

ADOPTION AND SPECIAL GUARDIANSHIP LEADERSHIP BOARD

KEY ELEMENTS OF AN ADOPTION SUPPORT SERVICE

- **A survey of exemplar adoption support services in England**
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Introduction:

The proposal to provide a tool to support the development of adoption support services came out of The Modernising Permanence Programme (MPP), commissioned by the Adoption and Special Guardianship Leadership Board (ASGLB).

The aim of this exercise has been to capture the key elements of some of the most developed adoption support services nationally (two of which have received funding from the Department for Education (DfE) to develop Centres of Excellence (CoE) for Adoption Support). The intended outcome of this tool is to provide the DfE, Local Authorities (LAs), Regional Adoption Agencies (RAAs) and sector leaders with a benchmark against which they can review and adjust resources and systems to make service improvements and achieve whole system change. A companion tool has been developed for agencies which offer support to Special Guardianship (SG) placements.

The method used has been to identify existing adoption support services which appear to be 'exemplars'; review and analyse the available information on each service and provide a detailed description of what a composite exemplar service should look like. A summary overview and an audit tool are provided to enable service providers to benchmark their existing services against the exemplar composite.

It is best to view this document as a reference point in time for the development of adoption support services¹. It will inevitably need updating as our learning increases and practice develops. It is important to recognise that there has not been time to consider all the LAs/RAAs and VAAs which might be classed as exemplar services. It should also be noted that there are as yet no agreed measures of quality or effectiveness in adoption support services, although some of these are beginning to emerge.

The tool takes a systemic view of adoption support. Adoption support services are part of the care planning and adoption system. The need for adoption support services is often generated by a lack of knowledge and expertise in earlier parts of the looked after system. In turn, adoption support practitioners commonly work to prevent children and young people re-entering the same system. Adoption support practitioners are therefore in the ideal place to provide an evaluative window onto the looked after and adoption system, identifying what might have been done differently in the lives of children and adopters. Additionally, they are often able to provide the skills and knowledge which other parts of this system lack.

At the same time, adoption support practitioners find themselves operating at the interface of school, education support, disability and child and adolescent mental health systems. The lack of co-ordination between these systems is an everyday reality for adoptive families and their social workers, but their voices and experiences are rarely used to bring about change. Adoption support practitioners are ideally placed to highlight the lack of co-ordination and to press for improvements.

This systemic perspective is vitally important. There is a sense that, if the state, as 'corporate parent' cannot get the systems 'right' for adopted children, who have been subject to the ultimate state intervention, what chance is there for other children who do not have committed parents to provide the same level of support and advocacy, but who

¹ There at least two historic reference points:

Thomas (2013) summarises a range of preceding studies, all undertaken as part of the Adoption Research Initiative. The lack of evidence of effectiveness; lack of adoption awareness in mainstream education and mental health services, and lack of provision for birth parents, are all highlighted for attention.

Selwyn et al (2014) interviewed 12 adoption managers. The study took place prior to regionalisation and before the advent of the Adoption Support Fund but makes for an interesting comparison. It explores many common themes and enables some identification of where progress has been made. For instance, managers expressed a desire to develop multi-disciplinary services (see section 4 of this report).

have suffered similar levels of trauma and disruption? The ultimate goal of adoption support services should therefore be, not just to support those affected by adoption, but to improve all aspects of the care planning and adoption system, as well as leading the way in ensuring that adopted children and families receive co-ordinated and effective support. Improving support systems for adoptive families may prove to be a good example of how we can better support other groups of children and families.

Regionalisation of adoption services is a landmark opportunity for this kind of change. It is time to move away from the sense that adoption support is the ‘Cinderella service’; planned in an ad hoc manner, poorly resourced and with little influence. The Adoption Support Fund (ASF) has made a significant difference to the resources available and raised the profile of adoption support generally. As Regional Adoption Agencies become established, it is essential that their strategic position and greater capacity results in systemic and sustainable improvement across the systems and services which should be supporting adoptive families.

Grateful thanks are extended to all those who have participated in this piece of work and for agreeing to share their resources.

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Further information has been incorporated from Regional Adoption Agencies: Adoption Support Audit conducted by Mark Owers (Owers 2019).

Reference is also made to other services where written information was available, but which were not directly contacted (e.g. The AdCAMHS model² in East Sussex and Coram Kent (Coram 2016)). In addition, information has been assimilated from a number of presentations from a wide variety of adoption providers given at a conference organised by the Department for Education in October 2019.

Further comments on a draft document were received from the above contributors together with:

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²Alison Roy, Caroline Thomas and John Simmonds (CoramBAAF) 2017. Adoption support: integrating social work and therapeutic services – The AdCAMHS model. CoramBAAF briefing Sept 2017

KEY ELEMENTS OF AN ADOPTION SUPPORT SERVICE

SUMMARY AND AUDIT TOOL

The following is a summary of the key elements of an exemplar adoption support service together with a tool which can be used to audit these components and develop an action plan to improve services.

	SERVICE ELEMENTS	Not present	Partially Present	Matches Exempla services	Exceeds Exempla Services	NEXT STEP ACTIONS	ALLOCATED PRIORITY 1 – Low 4 - High
1.	An outcomes-based vision for adoption support services with measurable aims/goals which include:						
1a	The well-being of adoptive families						
1b	Children’s mental health and emotional well-being						
1c	Adopters’ and children’s experience of education						
1d	The well-being of adopted adults						
1e	The needs of birth parents and families						
2.	A methodology for quantifying the potential need for adoption support services across:						
2a	Social care						
2b	Education						
2c	Children’s mental health and emotional well-being						
2d	Parents emotional well-being						
3.	A multi-agency governance body for adoption support services with representation from:						
3a	Health services						
3b	Education services						
3c	Adopters						
4.	A multi-agency, multi-professional delivery model which incorporates:						
4a	Child and Adolescent Mental Health Services						
4b	Education support services						
5.	Provision of information which includes:						
5a	Regular communication with adopters throughout their adoption journey						
5b	Information about adoption support services for adopters						
5c	Information about adoption support services for birth parents						

	SERVICE ELEMENTS	Not present	Partially Present	Matches Exempla services	Exceeds Exempla Services	NEXT STEP ACTIONS	ALLOCATED PRIORITY 1 – Low 4 - High
5d	Information about adoption support services for adopted adults						
6.	Adopter Engagement including:						
6a	The opportunity to influence service development						
6b	The opportunity to regularly provide feedback on existing services and family needs						
7.	Communication with Children and young people						
7a.	Information is available for children and young people describing the services available in appropriate language						
7b.	The views of children and young people influence the development of services						
8.	One initial referral and assessment process provides access to a range of services within an identified timescale						
9.	Adoption Support Services are structured and co-ordinated to meet different levels of need, including:						
9a.	Universal Services which enable adopters to get advice and be signposted to other sources of information and support						
9b	Peer to peer support						
9c.	Targeted Services - provide help when universal services are not enough						
9d.	Specialist services - provide more help via a smooth and speedy application for ASF funding, when required						
10.	Appropriate response to situations of possible risk.						
10a.	The agency works collaboratively with local authorities and other agencies to agreed protocols						
10b..	Children are protected whilst others affected by the situation, or any allegations, receive support						
11.	Commissioning and procurement activity:						
11a	Uses the commissioning cycle to drive the commissioning process						
11b	Develops a market which is large enough to provide a wide range of specialist services						
11c	Is based on the identified needs of adoptive families						

	SERVICE ELEMENTS	Not present	Partially Present	Matches Exempla services	Exceeds Exempla Services	NEXT STEP ACTIONS	ALLOCATED PRIORITY 1 – Low 4 - High
11d	Is undertaken with key partners and stakeholders who are aware of the ASF and how it can be accessed						
12.	Birth Family Relationships are promoted						
12a	Adopters are expected and encouraged to have at least a one-off meeting with birth parents, if at all possible						
12b	Birth parents have the opportunity to meet adopters and maintain indirect contact with them, in the interests of children						
12c	Siblings are able to maintain contact with each other if it is in their interest						
12d	The agency actively supports and reviews contact arrangements with adopters and birth families						
13.	Support to Birth Parents						
13a	Birth parents are encouraged to access an independent support service						
13b	Birth parents are given the opportunity to access services which will support them to care for any future children they may have						
13c	Birth parents are consulted about the quality of the services they receive						
14.	Adopted Adults						
14a	Can access records about their adoption						
14b	Are supported to make contact with birth relatives if both wish this to happen						
15.	A Workforce Development Plan:						
15a	Identifies skills gaps in the agency workforce						
15b.	Identifies skills gaps in the third sector						
15c	Identifies actions to close these gaps						
16	Monitoring and Evaluation						
16a	The agency gathers feedback on the quality and effectiveness of services						

	SERVICE ELEMENTS	Not present	Partially Present	Matches Exempla services	Exceeds Exempla Services	NEXT STEP ACTIONS	ALLOCATED PRIORITY 1 – Low 4 - High
16b	The agency monitors outcomes for adopted children and families which result from receiving social, health and education services (see also section 1)						
17.	The agency promotes improvements to the wider looked after and adoption system based on learning from adoption support work.						
17a	The agency/partnership has a Theory of Change which incorporates learning from adoption support work						
17b	The agency works with key partners to improve services to adopters and adopted children						

KEY ELEMENTS OF AN ADOPTION SUPPORT SERVICE - EXEMPLAS

1.	<p>An outcomes-based vision for adoption support services with measurable aims/goals</p> <ul style="list-style-type: none"> - which include the well-being of the adoptive family, children’s emotional well-being, health and education, and the well-being of adopted adults and birth parents.
	<p>Why is this needed?</p> <p>A vision statement with measurable goals/objectives:</p> <ul style="list-style-type: none"> - Ensures that services are focused on achieving outcomes rather than just activity - Helps to engage a wide range of services (beyond the adoption support team) in meeting the needs of adoptive families. E.g. Education Support Services, Schools and Health - Underpins the measurement and evaluation of impact - Enables improvements in service delivery to take place in a managed way - Is a powerful message to staff, adoptive families and service providers
	<p>The government’s vision for adoption support services:</p> <p>Legally, as set out in the Children and Adoption Act 2002 (the act), adoption support is the entitlement to an assessment of need for specific groups of people affected by adoption. However, the stated vision for adoption support services in <i>Adoption: A Vision for Change</i> is that: <i>Every adoptive family has access to an ongoing package of appropriate support with a right to a high quality, specialist assessment of need. This support is delivered from day one and continues throughout childhood whenever it is required. Adoptive families have a supportive relationship with their local agency and know they can turn to them for additional support at any time, without judgment.</i> (Department for Education 2016 p7)</p> <p>In respect of regionalisation, the government’s vision is for, <i>enough high-quality adoption support services available nationwide</i>” (Department for Education 2017 p9)</p> <p>Whilst recent government statements of intent focus largely on the needs of adopters, it must be remembered that the act and associated guidance is clear that adoption support services need to be available to all parties affected by adoption, including birth families and adopted adults.</p>
	<p>An Adopter Perspective</p> <p><i>Adoption UK’s vision for post-adoption services can be broadly summarised as³:</i></p> <ul style="list-style-type: none"> • <i>Full assessments of need at placement and regularly afterwards</i> • <i>Comprehensive and bespoke support plans for adopted children and their families</i> • <i>Integrated care management across health, mental health, education and therapy services</i> • <i>Unique contribution of adopters recognised and sustained with advanced parenting support</i> • <i>Specialist training in trauma and attachment for relevant professionals, including social workers, teachers, health care, and the judiciary</i>

³ Adoption UK Business Strategy (2017-2020). Not publicly available, cited with permission.

