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A Quantitative and Qualitative Evaluation of the Nurturing Attachments Group Programme

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Summary Report

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SUMMARY REPORT

A quantitative and qualitative evaluation of the Nurturing Attachments Group Work Programme across four geographical sites

1. Abstract

"More empathy and feel more confident... It has completely changed the way I parent my children." (Adoptive parent, quantitative evaluation)

This report details an evaluation of the Nurturing Attachments Group provided across four geographical areas. Dyadic Developmental Psychotherapy and Practice (DDP) is a model developed by Dan Hughes for supporting children who have experienced developmental traumas. The Nurturing Attachments group work programme is a DDP-informed intervention which has been provided by Adoptionplus to groups of adoptive families.

Twenty-nine of these adoptive families consented to participate in the quantitative study which involved completing a range of questionnaires pre- and post- their attendance at the group and to provide session-by-session ratings reporting how close they felt to achieving their self-selected goals. These were collected and analysed by Professor Julie Selwyn, University of Bristol.

Additionally, 8 of these parents were randomly selected to participate in a qualitative analysis of their experience. This involved participating in a telephone interview about their experience of attending the group with a researcher independent of the group intervention. These interviews were transcribed and then independently analysed using IPA methodology by Dr Olivia Hewitt, University of Oxford.

These evaluations suggest that the group intervention met its aims of increasing support, understanding and confidence for the parents. Parents reported different perceptions of their children's behaviour alongside improved abilities to regulate and to reflect on the internal worlds of their children. They felt that this led to improved attunement with their children. Whilst the challenge of parenting the children remained high, the parents did report changes in their perceptions of the children; leading to a perception of improved relationships with them. Parents were hopeful that they would be able to continue to develop their use of the parenting skills learnt and that over time this would increase security for the child.

The quantitative study revealed that parents found the group environment to be helpful, supportive and non-judgemental. Goals were rated as being met through the course of the group. Group members attending without their partners expressed concern about this, attending as a couple was viewed as advantageous. There was some indication that parents were feeling less overwhelmed, with improved well-being for some by the end of the group. This is despite the challenges presented by the children remaining high. Parents had increased confidence in their parenting. They reported significantly increased self-efficacy and improved reflective functioning following their participation in the group. This appears to have changed perceptions of the children's difficulties, as children were rated higher for emotional distress and peer difficulties and lower for conduct problems at the end of the group. In other words, parents were more aware of the emotional needs underlying their children's behaviour after attending the group.

During the telephone interviews participants expressed how attending the group had been a positive experience for them; providing a safe and supportive environment which helped to normalize their experiences and provided peer as well as practitioner support. Parents left the group feeling less overwhelmed and more hopeful. This was because they had new understanding linked to new parenting approaches, which they anticipated would continue to grow and develop. They recognised the challenges the children continued to present but were better able to reflect on the underlying emotional experience, leading to improved abilities to stay regulated and to help the children to regulate in turn. Some participants would have liked this support earlier, however parents reported that at times they find it difficult to ask for support due to a fear that they will be judged in some way as failing as parents. For some parents attending the group was reported to have been a life changing experience.

Adoptionplus found the experience of running the groups to be a positive one with both parents and facilitators reporting beneficial outcomes. They will continue to provide this cost effective intervention within their agency. They note the importance of selecting experienced group facilitators with a high level of experience and an appropriate level of training and understanding of the DDP model. They also recommend that programmes such as the Nurturing

Attachments Group are approved as effective for the population it is delivered to in order to help guide parents and practitioners in choosing appropriate interventions. Quality assurance of facilitators would also be seen as helpful. Finally, they suggest that work is done towards developing additional appropriate and sensitive outcome measures to demonstrate effectiveness.

Overall this study has demonstrated the efficacy of the Nurturing Attachments Group for increasing support to adoptive parents. These parents reported many benefits from their attendance and significant changes were demonstrated. A control or comparison group is needed to confirm that changes are a result of the intervention. Attendance at the group did help parents to meet the goals they had for participating in the intervention.

"It's really opened my eyes to a different way of being, um, a different way of doing things, but also a different way of being with people...it's been really life changing for me that course...on every sort of level I'd say, you know with my adopted child, with my biological child, with my relationships" (Adoptive parent, qualitative evaluation)

2. Introduction

This report summarises the results of an evaluation of the Nurturing Attachments group work Programme across four geographical sites (Golding, 2014[1]). This was led by Adoptionplus, supported with DfE funding. The evaluation comprises two parts:

1. A quantitative evaluation led by Professor Julie Selwyn, The Hadley Centre for Adoption and Foster Care Studies, School for Policy Studies, University of Bristol (See appendix one for full report).

2. A qualitative evaluation led by Dr Ben Gurney-Smith, Adoption Plus. Interviews were conducted by Katherine Kidd and Beth Venus, assistant psychologists at Adoptionplus. Analysis of data was carried out by Dr Olivia Hewitt, Research Tutor, The Oxford Institute of Clinical Psychology Training, University of Oxford (See appendix two for full report).

2.1 Introduction to Adoptionplus

Adoptionplus is a therapeutic adoption agency. It provides both placements and access to long term clinical support for families caring for children who have experienced high levels of early trauma. The long term commitment Adoptionplus offers to families means they seek to ensure that their therapeutic provision is effective and preventative. Since its establishment as a Voluntary Adoption Agency in 2008, Dyadic Developmental Psychotherapy and Practice (DDP) has been a key therapeutic approach used by the organisation. The DDP model is based on an understanding of child development including attachment theory and the impact of developmental trauma. These are very relevant to the population of children with whom the agency works. Additionally, the agency's experience of the DDP attitude of PACE (playfulness, acceptance, curiosity and empathy) has been very positive with the families they have worked with. Despite only placing children with complex needs and high levels of trauma, Adoptionplus has had no placement disruptions to date.

Adoptionplus has a culture of learning and innovation, and was therefore keen to explore the development of further interventions that could be helpful to families caring for children with a history of trauma. They were looking for an intervention that could reach a larger number of families effectively with efficient use of limited resources. They believed there could be benefits of a group based therapeutic approach informed by DDP practice and identified the Nurturing Attachment Group Programme as an intervention they wanted to explore.

The DfE grant applied for in 2015 enabled them to provide and evaluate this group work programme in 4 regions around the country including Buckinghamshire, London, Suffolk and Leicestershire.

2.2. Description of the Nurturing Attachments group work Programme

Nurturing Attachments is a group work programme designed to provide support and guidance to adoptive parents and the range of parents and carers of children who have experienced trauma and attachment difficulties. It is fully described in the Nurturing Attachments Training Resource (Golding, 2014). The programme has its foundation in an understanding of child development, and the impact of developmental trauma upon this development. This includes an understanding of how attachment and intersubjective relationships form so that children can experience attachment security and are able to enter into reciprocal relationships. The programme is informed by the DDP

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1. Golding, K. S. (2014) Nurturing Attachments Training Resource. Running Groups for Adoptive Parents and Carers of Children Who Have Experienced Early Trauma and Attachment Difficulties London: Jessica Kingsley Publishers

model (Dyadic Developmental Psychotherapy and Practice); and in particular uses the attitude of PACE (playfulness, acceptance, curiosity and empathy) which is central to the DDP-informed parenting approach. (Hughes et al, 2015; Golding & Hughes, 2012[2]).

Within the 18-session-group, parents are introduced to the theoretical foundations of the parenting ideas that they will explore. They are then taken through the 'House Model of Parenting'. This aims to help parents to develop their parenting skills matched to the emotional and behavioural needs of the children. Parents are encouraged to manage behaviour but within the much broader context of building trust and security with the children and enhancing their development. This provides a coherent set of ideas for therapeutically parenting the children in a way that nurtures security of attachment and therefore resilience and emotional growth. Practical suggestions are offered but these are grounded in theory so that parents can develop a deeper understanding about what they are trying to achieve, and can be flexible in the way they use and adapt the ideas being discussed.

Throughout the programme group members are encouraged to reflect on their parenting of the children, utilising reflective diaries. This especially encourages them to reflect on the impact that the child is having upon them and the meaning underlying the behaviours that their child is displaying. In this way it is hoped that parents can develop their ability to be mind-minded towards their own and their children's internal experience. This supports attunement, emotional regulation and reflective function. In other words, as parents are more understanding of their own internal experience of fears, doubts, worries and hopes they are better able to regulate this emotional experience. They can then stay open and engaged to their child rather than becoming defensive in their parenting. In this way they are able to focus on their child's internal experience, supporting the child to emotionally regulate and to better make sense of their own behaviours. This can strengthen the relationship between child and parent with a positive benefit on behaviour.

The Nurturing Attachments programme has the following aims:

1. To provide increased support to parents both from group facilitators and from other group members.

2. To increase understanding of the children and their behavioural and emotional needs through an increased understanding of Attachment Theory, child development and the impact of trauma.

3. To increase the confidence of the parents when parenting their children.

4. To support the parents to have an increased capacity for emotional regulation and reflective functioning. This in turn helps the parents to become more mind-minded towards their children and to adopt a PACE attitude when parenting their children. This is based on the model of DDP-informed parenting (Hughes, 2009)[3].

5. Over time to increase the children's security within their families.

The programme is divided into three modules with six sessions per module.

• Module One: Provides an understanding of Attachment Theory, patterns of attachment and an introduction to therapeutic parenting. There is particular emphasis on the development of mind-mindedness so that parents learn to notice their own internal experience, in preparation for reflecting on the children's internal experience in the next two modules.

• Module Two: Introduces the House Model of Parenting, providing guidance on how to help the children experience the family as a secure base. Parents are also encouraged to look after themselves as an important part of building security with their children.

• Module Three: Continues exploring the House Model of Parenting, with consideration of how parents can build a relationship with the children. Connection with the children alongside behavioural support is emphasised.

2.3. Description of the Adoptionplus-led Nurturing Attachments Groups

Group facilitators were selected on the basis of an interview conducted by Adoptionplus staff. This interview included a piece of reflective writing. The six group facilitators selected were experienced social workers, therapists or clinical psychologists. They all attended a two-day train the facilitators programme run by Kim Golding. Kim developed the group work programme and is author of the Nurturing Attachments Training Resource which has manualised the programme (Golding, 2014). During this training the facilitators had to demonstrate their ability to run a group; including their ability to model the use of PACE as an attitude. They had an additional training day with Kim at approximately the half way point during the delivery of the group.

2. Hughes, D.; Golding, K. S.; & Hudson, J. (2015) Dyadic Developmental Psychotherapy (DDP): the development of the theory, practice and research base. Adoption & Fostering, 39, 356 – 365; Golding, K. S. & Hughes, D. A. (2012) Creating Loving Attachments. Parenting with PACE to nurture confidence and security in the troubled child. London: Jessica Kingsley Publishers

3. Hughes, D.A. (2009). Attachment-focused parenting. New York: W.W. Norton.

Recruitment of adoptive parents was via adoption managers from the four areas who were asked to inform all their adoptive parents about the programme. Information was additionally posted on the Adoption UK website and social media was used to communicate with adoptive parents. Parents were asked to contact Adoptionplus if they were interested in attending. A total of 79 parents applied for a place on the programme. On a 'first come first served' basis, 67 parents were allocated a place for the group nearest to them geographically. Of these parents 15 withdrew before the group began, and one parent, registered to attend, did not attend any of the sessions. Therefore 51 parents began the programme. There were 7 couples, therefore this represents 44 families. During the course of the group 3 parents withdrew during or at the end of module two. None of the couples withdrew. Therefore, 48 parents (41 families) completed the programme. Of these 34 families consented to be part of the research study and 29 of these families completed both pre- and post- questionnaires. Thus 71% of families who completed the programme contributed to the completion of the questionnaires.

1. Leicestershire (13 parents completed the programme)

2. London (13 parents, including 1 couple completed the programme)

3. Suffolk (8 parents, including 2 couples, completed the programme)

4. Buckinghamshire (14 parents, including 4 couples, completed the programme)

The programme was delivered in three modules of six three-hour sessions delivered on a weekly basis during term time. Facilitator fidelity to the programme was monitored and found to be excellent.

