything yet to change the situation or acknowledge problems/behavioural challenges; parents are sometimes resisting others involvement and not seeking help; or other important things take parents' attention away from the issues. Stepping forward to a score of 2 reflects acknowledgement of the issues and starting to open up, but not yet taking enough action to make change possible.

**“(3-4) Accepting help”:** Children are not developing as well as they could or have behavioural problems, either at school or home. Parents can talk about the issue and are open to getting help if arranged or if they feel the need to

<sup>6</sup> Triangle Consulting, *Family Star User Guide* (2013)



co-operate, although they do not necessarily follow through with advice or actions on their own initiative. Stepping forward to 4 reflects going along with support more consistently, but only if the initiative is from support workers.

**“(5-6) Trying”**: Step 5 reflects parents recognising they are responsible for improving things for their children and for taking more initiative to try new ways to address challenges or needs. Parents may feel less confident or find it difficult trying new solutions. Children may at first feel unsettled or resistant to change, and the benefits are not immediately felt; it may be easy to give up. Stepping forward to 6 reflects parents sticking with new practices for longer and finding hope from some positive outcomes.

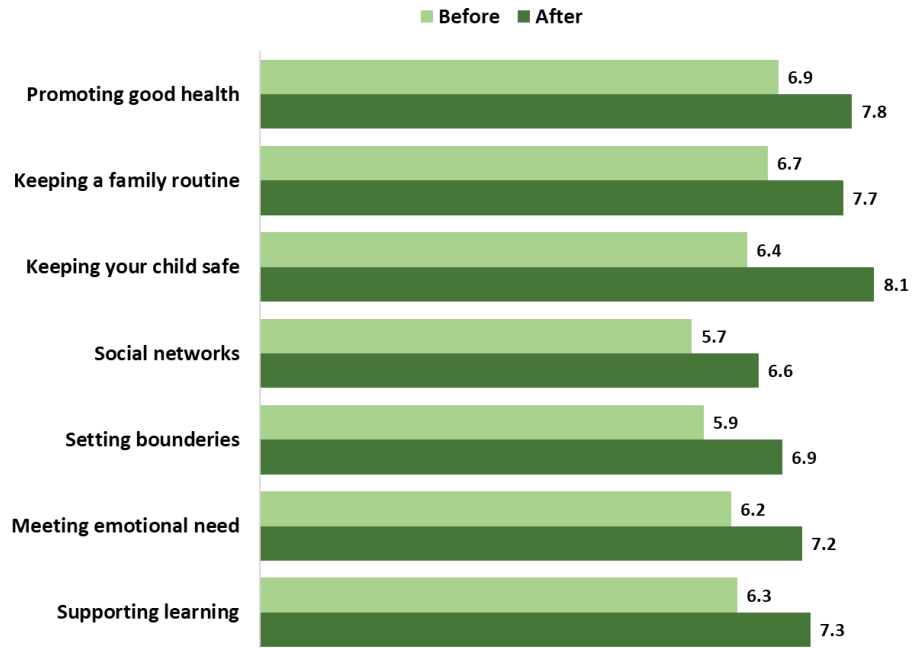
**“(7-8) Finding what works”**: Parents start learning from experience what works or works less well, and are finding consistency in how they manage children’s needs. Children are more clearly benefitting. Things might still be hard to cope with during a time of crisis or when lots of demands happen at once. Stepping forward to 8 reflects parents doing well enough for their children, although recognising they still need to be proactive in their new practices and in finding other sources of support where needed.

**“(9-10) Effective parenting”**: Children are doing well and starting to flourish. Parents are using practices and techniques to better balance their children’s needs with their own. Coping, resilience, and understanding improve for the whole family. Stepping forward to 10 means that parents are doing well with what they have learned to not need further support services.

At an aggregate level, adoptive families felt the most significant areas requiring improvement i.e. lowest starting scores, were around improving their social networks (both for children and as a family), supporting learning for the children, meeting emotional needs, and being better able to set and understand boundaries with others.

