

Sheffield Educational Psychology Service and One Adoption South Yorkshire Foetal Alcohol Spectrum Disorder Project – Evaluation

August 2025

What is Foetal Alcohol Spectrum Disorder (FASD)?

FASD is a lifelong neurodevelopmental condition that is caused by alcohol exposure in utero. It is a spectrum where each individual with FASD is affected differently and will have their own profile of strengths and needs. FASD can result in cognitive, emotional, behavioural and physical challenges for the individual.

It is estimated that as many as 4% of the UK population may have FASD making it more prevalent than autism, but it is commonly undiagnosed or misdiagnosed. It is estimated that around 85% of those with FASD are adopted or are in the care of the local authority.

Background to the Project

In 2023, One Adoption South Yorkshire (OASY) commissioned the Sheffield Educational Psychology Service (EPS) to be part of their FASD project. It was a two-year project which commenced in October 2023. The broad aims of project were to increase the identification, awareness and inclusion of adopted children and young people (CYP) with (or suspected of having) FASD.

Early stages of the project involved the formation of:

- An overarching steering group.
- Prevention and awareness working group.
- Intervention and support working group.
- Assessment and diagnosis working group.
- EP team.

The EP team has consisted of:

- 0.5 full time equivalent (FTE) Assistant Educational Psychologist.
- 0.2 FTE Educational Psychologist.
- 0.1 FTE Senior Educational Psychologist (each week).

From the outset, the project has been evaluated by Oxford Brookes University. This document is intended to be in addition to that evaluation, focussing solely on the work of the EP team in relation to Key Performance Indicators (KPIs) that were set at the start of the project.

EP Team Activities

There were three main strands to the work carried out by the EP team, in addition to a number of other discrete activities:

- Training.
- Individual casework.
- Multi agency working.
- Other activities.

1. Training:

The aims of the training were as follows:

- Develop awareness and knowledge of FASD.
- Develop an understanding of how FASD affects CYP's development and their key strengths and needs.
- Develop staff awareness and confidence of strategies and resources that can be used to support CYP with FASD.

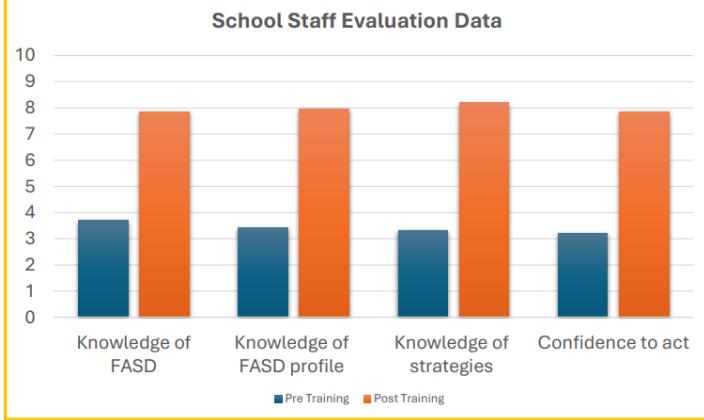
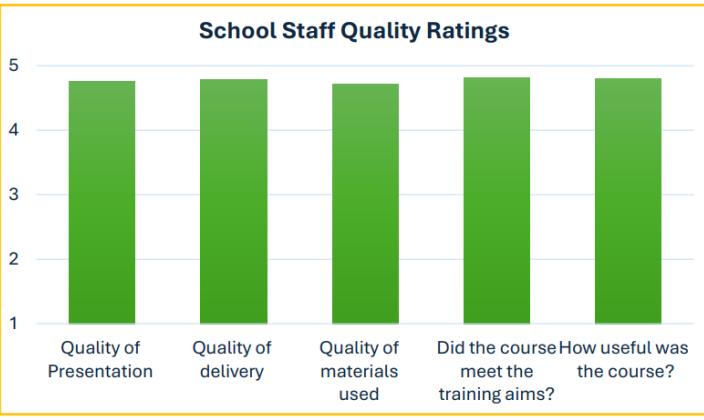
The training was developed using and was informed by interviews carried out with adoptive parents. Training has been delivered to a range of practitioners across the South Yorkshire region and to adoptive parents. The number having received training is as follows:

Role	Total in receipt of training ¹
School staff	535
Adoptive parents	30
Post adoption social workers	40
Educational Psychologists and Virtual School colleagues	61
Youth Justice colleagues	18
Total	684

KPIs for training delivery																												
1. 60% of schools in South Yorkshire have one or more staff attend training (face to face or virtual)	When setting this KPI we acknowledged that the percentage figure was subjective as we could not dictate whether school settings would take up the offer of the training. A total of 535 school staff accessed the training either online or face to face from 121 schools across the South Yorkshire region.																											
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2. All schools where an adopted child attend have one or more staff attend training (face to	It has not been possible to ascertain progress towards this KPI as there does not seem to be accurate data on which schools have an adopted child in attendance.																											

¹ Data accurate up to 30.07.25.