3. Quantitative evaluation

"100% impact. I can cope, notice changes and support my son." (Adoptive Parent, quantitative evaluation)

In this section the results of the quantitative study will be summarised and discussed. Please refer to the full report written by Professor Julie Selwyn for further details (Appendix One).
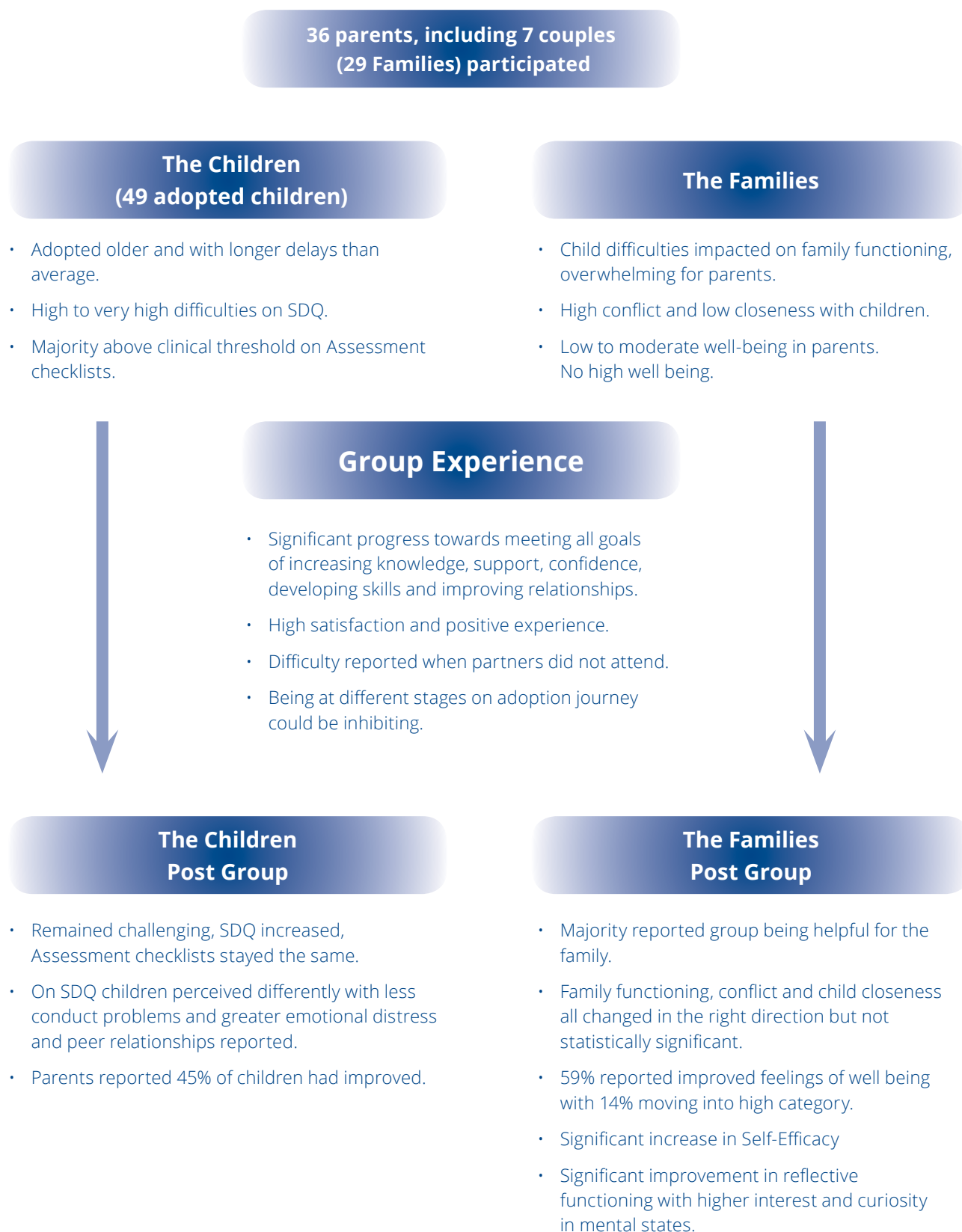
3.1. The Study Sample

The evaluation was conducted with 29 families. The sample represents 71% of families who completed the training programme. Average attendance was 88%, with nine of the parents attending all the sessions. These families were sent a pack comprising a range of questionnaires pre- and post- the running of the group. Questionnaires included measures of parental and child well-being and family functioning, goal & session ratings and a knowledge quiz. Full details of these measures can be found in appendix one.

It is likely that the families were experiencing more challenges than the average adopted family. This is because the children were on average older than most children placed for adoption. Twenty-three percent were four years or older at entry to care. At the time of the Adoption Order 49% were older than the average age of 39 months at which children are currently adopted. The children also experienced more delay: the average time between entry to care and the making of the Adoption Order was 32 months. This is 5 months longer than the current national average of 27 months.

3.2 Results

Figure 1 provides a visual diagram of the key findings from this study. These will be discussed within this section.

Figure 1. Results of the quantitative analysis

36 parents, including 7 couples (29 Families) participated

The Children (49 adopted children)

- Adopted older and with longer delays than average.
- High to very high difficulties on SDQ.
- Majority above clinical threshold on Assessment checklists.

The Families

- Child difficulties impacted on family functioning, overwhelming for parents.
- High conflict and low closeness with children.
- Low to moderate well-being in parents. No high well being.

Group Experience

- Significant progress towards meeting all goals of increasing knowledge, support, confidence, developing skills and improving relationships.
- High satisfaction and positive experience.
- Difficulty reported when partners did not attend.
- Being at different stages on adoption journey could be inhibiting.

The Children Post Group

- Remained challenging, SDQ increased, Assessment checklists stayed the same.
- On SDQ children perceived differently with less conduct problems and greater emotional distress and peer relationships reported.
- Parents reported 45% of children had improved.

The Families Post Group

- Majority reported group being helpful for the family.
- Family functioning, conflict and child closeness all changed in the right direction but not statistically significant.
- 59% reported improved feelings of well being with 14% moving into high category.
- Significant increase in Self-Efficacy
- Significant improvement in reflective functioning with higher interest and curiosity in mental states.

3.2.1. Group Experience

Participants were asked to report the goals they wished to achieve through attending the group. Parents selected goals that can be grouped into 5 themes: increasing knowledge; improving relationships; developing skills; increasing support and gaining confidence. These themes match well with the aims of the group. A couple of parents chose outlying goals such as improved working with schools and practitioners which are unlikely to be met by attending the group.

Parents reported significant progress towards meeting their goals, and therefore attending the group did address their needs. One parent did not rate progress towards his or her goals, reporting that whilst the course was brilliant, they were still waiting to see the benefit for their son.

There was a slight increase in knowledge on the knowledge quiz, although this change was not seen for 6 parents. This quiz was therefore less successful in evidencing the increase in knowledge that parents reported that they had gained. Parent ratings revealed an increasingly positive experience of the group. It took some parents several sessions before they felt comfortable in the group and men scored sessions lower than women. One group consistently rated experience lower than the other groups; this group however were the keenest to continue at the end of the group's life and have gone on to secure funding to continue meeting.

Feedback collected by group facilitators about group experience demonstrated high levels of satisfaction with the experience, although there was some dislike of the role play. Group members reported that the group was well run with supportive, empathic and kind facilitators. This made the group a safe and non-judgemental experience. Group members found attending the group to be supportive with good opportunities to share with other parents and a feeling of sadness that the group had to come to an end. The length of the group was received positively with group members reflecting that this gave them the opportunity to practice the ideas and let the learning embed. The mixture of theory, practice, homework and reflective diaries was appreciated. There was also recognition of the need to keep learning and practicing so that they didn't revert to old habits. A focus on self-care was appreciated. There was some concern that they had not attended the group earlier as they now felt they had been failing as parents previously. Parents attending without their partner saw this as a disadvantage. There was a wish for top-up sessions and on-line support groups. Some parents thought that the training should be compulsory for all adoptive parents.

3.2.2. Pre- and Post-measures

These measures were used to understand the population of parents who participated in the group, as well as the children they were parenting; and to identify any changes that occurred during the lifetime of the group.

3.2.2.1. The children

The parents participating in the study were caring for 49 adopted children; of these 25 were boys and 24 were girls. Seventeen parents had more than one adopted children whilst 12 parents were caring for a single child. The children ranged in age from 18 months to 17 years old. Forty-four of the children were white British, therefore only 10% were from an ethnic minority. Overall, this was a group of children who were adopted at an older age compared to the average for this population, with longer delays between entry into care and adoption. The children were therefore a potentially more challenging group based on previous research (See full report, appendix one).

Family functioning was negatively rated (comparable to a clinical population) in 12 families (41%) prior to attending the group. The dimension rated most negatively was 'overwhelmed by difficulties'. In addition, the parents of children aged between 3 and 11, reported lower levels of closeness (whether children would spontaneously share information or feelings) and higher levels of conflict with their children than is expected in the general population.

Children's behaviours were explored using the SDQ and the Assessment Checklist. At the beginning of the study over half of the children (55%) were rated as being in the high to very high range for difficulties on the SDQ (this compares to 10-15% of the general child population). Conduct disorder scores were especially high. This challenging profile of the children was confirmed by the Assessment Checklist, a measure designed to assess behaviours common to children looked after. On this measure 66% of the children were above the clinical threshold.

Overall therefore the families who sought to participate in the Nurturing Attachments Group and who volunteered to participate in the study were experiencing considerable challenges. These challenges were maintained through the life time of the group. Thus family functioning, feelings of closeness and levels of conflict did move slightly in the right direction, but did not substantively alter. The total scores on the SDQ increased post group and the behaviours common to this population, as rated on the assessment checklist, did not change.

Despite these challenges parents did report that 45% of children had improved during the lifetime of the group and all but one parent rated the group as having been helpful on the impact scale. It seems attendance at the group was helping parents to manage despite the longstanding difficulties being presented. One reason for this might be because the perception of the children's behaviours changed following the group. For example, on the SDQ the

level of conduct difficulties reported reduced and emotional distress and peer difficulties increased. The differing perception of the children, which appears to move from a focus on behaviour to one on internal and relationship experience, may be increasing feelings of empathy towards the children. It can be speculated that this makes dealing with the challenges more tolerable. Additionally, experiencing less conduct difficulties and understanding behaviours as an expression of the emotional distress of the children, linked to past experiences, might reduce feelings of failure for the parents.

3.2.2.2. The Parents

As the parents were parenting children with a range of difficulties which was impacting upon family functioning we would expect that this would also be having an impact upon them. This was confirmed by their scores on a measure of well-being. Prior to the group beginning the average score across the group was much lower than the average score for the general population. Thirteen parents (45%) reported low well-being and 16 parents (55%) reported moderate well-being. No parent scored in the high well-being range.

Whilst there was no statistically significant change for the whole group post training it was evident that some group members had improvements in mental well-being by the end of the group. Thus 59% demonstrated a positive change in well-being with 14% now being in the high range.

Alongside some improvement in well-being parents did report statistically significant improvements in feelings of self-efficacy, with parents having greater beliefs in their own parenting abilities post group. In addition, reflective functioning was higher post training with statistically significant increases in curiosity and interest in the child's mental state.

3.3. Conclusion of quantitative study

Parents found the group to be supportive and to meet their goals. Thus 98% of parents found the group to have helped them quite a lot or a great deal. Parents reported learning a great deal from their attendance at the group.

Whilst this did not reduce the challenges of parenting their children it did increase feelings of well-being for over half of the participants, and some parents reported feeling less overwhelmed. There were significant increases in feelings of self-efficacy. Parents felt more confident in their parenting abilities.

There is also evidence that perception of the children changed following attendance at the group with a shift from a focus on behaviour to a focus on emotional experience. Parents recognised that their children were emotionally troubled and it may be, as one parent reported, that this increased their empathy for them. This change in perspective might be explained by the increased reflective functioning demonstrated by the end of the group, with greater levels of curiosity about the children's inner experience reported. This change was perceived positively by the parents who found that the group was a supportive experience in a safe and non-judgemental atmosphere. This allowed them to perceive and parent their children differently. Some parents reported positive impacts on their children, although this was not picked up by the measures. There was optimism that this would lead to further improvements in the future.

It was not unexpected that reports of children's difficulties did not change with an increase in total difficulties reported. Encouragingly perception of these difficulties did shift revealing a greater understanding of the internal experience of the children as parents were more curious and interested in their child's mental states. This is expected given that parents were introduced to PACE (playfulness, acceptance, curiosity and empathy) during the group. This is a parenting attitude which encourages curiosity, allowing parents to connect with the child's internal experience via empathy and acceptance. This combined with playfulness at appropriate times provides an emotional connection with the child that can improve behavioural support. If parents can sustain this attitude of PACE following the group, we would expect children's behaviour to start to change over the longer term. However, the high level of difficulties reported on the Assessment Checklist, revealing a clinical range of difficulties for the children, might indicate that direct intervention including the child is also needed.

