Anna Freud
National Centre for
Children and Families

The Parent-Toddler Group Adoption Project

Learning from 2021–2022

Report three

Authors: Alice Haynes, Mahum Mustafa

Report authors
Alice Haynes
Mahum Mustafa

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Registered address:
Anna Freud Centre, 4-8 Rodney Street,
London. N1 9JH

Northern hub address:
Anna Freud Centre, The Express Building,
9 Great Ancoats Street, Manchester. M4 5AD

Tel: 020 7794 2313
annafreud.org

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Introduction

Pregnancy and the early years are a critical time in child development during which the foundations for long-term health and happiness are put in place. It is a time of vulnerability as well as opportunity. While most parents and carers are able to provide the love and protection that their children need, some are not and babies and young children suffer harm that negatively impacts child development as a result. Adoption can mitigate the negative impact of early adversity in childhood via the nurturing caregiving environment offered by adoptive parents; however, adoptive children and their families can experience a range of significant difficulties.

The Adoption Parent-Toddler Group

The Adoption Parent-Toddler Group is based on the Parent-Toddler Group model, an approach first developed by Anna Freud in the 1950s. The play groups are informed by psychoanalytic, child development, attachment and trauma-informed theory, and aim to support the key developmental tasks of toddlerhood. In 2019, the Parent-Toddler Group model was adapted based on Anna Freud Centre (AFC) expertise of working with adoptive families. This report is the third in a series setting out the learning from the delivery of the Adoption Parent-Toddler Group.

Methods

This small-scale evaluation aimed to continue to explore the feasibility and acceptability of the Adoption Parent-Toddler Group, drawing on learning from the delivery of the third and fourth group carried out in 2021 and 2022. The evaluation followed a mixed methods design, combining qualitative interview data with parents and group facilitators with preliminary data from clinical outcome measures.

Findings

The small-scale qualitative data suggested that the parents valued the intervention and described a number of positive elements, including gaining an increased understanding of their child, feeling safe and contained in the group environment, and feeling that their confidence grew as parents. The facilitators also highly valued the intervention and observed positive changes in the parent-child relationships. Limited quantitative data was collected and mostly at the pre-intervention time point.

Discussion

Within the confines of a small data set, the qualitative data suggested that the intervention may influence some of the short-term outcomes identified in the intervention's logic model, with the feedback indicating a positive experience of the intervention and increases in parental confidence, parental reflective functioning and perceived social support. Additionally, the aspects of the group that parents described as being most helpful to them mapped onto the mechanisms of change described in the intervention's logic model, suggesting that the model operates as it was designed to and potentially provides a foundation for future manualisation of the intervention if desirable. Robust quantitative data is required to better understand the impact of the intervention on outcomes.

Introduction

The importance of the early years

Pregnancy and the early years are a critical time in child development during which the foundations for long-term health and happiness are put in place (Bellis et al., 2015). Brain development happens at a rapid pace in the early years and is influenced by early experiences such as the care children receive, as well as genetic influences (Harvard Centre for the Developing Child, 2022). Sensitive, loving and attuned care reinforces important cognitive, social and emotional skills that help children thrive into adulthood (Robinson et al., 2017).

Vulnerability in the early years

The early years is a time of vulnerability as well as opportunity. While most parents and carers are able to provide the love and protection that their children need, some are not and babies and young children suffer harm as a result (Palacios et al., 2019).

Babies and young children are disproportionately vulnerable to maltreatment compared to older children, due to their dependency on and time spent with their caregivers, and their innate physical vulnerabilities (Austin et al., 2020; Office for National Statistics, 2021).

Exposure to maltreatment negatively impacts child development (Garner et al., 2012). It increases the risk of developing disorganised attachment patterns (Howe, 2005) and the lifetime risk for many psychopathological difficulties such as depression, anxiety disorders, substance misuse, suicide, internalising and externalising disorders, and physical health problems (Cicchetti & Doyle, 2016; Hughes et al., 2017; Howe, 2005; Kavanaugh et al., 2017).

Adoption in England

Children are adopted when they are not able to live with their birth parents. In England, the majority of children who are adopted are first placed into the care of the local authority. Achieving permanence in a child's placement is considered a priority in the UK.

Adoption

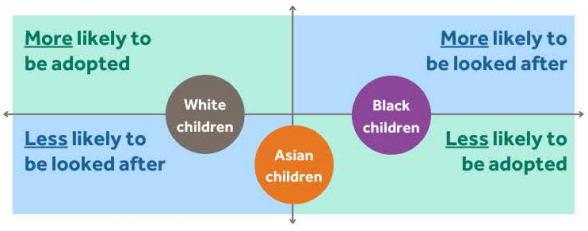
- **33%** of children with a child protection plan are under five[1]
- **66%** of children in care have experienced abuse or neglect[2]
- **19%** of children in care are under five[3]
- **2,870** Last year, 2,870 children were adopted
- **3 years 3 months** The average age of a child at the time of adoption is three years and three months

Diversity in adoption[4]

In 2021-2022:

- **73%** of children were adopted by heterosexual couples
- **11%** of children were adopted by same sex male couples
- **6%** of children were adopted by same sex female couples
- **11%** of children were adopted by a single person

Compared with their share of the population:



[1] NSPCC, 2021
[2] Department for Education, 2021a
[3] Department for Education, 2021a
[4] Department of Education, 2021a and Department for Education, 2021b

Common difficulties for adoptive children and their families

Adoption can mitigate the negative impact of early adversity in childhood via the nurturing caregiving environment offered by adoptive parents (Van der Voort et al., 2014). For some children, however, the effects of maltreatment can be lifelong (Hughes et al., 2017; Garner et al., 2012). Many adopted children demonstrate social, emotional and behavioural problems (Rushton & Dance, 2002; Selwyn et al., 2014) as a result of their experience of abuse or neglect, the loss associated with removal from their birth family and often multiple moves between foster homes (Schofield & Beek, 2014).