	<ul style="list-style-type: none"> • <i>Endorsed by ministers, enshrined in national policies, embedded in local services, informed by adopters, and delivered by professionals, public servants and voluntary sector working in partnership</i>
	<p>Examples of approaches currently being taken.</p> <p>RAA Leaders have started to articulate a collective vision for holistic support (Owers 2019) which:</p> <ul style="list-style-type: none"> • provides a wide range of timely multi agency support – preventative and responsive, providing support earlier to reduce the risk of escalation. • creating resilient families - support is for the whole family. With a focus on enabling the adoptive parents to act as the main therapeutic agents, while helping to build resilience through effective social network and peer support • a therapeutically informed social work and integrated multi-disciplinary team with clinical governance to provide better services. <p>Adoption Counts has the following outcomes statement:</p> <ul style="list-style-type: none"> • Adopted children & young people to have the best possible emotional health and well being • Adopted children & young people to have an appropriate and stable education placement and to make expected educational progress • Adoptive parents to be and feel supported to understand and meet the psychological needs of adopted children, resulting in optimal attachment relationships for children and parents • Staff working in Adoption Support and other services, such as schools, to be confident and equipped to appropriately support adoptive families • Improved adoption support services based on evidence of what works and feedback from adopters and adopted children and young people <p>Each statement is further elaborated in a statement of measurable objectives⁴ (See section 16 – Monitoring and Evaluation).</p> <p>OAWY – sets out its high-level outcomes as:</p> <ul style="list-style-type: none"> • Families get help and support at every stage of the adoption journey • Children have good quality care, a sense of belonging and stability within their adoptive family • Children, adoptive and birth parents and adopted adults are listened to and have an influence in decisions that affect them and the development of services <p>Outcomes for Adoption Support (as stated in the OAWY Centre of Excellence aims):</p> <ul style="list-style-type: none"> • Families receive assessment and support in a timely way • Adopters feel supported in meeting the needs of their children • Children have improved emotional health and well being • Staff are confident and skilled in working with adoptive families • An increase in early engagement leading to a reduction in crisis intervention and placement breakdown <p>These statements are echoed in the purpose of the Coram Kent service - <i>“The overall purpose of the service is to support adopters in their parenting task to maximise children’s emotional, social and educational development, following the granting of the adoption order.”</i> (Coram 2016 p5)</p>
	<p>Comment:</p>

⁴ Currently being updated. Available from Adoption Counts on request

	<p>These were the only outcome based and measurable vision statements provided by the services in this survey. Most statements focus (not unhelpfully) on the type and quality of services offered rather than the outcomes they are designed to achieve. Nationally, there has been very little attempt to systematically measure outcomes in adoption support services at any level (see section 16). Even in the statements which do exist, there is a general lack of clarity and intent to support children to develop their identity or to develop relationships with key people e.g. birth families, siblings, foster carers etc.</p> <p>This state of affairs may reflect the fact that:</p> <ul style="list-style-type: none"> - Many adoption support services have evolved to delivery statutory requirements in an ad hoc and resource-driven fashion - Some adoption support services have such restricted resources and relationships with partner agencies that it would feel irresponsible to raise the expectations of adopters which could not be met.
	<p>Possible future developments</p> <p>A national vision for adoption support services should be developed, in consultation with adopters, statutory and voluntary agencies and expressed in a set of national outcome measures supported by an agreed set of outcome and performance indicators.</p> <p>There is a particular need to develop outcome statements in respect of adopted adults and birth parents (see sections 13 and 14).</p>

<p>2.</p>	<p>A methodology for quantifying the potential need for adoption support services across....</p> <ul style="list-style-type: none"> - Social care - Education - Children and Young People’s Mental Health Services - Adult emotional and mental health services
	<p>Why is this needed?</p> <p>Understanding the number of adopted children, and families and the nature and level of their need, is fundamental to service development, resource planning and co-ordination.</p>
	<p>Government/Statutory perspective</p> <p><i>The introduction of RAAs offers an opportunity to radically improve adoption support. RAAs will be better placed to develop an overarching understanding of their adopter population’s support needs and to strategically plan and commission support (DFE 2016 Section 4.17)</i></p>
	<p>Adopter perspective</p> <p><i>Given that data on looked after children indicates that ¾ of adopted children have suffered neglect and abuse while with their birth family⁵ (and perhaps as many as 1/3 have experienced exposure to alcohol in the womb), there should be a presumption that all adoptive families will need support at some stage. (AdoptionUK)</i></p> <p>Adopters (and staff) complain of a ‘post code lottery’ when it comes to the existence of adoption support services and the ability to access them.</p>
	<p>Examples of approaches currently being taken</p>

⁵ <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018>

	<p>Two of the agencies surveyed (both COEs) had undertaken a localised survey of the needs of their adopter population. OAWY benefitted from the cross-Yorkshire and Humber research study conducted by the University of East Anglia which provides an overview of the adopter population and feedback on services in the lead up to regionalisation (Young and Hartley 2018). However, no agency had undertaken a projection of the need for adoption support services in their area.</p> <p>After Adoption had developed an approach which allowed the organisation to cross reference the point at which families request services with the level of service required to plot the distribution of service uptake and therefore predict the likely demand for services.</p> <p>Adoption Plus takes an early intervention and prevention approach and so assumes that all of their families will require a core offer of therapeutic services.</p> <p>OAWY have asked CAMHS to start collecting data on children whom they know to be adopted.</p> <p>Selwyn et al's (2014) study, the most authoritative and comprehensive study of the needs of adoptive families found that (page 93):</p> <p><i>Just over a third of adoptive parents had experienced no or few difficulties and family life was described as going well. Where support had been requested, it had usually been provided and adopters were complimentary about service provision. For another 30% of families, whilst family life was still good, they also reported facing challenges. Often these challenges stemmed from their child's special needs and getting the right support in place.</i></p> <p><i>About a quarter of parents described major challenges with children who had multiple and overlapping difficulties. Many were struggling to get the right support in place. Parents reported that they were physically and mentally exhausted and that there had been a negative impact on marital and family relationships. Some of the comments suggested the family was on the verge of disruption. Comments from other parents indicated that after a tricky patch, sometimes involving the child's brief return to foster care or an intensive intervention, relationships had improved.</i></p> <p><i>About 9% of the young people had left their adoptive home under the age of 18 years (average age 14-15 years old).</i></p>
	<p>Possible future developments</p> <p>This is an important issue for RAAs, all of which need to agree a funding formula for adoption services delivered to their LAs. Relatively straight forward measures are available for recruitment of adopters and family finding for children, but a funding formula for adoption support activity is much harder to identify. As RAAs develop and make better use of data, it should be possible to make projections of the number of adoptive families in an LA/Region likely to need services. Projections could be based on a mix of measures such as:</p> <ul style="list-style-type: none"> - The number of current and recent cases open to adoption support services and the time since placement - The total known number of adoptive families (e.g. the number held on a communications database, numbers receiving a letterbox service etc) - Number of children placed by the RAA/LAs in preceding years⁶ - The number of adopted children currently being looked after, on the edge of care, or whose cases are open to safeguarding services

⁶ However, in local authorities, which have traditionally matched their adopters with children in other LAs, the level of need for adoption support services may not bear a close relationship to the numbers of children placed by that LA in preceding years.

	<ul style="list-style-type: none"> - LAs and RAAs need to keep track of the number of adopted children placed by other LAs/RAAs or with VAAs in their area in order to be fully aware of the total extent of their adopter population⁷. <p>Within the education system</p> <p>The DfE have started to collect national data relevant to the education of adopted children, but this is currently only in an experimental phase. It is possible for LAs to ask schools to collate the numbers of adopted children known to them, but this will only reflect the numbers who are willing to self-declare. The DfE holds Pupil Premium Plus data which should indicate the numbers of self-declared adopted children in the education system, but this is not currently made public and surveys indicate that there is a low uptake nationally of Pupil Premium Plus funding.</p> <p>As well as the number of families requiring adoption support, it is also important to understand the level and nature of the needs of adoptive families (see sections 10 to 12). Information from Adoption Support Plans should also be helpful in predicting likely levels of need.</p>
	<p>Comment</p> <p>Lack of knowledge about the size and level of need in the adopter population is a fundamental obstacle to the development of appropriate services. Many agencies (e.g. schools, education support services and CAMHS) have not recognised the potential importance of adoption as a factor in child development and do not ask or record if children are adopted. Some adopters do not wish to declare that their child is adopted.</p>

<p>3.</p>	<p>A Multi-Agency Governance body for adoption support services with representation from :</p> <ul style="list-style-type: none"> - Health Services - Education Services - Adopters
	<p>Why is this needed?</p> <p>As noted in section 4, some agencies in this sample are developing a partnership approach between services which are accountable to different agencies or lines of management. An Adoption Support ‘Partnership’ is more likely to engage agencies at a strategic level to coordinate and develop services, develop staff, join up systems and processes, and jointly commission from third sector providers.</p>
	<p>Government/Statutory perspective</p> <p>The Act (Section 4) clearly anticipates the involvement of other agencies in adoption support.</p> <p>Adoption: A Vision for Change (DfE 2016) advocates, <i>strong partnership working with local health commissioners and providers, including delivering local transformation plans to implement proposals set out in the Future in Mind report (2015).</i></p>
	<p>Exemplar Approach</p> <p>Adoption Counts has attempted to set up an Adoption Support Partnership (see make-up and structure at appendix one). However, whilst this has operated successfully at practitioner level, it has not gained ownership within key agencies at governance level. Their Adoption Support Sub Board was set up to focus</p>

⁷ E.g. Adoption Counts have identified that approximately 35% of adopters in their area did not adopt children from the LAs which constitute the RAA.

	<p>exclusively on adoption support and included adopter, health, education, virtual school and social care representatives. Whilst this has not been entirely successful, it has held specific meetings focusing on education and children’s mental health issues.</p> <p>OAWY is experimenting with similar arrangements and has been successful in engaging with health commissioners from the region’s Clinical Commissioning Groups.</p>
	<p>Possible future developments</p> <p>Given the right level of resources, RAAs can exercise a strategic commissioning role which will fund and co-ordinate relevant services from education and health providers. However, all relevant agencies need to ensure that their own mainstream services are also responsive to the needs of adopters and work cooperatively with each other.</p>
	<p>Comment</p> <p>Whilst the Adoption Counts Adoption Support Sub Board is a step towards a multi-agency approach to adoption support, it has also highlighted the challenges of co-ordinating multi-agency services in a regional context. Ideally the partnership would bring together all five LAs, five virtual schools, five clinical commissioning groups, LA commissioners and the three health provider trusts. However, bringing this number of services together with a common purpose is extremely challenging and probably unrealistic.</p> <p>The guidance to Virtual Schools https://www.gov.uk/government/consultations/revised-guidance-for-virtual-school-heads-and-designated-teachers (Department for Education 2018, section 57) on their responsibilities to Previously Looked After Children, outlines the agencies with which they need to establish relationships and is a good example of how government guidance can help to promote closer interagency working in the interests of adoptive families.</p>

4.	<p>A multi-agency, multi-professional service delivery model which incorporates:</p> <ul style="list-style-type: none"> - Child and Adolescent Mental Health Services - Education support services
	<p>Why is this needed?</p> <p>Adoptive families often require support from a range of professionals who are employed and managed by different agencies, e.g.</p> <ul style="list-style-type: none"> - Safeguarding, ‘edge of care’ and LAC services –LAs - CAMHs professionals - Health Trusts - Education support services/Virtual Schools/Educational Support Services – LAs - Schools - Therapeutic providers - VAAs and third sector providers
	<p>Government/Statutory perspective –</p> <p>National Minimum Standards (NMS) state:</p> <p><i>5.4 Children have prompt access to doctors and other health professionals, including specialist services (in conjunction with the responsible authority), when they need these services.</i></p>

