



Barnardo's LINK Adoption Support Services: An evaluation

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External independent evaluation completed by Ludvigsen McMahon

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Executive Summary

This document reports on the findings of an evaluation of Barnardo's LINK Adoption Support Service.

Using a therapeutic approach, LINK works with three groups of service users: birth family members, adoptees (children and adults) and adopters – groups that are all affected by adoption, but may have different issues and support needs.

As a service LINK is managed by two teams, Therapeutic Counselling and Attachment Focus Therapy, that together offer nine different support services. Over 200 LINK therapists trained in adoption issues and located across southern England and further afield, carry out direct work with service users.

The evaluation

The overall evaluation had two primary objectives:

1. To identify and share the LINK adoption model
2. To assess the impact of the service on its beneficiaries

The work for this evaluation took place in two stages. Stage 1 provided an audit of adoption support work carried out by LINK, while stage 2 was designed as an outcome evaluation to provide evidence of the impact of LINK's support for its service users. This final report combines the findings from both stage 1 and 2.

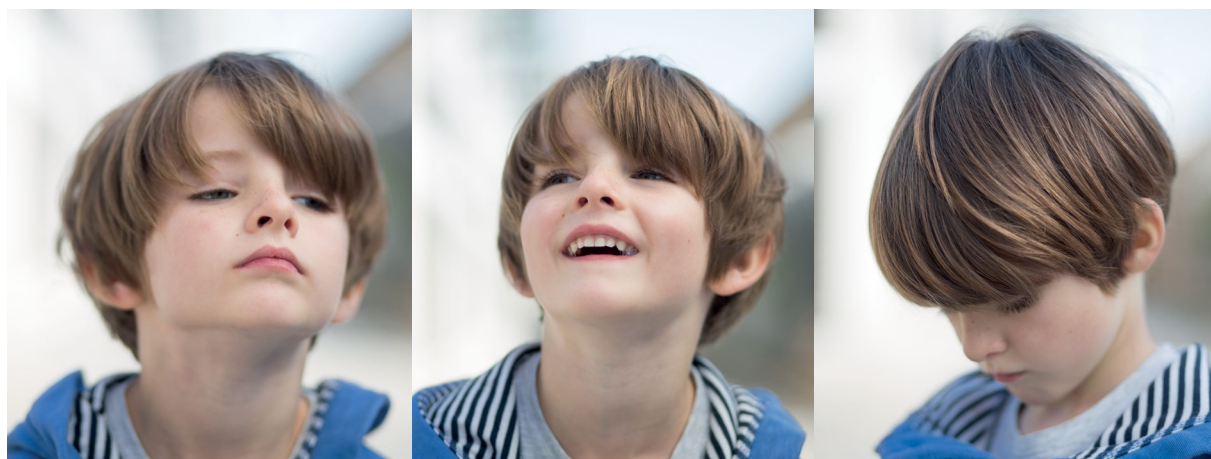
Using qualitative and quantitative methods, the evaluation gathered data from:

- LINK staff and managers (4 group interviews and 3 individual telephone interviews)
- Current service users of Therapeutic Counselling (152 feedback questionnaires)
- Previous service users of Therapeutic Counselling (29 online questionnaires)
- Adoptive families receiving Attachment Focused Therapy (2 telephone interviews)
- Local authority commissioners and other stakeholders (4 telephone interviews)

The LINK model

Four features were identified as feeding into the adoption support model that LINK has developed and that together are central to the way the service works:

- Underpinned by a therapeutic approach
- An extensive network of therapists
- Flexibility of services
- Adaptable to internal and external environments



Current users

At the end of their Therapeutic Counselling sessions, current service users regarded their LINK counsellor very highly. Two-thirds of the 152 respondents rated their counsellor 10 out of 10¹, both in terms of being able to talk to and in understanding their concerns. Only 2% (or three people) rated their counsellor 5 or less.

When self-assessing their ability to cope and sense of well-being at the end of their Therapeutic Counselling, the majority reported an improvement in both areas. Two-thirds rated this improvement 8 or above (out of 10) and only 8% rated it 5 or less. Comments show that service users, as a result of their counselling, feel more positive about the future, feel less anxious or stressed, and have gained a better understanding of self and situation. However, some current users also highlight their on-going difficulties or challenging circumstances.

Previous users

Previous service users of Therapeutic Counselling mirror these positive outcomes, and although based on a small sample (29 respondents), the evaluation findings strongly suggest that Therapeutic Counselling has a positive impact both in the short term and in the longer term. The majority said that counselling had boosted their confidence (63%), made them more relaxed or calm (71%) and that they understood themselves better as a result of counselling (63%) – outcomes sustained over a longer period. Consequently, for the majority the benefits experienced continued after the conclusion of their sessions.

While these findings are extremely encouraging and demonstrate the positive impact Therapeutic Counselling is having on the majority of service users, the survey also highlights that this is a group of service users with high support needs, some who continue to have issues to deal with, and who on the whole value on-going adoption support.

Stakeholders and commissioners

Overall, the local authority commissioners and other stakeholders interviewed for this evaluation were appreciative of LINK's work with people affected by adoption. They acknowledged that service users benefitted greatly from both Therapeutic Counselling and Attachment Focused Therapy with LINK counsellors, and that there was 'fantastic' work being carried out. However, having established that the work was generally 'brilliant', they also highlighted a number of areas where they saw room for improvement in terms of how LINK's work is managed. The main issues revolved around better feedback and improving communication.

In response to this feedback, LINK has since the completion of this evaluation introduced additional steps to improve feedback and to promote better communication between all parties. This is a very positive development.

¹ On a scale from 1 to 10 – with 10 being the most positive score.

1. Background to the evaluation

Barnardo's LINK Adoption Support Service was established in 2000 and has since provided support, information and a range of therapeutic counselling services to those affected by adoption across the South of England and further afield.

In response to the recent governmental focus on adoption and adoption support, the demand for LINK's services and the support it provides to those involved in the adoption process has increased. Barnardo's has therefore identified a need to work closely with LINK to strengthen its visibility and credibility in the adoption support market, and furthermore to evidence its effectiveness as a support model to internal and external audiences.

The overall evaluation had two primary objectives:

1. To identify and share the LINK adoption model
2. To assess the impact of the service on its beneficiaries

The evaluation work took place in two stages.

The purpose of stage 1 was to:

- Provide a historical background of LINK's development
- Provide a description of LINK services in order to increase clarity around the referral process
- Describe LINK's users, their needs and journey through the service provision
- Identify LINK's adoption support model

While the aim of stage 2 was to explore the following research questions:

- How do service users (current and previous) experience and view LINK's services?
- As a result of receiving LINK's adoption support, what, if any, longer-term outcomes do previous service users report?
- How do LINK's stakeholders and local authority funders experience and view LINK's services?

This final report combines the findings from both stage 1 and 2.

2. A historical background of LINK's development

Barnardo's adoption support in the South East of England originally grew out of the placement side of Barnardo's Adoption Agency South East (then known as New Families Colchester). Initiated with two part-time members of staff, appointed in 1991, this was the early beginning of a more formal approach to post adoption support within the region. In the late 1990's, Barnardo's further promoted post adoption support by providing direct funding towards a new service focusing exclusively on adoption support. Responding to this initiative, eight local authorities, all part of the local consortium, matched Barnardo's funding and entered into a partnership with Barnardo's as the lead agency – a partnership that facilitated the establishment of LINK Adoption Support Service in October 2000.

Initially, LINK provided a mixture of services, through regular children's events, adopters' and birth mothers' groups and therapeutic counselling, as well as a helpdesk. In 2002 with the introduction of the Children's Act, when it became a legal requirement for local authorities to offer support to birth families, LINK developed more counselling services specifically targeting birth family members. However, by the mid-2000's a decline in Barnardo's core funding meant that LINK needed to become financially more self-sufficient and fund its services through other means. When approached, local authorities felt that much of the group work could be done in-house by their own social workers. However, local authorities appreciated the additional support that therapeutic counselling offered and six local authorities continued to commission LINK to deliver therapeutic support to their families through stakeholder funding.

A small team based in Colchester has managed LINK's direct work with adopters, birth family members and adoptees. The core team is responsible for receiving and allocating referrals, securing funding, managing local authority relationships and looking after a

growing network of self-employed therapists trained by LINK's designated training provider – Abigate. The service began with 20 mainly locally based therapists, a figure that has increased to over 200 therapists based across the South, South East, East Anglia, South West and Yorkshire.

By 2008, there was a growing feeling within LINK that more work could be done to support adoptive parents and their children. Consequently, LINK rolled out a range of new services in 2011, managed by a new team within LINK. These services build on attachment focused parenting and saw LINK therapists receive additional training in attachment-focused therapy. The demand for these services has increased exceptionally, in part fuelled by the recent availability of grants from the Adoption Support Fund. In further recognition of the benefits of attachment-focused support, Barnardo's now offer all its new adopters in the South East with an Early Placement Therapy service, a development welcomed by LINK.

Looking to the future, Barnardo's is currently planning to seed new adoption support services, based on the LINK model, in other parts of the country, with the aim to meet the support needs of adoptive families, regardless of whether they are Barnardo's or local authority families.

3. An overview of LINK's current services

LINK works directly with three user groups, reflecting the three sides of the adoption triangle – namely adoptees (children and adults), birth family members and adopters. LINK currently provides the following services, listed below according to client group:

1. Adoptees

Children

- Play therapy
- My Story (with adoptive parents)
- Therapeutic Counselling

Young people

- My Story (with adoptive parents)
- Reconnect (with adoptive parents)
- Therapeutic Counselling

Adults

- Therapeutic Counselling

2. Birth Family members

Birth parents

- ADM meeting
- Birth Family Member Support Service
- Therapeutic Counselling

Other Birth Family members

- Birth Family Member Support Service
- Therapeutic Counselling

3. Adopters

Prospective adopters (before placement)

- Early Placement Therapy (EPT)
- Therapeutic Counselling (individually or as couples)

Adopters (after placement)

- Early Placement Therapy (pre/post Adoption Order)
- Attachment Focused Therapy (AFT)
- On-going Support Service (follow-on from EPT and/or AFT)
- Therapeutic Counselling (individually or as couples)

Adoptive families (parents and children/young people together, including birth children)

- Attachment Focused Therapy (initially with adoptive parents and later in the process with children/birth children)
- My Story (with child/young person)
- Reconnect (with young person)



Birth children of adopters

- Attachment Focused Therapy
- Therapeutic Counselling

4. Other user groups

Foster carers/relatives with Special Guardianship Orders

- Early Placement Therapy
- Attachment Focused Therapy

4. Service structure and referrals

Barnardo's LINK service is managed by two teams – the Therapeutic Counselling team and the Attachment Focused Therapy team. Both teams, headed up by a practice manager, are supported by LINK's telephone helpdesk.