4. Qualitative evaluation

"When I had to share my stories as well I found that quite difficult. I'm quite a private person. So for me to share information that goes on in my household was quite difficult for me... but they brought that out of me. I felt comfortable enough to share my experiences in the group so they could help me...they provided the support I needed" (Adoptive Parent, Qualitative Analysis)
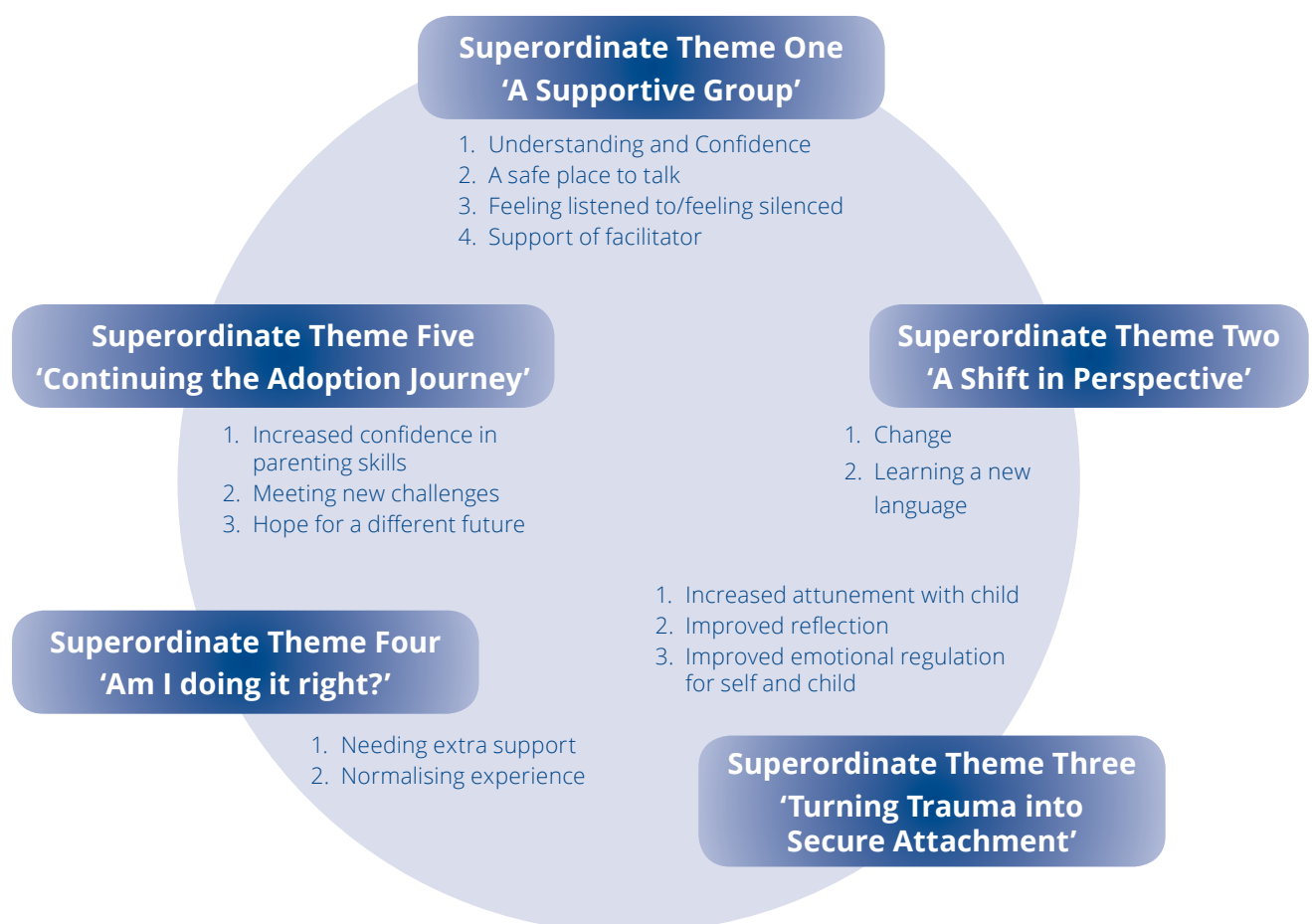
Adoptionplus conducted a qualitative evaluation of the group experience led by researchers who were independent of the planning, delivery or quantitative evaluation of the Nurturing Attachments group. Please refer to the full report written by Dr Ben Gurney Smith and Dr Olivia Hewitt for further details (Appendix Two).

4.1. Results

Eight parents participated in a telephone interview. The interviews were transcribed and analysed using Interpretative Phenomenological Analysis (IPA). IPA seeks to gain understanding of the experiences of the participants from a first-person perspective. It is a thematic methodology which seeks to identify from interview transcripts themes illustrating the experience of the participants. Five superordinate themes were identified through this analysis (see Figure 2). These were:

- *'A supportive group'* All participants described the group as supportive. The support came from increased understanding and having confidence in the strategies linked to this knowledge. The group was described as a safe place, which normalised experience and reduced isolation. Facilitators were viewed as skilled and knowledgeable.

- *'A shift in perspective'.* Participants noticed changes in their ability to reflect, changing their relationships with their children and others. They also had hope that these changes would continue to develop.

- *'Turning trauma into secure attachment'.* This again focused attention onto changes in the relationship with the children as participants described feeling more attuned to them. This helped with self-regulation; which also helped the children to regulate.

- *'Am I doing it right?'* This theme captured some of the anxieties that adoptive parents can experience linked to the need for support. Beliefs were expressed about the importance of the group support to reduce distress and avert placement breakdown. The timing of this support was seen as important with the need for timely support during preparation and early in their adoption journeys. Feeling not alone was an important part of this support.

- *'Continuing the adoption journey'* This final theme reflects the sense of having new tools and skills for the ongoing journey, with hope that this brought for the future.

Figure 2. Themes identified during qualitative analysis

Superordinate Theme One 'A Supportive Group'
1. Understanding and Confidence
2. A safe place to talk
3. Feeling listened to/feeling silenced
4. Support of facilitator

Superordinate Theme Five 'Continuing the Adoption Journey'
1. Increased confidence in parenting skills
2. Meeting new challenges
3. Hope for a different future

Superordinate Theme Two 'A Shift in Perspective'
1. Change
2. Learning a new language

1. Increased attunement with child
2. Improved reflection
3. Improved emotional regulation for self and child

Superordinate Theme Four 'Am I doing it right?'
1. Needing extra support
2. Normalising experience

Superordinate Theme Three 'Turning Trauma into Secure Attachment'

4.2. Conclusions of qualitative study

The themes identified captured the overwhelmingly positive experience of group attendance. Participants reflecting on the support offered felt it was safe because it offered an atmosphere of acceptance without judgement and normalised experiences, which were shared between group members. Safety was reflected in common understanding between group members and the support and skill of group facilitators. Attendance at the group helped to build hope for the future with increased understanding and new confidence in using parenting skills learnt. New parenting skills were seen as linked to theoretical understanding building hope that they can continue to use and develop these skills as new challenges emerge. Parents reported their increased ability to reflect upon and understand their children and improved capacity for emotional regulation both for self and the children. This reflected a confidence in new parenting skills gained and hope for the future in sustaining these gains. These reduced feelings of hopelessness and frustration. It was interesting that participants reflected on gains for themselves in increased confidence, and reduced frustration rather than gains for the child in a reduction of challenging behaviour. Participants appeared to have gained confidence in managing their children's' ongoing challenges rather than an expectation that these challenges would reduce.

There was some frustration at not having this support earlier in the adoption journey, with a sense that this group experience could be instrumental in preventing adoption breakdown. Some participants wondered if this group experience could be part of the preparation for adoption. However, there was also a sense of guilt at needing this support, and the preparation process having created a pressure to be able to do this without ongoing support.

The analysis also highlighted challenges of including parents with younger and older children, leading some to feel less able to contribute to group discussion.

Participants found attending the group to be empowering because it normalized their experience; and led to changes in the way they parented the children. For some this was life changing whilst others noted subtler changes. There was a notable lack of focus on the children's behaviour but an experience of a changed relationship based on improved understanding and attunement with the child.

Hope for the future was held by participants, but alongside a recognition that they need to sustain skills learned and become fluent and practiced in these.

5. Discussion

The group work programme has a range of aims which will be explored in relation to the findings of both the quantitative and qualitative analyses. Before exploring these individually, it is important to acknowledge that the absence of a control or comparison group means that firm conclusions attributing change to the group intervention cannot be made. Support for this is derived however from another study of the group intervention (Wassall, 2011[4]). This study used a waiting list comparison to reveal that parents sense of competence, confidence and self-efficacy improved significantly during the intervention, changes which were not observed in parents over the waiting list period. This lends support to the conclusion that attending the group work programme had led to the benefits identified. Gains were found both at completion of the group and over an eight-month follow-up period. This study therefore gives some confidence that the changes observed in the current study are attributable to the intervention.

5.1. Conclusions related to aims of the programme

The results of the study will now be explored in relation to the aims of the group intervention.

5.1.1. To provide increased support.
A very high level of satisfaction with the group experience was apparent in both the evaluation studies. Parents reported that attending the group had given them a high level of support, both from each other and through the skill and compassion of the facilitators. Parents reported that the group had met their goals for attending; that they experienced it as a safe and non-judgemental environment within which they could share experiences. There was some inhibition to sharing from some group members. This seemed to reflect the different stage of the adoption journey that they were at compared to other group members. It might be that selecting group members who are more similar in terms of the age of the children or the time since adopting might be helpful. Additionally, some group members felt disadvantaged because their partners had not attended. Some partner sessions during the lifetime of the group could be helpful. Participants expressed a feeling of empowerment because of what they had learnt, with confidence that they would be able to adapt this learning as new challenges presented themselves in the future. The length of the group was seen as an advantage allowing time for learning to embed and providing increased support

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4. Wassall, S (2011). Evaluation of an Attachment Theory based parenting programme for adoptive parents and foster carers. Clin.Psy.D. thesis, University of Birmingham

to try out parenting ideas. Participants held hope that they would continue to develop their parenting skills with a benefit to their children once the group had finished. Alongside this they also reported being more aware of and deserving of self-care in order to continue with the challenging parenting task. There was a feeling of needing this intervention earlier for some parents with a suggestion that placement breakdown could be or was averted because of this intervention. However, some parents also expressed some feelings of guilt that they needed this support. Being selected to adopt appears to put pressure on parents to manage the children without help.

5.1.2. To increase understanding of the children.

There is evidence from both evaluations that understanding of the children had increased through attendance at the group. Although the knowledge quiz was less successful in demonstrating this, parents reported that their goal of increasing their knowledge was met. Participants reported that their understanding had increased, and that this understanding was successfully linked to parenting strategies. This gave increased confidence and empowerment to change their way of parenting the children with an anticipation that the increased understanding gave flexibility, so that they could adapt as new challenges presented. Participants had hope and a determination to continue learning and developing as a parent of a challenging child, but they also recognised that they would need to continue learning to fully embed the fledgling skills that they were developing. There was a sense of hope that continuing development would decrease feelings of hopelessness and frustration that they had experienced in the past.

5.1.3. To increase confidence

Participants had a clear goal to increase their confidence through attendance at the group, and they reported that this goal had been achieved. Participants had increased confidence in their parenting skills to meet the parenting task which they now had a better understanding about. They linked this confidence to the theoretical knowledge and understanding that they had gained. Participants recognized that they had an ongoing journey; anticipating new challenges in the future, but they also expressed hope that they now had the skills and confidence to meet these challenges. This self-report was evidenced by changes in self-efficacy with participants having a greater belief in their own abilities following their attendance at the group.

5.1.4. To support the parents to have an increased capacity for emotional regulation and reflective functioning.

Within both evaluations the participants reported changes which suggest that they were better able to regulate and reflect. This meant that they were able to use the PACE attitude that they had been learning about and practicing. Thus participants expressed a sense of being better attuned to their child; more emotionally regulated, and therefore better able to help their child to regulate. This was felt to have changed the way they viewed and understood their children's behaviour. In turn they expressed an improved relationship with their child. This self-reported change was evidenced in the increased reflective functioning upon completion of the group, with curiosity scores being markedly increased. As curiosity is one of the key components of the attitude of PACE this is expected, and the comments of the participants suggest that the increased focus on and understanding of the child's internal experience did lead to increased levels of acceptance and empathy. This is also supported by changes to the way the children were rated on the SDQ. There was evidence that the behaviours the children were presenting were perceived differently, with reduced conduct problems and more emotional distress and peer difficulties. Again it would be expected that this change in perspective would increase empathy and acceptance. In other words, that parents would be better able to adopt and use the parenting attitude of PACE.

5.1.5. Over time to increase the child's security within the family

Whilst this is an aspiration stemming from the change in parenting adopted by parents who have attended the Nurturing Attachments Group it is unrealistic to expect to see this change during the life time of the group. Parents are learning and embedding new skills which are designed to help them foster increased security in their children over time. It also has to be borne in mind that the cohort of children at the centre of this study were adopted later than the average and had experienced more delays in becoming adopted. They are likely to present with greater challenges and this was borne out in the clinical levels of difficulties reported on the SDQ and Assessment checklist. It is encouraging therefore that participants reported changes in their relationship with their children, even though reports of the child seeking closeness remained low and conflict remained high. Parents reported subtle changes in their children, although notably for some parents the changes they were experiencing were described as life changing. There is likely to be a range of individual differences amongst group members. Thus some parents may experience difficulty adapting their pre-existing parenting styles whilst other group members may embrace the changes whole heartedly. It is also likely that whilst this might be sufficient to increase security for some children it is more likely that this longer term ambition will only be realised with ongoing support for the parents alongside some intervention involving the child. The Nurturing Attachments group is informed by DDP (Dyadic Developmental Psychotherapy and Practice) principles; this provides the parenting support needed to prepare the parents to benefit from individual DDP informed support, alongside therapeutic work involving the child when this is indicated.

5.2 Conclusions from the experience of Adoptionplus in running the groups

Key learning themes were identified by the agency during the period of setting up and running the groups; linked to service provision and programme evaluation.

- The first theme relates to the skills, experience and effective support of the therapeutic workers recruited to facilitate the groups. The agency took significant care in their selection in order to ensure a very high DDP skill level of staff employed to run the programmes. Adoptionplus believes that this contributed positively to the experience parents had of attending the groups, their understanding of parenting with PACE and their ability to feel safe enough to explore their own parenting approaches. They believe this would not be the case with someone with more limited experience and less skills in working with the PACE approach.