However, it can also be argued that filtering out families with starting scores of seven or above for each area (as those families do not need support there) helps to demonstrate the real progress made by families who did have a higher need for support in those areas (see Chart 5a). At the aggregate level, Family Star scores improved by between c.7-10% for four of the eight themes on which families needed most support. However, when filtering out families who had a starting score of over 7 (and therefore had relatively low need for support on those issues), the average improvement increases to by between c.13-27%. In addition, **‘Keeping Your Child Safe’** and **‘Keeping a Family Routine’** see the largest improvements.

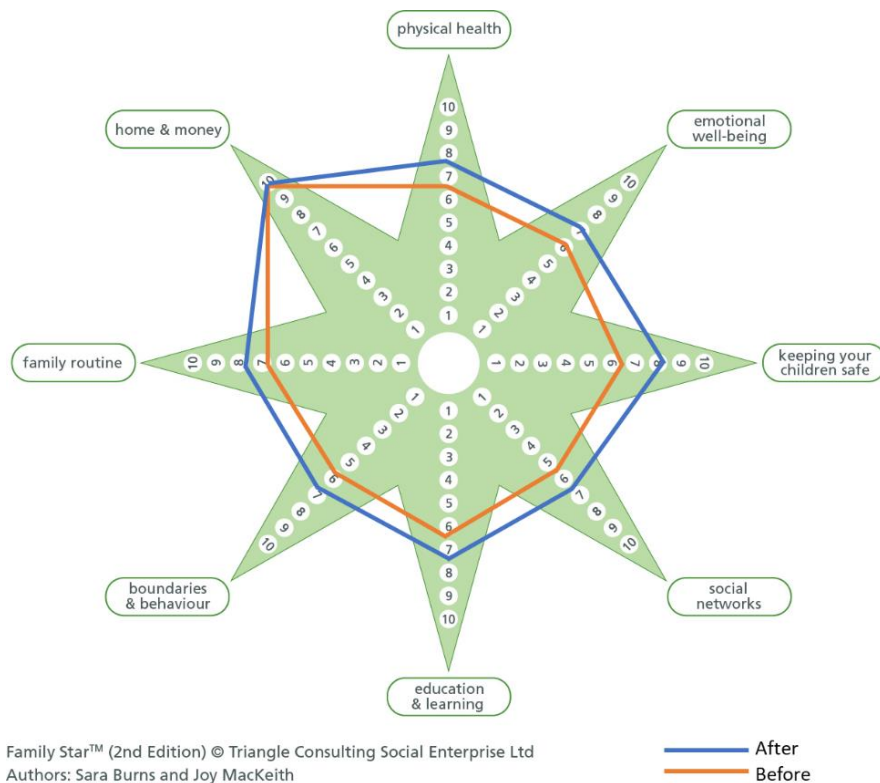
**Chart 5a.** Recorded change in Family Star outcomes, filtered for starting scores of above 7 where families have reached the stage of support to complete a follow up Family Star.



Data from Family Star. EMAS clients with starting score of 7 or under, where at least two Outcome Star readings are available. n=39

Chart 5a excludes the domain 'Providing Home and Money', as starting scores *and* follow up scores average at 10 respectively. The high starting score for this domain is likely to be a result of safe and stable homes and the income to sustain this having been assessed as part of the adoption process, and therefore – other than unforeseen redundancy or job loss during placement - there is less likelihood that this will be an area of support required. Chart 5a is also presented as a 'star chart', to demonstrate the same outcomes in a Family Star format (Chart 5b).

**Chart 5b.** Visual representation of Family Star outcomes scores (Chart 5a) including 'Providing Home and Money'



Family Star™ (2nd Edition) © Triangle Consulting Social Enterprise Ltd  
 Authors: Sara Burns and Joy MacKeith  
 www.outcomesstar.org.uk

## Outcomes achieved for Adopted Children

This section focuses on the outcomes experienced by adopted and SGO children, which result from EMASS training to parents and teachers, as well as direct one-to-one work with adopted children.