Becoming a parent is an important transition that can affect a person's psychological wellbeing, social network relationships, and quality of relationships with partners (Cowan & Cowan, 2000; Doss et al., 2009; Simpson et al., 2003). Adoptive parents face additional challenges as well; in many cases, they have experienced infertility (Cohen et al., 1993; Daniluk & Hurtig-Mitchell, 2003) and have become parents later in life (Ceballo et al., 2004).

Adoptive parents report needing more help, and particularly therapeutic support for their children (Adoption UK, 2019). The adoption support fund (ASF), set up by the government in 2015 has mitigated some of that need and has been welcomed by parents; however, they continue to experience high rates of difficulties in their family life (Gieve et al., 2019).

The Adoption Parent-Toddler Group

The Adoption Parent-Toddler Group is based on the Parent-Toddler Group model, an approach to working with parents and toddlers in groups first developed by Anna Freud in the 1950s (Zaphiriou Woods & Pretorius, 2016). Parent-Toddler Groups are therapeutic play groups informed by psychoanalytic, child development, attachment and trauma-informed theory, which aim to support the key developmental tasks of toddlerhood. These include the toddler's developing independence, sense of self and ability to manage strong feelings, and the parent's and toddler's capacity to tolerate separation while retaining a positive relationship. The main vehicle for change is the parent-child relationship. The group aims to strengthen the parent-child relationship through facilitating child-led creative play, verbalising the toddlers' feelings, managing aggression and setting limits, exploring parent-toddler closeness and separation, and feeding back therapists' observations of toddlers, parents and their interactions (Zaphiriou Woods & Pretorius, 2016).

Typically, a Parent-Toddler Group is co-delivered by a therapist with clinical training in psychoanalysis and child development and another clinician or assistant. Groups take place weekly for 90 minutes and families with children aged one to three attending for up to two years. The group has a consistent structure, with a group snack time at the same time each week, and 'free play' for the remainder of the session.

A qualitative study of the Parent-Toddler Group reported that parents found the group to be a safe place where they were able to share their worries and anxieties, helping them to feel less alone (Barros et al., 2008). Furthermore, the parents reported engaging with and developing a better understanding of their child's perspective.

Another study looked at quantitative data collected from 12 mothers who attended a Parent-Toddler Group. The results reported an increase in their self-reported reflective functioning, which is indicative of increased mentalizing (Rivera et al., 2013).

In 2019, the long-established Parent-Toddler Group model was brought together with Anna Freud Centre (AFC) expertise of working with adoptive families developed over more recent years. This work focuses on mentalization based approaches with children and families affected by developmental trauma and involves packages of therapy for adoptive and special guardianship families funded by the ASF (Anna Freud Centre, 2022).

Adaptations made to the model for the Adoption Parent-Toddler Group included running the group as a closed group (in which all members start and finish at the same time), shortening the duration of the group to weekly sessions over six months due to the nature of the ASF funding, including a welcome and goodbye song for the children as a way of contributing to the containing nature of the group, and including group discussion for parents. Group discussions were introduced for a number of reasons. The shorter duration of the group meant that it was important to actively draw out issues parents wanted to explore, rather than being able to allow them to emerge organically over time. Group discussions were also introduced as a way of easing parents into the group, where previously the rolling group structure meant that parents had joined an already-formed group. In addition, the group discussion was felt to be important due to a reduced opportunity to refer parents on to individual therapy where needed; through the ASF, only the group could be funded and it was necessary to apply for additional treatment separately.

A small-scale pilot study was conducted to evaluate the adaptation of the Parent-Toddler Group model to work with adoptive families (Crasnow et al., 2020). The findings showed high rates of acceptability and feasibility and parents reported satisfaction with the intervention.

They also reported that their participation in the group had positively impacted their understanding of their child's thoughts and feelings. Preliminary outcome data of this small group of families indicated positive changes in child development and parental mental health and parenting stress across the intervention.

In the autumn of 2020, following the onset of the coronavirus (COVID-19) pandemic and associated social distancing requirements, the model was further adapted to be delivered online. The aims of the model remained the same; however, unlike the face-to-face model, the online adaptation included the use of 'Watch Me Play!' (Wakelyn & Katz, 2020), a structured therapeutic tool to support parents to observe their children playing outside therapeutic sessions. The session length and number of group sessions were reduced. The families were also offered four individual introductory sessions with one clinician, rather than two sessions in the face-to-face model, in order to increase engagement with the intervention and enable parents to practise using the 'Watch Me Play!' tool before the group sessions began.

The evaluation of the online adaptation of the Adoption Parent-Toddler group (Barge et al., 2022) found that the parents were highly positive about the group and perceived the intervention to be beneficial to them, valuing elements such as the peer and therapeutic support, and the 'Watch Me Play!' tool. They reported positive aspects of being online, for example not needing to travel and feeling more at ease in their home environment. Negative aspects of online delivery included difficulties with angling the screens of phones and computer equipment to include children playing, the absence of one-to-one discussions, and children not being able to play together in-person. The therapist reported that online delivery of the group enhanced parental involvement but reduced opportunities for observing and participating in child-led creative play.

Additional preliminary outcome data from a small sample size indicated positive changes in child development and parental warmth, and parents felt they had achieved the goals they set themselves for the group. While there were many positive findings from the study, it was not recommended that the Adoption Parent-Toddler Group is delivered online routinely, given the model's founding in psychoanalytic observation and peer interaction, which is made difficult by working online with this age group.