	<p>7.3 Children are helped by their prospective adopters to achieve their educational or training goals and prospective adopters are supported to work with the child's education provider to maximise each child's achievements and to minimise any underachievement.</p> <p>7.4 The placing agency has, and is fully implementing, a written education policy that promotes and values children's education.</p> <p>15.5. The Adoption Support Services Adviser assists prospective adopters and adoptees through liaison with education and health services; across local authority boundaries and between departments within the local authority.</p>
	<p>Adopter perspective</p> <p>Adopters often describe the difficulties of navigating their way through different services based in different agencies with multiple assessment processes and eligibility criteria.</p> <p><i>An overriding feature of my family's battle with the system is that the three arms of the state needed to support our adopted child, health, education and social care departments do not join up. Each service has its own panel which considers only that service's resources and scope. Parents frequently find they have to coordinate these three essential arms of state services. Parents also frequently find they are faced with services that will not engage because other services are also in the conversation. This often results in no service engaging to support children who deserve the state's full attention. Our child needs coordinated help from all three departments: health, education and social services. (Quote from an adopter)</i></p> <p><i>Generally, our feeling was there was no clear-cut route into mental health services provision for adopted children and that we, as adopters, are expected to do our own research in order to find how to access such services. It is not straightforward, and neither are our children.</i>⁸</p> <p>Presence of diagnosable conditions – Selwyn et al (2014 p10f) identified the high prevalence of diagnosable conditions (including ADHD, PTSD, ASD, FASD) in children who had left the adopted home or where the family situation was 'challenging'. Neil et al's (2018) study in Yorkshire and Humber identified that 28% of children had received a diagnosis of, or treatment for, some type of mental health, emotional or behavioural issue.</p> <p>Schools and Education Services – An AdoptionUK survey (AdoptionUK 2017) revealed that:</p> <ul style="list-style-type: none"> - Nearly half of all adopted children represented in the survey have a recognised SEND/ASN - 60% of the adopted children with SEND have an EHCP plan or equivalent compared to figures for England showing that just over 20% of all children with SEND have an EHCP, suggesting that adopted children have comparatively more high-level support needs - 23% of children had received a fixed period exclusion and 14.5% of these had been excluded more than ten times in their school career - The children in the survey were permanently excluded at a rate just over 20 times that of the general pupil population
	<p>Exemplar Approaches –</p> <p>Examples of Multi-disciplinary services – including social workers, clinical and educational psychologists</p> <p>Building on previous work in Manchester (with After Adoption) and Salford CC, Adoption Counts has commissioned Manchester Foundation Trust and One Education to deliver an Adoption Psychology Service working closely with adoption support social work team. Key elements of the service include:</p> <ul style="list-style-type: none"> • Access to a range of services (including Educational and Clinical Psychology and a Child Psychiatrist) via the one front door and a common assessment process • Provision of training to adopters • Support to Social Workers from Psychologists and a Child Psychiatrist – including regular consultation, advice and guidance • Assessment for conditions such as ADHD, FASD, ASD etc and intervention within an adoption context

⁸Adoption Counts Adopter Advisory Board Report 2018 (unpublished)

- Clinical Supervision for Therapeutic Social Workers
- Staff training and development
- Development of jointly delivered group work programmes
- Input to family finding and matching processes (including the Adoption Support Plan)
- Greater access to core CAMHS or Educational Support services when necessary

A feature of the service is that the Education and Clinical Psychologists are commissioned to work as a team. The specification for this service is attached as appendix two. Work is underway to add an Occupational Therapist to this team to undertake sensory integration assessments and therapy.

Families for Children, a Voluntary Adoption Agency in the South West, provide multi-disciplinary adoption support assessments designed to provide a holistic understanding of the child's needs in the following areas:

- The impact of developmental trauma and how this affects family dynamics
- The sensory processing and integration skills and abilities
- Attachment profile and strategies
- Cognitive and executive functioning
- Understanding of functioning at school and in other environments

The assessment includes analysis of developmental trauma issues by a Clinical Psychologist, Therapeutic Social Worker and Senior Occupational Therapist and other professionals as appropriate.

Birmingham CT delivers a similar service but using a different model. The local authority directly employs Clinical Psychologists as part of its adoption support service rather than contracting with the Health Trust. The service aims to provide highly specialist support to meet the often complex or multi-faceted psychological health and well-being needs of adopted children, young people and families as well as providing systemic support to professionals and systems/teams involved in their care. The service provides individual, family and group-based therapy, advice, consultation, teaching, training, and clinical supervision. See overview at appendix three.

Oxfordshire County Council's ATTACH (Attaining Therapeutic Attachments for Children) teamwork with children and young people who are having difficulties related to the impact of not living with their birth parents. The team offers specialist therapeutic interventions suited to the needs of adoptive families. The service is managed, and the staff employed by Oxfordshire CC, but it also delivers a service to adoptive families from across the Adopt Thames Valley region.

In 2014, **Kent County Council** set up an integrated, multi-disciplinary adoption support service in partnership with **Coram**. The service gives priority to adopted children. At its core is a psychological, trauma-informed approach to adoption: not just post adoption support and a commitment to share learning across disciplines. It is an attachment, regulation and competency developmental model.

	<p>The AdCAMHS service started in 2014 in East Sussex. It is a psychoanalytically informed service that involves social care and mental health professionals working together to provide therapeutic support for adoptive families. All new cases referred to AdCAMHS are assessed for post-adoption support needs through the post-adoption support service. A post adoption support worker is usually the main contact for liaising with the family, closely supported by a clinician. An initial consultation is offered and then the family is referred to a clinician internally, or an application is made to the ASGSF for funds to commission a preferred private provider.</p> <p>Examples of joint working with education services: OAWY has reached an agreement with their five Virtual School Head Teachers to deliver their new statutory duty to provide advice and guidance to adopted children. Amongst other responsibilities, the role will:</p> <ul style="list-style-type: none"> • Support the ‘triage’ of queries from adopters during their journey to adoption and post-adoption, including signposting to other services • Develop a direct working relationship with each individual Virtual School, including time spent working in each virtual school location to build a ‘knowledge base’ to support advice and guidance • Co-ordinate an expert, consistent CPD offer to adoption social workers and adoption support services in OAWY that is supported by each virtual school • Support the development of a resource pack/guide on child development, learning and education for adopters & special guardians • Deliver an annual CPD presentation/workshop to designated teachers in each virtual school to promote attachment awareness <p>AdoptionUK, in partnership with Hertfordshire, has developed a new pilot service for families who need advice and guidance on the education of their children. The service will accompany parents to meetings with their child’s school and help to develop support and transition plans.</p> <p>Example of joint working with Occupational Therapists to deliver a service to promote sensorimotor integration OAWY has engaged an occupational therapist to work with the service to build understanding of the BUSS model: Building Underdeveloped Sensorimotor Systems in Children who have experienced Developmental Trauma. The model focuses on building bodily regulation within a nurturing relationship as a foundation to emotional regulation. The occupational therapist has trained workers in the underlying principle of the BUSS model and has trained a number of OAWY adoption support workers and schools in screening children and families for this intervention.</p>
	<p>Possible future developments It is rare to find multi-agency services which are multi-agency funded. Local authority or grant funding is generally being used by RAAs to buy-in mental health, education support and other services. A joint commissioning approach between LA, Health and perhaps Virtual Schools, would be a step towards a more sustainable model.</p> <p>The Greater Manchester Health and Social Care Partnership has developed a set of “Therapeutic/ Support Standards for Looked After Children”, together with an audit tool, for the delivery of services to looked after children. This is currently being adapted to provide a set of standards specific to adopted children and their families.</p>

	The NHS 10 Year Plan (chapter 3), building on the Green Paper, Transforming Children and Young People’s Mental Health Provision, ⁹ should signal a significant change in the working relationships between schools and mental health services, with explicit recognition of the needs of looked after and previously looked after children.
	Comment Adopting a multi-agency approach to adoption support by engaging with health and educational services (let alone schools) with competing priorities and limited capacity, across more than one local authority, is challenging and time consuming for RAAs. A joint approach to governance and service planning is key to making this work (See section 3).

5.	Provision of information which includes:
	<ul style="list-style-type: none"> - Regular communication with adopters through their adoption journey - Information about adoption support services for adopters - Information about support services to birth parents - Information about support services to adopted adults
	Why is this needed? Adoption agencies increasingly recognise that maintaining contact with adopters after the adoption order is key to preventing future family stress and increases the chances that families will feel able to seek help sooner if needed.
	Government/Statutory perspective <i>By 2020 we expect RAAs to have....regular contact with adopters who live in their area, to understand their needs and provide regular information on the support they can provide.</i> (Department for Education 2016)
	Adopter perspective Adopters report that information about support services is inadequate. E.g. A recent survey showed that nearly a quarter of adoptive parents did not know what the ASF was and a further 12% didn’t know how to access it. 42% said their LA doesn’t appear to have any mechanisms for providing information and updates on post-adoption support (AdoptionUK 2017b) ¹⁰ A recent survey by Adoption Counts indicated that most adopters wanted to receive information from the agency on a monthly basis.
	Exemplar Approaches Agencies use a range of communication channels, most of them digital, including: <ul style="list-style-type: none"> • E-mailed newsletters • E-mails advertising specific events • Twitter messages

⁹<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

¹⁰ The ASF User Experience Survey Headline Results - <https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=1b667647-1d6c-487d-86f8-586d0284797f>

	<p>All the agencies surveyed have websites. These, however, contain widely differing amounts of information about adoption support (in contrast to recruitment information). Websites which are more developed include:</p> <p>The Centre for Adoption Support (Adoption Matters) https://www.centreforadoptionssupport.org/ Adoption Counts http://adoptioncounts.org.uk/support PACT https://www.pactcharity.org/adoption-support</p> <p>Others have incorporated information for adopters into a 'passport' or information guide e.g. PACT & Birmingham Children's Trust https://www.birminghamchildrenstrust.co.uk/downloads/file/4/adoption_passport</p> <p>The adoption passport provided by First4Adoption provides some information which itself is not readily available on many agency sites. https://www.first4adoption.org.uk/adoption-support/support-services-advice/the-adoption-passport/</p> <p>Some agencies have produced resources which parents and professionals can use in engaging with education services. E.g.</p> <p>PAC-UK's guide for school staff '<u>Meeting the needs of adopted and permanently placed children: A guide for school staff</u>' covers a range of topics including: what we know about adopted children in education, a background to early developmental trauma, whole school approaches, and support for schools and families. https://www.pac-uk.org/wp-content/uploads/2017/10/Meeting-the-needs-of-adopted-and-permanently-placed-children-A-guide-for-school-staff.pdf</p> <p>Adoption UK's guide '<u>Meeting the needs of adopted and permanently placed children - A guide for adoptive parents</u>' includes information about Virtual School Heads (VSHs), Designated Teachers (DTs), Priority School Admission, Pupil Premium Plus (PP+) and dedicates two pages to Inter-country Adoption and Schools. https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=9166dcad-abe8-406a-817b-ddf3b9928398.</p> <p>PAC UK have also produced a Pupil Premium Plus Guide for schools and families on effective use of the Pupil Premium Plus. https://www.pac-uk.org/wp-content/uploads/2019/04/Pupil-Premium-Plus-Guide-Web-Version-V1.5.pdf.</p>
	<p>Possible future developments</p> <p>There is a need for a clear digital strategy for adoption services generally and adoption support in particular. Adoption agencies should be collaborating to provide an authoritative source of information akin to sites such as NHS Home (see https://www.nhs.uk/conditions/) or the National Institute for Clinical Excellence (NICE https://www.nice.org.uk/) with answers to common questions and information about where to find advice and services. First4Adoption has fulfilled this role for people seeking to adopt, but advice and information for those who have already adopted is often left to adopters themselves to provide or adopter-led organisations such as AdoptionUK.</p> <p>Some RAAs (e.g. Adoption Counts and One Adoption West Yorkshire) are developing a resource area of their websites which will be restricted to adopters. Other initiatives, particularly PACT's Adopter Hub, have received public funds to develop a rich range of interactive resources and information. Investing further in a service such as this, to make it freely available to all adopters nationally, would be a better approach than allowing multiple agencies to develop their own, inevitably limited, digital platforms.</p>
	<p>Comment</p> <p>Information for adopted adults and birth families is much harder to find on agency websites and less detailed than for other areas of adoption. Material produced for these groups, produced by After Adoption, can be found at appendix 4.</p>