² Number of schools taken from data gathered via an internet browser search carried out on 05.08.25 using the search criteria 'number of schools in (name of LA) DfE'

face or virtual)																												
<p>3. Increase in feedback score of two points or more regarding the attendees understanding of FASD and the strategies that they can use to support CYP with or suspected of having FASD</p>	<p>Feedback from the training has been extremely positive.</p> <p>Attendees were asked to rate their knowledge and confidence in relation to the training aims (listed previously) on a scale of 1-10 (1 being low) before and after the training session. Feedback from the training delivered has indicated an increase in awareness and confidence in understanding CYPs needs and strategies that can be used to support them.</p> <p>An example of the increase in feedback scores is illustrated below in the pre training scores (blue) and post training scores (orange).</p>  <table border="1"> <caption>School Staff Evaluation Data</caption> <thead> <tr> <th>Category</th> <th>Pre Training</th> <th>Post Training</th> </tr> </thead> <tbody> <tr> <td>Knowledge of FASD</td> <td>~3.5</td> <td>~7.8</td> </tr> <tr> <td>Knowledge of FASD profile</td> <td>~3.5</td> <td>~7.8</td> </tr> <tr> <td>Knowledge of strategies</td> <td>~3.2</td> <td>~8.0</td> </tr> <tr> <td>Confidence to act</td> <td>~3.2</td> <td>~7.8</td> </tr> </tbody> </table> <p>Attendees were also asked to rate the quality of the training sessions on a scale of 1-5 (1 being low). The quality of the training was consistently regarded as being high as illustrated below.</p>  <table border="1"> <caption>School Staff Quality Ratings</caption> <thead> <tr> <th>Category</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>Quality of Presentation</td> <td>4.8</td> </tr> <tr> <td>Quality of delivery</td> <td>4.8</td> </tr> <tr> <td>Quality of materials used</td> <td>4.7</td> </tr> <tr> <td>Did the course meet the training aims?</td> <td>4.8</td> </tr> <tr> <td>How useful was the course?</td> <td>4.8</td> </tr> </tbody> </table> <p>School staff:</p> <p>With regard to the training for school staff:</p> <ul style="list-style-type: none"> • 100% increased by 3 points or more for all four training aims. • 53.57% increased by 4 points or more for all four training aims. <p>Qualitative feedback was also gathered from attendees. Staff reported back that understanding the psychology behind the</p>	Category	Pre Training	Post Training	Knowledge of FASD	~3.5	~7.8	Knowledge of FASD profile	~3.5	~7.8	Knowledge of strategies	~3.2	~8.0	Confidence to act	~3.2	~7.8	Category	Rating	Quality of Presentation	4.8	Quality of delivery	4.8	Quality of materials used	4.7	Did the course meet the training aims?	4.8	How useful was the course?	4.8
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recommended strategies gave them a stronger rationale to implement them and the confidence to persist in using them.

Six months after attending the initial training, attendees were asked for further feedback. They were asked to give a rating of 1-10 (where 1 is 'not confident' and 10 is 'very confident') in relation to two questions. Of the 43 evaluations received back at the time writing this report, the following quantitative feedback was received from school staff:

Question	School staff average rating
How confident have you been acting on your knowledge of FASD?	7.16
How confident have you felt embedding strategies shared at the training?	7.28

School staff shared that since attending the training, they had shared their learning at staff meetings, had shared resources and had also held meetings with key class teachers.

They had found a number of strategies to be effective, including breaking down instructions, using visuals, ensuring that there are clear routines and structures and providing additional processing time. They had also implemented strategies relating to emotional regulation and approaches to meet CYPs sensory needs. They had focused on building relationships with CYP and using a calm and patient approach.

Staff reflected on a number of changes to their practice since attending the training. They shared how they were now considering FASD more readily in addition to other types of neurodiversity and were more confident in speaking to parents and practitioners about it. They reflected that they were able to apply new strategies and that the training had helped them to be more aware of different reasons that may underly presenting behaviours.

EPS and Virtual School colleagues:

With regard to the training for EPS/Virtual School staff:

- 100% increased by 2 points or more for all four training aims.
- 50% increased by 3 points or more for all four training aims.

Six months after attending the initial training, attendees were asked for further feedback. They were asked to give a rating of 1-10 (where 1 is 'not confident' and 10 is 'very confident') in relation to two questions. Of the 5 evaluations received back at the time writing this report, the following quantitative feedback was received from EPS/Virtual School staff:

Question	EPS/Virtual School staff average rating
How confident have you been acting on your knowledge of FASD?	7.4
How confident have you felt in identifying need and provision regarding FASD?	6.8

In the six-month evaluations, EPS/Virtual School colleagues reflected that the training had increased their knowledge of FASD and had helped them to consider it more readily alongside other areas of neurodiversity. It had helped them to consider the impact of executive functioning difficulties. They had been sharing their learning through discussions with others.

Adoptive parents:

By embedding the lived experiences of adoptive families within the training, prospective adopters have been able to understand more about FASD and the strengths and challenges that other parents have experienced to prepare them for their own adoption journey, therefore reducing risks of failed adoption placements. Current adoptive parents have also felt validated and that the “*missing jigsaw pieces*” of information, have helped them understand their CYPs needs better and how to approach situations differently at home, as well as how to advocate for them in discussions with school staff.