Methods

Aims

This evaluation aimed to continue to explore the feasibility and acceptability of delivering the Adoption Parent-Toddler Group. Published learning from the delivery of the Parent-Toddler Group Adoption Project to date includes a study of the first group delivered, which was delivered in a face-to-face format (Crasnow et al., 2020) and a study of the second group, which was delivered online (Barge et al., 2022). Here, the learning from the third and fourth face-to-face groups is set out.

The research questions were as follows:

1. Feasibility and acceptability:

- What were the adoptive parents' experiences of the intervention?
- What were the clinicians' experiences of delivering the intervention?

2. Preliminary clinical outcomes:

- Within the context of a small-scale study, what is the evidence that the Adoption Parent-Toddler Group is effective in improving clinical outcomes for parents and children?

Recruitment

Families were recruited via their local authority adoption social worker in an urban inner-city area. Anna Freud Centre therapists liaised with the social work team manager and referrals were made by the team. The group was funded via a portion of the parents' annual ASF allowance.

Participants

11 families (20 adults and 14 children) took part in the intervention between May 2021 and July 2022. Eight were families who had adopted single children and three families had adopted siblings. The majority of parents (n=12) were White and two parents were Black African. The remaining five attendees were Black British Caribbean, Black African Caribbean, Chinese, Brazilian and Asian Indian.

The majority of children were White (n=9), one child was Black African, and another child was Black Caribbean. The remaining three children had mixed heritage: one was White British and Turkish, another was Black Caribbean and White British, and the third was Black British African Caribbean and North African Moroccan. The families included two same sex (male) relationships, seven heterosexual relationships and two single (female) parents. Children's ages ranged from eight months to six years old, with the mean age being 24 months. Common reasons for referral to the group by social workers, included increasing parental confidence, assisting parents to manage children's behavioural issues, protecting against negative consequences from children's early life difficulties, facilitating secure attachment relationships, and providing social opportunities for both children and parents, particularly in light of the COVID-19 pandemic.

Attendance was relatively high overall, with the average attendance being 88%. The family with the lowest attendance still attended 76% of the intervention sessions, and nearly half (5/11) attended 92%, meaning that they missed at most two out of twenty-four sessions.

Evaluation design and procedure

This was a mixed methods evaluation. Semi-structured interviews were undertaken with those parents willing to take part in the evaluation following the end of the groups. Interviews for Group 3 took place six weeks after the group ended, with the delay being caused by the Christmas break. Interviews took place within three weeks of Group 4 ending. Interviews were also held with five group facilitators. The transcribed interview data was analysed using thematic analysis on the qualitative analysis software tool, NVivo. Following familiarisation with the data, initial codes were generated based on what might be pertinent to the original research questions. These codes were then collated into potential overarching themes, which were then reviewed, refined and named.

Outcome measures were also used to further understand the impact of the intervention on parents' and children's outcomes. The outcomes and associated outcome measures included in the logic model were:

- **Improved parental mental health:** Clinical Outcomes in Routine Evaluation (CORE-OM)
- **Improved parenting confidence:** Karitane Parenting Confidence Scale (KPCS)
- **Improved reflective functioning:** Parental Reflective Functioning Questionnaire (PRFQ)
- **Improved goal attainment:** goal-based outcomes (GBOs)
- **Increased perceived social support:** Multidimensional Scale of Perceived Social Support (MSPSS)
- **Positive experience of service offered:** experience of service questionnaire (ESQ)

The outcomes and associated outcome measures used to understand the impact of the intervention on children were:

- **Improved cognitive, language, physical, social, emotional and behavioural development of baby:** Ages and Stages Questionnaire (ASQ-3), Ages and Stages Questionnaire: Socio-Emotional, second edition (ASQ:SE-2)

Adoption Parent Toddler Group: logic model

Input

- Clear referral pathways for how adoptive parents are referred and allocated to the intervention
- Engagement of regional adoption agencies (RAA), adoptive parents and social worker stakeholder communities
- Trained and supervised staff team, including at least one trained parent-toddler psychoanalytic psychotherapist
- Approximate group size of max. 8 families per group
- Appropriate space, equipment and refreshments

Activities

Psychoanalytic parent-toddler group

- 2 x individual introductory sessions
- 20 x 1.5 hour weekly group sessions
- structured snack time
- 1 x individual mid-group review
- 1 x individual post-group review

Discussion and completion of assessment and outcome measures.

Outputs

- Number of referrals
- Session attendance rates
- Number of cancelled and did not attend (DNA) sessions
- Number of attendees

Short-term outcomes

- Positive experience of the service offered (ESQ)
- Improved goal attainment (goal-based outcomes)
- Improved parental confidence (Karitane Parenting Confidence Scale)
- Increased perceived social support (Multidimensional Scale of Perceived Social Support)
- Improved reflective functioning (The Parental Reflective Functioning Questionnaire)
- Improved child development outcomes (ASQ-3/ ASQ:SE-2)
- Improved parental mental health (CORE-OM)

Change mechanisms:

- Observing, practising and learning about child-led creative play and sensitive behaviour management.
- Observing and practising the process of understanding parental and child behaviour within the context of mental states and putting them into words.
- Practising finding the balance between self-focus / care and attending to the world through the toddler's eyes.
- Strengthening social networks through peer-to-peer support and connecting to parents in similar situations.
- Experiencing containment through the group experience.
- Experience of positive reinforcement and confidence building.
- Provision of safe space allowing open and confidential communication.
- Observing an attuned and respectful relationship, modelled through the group leaders' relationship.