This section describes LINK's structure in relation to the type of therapeutic work provided and the number of referrals received by each team, in order to clarify how service users come to receive the service they do and to identify any changes to referral patterns.

4.1 The helpdesk

The helpdesk has been a central point of contact since LINK was established in 2000. In addition to providing emotional support, advice, signposting and information leaflets, the helpdesk is also the first point of call for most requests for LINK's direct work. Two trained therapists currently serve the helpdesk responding to phone calls and log new referrals before passing them on to one of the two service teams.

The helpdesk began keeping records of the number of phone calls received in February 2015. In the ten months up to December 2015, 1568 phone calls were received. This is an average of 156 calls per month, although there were some seasonal variations with more calls in February and March, and fewer calls during August. The majority of phone calls required 'no further action', but over the 10 months, 14% of calls were converted into referrals (222 – a monthly average of 22 referrals²). Approximately 75% of requests for a LINK service were referred by social workers, while one-in-four were self-referrals, where people themselves contacted LINK for counselling.

²Please note that this figure does not accurately reflect all referrals taken, as 'Extension of Work' (when additional counselling is requested), is not always taken over the telephone.

At this stage of the evaluation, it is unclear what percentage of the 'no further action' calls were requests for counselling, but where funding was unavailable and hence a service could not be provided. LINK staff and managers highlight that certain groups, such as birth family members and adopted adults, frequently fall outside funding criteria and consequently are unable to access LINK's adoption support services – an issue discussed further in section 5.1 and 5.3. Nevertheless, further investigation into this matter would be valuable for LINK as an organisation.

4.2 Therapeutic Counselling (TC)

The Therapeutic Counselling team manages referrals for Therapeutic Counselling, Agency Decision Maker meeting, Birth Family Member Support Service and more recently Play Therapy (individual services are described in more detail in Appendix 1).

According to the British Association of Counselling and Psychotherapy (BACP), counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over short or longer-term periods to help them bring about effective change or enhance their wellbeing. Therapeutic Counselling allows a person to talk about their problems and feelings in a safe and confidential environment, with a therapist who is trained to listen with empathy. LINK therapists have received additional training in adoption related issues, and are qualified to work with people affected by adoption. Therapeutic Counselling offers birth parents, adopters and adoptees the opportunity and space to express difficult emotions, such as anger, resentment, fear and guilt, without feeling judged.

As with all of LINK's services, Therapeutic Counselling is session-based, and hence limited to a pre-defined number of sessions (in the case of Therapeutic Counselling 6-8 sessions), although therapists and social workers can request further counselling sessions depending on service users' need.

Within the Therapeutic team, 191 grants for support were agreed for Therapeutic Counselling in 2014/15 by either the

counselling coordinators on behalf of stakeholder LAs, spot purchases by other local authorities or awarded by Barnardo's. This is an average of 16 referrals per month. In the period April-October 2015, 129 grants were agreed, an average of 18 referrals per month. In addition, the team received a total of 77 referrals for services for birth family relatives in 2014/15 (ADM meeting and Birth Family Members Support Service) and 67 during 2015 (April to December), although not all of these referrals take place.

Staff and managers highlight that while the Therapeutic team has experienced a growing demand for adoption support, this has not been translated into more pieces of work being carried out, as additional funding has not been forthcoming. Unlike the Attachment Focused Therapy team, the Therapeutic Counselling team has benefitted less from the availability of grants through the Adoption Support Fund, except for the newly established Play Therapy service. For local authority stakeholders this growing demand has resulted in their allocations for therapeutic counselling running out earlier this year, than in previous years.

4.3 Attachment Focused Therapy (AFT)

The Attachment Focused Therapy team manages referrals for Early Placement Therapy, Attachment Focused Therapy, On-going Support Service, Reconnect and My Life (again individual services are described in more details in Appendix 1).

Attachment Focused Therapy (AFT) is a parenting approach aimed at helping adoptive parents to support and parent their child in an attachment focused manner. Many children affected by adoption have issues with attachment and trust, due to previous experiences of, for example neglect or abuse. Building on attachment theory (e.g. Bowlby³), Attachment Focused Therapy resembles Dyadic Developmental Psychotherapy (DDP)⁴ as the counsellor works primarily with parents, and only with the child together with their parents.

Central to the AFT work with adoptive families is that the aim is not to change children's behaviour as such, but to modify parents' responses to their child's behaviour. The

³ Bowlby, J. (1969). Attachment. Attachment and loss: Vol. 1. Loss. New York: Basic Books.

⁴ <http://ddpnetwork.org>

counsellor works in the family home directly with parents to help them understand how the child's background history, for example of multiple moves, adoption disruption and separation from the birth family shape and continue to shape their behaviour. The counsellor offers emotional support and practical recommendations to help adoptive parents learn new ways of parenting their child, with the aim of making the child feel safe, build trust and improve bonding.

There are currently 90 LINK therapists who have received the additional 6-days training in attachment focused theory – training aimed at preparing them to work with families and children in the family home. This type of work differs somewhat from what most therapists are used to, and is described as very intense. All parties involved are aware that failure to support adoptive parents carries a real risk of disruption. Therapists are therefore themselves supported by LINK's counselling coordinators, who spend a large proportion of their time talking to and supporting AFT therapists in their direct work with adoptive families.

The demand for Attachment Focused Therapy services has grown exceptionally since their introduction in 2011. In 2012/13, 59 referrals were received for Attachment Focused Therapy, Early Placement Therapy and the On-going Support Service, a number that grew to 110 in 2013/14 and 164 in 2014/15. This represents an overall increase of 178% over the 2 years (2012-15). As mentioned earlier Barnardo's now offer all its new adopters in the South East an Early Placement Therapy service. The recognition that early adoption support needs to be built-in from the beginning is a development that LINK describes as a significant breakthrough in the adoption support market – an example that LINK is hopeful that local authorities will follow.

5. Service users, their needs and journey through the service

As mentioned previously, LINK works with three groups of service users – birth family members, adoptees and adopters – groups

that are all affected by adoption, but may have different support needs.

Besides the common denominator that all have experiences of adoption, most service users come into contact with LINK because they have reached some sort of crisis point. This appears to be a typical feature of LINK's work, whether it is a distressed phone call or a social worker requesting counselling for one of their clients – most only seeking adoption support when problems have escalated. Staff often express a general sense of being 'fire-fighters', and only being approached or commissioned for support when problems have been allowed to develop for too long. The helpdesk, for example, regularly receives very difficult emotional phone calls where the caller is distressed and at their wits' end. An example would be when an adoptive mother rings to seek support because she had to call the police the previous night to deal with her son's violent behaviour.

Whether this is an outcome of Barnardo's, and hence LINK, working with the most vulnerable children and complex adoption cases, or whether this is a typical feature of adoption support is unclear. However, one of the principles behind providing Early Placement Therapy is that such preventative work may help fewer adoptive families reaching crisis point in the future.

5.1 Birth family members

Birth family members are recognised as a challenging group to work with, as they can feel disempowered, be very demotivated and disengaged, and frequently fail to attend sessions, especially the Agency Decision Maker meeting.

While LINK historically has worked more or less equally with all three user-groups, the amount of support work being carried out with birth family members, especially birth mothers, has diminished over the years. Currently, only two local authorities provide stakeholder funding towards services for birth family members. Much of LINK's earlier work with birth mothers, such as support groups, has been lost due to funding cuts. However, the lack of funding available for birth relative support appears to be not merely an issue

within local authority budgets. As one manager highlighted, charitable donors often do not view this type of work with people who have neglected or abused their children as very 'nice work'. Consequently, funding for services that assist this group of users is less accessible, than funding for work with adoptive parents and children.

5.2 Adopted children and young people

Adopted children and young people have been an important user group since the establishment of LINK. Originally LINK supported children moving from residential care into adoptive family settings, while now most adopted children come from foster care placements. As Barnardo's primarily works with the most vulnerable children, a significant part of LINK's referrals are to support adopted children who have experienced, for example multiple foster care placements, adoption disruption or sibling separations.

The introduction of attachment-focused therapy has somewhat shifted the focus away

from dealing with children's behaviour, to supporting adoptive parents in understanding the motives beneath the behaviour, for example, by considering children's attachment issues. Attachment focused parenting emphasises that 'we do not fix the children', but rather work on the relationship between the child and adoptive parents, and their bonding and attachment. This is the case for both My Life and Reconnect, where the whole family is working with a therapist together.

The recently established service Reconnect was developed in direct response to the high number of adoptive families contacting LINK for support when their children reached adolescence. Together the therapist helps the young person and parents to better communicate and discuss the issues that they are facing. In circumstances where the relationship has broken down already and the young person has moved out, LINK will work with the whole family to address the hurt experienced, build bridges and look at what their relationship might look like in the future.



5.3 Adopted adults

This is another group of service users where LINK struggles to get funding for counselling. Once adoptees turn 18 years old, they no longer qualify, for example for the Adoption Support Fund, unless they have a SEN statement or an ECH plan, in which case the cut-off age is 25 years. LINK staff report that adopted adults, who live within stakeholder local authorities, indirectly have benefitted from adopted children receiving more support through the Adoption Fund, as LINK has been able to 'safeguard' stakeholder grants for adopted adults – grants that would otherwise have paid for children and young people's counselling.

However, when adopted adults live in non-stakeholder local authorities, there is often little LINK can do, unless adults are able to pay for their own counselling, which is rare. In fact, adopted adults frequently suffer further disadvantage compared to other non-adopted adults seeking counselling, for example through the NHS, as unless the therapist servicing their local GP surgery is qualified to offer counselling to individuals affected by adoption, adopted adults may be unable to benefit from NHS counselling. Occasionally, if an adopted adult was originally adopted through Barnardo's, LINK has secured funding for Therapeutic Counselling via Barnardo's.

5.4 Adopters

A diverse range of adopters receive adoption support through LINK's services, including prospective adopters, adopters with teenage children, older and younger adopters, same sex adopters and families who have adopted older children or sibling groups.

Working with adopters, LINK's main focus is on enabling adopters to provide a nurturing environment for a child, who due to childhood neglect and abuse has difficulties in trusting and developing secure attachments. Using a combination of emotional support and practical recommendations, Attachment Focused Therapy helps adopters understand their child's background and experiences of loss and separation.