- Linked to this theme it is suggested that there needs to be a system of approval of programmes offered to adoptive parents. For example, DDP-informed programmes could be approved by DDPI. Such a system would allow greater informed choice regarding interventions to engage with. In addition, an aspiration would be to have a system of quality assurance for those providing the intervention. We would recommend that anyone facilitating the groups should be trained to DDP level 2 and have at least 5 years experience of working with families caring for children who have experienced developmental trauma.

- The final theme was linked to the research element of the programme. The organisation was concerned that there was a gap in relevant standardised evaluation measures. This could limit the capacity of the research to get a full picture of some of the changes made as a result of the intervention. Other measures that had shown promise in previous evaluation of the group work programme were not used in the research study because they were not standardised. Adoptionplus believe that further exploration is needed to ensure that relevant, sensitive measures are available, for further research in this area.

Adoptionplus have had a positive experience of running the Nurturing Attachments group and have been impressed by the positive feedback they have received from the parents participating and the facilitators running the groups. Demand for this intervention is high and Adoptionplus will continue to support the provision of this intervention. They have also supported one of the groups to extend the lifetime of the group through monthly top-up sessions at the request of the group members.

6. Conclusion

Overall therefore, this study provides evidence that the Nurturing Attachments Group is an effective intervention for supporting adoptive parents parenting children with a range of challenges. Parents are left with increased understanding, a new perception of their children, parenting skills which they will continue to develop and increased hope for the future. For some parents this can represent a turning point in their adoption journey. It is anticipated that if these gains can be sustained the children will increase in security over time. This however cannot be evidenced from the current study.

The challenge to security that these children experience stemming from early life experience and loss and change over time should not be underestimated. Increases in security will be influenced by many factors, not least of which is the parenting experience, but also the degree of neurodevelopmental difficulty the children have and other life experiences that impact upon them. Parents are highly vulnerable to experiences of blocked care (Hughes & Baylin, 2012[5]), depression and becoming emotionally overwhelmed by the enormity of the task that they have undertaken. A 6-month group experience is a good start to providing the support and understanding parents need to parent these children in a way which will help them to heal from their trauma. It is likely, however, that they will also need ongoing support alongside targeted help for the children during their adoption journey. The Nurturing Attachments Group is the beginning of providing the help and support needed if adopted children are to grow up feeling more secure and with their potential fulfilled.

"It's given me the insight to better know my children, and to look behind why they might be behaving in a certain way" (Adoptive Parent, Qualitative Evaluation)

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6. Hughes, D. & Baylin, J. (2012) Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment New York: W.W. Norton

Appendix 1

Quantitative Evaluation of the Nurturing Attachments Group Programme

Professor Julie Selwyn, Hadley Centre for Adoption and Foster Care Studies, School for Policy Studies, University of Bristol

July 2016

University of BRISTOL

Quantitative Evaluation of the Nurturing Attachments Group Programme

This report presents the results of the DfE funded evaluation of the Nurturing Attachments Training Programme. Adoptive parents attended the training between 2015 and 2016. The study was conducted by the Hadley Centre for Adoption and Foster Care Studies, School for Policy Studies, University of Bristol. Ethical permission was gained from the School for Policy ethics committee.

Contents

Introduction

The 'Nurturing Attachment Groupwork Programme' began as a training programme designed to provide support and guidance to foster carers. Since 2013, the programme has been developed to include a wider a group of carers, especially adoptive parents, who are parenting children who have experienced trauma and have attachment difficulties. The programme is manualised and published as the 'Nurturing Attachments Training Resource' (Golding, 2013). It consists of three modules each containing six three-hour sessions. The training resource includes theoretical content, process notes, and a range of activities supported by reflective diaries, activity sheets, and handouts. Attachment, trauma and neuroscience theory are the key theoretical concepts that form the basis of the programme. The training intends to provide a coherent set of ideas for therapeutically parenting children in a way that nurtures security of attachment and builds resilience and emotional growth.

In the 'House Model of Parenting' promoted by the programme, behavioural change is believed to come from secure foundations. Discipline is informed by empathy and connection. Parents are introduced to the concepts of mentalization and the concepts of PACE (playfulness, acceptance, curiosity and empathy), as a means to transform relationships and practice new skills (Hughes 1997). Parents are encouraged to manage behaviours but within the much broader context of building children's trust and security and enhancing their development. Practical suggestions are offered and are grounded in theory so that parents can develop a deeper understanding about what they are trying to achieve, and can be flexible in the way that they use and adapt the ideas being discussed.

Previous research

A few small-scale evaluations (Golding & Picken 2004; Laybourne et al., 2008; Gurney-Smith et al., 2010) have been undertaken on the original programme (see appendix). The standardised measures used in some of these evaluations showed some small statistically significant differences after receiving the programme. However, sample numbers were very small and it is likely that there was insufficient power to detect change. In contrast, the qualitative accounts of participants described high levels of satisfaction, increased understanding of difficulties, greater mentalization and lower parental stress. One evaluation (Wassall et al., 2011) using an intervention vs waiting list control group found that carers' sense of competence and confidence improved immediately after and eight months following the programme but other outcome measures such as parent's capacity for mentalization, their stress levels, children's emotional and behavioural difficulties and relational security showed no improvement. A systematic review (Kerr & Cossar, 2014) of attachment interventions (including Nurturing Attachments) with foster and adoptive parents found that the evaluations were generally of poor methodological quality, and that some measures had been scored differently by evaluators making comparison between study findings difficult. Overall, Kerr and Cossar (2014) concluded that while the Nurturing Attachment programme showed some promise, the quality of the evidence base was currently too limited to make conclusions regarding the programmes' efficacy.

Aims and method

Adoptionplus, a voluntary adoption agency, was funded through the Department for Education's National Prospectus Grants 2014-15 to deliver the 'Nurturing Attachments Training Programme'. Training was delivered in four English regions (including London) between September 2015 and February 2016. The trainers were selected at interview after responding to advertisements recruiting for the role. The trainers were experienced adoption social workers, therapists or clinical psychologists. All were trained by Kim Golding (author of the programme) to deliver the programme. The programme was delivered in three modules of six three-hour sessions delivered on a weekly basis during term time. The Hadley Centre for Adoption and Foster Care Studies, University of Bristol was commissioned to evaluate the effectiveness of the training programme. A logic model was created to inform the methodology (Appendix 1). The evaluation set out to answer the following questions:

a) Were the parents satisfied that the outcomes of the training met their goals?

b) Did the programme have an impact on participants' understanding of attachment theory; the impact of developmental trauma upon capacity for relationships, and the need for therapeutic parenting to increase security of attachment and capacity to enter reciprocal relationships

c) Did the programme increase parents' reflective functioning and in particular increase their curiosity about children's mental states?

d) Did the programme have any effect on parents' sense of self-efficacy and increase their well-being?

e) Did the programme improve communication within the family?

f) Did the programme have any effect on the way parent's reported their concerns about their child(ren)'s behaviours?

g) Did the programme have any effect on parent's reports of closeness and conflict with their child?

Sampling

Four areas were selected for the programme delivery. Adoption managers from the four areas were asked to inform all their adoptive parents about the programme, information was posted on the Adoption UK website and social media was used to communicate with adoptive parents. Parents were asked to contact Adoptionplus if they were interested in attending. On a 'first come first served' basis, 67 parents were allocated a place but 15 of these withdrew before the group began and one parent did not attend. Therefore 44 families (51 parents, including 7 couples) began the training programme. Thirty-four (77%) of the 44 families attending the programme gave their consent to take part in the research evaluation. Two families who had given their consent withdrew before they had completed the training due to changes in their circumstances and a further three families failed to return their questionnaires at the end of training. Therefore, the final sample was of 29 families caring for 49 children. The sample represents 71% of families who completed the training programme.

Funding became available after the training groups had started to recruit a 'control group'. Parents on the waiting list were contacted and 12 agreed to participate. Unfortunately, because parents had not been randomly allocated to either the training or control group, the waiting list parents and their children were significantly different from those undertaking training: their children were younger and had been in placement for a shorter time.
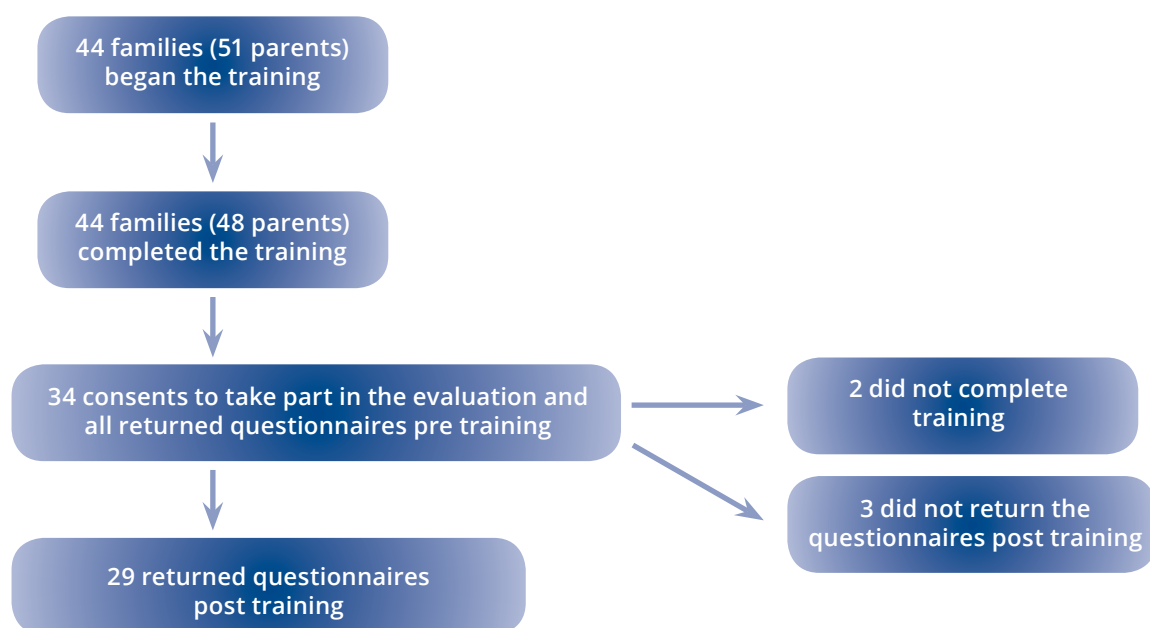
Selected measures

A pack of questionnaires were sent out to parents pre-training and again immediately following the end of the training programme. The same parent was asked to complete the measures at the two time points. The pack contained measures of parental and child well-being and family functioning. The measures were:

The Strengths and Difficulties Questionnaire (SDQ)
The SDQ (Goodman 1997) is a 25-item questionnaire for children age 2-17 years old assessing problematic behaviours associated with emotion, conduct, hyperactivity and peer relationships, as well as pro-social behaviour. It also assesses perceived impact of the child's difficulties on family life, the child's friendships, their leisure activities and learning. Results were analysed as recommended using the revised four band solution: close to average, slightly raised/lowered, high/low, very high/low. An added value score and effect size were calculated using the formula established by YouthinMind.

Assessment Checklist short form; three versions pre-school, children, and adolescents
The Assessment Checklists (Tarren-Sweeney, 2012 see www.childpsych.org.uk) were designed to measure a range of mental health difficulties observed among looked after and adopted children that are not adequately measured by standard rating instruments, such as the Child Behaviour Checklist and the SDQ. Those difficulties are: over-eating, sexualised behaviours, abnormal responses to pain, pseudo-mature behaviours, indiscriminate friendliness, attachment related difficulties and trauma-related anxiety. The scales produce a total score that can be banded into clinical, elevated and normal ranges. The clinical range indicates scores that are highly predictive of psychiatric impairment and the elevated range suggests that further assessment is needed and the behaviours would not be considered normative for most children.

Child parent relationship scale (CPRS) short form

The Child-Parent Relationship Scale (CPRS: Short Form) comprises 15 questions (derived from attachment theory) with responses on a 5 point Likert scale. It is suitable for parents whose children are under 11 years of age. The questions ask about the parent's feelings and beliefs about their relationship with the child, and about the child's behaviour toward the parent. It includes questions such as, 'I share an affectionate warm relationship with my child' and 'When my child is in a bad mood, I know we are in for a long difficult day'. Items are summed to form two scales: conflict and closeness. Reliability of the two scales was good: closeness scale Alpha .826 conflict scale .905

The scale has been used in the longitudinal 'Millennium cohort study' and the longitudinal 'Growing up in Ireland' and 'Growing up in Scotland' studies. However, scoring differs by study, partly because in the general population many parents score at the high end of the closeness scale (i.e. there is little variation in the closeness scale, although more variation is apparent in the conflict scale). In the longitudinal study in Ireland, a conflict or closeness score of more than one standard deviation from the mean was coded as being high. In contrast, in Scotland conflict scores were grouped into thirds (low, medium and high conflict) and closeness split high (score 34-35) and low (scores 7-33). In this study, we used the results from the 'Millennium cohort study' (MCS) for comparison. The MCS study of live births in England, Wales and Scotland in 2000 used the CPRS when the children were 5 years old. Means and standard deviations were calculated and the percentiles from the total scores of each scale were used to create groups – high, medium and low closeness and high, medium and low conflict.