6.	Adopter Engagement including: <ul style="list-style-type: none"> - The opportunity to influence service development - The opportunity to regularly provide feedback on existing services and family needs
	Why is this needed? Understanding the lived experience of adopters is crucial to developing and delivering the most appropriate services, evaluating their quality and planning improvements.
	Government/Statutory perspective <i>We want to see local partnership that recognises and builds on parents' expertise, where professionals and parents really listen to and learn from each other in ways that are valued and adopted children are supported and encouraged to contribute. Adoptive parents must be more than a sounding board, but influence the decision making of professionals. If adoptive parents are working in true partnership with organisations, they need to be part of the decision-making processes that shape and build the services they access. (Department for Education 2015)</i>
	Adopter perspective <i>Adopters are the experts on their children, so they're uniquely placed to advise on the development of services.(AdoptionUK)</i>
	Exemplar Approaches Adopter engagement takes place at a number of levels in the agencies which were surveyed: E.g. <ul style="list-style-type: none"> • Gathering adopter feedback after training events • Involving adopters in the delivery of information events and preparation groups • Holding specific events aimed at consulting adopters about existing and future services • Regular service user groups • Involving adopters in staff recruitment • Undertaking a survey of adopters on a regular basis • RAAs should have adopters on their governance boards and working groups, and it is usual for VAAs to have adopters on their Trustee Boards. Adoption Counts also has adopter representatives on its Adoption Support Sub Board giving adopters the opportunity to engage with strategic decisions makers across social care, education and health services. Both OAWY and Adoption Counts have engaged AdoptionUK to develop their Adopter Voice Service across their respective regions to create a network of representation. This model includes: <ul style="list-style-type: none"> • Adopter Voice Champions (who are paid in OAWY) recruited, inducted and trained • Champions consult with their networks online or face to face • AdoptionUK hosts on-line forums and a closed Facebook group to post questions and promote, adopter voice activities with links to information, surveys or bulletins • Adopter Voice Champions attend Adopter Voice forums and RAA-led workshops (e.g. task and finish groups)

	<ul style="list-style-type: none"> • Feedback from Adopter Voice Forums is collated by an Adopter Advisory Board and reported back to the RAA • Adopter Champions represent the views of adopters as members of the RAA Board and sub groups, creating a chain of communication and consultation between adopters and decision makers. https://www.adoptionuk.org/about-adopter-voice <p>The Adopter Voice Group in Yorkshire and Humber has put together a timeline for an adoption journey and described some of the issues experienced by adopters and their families, what didn't work and recommendations for changes within the service. https://www.oneadoption.co.uk/voice</p> <p>The Adopter Advisory Board of Adoption Counts has produced a review of children's mental health provision, the agency website, an options appraisal for a peer to peer support service and feedback on a recruitment strategy.</p>
	<p>Possible future developments</p> <p>Adoption Counts and OAWY have recently conducted adopter surveys across their region providing adopter feedback on services together with a profile of adoptive families and their needs. Electronic survey techniques should mean that every adoption agency can undertake this activity on a regular basis.</p>
	<p>Comment</p> <p>Adopter voice activity, which is facilitated by an organisation independent of the adoption agency itself, is likely to be seen as more authentic . At the same time, strong links into the agency are needed to ensure that consultation and engagement results in change.</p>

7.	<p>Communication with children and young people</p> <p>Information is available for children and young people describing the services available in appropriate language</p> <p>The views of children and young people influence the development of services</p>
	<p>Why is this needed?</p> <p>Children need to understand what services are available to them and be able to influence their development .</p>
	<p>Government/Statutory perspective</p> <p>NMS 1.6 <i>The wishes, feelings and views of children are taken into account by the adoption agency and adoption support agency in monitoring and developing its service.</i></p> <p><u>Children's Guide to adoption support</u></p> <p>NMS 18.6 <i>The Children's Guide to adoption support services is provided to the child by the adoption agency or adoption support agency which is providing adoption support. The guide is appropriate to the child's age and understanding and includes a summary of what the service sets out to do for children and is given to all children and/or their representatives. The Children's Guide also contains information on how a child can find out their rights, how they can contact their Independent Reviewing Officer, the Children's Rights Director, Ofsted, if they wish to raise a concern with inspectors, and how to secure access to an independent advocate.</i></p>
	<p>Children's perspective</p>

	<p>Minnis and Walker (2012) have summarised work undertaken to obtain the views of adopted children. <i>The impression from across a number of studies is that children and young people are desperate to be heard but that the process developed to ensure that they are is not working for many of them.</i>¹¹ They also conclude that <i>lack of the right information at the right time is a recurring theme throughout the review of literature. When children do not receive the information they need the emotional effect on them can be stark (p18).</i> This view is echoed by Thomas (2013) and Department for Education (2017). The Minnis and Walker study itself is heavily dependent for the views of adopted children on Morgan (2006). Findings relevant to adoption support in Morgan’s study also include:</p> <ol style="list-style-type: none"> a. Nearly three quarters of the children and young people had met up with other people who had been adopted, after their own adoption. Young people reported that it could be helpful to talk to others going through the same experiences, to bring a sense of belonging and particularly to talk about birth families. b. However, “almost half the children who had not met up with others reported that they would not have wanted to: <i>Because each case is different. If I began comparing myself, everything would become more complicated</i>”. (Morgan 2006) c. Adopted children highlighted how important getting information about their adoptive family is. Although most said that they had been told everything or most things they wanted to know, a quarter had been told very little at all. This issue is examined further in section 12. d. Children and young people identified the top things they wanted to know about their past (p29) e. They also provided advice to social workers on how to establish that children are happy in their new families (p26)
	<p>Exemplar Approaches</p> <p>Communication to children – PACT has two guides to adoption support, one for younger and one for older children. After Adoption developed a guide for young people seeking information about their adoption – see appendix 5</p> <p>Within OAWY, a group called Adopteens is the main forum for consultation and engagement with young people (contracted service via PAC-UK). This is available across the Yorkshire and Humber region. Adopteens have a Youth Council, which liaises with teenage groups across the region with its own website http://www.adopteens.org.uk/ and conducts targeted consultations, for example around contact, schools etc. Adopteens has created feedback in different formats, such as films and a timeline.</p> <p>TAG (Teenage Adoption Group) is delivered by Together for Adoption which provides an opportunity for adopted teenagers to meet other young people who are adopted and build positive relationships. It also offers an opportunity for adoptive parents to meet together. Some of the activities in the group are underpinned by Theraplay. As well as group sessions there are activity days such as trips to theme parks and cinemas.</p> <p>Body and soul , a voluntary organisation in London, co-ordinates groups for adopted children ranging in age from 5 to 19 years, alongside support to parents. Groups are delivered by a range of professionals and reported impacts include:</p> <ul style="list-style-type: none"> - 90% of parents have seen positive changes - 89% children report that they feel more confident - 85% of children say that they have learnt techniques which help them manage their emotions. <p>http://www.bodyandsoulcharity.org/about/</p>

¹¹ Selwyn et al (2014) breaks this trend, but the engagement with young people in this study focuses on adoption breakdown rather than adoption support.

	<p>Family Futures has a Young People’s Forum which ran a very successful arts event and has developed an anti-bullying video scripted by young people. Two young people who have had treatment with their adoptive families at Family Futures sit on the Family Futures Adoption Panel. https://www.familyfutures.co.uk/adoption-support/young-peoples-forum/</p> <p>Family Futures provide a range of guides for children and young people explaining their services. https://www.familyfutures.co.uk/ourapproach/treatment/</p> <p>The Adoptables is a network of adopted young people facilitated by Coram. https://www.coram.org.uk/supporting-young-people/adoptables The Adoptables also has its own YouTube channel, with clips of young people talking about their experiences as adopted children, and produces an online magazine for adopted children.</p>
	<p>Possible future developments There is a clear need for research which reflects the views of adopted children specifically about adoption support services. Whilst the practicalities and resources required to engage with children and young people should not be underestimated, the ubiquity of internet access and social media should mean that it is possible for agencies to work together to develop information, resources and feedback mechanisms for adopted children and young people on a wider scale than currently. Obtaining the views of adopted children, with the consent of their parents, obviously needs to be approached sensitively.</p>
	<p>Comment Most adoption support services do not seem to produce guides for their services tailored to the needs of children and young people as required NMS 18.6.</p>

8.	One initial referral and assessment process provides access to a range of services within an identified timescale.
	<p>Why is this needed?</p> <ul style="list-style-type: none"> - A clearly set out assessment and referral process lays the foundation for a prompt response to enquiries and access to a range of services. - A thorough and holistic assessment enables adopters to access the most appropriate services, including those funded by the ASF. - A clear pathway from the point of referral helps adopters understand how access to services is agreed. - Clear timescales for the completion of assessments and the provision of services are key performance measures and important information for service users. - The more information can be appropriately shared between professionals, the fewer times adopters will have to repeat their story.
	<p>Government/Statutory perspective NMS 15.2 <i>When deciding whether to provide a service, or which service to provide, the agency has regard to the assessed needs for adoption support services, listens to the service user’s wishes and feelings, and considers their welfare and safety.</i></p>
	<p>Adopter perspective A recent survey of adopters revealed that 23% of adopters had had to tell their story more than 4 times before receiving a service.¹²</p>

¹² Adoption Counts Adopter Survey 2018. (Unpublished)

	<p><i>The phone service needs to be staffed by adoption specialists who can, in the first instance, ‘triage’ the caller in terms of assessing their needs. Having to wait two months from assessment of need to being allocated a CAMHS practitioner - could mean crucial time lost in helping a traumatised child cope with a period of difficulty.</i></p> <p><i>Social workers signpost the Adoption Support Fund as the ‘panacea’ to adopters’ needs particularly when it comes to accessing mental health services provision for their children. However, there is no set ‘template’ advising us how to go about applying to the fund.¹³ (Adopter)</i></p>
	<p>Exemplar Approaches</p> <p>Coram Kent offers families access to support and advice by calling the Initial Enquires Team. They are offered a one-hour telephone appointment with a member of the support team, who talks with them about their needs. If it is felt the family need support, they will be given a date for an Adoption Support Assessment. They aim to offer families a Support & Advice line call within 48-72 hours of their initial request. They aim to offer families an assessment of their Adoption Support needs, within four weeks of the Support & Advice line call.</p> <p>Adoption Counts has recently set up a dedicated duty team to receive and triage adoption support referrals. This replaces a rotating duty system which just recorded referral information. Having knowledgeable staff able to offer meaningful support, sign post to other relevant services and triage referrals has reduced the backlog of referrals and is likely to gain trust and establish communication much more quickly than a system which is shared between staff of differing experience and expertise. PACT operate a similar triage system but without a dedicated duty team.</p> <p>The format for adoption support assessments undertaken by Adoption Counts is set out at appendix six. The format is designed to work with Adoption Counts approach to Goal Based Outcomes (also being used by OAWY), see section 16. Adoption Counts run a ‘surgery appointment’ system to try and speed up the assessment process in some cases. This does not remove the need for more specialist assessments to take place but has reduced the need for information to be duplicated.</p> <p>OAWY has developed an approach to assessment and planning which links together a range of well-established approaches including Restorative Practice, Secure Base, Rethink Formulation (an approach specifically developed in Leeds), Signs of Safety, PACE, and the EBPU Logic Model (See attached at appendix). It is clearly important for staff working in a multi-professional service to be using the same language and to have a common understanding of the approaches which different members of staff use.</p> <p>Two examples of referral pathways are attached at appendix six from OAWY and Coram Kent. Coram Kent was the only service to refer to timescales or performance measures for assessments to take place.</p>
	<p>Possible future developments</p> <p>As adoption agencies become larger with the development of regional agencies, the management of a duty system is likely to become a more pressing issue with a larger number of referrals to manage.</p>