Some adopters may respond well to Early Placement Therapy, and exit the service provision without further assistance or support. A small number of families, who for example have adopted a sibling group, may qualify for Early Placement Therapy, then Attachment Focused Therapy, then another set of AFT sessions, followed by the On-going Support Service. However, while work may be extended, support is not indefinite and most adopters will progress to a stage where they are able to parent in an attachment-focused manner independently. Some adoptive families and their children may return for support when children become adolescents, hence the recent development of the Reconnect service.

Where adopters have concerns of their own, for example, where failed IVF treatment or miscarries have not been dealt with, adopters may also receive Therapeutic Counselling as individuals or couples to address these issues.

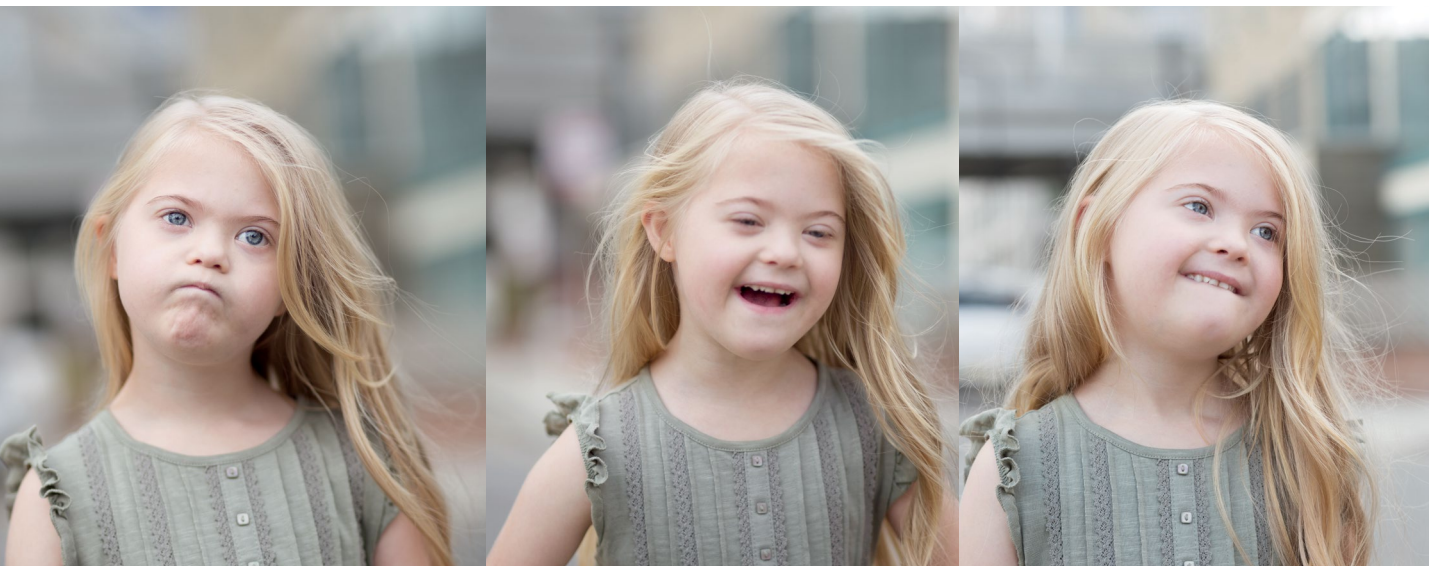
To access LINK's services adopters frequently have to contact their local authority to request an 'assessment of need' carried out by a social worker. Some adopters may resist this, as they perceive it as a failure as parents to seek support.

6. LINK's adoption support model

As a Barnardo's service, LINK builds on Barnardo's basis and values, promoting equality and valuing diversity. LINK furthermore has the vision that all families should have access to on-going support that enables them to create stable placements where children can thrive and develop good attachments.

In addition to wanting to help everyone equally, staff and managers also highlight different features that feed into the model of support that LINK has developed – features that together are central to the way the service works:

- Underpinned by a therapeutic approach
- An extensive network of therapists
- Flexibility of services
- Adaptable to internal and external environments



The following sections look at each feature in more details.

6.1 Underpinned by a therapeutic approach

A key feature of LINK is that trained therapists deliver all of LINK's services. LINK as a service provider has a comprehensive understanding of therapeutic counselling and the issues service users may experience. Having a network of therapists with diverse qualifications, experiences and therapeutic approaches, allows LINK to provide adoption support to the most complex and challenging cases with a high level of support needs, such as children who have experienced disruptions or adopters taking on sibling groups. However, all service users, including relatively straightforward cases that may require less therapeutic input, benefit from having access to the skills of a trained and experienced therapist.

6.2 An extensive network of trained therapists

LINK currently works with over 200 self-employed therapists based across England. They have all received training in adoption issues, qualifying them to work therapeutically with people affected by adoption. Of these, 90 therapists have also received additional training in Attachment Focused Therapy, enabling them to provide LINK's attachment focused services.

⁵ AFT counsellors receive their clinical supervision through LINK.

Prior to becoming registered with LINK, a therapist must complete a Knowledge of Adoption training course and comply with LINK's other checks, such as the Disclosure and Barring Service (DBS), and verification of professional references and qualifications. Once approved, therapists must continue to receive clinical supervision from their professional supervisor⁵, keep up their indemnity insurance and professional membership, and take part in regular regional meetings organised by LINK. Therapists also agree to work within Barnardo's child protection policy. Every 2-3 years therapists go through LINK's appraisal process and have their DBS checks renewed.

Currently, the majority of LINK therapists are located in London, the South, the South East, East Anglia and Yorkshire, but LINK therapists can also be found further afield, including Cornwall. However, the network continues to expand as new cohorts of therapists are being trained in both adoption issues and attachment focused therapy.

6.3 Flexibility of services

LINK explicitly works to help and support all people affected by adoption, regardless of where they are positioned on the adoption triangle. Having the flexibility to work with all affected by adoption, rather than for example specialising in family support, means that LINK has a good insight into how changing policies impact different user groups, and is able to respond accordingly. Consequently, LINK services' are able to cater for a range

of needs, across different ages and adoption experiences. The nature of therapeutic counselling also means that therapists are able to explore individual clients' difficulties or distress in a flexible and individualised manner.

In practical terms, LINK also strives to offer services that suit its service users. A great deal of staff effort is put into finding a suitable therapist that is geographically close to service users, and for therapist to be available at flexible times, such as in the evening and weekends.

6.4 Adaptable to internal and external environments

LINK as a service has been successful in adapting its offer, without losing sight of its core vision. Over the past 20 years the adoption sector has undergone rapid and on-going changes to funding, policy priorities and legislation. As a service LINK is forward looking, business minded and responsive to changing internal and external environments, by constantly adapting to meet changing priorities and requirements (e.g. the Adoption Support Fund). While the ability to adapt is clearly a remarkable feature of the service and its management, it has also been essential in order to survive in the voluntary adoption sector and to continue to support those affected by adoption.

This continued ability to adapt existing services to meet both local authorities' and service users' needs is evident as LINK starts to promote attachment focused therapy to new service users, such as foster families, families with Special Guardianship Orders (SGOs) and birth relatives.

7. The outcome evaluation and its methodology

The data presented in the remainder of this report was gathered using a mixture of quantitative and qualitative methods, such as questionnaires and interviews. The evaluation sought the views of different users groups, including birth relatives, adoptees, adopters and pre-adoptive families, as well as stakeholders and local authority funders.

Four different methods were utilised to gather this evidence:

- A brief one-page feedback questionnaire developed by LINK and distributed to service users of Therapeutic Counselling at their last counselling session together with a stamped envelope. Questionnaires from 152 respondents were collected by LINK, and analysed by the evaluator.
- An online survey with previous users of Therapeutic Counselling was administered using SurveyMonkey. Twenty-nine ex-service users completed the questionnaire, generating a good response rate of 47%.
- Telephone interviews with adopters who have received Attachment Focused Therapy. The aim was to interview 6-8 families. However, due to a range of reasons, it proved difficult to recruit adoptive families. Consequently, this report is unable to evaluate the impact of attachment-focused therapy on adoptive families, and data from the two interviews conducted have been presented as mini-case studies giving a flavour of the work the Attachment Focused Therapy team provides.
- Telephone interviews with stakeholders and commissioners of LINK's services. Three local authority managers and one Barnardo's stakeholder were interviewed.

Findings from the different aspects of the evaluation are discussed in more detail in the remainder of this report.

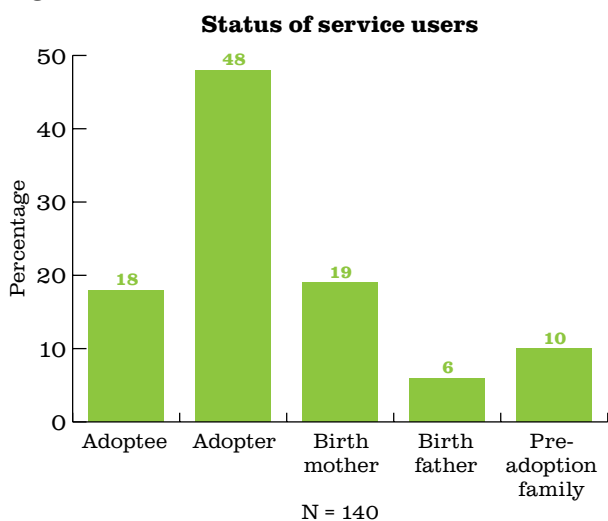
8. Current users – Therapeutic Counselling Service

One hundred-fifty two users of Therapeutic Counselling completed the one-page feedback questionnaire at the end of their counselling sessions. Of these 96 (63%) finished their Therapeutic Counselling sessions in 2014/15, while the remaining 56 respondents (37%) did so in 2015/16 (April to November 2015).