*"I find it [EMASS support] really helpful. We talked about things, drew pictures and my anger map, and I'm being told off less. I was naughty at school, I talked back to the teacher, but we made a deal to stop that, and also I walked away from a falling-out. But it doesn't matter now, we went and made up the next day with my friend, and played together.*

*...I made a card to my Dad ... Mummy and Daddy are funny and really caring ... and they tell my brother off when he's naughty – they make sure we get on as best as we can. I'm the better behaved one! ... sometimes I deserve being told off, and sometimes I don't ... I think I'm sensible, peaceful ... and out of my friends, I'm the one that can be trusted most with things ... [If I had] three wishes [they] would be the world is better, like no homeless and no wars, stop hunting wild animals, and that my family stays healthy"*

**Adopted child, 10 years old**

A significant amount of EMASS' work is in providing direct one-to-one session work with adopted children and teenagers, alongside whole-family sessions at home. These types of activities are explored earlier in the report in section three. In very general terms, they cover the building of techniques and tools for adopted children (and families) to put into practice; including modulation and reflection on why extreme behaviours might arise; and how to best de-escalate from situations 'boiling over'.

In the short-term, when adopted children start working with EMASS workers, they may initially display some nervousness or deflecting tactics to distract from discussing their behaviour. This can be amplified in adopted children who are beginning to understand what it means to be adopted, compared to other children. Very soon, however, they feel valued knowing they have someone special for them, whom they can talk to without being judged or told off, and with whom they can be comfortable in their own skin.

A key outcome we have observed is that when working with EMASS, children begin to acknowledge and discuss that they need to change aspects of their behaviour. When this is combined with a sense of being better understood by *both* their family *and* school – reflected by them using more appropriate attachment-based practices – this can create a stronger sense of being of equal worth as other children at school. There is often a short to medium-term boost to their self-esteem.

In the medium term, as adopted children recognise the benefits of the tools and techniques shared by their EMASS worker, and begin to draw on them, they begin to display more pro-social behaviour at school. This includes being better able to de-escalate or stand down from trigger situations, such as falling out with a friend in the playground, and then 'making up' in the afternoon or following day. These outcomes can help reduce the avoidable risk of exclusion or expulsion from school, which is associated with some deeply negative impacts on life chances e.g. disengagement with educational attainment, and in some cases increased offending (Daniels et al, University of Birmingham, 2003).

It is imperative by this point that the school teachers of adopted children are trained and aware of how to use attachment-based approaches and nurturing practices that are tailored to the children's triggers. Teachers need to be aligned with parents over these approaches in order to have a consistent and stable structure between home and school, as transitions from one set of social and emotional rules to another can be an issue for adopted children. This is not necessarily just an issue in terms of being able to mask or act out behaviours, but also in terms of the negative mental and emotional *energy* that can build beneath the surface, until the pressure point is exceeded or triggered.

*"We did six sessions, thinking more about what other friends like to do and how to stay calm ... I've gained new skills I can put to the test at home ... I also did a friendship poster, how my senses feel when I get angry, having a 'time out' sign on my door, still using the anger box ... I talk to my parents about my feelings in the evening when everyone calms down ... we make up about things the following day ... sleep on it, fresh start, even if I deserve [being told off]"*

**Adopted child, 12 years old**

*"They actually help me with stuff...I'm getting on definitely better at school than last year when I really hated it ... Mummy gets angry sometimes, but she's driving again now ... and [I like that] she gives us haircuts ... she looks after me if someone at school hurts me"*

**Adopted child, 6 years old**

Other medium-term outcomes include improved safety and physical wellbeing (in the case of risk of self-harm, nervous picking or scratching of skin, and running away or running off into nearby fields), as well as setting and understanding different boundaries, particularly with classmates, as well as with strangers.