Ethical approval

This evaluation was carried out by the evaluation team in the Early Years Department at the Anna Freud Centre. This enables an effective feedback loop to shape the design and development of services. Consequently, ethical approval was not sought for service evaluation in the way that it might have been for services being evaluated within research or statutory services. However, ethical considerations were embedded in all aspects of this project. Written consent was sought from all the participants, and they were made aware of the aims of the study, benefits and risks of taking part, consent and withdrawal processes, data storage and confidentiality processes.

Findings

Qualitative feedback

What were the adoptive parents' experiences of the intervention?

Interviews were held with parents and carers attending the Adoption Parent-Toddler Group to understand their experiences of the group, what they liked and did not like, and their views on whether the intervention was relevant to people from a range of different backgrounds.

Six of a total of twenty parents agreed to participate in qualitative interviews post-treatment. This is a small sample and the findings should be interpreted with caution. Three themes and seven sub-themes emerged (see Figure 1).

Figure 1: Parents' experiences of the Adoption Parent-Toddler Group

Theme	Sub-theme
Expression and understanding *"We've come a long way, I must say [...] I think we understand one another better. She's understanding us, we are understanding her and it makes things a lot easier."*	• Through the eyes of the child • Communication
A safe environment *"I came back for that safe environment to talk about things that I found difficult, you know, whether adoption or just being a parent."*	• Group structure and setting • Diversity • Therapeutic relationship
Affirmation *"I think it's been priceless in helping us to feel confident about what we're doing as parents and it's been really, really helpful to reaffirm what we're doing."*	• Community • Confidence • Managing worry

Theme 1: Expressing and understanding

"We've come a long way, I must say [...] I think we understand one another better. She's understanding us, we are understanding her and it makes things a lot easier."

Parents spoke about how the group supported them to develop a better understanding of their child as an individual and enabled them to see the world **through the eyes of their child**. When asked how the group had changed their relationship with their child, one parent responded:

> *"It's richer, enjoyable and I think it came at a time when it was, kind of definitely changing [...] Just [the opportunity to] get to know them, like in any relationship, isn't it? Work out their little quirks."*

Parents spoke of gaining a better understanding of the early developmental trauma their children may have experienced and the way in which this might contribute to the difficulties they presented with as toddlers. For example, one parent described how their child had a tendency to hold the hand of relative strangers, which they found difficult to understand and manage. They spoke about how this behaviour negatively altered their view of the child, but with support from the facilitators they were able to accept the behaviour as relatively common in children who had been looked after, and understandable. The parent was also able to reflect on the impact of parental stress on a child:

> *"I think through talking to [the facilitators], I stopped stressing about it so much. [...] I guess that sort of stress would have had a knock-on effect on how I, you know, how I am with [my son], how I play with him, how I sort of view him, and how if we're in the park I'm, you know, now I'm a bit more just relaxed about it. He hasn't done it in a long time, I just think. Now if he did do it. It just wouldn't frighten me so much so."*

Parents described an interplay between developing a better understanding of their child and improvements in communication in their relationship. One parent spoke about how the group had encouraged them to increase their verbalisation around their child, for example voicing thoughts, naming things and activities, and making plans aloud, as modelled by the therapists.

> *"So I tell [my daughter] in advance what I'm, you know, what I'm going to do so she wakes up in the morning, she's crying, I say [...] 'Mummy is here. Mummy's going to, you know, to [...]' and then I will go off and do what I need to do. You know, I communicate. I would say I communicate with her a lot more than I communicated with my son when he was her age".*

One parent reflected on the importance of verbalising for young children, whether or not a child can fully understand the content.

> *"I know I need to explain things and I need to, you know, talk about the feelings and the emotions. But is she getting it? And I guess actually, the thing that I took away from it all was that whether she is or she isn't, it's good to just continue to do it from now."*

Parents also spoke about their child being able to express themselves more easily as the group progressed. In part, they attributed this to the child's natural development over the course of six months. However, the increase in communications skills observed in the children was also described in the context of the relationship between the child and parent. As parents felt they understood their child more and were more able to see their child as an individual, they were motivated to communicate more, and in turn, children responded. When talking about what had made things easier in their relationship with their son, one parent said:

> *"I guess that nurturing of the bond, and better communication in terms of understanding his needs and his also being able to articulate those needs a bit better."*

Some parents identified changes in their children following the group, particularly in terms of increased confidence and behaviour. Parents attributed this to different aspects of the model, including being encouraged to think about the emotional state of the child, improved communication in the family and understanding more about normal toddler behaviour.

> *"Children that have been adopted are very hypersensitive [...] I have to tell her everything [...] we really wanted her to feel secure and now we see because she plays happily, she runs off, she's not looking over her shoulder."*

Theme 2: A safe environment

"I came back for that safe environment to talk about things that I found difficult, you know, whether adopted or just being a parent."

Parents described feeling that the group was a **safe environment** in which to explore challenging feelings and experiences. Parents valued the consistent **structure and setting** of the group, which they felt provided continuity for both parent and child, and created a sense of predictability, in particularly noting the 'hello' and 'goodbye' songs, and the discussion around highs and lows of the week. They also reflected that the continuity bred confidence in their children as they became used to the routine and familiar faces.

> *"I think from [my daughter's] perspective it was great because she had continuity. She saw the same people. And you know, Mummy or Daddy were with her doing it as well. So it's really good to see her explore different environments in a kind of, what's the word? An environment where we're also there so that she feels quite safe."*

Some parents felt that it would have been helpful to have an email detailing which topics would be discussed in the group that week so that they could start to think about this before the session. Other parents would have welcomed the opportunity to shape the topics discussed in the group.