Parental Reflective Functioning Questionnaire (PRFQ)

The PRFQ (Luyten et al. under review) is designed to assess parental reflective functioning and asks parents whether they agree or not with a set of statements. The PRFQ produces a total score and three dimensions of reflective functioning:

1) Pre-mentalizing modes in parents. An example statement is, 'When my child is fussy he or she does that just to annoy me.'

2) Certainty of mental states. An example statement is, 'I can always predict what my child will do.'

3) Parental interest and curiosity in mental states. An example statement is 'I wonder a lot about what my child is thinking and feeling'.

The development and validation of the measure was completed on parents whose children were aged between 0 and 5 years old but has been used with foster parents in England (Fonagy 2012) and in the US (Adkins unpublished).

Score 15

The SCORE-15 questionnaire is derived from the original SCORE-40 (Stratton et al., 2010). The fifteen items produce a total score and three dimensions of family functioning: strength and adaptability, disrupted communication and feeling overwhelmed by difficulties. Questions focus on trust, listening, caring, crises and blaming behaviours within the family. The total score can range from 15 (if every question was absolutely positively) to 75 (if every question was rated absolutely negatively).

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Government National Programme for Improving Mental Health and Well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh. The WEMWBS is a validated measure of mental well-being (age 13-74). It is a 14 item scale with five response categories, summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of well-being. The findings can be used to establish whether a specific population or group of people has low, average or high mental well-being and can be used to measure changes over time. WEMWBS has proved sensitive to change at both the group and individual level. At group level, in keeping with other studies, changes of half a standard deviation or more are likely to be important. The importance of a change of three or more points has been corroborated in a further study which examined score changes on WEMWBS compared to the gold standard of clinical assessment of change in the context of a counselling service (http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/)

Brief parental self-efficacy scale (BPSES)

The BPSES is a five item scale that assesses a parent's belief that he/she can effectively perform or manage tasks related to parenting. The scale is recommended by the Child Outcomes Research Consortium (www.corc.uk) for use in the evaluation of parent training and developed by Wolgar (National Academy of Parenting Research, King's College London). Reliability of the scale was good. Alpha .752

Knowledge quiz

To test whether the programme improved parent's knowledge, Kim Golding developed a multiple choice quiz consisting of 12 questions. This was administered before training began and again at the end.

Goal and session ratings

Parents were encouraged to identify up to three goals they wanted to achieve through attending the group and these were recorded in a booklet. At the end of every session parents recorded how close they were to their goals that day and to track their progress on a visual chart (for more information on Goal Based Outcomes see Duncan and Jacob 2013). Individual sessions were rated using Duncan and Miller's (2007) group session rating scale (GSRS). The GSRS is a simple, 4-item pencil and paper measure designed to assess: group members relationship with the facilitator, their satisfaction with the content of the session, the approach taken and overall satisfaction. Scores are summed out of a possible 40.

Attendance and fidelity to the training manual

Registers were kept of attendance and facilitators returned fidelity feedback forms after each session to Kim Golding. Each fidelity form provided a check on whether the expected content had been delivered in the session and asked if there had been any difficulties in providing the content.

Characteristics of the parents and their adopted children

The section will begin with a description of the adopted children whose parents attended the Nurturing Attachment Training programme and had given consent to be part of the evaluation. Twenty-nine parents completed both sets of evaluation questionnaires: seven attended with their partner and 21 mothers and one father attended on their own. The majority (93%) of the parents were white: two parents (6%) were of minority ethnicity. Most parents (70%) were married, 20% were single parents and 10% were co-habiting.
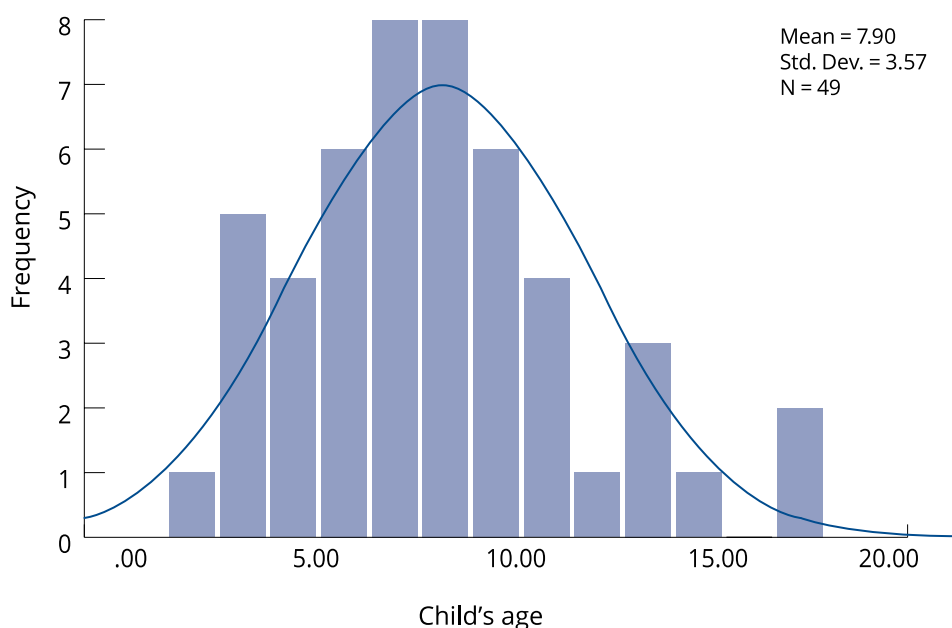
The children

The 29 parents were caring for 49 adopted children (25 boys and 24 girls). Seventeen of these parents (59%) had more than one adopted child (range 2-4 children). Twelve parents were caring for a single child. The 49 children were aged between 18 months and 17 years old (mean 8 years SD 3.57 Table 1).

Table 1: The adopted children of parents attending the training group

	The adopted children
Gender	25 (51%) boys: 24 (49% girls)
Ethnicity	44 (90%) white 5 (10%) minority ethnicity
Age at time of evaluation	Mean 8 years SD 3.57 Range 18 months – 17 years
Sibling groups	17 groups

The ages of children (Figure 1) followed an approximately normal distribution (Shapiro-Wilks test p =.065). One child was under 2 years old at the start of the training programme and therefore was outside the age range of the chosen questionnaire measures.

Figure 1: The age of adopted children at September 2015 (n=49)

Mean = 7.90
Std. Dev. = 3.57
N = 49

We asked parents for a little background information on the age of the children at key points in their care (Table 2). Research (e.g. Rushton 2003; Selwyn et al., 2015) has consistently found that being older at entry to care or at placement predicts emotional and behavioural difficulties and increases the risk of disruption. The children were on average older than most children placed for adoption. Twenty-three percent were four years or older at entry to care and 49% were older at the time of the Adoption Order than the average age (39 months) at which children are currently adopted (DfE 2015).

Table 2: Children's age in months at entry to care, at placement and at the time of the order

	The adopted children of parents who attended the training programme n=49	
	Months Mean (SD)	Range in months
Age at entry to care	21 (23.98)	0-84
Age at placement	37 (26.03)	1-108

The children also experienced more delay: the average time between entry to care and the making of the Adoption Order was 32 months (SD 12.70). This is 5 months longer than the current national average of 27 months (DfE 2015). Findings

The Group Experience

Goal based outcomes (Laws & Wolpert, 2014) and group session ratings scales (Quirk et al. 2012) were used to evaluate the parent's experience of attending the group based Nurturing Attachments parenting programme. These brief measures capture what the parent wants to achieve by attending the group; their experience within the group of cohesion and conflict; the content and methods used to achieve their goals; and their relationship with other group members and with the group leader. Group cohesion and climate are influential factors that can facilitate the attainment of goals (Kivlighan & Tarrant, 2001) and moreover the quality of the therapeutic alliance between service user and therapist is one of the best predictors of outcome across all types of therapy (Martin et al., 2000; Norcross, 2010). Evidence regarding an alliance's contribution to outcome is reflected in more than 1,000 studies (Orlinsky et al., 2004). Goal based measurement offers a different perspective than other types of measures of outcome, as they can measure different sorts of change not captured in standardised measures. The methods have been found to be an effective way of tracking outcomes in CAMHS and is recommended by CORC (Laws & Wolpert, 2014).

Attendance and fidelity to the manual

Attendance was very good. Nine parents had a 100% attendance record and most parents only missed one or two sessions (average attendance 88% of course). The facilitators provided detailed notes of what they had covered in each session and any difficulties they had encountered. Kim Golding reviewed the feedback and confirmed that fidelity was excellent.

Setting goals and Goal Based Outcome (GBO) ratings

Parents who attended the training programme were asked to identify [at the start of the training] up to three goals they wanted to achieve, as a result of attending the Nurturing Attachment Training Programme, and record them in a booklet. After each session, parents recorded on a scale of 0-10 how close they felt to achieving each of their goals. The outcome is measured by calculating the movement along the scale from the start of the training to the end. Parents chose to record goals of a) increasing their knowledge b) improving relationships, c) developing skills and d) improving self-care.

Gaining knowledge - Parents recorded that they wanted to gain a better understanding of why their child behaved as they did or they identified specific topics where they wanted more information. For example, parents recorded knowledge goals such as: *better understanding of why son behaves in the way he does ... learn about attachment theory and PACE ... greater understanding of the issues she will face in the future (particularly as a teenager) and how to help her deal with her past.*

Improving family relationships - Many parents had a goal of improving parent/child relationships although only one parent included the wider extended family in that goal. Parents recorded that their goals were: *To have a calm and reciprocal relationship (fed up with arguing and being shouted at) ... Feel more connected to our children ... Help our relationship to be less argumentative and aggressive ... Enjoy the good behaviours more ... Improve feelings for (child) ... some days I don't even like him.*

Learning new skills and strategies were wanted by parents to help them stay calm and make their child feel more secure. A few parents recorded that they wanted to change their parenting style or change their child's behaviour. Parents recorded goals of wanting: *To learn how to remain present in challenging situations ... To become a more emotionally available parent and less stressed ... Help me be more calm and less explosive and help keep me sane! Increase my skills when the girls are dysregulated ... How to manage jealousy and aggression (sibs) ... To help my children to trust , be less fearful ... Build self-esteem, regulation , help child build friendships.*

A couple of parents recorded that they wanted improve the way they worked with schools and other professionals.

Gaining support and confidence were also important goals. Some parents saw the groups as an opportunity to share their experiences with other parents and gain support and possibly develop friendships with other group members. Others wanted to develop their confidence in the parenting role or develop their self-awareness. Parents recorded as goals: *Gain support from others- form friendships? ... To not feel alone ... Not to put too much pressure on myself and feel less stressed ... Keep calm .... Have some fun and enjoyment whilst exploring experiences ... Start doing something out of the house regularly.*

Goal based outcomes (GBO) ratings

Parents tracked their progress on their identified goals over the 18 weeks of the training programme (See GBO chart in appendix).

- At the start of the training on a scale of 0 (no progress towards the goal) to 10 (goal fully reached), parents rated themselves **on average at 2** (range 0-8) on each of the three goals they had identified.

- At the end of the training the average rating of progress towards goals was scored **at 7** (range 0 -10).

- Therefore, the goal based outcome group score was **5 /10** [post training score minus pre-training score].

- This is a significant improvement and demonstrates that parents thought the training programme was addressing their needs.

All parents bar one, reported improvements in progress towards their goals. The parent who was not seeing progress wrote, *"Ratings do not clearly show how I feel about this course. It has been brilliant but what I've learnt has scared my son and made him back away from me."*

The knowledge quiz showed that the majority of parents's scores had increased slightly but six parents (21%) made the same errors pre and post training.

Group session rating scales (GSRS)

The GSRS (Duncan & Miller, 2007) has four items designed to measure the group / therapeutic alliance. It provides a barometer of how each group member feels about the group process (Quirk et al. 2012) The items measure whether the group member felt a) understood, respected and accepted by the group, b) whether the group worked on relevant goals and topics, c) the approach of the group leader d) overall score of the group session being right for the parent. Scores are summed out of a total possible score of 40.

Research to date shows that the majority of people score relatively highly and thus the cut off on the measure is 36. The average scores for each session by group can be found in the appendix. The size of the standardised deviation (SD) gives an indication of how much agreement there was on the scoring. Larger SDs were produced when there was more variation around the average usually because a couple of members gave the session very low scores because they thought the content did not match their goals, or role play was used which was unpopular with some, or the group was not very cohesive.

- Overall sessions were highly rated and scores increased over time
- Men scored sessions lower than did women
- The London group consistently scored lower than the other three groups
- It took some parents several sessions before they felt comfortable in the group

Although the London group scored lower this did not seem to reflect their enjoyment of the group. The London group has since applied to the ASF for funding to allow the group to continue.

Feedback at the end of the group

The group facilitators asked parents to complete feedback forms after the last training session. Parents commented on five main areas: the skills of the group leaders, their experience of being in a group, the course content, the impact of the training and improvements that could be made to the programme.