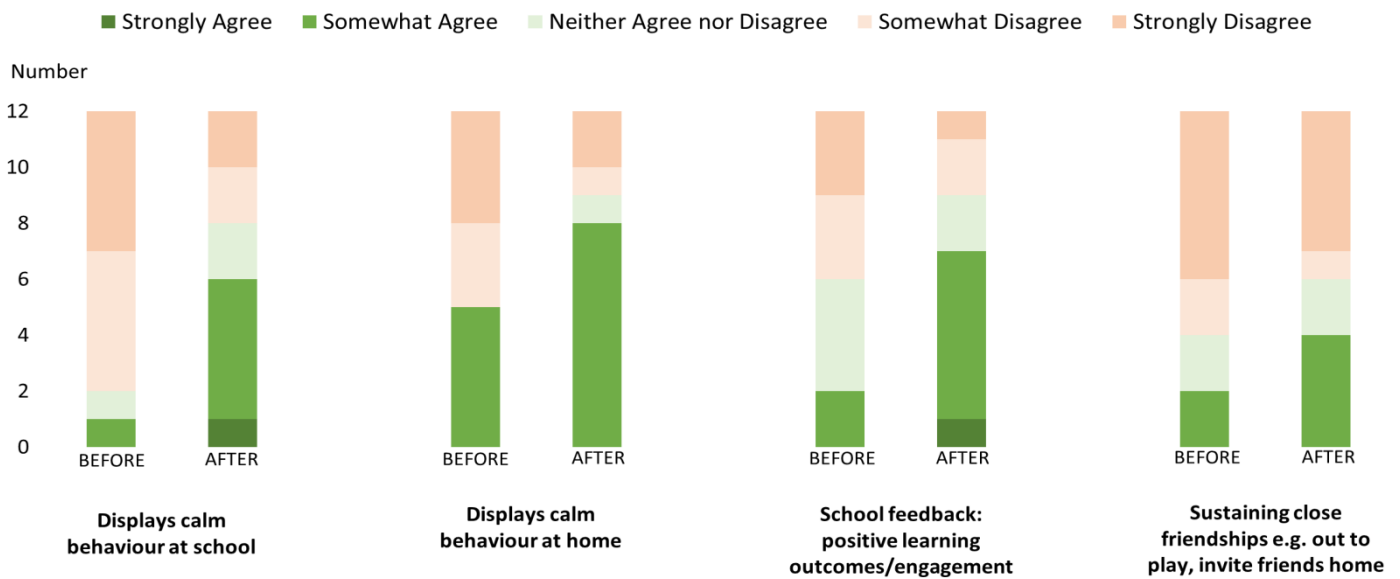
Teachers we interviewed reported that concentration at school also starts to improve as adopted children feel the benefit of EMASS support to build a more stable and tailored routine. Some of the children also improved their ability to sustain friendships and treat other children and people with more sensitivity, although it often takes some time before things are comfortable and calm enough for friends to be invited home. According to the teachers we interviewed, the ability to cope with homework also improves as more positive emotional wellbeing provides a stronger foundation for focus, cognition, and recall of information. This is also corroborated by evidence collated by Public Health England (*The link between pupil health and wellbeing and attainment*, 2014).

Towards the end of the sessions and going beyond EMASS support, the schools we interviewed reported more trusting behaviours with teachers for some of the adopted children. This was echoed by some parents, and in some cases coincided with reduced avoidance or ambivalence, and closer attachment to the family unit. For example, one child's adoptive mother had to temporarily go to hospital, and the adopted child stayed with a relative in the neighbourhood. On the mother's return home, the child wanted to sleep in their bed together. This helped them feel safer, feel closer to the adoptive mother, and helped overcome the temporary separation.

In the longer-term, if the attachment-based techniques imparted by EMASS are used by both parents and teachers, there is a higher chance that the adopted children will feel happier, calmer, and benefit from positive emotional wellbeing, as explored in the Theory of Change. This also sets the foundation for being ready for learning and engagement with education (Public Health England, 2014).