> *"I think that there were some topics we could have, you know, might have been helpful to talk about [...] just to get a sense from people what would be useful to chat about."*

The parents felt the setting and facilitation enabled their toddlers to form peer relationships, and that they themselves were able to form relationships with other adoptive parents, who had a mutual understanding of their unique experience.

In practical terms, the group was considered a safe space for toddlers to run around and play while the parents were engaged in group discussion and learning.

> *"The actual room itself, I really appreciated it because it felt like a, like literally a safe space for toddlers to run around and the risk of injuries was really low [...] it's the kind of place where you can just let the toddlers run around and have the run of the place and just see what they interacted with."*

Most parents reflected that it may have been helpful to alter the structure of the group so that parent discussion was protected, as the toddlers became impatient and parents had to leave group discussions to play with them. Some parents suggested having another adult caring for the children during snack time to allow for some protected time for the parents to have discussions.

> *"I always wanted to just sit there and talk and listen to other people and [my son] would be sort of dragging me and because it was a big hall I'd be like, I've lost it like I don't know what people are saying now. And you know, I sort of try and listen to snippets but it kind of got a bit lost."*

The interviews with the participants from one of the groups included a question around whether they perceived the intervention to be relevant to people from a **diverse range** of backgrounds. The question received a mixed response. One participant, who was Black, felt that the group was accessible and relevant to a range of people, with the experience of adopting a child being the unifying factor. Another Black participant reflected on how the cultural and ethnic backgrounds of the group was not often discussed. When it was raised, the participant learnt that another participant had a similar background and was interested in thinking about how this influenced parenting styles. The parent noted the time constraints on the sessions as a barrier to more in-depth discussion around parenting and culture.

> *"But you know what? I don't know how [diversity] can be, even how that can be brought into the conversation more, it was so time limited, I think, to have these conversations. It makes it very difficult. So I think they did a good job in trying to weave that through. But maybe if we had longer, that's something that we would be able to explore more."*

The third participant who was asked this question was White. They perceived the group to be diverse in terms of ethnicity and sexual orientation. The parent reflected on the limits of their perspective:

> *"I think it was [relevant to diverse groups]. Again, that's still through pretty my own narrow lens of what I see is inclusion as a White person as well. So always kind of conscious of that. But yeah, looking in, it felt to me that, yeah, had a mix in there, which I think is really important."*

The **therapeutic relationship** was highlighted as contributing to the safe and supportive environment, both between therapist and parent and therapist and child.

Parents described how the therapists came to know children well and noticed developmental milestones which made parents feel that there was a personable quality to the intervention.

> *"It was that sort of, you talk about something and they remember, they really made you feel listened to and they would sort of see things in me and [child] that I would recognise. It was comforting, it was so comforting to have somebody who you started this period of adoption [with] and you're kind of a little bit lost I guess, and to have someone to just talk to and they would listen, they really made you feel listened to [...] they were the best part about it."*

Theme 3: Affirmation

"I think it's been priceless in helping us to feel confident about what we're doing as parents and it's been really, really helpful to reaffirm what we're doing."

Parents valued being in a group with other parents with whom they shared the experience of adopting a child. The creation of this **community** helped parents to feel that they were not alone in their experiences, and that they were in an environment where they would not be judged.

> *"It's just a nice feeling to know that you're not the only one that's going through this journey, and there are other parents and then there's certain things that [...] adopted children pass through that natural birth children might not."*

They also found the affirmation from expert facilitators valuable. Through the validation of their experiences and through highlighting the positive growth in both the child and parent, the parents spoke about how the facilitators boosted their **confidence**.

> *"And the other thing that I found really helpful was being able to look back and see how far we've come, and [the facilitators] were always very good at reminding us how well we've done. Look, it makes me quite emotional, but you don't ever get anybody that has seen you from quite early on. Just telling you that you've actually done a good job. That kind of confirmation that, you know, our children are doing well because of the environment that we've provided for them is really heart-warming."*

One parent reflected on how the group had increased their confidence, and how this in turn impacted on their child's wellbeing:

> *"I think probably most importantly, the thing that I've taken away is how adaptable [child] is [...] maybe we don't need to be as anxious because she's pretty good. And that's also to do with us, you know. So if we carry on providing her with that safe environment and that sense of belonging, then actually she's gonna strive, she's gonna thrive, and we're gonna strive to make sure she thrives. So, yeah, it's that kind of whole circle."*

The parents perceived one of the most helpful aspects of the group to be support with managing worry as an adoptive parent. They described how they experienced high levels of anxiety around their child's behaviours, and that the intervention had helped them to position these behaviours in the context of 'normal' and age-appropriate behaviours for toddlers who had been adopted. This shift helped to improve the parent-child relationship.

> *"I think from [the facilitators] it was really helpful to know what we were experiencing was very much normal toddler behaviour because I think it's very difficult to know how much of this is because of the background of our children or if that's normal, especially when they're the only children we've got. So we've got no kind of real measure."*

What were the facilitators' experiences of the interventions?

Five facilitators were interviewed following the two Adoption Parent-Toddler Groups.

Figure 2: Facilitators' experiences of the Adoption Parent-Toddler Group

Theme	Sub-theme
Observable changes *"There was much more of a connection there."*	• Sensitive and confident parenting • Healthy attachment behaviours
Facilitators of change *"What the parents got more often than not was us kind of thinking things through with them, and then they would come up with their conclusions themselves."*	• Therapeutic techniques • Consistency and routine • Peer support • Time for parents, too
Value of early intervention *"I've worked with lots of adoptive parents kind of later down the line. And many have wished that that had some kind of support kind of low key support in those early stages to help build kind of relationships."*	

Theme 1: Observable changes

"There was much more of a connection there."