¹³ Adoption Counts Adopter Advisory Board Report 2018 (Unpublished)

	<p>Some adopters have expressed the need for a ‘crisis’ service and the availability of support in the evenings and at weekends. The limited nature of most duty services therefore needs to be articulated with clear sign posting to other services which can offer an out-of-hours or crisis response in different LAs, if necessary.</p> <p>The fact that VAAs cannot apply directly to the ASF (but have to come through the RAA/LA) can mean that both RAAs and VAAs are duplicating assessment work. Greater levels of trust and communication are needed between RAA and VAAs to address this.</p>
	<p>Comment – Some services reflected difficulties in obtaining and reflecting the wishes and feelings of children in assessments. Some adopters have refused direct access to the child, feeling that this could be unsettling. This may reflect a lack of confidence in professionals based on past experience.</p>

9. Adoption Support Services are structured and co-ordinated to meet different levels of need.	
	<p>Why is this needed? A graduated approach to service delivery:</p> <ul style="list-style-type: none"> - Ensures that a range of services exist to meet different needs as defined by eligibility criteria, rather than a one-size fits all approach - Allows a degree of adopter choice (without this being the only determining factor) - Enables an efficient use of resources – i.e. the more expensive and time-consuming provision is reserved for the higher levels of need.
	<p>Government/Statutory perspective NMS 15.2 <i>When deciding whether to provide a service, or which service to provide, the agency has regard to the assessed needs for adoption support services, listens to the service user’s wishes and feelings, and considers their welfare and safety.</i></p>
	<p>Adopter perspective Adopters (and prospective adopters) want to know the nature of the support services which an adoption agency provides, how access is determined and what choices are available.</p>
	<p>Exemplar Approaches This is an area where adoption agencies offer remarkably similar approaches. Appendix Seven provides schematic examples of how agencies commonly structure services. The most common approach is to group services into at least three categories, also known widely as a graduated approach:</p> <p>Universal/open access – generally accessed without an assessment with an emphasis on social and ‘fun’ activities and designed to promote low level and peer-to-peer support.</p> <p>Targeted – usually available following an assessment, with an emphasis on group work and parenting development.</p> <p>Specialist – Usually appropriate to more complex needs, often but not always, using externally commissioned therapists with funding from the Adoption Support Fund.</p> <p>A fourth category is ‘risk-based services’ where there is an assessed need for safeguarding, ‘edge of care’ or looked after services. These are generally provided by mainstream services outside of the adoption agency itself (see section 10).</p>

	<p>Some agencies have aligned services around a common therapeutic model. E.g. Coram (Kent) – uses an applied psychodynamic model of human development. AdCAMHS (East Sussex) is psychoanalytically informed. Most services which responded to the survey however, take a more eclectic approach: E.g. Birmingham CT (and others) train key staff in a range of attachment & trauma informed models of support including Secure Base, Theraplay, Dyadic Developmental Practice (DDP), Foundations for Attachment and Therapeutic Life Story work.</p> <p>What might be broadly termed a neurosequential model (e.g. Perry 2206) is gaining increasing traction within adoption support where it has been most fully described by practitioners working within Family Futures - See McCulloch et al (2016), Vaughan et al (2016) and McCulloch and Mathura (2019). The Family Futures version of this is set out at appendix 7, which also includes a similar model used by Beacon House.</p>
	<p>Possible future developments</p> <p>Adoption Counts has worked to align the universal, targeted, specialist and risk-based levels of provision with the CAMHS I-Thrive model (see appendix seven). This helps to unify the language which different professionals use but also makes clear that it is not necessary to have to pass through universal and targeted stages of help to access more specialist provision, and emphasises that allocation of services should be appropriate to the level of presenting need.</p>
	<p>Comment</p> <p>With the number of available therapeutic interventions, there is clearly a need to continue to explore the question of ‘what works in adoption support’. See section 16.</p>

9a.	Universal Services – enabling adopters to get advice and be signposted to other sources of information and support.
	<p>Why are these needed?</p> <p>It is now widely recognised that some adoption support services need to be available from the point of placement (beforehand in more complex cases) and that adopters should not feel left alone to manage until family-life becomes difficult or a crisis arises. Provision of easy-to-access universal services helps to ensure that if more intensive help is required, trust and communication are already in place. This is likely to encourage an earlier request for help.</p>
	<p>Adopter perspective</p> <p>Adopters have often complained that support services can come to an abrupt end once the Adoption Order has been made. This communicates to adopters that they are expected to cope on their own and that to seek help in the future is a sign of failure. Equally, there are some adopters who (understandably) wish to get on with their new family without frequent contact from social work professionals.</p>
	<p>Exemplar Approaches</p> <p>The following services are commonly available to all adopters from the agencies which were surveyed:</p> <ul style="list-style-type: none"> - Adoption Duty Line including guidance and advice, referrals for assessment - Letterbox service - Adopter Support Groups/Stay and Play groups - Adopter led Activity Clubs <ul style="list-style-type: none"> o OAWY guides adopters as to how they can get funding for these activities

- OAWY provides training to adopters enabling them to run courses etc
- **Children’s and Young People’s Groups**, including groups run for teenagers which may be ‘talk’ or activity-based
- **Family or Children’s Fun/Activity days** - structured activities for children & networking opportunity for parents, sometimes run by Peer Mentors and specially trained adopters
- **Celebration Events** – for festivals, anniversaries etc
- **Adoption UK Membership** with access to e-learning sets
- **Pupil Premium Plus consultation** (e.g. with an education worker and now increasingly with Virtual Schools)
- **Workshops** covering core issues such as:
 - Managing educational transitions (to nursery, to secondary school etc)
 - What to tell, when to tell (approaches to Life Story work)
 - Managing contact with birth families
 - Self-Care for Adopters
 - Early Childhood Trauma and Brain Development
 - Online Safety - Keeping your child safe online
 - Promoting Children’s Development through Play
 - Working with your Child’s School or Nursery
 - Introduction to therapeutic parenting

Some services have established ‘**drop-in consultation**’ sessions for adopters who can book a one to two-hour timeslot with a Social Worker at very little notice and with no prior assessment. This kind of timely response, together with the opportunity to discuss an issue with a knowledgeable professional, has been positively evaluated (Harlow Unpublished) and can be helpful in preventing situations escalating to crisis level. It may lead onto a longer programme of support or be a one-off intervention.

A range of resources are available to adopters **online** from a variety of sources and agencies are increasingly incorporating online approaches e.g.

- **AdoptionUK** reports that nearly 50,000 adopters have registered with their forums since 2010.
- **AdoptionUK** is developing a new digital partnership with Link Maker. This includes
 - Safe online space for adoptive families across the UK to find each other and build lifelong support networks
 - A forum
 - Live chat between adopters
 - A ‘playdate finder’, which helps families link up with others who live locally.
 - Other developments will include live chat with experts and new functionality to support local groups.
- **PACT** has recently established the Adopter Hub – <https://www.theadopterhub.org/pact-adoption-support/about-pact-adoption-support> The Adopter Hub hosts a suite of tools, information and learning opportunities designed to support and empower adoptive parents, practitioners and schools. Adoptive parents have the opportunity to join webinars and moderated chat forums or to communicate online with an adopter.

Services specific to **supporting adopted children in education settings** have been developed in some areas:

	<p>One Adoption West Yorkshire has reached an agreement with the six Virtual Schools Head Teachers to deliver their new statutory duty to provide advice and guidance to adopted children.</p> <p>Aspire Adoption has a dedicated education specialist who is line managed by the Virtual School Head in one of the local authorities.</p>
	<p>In development</p> <p>A universal offer of parenting development to all families with recently placed children, using the following approaches, is being implemented in both OAWY and Adoption Counts, including:</p> <ul style="list-style-type: none"> • A Theraplay group for all newly placed children (AC) • The AdOpt programme (an established feature in OAWY) http://www.adopttraining.org.uk/ • Foundations for Attachment & Nurturing Attachments parenting programmes
	<p>Comment</p> <p>The realisation that early access to support is the most likely way of preventing the need for more intensive and expensive services in later years has taken far too long to become established thinking in adoption support. It is perverse that in too many agencies, it is still easier to get funding for therapeutic provision than for comprehensive adopter-sensitive early support, see section 9b below.</p>

9b.	Peer to Peer Support
	<p>Why is this needed?</p> <p>Peer to Peer support services not only provide adopters with non-judgemental support informed by personal experience but can also prevent the need to access more intensive services at a later point.</p>
	<p>Adopter perspective</p> <p>Adopters consistently articulate the value of peer to peer support at every stage of the adoption process, to the extent that it was felt that peer to peer support should be given its own section in this report.</p>
	<p>Exemplar Approaches</p> <p>Perversely, Peer-to-peer support is an area where there appears to be relatively few examples of services which are well developed, particularly in the statutory sector.</p> <p>The Cornerstone mentoring model is now available for use by other agencies and OAWY has set this up to be delivered by adopters for adopters. Peer mentoring is a part of the adoption support core offer to families. The mentors are now involved in the preparation training for prospective adopters and are looking to develop training and workshops for adopters.</p> <p>Coram Kent has seven adopter support groups across the country led by adoptive parents. Apart from some financial support, they have found the groups to need very little support from the agency and are looking to add a monthly social work drop-in alongside each group.</p>

	<p>ATV has a ‘one-off’ Mockingbird project for adopters employing similar principles to those used in Mockingbird fostering projects. Called the Mockingbird Adopter Hub Group, a number of adopters have been bought together with a paid Hub Carer who facilitates meetings and events, provides support with issues such as education and hospital visits, and provides some short break care, which is framed as a treat for children rather than respite for parents. Feedback from the group has been very positive with a reduction in the demand for more mainstream services.</p> <p>AdoptionUK and PAC-UK offer the Parent Consultant Service, a structured approach to mentoring available to adoption agencies and offering an Initial Assessment and a unit of 6 telephone support sessions with a trained and experienced Parent Consultant. PAC-UK also has an extensive programme of training for peer mentors. https://www.pac-uk.org/our-services/peer-services/#PCS</p> <p>The Centre for Adoption Support (Adoption Matters) and PACT have internal buddying schemes e.g. https://www.pactcharity.org/adoption-support/pact-adopter-champions.</p>
	<p>Comment</p> <p>The lack of established peer to peer support and mentoring amongst statutory services responding to this survey was very striking. The long-term value which such services could deliver for relatively little investment, is difficult to calculate, but is surely significant based on the importance which adopters place on learning from each other.</p>

9c.	Targeted Services - provide help when universal services are not enough
	<p>Why is this needed?</p> <p>Whilst a coherent adoption support strategy will aim to maximise the impact of universal services and prevent the development of family stress, additional services will be required to meet the needs of some adoptive families in order to prevent crisis or breakdown situations.</p>
	<p>Adopter perspective</p> <p>Adopters have often complained of a lack of services which might prevent a crisis point being reached and more specialist services being required.</p>
	<p>Exemplar Approaches</p> <p>The following services are commonly available from the agencies which were surveyed. These services are either available following an assessment, or in recognition that universally available services are not sufficient for the family’s needs. These services are often delivered by in-house staff, with the appropriate training, or are commissioned, usually on a block purchase basis, from the third sector, utilising funding from the ASF.</p> <p>Access to Therapeutic parenting (often delivered as group work programmes) including:</p> <ul style="list-style-type: none"> - SafeBase - Introduction to Therapeutic Parenting - Nurturing Attachments - Foundations for Attachment - AdOpt

- Non-Violent Resistance Training
- Group Theraplay
- Webster Stratton (adapted)
- Parenting groups for teenagers
- Positive Parenting Strategies
- Emotional Well-Being for Teens
- Safe, Stronger Families – a 14-week therapeutic parenting programme developed by **Adopters for Adoption** with a DfE grant. <https://www.adoptersforadoption.com/support-for-adoptive-families/safer-stronger-adoptive-families/>
- **Adoption UK** has developed the TESSA programme (Therapeutic, Education and Support Service in Adoption) <https://www.adoptionuk.org/tessa-project>

Life Story work is a well-established therapeutic approach with adopted children. A recent new development has been the **ARCBOX**, a new bespoke, child centred, digital life story tool providing adopted and looked after children with the opportunity to contribute to and own their own personalised, fun to use, lasting digital record of their life. It provides a coherent narrative of their family history and their life journey up to the present day and allows significant people within a child’s life to contribute to their life story in real time. It results in a ‘living’ chronology rather than a fixed historical document, which children and their family/carers can continue throughout their lives. Info@arcbox.co.uk

Inter-agency liaison and support (e.g. with health/education/schools)

Needs Based Direct work / Therapeutic Support – Direct work with children or parents provided by therapeutically trained Social Workers including Non-Violent Resistance, Dyadic Development Psychotherapy (PACE Parenting), Story stem assessments, Theraplay, therapeutic life story work.