This is further reflected in the feedback received from a growing data sample from parents, illustrated in Chart 6 below. Parents report that after receiving EMASS support, their children display calmer behaviours, and have better learning engagement outcomes. All indicators show some positive improvement in agreement scores so far as a result of the support from the service. These impacts help to improve and stabilise family relationships at home.

**Chart 6. Outcomes for adopted children, based on parent survey responses**



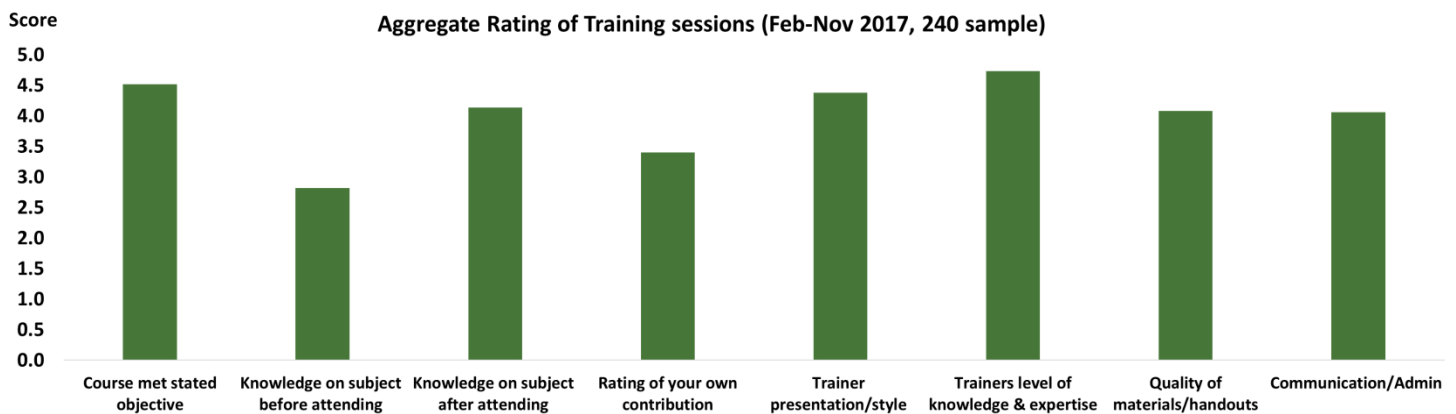
As previous testimony shows, when adopted children, parents and school teachers progress in their attachment-based approach and nurturing (and de-escalation) practices, one of the other major long-term impacts is that children feel they can be more open about their feelings. This also helps them to develop a more considered approach to interacting with other people. This is key to helping build their self-acceptance and positive self-identity, as responsible and resilient young people. We would argue that this is also beginning to be reflected by being able to better sustain friendships.

**Outcomes achieved for Schools and child support professionals working with adopted children**

Schools who have received training by EMASS generally reported teaching and support staff benefited from significantly improved knowledge and skills around supporting adopted children with attachment-based strategies (see Chart 7). The training and support provided by EMASS to schools and child support professionals was generally seen as very good, and led to changes in practice, as well as the implementation of new approaches both with children *and* in terms of engagement with adoptive parents. These improvements also occurred when applying some of the techniques successfully to non-adoptive children, where improved behaviours were borne out in those children.

In terms of training feedback, illustrated in Chart 7 below, one area of potential refinement appears to be inclusion of more interactive components and group exercises, as well as an opportunity to prepare examples or ‘live’ case work in advance as content for the training providers. In addition, another trend from feedback comments suggests that information provided could be further distilled; e.g. additional summary handouts and short videos.

**Chart 7.** Training evaluation feedback from professionals (maximum score 5)



With the training and information they had received, teachers and support professionals were better able to identify potentially counter-productive practices that would be used in conventional behavioural approaches. Other schools noted that some of the adopted children were hyper-anxious during transition from home to school gates, and into the school, and therefore agreed to use Pupil Premium Plus funding to place a ‘Meeter-Greeter’ at the school gates. The Meeter-Greeter greets and briefly chats with the adopted children, to establish positive emotional association with school, and put them more at ease at the start of the school day.