8.1 Profile of service users

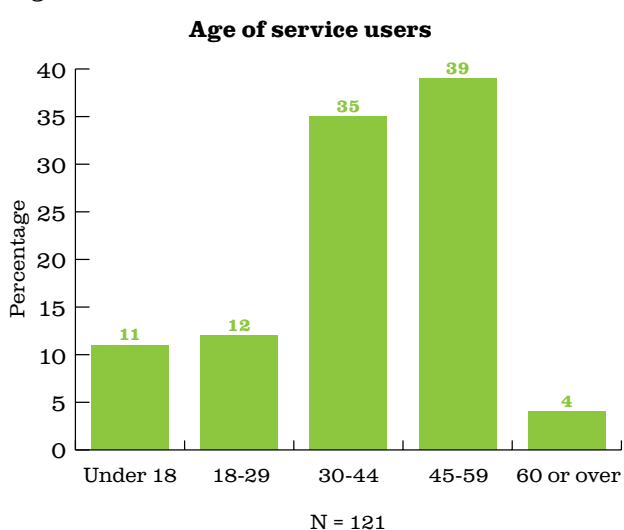
Almost half of respondents were adopters (48%). One-quarter were birth relatives, with more birth mothers (19%) than birth fathers (6%). One-in-five were adoptees (18%) and 10% pre-adoptive families.

Figure 1.



Three-quarters of the respondents were aged between 30 and 59 years old (74%). However, the whole age spectrum was represented with 11% under 18 years old and 4% aged 60 years or over (5 respondents).

Figure 2.



The vast majority of users were white British (89%). Seven per cent were white other, mainly European, while two users were respectively

of mixed ethnic background and of any other background. It is unknown, but likely, that this distribution represents the ethnicity of LINK's service users more generally.

Almost half of the respondents lived within two local authorities, namely Hertfordshire and Norfolk. Other local authorities represented with more than ten respondents each, include Essex, Suffolk and Kent. The location of respondents shows the reach of LINK's services in local authorities further afield, such as South Yorkshire and Shropshire.

Table 1. Service users by Local authority

Local authority	Number	Percentage
Hertfordshire	36	26
Norfolk	32	23
Essex	24	17
Suffolk	16	12
Kent	10	7
Hampshire	9	7
Sussex	4	3
London	3	2
Barnet	1	1
Middlesex	1	1
Shropshire	1	1
South Yorkshire	1	1
Total	138	101%





8.2 User feedback

8.2.1 Able to talk about your concerns with your counsellor

Service users were asked to rate, on a scale from 1 to 10 (where 1 was ‘not satisfied’ and 10 ‘very satisfied’), whether they felt able to talk with their counsellor about their concerns. Overall, the responses were extremely positive with 100 out of 151 respondents giving a rating of 10. Ninety-two per cent gave a rating of 8 or over in response to feeling able to talk with their counsellor. Only three respondents (2%) gave a rating of 5 or less. As figure 3 shows below, the level of satisfaction varied slightly by respondents’ adoption status (e.g. whether adopter, birth relative). Pre-adoptive families gave the highest average rating of 9.79, while birth relatives (birth mothers and father) gave an average score of 8.85.

Respondents’ comments around this highlight the skill and sensitivity of counsellors that allowed service users to feel able to talk about their concerns in a non-judgemental environment.

“ I am not used to talking about myself or expressing emotions, but [name of counsellor] gently encouraged me to think and talk about my experience and feelings and I was very comfortable talking to her.

Birth mother

8.2.2 Counsellor understood your concerns

In response to the question ‘Do you feel your counsellor understood your concerns?’ respondents were again extremely positive, with two-thirds giving a top rating of 10 and only 2% (3 respondents) a rating of 5 or under.

Some comments mentioned their counsellor’s ability to listen, while others emphasised that the counsellor’s knowledge of and experience in adoption issues supported their understanding.

“

Quickly understood my situation and able to see it from my perspective.

Pre-adoptive family

“

[name of counsellor] understands me very, very, very, very, very, very, very, very, very, very much.

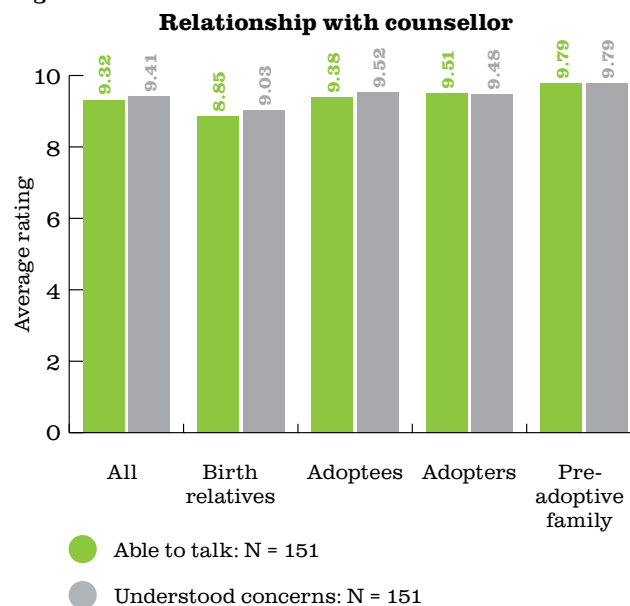
Adoptee, aged 9 years

“

Sometimes I think she knows me better than me.

Pre-adoptive family

Figure 3.



8.2.3 Improvement in ability to cope with situation

To explore the potential benefits of receiving Therapeutic Counselling, respondents were asked to rate their improved ability to cope with their situation, again on a scale from 1 to 10 (where 1 is not satisfied and 10 is very satisfied). On average respondents rated their ability to cope an average of 8.03, which again varied slightly by their adoptive status (see figure 4). This is a positive finding, with two-thirds of respondents scoring 8 or above.

The comments show that the majority of respondents experienced an improved ability to cope, often due to feeling calmer, improved confidence or a more positive outlook. A few respondents mentioned that they have used tools and techniques suggested by their counsellor during sessions.

“

I am able to use visual tools suggested, which has helped me to better cope in many situations, leading to a better quality of life.

Adopter

“

There is a huge improvement over the 18 months or so I've seen [name of counsellor]. Any lack in improvement is due to my own issues & family circumstances.

Adopter

Twelve respondents (8%) rated their ability to cope 5 or below. However, comments show that respondents frequently were unsure about their ability to cope longer term, were experiencing additional difficulties or would have liked to continue the counselling sessions.

“

The sessions have definitely helped me in the short term. We will see in the long term – hopefully.

Adult adoptee

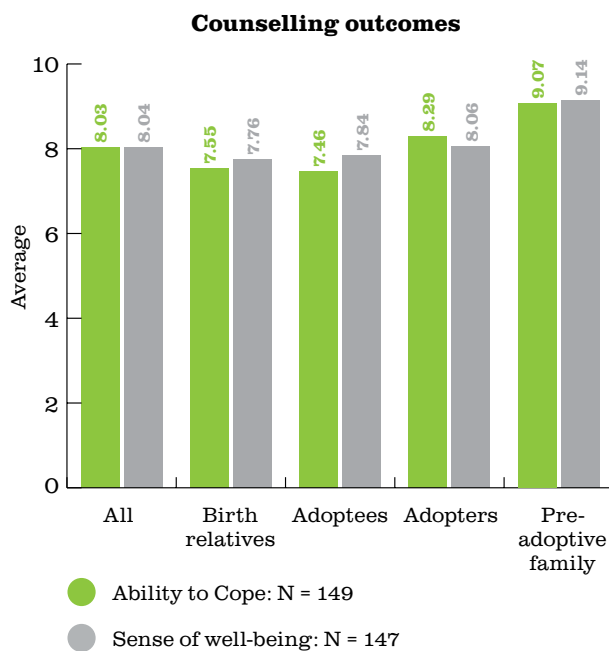
“

[Name of counsellor]'s visits helped boost my confidence and having someone to talk to helped support me through the last couple of months. We have adopted a very difficult child and people avoid us now. I wish visits could have continued for longer as our problems haven't gone away.

Adopter

Consequently, while most respondents said that they had experienced an improvement, some were still dealing with difficult circumstances or emotional issues that impacted upon their ability to cope.

Figure 4.



8.2.4 Improvement in your sense of well-being

On average respondents rated their improved sense of well-being 8.04 out of 10. As with the other average ratings reported above, birth relatives rated their sense of well-being lowest (average 7.76 out of 10), while pre-adoptive families scored the highest (9.14). However, despite their lower average rating, over half (59%) of birth relatives still rated their improved sense of well-being 8 or above. This is slightly less than the 67% for the overall sample of respondents.

Overall comments focused on feeling more positive about the future, feeling less anxious or stressed, and having gained a better understanding of self and situation.

“

I can foresee some situations and put strategies in place to cope. I better understand mine and others feelings and linked behaviour, leaving me with a sense of improvement in my well-being.

Adopter

“

I feel so much better in myself, our outlook, future. I feel stronger in my attitude to any challenges ahead.

Pre-adoptive family

“

Still conflicts to over-come, but settled others.

Adoptee

Eleven respondents (7%) rated their sense of well-being 5 or less, some of whom highlighted their on-going issues and difficulties.

Only one respondent, a birth mother, mentioned that counselling sessions had not helped to improve her sense of well-being.

8.3 Summary of findings

At the end of their Therapeutic Counselling sessions, respondents rated their counsellor very highly, both in terms of being easy to talk to and in understanding their concerns.

When self-assessing their ability to cope and sense of well-being, the majority reported an improvement in both areas, although some highlighted their on-going difficulties or challenging circumstances.

9. Previous users – Therapeutic Counselling Service

To reach a geographically dispersed sample of service users who had previously accessed LINK's Therapeutic Counselling, a web-based survey was administered, using SurveyMonkey. The survey retrospectively enquired about users' experience and views of the service they received, as well as any longer-term outcomes in areas such as users' sense of well-being and current support needs. An email invitation with a link to the survey was sent to users who met the following criteria:

- Finished their last Therapeutic Counselling session in the period between April 2012 and August 2015
- Had previously consented to be contacted for future research
- LINK had a record of their email address

A total of 62 emails were sent to ex-service users, of which 29 completed the survey, a response rate of 47%. This is considered to be a very good response rate for this group of service users.

9.1 Profile of respondents

Of the 29 people who completed the survey, two-thirds of respondents were female (69%) and the remaining one-third male.

In terms of adoption status, over half (59%) were adopters and one-quarter (28%) were adoptees, while two respondents were birth mothers (7%) and another two were pre-adoptive families (7%). Compared to the feedback questionnaires reported in section 8 above (completed at the end of sessions), birth relatives were under-represented, while adopters were over-represented. This may be due to a combination of factors, such as more adopters agreeing to be contacted for future research, or birth relatives being less likely to respond to an email request inviting them to complete an online survey.

Respondents covered the whole age spectrum, except from the 18 to 24 years age group. However, the majority were aged 35 to 54 years old.