Six months after attending the initial training, attendees were asked for further feedback. They were asked to give a rating of 1-10 (where 1 is ‘not confident’ and 10 is ‘very confident’) in relation to three statements. Of the 3 evaluations received back at the time writing this report, the following quantitative feedback was received from adoptive parents:

Question	Adoptive parent average rating
Confidence to act on knowledge	8.67
Confidence to embed strategies	8.67
Understanding of the graduated approach	9

In the six-month evaluation, parents reflected that breaking down instructions had been an effective strategy that they had used since attending the training.

Social workers:

With regard to the training for social workers there was the following average increases seen in the pre- and post-training evaluations:

- Knowledge of FASD: +1.94.
- Knowledge of a typical FASD profile: +2.24.
- Knowledge of strategies to support CYP: +3.2.
- Confidence to act on knowledge of FASD: +2.53.

Key themes arising from the training feedback were that it would enable social workers to understand the needs of the adopted CYP within a FASD framework and consider ways to support parents, to meet the needs of CYP at home and advocate for them in school meetings.

Six months after attending the initial training, attendees were asked for further feedback. They were asked to give a rating of 1-10 (where 1 is 'not confident' and 10 is 'very confident') in relation to two statements. Of the 4 evaluations received back at the time writing this report, the following quantitative feedback was received from social workers:

Question	Social worker average rating
Confidence to act on knowledge	6.25
Confidence to embed strategies	6

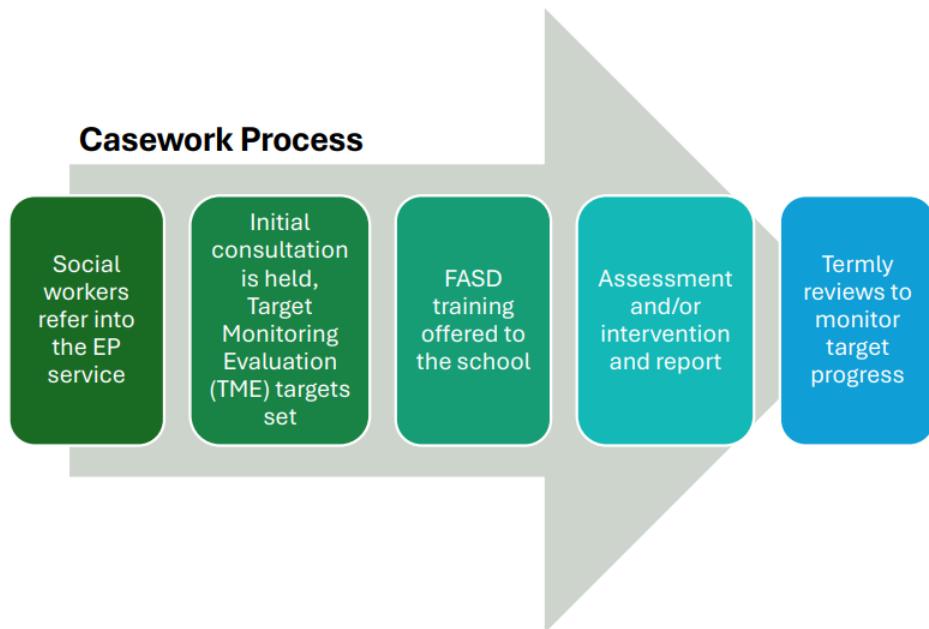
In the six-month evaluation, social workers told us that they had shared their learning from the training in meetings, discussions and that they had encouraged others to attend the training. They reflected that it had increased their knowledge and understanding of the needs of children with FASD and that they had found the preferred language guide useful. Please see [FASD: Preferred UK Language Guide - National FASD](#))

Please see Appendix 1 for a sample of quotes from adoptive parents, school staff and social workers in relation to the training delivery.

2. Individual casework:

A referral process was set up for CYP from across the South Yorkshire region to be referred to the EP team. To be referred into the service, the CYP needed to be an adopted child, with an active post adoption social worker, and who had (or were suspected of having) FASD.