In the short to medium-term the improved knowledge and awareness leads to some other changes in teaching processes and decision-making, for supporting adopted children in the classroom. For example, reducing exclusion as punishment, which makes adopted children feel even more negatively singled out; as can being forced to sit by themselves uncomfortably in front of their peers. These types of approaches tend to trigger darker and more extreme, or even destructive feelings in adopted children. These can boil over and then lead to extreme behaviours and reactions later in the day, sometimes in an unrelated situation.

In the long-term, putting the tools and techniques into practice, combined with parents using more attachment-based nurturing approaches, has helped schools and professionals to improve their relationship with the adopted child. This has especially been the case where there is a sustained focus on nurturing (all) children’s positive emotional wellbeing, as a foundation for being school-ready or ‘learning-ready’. This is best supported when headteachers and senior teachers build a ‘whole-school’ approach, where all teachers and support workers are included in sharing and using the knowledge and practices around attachment for adopted children. Ultimately, this results in less disruption, and fosters calmer, more productive classrooms, where learning and attainment improves for all pupils. In several cases, schools recorded improvements to adopted children’s learning engagement and learning age after direct session work with EMAS.

*“Unquestionably there’s been an improvement in that child, at least for 6-8 months afterwards. Biggest two areas: learning and engagement in the classroom, and also behaviour managing friendships, like understanding boundaries to stop things boiling over. None of that has happened in last 3-4 months...Significant marked improvement in the classroom – previously immature behaviour, but now we have more periods of concentration, and they’ve caught up with age expectations”*

**School headteacher of adopted child**

For several schools, this has led to a culture change, to be more accountable and accessible to parents about their decisions around the use of Pupil Premium Plus funding - across *all* needs. For example, a headteacher mentioned they had become more open and confident about celebrating the success of their approach with adopted children, giving this equal footing to their activities supporting other disadvantaged and vulnerable families.

## Outcomes for local statutory services and the State

The key material outcomes for statutory stakeholders mainly relate to the Lincolnshire County Council, health care services, and education. These mostly fall outside the line of accountability in the Theory of Change, except for elements of ensuring reduced *avoidable* need for statutory intervention, and *avoidable* risk of expulsions.

### Local agencies

EMASS' achievements are reported to reduce avoidable requirement for statutory crisis intervention from social services and PAS. LCC are effectively tapping into EMASS capacity, where there is otherwise a clear lack of resources for provision.

Without EMASS, it is clear that PAS and associated services would not be able cope sustainably in the short term with the sheer level of need, and this would drastically impinge on their ability to reach more families in crisis. In many instances this demand would spill over into social work and frontline support. Given their excellent preventive work, EMASS also helps to reduce the avoidable risk of costly placement breakdown (e.g. care costs), as well as the risk of school expulsion costs. However, that is not to say that EMASS should not remain accountable and objective about being able to recommend placement termination or moving schools - in some extreme cases, this may well be the best outcome for the adopted child and parents.

However, in these cases, it does not help when the statutory boundaries for provision mean that adoptive parents have to **escalate their case with statutory authorities to a level they *don't necessarily want*, in order to access support that they *do necessarily need***. For example, in some cases (such as child-to-parent violence) the only route to access more appropriate statutory support or counselling, is through requesting a section order or placement termination, which is not what the parents necessarily want to do. It was reported that, in addition to this, there were instances where other statutory agencies have not been able to provide the opportunity to escalate when it has been the most appropriate pathway, as they lacked the resources for this – in effect drawing on EMASS as a holding bay for vulnerable, desperate families.

Nevertheless, our research suggests that good value for money is likely to be achieved through the efficacy of the EMASS model, and it being retained in its function to increase LCC Post-Adoption Support team's capacity, reach, and flexibility. More effective support options are made available to adoptive families and SGO families as a result, and this reduces the levels and costs of avoidable placement breakdown.