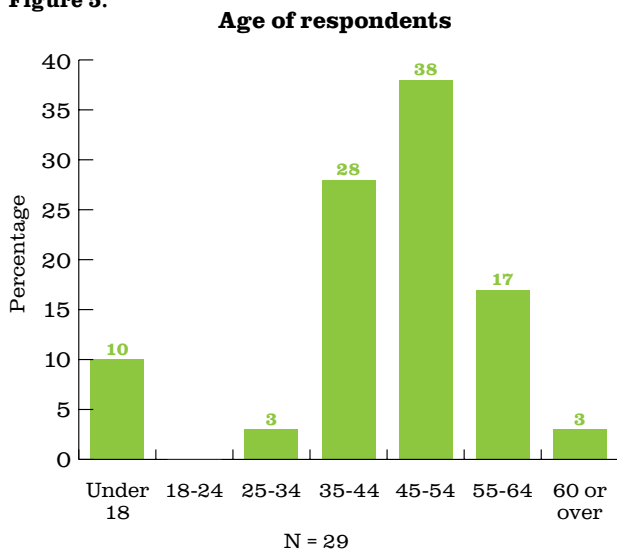
1

Attachment Focused Therapy: Adopter case story one

Three years ago Richard and his partner Hugo adopted a three-year old boy. Six months into the placement they were struggling with their son's behaviour, including severe rages and anger, especially in relation to his care. Cleaning his teeth, getting dressed, washing and eating became battleground for massive meltdowns that affected the emotional state of the whole family. 'We didn't know what to do, we were out of ideas. We talked to our Barnardo's social worker and said 'what do we do now?' and she put us in touch with LINK'. Working with their LINK counsellor using attachment focused therapy, the first thing they did was to alter their approach to parenting: 'We almost had to unlearn everything that we learnt in prep training and in parenting books, about consequences and boundaries... We had to let go of all of that'. The only firm boundaries that remained in place related to his personal safety, such a holding hands when they crossed the road. 'Once we took all the boundaries off ... then things changed quite rapidly really and then we could start building things up from zero, and to introduce a few basic things'. The LINK counsellor helped them better understand their son's background and how it impacts on his emotional needs, including his need to be in control to feel safe. 'It has really helped us to understand what he is going through, but also given us the equipment to remain calm and focused'. In addition to the Attachment Focus Therapy, Richard and his partner have also received individual counselling. They both found that their son's anger triggered emotions in themselves that made it difficult to remain calm and centred on his needs, emotions that they have been able to address through individual Therapeutic Counselling.

The adoption support has also given Richard the confidence to be clear with his son's schoolteachers about what is best for him. Feeling safe, avoiding conflict and rages are for example more important for his well-being, than doing his homework. 'I have found that I almost had to educate his teachers about attachment issues, because they don't know about it, they should, but they don't'. While family life has improved significantly and conflicts occur less frequently, Richard recognises that his family is likely to need adoption support as their son's needs change. For the moment, however, they felt lucky to be receiving on-going support though the same LINK counsellor, funded by the Adoption Fund.

Figure 5.



The largest group of respondents (42%) lived in Hertfordshire, while one-quarter lived in Norfolk (24% or 7 respondents). There were no respondents from Suffolk, a local authority that one would expect to be represented in this survey, as it was the fourth largest group completing the LINK's feedback questionnaire (see table 1).

Table 2. Respondents by Local authority

Local authority	Number	Percentage
Hertfordshire	12	41
Norfolk	7	24
Essex	4	14
Kent	2	7
Southwark	2	7
Suffolk	1	3
South Yorkshire	1	3
Total	29	99%

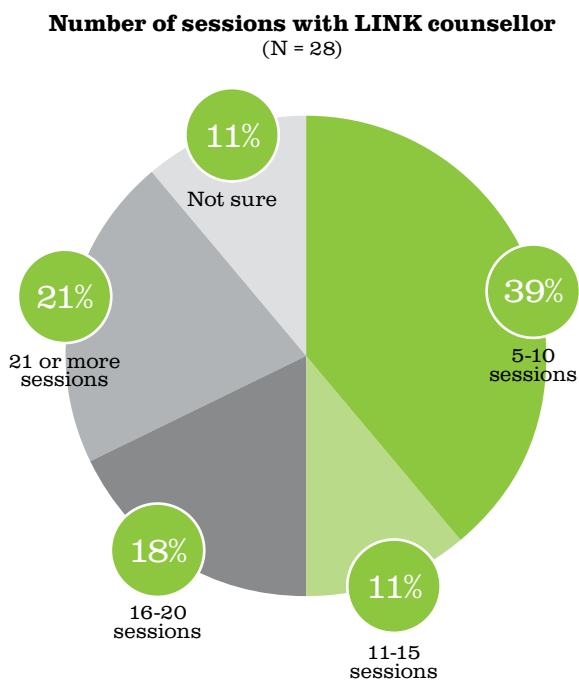
Respondents were asked when they received Therapeutic Counselling. The majority attended counselling sessions in 2013, 2014 and 2015. Three said their sessions had taken place in 2011 or earlier.

Thirty-nine per cent of respondents had received 5-10 sessions with a LINK counsellor, which correspond with the number of sessions commonly granted towards Therapeutic Counselling. However, the same proportion had received 16 or more sessions. It is likely



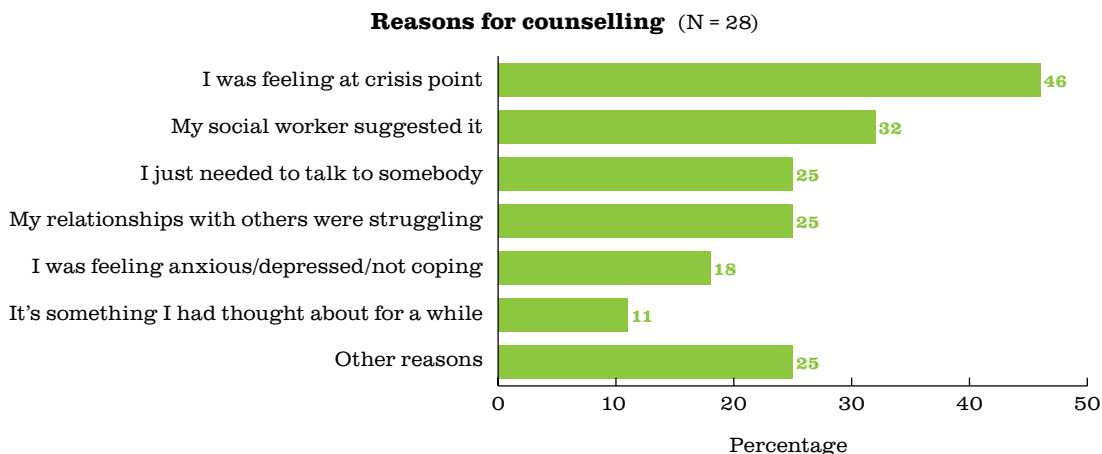
that those who have received more than 21 sessions (21%) have received a combination of Attachment Focused Therapy family sessions and individual Therapeutic Counselling.

Figure 6.



In terms of the reasons why respondents were receiving counselling, almost half (46%) said that they had felt at crisis point. The social workers had suggested counselling to one-third of participants. Other reasons included 'needed to talk to somebody' (25%) or 'relationships with others were struggling' (25%).

Figure 7.



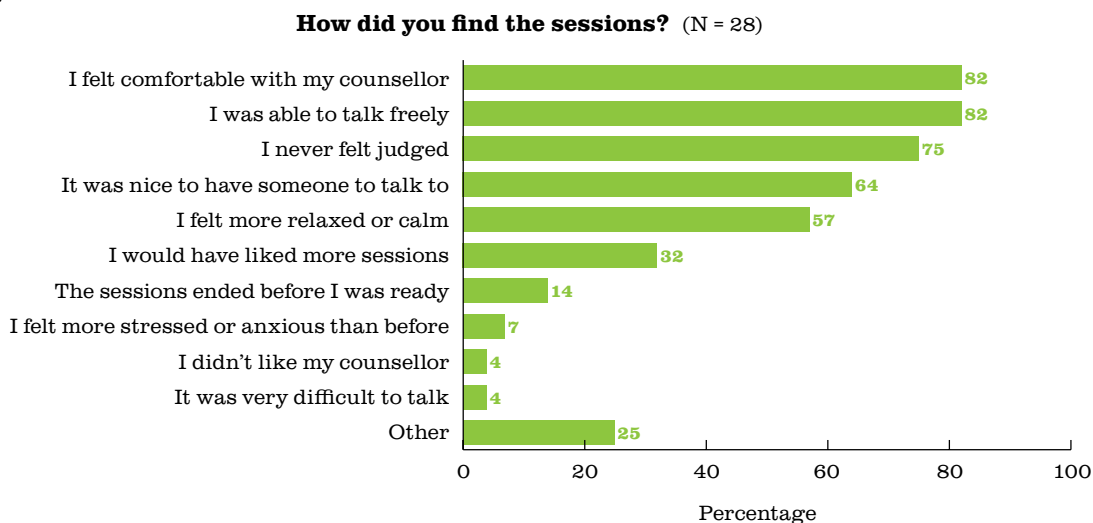
9.2 The counsellor and Therapeutic Counselling sessions

The online survey asked the same two questions about their counsellor as the feedback form, to assess whether service users had changed their opinion about their counsellor after a period of time.

All, but one (96%) agreed with 'feeling able to talk about their concerns' with their counsellor – one person was unsure. In response to whether their 'counsellor understood their concerns' 89% agreed, while three were unsure. These positive views about their counsellor, a minimum of six months after the conclusion of their counselling sessions, were very similar to those found at the end of sessions.

Overall, respondents were also very positive about their counselling sessions (see figure 8);

Figure 8.



with 82% saying they ‘felt comfortable’ and ‘able to talk freely’. Three-quarters ‘never felt judged’; two-thirds found that it was ‘nice to have someone to talk to’; and over half ‘felt more relaxed or calm’ as a result of the counselling sessions.

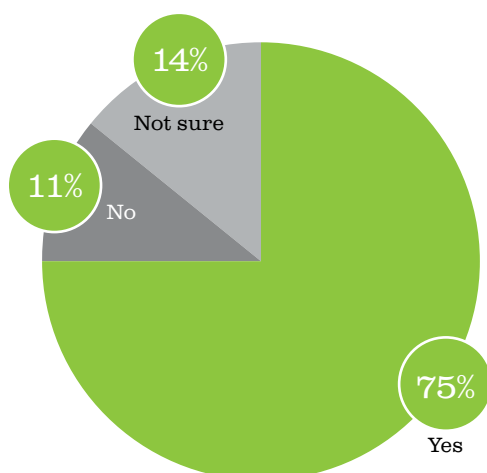
While respondents were positive about the counselling sessions they had received, one-third ‘would have liked more sessions’. However, less – 14% or 4 respondents – said that ‘sessions ended before they were ready’.