The facilitators described witnessing an increase in **sensitive and confident parenting**. Parents were observed to be less intrusive in their children's play, instead observing them and letting them lead activities. They were more inclined to verbalise for their child.

Parents were perceived to be less anxious as the group progressed, seeming more comfortable with and less responsible for their child's behaviour; for example, parents were slower to intervene in disagreements between children.

> *"Really clear to notice was that if there was any kind of friction between the children by, you know, one snatched the toy for another, or something like that at the beginning [...] you would get the parents intervening really quite quickly, whereas by the end everyone was more relaxed. [...] It kind of felt like parents were much more relaxed when that happened and they would kind of pause for a bit, see if the kids could work it out themselves, and then if they couldn't then they might intervene."*

The facilitators also described seeing an increase in healthy attachment behaviours. The facilitators observed a greater connection between the parents and children, for example when children who had previously not appeared to notice when their parent left the room showing signs of being upset. Several facilitators described one of the families in which a child displayed unusually risky behaviour in the group, often resulting in them getting hurt. The facilitators felt the parent initially perceived the child as fearless, independent and deliberatively provocative, and therefore did not respond sensitively to these behaviours. In contrast, the facilitators understood this behaviour as communicating a need for comfort and attention, and supported the parent to reflect on this. The facilitators witnessed a significant change in their interactions, with the parent becoming more attuned to the child's needs:

> *"[The child] slipped, her face kind of crumpled. She looked at her dad and her dad reached out their arms to her, picked her up and, you know, put her on their shoulder and she cried. And actually we haven't heard her crying before. The dad didn't try to stop her crying, just said, oh, it's OK, it's OK. Oh you're really hurt."*

Theme 2: Facilitators of change

"What the parents got more often than not was us kind of thinking things through with them, and then they would come up with their conclusions themselves."

The facilitators described key elements of the Adoption Parent-Toddler Group they felt contributed to its success: therapeutic techniques; the consistency and routine of the group; peer support; and ensuring there was time for parents to express themselves. In terms of **therapeutic techniques**, the facilitators saw their role as being to contain parents' anxieties and concerns, providing them with psychological space and support to reflect and think; to normalise child behaviour (where appropriate); to model keeping the child in mind; and in doing these things, to boost parental confidence.

> *"So quite often when we'd have been having this sort of discussion at the beginning maybe, a child would come into the middle of the circle and then everyone would just sort of stop what they were doing and we would just, like, observe what the children were doing. And it felt like the parents had really taken that on as, like, we were modelling that observational stance as being something that helps you to kind of really learn a lot about your child. [...] And also I think something about maybe they realised how their children experience that all of these adult minds thinking about them and caring for them and being really attentive, and that that also is a very containing thing for the child."*

The facilitators felt that the c**onsistency and routine** in the way the group was structured was containing for the parents and the children, meaning that they felt psychologically safe to engage with the content of the group. Sessions were held weekly, avoiding a long gap between meetings and establishing the group as part of a weekly routine.

The facilitators also felt that the structure of the sessions was supportive, particularly emphasising the containing nature of the welcome and goodbye songs, creating an association between singing and transition, and the importance of group snack time.

> *"Adopted toddlers benefited so much from the structure and the consistency, [...] the toddlers loved it and really kind of adopted it very quickly. And actually I think the parents loved it and it helped them kind of think. 'OK, I know what I'm doing.'"*

The venue was considered important in contributing to the sense of safety in the group. One facilitator spoke about how the toys available to the children at each session changed depending on what was left out at the children's centre, identifying this as a potential destabiliser. Another spoke about the importance of the facilitators being comfortable with the setting in which the group was delivered, echoing the need for familiarity seen in the parents and children.

> *"I feel like it's really helpful for the families that like I feel very familiar with the whole all the processes and where they're gonna go. So I could, you know, know where the children's centre is, what the equipment is. I could really get them comfortable with it before it started."*

All the facilitators spoke about the role of **peer support** as a contributory factor to the success of the group. They observed the groups to be close-knit, with relationships and interactions continuing outside of the group between sessions. Like the parents themselves, the facilitators attributed this bond in part to the parents' shared experiences of adoption. The facilitators also noted that some families knew each other prior to the group, having met through the regional adoption agency.

> *"I actually think a lot of them were very close with each other. I knew that they had formed like a group chat. [...] So when one of the families were sick, for example that day, it would often be told to us from other families as opposed to that that family telling us. And so it seemed like they were, you know, quite a tight-knit group."*

One facilitator described making adaptations to the model based on the learning from the delivery of the online group. The facilitator welcomed the reinstatement of face-to-face groups, which they described as a return to their core skillset of being able to "speak to the parent through the child, speak as the child, and work with the relationship". However, they took forward learning from the online group around specifically making time for parents in the session, alongside the focus on the child and the parent-toddler relationship. The online format of the group seemed to enhance parental involvement because, unlike in the face-to-face settings, there was no opportunity for therapists and group members to play directly together with the children or to move around the room. The parents were more at the centre of the group's focus, meaning they had increased opportunity to reflect on their own thoughts and feelings, and the facilitators of the online group felt the parents valued and benefitted from this.

> *"Something that we did in this group, which we learnt from the [online] group, is that the parents in the online group just loved how much they got to sort of confide in each other and in us about their difficult experiences. So I think we much more actively brought that to the fore, talked much more about how it's a group for them, as well as for their children."*

The desire perceived by the facilitator for more time specifically for parents was echoed in the feedback from the parents. This tension between parental and toddler needs is considered further in the Discussion section of the report.

Theme 3: Value of early intervention

"I've worked with lots of adoptive parents kind of later down the line. And many have wished that they had some kind of support, kind of low-key support in those early stages to help build these kind of relationships."