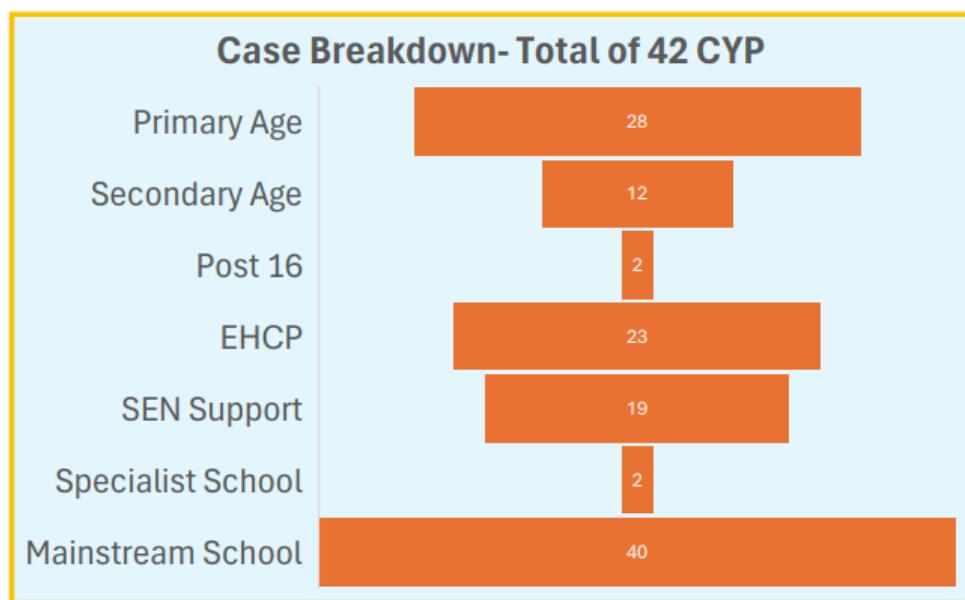
The referral process is illustrated below:



The aims of the individual casework were to:

- EPs to work collaboratively with CYP (with a confirmed or suspected diagnosis of FASD), their families, school staff and social workers.
- Consider CYP's strengths and needs holistically.
- Identify the provision required to support CYPs needs using knowledge of what works for CYP with FASD.

A total of 42 CYP were referred to the EP team. Ten (23.80%) of the CYP who were referred had received a diagnosis of FASD and 32 were suspected of having FASD. Information about their education phase, school type and SEN category can be found in the chart below.



Of the CYP referred to the service, four (9.52%) had attended school on a reduced timetable and six (14.28%) had received suspensions during their school career.

Towards the end of the project, the referral process changed so that rather than the casework process illustrated above, the offer was of a consultation session for the referring social worker. This was in view of the limited time that was remaining and to allow for us to begin evaluating work

completed to date. We received one request for a consultation, although this was later cancelled, with the social worker stating that they no longer required advice from the EP team.

KPIs for individual casework	
1. All referrals responded to within 10 working days	100% of referrals for individual casework were responded to within 10 working days. This has meant that there has been efficient access to support for CYP referred to the EP team.
2. Minimum of four, one to one interventions per year	<p>A total of 42 CYP were referred into the project, spread across the four local authorities as follows:</p> <ul style="list-style-type: none"> • Barnsley: 9. • Doncaster: 3. • Rotherham: 10. • Sheffield: 20. <p>The number of contacts for each referral (a contact being a meeting, visit, consultation etc) ranged from 2 to 11 with an average of five contacts made per CYP.</p> <p>At the time of writing this report 38 of the referrals have now closed and 4 will close in the autumn term of 2025 once final meetings/actions have taken place.</p>
3. Expected level of progress (or better) achieved for 75% of casework as measured using Target Monitoring and Evaluation (TME)	<p>Target Monitoring Evaluation (TME)³ targets were set for CYP. This involved setting a baseline measure of where the CYP was at the time the initial consultation, identifying a 'hoped for' level of progress and then reviewing the progress achieved. Progress was as follows:</p> <ul style="list-style-type: none"> • 95.45% of CYP made at least 'some' progress with one of their TME targets. • 81.82% of CYP made at least 'expected' progress with one or more of their TME targets. • 54.55% of CYP made 'better than expected' progress with one or more of their TME targets. • Only one child (4.54%) made 'worse' progress with one or more of their TME targets. • 6 children (27.27%) made 'better than expected' on all of their TME targets.
4. Children and young people report improved well-being following direct work (using tools/measures relevant to the specific piece of work completed) in no less than 75% of casework	<p>It has not been possible to gather evaluation feedback or data directly from the CYP referred into the project due to several factors including the severity of their needs or the nature of the work that has been completed. However, the project has allowed the voices of CYP to be listened to and heard and adjustments made accordingly.</p> <p>Themes regarding improvements for CYP did feature in feedback from school staff and parents and can be inferred from the Strengths and Difficulties (SDQ) questionnaires completed by adoptive parents and school staff. These were completed at the</p>

³ TME is used to assess the impact of Educational Psychology interventions. It involves setting SMART targets (Specific, Measurable, Achievable, Realistic and Time-bound) for CYP. Progress is rated at three stages – baseline, expected (hoped for) outcome and actual outcome. It is used to monitor change over time.

start of EP involvement and when individual cases were closed. Please see below.

Please also see Appendix 2 for a sample of quotes from adoptive parents, school staff and social workers in relation to the impact on CYP following individual casework.

SDQ:

Of the pre- and post-SDQs completed by adoptive parents (total of 10 at the time of writing this report):

- 60% of pupils had reduced scores for emotions (i.e. a positive change).
- 50% of pupils had reduced scores for hyperactivity (i.e. a positive change).
- 30% of pupils had reduced scores for conduct (i.e. a positive change).
- 30% of pupils had reduced scores for peer problems (i.e. a positive change).
- 50% of pupils had an increased score for pro-social behaviour (i.e. a positive change).
- 70% of pupils had reduced scores for total difficulties (i.e. a positive change).
- 20% of pupils reduced scores for general impact (i.e. a positive change).