Social communication groups to improve children’s relationships with their peers by building their confidence and sense of identity and providing them with functional strategies to support them in making and keeping friends and with regulating their emotions (**CFAS**).

Short break care/respite / Advanced Childminding - The Post Adoption Link Scheme (PALS), part of **Adopt East Midlands**, started in 2006 as a result of adopters reporting they had no respite and were unable to leave their young people with friends or family due to their support needs. PALS work with approximately 30 young people annually with fortnightly sessions lasting for 2.5 hours. There are about 20 PALS workers who come from a range of diverse backgrounds to meet the different needs of young people referred to the scheme. They are supported by a Co-Ordinator (0.4 FTE) and an Administrator (0.4 FTE). The focus is on young people who have complex needs or whose adoption is at risk of breaking down. PALS enables adopted young people to build trust with adults outside a family context and over time they learn to reframe relationships with their parents and begin to allow themselves to be parented.

Adoption Plus delivers a **Therapeutic Social Work Service for Adopted Teens** in partnership with Hertfordshire and the North London Consortium which focuses on life story work and is DDP informed. The service has been evaluated by the University of East Anglia. <http://adoptionplus.co.uk/therapeutic-social-work>

Possible future developments

	<p>Support services to adopted teenagers did not have a high profile in the survey (the two examples above being the exceptions).</p> <p>Selwyn et al (2014) identified strain on adopter relationships as a key factor in adoption breakdown. However, there was very little mention of specific support to adopters and support for their relationships in the survey (possibly because this is not available under the ASF). The Tavistock clinic has developed and evaluated a psychodynamic approach of couple focused therapy by:</p> <ul style="list-style-type: none"> • Offering a safe space to reflect on the impact of adoption on the couple’s relationship • Enabling better communication between parents • Supporting couples with difficulties they may be having with adopted children • Improving the overall quality of parental and couple relationships <p>An initial consultation to adoptive couples and parents is followed by up to a further 20 weekly sessions of 50 minutes duration. Parents showed improvements in measures of psychological stress, depression and relationships satisfaction. Parents ratings of children’s behaviour also improved. https://www.tavistockrelationships.org/relationship-help/adopting-together</p> <p>Adoption Counts is piloting work with a Couples Psychotherapist who has adoption experience. This is being positively evaluated by adopters.</p> <p>Adoption Counts and OAWY have both trialled block purchasing of group work services from the third sector with funding from the ASF. It has been challenging to ensure that every family attending has had the appropriate assessment and that individual applications have been made in the name of each participant. Each agency has also been at a financial risk if families drop out at a late stage. This approach also requires funding for a comprehensive and efficient administrative system to be in place.</p> <p>RAAs which work together to commission services should find opportunities to widen their service offer in a cost-efficient way. Two or three RAAs could deliver training to adopters jointly, on a more frequent basis and with reduced risk of vacant places, than if delivered by one agency. There is a clear co-ordinating role in this for Regional Adoption and Special Guardianship Leadership Boards.</p>
	<p>Comment</p> <p>Increasingly, statutory agencies are seeking to develop these approaches in-house rather than procuring from the third sector. The rationale is two-fold. First, some agencies believe that this gives them greater control over the quality of provision. Second, agencies see the development of such services as an opportunity to develop their own staff with a positive effect on other aspects of their workload.</p> <p>Adoption Counts has made the following observations on its use of targeted services:</p> <ul style="list-style-type: none"> - <i>We often send adopters on a number of training courses, but we don’t focus on applying that knowledge but instead suggest another programme. Social Workers can help families review the lessons learnt and apply these to family life.</i> - <i>Sometimes the learning needs to be joined up with interventions and support from other agencies and professionals e.g. teachers</i>

9d.	Specialist services - provide more help via a smooth and speedy application for ASF funding, when required
	<p>Why is this needed? Due to the early and often traumatic life-events which adopted children have experienced, a range of specialist therapeutic services may be required bespoke to the needs of individual children and families.</p>
	<p>Adopter perspective AdoptionUK surveyed more than 1,700 adopters in the autumn of 2017 to collect evidence on how the (Adoption Support) fund was working for families. The survey revealed the following:¹⁴</p> <ul style="list-style-type: none"> • <i>Nearly a quarter of adoptive parents didn't know what the ASF was and a further 11% didn't know how to access it</i> • <i>54% of respondents reported that it took them more than three months to secure an assessment of need for their family</i> <p>Department for Education (2017b) in their evaluation of the Adoption Support fund found that <i>parents currently approved for the ASF funded services reported high levels of satisfaction with the different aspects of the assessment. Respondents were especially satisfied with the process (74%), the identification of needs (73%), and the consideration of their view and preferences (72%).</i></p>
	<p>Exemplar Approaches The following services are commonly available via the agencies which were reviewed, mostly procured from specialist third sector providers and funded from the ASF.</p> <ul style="list-style-type: none"> • Clinical Psychology Assessment • Clinical Psychology Therapy • Sensory reprocessing • Theraplay • Creative therapies • Therapeutic Camps • Dyadic Developmental Psychotherapy (DDP), (PACE Parenting) • Filial Therapy • Psychotherapy • Dialectical behaviour therapy (DBT)_ • Eye Movement Desensitisation Reprocessing (EMDR) • Life span Integration Therapy • Sensory Integration

¹⁴AdoptionUK - Adoption Support Briefing – Winter 2018

	<ul style="list-style-type: none"> • Non-Violent Resistance Training (NVR) • Therapeutic Life Story Work • Residential Breaks • Music Therapy • Drama Therapy • Cognitive Behavioural Therapy (CBT) • Neurological Physiological Psychotherapy (NPP) - “a wrap-around, multidisciplinary, brain based, developmental and attachment-focussed intervention for children who have experienced significant trauma in the context of their early life” developed by Family Futures. https://www.familyfutures.co.uk/ourapproach/assessment/ See Vaughan et al (2016).
	<p>Possible future developments</p> <p>One of the few NICE¹⁵- validated therapeutic approaches, Video Interaction Guidance (VIG) (or Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline VIPP-SD) does not appear to be widely available within the adoption support services considered here. The Tavistock and Portman NHS Foundation Trust has announced that it is to become the UK training centre for the Dutch version of this approach¹⁶. OAWY is exploring this possibility.</p> <p>Given the prevalence of a range of diagnosable conditions amongst adopted children (e.g. FASD, ADHD, ASD, see section 4), it is not clear that the workforce is appropriately trained, or that pathways to the appropriate specialist services have been identified, to enable these children to be identified as early as possible. Equally, it is not clear that even specialists in children’s mental health are able to reliably diagnose these conditions in the adoptive population (Woolgar et al (2018).</p> <p>The Child Psychiatry role within Adoption Counts appears to be the only one of its kind and plays a key role in identifying possible neurodevelopmental conditions and accessing appropriate services where necessary. It is difficult to sustain financially but provides a level of expertise which some adopters have to wait many months to access from mainstream services, and then with mixed results. It is unlikely that this situation will improve until much stronger links are built between CAMHS, Community Paediatricians and adoption support services. In the meantime, adopters greatly value support from various specialised voluntary organisations (e.g. http://www.nofas-uk.org/).</p>
	<p>Comment</p> <p>Adoption Counts has offered the following learning from the specialist services it has commissioned:</p> <ul style="list-style-type: none"> - <i>Where a specialist assessment has been undertaken by a third-party provider this has often led to that provider delivering a service (this has been widely echoed by other agencies).</i> - <i>Externally commissioned assessments are often not clear on the desirable goals of a therapeutic approach and it is therefore difficult to hold providers to account.</i>

¹⁵ NICE guideline for Children’s attachment (November 2015).

¹⁶<https://tavistockandportman.nhs.uk/research-and-innovation/our-research/research-projects/video-feedback-intervention-promote-positive-parenting-and-sensitive-discipline-research/>

	<ul style="list-style-type: none"> - <i>Historically there has often been little scrutiny of the assessment or evaluation of the service provider. Many complex or multi-disciplinary assessments do not meet NICE guidelines.</i> - <i>There have been a number of examples of a dependence developing between therapist and family. The family feel that the therapist is their only form of support and the therapist recommends continuation of the therapy.</i> - <i>We have found that providers are often working with multiple family members (i.e. siblings & parents). This can lead to a conflict of interest, confusing children and inhibiting progress.</i> - <i>Some therapists have adopted the role of advocate to the family in their relationships with the adoption support agency.</i> - <i>It is easy to see why adopters resist the idea that therapy needs to come to an end for progress to be made, afraid that they will again be left unsupported.</i> - <i>There has been a tendency for Social Workers not to look at wider services and support systems once therapy is in place. This again makes the idea of ending therapy a frightening prospect.</i> - <i>A therapeutic response is not always the most appropriate.</i> <ul style="list-style-type: none"> o <i>A co-ordinated multi-agency response may be more appropriate.</i> o <i>A therapeutic response often needs a wider co-ordinated supportive response to be successful (e.g. work with the school).</i> o <i>Therapy often implies that there is something wrong with this child rather than with the response they receive or the environment in which they are functioning. Often the most effective therapeutic approach is to change the perspective of the adults involved. "When a flower doesn't bloom you fix the environment in which it grows, not the flower" Alexander Den Heijer.</i> <p>Adoption Counts is addressing these issues by developing its internal capacity to undertake complex assessments and via a strategic commissioning approach (see section 11).</p>
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10.	<p>Appropriate response to situations of possible risk:</p> <ul style="list-style-type: none"> - The agency works collaboratively with local authorities and other agencies to agreed protocols. - Children are protected whilst others affected by the situation, or any allegations, receive support
	<p>Why is this needed?</p> <p>When there are safeguarding and 'edge of care' issues in adoptive families:</p> <ul style="list-style-type: none"> - a co-ordinated response, sensitive to the wider needs of the family, is required - 'risk-based' services should work closely with adoption services when working with adoptive families - clear protocols are particularly required for RAAs when adoption support services are operating across multiple LAs. - it is also important to avoid the assumption that because children are adopted, they are therefore safe.
	<p>Government/Statutory perspective</p>