Lastly, several facilitators reflected on the **value of early intervention** in adoptive families, and there was notable enthusiasm for the model. They noted the relative absence of this kind of support for families and felt that it had a significant impact on the functioning of the family. Being involved in the intervention was described as "a privilege" and "very satisfying". Informal feedback received by the group facilitators from referrers working at the regional adoption agencies was also positive, with one referrer suggesting that the Adoption Parent-Toddler Group should be available for all families adopting toddlers.

Findings

Outcome data

Within the context of a small-scale study, what is the evidence that the Adoption Parent-Toddler Groups are effective in improving clinical outcomes for parents and children?

Twenty parents attended the two Parent-Toddler Groups. There was a low rate of completion of the outcome measures and where parents did complete measures, it was primarily at time one (T1). There is, therefore, limited quantitative data available. As such, descriptive information is only included for measures where the data was deemed to contribute to our understanding of the cohort of parents; namely through enhancing our understanding of the parents' wellbeing and experience of parenting prior to the intervention, and as a developmental marker for the children.

Eleven parents completed the **KPCS** at T1, and two parents completed both T1 and time two (T2) measures. At T1, eight parents scored in the **non-clinical** range, two parents scored in the **moderate clinical** range and one parent scored in the **mild clinical** range. This indicated that the majority of parents attending the group felt relatively confident in their parenting prior to attending the group. The parent who scored in the **mild clinical** range at T1 went on to score in the **non-clinical** range at T2, showing an improvement. The other parent who completed T2 measures scored in the **non-clinical** range for both T1 and T2.

Ten parents completed the **MSPSS** at T1. All 10 parents had low scores for perceived social support. One parent also completed the measure at T2, showing an improvement in perceived social support.

Ten parents completed the **ASQ-3**, a measure which identifies potential developmental delay in children, at T1 (Figure 3).

The scores indicated that the majority of children were rated as being in the normal range by their parents prior to the intervention. Where there was concern about development it was mainly associated with communication (n=3) and problem-solving (n=3). One parent completed both T1 and T2 measures. Their scores showed a change from all subscales in the clinical range at T1, to all subscales in the normal range at T2, indicating an improvement.

Figure 3

	Pre-intervention score		
ASQ-3 subscale	**Children in normal range**	**Children in monitoring range**	**Children in clinical range**
Communi-cation	50% (5 of 10)	20% (2 of 10)	30% (3 of 10)
Gross motor	70% (7 of 10)	10% (1 of 10)	20% (2 of 10)
Fine motor	70% (7 of 10)	10% (1 of 10)	20% (2 of 10)
Problem-solving	50% (5 of 10)	20% (2 of 10)	30% (3 of 10)
Personal-social	60% (6 of 10)	30% (3 of 10)	10% (1 of 10)

Ten parents also completed the **ASQ:SE-2**, an adaptation of the ASQ-3 with a focus on social-emotional behaviours. All ten parents completed T1 measures, of which two completed both T1 and T2 measures. All parents scored their children in the clinical range at T1, and those who completed T2 measures also scored their children in the clinical range at T2. These scores indicate that some of the children attending the group had significant social-emotional difficulties prior to the intervention.

Discussion

This report set out the learning from the delivery of the third and fourth Adoption Parent-Toddler Groups. The findings, based on qualitative feedback data, appear promising and in line with previous research. Within the confines of a small data set, the qualitative data suggested that the intervention may influence some of the short-term outcomes identified in the intervention's logic model, with the feedback from parents and facilitators indicating a positive experience of the intervention and increases in parental confidence, parental reflective functioning and perceived social support. The facilitators also observed an increase in healthy attachment behaviours.

These findings contribute to our growing understanding of the model, particularly when considered in relation to previous small-scale research on the Adoption Parent-Toddler Groups. The findings from the pilot study of the group delivered in a face-to-face setting showed high rates of acceptability and feasibility, and an increased parental understanding of their child's thoughts and feelings. Preliminary outcome data indicated positive changes in child development, parental mental health and parenting stress across the intervention. The findings from the online group also found that the group was highly valued by parents, including elements such as the peer and therapeutic support, and outcome data indicated positive changes in child development and parental warmth.

Promisingly, the aspects of the group that parents described as being most helpful to them mapped onto the mechanisms of change described in the intervention's logic model. This suggests that the model operates as it was designed to and potentially provides a foundation for future manualisation of the intervention if desirable. Particularly valued by the parents was the peer support element of the group, with the parents describing feeling supported by being part of a community experiencing similar challenges.

This is clearly articulated in the mechanisms of change as 'strengthening social networks through peer-to-peer support and connecting to parents in similar situations' and 'experiencing containment through the group experience'. Parents described the setting and group as a "safe environment" in which they and their child felt contained and in which they were able to speak openly, again reflected directly in the mechanisms of change.

Another key element of the group that parents valued was the focus on affirming them in their role as parents. Parents described the combination of peer support and reassuring input from the facilitators as effective in building their confidence and helping them to manage worries, described in the mechanisms of change as 'experience of positive reinforcement and confidence building'. Parents also spoke about their increased understanding of theirs and their child's behaviour, describing how they were able to take the perspective of their child, adopt more sensitive stances in interactions with their children and verbalise for them, also seen in the mechanisms of change.

A tension that emerged in the running of these groups was in meeting both parental and toddler needs. The original Parent-Toddler Group model included a strong emphasis on parents' own experiences; however, a more structured group discussion was introduced in the adaptation of the model for adoptive families for a range of reasons discussed in the introduction of the report. In addition, feedback from the online group highlighted the value parents placed on the group discussion and in response, this aspect of the group was brought to the fore in the subsequent face-to-face groups. The feedback from the parents revealed some frustration when this space was 'interrupted' by children.