The group leaders

Parents really appreciated the skills of the group leaders in particularly enabling the group to be a safe place and being non-judgmental. A couple of parents thought the quieter members of the group had been overlooked and that some strong personalities had dominated discussions. However, the vast majority of parents thought that the course was well run, facilitation had been excellent, and that the leaders had been supportive, empathic and kind.

The group experience

Most people enjoyed the group experience, although a few parents stated that they did not enjoy role playing. Parents remarked on the support gained from attending a group where problems could be shared, the benefits of group discussion and of listening to how other parents were resolving issues. Many parents expressed sadness that the group had come to an end.

Content

The Nurturing Attachment training programme is longer (18 week programme) than many other parent training programmes. Parents commented positively on the length stating that it gave them the opportunity to try out and practice new ways of parenting and gave time for the learning to embed. Some parents compared Nurturing Attachments to previous courses they had attended, which they described as fragmented and had left them struggling and feeling a failure when suggested methods did not work. The programme length had given them the opportunity to make mistakes, practice and ask questions. Parents liked the mixture of theory, practice, homework, and reflective diaries. Many parents responded well and could identify particularly with the visual metaphors of VOLCANOES and BOATS.

Parents also recognised that they needed to keep learning and practicing what they had learnt, as it was all too easy to revert to previous patterns of behaviour when under pressure. There were no negative comments on the course content

Impact

Parents recorded impacts on themselves, their family and on the child. Many parents commented on how self-care had not been part of their thinking, as all their energy and concern was concentrated on the child. The concept of blocked care (sometimes called compassion fatigue) was unfamiliar to most. Some parents wished they had done the training years ago and worried that they had previously been failing as parents.

Improvements

Parents made a few suggestions on ways to improve the training programme. They suggested running the programme in the evening so that partners could attend more easily, the introduction of top-up sessions and on–line or Facebook support groups. Some parents thought that training should be compulsory for all adoptive parents.

One parent recorded, *This course has been the most helpful thing and enabled me to parent in a much better way. It is essential for all adoptive parents.*

It was clear that parents had enjoyed attending the training programme and that they felt it had made a positive impact on their parenting. We now turn to the analysis of the questionnaires to see if the impact that parent's reported in GBO measures, session rating and feedback forms was also evident in the selected measures.

Parental reflective functioning

Reflective functioning or mentalizing refers to an individual's ability to hold others' minds in mind (Fonagy et al., 2002; Allen et al., 2008; Luyten et al., 2012). This capacity allows individuals to perceive both the self and others in terms of mental states, thereby making them meaningful, understandable, and predictable. The capacity for reflective functioning is therefore believed to be key to our ability to navigate the social world (Luyten et al., 2012) and to lie behind impairments in parenting. Parental mentalizing is thought to be important in helping children develop their own mentalizing skills, their sense of agency and self–regulation (Fonagy et al. 2002) - three areas that maltreated children often struggle with.

The scale used for this study has three factors:

- *Pre-Mentalizing,* captures a non-mentalizing stance and an inability to enter the child's subjective world. For example answering the statement, 'My child cries around strangers to embarrass me' positively.

- *Certainty about Mental States,* measures tendency of parents to be overly certain or completely uncertain about the mental states of their child e.g. 'I always know what my child wants.'

- *Interest and Curiosity in Mental States* quantifies the degree of interest in one's infant's mental states from total lack to intrusive hyper-mentalizing e.g. 'I wonder a lot about what my child may be thinking and feeling'.

The Nurturing Attachment training programme does include material on mentalization and we tested whether parent reported reflective functioning increased after training. (Table 3).

Table 3. Parental reflective functioning in respect of each of the 48 children whose parents were attending the training group

	Pre training	Post training
	Mean (SD)	Mean (SD)
Total RF	11.87 (1.27)	12.51 (1.13)
Pre-mentalizing	2.06 (.87)	2.15 (.94)
Certainty	3.89 (1.33)	4.10 (1.30)
Curiosity	5.93 (.80)	6.26 (.58)

Parental reflective functioning was significantly higher post training (Wilcoxon signed rank test T= 792.5, p<.002) than pre training. Examining the change in the three factor scores only the increase in curiosity reached statistical significance (T=636.5 p<.002). Improvements in these skills would suggest that parents would be less likely to jump to conclusions about the child's behaviours and less likely to assume negative intentions behind those behaviours. It may also help parents' stay self- regulated when their children are challenging and thereby help children to self-regulate.

The Brief Parental Self-Efficacy Scale

The scale measures the confidence that parents hold in their ability to parent their child. The minimum score is 5 and the maximum is 25. The total scores are shown in Table 4. Parent's beliefs in their own abilities increased over time. Nineteen parents reported positive changes and the change was statistically significant (Wilcoxon signed rank test T=282.5 p<.006).

**Table 4. Parents sense of self-efficacy pre and post training**

	Pre training n=29	Post training n=29
Mean (SD)	18.41 (2.9)	20.21 (SD 2.83)

Parent's well-being

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) comprises 14 items that relate to an individual's state of mental wellbeing in the previous two weeks. Responses are made on a 5-point scale ranging from 'none of the time' to 'all of the time'. Scores vary between 14 and 70 with lower scores (scores below 41) indicating low well-being, scores of 42-58 indicating moderate well-being and 58 or more high well-being. In the general population, the vast majority (75%) fall into the average well-being category, about 12% have high well-being and 13% low well-being.

The general population mean score is about 51 (SD 8.70) for people aged 35-54 years of age (Health Survey of England 2011), In this sample of adoptive parents the mean score was much lower at **42.94 (SD 8.01)** before training began. Thirteen (45%) of the adoptive parents had scores below 40 indicating low well-being and 16 (55%) had scores indicating moderate well-being. **None** of the adoptive parents had scores indicating that they had high well-being before training began. Seventeen of the parents (59%) saw a meaningful positive change (scores increasing by more than 3 points) in their well-being pre and post training. Post training 14% had high well being. The largest positive changes were in response to two questions "I've been feeling cheerful" and "I've been feeling good about myself." However, the change in the whole group did not reach statistical significance.

The well-being of parents
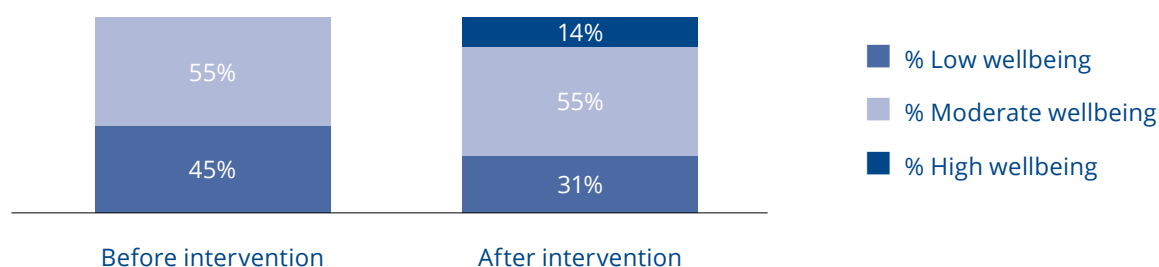
Family Functioning

A questionnaire (SCORE 15) was used to evaluate important aspects of family life. Scores can range from 15 (all positive ratings) to 75 (all negative ratings). Previous research using the measure (e.g. Stratton) reported that a non-clinical sample of families had a total score of 26 whereas families at the start of family therapy had scores averaging 39. In this sample of adoptive families about to start the *Nurturing Attachment* training programme, twelve families (41%) had a total score of 39 or above. After training the number of families reduced to eight (28%) with high scores.

Table 8 shows the total average score from the 15 scales that make up this measure. A score of 1 on a scale is very positive and corresponds to the response "Describes us very well". A score of 5 is a negative response and corresponds to "Describes us not very well." The closer the score to 1 the more positive is family functioning. The average score before training began was 2.28 sitting between the response, "Describes us well" (score 2) and "Describes us partly" (score 3). Post training there was some improvement but the change did not reach statistical significance.

Table 5. Family functioning pre and post training (n=29): mean scores and standard deviations on the SCORE 15

	Pre training	Post training	Change in scores
Total score mean (SD)	2.28 (.706)	2.18 (.614)	.170

There are three dimensions that make up the total score. Each dimension has five statements. Dimension 1 is an indicator of a well-functioning family which has strengths and hopes. Dimension 2 is about feelings of not coping and everything going wrong. Dimension 3 is poor communication such as, 'We tell lies to each other' and 'We blame each other'. The nearer the score to 1 the better functioning on each of these dimensions.

Table 6. The average scores on the three dimensions of SCORE 15 pre and post training (n=29)

Scoring dimensions	Pre training mean (SD)	Post training mean (SD)	Change in scores
Strength and adaptability	2.39 (.706)	2.18 (.644)	.207
Overwhelmed by difficulties	2.43 (.852	2.17 (.696)	.262
Disrupted communication	2.03 (.702)	1.99 (.676)	.041

Average scores showed improvements in each of the domains with the greatest positive change in Dimension 2. Scores were moving in the right direction but the change was not statistically significant. As with the other measures there was a sub group of nine parents (31%) who reported a deterioration in family dynamics. Twenty parents reported positive changes.

Closeness and conflict in the parent/child relationship

The CPRS (Pianta 1992) is a 15 item questionnaire completed by a parent that assesses conflict and closeness in the child/parent relationship when children are aged between 3 and 11 years old. In this sample, 38 children met that age criteria at the two time points of pre and post training. The scales do not measure parental warmth but closeness is considered by children's spontaneous sharing of their feelings and information with the parent and the child's willingness to seek comfort. The questions are derived from attachment theory.

The scores on the conflict scale can range from 8-40 and on the closeness scale from 8-35. Means and standard deviations were not readily available for the UK child population but data were requested from the Millenium Cohort Study and were calculated (Table 10).

Table 7: A comparison of the CPRS means and standard deviations of the Millenium study and pre and post training scores of parents attending Nurturing Attachments

	Millenium cohort study n=13,186 age 5 yrs	Pre-training n= 38 age 3-10 yrs	Post –training n=38 age 3-10 yrs
Closeness	33.51 SD2.34	26.29 SD 6.04	26.76 SD 8.89
Conflict	17.14 SD 5.91	23.68 SD 8.93	22.79 SD 8.89

Adoptive parents reported low levels of closeness to their child/ren and high conflict before and after the training programme. There was little change. The scores were lower on average compared to parents in the general population. None of the adoptive parents reported high levels of closeness but 75% reported high conflict. Even when selecting only the adopted children who were aged 3-5yrs (n=7) on average conflict remained high (19.6 SD 8.71) and closeness lower (29.9 SD 5.36) compared to population data. At the two time points, scores were moving in the right direction -higher closeness scores and lower conflict scores but there was no significant change. There was a close correlation between the two scales, as conflict increased closeness decreased (Kendall's tau =-.53, p<.000). To examine this further, percentiles (25th, 50th and 75th) from the Millenium Cohort study were used to create three groups: high, medium and low closeness and high, medium and low conflict.

Table 8. Conflict and closeness post training (n=38)

	Closeness		
	Low	Moderate	High
Low conflict n=5	1 (20%)	4 (80%)	0
Moderate conflict n=9	7 (78%)	2 (22%)	0
High conflict n=24	24 (100%)	0	0
Total n=38	32 (84%)	6 (16%)	0

It is common for there to be more conflict in families in which there is more than one child. But in this study, the levels of closeness and conflict were not affected by the presence of siblings groups.

The results on this measure suggested that although parent's well-being, capacity to mentalize and belief in their own parenting abilities had improved those changes had not affected children's behaviours. That change may of course come later, as the follow up measures were taken immediately at the end of training. Further follow-up will provide more information.

Next we will report the results of the measures that focused specifically on children's behaviours.

The children's strengths and difficulties

Parents were asked to complete two measures of their child's strengths and difficulties: the SDQ and the Assessment Checklists. These were completed on 48 children (one child was under 2yrs and therefore outside the age criteria for the measures).

SDQ

Before training began 55% of the children's scores were in the high or very high range in comparison with only 10-15% of the general child population being in that range.

Particularly noticeable were the high scores indicating conduct disorders. When taking account of sibling groups only seven parents were not caring for an adoptive child with a high or very high score on the SDQ (Table 9).

Sixty-one percent of parents reported that the child's difficulties had a high or very high detrimental impact on their family life.