A small number (7% or 2 respondents) said that they ‘felt more stressed or anxious than before’ their sessions, and one person did not like their counsellor.

Figure 9.

At the time, did the support benefit you?

(N = 28)



Three-quarters (75%) of respondents stated that the support had benefitted them at the time of the counselling sessions. This increased to 85% for adoptive and pre-adoptive families, but fell to 63% for adoptees. One birthmother said it had benefitted her, while the other birthmother in the sample was unsure.

9.3 Current situation and further support needs

The survey also explored service users’ self-assessment of their current situation and whether the counselling received had any longer term impact.

As figure 10 shows, 73% agreed (either strongly agreed or agreed) that, as a result of their counselling with LINK, there had been an improvement in their ability to cope with their situation. These benefits were sustained after the completion of their counselling sessions. Only 11% or 3 respondents disagreed.

A similar high proportion – 70% – agreed that there had been an improvement to their sense of well-being as a result of counselling. These findings suggest that benefits such as being able to cope and improved sense of well-being were sustained after a period of at least 6 months.

Thinking about their situation now, previous service users were asked how much they agreed or disagreed with a range of different statements about possible outcomes.

Figure 10.

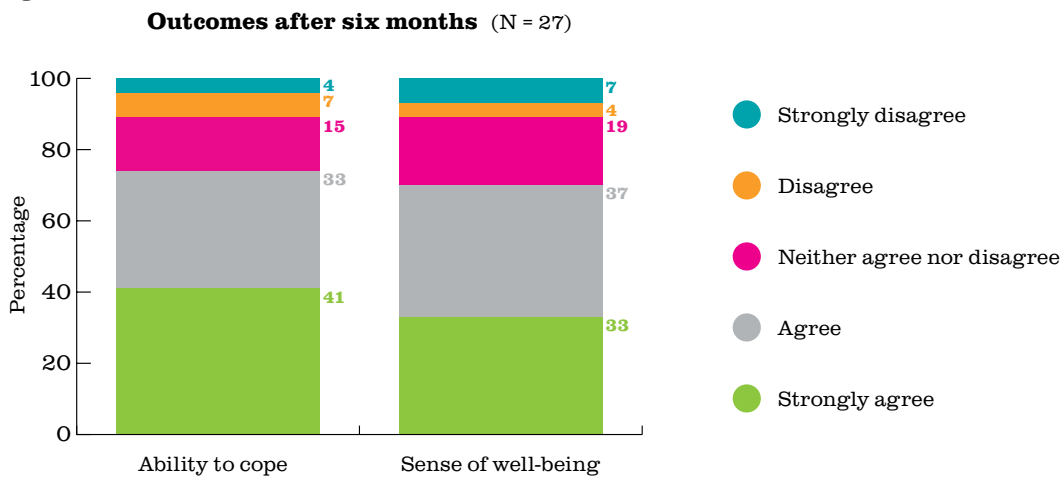


Figure 11 (see next page) shows that 63% considered counselling to have boosted their confidence, that they understood themselves better as a result of Therapeutic Counselling and that it had made them able to accept the reality of their situation. One-quarter of respondents were not sure, but less than a handful disagreed with these positive outcomes.

Asked if counselling had made them more relaxed or calm, almost three-in-four service users agreed (71%), while a similar proportion believed counselling had helped them see things differently. Three respondents (12%) disagreed.

Although the figures above show that Therapeutic Counselling has positive longer-term benefits for the majority of respondents, many continue to have adoption issues. Only two (8%) disagreed with the statement 'I still have issues to deal with', while 78% agreed (Figure 12 – see next page).

Eighty-five per cent disagreed, over half strongly, with the statement 'it made no difference'. The same high proportion (85%) also disagreed with 'I feel more stressed or anxious than before'. One person agreed and three were unsure whether it made them more stressed than before. These findings suggest that for the vast majority of respondents counselling has made a difference, and on the whole, a positive difference.

The final statement explored whether the support only helped short term – during the sessions – rather than longer term. Two-thirds (67%) disagreed with 'it helped me during the sessions, but not afterwards'. Nineteen per cent were not sure, while 15% (4 respondents) agreed. Hence, for the majority the benefits experienced continued following the conclusion of sessions.

Over half of respondents (55%) have not received any further adoption support since the conclusion of their Therapeutic Counselling. However, 40% had accessed additional adoption support. For some this support was provided via other LINK services, such as Life Story work, while other had accessed support from other charitable organisations.

Again this highlights that as a group many continue to have adoption support needs.

9.4 Service feedback and suggestions

Feedback from service users is an important learning opportunity for services to ensure that provision is suitable and beneficial to users. Hence, the survey enquired both about less helpful aspects of the counselling and invited suggestions for improvements.

Figure 11.

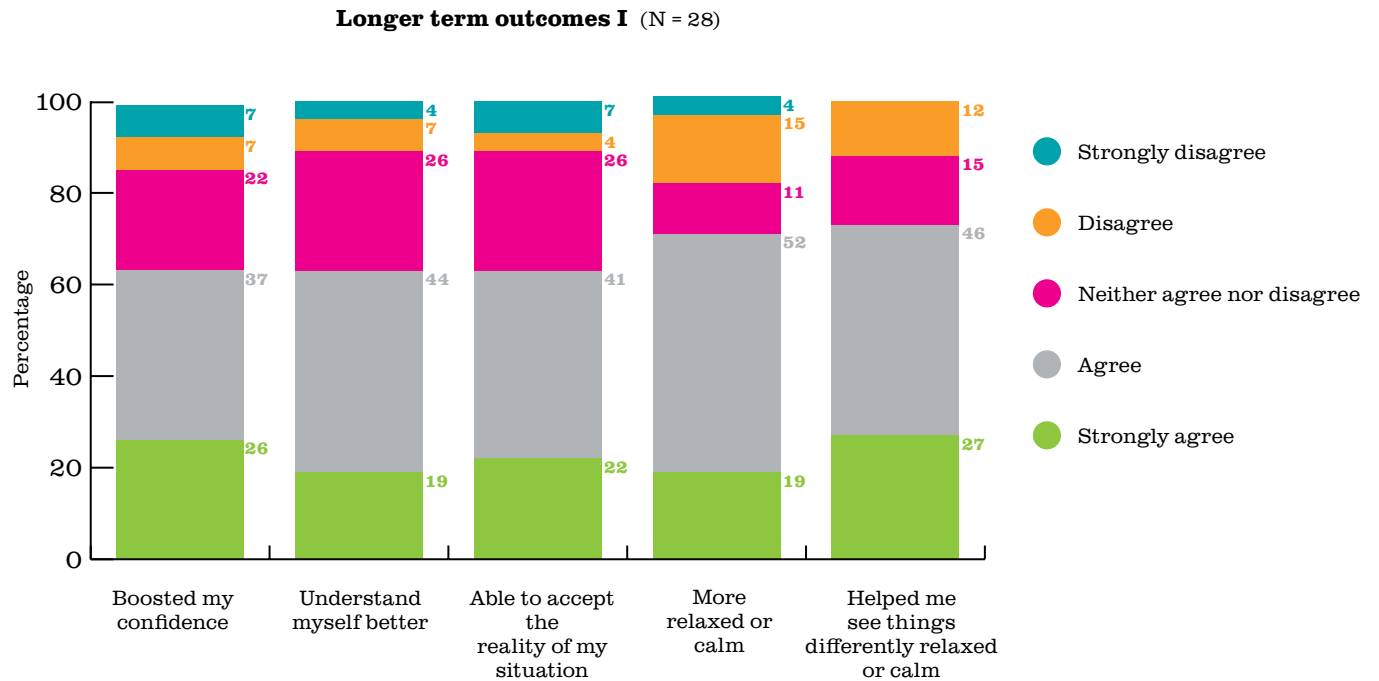
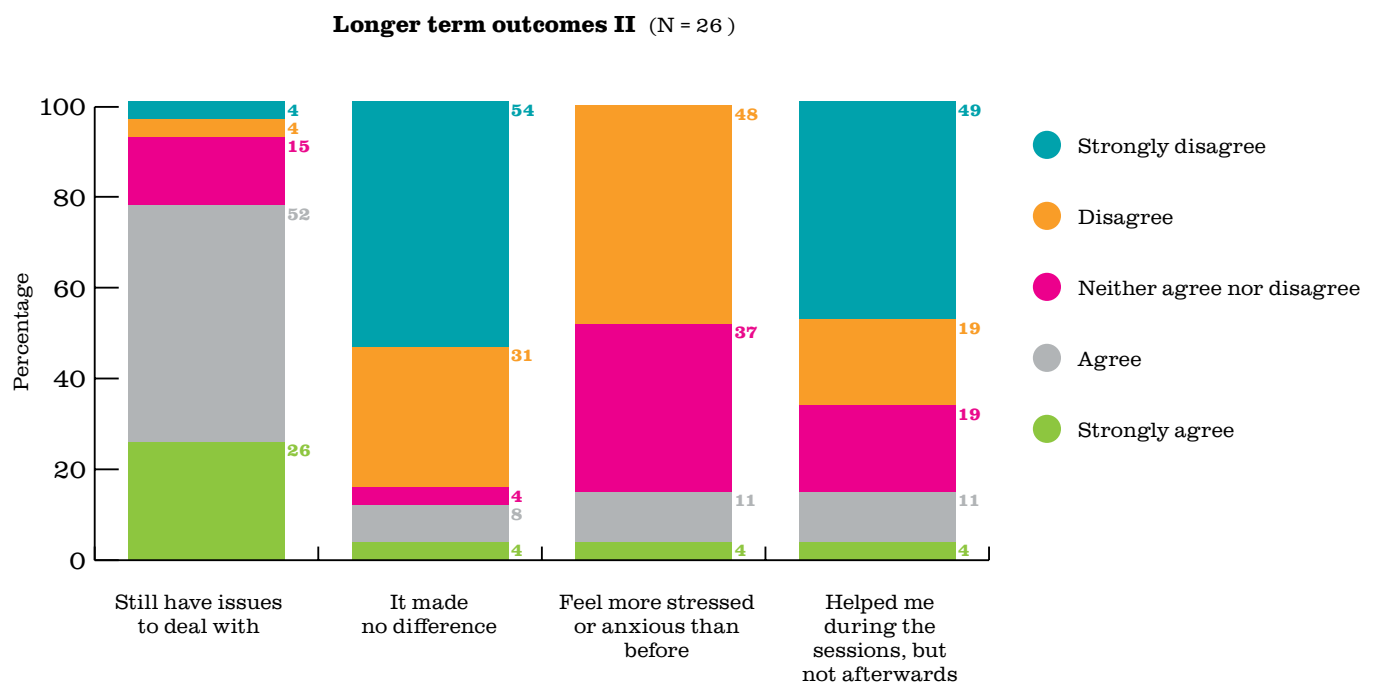


Figure 12.