	<p>NMS 4.3 <i>Adoption agencies and adoption support agencies work effectively with agencies concerned with child protection e.g. the responsible authority, schools, hospitals, general practitioners, etc. and does not work in isolation from them.</i></p> <p>22.9 <i>Investigations into allegations or suspicions of harm are handled fairly, quickly, and consistently in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.</i></p>
	<p>Adopter perspective</p> <p><i>Adoptive parents often complain that the ‘child protection culture’ that social workers come from means that they feel they are suspicious when there are problems in the family. This makes adopters reluctant to seek help. What they want are social workers who are trained and knowledgeable in the area of trauma & attachment, so are more likely to understand the needs/challenges of these families. (AdoptionUK)</i></p>
	<p>Exemplar Approaches –</p> <p>In order to deal with the day to day detail of these issues, Adoption Counts, OAWY and most RAAs have ‘Operational Groups’ with representatives at Service Manager level from each LA and the RAA. This provides a strong line of communication to looked after, fostering, ‘edge of care’ and safeguarding services. As multi-agency/multi-professional services are being developed, particularly as professionals from one agency offer consultation to staff employed by another agency, agreements have been developed in line with local safeguarding procedures to ensure clear divisions of accountability and responsibility.</p>
	<p>Possible future developments</p> <p>Adoption Counts and OAWY are undertaking work to agree a safeguarding protocol between the RAA and each LA. This is to:</p> <ul style="list-style-type: none"> - Understand the different referral systems and thresholds operating within each LA - Agree how constructive communication can take place between safeguarding services and adoption support services when a safeguarding issue arises. <p>Adoption Support Social Workers may need support to work collaboratively with safeguarding services in a confident manner whilst keeping the welfare of the child to the fore, particularly if they are working across different local authority areas.</p>
	<p>Comment</p> <p>The development of safeguarding protocols between LAs and RAAs seem to have taken a considerable time and no agency was able to produce a final version of these protocols ready for circulation.</p>

11.	<p>The agency commissions and procures services</p> <ul style="list-style-type: none"> - Working together with other agencies and providers to develop a market that is large enough to offer a wide range of specialist services. - Using the commissioning cycle to drive the commissioning process - Based on the identified needs of adoptive families - Regularly reviewing outcomes and adjusting activity accordingly - Is undertaken with key partners and stakeholders who are aware of the ASF and how it can be accessed¹⁷
	<p>Why is this needed?</p> <ul style="list-style-type: none"> - The advent of the ASF has led to unprecedented levels of commissioning and procurement activity in adoption support - Adoption services often have little experience of commissioning activity leading to ASF funded services being commissioned in ad hoc ways with a lack of due process or evaluation of delivery and outcomes.
	<p>Government/Statutory perspective</p> <p>The Department for Education (2017b) evaluation of the adoption support fund, undertaken by the Tavistock Clinic, highlights the need for investment in intelligence gathering and strategic thinking around local need and workforce planning. It highlighted the following challenges:</p> <p><i>The market for independent post-adoption support services expanded in response to the increased funding available and the limits on the capacity of local authority adoption support services.</i></p> <p><i>In addition, local authority adoption support professionals raised quality concerns about the market, and this is exacerbated by the stretched capacity of independent providers struggling to meet the sudden demand. (p13)</i></p> <p><i>Local authorities might consider how they can influence workforce development of local therapy providers. Good practice identified by some case studies included mapping and sharing information with other local authorities and including independent providers in strategic planning. Local authorities may benefit from these collaborative approaches to help influence local markets to meet upcoming support needs. (p17)</i></p> <p>NMS 15.1 <i>Where services are commissioned by an adoption agency, a three-way working relationship is developed with the adoption agency and the Adoption support agency working in partnership to most effectively meet the needs of the service user. Commissioning arrangements are underpinned by a written agreement and are reviewed at regular intervals.</i></p> <p>The DfE and Mott MacDonald have produced a good practice guide to commissioning adoption support services.¹⁸</p>
	<p>Adopter perspective</p> <p>An AdoptionUK survey revealed:¹⁹</p>

¹⁸ Mott MacDonald/Department for Education - Commissioning-Adoption-Support, Good-Practice-Guide (available from the Adoption Support Fund)

¹⁹ AdoptionUK - Adoption Support Briefing – Winter 2018

- *A quarter (of adopters) felt the therapy they received via the ASF was not appropriate*
- *More than 80% confirmed the therapy received via the fund had a positive impact for their family*
- *More than two-thirds of respondents said that although the support they received was welcome, more was required to meet their family's needs*

Some adopters, for whom the ASF has been a lifeline, have strong views on which services and individual providers they want to access. These views have not always been easy to accommodate within local authority assessment and commissioning processes.

Exemplar Approaches

A number of LAs and RAAs (Yorkshire and Humber, Birmingham CT, Adoption Counts) have instituted a structured approach to commissioning and a formal procurement process following EU procurement rules. These approaches have much in common. **Key elements include:**

- A formalised assessment process
- A commissioning framework with a standardised application and vetting process
- A mini competition process, in which the type of therapy is specified, and which gives providers on the framework the opportunity to bid for the work
- Tailoring of the therapy, where necessary, to meet individual needs
- An application process for funding from the ASF

The Adoption Counts framework is available to all north west local authorities.

All three RAAs in Yorkshire and Humber (15 LAs) use the same commissioning framework.

Key challenges in commissioning have included:

- Obtaining an expert view of the most appropriate service for children and families
- Implementing a quality assurance process to monitor the effectiveness of the therapy provided which includes:
 - An expert view of the quality of service
 - Adopter, child and professional feedback
 - Capturing the view of providers about what adoptive families need
 - Bringing contracts to an end at the appropriate time when providers may wish to continue the work and adoptive families fear that the end of therapy will mean an end to any kind of support.
- Understanding the overall needs of adoptive families and the current capacity of the provider marketplace
- Influencing the market to fill any gaps and meet unmet need

Agencies with in-house expertise (e.g. Birmingham CT) have been able to use their Psychologist to quality assure external services. Others, such as **Adoption Counts** have implemented a Multi-Agency Resource Panel, bringing together Clinical and Educational Psychologists with Social Work Managers to review the more complex cases and to assess the quality of the services provided. The Panel meets monthly and has kept a learning log.

The purpose of the panel is to:

- Consider applications for funding of services through the Adoption Support Fund (ASF) that exceed the Fair Access Limit and require match funding

	<ul style="list-style-type: none"> • Assist Adoption Counts to make the most effective use of high cost specialist resources • Reduce duplication of services and offer access to high quality high impact therapeutic services • Monitor the quality of the therapeutic provision that is registered with the Adoption Support Framework • Enhance the delivery of therapeutic services in terms of both scope and quality, based on feedback from families • Consider requests to ‘block purchase’ services through the ASF to meet service need • Undertake the role of professional advisors to the adoption team helping to identify the right services at the right time for adoptive families and to offer constructive feedback on practice <p>Adoption Counts has also set up a commissioning and procurement group to deal with the details of a commissioning strategy and procurement process. The work of this group includes:</p> <ul style="list-style-type: none"> • Evaluation of applications to join the framework • Reviewing the framework to identify gaps in provision • Finding ways to stimulate activity in the marketplace where gaps exist • Liaising with providers to improve the procurement process <p>The group has surveyed provider organisations and social workers to review the success of the framework after its first year of operation.</p>
	<p>Possible future developments Many third sector providers deliver services in more than one region. There would be clear benefits to RAAs in sharing learning and intelligence in this area.</p>
	<p>Comments received from agencies in the survey include:</p> <ul style="list-style-type: none"> - Sufficient commissioning capacity and expertise is not always readily available within the adoption sphere, but commissioning activity is inextricably linked to the successful implementation of the ASF. - Lack of certainty about the future of the ASF will eventually affect both commissioning processes and provider development. - RAAs find it difficult to do any strategic procurement due to fact that the ASF works much more effectively for spot purchasing rather than block purchasing. RAAs therefore lack procurement power to be able to negotiate improved prices with the providers. In turn, providers cannot plan for viable growth due to lack of certainty about funding. - VAAs in particular, comment that where they deliver services across more than one region, or to multiple RAAs, the individual commissioning processes are administratively burdensome and therefore not cost effective. Agencies have adapted to work within current practice but the longer-term viability of such a model to deliver the right services at the right capacity is a concern. - Some VAAs have expressed concern that commissioning activity is leading service provision, not best practice. The issue of what works in adoption support is again a key issue.

<p>12.</p>	<p>Birth family relationships are promoted</p> <ul style="list-style-type: none"> - Adopters are expected and encouraged to have at least a one-off meeting with birth parents if at all possible. - Birth parents have the opportunity to meet adopters and maintain indirect contact with them, in the interests of children - Siblings are able to maintain contact with each other if it is in their interest - The agency actively supports and reviews contact arrangements with adopters and birth families
	<p>Why is this needed?</p> <ul style="list-style-type: none"> - Indirect contact between adopted children and birth parents is a feature in many adoption support plans and is often appreciated by adopted children as they enter adolescence - However, the success of this contact varies significantly depending on how well it is set up and supported - Many adopted children lose contact with significant birth family members after adoption
	<p>Government/Statutory perspective NMS - OUTCOME <i>Contact with birth parents, siblings, other members of the birth family and significant others is arranged and maintained when it is beneficial to the child.</i> <i>8.1 Initial contact arrangements are focused on the child's needs with the views of the prospective adopters and birth family members taken into account. The arrangements are reviewed in accordance with the adoption support plan.</i> <i>8.2 Where siblings cannot be placed together with the same prospective adopters or adopters, contact arrangements with other siblings are made when it is in the best interests of each of the children.</i> <i>8.3 Prospective adopters are helped through training and support to understand the importance for the child of contact with birth parents, siblings, members of the birth family and significant others.</i> <i>8.4 The adoption agency helps individuals comply with the agreed contact arrangements through practical support, and helps manage any difficult emotional or other issues they may have because of contact. In so doing, the agency takes full account of the child's age and level of understanding, and the individual capacities of all other parties.</i> The ASGLB favours a broader approach based on the notion of relationships with birth parents and birth family members rather than the narrower focus on contact.</p>
	<p>Adopted Children and young people's perspective Research with adopted children and young people indicates a range of benefits when contact is well planned and managed. Neil et al (2013) have observed that:</p> <ul style="list-style-type: none"> • <i>Where contact had been stable and reliable, satisfaction was usually high. This stability and predictability of contact seem more important than the amount or type of contact.</i> • <i>The main benefits of contact identified by young people were getting information about their birth family; building relationships with birth relatives; being able to talk openly with their adoptive parents about their background and birth family.</i>

	<ul style="list-style-type: none"> • <i>Young people varied in terms of how they were making sense of their adoptive identity, but few young people were uninterested in adoption as a feature of their lives.</i> • <i>Higher levels of birth family contact were linked to high levels of communication about adoption between adoptive parents and young people, as each promoted the other.</i> • <i>Birth family contact had a role in promoting identity development both because it exposed the adoptive parents and child to information about the birth family, but also because it facilitated communication between the adopted young people and their adoptive parents, allowing young people to process their thoughts and feelings about the adoption.</i>
	<p>Exemplar Approaches</p> <p>Letterbox services</p> <p>All LAs/RAAs deliver a Letterbox service, however, agencies did not provide details of this service as part of the survey. This may confirm the observation of some letterbox staff that their role is not fully understood by others in the system. There is no statutory guidance on the operation of such services, but the following elements are fundamental to the approach taken by Adoption Counts:</p> <ul style="list-style-type: none"> • Adopters are given preparation and training to understand the importance and advantage of letterbox and other contact • The adopters' attitude to contact needs to be described in the Prospective Adopters' Report and the child's need for contact set out in the Child Permanence Report so that contact requirements are adequately discussed and planned for at the linking and matching stage • Independent Reviewing Officers need a good level of awareness to ensure that contact issues have been fully explored • Adoption Counts (and no doubt others) has a number of information sheets for adopters and birth parents setting out the advantages of ongoing letterbox contact, some operating rules and guidance on tone and content • Time taken to build communication and trust between worker and birth parent is crucial • The letterbox process can be an opportunity to link birth parents into birth support provision • Support to birth parents in writing and reading letters is very important <p>Other important factors include:</p> <ul style="list-style-type: none"> • It has been observed that letterbox contact is a much easier and more meaningful process if the adopters have actually met the birth parent(s) or relatives • Some birth parents need help to understand that court pronouncements about ongoing contact are not legally binding and that arrangements need to be reviewed and adjusted as circumstances change • The amount of administrative support to a Letterbox service is often underestimated • There is a lack of training and development opportunities for letterbox staff in some areas of the country <p>AdoptionPlus describe their service to birth parents as a relationship-based, trauma- and attachment-informed approach to therapeutic support to birth relatives. The model places great emphasis on the provision of a flexible, non-shaming service that encourages and promotes improved reflective</p>

functioning and understanding. This work has been evaluated by Hertfordshire University and is summarised in the publication Supporting Birth Parents Whose Children Have Been Adopted (Alper 2019).