This finding is interesting because it highlights an important aspect of the intervention model, which is that this tension is both expected and invited. Articulated in the mechanisms for change as 'practising finding the balance between self-focus/care and attending to the

world through the toddler's eyes', there is a conscious resistance in the model to separating out parents and toddlers, or for example, providing a play assistant during the parent discussion. Parents are supported to tolerate this tension, and facilitators help to build parents' capacity to pause and observe the toddlers, building the ability to move between their own and their toddlers' perspectives.

The tension between parental and toddler needs also perhaps suggest a desire of some parents for more space to reflect on their own thoughts, feelings, experiences in a space separate to their children, and this support is available through other interventions provided by the Anna Freud Centre.

For example, adoptive parents may benefit from Reflective Parenting groups and therapeutic parent support provided through mentalization based interventions such as Mentalization Based Treatment with Children (MBT-C) and Mentalization Based Treatment with Families (MBT-F). Learning from these interventions suggests that providing a structured space to develop self-mentalizing can have a positive impact on parents' ability to mentalize their child and respond to their needs with increased sensitivity (Asen, 2021; Midgley et al., 2017).

Whilst the qualitative feedback provides some insight into the effect of the intervention on participants, robust quantitative data is essential to better understand its impact on outcomes. The very limited data included in this report contributes in small ways to our understanding of the parents' wellbeing and experience of parenting at baseline, and provides a developmental marker for some of the children. The scores from the ASQ-3 indicated that the majority of children for whom outcome measures were completed were rated as being in the normal range by their parents prior to the intervention; however, the findings from the ASQ:SE-2 indicated a high level of difficulty in the cohort in relation to children's social and emotional development, as would be expected with this population. Interestingly, the majority of parents felt confident in their parenting prior to the intervention. The absence of post-intervention data means it is not possible to know whether confidence increased further following the intervention. The data from the outcome measure on perceived social support indicated that the majority of parents for whom outcome measures were recorded at the pre-intervention time point had low scores of perceived social support prior to the intervention. This is not in line with the limited research on adoptive families and perceived social support, which indicates high levels of social support from families and friends in adoptive families (Sumontha et al., 2016).

Next steps

Key learning from this report is the need for more effective ways to increase the completion of outcome measures by participants. Feedback was sought from the participants on their experiences of completing the outcome measures, to understand what encourages and hinders completion. The feedback was largely positive, despite the participants not having completed the post-intervention outcome measures. A rewording of the question may be required, alongside additional follow up questions to further understand the barriers to completion.

Discussions with the early years clinical team at the Anna Freud Centre yielded several suggestions for improving data collection. Participants could be provided with a summary report of the findings from completed outcome measures at the end of treatment in order to incentivise completion. Another approach is for an Assistant Psychologist or Evaluation Officer to sit with parents to complete the measures, at the beginning or end of the last session. Improving quantitative data collection should be prioritised in future service delivery to gain a more robust understanding of the impact of the intervention and build on previous research (Rivera et al., 2013).

Another recommendation for future iterations of the group is to routinely gain the view of all participants on whether the group is perceived as relevant for people from diverse backgrounds, to ensure the model is useful and applicable to everyone.

In summary, the qualitative feedback provides a rich description of the experiences of the parents and facilitators involved with the Adoption Parent-Toddler Group and indicates that the intervention is both highly valued and achieving positive change in line with the logic model. Further research focused on quantitative outcomes is required to broaden our understanding of the intervention.

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Appendix A: Outcome measures

Child development measures

The Ages and Stages Questionnaires, third edition (ASQ-3): The ASQ-3 is a parent-completed, child monitoring system that is designed to identify potential developmental delay in children aged between one month and 5.5 years in five domains: communicative, gross motor, fine motor, problem solving and personal-social. The domain scores range from 0 to 60 and clinical cut-off points vary depending on the age of the child, with higher scores indicating better mastering of the skills of each category.

The Ages and Stages Questionnaires: Social-Emotional, second edition (ASQ:SE-2): The ASQ:SE-2 is an adaption of the ASQ, with a focus on social-emotional behaviours. It was developed to be used alone or in conjunction with the ASQ, and it focuses on infants' and young children's social and emotional development (Squires et al., 2009). The score ranges vary between the different age-specific versions (e.g., the 2-month version has a score range of 0–240, the 36-month version has a score range of 0–525, etc.) and so do the cut-off points. For all versions, lower scores indicate better socio-emotional development.

Parent measures

Multidimensional Scale for Perceived Social Support (MSPSS): The MSPSS is a questionnaire used to identify an individual's perceived level of social support with family, friends and significant others. Each of these three subscales have a score range from 1–28, whereas the total score ranges between 1–84, with lower scores indicating less perceived social support.

Karitane Parenting Confidence Scale (KPCS): The KPCS is a 15-item scale that assesses an individual's confidence in caring for infants and young children. It's a self-report instrument that requires minimal instruction on the part of the clinician/researcher during administration. Each item is scored on a 4-point scale (0–3).

Clinical Outcomes in Routine Evaluation (CORE-OM): CORE-OM measures commonly experienced symptoms for anxiety and depressions and associated aspects of life and social functioning using a 34-item questionnaire. Scores range from 0–40 with a clinical cut-off point at 10, above which scores are considered to be in the clinical range.

Anna Freud
National Centre for Children and Families

Registered address:
Anna Freud Centre
4-8 Rodney Street, London. N1 9JH
Tel: 020 7794 2313

Northern hub address:
Anna Freud Centre, The Express Building,
9 Great Ancoats Street, Manchester. M4 5AD

annafreud.org

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