Of the pre- and post-SDQs completed by school staff (total of 8 at the time of writing this report) the following improvements have been reported:

- 25% of the pupils had reduced scores for emotions (i.e. a positive change).
- 37.5% of pupils had reduced scores for hyperactivity (i.e. a positive change).
- 50% of pupils had reduced scores for conduct (i.e. a positive change).
- 37.5% of pupils had reduced scores for peer problems (i.e. a positive change).
- 12.5% of pupils had increased scores for pro-social behaviour (i.e. a positive change).
- 25% of pupils had reduced scores for total difficulties (i.e. a positive change).
- 12.5% of pupils had reduced scores for general impact (i.e. a positive change).

It is important to note that in some cases, a different member of staff completed the pre- and post-SDQs which may impact on the data. Furthermore, not all of the CYP referred to the EP team had social, emotional or behavioural needs and therefore the SDQ was not necessarily the most appropriate measure in all cases. It also reflects the difficulty that there often is in measuring the impact of EP involvement.

<p>5. Parents report improved understanding of their child's strengths and needs and knowledge of how to support their child using a self-report measure (such as the Thinking About Your Child questionnaire where applicable) in no less than 75% of casework</p>	<p>Thinking About Your Child (TAYC) questionnaires were completed by adoptive parents at the start and the end of EP involvement. Of the pre- and post-TAYCs completed by adoptive parents (total of 9 post-TAYCs received at the time of writing this report):</p> <ul style="list-style-type: none"> • 77.78% of parents felt they had increased their skills and knowledge. • 11.11% of parents felt their relationship with their child had improved. • 33.33% of parents felt their child was more responsive to care. • 11.11% of parents felt their placement was more stable. • 66.67% of total scores improved. <p>Evaluations were also completed when cases were closed. Adoptive parents were asked to rate a series of statements on a scale of 1-5 (where 1 was 'strongly disagree' and 5 was 'strongly agree.' Of the 8 evaluations received back at the time writing this report, the following quantitative feedback was received:</p> <table border="1"> <thead> <tr> <th>Statement</th><th>Adoptive parent average rating</th></tr> </thead> <tbody> <tr> <td>The work has helped me/us to <u>understand</u> why our child displays certain behaviours</td><td>4.25</td></tr> <tr> <td>The work has started to <u>reduce any stress</u> I/we may have been experiencing around supporting my/our child at school</td><td>3.87</td></tr> </tbody> </table> <p>Therefore, adoptive parents are more informed about why their son/daughter may be presenting with certain behaviours and a reduction in stress has been reported.</p>	Statement	Adoptive parent average rating	The work has helped me/us to <u>understand</u> why our child displays certain behaviours	4.25	The work has started to <u>reduce any stress</u> I/we may have been experiencing around supporting my/our child at school	3.87
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<p>6. FASD has been factored into the education plan for all those who have received 1-1 support</p>	<p>The project led to increased access to EP involvement for many CYP who were previously not known to their local authority EPS. During the period of involvement from the EP team, CYP's needs have been better understood from a neurodevelopmental perspective and advocated for within their educational settings. One indicator of this is through recognition of their needs:</p> <ul style="list-style-type: none"> • Six children, who prior to EP involvement were not recorded as having SEN, were moved to SEN Support level on the SEN register at their school. • 12 children moved from SEN Support to having an EHCP. The work of the EP team and the focus on collaborative working ensured that EHCPs were detailed and reflected contributions from all involved. • Three children with EHCPs transitioned from a mainstream to a specialist setting. • Through collaborative working and sensitive challenge, the EP team used psychology to promote changes to the way schools to understand and subsequently reframe CYP's 						