EMASS helps meet the local challenge of continued pressure to innovate and support vulnerable households, as there would have been a detrimental effect to the welfare of many adoptive and SGO families in crisis without that support. The level of need and demand appears to already be substantially higher than first expected. Therefore, we would anticipate a positive cost-benefit ratio from the EMASS model.

The question remains as to how statutory responsibilities will be best fulfilled, when there is a severe and critical lack of other local provision for Post-Adoption and SGO support. It is evident that statutory resources are more than stretched, but perhaps the local authority can increase its effectiveness in enforcing the requirement of the Public Services Act (2012) in its procurement from the private sector. Enforcing more of these requirements from suppliers would help secure more resources through intelligent procurement and cross-sector collaboration.

This is the case with EMASS, which is characterised by cross-sector working between schools, agencies, and voluntary community organisations. However, unlike PAS, some agencies are not consistent in their approach to using

attachment—based practices, and this poses a barrier to effective joining-up of agencies. For example, this has been problematic in some multi-agency group (MAG) meetings about adopted children, and cases of children in need, or those subject to child protection plans.

Collaborative approaches in this case could require recognition from agencies that there may be a need for an independent voice on the side of adoptive families to drive and co-ordinate better collective outputs and joined up decision-making that is accountable to appropriately informed adoptive families.

*“The importance of EMASS is in helping professionals to **recognise when attachment issues are present...without knowing about these underlying issues, it has resulted in less timely support...in one case an adopted child had an eating disorder misdiagnosed, and it took three years to get specialist support, and go beyond the knee jerk of referring to CAMHS and having to go in and out of statutory provision, they had to move home....it was distressing on many levels and the costs now [to public purse and family] have exceeded the cost of earlier intervention and support like EMASS”***

**Health agency staff (and former School Nurse)**

## The State

From the teachers and adoptive parents interviewed, it was felt that in the long-term, through advocacy and training, and building dialogue between adoptive parents and their adopted children’s school, that there is improved accountability about the best ways to use Pupil Premium Plus (PP+) funding. EMASS workers cultivate adoptive parents’ knowledge and confidence, to compel schools to justify the standards and criteria of their PP+ spending. This should place some pressure on schools that need to meet these requests to do so more adequately.

We suggest that the DfE’s reputation and reach could be further enhanced if families see that the Department is having a meaningful local impact on PP+ outcomes - through services like EMASS supporting these improvements. This would require further research to understand the extent of change in perceptions, and in school transparency.

Furthermore, as a result of EMASS’ provision of mental and emotional support for both children and parents, and some cases where the adopted child’s self-harming has reduced, there can be a knock-on benefit to health services. Health services in these cases are likely to benefit from avoiding escalation of risks to physical wellbeing. EMASS referrals have included self-harming, suicide attempts, and anxiety-related picking and gouging of skin, as well as risks of poor mental wellbeing. According to our interviews with local agencies, EMASS will also have contributed to reducing avoidable need for interventions with CAMHS (Child and Adolescent Mental Health Service) – whose resources are also extremely stretched. In this sense, EMASS can also be a flexible option for health agencies’ targeted support, and may well need to be an option for referral by paediatricians and family GPs. This would require further research, possibly drawing on Social Return on Investment principles or value for money analysis with valuation of both resource savings and subjective wellbeing impact.

There may be an argument that EMASS’ outcomes achieved for children at risk of expulsion, or at risk of presenting violent or anti-social behaviours, has a knock-on impact on social costs of ASB and the need to call on police services. However more research would be required to understand how rare or extreme this has been.

*“We’ve heard positive feedback from schools about improved learning engagement. [There is] a significant boost to the child’s emotional wellbeing...through EMASS, we are reducing risks of escalation and needing more interventions by statutory and social services, especially child in need costs or going into care...for parents and special guardians, they should feel less isolated and alone with these problems, and they get some short-term relief from the crisis situation...overall we’re very happy with the service EMASS provides”*

**LCC Post Adoption Support**



## 7. Service limitations and other lessons learned

The research highlighted some limitations to the service towards achieving the outcomes in the Theory of Change. The limitations could be due to the nature of the approach, local system, or service users, and there does not always need to be a solution for all of them.