Table 9. SDQ scores before training began (n=48)

	The adopted children (n=48)			
	Normal	Slightly raised	High	Very high
Total score	14 (29%)	8 (16%)	7 (15%)	19 (40%)
Emotional distress	22 (46%)	4 (8%)	4 (8%)	18 (38%)
Conduct problems	17 (26%)	5 (10%)	5 (10%)	21 (44%)
Hyperactivity	18 (38%)	13 (27%)	6 (13%)	11 (21%)
Peer problems	27 (56%)	4 (8%)	4 (8%)	12 (27%)
Prosocial behaviours	33 (69%)	5 (10%)	5 (10%)	5 (10%)

Post training

After the training programme parents completed the SDQ again. Readers should note that the *Nurturing Attachment* training programme focuses on parent's behaviours, feelings and understanding and does not aim to change children's behaviour. It was interesting to see that the scores of children's difficult behaviour *increased after the training intervention* (Table 10). There are a number of possible reasons why this occurred and it could be because:

a) Children's behaviour had deteriorated. Without a child specific intervention and as children grew older their difficulties became more pronounced. This is a possible explanation but unlikely given that there was only 7 months between the completion of the two SDQs.

b) Children's behaviour did not change but their parents evaluated it differently. It is interesting to see that while the proportion of children with conduct difficulties decreased the largest increase was in the scores of emotional difficulties. This scale asks if the child has many worries and fears or is easily scared (Table 10). Perhaps parents were becoming more attuned to their child's distress? Scores on the PRFQ (page 25) support this hypothesis.

c) Changes in parenting style had caused some children's behaviour to deteriorate. A few parents commented that their new focus on parenting with PACE had resulted in children finding the new style upsetting. For example one parent wrote, *What I've learnt on the course has helped me be much happier and to deal with behaviour more positively. This has freaked him out as he can't cope with happy fun or love. This has resulted in a major increase in behaviour.* We do not know if the deterioration was short lived.

Table 10 : Percentage of children with high or very high SDQ scores pre and post training of their parents

Combined high /very high	Pre training n=48 %	Post training n=48 %
Total score	55	65
Emotional distress	46	**67**
Conduct problems	**54**	44
Hyperactivity	35	37
Peer problems	35	44

The detrimental impact on family life of children's behaviours increased slightly from 63% to 67%.

The impact supplement of the SDQ asks whether the child's behaviours have improved or got worse since the intervention. Although parents had given scores that indicated that 35 (73%) of the children had either stayed the same or deteriorated when asked, "Since coming to the group has the child's difficulties got better, stayed the same, got worse?', 45% of children were said to have improved, 34% stayed the same and 21% got worse.

The SDQ supplement also asks if coming to the group has been helpful in other ways such as getting information or making the problems more bearable. Only one parent ticked 'not at all', 21% ticked 'quite a lot' and 77% ticked the box that indicated that attending the group had helped 'a great deal'.

Assessment checklists Time 1

The assessment checklists consider behaviours that are not measured by the SDQ but are quite common among looked after children, such as eating and sleeping difficulties and difficulty with relationships. Using this measure 66% of the children were above the clinical threshold i.e. highly predictive of psychiatric impairment (Table 11). Unlike the SDQ, the scores on the checklists did not change over time.

Table 11. The Assessment Checklists pre and post training

	Training Group children (n=48)					
	2.5yrs – 4yrs n=4		5yrs – 10yrs n=37		11yrs – 18yrs n = 7	
	Pre	Post	Pre	Post	Pre	Post
Clinical	2 (33%)	2 (33%)	24 (65%)	24 (65%)	6 (86%)	6 (86%)
Elevated	0	0	4 (11%)	4 (11%)	0	0
Normal	2 (67%)	2 (67%)	9 (24%)	9 (24%)	1 (14%)	1 (14%)

Pre-school

As would be expected fewer difficulties were reported for children under the age of four years old. However, two pre-school children were reported as having persistent multiple difficulties. For example one child's profile total score was 41 (when a clinical rating is a score of 12 or more). One parent wrote: *Scratching the same spot on leg over & over until 1" long patch of raw skin.*

Children aged 5-10 years old

Examining the scales and questions that make up the checklists parents reported their biggest concern was in the area of indiscriminate friendliness in particular children treating strangers as if they were members of the family. Parents also reported insecure behaviours such as fearing rejection by the parent or of being too independent for their age, or of lacking a sense of guilt or empathy. Parents reported that eight children aged between 5-10 years engaged in self-harming behaviours, and four children were reported as having sexualised behaviours.

Young people aged between 11 and 18 years of age

There were only seven teenagers in this sample with six of the seven having scores in the clinical range. Young people's difficulties were complex and over-lapping (Table 12).

Table 12 : Specific areas of difficulty in the clinical range as measured by the ACA-SF Young people 11-18yrs pre and post training

Young person	Non-reciprocal	Social instability	Emotional dysregulation distorted social cognition	Dissociation/ trauma symptoms	Food maintenance behaviour	Sexual behaviour
1	Normal	Elevated	Marked	Marked	Normal	Normal
2	Marked	Marked	Normal	Normal	Marked	Normal
3	Marked	Marked	Marked	Elevated	Normal	Marked
4	Marked	Marked	Marked	Normal	Elevated	Normal
5	Marked	Marked	Marked	Elevated	Elevated	Normal
6	Normal	Normal	Normal	Normal	Normal	Normal
7	Marked	Marked	Marked	Normal	Normal	Normal

Overall there was no statistical difference by gender or by the presence or not of sibling groups.

Conclusions

Here, we return to the original research questions and weigh up the evidence on each.

RQ1. Were the parents satisfied that the outcomes of the training met their goals?

Yes. The programme met the goals that parents had independently set out before the training began. There was a three point positive change in goal scores and that amount of change is significant. The SDQ supplement analysis found that 98% of parents reported that attending the training had helped either 'quite a lot' or 'a great deal'.

RQ2. Did the programme have an impact on participants' understanding of attachment theory; the impact of developmental trauma upon capacity for relationships, and the need for therapeutic parenting to increase security of attachment and capacity to enter reciprocal relationships?

Partly. The knowledge quiz analysis found that one in five parents made the same errors pre and post training. However, feedback forms from parents often included comments on how much they had learnt.

RQ3. Did the programme increase parents' reflective functioning and in particular increase their curiosity about children's mental states?

Yes. The increased capacity in parent's capacity for reflective functioning post-training was statistically significant and the biggest change was seen on the scale that measures curiosity and interest in children's mental states. Those skills are very important in not jumping to conclusions about children's behaviours or assuming negative intentions. Improved skills in this area should lead to parents being able to stay self-regulated which over time could increase children's self-regulation.

RQ4. Did the programme have any effect on parents' sense of self-efficacy and increase their well-being?

Yes. 65% of parents reported positive changes in their confidence in their parenting abilities. The change was statistically significant. 59% reported meaningful positive change in their well-being and the proportion reporting high well-being rose from zero to 14% - a similar proportion of high well-being as adults in the general population. However the change in well-being did not reach statistical significance.

RQ5. Did the programme improve communication within the family?

Some improvement. Twenty parents (69%) reported some positive change but not a large enough change to reach statistical significance. The biggest positive change was seen in a reduction in feelings of being overwhelmed by difficulties.

RQ6. Did the programme have any effect on the way parent's reported their concerns about their child (ren)'s behaviours?

Yes. The children's high scores on the SDQ before training began were not unexpected especially as the children were older on average at the time they were adopted and experienced more delay than most adopted children. Nearly a quarter of the children had been four years or older at the time they entered care. However, we did not expect scores to rise post training- from 55% to 65% scoring high or very high. There are a number of possible explanations for the increase. We hypothesise that children's behaviour did not actually change but that parents evaluated it differently after training. This hypothesis is supported by a small decrease in symptoms of conduct disorders and a big increase in reported symptoms of emotional distress. The changes reported in the capacity of parents to be curious and interested in their child's mental state also provides some evidence that parents thought of their child's behaviour differently.

Scores on the Assessment Checklists did not change at all over time. We did not expect scores to change as the *Nurturing Attachment* training programme focuses on parent's feelings, knowledge and behaviours. 67% of the children were in the clinical range on the measure indicating a psychiatric impairment.

RQ7. Did the programme have any effect on parent's reports of closeness and conflict with their child?

No. There was only a very slight increase in closeness and slight decrease in conflict over time. Parents reported low levels of closeness and high levels of conflict pre and post training. The presence of siblings groups made no difference to levels of closeness and conflict between child and parent.

The children had many long standing, complex and overlapping difficulties and it is not surprising that the training on its own did not result in significant behaviour change in the children. It would be useful to test whether a combined intervention of *Nurturing Attachments* with a child focused intervention would be effective.

Overall, the training programme made a positive difference to parent's well-being, their belief in their own competence as parents and improved skills in reflective functioning. A longer follow-up would allow greater understanding of whether the changes brought about through the training for parents were the mechanism for change in the child/parent relationship. It is important to note that this study did not include a control group and it is this omission that restricts what can be said about the effectiveness of the programme.

Appendix 2

Qualitative Study of the Nurturing Attachments Training Programme

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Dr Ben Gurney-Smith – Adoptionplus

July 2016

Introduction

Qualitative methods can provide a potentially valuable context to quantitative evaluation and studies. This aspect of the evaluation sought to investigate and capture a sample of the participants' experiences of attending and taking part in the Nurturing Attachment Group programme. These qualitative interviews were analysed using Interpretative Phenomenological Analysis (IPA). IPA seeks to "focus on personal meaning and sense-making in a particular context, for people who share a particular experience" Smith et al 2009 p.45). This study reports on the findings of this method and relates them to the quantitative results with some recommendation for future research and evaluation of this programme.

Method

Design
This study used semi-structured interviews and IPA to explore people's experiences of attending the Nurturing Attachments Group (Golding, 2013). The study received ethical approval as part of the application for the wider evaluation of the group.

Procedure
During the course of the Nurturing Attachments group, all participants from the four groups were asked to indicate if they would be willing to participate in giving further feedback around their experiences of the group in the form of a semi structured, telephone interview. Two participants from each group, selected at random, were approached by telephone contact by an administrator at Adoptionplus. If there was no answer another participant in the group was called. All eight participants who answered the phone agreed to take part in the interview.

Interviews took place approximately eight weeks after the completion of the group. This was to allow participants to have had some time to reflect on the group experience. A convenient time was arranged on the phone within a week but with at least 24 hours later to allow participants time to consider the information provided and to discuss participation in the study with others (e.g. family). Telephone interviews were conducted by two assistant psychologists Katherine Kidd and Beth Venus from within Adoptionplus. On contact, the research assistants then provided participants with information about this part of the study and reminded of their entitlement to withdraw at any time, of their anonymity and confidentiality. Participants were able to ask questions about the study prior to taking part. All participants gave written informed consent to participate and were reminded that their participation would not impact on their support services. They were able to withdraw at any point during the interview and up to two weeks following the interview.

Each participant completed the semi-structured interview which lasted between 14 minutes and one hour and six minutes (an average of 35 minutes). The interviews were audio-recorded to allow transcription by the assistant psychologist in line with standards expected of an IPA methodology.

Measures
An interview schedule was developed by the second author in consultation with Kim Golding. This was reviewed and revised with assistance from the first author to ensure consistency with the IPA approach. It contained open questions regarding areas pertinent to the study (see Appendix three).

In summary, the interview asked participants about their expectations and experience of attending the group. This included the challenges and rewards of attending and factors that might have hindered their attendance. Change was explored both from their own perspective and that of other family members. Participants were asked about changes to their parenting; how what they had learned fitted with their family life; how they envisaged themselves being a parent; how they hoped to sustain positive changes made; and how attending the group had influenced their outlook for the future. Finally, participants were asked about what they would miss or not miss following the ending of the group.

Questions within the semi structured interview were used flexibly as a guide for the interviews. The research assistants were able to use their clinical judgement and asses the person's level of comprehension throughout the interview by asking about their level of understanding. Through such methods, the researcher was able to ensure that questions were tailored to the participant's level of understanding and manage any distress arising from the interview.

Participants

The participants were eight adoptive parents. Table one below provides a summary of participant characteristics using their assigned pseudonym to ensure anonymity.

Table 1. Participants Characteristics

Study pseudonym	Gender	Ethnicity	Number of children	Children's ages (years)	Children's genders	Partner/ single parent	Partner attended group?
Janet	F	White	4	10, 8, 4, 3	F, M, M, F	Married	Yes
Felicity	F	White	1	16	M	Single	No
Lydia	F	White	1	7	M	Single	No
Phyllis	F	Asian	2	4, 2	M, M	Married	No
Tanya	F	White	1	2	M	Married	No
Lewis	M	White	2	8, 6	M, F	Cohabiting	No
Anna	F	White	1	13	M	Married	Yes
Queenie	F	White	2	8, 6	F, M	Married	No

Data Analysis

Following each interview the audio recordings were transcribed verbatim. Transcripts were anonymised and analysed using the IPA procedure detailed by Smith, Flowers and Larkin (2009).

Transcripts were initially read through by the first author whilst listening to the audio recording to enable engagement with the transcript. Recollections from the interviews and striking observations were written down to ensure they were recorded and to some extent bracketed off prior to further analysis. This allows the researcher to focus on what is presented in the transcript data, and temporarily to suspend critical judgement and critical engagement (which would incorporate the researcher's own assumptions and experiences) (Spinelli, 2005). The transcripts were repeatedly read to increase familiarity with the prose. Initial analysis then involved reviewing transcripts line-by-line and highlighting descriptive, linguistic and conceptual comments. Emergent themes were then developed based on the initial comments which aimed to bring together both description of participants accounts and interpretation. Connections were then made across the emergent themes within each transcript. Each transcript was reviewed separately before looking for patterns across the transcripts and developing super-ordinate themes. The development of super-ordinate themes aimed to allow for idiosyncratic differences between participants experiences and shared higher order concepts across the participant's accounts. The themes were then reviewed to ensure they were grounded in the original data.