	<p>needs. This led to a reduced risk of permanent exclusions for at least two of the CYP who were referred to the team. One social worker shared, “<i>Previously **** has been subject to exclusions and suspensions due to his behaviour, but the meetings have helped to frame his behaviour in his early experiences and FASD and helped school, parents and professionals think differently about how to support **** in a school setting.</i>”</p> <p>The use of TME allowed for small steps of progress to be monitored and celebrated. It enabled suggested strategies and provision to be tailored to each CYP according to their profile of strengths and needs and based on effective provision for CYP with FASD. The targets and associated provision then fed into broader documents such as SEN Support based plans and EHCPs based on the verbal and written feedback provided by the EP team.</p> <p>As noted previously, evaluations were completed when individual cases were closed. School staff and social workers were asked to rate a series of statements on a scale of 1-5 (where 1 was ‘strongly disagree’ and 5 was ‘strongly agree.’ Of the 13 school staff and 18 social worker evaluations received back at the time writing this report, the following quantitative feedback was received:</p> <table border="1"> <thead> <tr> <th data-bbox="541 1012 949 1125">Statement</th><th data-bbox="949 1012 1224 1125">School staff average rating</th><th data-bbox="1224 1012 1457 1125">Post adoption social worker average rating</th></tr> </thead> <tbody> <tr> <td data-bbox="541 1125 949 1237">The work has helped me to <u>understand</u> how FASD could affect CYP</td><td data-bbox="949 1125 1224 1237">4.31</td><td data-bbox="1224 1125 1457 1237">4.67</td></tr> <tr> <td data-bbox="541 1237 949 1349">School staff and I have <u>confidence</u> to act upon the advice given by the EPs</td><td data-bbox="949 1237 1224 1349">4.54</td><td data-bbox="1224 1237 1457 1349">4.44</td></tr> </tbody> </table> <p>Therefore, staff and social workers have substantial confidence in the advice that they have been given and have confidence to act upon it. It is hoped that this increase in understanding and confidence from practitioners would then translate into the plans that are developed to support CYP.</p> <p>One social worker shared, “<i>Having the input of the FASD project has been invaluable to putting together a solid support plan for ****.</i>”</p>	Statement	School staff average rating	Post adoption social worker average rating	The work has helped me to <u>understand</u> how FASD could affect CYP	4.31	4.67	School staff and I have <u>confidence</u> to act upon the advice given by the EPs	4.54	4.44
Statement	School staff average rating	Post adoption social worker average rating								
The work has helped me to <u>understand</u> how FASD could affect CYP	4.31	4.67								
School staff and I have <u>confidence</u> to act upon the advice given by the EPs	4.54	4.44								

3. Multi-agency working:

KPI for multi-agency working	
1. Relationships will have been created with key groups to support CYP, parents and school staff	<p>Multi-agency working has been at the heart of the work of the EP team throughout the project.</p> <p><u>Individual casework:</u></p>

Referrals for individual casework were completed by post adoption social workers and following acceptance of a referral, an initial consultation meeting took place between the adoptive parents, school staff and the referring social worker. This was vital to develop a clear understanding of the CYPs strengths and needs, and to identify appropriate targets and next steps with clear actions for all stakeholders to take away. Targets were then reviewed.

Social workers shared how working collaboratively with the EP team has helped to develop their confidence to advocate and sensitively challenge school practice and provision, and to become more familiar and confident with language and systems that they are less familiar with.

As noted previously, evaluations were completed when individual cases were closed. Adoptive parents, school staff and post adoption social workers were asked to rate a series of statements on a scale of 1-5 (where 1 was 'strongly disagree' and 5 was 'strongly agree.') Of the evaluations received back at the time writing this report, the following quantitative feedback was received in relation to collaborative working:

Statement	Adoptive parent average rating	School staff average rating	Social worker average rating
The work has felt <u>collaborative</u> between school staff, colleagues from the EP team, parents and agencies	4.75	4.69	4.83

Therefore, all parties felt that there was strong multi-agency collaboration during individual casework.

Networking events:

The training delivery has led to the development of education networking events for school staff and a regional FASD special interest group for EPs and Virtual School colleagues. Content of the networking events has included:

- Sharing anonymised casework examples.
- Group supervision through the use of solution circles.
- Further training on key topics relevant to FASD such as executive functioning skills and confabulation.
- Sharing psychological tools and approaches to understand CYP's needs and associated provision.
- Sharing local and regional updates.

School staff who accessed the networking events expressed that they enjoyed the sharing of best practice delivered and found the

	<p>more detailed content informative.</p> <p>Regionally and nationally, both EPs and trainee EPs, who accessed the training and working groups, have shared that they feel more informed about understanding FASD and the profile in CYP. They felt more confident in writing future EHC advices or supporting school consultations linked to pupils needs especially in relation to their executive function and confabulation needs, and the provision they would need in schools regardless of whether they were suspected of having FASD or had received a diagnosis.</p> <p>Please see Appendix 3 for a sample of quotes from adoptive parents, school staff and social workers in relation to the impact of the project on multi-agency working.</p>
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4. Other activities:

In addition to the main three strands listed above, a variety of other activities have taken place over the course of the project. This has included:

- Attendance at multi agency steering groups across South Yorkshire.
- Development of parent and post-16 toolkits.
- Speaking at OASY conferences and a Multi-Disciplinary Approaches conference in London in December 2024.
- June 2025: poster presentation about the project at the FASD conference at the University of Salford.
- July 2025: webinar delivered for the Association of Educational Psychologists (AEP) National Union.
- July 2025: recording of webinars for Adoption England which will be live on their website in September 2025 for future adopters, adoptive parents, social workers and school staff which can be accessed nationally.
- February 2025: meeting with a representative from Life Lessons to discuss the addition of content regarding FASD on the Relationship, Sex and Health Education (RSHE) curriculum.
- Autumn 2025: training sessions to be delivered at the Universities of Sheffield and Nottingham for EPs undertaking their doctoral training.

Events such as these have been helpful in raising awareness of the work that is taking place regarding FASD in the South Yorkshire region.

EPS Reflections

Elements of the project that have worked well or have proved to be challenging have been alluded to previously in this document. However, key points that we wish to highlight are included in more detail below.