When asked what the worst thing about their counselling was, four mentioned issues related to funding arrangements, such as delays (attributed to local authorities rather than LINK) or having to self-fund when other funding ran out.

“
First counsellor was not the best fit for me, but those 2 sessions were taken off the total allocated.

Adopter

Four highlighted a variety of issues that broadly can be defined as LINK counselling not being right for them:

“
I was not happy about attending and felt it didn't help me that much.

Adoptee

Three mentioned having to travel some distance to see their counsellor, while two found it time consuming.

“
It was – wholly understandably – time-consuming: this, to some extent, was an additional stressor, e.g. taking time off work.

Adopter

Two felt that their counsellor had criticised them, one occasionally and one in a way that felt to have undermined her relationship with her adoptive child. This particular respondent, an adopter with a teenage child, clearly had 'not clicked' with her counsellor (she ticked 'I didn't like my counsellor') and consequently found the experience very unhelpful.

Other responses related to individual circumstances or emotions, for example, that counselling 'was required in the first place' or that 'the relationships with adoptive family will never change and be what I want them to be' or the sheer pain of experiences.

In response to the best thing about their counselling sessions, the most frequently

mentioned factors were 'being able to talk', having 'someone that understood' them, their emotions and their situation, and having a counsellor that was 'knowledgeable about adoption' and issues relating to adoption.

“
Just being able to talk to someone who understood the whole adoption scenario.

Adopter

When asked what else LINK could do to help, a few highlighted that access to more counselling sessions would be beneficial, while one suggested follow-up phone calls by the counsellor.

“
It would be nice to have occasional sessions as I do still get severe anxiety and depressive episodes. No one has ever understood my situation and feelings the way my counsellor did...

One person highlighted that sessions should run more seamlessly, rather than stopping and starting while funding was being agreed, while another respondent would like help with to contact other adoptees.

When invited to give further comments about LINK and the service received, 12 out of 13 comments were extremely positive. One critical comment was disappointed that LINK's Attachment Focus Therapy had not been offered earlier, as promised.

“
This service and funding was a lifeline at a time of real crisis. I am a very different person now compared to the depressed, anxious and ill, individual that walked into the counselling session a few years ago.

Adopter

“

I am so very, very thankful for the opportunity I had to help sort my feelings out. I am so glad that adoption is now treated so differently.

Adoptee

“

Thank you for the help I had.

Birth mother

9.5 Summary of findings

Although this is a small sample of all the service users who have previously accessed LINK's service, the findings strongly suggest that Therapeutic Counselling has a positive impact both in the short term and in the longer term.

At the time of their counselling, three-in-four (75%) believed the sessions had benefited them. The vast majority was very positive about their counsellor and their counselling sessions, saying they 'felt comfortable', 'able to talk freely' and 'never felt judged'.

In relation to their current situation (six months or more after completing their counselling), three-in-four agreed that, as a result of their counselling, there had been an improvement in their ability to cope and in their sense of well-being.

While these findings are very encouraging and demonstrate the positive impact Therapeutic Counselling is having on service users, the survey also highlights that this is a group of service users with high support needs, who continue to have issues to deal with, and who on the whole would value on-going adoption support.

10. Stakeholder feedback

The evaluator spoke to a small number of external stakeholders based within different local authorities and Barnardo's. The stakeholders were all involved with or responsible for managing the commissioning of LINK services for their clients, largely adoptive families. While these stakeholder interviews represent a small proportion of the local authorities that LINK works with, the feedback gives an indication of the perceived strengths

2

Attachment Focused Therapy: Adopter case story two

Sandra adopted her son, Toby when he was five years old, just over two years ago. A few months into his placement she was offered 20 sessions of Attachment Focused Therapy by her local authority. Initially she was surprised, because she thought it was only offered to people who were having problems. Her son didn't have any bad behavioural issues, but she decided to accept the support 'as I need all the help I can get'. Sandra's LINK counsellor comes in the evening after Toby has gone to bed. As Sandra works during the day, this feature of the service has been essential to her receiving the post adoption support. They initially talked about what Sandra wanted to get out of the sessions, but over time the sessions evolved and are very needs based. 'Originally [name of counsellor] was doing all the prompting - 'what is going on here?', 'How do you feel about this?', but now it's more 'I want to talk to you about this'. During the sessions they frequently talk about PACE (playfulness, acceptance, curiosity and empathy), an approach to parenting that aims to make the child feel safe. For Sandra the sessions have provided a balance of emotional and practical support, allowing her to explore the underlying reasons for his behaviour in different situations, helping her to adapt her own responses.

For Sandra the best thing about the counselling has been 'to have someone who understands what is going on, who has the experience with this group of children, who understands the theory of what goes on in his head, to help me understand what is actually happening'. Funding for a further 20 sessions has recently been approved, which she is grateful for, as the support has and continues to be really beneficial.

and weaknesses of LINK as a provider of adoption support.

Overall, the commissioners were appreciative of LINK's work with people affected by adoption. They recognised that service users benefitted greatly from both Therapeutic Counselling and Attachment Focused Therapy with LINK therapists, and that there was 'fantastic' work being carried out. However, having established that the work was generally 'brilliant', they also highlighted a few areas where they saw room for improvement. The main issues revolved around better feedback and improving communication.

10.1 Feedback and communication

Receiving detailed feedback about the progress that service users make during counselling sessions is an important matter for commissioners, especially within local authorities, as they have to justify the costs of services to managers and funding panels. The stakeholders interviewed for this evaluation described the progress feedback provided by LINK to be either 'not consistent' or 'too generic'. While commissioners acknowledged there had to be a balance between the need for more detailed feedback and the confidentiality of counselling work, their requirements were clearly for more detailed information.

“
We need a bit more meat, all we have is headlines.

Barnardo's stakeholder

“
The service is good, adopters say it's good, but we don't always fully know... when we do not get the feedback.

Local authority stakeholder

Occasionally feedback was described as 'very good' and comprehensive, rather than bullet point headlines, but again this highlighted the inconsistency of counsellors' feedback on progress made.

Consequently, there was a strong request for a more consistent and structured approach to feedback.

The issue of communication was another area of concern for stakeholders. However, stakeholders highlighted that this was not necessarily a reflection of individual LINK staff, who were described as helpful and polite, but rather an organisational issue.

One stakeholder mentioned that it could be time consuming to have to chase information, and that LINK could be more proactive in providing updates. One local authority had successfully dealt with their perceived communication issues by bringing communication up a level, to LINK's operational manager, who now manages the relationship through quarterly meetings directly with the local authority manager. This has ensured that they know the exact number of families that are receiving support and for how long.

“
We need to firm up on how we manage it, but what they provide is brilliant.

Barnardo's stakeholder

In summary, stakeholders found that communication between themselves and LINK could be improved both in terms of better feedback and more timely communication.

10.2 Suggestions for improvements

Stakeholders had a number of other suggestions for improvement, listed below:

- Detailed written communication (e.g. leaflets) about specific services that social workers can share with families, to give them a better idea of what the service is about. This should provide details of the background and purpose of work, as well as what service users can expect from the sessions and their counsellor.
- Regular updates to commissioners about LINK and its therapists. Updates should include information about the type of training, professional development and

support that therapists receive, including arrangements for their clinical supervision. It could also provide information on new services or areas of service development. One stakeholder, for example, expressed an interest in offering LINK support to SGO families and birthmothers, but was unsure whether LINK provides support to these user groups.

- Better promotion of LINK's services to make local authorities aware of the whole range of services provided by LINK.
- Explore whether local authorities could provide more information to LINK when referring adoptive families to Attachment Focused Therapy, in order for families to avoid the stress of having to 'tell their story' multiple times.
- To develop one referral form that commissioners can complete for multiple services, to avoid duplication.
- Occasionally adoptive families do not get on or 'click' with their counsellor, but they often do not want to appear 'picky' by raising the topic directly. It would therefore be useful for the counselling co-ordinators to monitor whether adoptive families are finding the counselling useful, for example via a follow-up phone call to the family.

10.3 LINK action

In response to stakeholder feedback, LINK has since this evaluation introduced a number of changes to their feedback and communication procedures, such as notifying local authorities that referrals are being processed and to give clear timescales for next point of contact.

Additional feedback meetings with social workers are also in the process of being rolled out with the aim of promoting better communication between all parties. The 20-sessions AFT service, for example, now has a mid-way and a final review meeting, in addition to the initial consultation. Such feedback meetings include the counselling coordinator, therapist, social worker and most importantly the family. The introduction of such meetings has been described as a significant culture change within LINK.

LINK is also in the process of reviewing other types of evaluation tools that can help show impact, like the 'Strength and Difficulties' questionnaire, with the view to implement evaluation tools alongside an attachment-focused parenting questionnaire. Going forward this will help LINK to better demonstrate the impact of their support work with children and families.

Overall, these actions are very positive developments and will enable LINK to improve their feedback and communication procedures, as well as better evidence the positive outcomes, described in this evaluation report, to commissioners and other external audiences.

Appendix 1 Description of Services

1. Agency Decision Maker (ADM) Meeting

Description

One session with a therapist. During the session the therapist supports the birth parent/s in completing Part F or Part G of the Children's Permanency Report (CPR).

This service may lead on to Birth Family Member Support Service and/or Therapeutic Counselling.

Target group

Birth parents (mother/father individually or both together).

Background

Suffolk council primarily uses this service, although its continuation is under review.

Until a few years ago Suffolk council worked with LINK to support birth relatives to attend adoption panel meetings in order for them to make their wishes and views heard. A therapist would meet with the birth relative prior to the meeting to help prepare what the parent wished the panel to hear, as well as supporting the birth parent during and following the meeting.