Methodological Rigour

Yardley (2008) recommends a number of processes to strengthen a study's methodological rigour. The transcripts were produced by the research assistants and analysis were reviewed by the first author who is experienced in using IPA. To ensure credibility, detailed notes of the processes undertaken were kept throughout the study. All transcripts were analysed by the first author and results compared to explore interpretation differences. A reflective diary was maintained throughout the project by the first author to increase reflexivity.

Results

The participant's characteristics and their children were similar to that of the quantitative study. The average age of the children was 7.6 years ranging from 2 years to 16 years (versus 8 years and a range of 18 months to 17 years in the quantitative study). The majority of participants, seven of the eight were mothers, 87.5% were White (versus 93%), 62.5% were married (versus 70%) and exactly half had more than one child (versus 59%).

The following results report the superordinate themes, the number of participants who endorsed this theme and any subordinate themes alongside illustrative quotes with the line number of the transcript included in parentheses. Pseudonyms were used to protect anonymity.

Five superordinate themes were identified in the analysis of the interviews (see Table two).

Table 2. Summary of superordinate and subordinate Themes

Superordinate theme	Endorsed by participants	Subordinate theme	Illustrative quotes
1. A supportive group	Queenie, Felicity, Anna, Tanya, Phyllis, Janet, Lewis, Lydia	Gaining theoretical knowledge is empowering	"It was the experience in learning all of the theory behind it and all of the diagrams, the booklet, course literature that we got, actually that's like our Bible so we get it out and we're like 'OK, this is where we lapsed'. And then it lets us understand a lot more what is going on in his head" Janet (198)
		A safe space to share experiences	"When I had to share my stories as well I found that quite difficult. I'm quite a private person. So for me to share information that goes on in my household was quite difficult for me… but they brought that out of me. I felt comfortable enough to share my experiences in the group so they could help me…they provided the support I needed" Phyllis (47)
		Feeling listened to vs feeling silenced	"It made me feel that you're not alone and someone's listening to you" Queenie (93) "I felt a bit…there were a few of us with quite younger children and we…kept a bit quieter I felt within the group" Tanya (68)
		Essential role of facilitator	"X was a fantastic moderator…without appearing to do anything, but I know she was doing stuff, she…totally stopped there being any sense of judgement against anybody about what they were saying about the way they had reacted to their children…she made the atmosphere such that nobody felt judgemental" Felicity (104)
2. A shift in perspective	Queenie, Anna, Tanya, Phyllis, Felicity, Lewis	A transformative process vs a tweak to family life	"What have I learned? It's just sort of there at the back of my mind. I know I've tweaked the way I treat the children. It's quite subtle isn't it?" Queenie (79) "it's really opened my eyes to a different way of being, um, a different way of doing things, but also a different way of being with people…it's been really life changing for me that course… on every sort of level I'd say, you know with my adopted child, with my biological child, with my relationships" Tanya (157)
		Learning a new language	"It's [learning PACE skills] a bit like learning a new language, it's a whole new skill set, a whole different way of thinking" Tanya (447)
3. "Turning trauma into secure attachment"	Lewis, Anna, Lydia, Queenie, Tanya, Janet, Phyllis	Increased attunement to child	"It's given me the insight to better know my children, and to look behind why they might be behaving in a certain way" Lewis (54)
		Increased parental reflective capacity	"You revisit what you've written down [in the group]..I've had the opportunity to sit down and I did need to make time to do that more because it just kind of resets your way of thinking and puts you in the right frame of mind to deal with the different things he throws at you" Lydia (405)

		Improved emotional regulation (parent and child)	"It's also helped me to, instead of going from 0 to 100 mph straight away, now I can you know step back from it" Lewis (59)
			"sometimes you just need to break off...so that I can reset myself" Lydia (293)
			"I have noticed that he's regulating, deescalating much more quickly" Anna (261)
4. "Am I doing it right?"	Janet, Felicity, Lydia, Tanya, Anna, Lewis	Fantasy vs reality of adoption	"But you can't tell adopters even what it might be like, because no one would do it. ..I think that's one of the big, big differences between knowing it [the nature of parenting an adoptive child] before you adopt and finding out afterward. It's a very, very painful thing, not just the challenging behaviour and having your house set on fire and stuff, but loving somebody who can't love you back in the same way. I think that is a very, very difficult thing" Felicity (793)
		Needing increased support	"When you are going through the adoption you sit in all these panels and you say 'yep I can parent these children, absolutely everything is fantastic' and then you feel like a failure when you have to go on a course" Janet (84)
		Normalising experiences	"You don't say stuff like that and in the group it transpired that almost everybody had issues of a similar kind you know, and I thought why has no one ever said that to me? No one ever told me this was a thing. That, that you know I was not alone in this...I didn't know that" Felicity (375)
5. Continuing the adoption journey	Felicity, Lydia, Phyllis, Anna, Lewis	Growing in confidence as a parent	"I have become more confident in my decisions, for example in saying 'no, we're not going to do that' and just sticking with it instead of getting talked out of it or anything" Felicity (674)
		New challenges develop	" ...going to bed which has started to become a problem, which has never been a problem before. So again his cycles of behaviour, it's like a merry-go-round, you never know. He changes direction and you have to think 'Oh God this is new". Lydia (311)
		Sustaining progress	"I want to carry on with the therapeutic parenting because that has helped so much. And the progress the children have made as well...I don't want to go backwards I want to move forwards, yeah. I definitely want to sustain it and I'm hoping that I can sustain it". Phyllis (239). "I look forward to five years down the lines when I can actually, I can put in all of the PACE and everything now...it gives me hope for the future" Janet (127)

Each of the themes are now considered in relation to the aims, process and content of the group.

1. Superordinate theme one: 'A supportive group'

All participants described the group as supportive. This support was described as coming from:

- Increased understanding of the theoretical principles and the parenting strategies that linked to these. Participants described having confidence in the strategies, but also empowerment from this increased knowledge to adapt these strategies in line with the theory when these strategies did not appear to be helping.

- Alongside this, participants described their experience of the group as a safe place to talk, allowing them the support that comes from being able to describe difficult experiences. Safety was described as the group being non-judgemental and accepting. This facilitated honesty, leading to experiences being normalised and experience of isolation and stigma reducing. The opportunity to speak honestly and to feel valued was appreciated, although one participant also commented on her experience of those with younger children being quieter which she interpreted as a feeling of difference to the other group members.

- The support of the facilitator was appreciated by all both because of the skills and knowledge they brought and the skill in managing group processes.

2. Superordinate theme two: 'A shift in perspective'.

This theme captures the sense that participants had that they were changing as a result of participating in the group.

- Participants noticed changes in their ability to reflect, and feelings of confidence in the parenting task. This ranged from an experience of subtle change to a sense of the experience being life changing across a range of relationships as well as in parenting children.

- Also recognised was the need to continue learning so that shifts in parenting became more fluent and practiced.

3. Superordinate theme three: 'Turning trauma into secure attachment'

The title of this theme is a reflection by one participant which capture specific changes in parent and child which led to change in the parent-child dyad.

- Participants described that they felt more attuned to their child, and that they could therefore understand the child's behaviour in a different way.

- The increased ability to reflect stemming from group attendance was felt to have improved the relationship with the child.

- Additionally, participants discussed feeling that the ability to regulate emotionally was improved both for themselves and for their children.

4. Superordinate theme four: 'Am I doing it right?'

This theme captures anxieties about being an adoptive parent.

- Participants recognised the need to maintain hope, helped by accepting support during difficult times. There was a sense of needing this support earlier with the experience of adoption being very different to how they had imagined it. Participants felt that the group programme is needed during preparation for adoption.

- Two participants reported a sense of how the group could have reduced distress and averted placement breakdown if they had received it earlier.

- Conflicts were also expressed about the need for support with some participants expressing a sense that they should be able to cope and therefore feeling guilty for needing this additional support. This appeared to link to the assessment process and their sense of having to prove themselves as able to parent adopted children.

- Participants also expressed the experience of finding they were not alone in their experiences of parenting linked to some frustration that they had not been told this earlier. Their experience was normalized within the group, but there was a sense that they could have been better prepared.

5. Superordinate theme five: 'Continuing the adoption journey'

This theme reflected that the group experience provided tools and skills that participants would take forward from the group. This also recognised a powerful sense of hope that was held upon ending the group experience.

- Hope came from having increased confidence in parenting skills, linked to increased theoretical knowledge.

- The ongoing journey with new challenges ahead was also expressed alongside a hope that they now had new skills and confidence to meet these challenges. This led to a sense of hope that they would not succumb to future feelings of hopelessness and frustration.

Participants therefore expressed a desire to sustain progress and continue to develop their parenting skills.

Discussion

There were observable similarities on basic demographic data between the participants and their children in this part of the study when compared with the sample in the quantitative sample. It is not possible however to determine the extent of the children's difficulties nor of the changes reported by adoptive parents with the quantitative results. However there can be some confidence that this sample were representative at least in demographic terms to the larger sample. This permits some confidence in seeing them as representative of the majority of participants who completed the quantitative evaluation.

The willingness to participate in this aspect of the evaluation by all adoptive parents approached was noted. It is difficult to determine if this lead to bias but all reported generally positive experiences. This may reflect a willingness to contribute to the field of understanding of effective interventions in the adoption community. Indeed the high completion rate of measures in the quantitative study was echoed here.

The qualitative study identified that the group in its delivery and facilitation was positive for all interviewed. The impact of this on their experience reflected in subordinate themes recognised the skills of the facilitators and the importance of sharing experience with other adoptive parents. The composition of the group, where the range of children's ages may have left some with younger children (and thereby earlier in the process of adjustment to their adoptive family), less able to contribute to the group. An understanding of the importance of the composition of group and the impact on its effectiveness may be worthy of further study. It may suggest that the age groups of the children might define which parents may most benefit from the group.

The results reported here demonstrated consistencies with the positive findings of the quantitative study and new emergent areas for potential consideration in future research. Where there was marked convergence this centred on reported improvements in parental reflective function. There was also a deepening of understanding of the subjective impact of the group on participant's sense of hope and the nature of the parenting task. How this may impact on longer term outcomes such as placement stability and reduced disruption is not possible to determine in this study but may give some indication of potentially lasting effects of the group for participants.

The role of the adoption journey, particularly given the sample in the quantitative study tended to have older children who had experienced more significant delay before adoption than the national average, reflects the enduring difficulties experienced and their potential impact on the adjustment of the parent to the adoptive parenting task. The qualitative data also suggested developmental changes in their child may also need to be considered as new difficulties or symptoms emerged over time. This suggests that longitudinal study of the course of adjustment and the benefit and timing of such programmes may be minded to consider change over an extended period. We await the findings of the six month quantitative follow up on child and parent outcomes.

The interviews also offer some understanding for an apparent paradoxical finding in the quantitative study; that is there was a worsening overall of children's scores on a measure of emotion and behaviour. More specifically, emotional distress scores worsened post programme (where behavioural scores improved). The interview findings lent some support to a hypothesis that parents began evaluating their child's behaviour differently. This may have meant they noticed more about their child such as signs of emotional distress, which tend to be harder to notice, than outward behavioural symptoms and could therefore indicate better attunement, a potentially positive finding for a programme seeking to inform an understanding of attachment relationships. Evaluation studies in the future might well consider measures of attunement when seeking to identify the process of change and its impact.

Furthermore, parent and child regulation was identified as an important aspect of change. Parental and child regulation is a key feature in parents under stress (Hughes & Baylin, 2012) and children exposed to maltreatment; measuring this in future evaluative studies might capture a unique aspect of this programme which seeks to modify parental responses to their children's attachment needs.

The opportunity to capture change with both quantitative and qualitative methods represents a rigour and depth to the evaluation of this programme. It also identifies areas for future research including the longitudinal journey adoptive parents experience through to the mechanisms of potential change in emotional regulation in this population following the Nurturing Attachments Programme which seek to change parental responses to their children.

Acknowledgements

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Appendix 3

Qualitative research interview questions

1. What were your expectations prior to attending the group (Prompt for - were expectations met? If not, how was it different?)

2. What was your experience of participating in the group? What has been your personal experience of the group been over the course of the group? (prompt for positive and negative as there may be changes in their hope, optimism, understanding and the effects of this over the course of the group which may go down and up; prompt for changes in them, in their child, in their family)

3. What has been the most challenging about attending the group?

4. What has been the most rewarding about attending the group?

5. How has what you have learned from the group fitted in with family life?

6. In what ways has attending the group changed your outlook for the future? (prompt for positive and negative)

7. How, if at all, has the group changed your parenting? (Prompt for when noticed any changes; what contributed to the change; was change positive or negative; how they feel about change) How does what you have learned fit in with what you have envisaged about being a parent before you went on the group? (i.e. the fit with the group's expectations with their own) Over the course of the group, has the parenting task become clearer? Has the group helped or hindered you in achieving what your child needs from you as a parent?

8. What changes have you, your partner (if did not attend) and your child noticed in you?

9. Going forward what will you miss and not miss about attending the group?

10. How do you anticipate you will sustain any positive changes you have made? What else might you need to do this?

11. Anything else they wanted to mention?

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