1. Strengths and what worked well:

Strength	Reflection
1. Recruitment of an EP team rather than one individual practitioner	<p>Initially the intention was to recruit one EP to work on the project. However, difficulties in recruitment and the need to think creatively led to the role being shared amongst three members of staff. Given that this was a new project, having three colleagues meant that ideas could be shared and innovative suggestions given that might not otherwise have</p>

	been possible. It also ensured that the team were able to provide supervision for one another which is vital for practitioners engaging in complex casework. If a project of this kind were to be commissioned again in the future, we would recommend that a similar model be used.
2. Increased access to EP time for adopted CYP with (or suspected of having FASD) across the South Yorkshire region	During the planning phase of the project, it was anticipated that we would work with a small number of CYP, likely to be 4-5 at any time. By the end of the project, 42 CYP had had involvement from the EP team. These CYP spanned a wide age range, had a range of needs (from pre-SEN Support to EHCP level) and were from schools across the South Yorkshire region. Many of them were not previously known to their local EPS and therefore the FASD project increased access to EP time that might not otherwise have been available to them. This allowed for earlier identification of need in many cases.
3. Scope to work with CYP, families, practitioners and schools over time	The involvement of EPs over time is something that was identified in recent research as being valued by families (Please see " <i>Foetal Alcohol Spectrum Disorders (FASD); The Parent Perspective on Education and Implications for Educational Psychologists (EPs)</i> " by Rebecca Griffiths which can be found here: 2022GriffithsREdPsyD.pdf). However, typically there is a shortage of EPs in local authorities and this means that often, it is not possible for EPs to have involvement with CYP over a period of time. In contrast, this project allowed the EP team to work with CYP over a much longer time frame, with some having involvement for over 12 months. This allowed for the development of positive relationships with the EP team, adoptive parents, school staff and social workers.
4. Multi-agency collaborative working	A focus on multi-agency working has been a priority in all elements of the project. This has worked particularly well within the casework strand, where the referral and initial consultation meeting structure were set up to include families, school staff and social workers from the outset. This has created a shared responsibility and has upskilled practitioners in both education and care professions. Social workers have reported having gained greater insight into the world of education and how the project has increased their confidence to attend school-based meetings.
5. Whole school training delivery	The training delivered to school staff involved different models. One option was for individual members of staff to book a place on the course; a second option was for training to be delivered to the staff team around a specific child and thirdly whole school training was delivered. In terms of impact, the latter option was most effective in terms of all members of staff receiving consistent key messages all at the same time. It also gave them the opportunity to discuss and reflect as a team around specific children within their setting.

2. Challenges and reflections:

Challenge	Reflection	Implications/next steps
1. Lack of data/information	There have been limitations in the information available to us about which settings have children attending who are adopted. This made it difficult for us to know where to target our training and support. However, it is appreciated that this	In the event of future projects taking place, it would be helpful if there was greater intelligence to enable the support to be offered in a more targeted way, particularly regarding the training offer.

	will in part be due to safeguarding and data protection requirements. Similarly, there is a lack of information regarding CYP with (or suspected of having) FASD.	
2. Greater need for support for families in the home	It became apparent early on that there was a need for adoptive parents to have support regarding strategies that they can use within the home. This is something that as education-based practitioners that we are not typically as readily involved with or to such an extent. The supervision that we provided to one another was helpful in us feeling confident in being able to provide appropriate support.	If a similar project were to be developed in the future, consideration could be given to there being the offer of structured Emotion Coaching sessions for families although this would be dependent on staffing. It may also be of benefit to consider whether there is a need for more intensive post adoption involvement, to be part of a multi-disciplinary team who could provide regular support, guidance and modelling of strategies in the home from an FASD perspective.
3. Lack of diagnostic pathway	Although the EP team was never intended to have a diagnostic role, a recurring theme from training, casework and networking was frustration from all stakeholders around the lack of a diagnostic pathway. There also appeared to be mixed messages being given. A lack of a diagnostic pathway means that there are many CYP who have accessed costly assessments via private providers.	There is a need for the development of an assessment pathway for FASD in South Yorkshire.
4. Equality of delivery across the four local authorities in the South Yorkshire region	The offer from the EP team was the same to all four local authorities within the county. However, as can be seen from the training and casework data shared in the tables above, there were big differences in the take up from the four areas. The majority of the training and individual casework took place in Sheffield with the least occurring in Barnsley (training) and Doncaster (casework). The EP team are mindful that as a Sheffield based service, it is likely that this may account for the greater 'buy in' seen from settings within our own local authority. Our names will be familiar to schools and other settings and there was perhaps a greater openness or confidence to working with us. It was also easier to	If there were to be a similar project in the future, it would be helpful if there were to be greater coordinated and centralised business support to be able to publicise forthcoming events to ensure that all four areas are aware of what is on offer.