An evaluation of the scheme showed that ‘for some birth relatives, meeting an independent worker whose focus is on the birth relatives’ concerns at panel, and who helps them to say what they want to say, leads on to the development of trust in adoption support services’ (Clifton et al. 2014:31) – which subsequently increased the take-up of LINK’s other support services. Due to regulative changes in 2012, Suffolk council and LINK were no longer able to facilitate this service to birth relatives, but Suffolk now funds one session for birth parents to meet with a therapist, prior to the ADM meeting. This meeting provides birth parents with the emotional and practical support to record their input into their Child’s Permanency Report.

Outcomes for service user⁶

- Birth parent/s understand the reasons why their child/ren may be considered for adoption.
- Birth parent/s’ wishes and feelings are listened to and recorded.
- Birth parent/s are aware of available LINKs support services.

Numbers

2014/15: 40 referrals from Suffolk, 14 birth parents attended session.

2015 (April – December): 47 referrals, 9 attended session.

Evaluation feedback

- Client feedback form.

2. Birth Family Member Support Service (BFMSS)

Description

Five sessions with a therapist offered to birth family members whose child/ren are looked after and where adoption may be the plan for the child/ren. Available for up to 12 months after the Placement Order is made.

This service may lead on to Therapeutic Counselling (if appropriate)

Target group

Birth family members.

Background

While it is unclear why social workers refer some birth family members and not others, those attending these sessions often have identified additional needs, such as young age, learning difficulties or mental health issues. Rather than providing ‘therapy’ in the usual sense, the therapist supports birth family members in understanding the adoption process, as well as addressing issues around parental consent for the adoption and future arrangements for contact.

LINK staff recognises that therapists have to be very clear about the purpose of the service



⁶ Outcomes have been identified from a range of LINK material, including information leaflets, evaluation forms and a ‘road show’ presentation given to local authorities.

during the first session, to ensure that birth family members do not mistakenly believe that the therapist has any power in changing the adoption decision.

Outcomes for service user

- Birth family member understand the adoption process.
- Birth family member's feelings and views are listened to.
- Birth family member is aware of available LINK's support services.

Numbers

2014/15: 37 referrals, 15 did not attend.

2015 (April – December): 20 referrals, 4 did not attend.

Evaluation feedback

- Client feedback form.

3. Therapeutic Counselling

Description

Six to eight sessions with a therapist in a safe and confidential therapeutic setting. Work can be undertaken with individuals or couples; children or adults.

Target group

Birth family members, adopted children and adults, and adoptive parents. This is the only LINK service adopted adults can access.

Background

As one of the original services, this is the longest running service provided by LINK. It is also the only service provided to all groups of service users.

Local authorities that provide LINK with stakeholder funding, can refer an allocated number of service users to this service annually. While the demand for Therapeutic Counselling has grown, more funding has not become available to meet this demand.

Outcomes for service user

- Service user has a better understanding of the impact of own experiences, separations and losses on their lives.
- Service user is better able to cope with their situation.
- Service user experience an improved sense of well-being.

Numbers

Number of grants for Therapeutic Counselling agreed by the counselling coordinators on behalf of local authority stakeholders, Barnardo's and other spot purchase grants:

In 2014/15: 191.

In 2015 (April – October): 129.

Evaluation feedback

- Client feedback form.
- Evaluation of service offered (Barnardo's form completed by counsellor).

4. Play Therapy

Description

Twenty sessions with a therapist who has specific training in and experience of using play therapy or Theraplay.

Target group

Adopted children.

Background

This is a new LINK service available since mid-2015. Prior to the Adoption Support Fund, LINK worked with children through its Therapeutic Counselling service, using play therapy with young children when appropriate. However, in response to the specific criteria set out by the Adoption Support Fund this service was established to ensure that children have the opportunity to work with a therapist over a longer period (20 sessions rather than 6-8 sessions).

Outcomes for service user

- Children will gain a greater understanding of their world and a sense that they have a voice, are being listened to and understood.
- Children will enjoy a positive family life and social relationship.
- Children will engage with their learning.

Numbers

Three children are currently benefitting from this service. LINK is assisting local authority social workers in applying for Adoption Support Fund grants.

Evaluation feedback

- A feedback form to be completed by children is currently being developed by the therapeutic counselling team.

5. Early Placement Therapy

Description

An initial consultation followed by 8 sessions with an attachment-focused therapist in the family home.

Target group

Prospective or current adoptive parents. More recently this service has also been made available to foster carers and relatives with Special Guardianship Orders.

Background

This service grew out of a desire within LINK to offer preventative support, rather than only provide adoption support when problems have surfaced.

As with LINK's other attachment-focused services, the approach builds on Dan Hughes' Dyadic Developmental Psychotherapy (DDP). As a family-based approach Attachment Focused Therapy focus on features such as playfulness, love, acceptance, curiosity and empathy in the parent-child relationship.

For Early Placement Therapy sessions are always carried out in the family home, as parents cannot leave the child/ren with others

very early on in the placement. This service never involves children in the sessions, but works specifically with adoptive parents using a combination of emotional support and practical recommendations.

Outcomes for service user

- Adoptive parent/s better understand their child/ren's needs and how to meet them.
- Adoptive parent/s know different ways of parenting their child/ren.
- Adoptive parents have a deeper understanding of their child/ren's background history.
- Adoptive parents have an improved relationship with their child/ren.
- Adoptive parents have a closer bond and attachment with their child/ren.

Numbers

Combined Attachment Focused Therapy, Early Placement Therapy and On-going Support Service received 59 referrals in 2012/13, 110 in 2013/14 and 164 in 2014/15.

Evaluation feedback

- Client evaluation form completed at the start of service.
- Client evaluation form completed midway.
- Client evaluation form completed at the end of service.
- Outcomes & Evaluation form (Barnardo's form completed by therapist).

6. Attachment Focused Therapy

Description

An initial consultation followed by 20 sessions with an attachment-focused therapist in the family home.

Target group

Adoptive parents, their children and young people, including birth children. More recently this service has also been made available to foster carers and relatives with Special Guardianship Orders.

Background

The pilot for this service began in 2008 with three families. The service developed as a result of contemporary understandings about how early neglect impact children and their ability to develop secure attachments. The approach builds on Dan Hughes' Dyadic Developmental Psychotherapy (DDP).

Work is undertaken with adoptive parents, and later with the child and parents together, but never with the child alone. The therapist works with the adoptive parents to understand their child's background history and in supporting them to develop an attachment-focused style of parenting. The service provides a combination of emotional support and practical recommendations.

Outcomes for service user

- Adoptive parent/s better understand their child/ren's needs and how to meet them.
- Adoptive parent/s know different ways of parenting their child/ren.
- Their relationship with child/ren has improved.

Numbers

Combined Attachment Focused Therapy, Early Placement Therapy and On-going Support Service received 59 referrals in 2012/13, 110 in 2013/14 and 164 in 2014/15.

Evaluation feedback

- Client evaluation form completed at the start of service.
- Client evaluation form completed midway.
- Client evaluation form completed at the end of service.
- Outcomes & Evaluation form (Barnardo's form completed by therapist).

7. On-going Support Service (OSS)

Description

Six sessions, one a month for six months, with an attachment focused therapist to continue support following the Early Placement Therapy

(EPT) or Attachment Focused Therapy (AFT) service.

Target group

Adoptive parents who have received EPT or AFT sessions.

Background

The Ongoing Support Service is a follow-on service that intends to reinforce the skills and techniques that adoptive parents have learnt during EPT or AFT. By reducing the support sessions to once a month adoptive parents still feel supported, but are learning to go for longer periods without the therapist's input. The service continues to provide a combination of emotional support and practical recommendations.

Outcomes for service user

- Adoptive parents are able to apply and maintain the skills and techniques that they have learnt.
- Adoptive parents demonstrate and embrace Therapeutic Attachment Focused Parenting.
- Adoptive parents maintain a closer bond and attachment with their child/ren.

Numbers

Combined Attachment Focused Therapy, Early Placement Therapy and On-going Support Service received 59 referrals in 2012/13, 110 in 2013/14 and 164 in 2014/15.

Evaluation feedback

- Client evaluation form completed at the start of service.
- Client evaluation form completed midway.
- Client evaluation form completed at the end.
- Outcomes & Evaluation form (Barnardo's form completed by therapist).

8. My Life

Description

Initial consultation followed by 20 sessions with an attachment focused therapist.

Target group

Adoptive children and young people together with their parents.

Background

This is a new LINK service established in 2015. Underpinned by Attachment Focused Therapy this service is for the adoptive parents and their child/adolescent to work together to understand the child's past. Using age appropriate techniques the therapist works with the family to rework the child's life storybook by linking the past to the present.

Outcomes for service user

- Adoptive families improve their ability to enjoy a positive family life and social relationships.
- Adoptive families have a closer bond and attachment.
- Adoptive parents better understand their child's Life Story and its effect on life today.
- Adoptive parents are better able to support their child in his/her understanding of the past.
- Adoptive children have a better understanding of their Life Story.
- Adoptive children are better able to express their feelings in a more appropriate way.

Numbers

Not recorded by the evaluator.

Evaluation feedback

- Client evaluation form completed at the start of service.
- Client evaluation form completed midway.
- Client evaluation form completed at the end.
- Outcomes & Evaluation form (Barnardo's form completed by therapist).

9. Reconnect

Description

Initial consultation followed by 20 sessions with an attachment focused therapist.

Target group

Adoptive young people together with their parents.

Background

This is a new LINK service established in 2015, developed as a direct result of the many adoptive families seeking adoption support from LINK when children reach adolescence. Underpinned by Attachment Focused Therapy, the therapist work with adoptive parents and their adolescent son or daughter to help them communicate, discuss and have a better understanding of the issues that they face. The work will help the family build bridges, use coping strategies and talk about what they would like for the future.

Outcomes for service user

- Adoptive families improve their ability to enjoy a positive family life and social relationships.
- Adoptive families enjoy better relationships between young people, siblings, adoptive parents and other family members.
- Adoptive parents better understand their child's behaviour and difficulties.
- Adoptive parents are better able to offer ongoing support to their child.
- Adopted young people understand their feelings better and feel more relaxed.
- Adopted young people are able to express their feelings in a more appropriate way.

Numbers

Not recorded by the evaluator.

Evaluation feedback

- Client evaluation form completed at the start of service.
- Client evaluation form completed midway.
- Client evaluation form completed at the end.
- Outcomes & Evaluation form (Barnardo's form completed by therapist).

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