### Limitations

- Some issues may recur, or children may have new triggers in future, and some issues get worse before getting better.
- Some cases are too severe or critical, and may require escalation – for example, placement termination, moving school or referral to CAMHS or social services may be the best outcome for the adopted child and parents because of the level and complexity of need.
- There is no shared office space covering a catchment area, and there is low availability of temporary hubs to facilitate networking, drop-ins, and printing/connectivity functions.
- EMASS activities are a culture change intervention for schools – and the pace of change in outcomes for children can depend on school staff's mind-sets and tenure.
- There are potential capacity issues with the service, as seen by the inability to spread support more widely across the East Midlands, because of high demand in Lincolnshire.
- Additional capacity and resource is needed for future relationship management and feedback-sharing with referrers and schools that have received EMASS training.

### Lessons learned

- Capacity issues cannot necessarily be alleviated by moving from 1:1 direct support, to group-based direct support sessions, because parents reported that they would not find these helpful due to the sensitive nature of their situation and not wishing to share this widely with others. However, access to an effective local peer support network is welcomed.
- As there is a larger spill-over of activities into the realm of direct social work than anticipated, more social work training, and more advanced attachment-theory training may need to be offered to some EMASS workers who feel they require this.
- Local agencies view EMASS capability and capacity as a benefit to their workload, so much so that they prefer EMASS to continue providing support even after stepping down or closing cases.
- Schools need continuation and maintaining of relationships and feedback loops with EMASS. Relationship management requires extra resourcing than first expected.
- A marginal number of parents (1 from 81 referrals) complained about EMASS recommending escalation with agencies even where it was the most appropriate thing to do for the adopted child; but regardless of the complaint, the adoptive parent still desperately wanted to continue EMASS' support.

## 8. Recommended actions

The EMASS model and services provided to adoptive families in crisis fills a severe and critical gap in provision across Lincolnshire, for **post-adoption** support and early intervention. The knock-on impacts have helped to improve the emotional wellbeing and learning engagement of referred children, but will have also generated meaningful resource savings to social services, care services for children, the health care system, and Children and Adolescent Mental Health Support (CAMHS). It has also helped to improve the capabilities and coping strategies of parents and school professionals. Some cases do require escalation with statutory services or for difficult changes to be enforced for the adopted children where it is the best outcomes, and EMASS workers remain responsible and responsive for identifying where this is needed.

We have a number of key recommendations, which are highlighted as follows:

- Continue **growing partnership work and collaboration with LCC PAS** and related local authority functions in Lincolnshire.
- For LCC and/or DfE to consider a **Value for Money analysis** for future investment.
- Regarding Adoption and Early Trauma, and VCS provision for adoptive families, Family Action should promote the report findings on preventive effects of early intervention and attachment-based strategies - especially to **teacher training bodies** and DfE.
- More **in-depth training** for case workers should be made available re: attachment theory, social work practices and pathways, and child identity formation. This in order to enhance best practice and resilience for all frontline case workers.
- Consider options for developing 2-3 temporary informal **shared-space hubs** if demand grows (e.g. with a Champion headteacher or community centre lead, within schools or community centre), in order to improve reach and support operational effectiveness (e.g. shared administrative functions, shared drop-in spaces, new scheduled activities).
- **Celebrate school/teacher/professional successes**, e.g. through newsletter or EMASS event/conference.
- Draw on online questionnaire template for parents for **future post-service feedback** in 2018.
- **Envoy Partnership to develop short children's questionnaire and professional questionnaire** (for those involved in the cases) to collect outcomes data and service feedback towards close of cases – this can help to further improve evidence of impact and any need for refinement or changes to the model.
- **Explore sources of additional funding to increase capacity** to continue to reach more schools to help promote EMASS and attachment strategies to adoptive parents.
- **Explore sources of additional funding to expand into the East Midlands** as originally planned. This may support economies of scale if building in more partnership working with other agencies.