	<p>share information about forthcoming training and other events whereas publicising our work in other areas was more challenging and we were reliant upon colleagues in OASY, EP services and Virtual Schools sharing information for us. Although we were able to deliver training to 28% of schools across the South Yorkshire region, we feel that there was the potential for this to be higher had there been easier channels of communication/publicity.</p>	
<p>5. Time limited nature of the project</p>	<p>The project has had a significant impact on CYP, families, schools and social workers, as evidenced by progress towards the KPIs illustrated above. However, due to the time needed to establish referral processes and protocols early on in the project, this meant that there was a necessary delay before individual casework could begin.</p> <p>It would have been beneficial if we could have had involvement with some of the CYP referred to us over a longer period of time, particularly in view of forthcoming transitions to new settings that many of them were due to have. This would have enabled us to be a familiar person for the adoptive family at a time when many of the people involved in providing support for their son/daughter would be changing. It would enable us to provide training and support to the receiving schools and to upskill them in supporting CYP with FASD. Please see “<i>Syne, J., Green, R., and Dyer, J., (2012) Adoption: The lucky ones or the Cinderellas of children in care? Educational & Child Psychology, Vol. 29. No 3</i>” which highlights the need for EPs to provide ongoing support especially around key educational transitions.</p>	<p>As noted, the time spent developing processes and data sharing agreements was a necessary one but did take time. If a project of this kind were to be developed again in the future, time should be spent working on such processes beforehand in order to make it a more streamlined and efficient process once practitioners are in post and so that more time can be spent working with CYP, parents and their educational settings.</p>

The EP team would like to thank the CYP, their families, school staff and the post adoption social workers who we have worked with over the course of this project. We would also like to thank OASY and Sheffield EPS for giving us this opportunity.



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28th August 2025

Appendix 1 – Qualitative feedback from training:

Adoptive parents said that the training helped with:

- “Addressing ideas on how to respond to emotions and behaviour.”
- “Highlighting the range of strengths and difficulties.”
- “Ideas and strategies to use in our home life.”
- “Know what we can access and how much help is available.”

School staff said that the training helped with:

- “Use the knowledge gained through the course to support certain pupils in a more individualised way.”
- “Understanding the variety of ways in which FASD can affect a child...”
- “Practical strategies to help children with FASD.”
- “The call to attention when it comes to the terminology used when talking to parents in order to avoid blame.”

Social workers said that the training helped with:

- “Being more mindful of my approach with children...”
- “Confidence in helping families within their own home.”
- “Understanding resources I can use and how to support adopters.”
- “Think more about FASD and the impact on children and their families.”

Appendix 2 – Qualitative feedback from individual casework reflecting the positive impact on CYP:

Feedback from adoptive parents:

- *"I can provide strategies and resources to use, as well as upskilling professionals who work with our child."*
- *"The team were knowledgeable and professional. I felt that they took time to understand our child's needs."*
- *"I was really impressed by the level of detail in your report."*
- *"We noticed a better, more effective, relationship between **** and his 1:1 support."*
- *"*** is learning much more with less need for sensory breaks now that he is in the sensory room for 2-3 hours a day."*
- *"More settled at school and happier to go into school. He is more settled after school and taking less time to regulate / decompress."*
- *"Helped me see the difficulties in a different way, that she wasn't lazy, that her brain works differently and that I need to adapt and respond to her in a different way."*

Feedback from school staff:

- *"The child is able to identify when she is starting to feel anxious and is more able to co-regulate with adults."*

Feedback from social workers:

- *"I feel the support has been individualised to the child's needs and provided a range of realistic interventions and advice."*
- *"School have noted an increase in confidence."*
- *"Parents and school have shared that they are seeing small but positive changes in how **** is progressing, which is lovely to know."*
- *"There has been an observable change in **** presentation in school, particularly in transition periods... he left school in a much more settled manner."*
- *"... the child has been more regulated in school."*
- *"I think it is helpful for **** to have an understanding of his FASD diagnosis and also to have looked at some future life planning."*
- *"*** has made more friendships at school which is significant for him."*
- *"*** presents as more settled in school since the plan was implemented. There are fewer instances of dysregulation, and he is also less aggressive."*
- *"I think the service has been invaluable for our families. It has really helped to think about the support which can be provided in school and for the wider service."*
- *"I am sure that without this support ****'s transition to Year 1 would not be as smooth or prepared as it is, and that his academic achievements may have been negatively impacted."*
- *"****'s final term at school was more positive and the language used about him by school staff started to be framed more positively."*

Appendix 3 – Qualitative feedback regarding multi-agency/collaborative working:

Feedback from adoptive parents:

- *“Thank you everyone for providing such clear and evidenced reports that identify ****’s needs. I feel this is a fabulous example of what collaborative working should look like and evidences what it can achieve for those that cannot advocate for themselves.”*

Feedback from school staff:

- *“Working together with other professionals and the child’s parent has ensured continuity in approaches and support offered.”*
- *“Working with expert advice from EPS has been very beneficial to helping staff understand ****’s needs and how we can meet these as a school. Working together with other professionals and ****’s parent has ensured continuity in approaches and support offered. As a staff team, we are more aware of children who may have FASD, and this will help us identify and support other children in the future.”*

Feedback from social workers:

- *“This has allowed me to work in a really joined up way with the school to offer the best support for the child and their family.”*