North Lincolnshire has developed the **Holding On** programme of support for birth parents which includes allocating a practitioner to support specific birth families to pull together existing support and resources in the county to increase their resilience. <https://www.northlincs.gov.uk/people-health-and-care/adoption/help-and-support-for-birth-families/>

Possible future developments

Contact plans for a child should be part of the tracking process which most LA/RAAs undertake with children who are likely to require an adoptive placement, in much the same way as Life Story Books and Later Life Letters.

Contact between adopters and birth parents is a developing area stimulated by considerable research over more than a decade which has, in many areas, yet to find its way into practice. E.g.

[Http://www.uea.ac.uk/centre-research-child-family/child-placement/project-contact-after-adoption](http://www.uea.ac.uk/centre-research-child-family/child-placement/project-contact-after-adoption)

<https://www.researchinpractice.org.uk/children/content-pages/open-access-resources/contact-after-adoption/>

As the benefits of contact with birth family and siblings have been recognised, tools have been developed to assist in the planning of ongoing contact. Recent collaboration between Research in Practice and the University of East Anglia may be about to usher in a new approach to practice. E.g. **Adoption Counts** is developing a revised approach to contact based on the expectation that all adopters and birth families will have a one-off meeting unless there is good reason not to, in the expectation that this will promote future indirect contact.

- A Skype meeting may take place if the risk of a face-to-face meeting is felt to be too great
- A meeting with the wider family will be explored if birth parents cannot attend
- The agency will seek to challenge children's Social Workers' perception of the risks of contact taking place, where necessary
- The issue will be profiled at adoption summits within each LA, in order to promote a culture change. This will also cover the importance of sibling contact
- The issue of contact will be raised sooner in the adopter recruitment process – e.g. as part of information evenings or on initial visits
- Adopters' willingness to participate in direct contact with birth parents will be taken into account as part of their assessment process
- Preparation training for adopters will include more information about contact, including videos of adopters, young people and birth parents talking about their experience
- A contact workshop will be introduced as part of post approval training. This will include feedback to adopters on why birth families sometimes stop using the letterbox system
- The 'no photos' rule in letterbox contact is being reconsidered
- Wider thinking will be encouraged to identify other significant people with whom contact would be helpful for the child(ren) E.g. grandparents and siblings – where the possibility of direct contact will be explored fully
- Consideration is being given to whether the RAA needs to play an intermediary role in all letterbox contact, or whether adopters and birth parents can be left to manage this themselves in many cases

	<p>Comment</p> <p>The use of social networking for birth families and adoptive families to find out about or communicate with each other is now commonplace. The UEA research identified that this was sometimes positive, but in other cases could be unhelpful. Where adoptive parents maintained an open communication about adoption and social networking, young people were better prepared to deal with any contact via social media (Neil et al 2013)</p>
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<p>13.</p>	<p>Support to Birth Parents</p> <ul style="list-style-type: none"> - Birth parents are encouraged to access an independent support service - Birth parents are given the opportunity to access services which will support them to care for any future children they may have - Birth parents are consulted about the quality of the services they receive
	<p>Why is this needed?</p> <p>The views and experience of birth parents have long been the most neglected dimension of the adoption triangle. There is increasing evidence that engaging birth families can have a positive effect on the child’s adoption in terms of future contact (Neil et al 2013), reduce the likelihood of mothers becoming pregnant and experiencing the removal of subsequent children; result in a range of benefits to the parents themselves and a reduction in the need to access a range of services over time.²⁰ In an era of social media, work with birth parents to support placement stability in adoptive and special guardianship families has become increasingly important.</p>
	<p>Government/Statutory perspective</p> <p>NMS</p> <p><i>12.3 Birth parents are given access to, and are actively encouraged to use, a support worker from the time adoption is identified as the plan for the child. The support worker is independent of the child’s social worker.</i></p> <p><i>12.4 Birth parents are given information on how to obtain legal advice, contact details of local and national support groups and services, and support to fulfil agreed plans for contact.</i></p>
	<p>Birth parent perspective</p> <p>Research has identified the high level of need among birth parents related to mental health problems, learning difficulties, literacy problems, high levels of unemployment, and isolation from family and community support networks²¹. Birth relatives need support to help them fulfil their role in contributing to better outcomes for adopted and special guardianship children, whether through letterbox contact, direct contact, or other routes.</p> <p>Tresiliotis et al (2005) report:</p> <p><i>From the parting to contact, intense feelings of loss, sadness and guilt dominated the lives of these birth mothers. For example, 79 per cent of all mothers reported guilt as one of a number of lasting impacts arising from the parting decision.</i></p>

²⁰ DFE Evaluation of Pause Research report July 2017 <https://www.pause.org.uk/our-impact/evaluation/independent-evaluation-on-behalf-of-the-department-for-education/>

²¹ <https://www.pause.org.uk/>

	<p><i>During the years between the adoption and renewed contact, 98 per cent reported thinking about their child and wondering whether s/he was well and had had a happy adoption. Knowing what had happened to their child might have helped to reduce the guilt arising from feeling that they had rejected their child.</i></p>
	<p>Exemplar Approaches The agencies surveyed had at best, only basic information available for birth parents on their websites. Standard services include:</p> <ul style="list-style-type: none"> • Access to the Duty Support Helpline. • Independent Birth Parent support services commissioned from the third sector <p>ATV and Adoption Counts have examples of successful groups for birth parents, but both have experienced challenges in effectively regionalising this provision. Both agencies have links into services which work with birth parents to prevent the removal of subsequent children. PACT manage Alana House providing support to women who may have had children removed from their care https://www.pactcharity.org/community-projects/alana-house</p> <p>The PAUSE programme was not referenced by any agencies in the survey but is used by a number of local authorities with women who have experienced, or are at risk of, repeat removals of children from their care. It aims to reduce the number of children being removed into care by working with women who have had children removed to improve their wellbeing, resilience, and stability. Pause offers women an 18-month, individually tailored, intensive package of support, delivered by a dedicated Practitioner, which is intended to address a broad range of emotional, psychological, practical, and behavioural needs. As a condition of beginning this voluntary programme, women agree to use an effective form of reversible contraceptive for the 18-month duration of the programme. The evaluation of PAUSE Findings from qualitative and quantitative data²² suggests that:</p> <ul style="list-style-type: none"> • Pause generally had a positive and significant impact on the women engaging with the programme, many of whom had complex, multiple, and mutually reinforcing needs. • It was extremely effective in reducing the number of pregnancies experienced by women during their 18-month interventions. • Many women began their interventions with limited aspirations for the future, but by the end, many had formulated new goals, and were taking steps toward their achievement. This included entering employment, education, or volunteering. • The full costs of delivering Pause to the cohort of 125 women are likely to be offset by savings to local authorities within 2 to 3 years <p>Adoption Plus Birth Fathers' Counselling Service – Adoption Plus have developed a therapeutic approach that supports and identifies ways of working with fathers.</p>
	<p>Possible future developments The Nuffield (2017) research, Vulnerable Birth Mothers and Recurrent Care Proceedings, revealed the high level of birth mothers who are subjected to the repeat removal of children and the effect which high quality birth parent support could play in reducing this. Challenging though this is to achieve, the indications from this survey are that there is <u>much</u> further to go in ensuring a robust and joined up approach to services for birth parents.</p>
	<p>Comment VAAs identified a lack of interest from LAs/RAAs in commissioning services in this area.</p>

²² DFE Evaluation of Pause Research report July 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625374/Evaluation_of_Pause.pdf

In turn , statutory agencies expressed regret that they were unable to offer a greater level of support to birth families, particularly birth mothers.

14. Adopted Adults

- Can access records about their adoption
- Are supported to make contact with birth relatives if both wish this to happen

Why is this needed?

Research has highlighted how important it is for adopted adults to have access to information and to find answers to questions about their identity and history for their well-being (Howe and Feast 2000).

Government/Statutory perspective

NMS 16 *Adopted adults and birth relatives are assisted to obtain information in relation to the adoption, where appropriate, and contact is facilitated between an adopted adult and their birth relative if that is what both parties want.*

Adopted Adult perspective

ATV has conducted a survey of adopted adults accessing services. The majority of respondents said that their main expectations from the services were to:

- understand and make sense of the circumstances and reasons for being adopted
- know more about birth family members

Triseliotis, Feast and Kyle (2005) concluded that:

- Adoption is a life-long experience and all those affected need access to counselling, advice and support services that are not time-limited
- Publicity and information are essential for people affected by adoption so that they know how and where to access the information, advice and support they need
- Access to information can have a positive impact and help lessen the sense of living with uncertainty and the unknown

Exemplar Approaches

Oxfordshire (now part of ATV) has a history of delivering what they feel is a quality service in this area. They believe that this is to largely due to having an experienced specialist worker in place to lead on this work.

All the agencies surveyed provide support to adopted people requiring access to birth records. In Adoption Counts this accounts for approximately a third of all referrals for adoption support services.

Most agencies provide a level of information on their website for adopted adults but not at all. The voluntary sector tends to put more emphasis on this area of work and provides more and better-quality information:

- PAC-UK offer a range of services to adopted adults <https://www.pac-uk.org/our-services/adopted-adults/#serv>
- Others offer a support group for adopted adults (e.g. **CfAS**)
- A number of voluntary agencies offer an intermediary service, but this is not offered by any of the statutory agencies surveyed, although they do signpost birth relatives to other services

	<ul style="list-style-type: none"> • After Adoption produced a range of information for adopted adults and those seeking information about an adopted relative . These are attached at appendix eight.
	<p>Possible future developments The need for better information for adopted adults was highlighted. E.g.</p> <ul style="list-style-type: none"> • a national directory of services to adopted adults • guidance on how and where to access records. <p>After Adoption highlighted the need to plan now to meet the needs of young people adopted after 2005 who will access records as Post Commencement Adoptions.</p> <ul style="list-style-type: none"> • Adoption Support Social Workers need to be made aware of how adopted people can access records through the placing agency, rather than the General Register Office or LA, if placed after 2005 • Children’s Social Workers require training to prepare CPRs with the expectation that young people will read them • Birth parents require support to contribute information for their children in future years <p>Services will need to support young people who:</p> <ul style="list-style-type: none"> - are accessing their looked after records, Child Permanence Reports and adoption files, which were not necessarily written with the understanding that they would be accessed - have complex and often abusive histories who wish to access their records - have already made contact with birth families via social media <p>This is a service area which could be commissioned across a number of RAAs in order to develop a new level of capacity, expertise and focus.</p>
	<p>Comment Some agencies expressed regret that they were not able to offer a fuller and more responsive service to adopted adults.</p>

15.	<p>A Workforce Development Plan</p> <ul style="list-style-type: none"> - Identifies skills gaps in the agency workforce - Identifies skills gaps in the third sector - Identifies actions to close these gaps
	<p>Why is this needed? The demands of adoption support, and the amount of information now available to adopters, requires a well-trained workforce in touch with developing practice across a range of disciplines, including child development, evidence based therapeutic interventions and education provision and standards.</p>
	<p>Government/Statutory perspective Adoption: A Vision for Change (2014) states:</p>

	<p>3.28 In relation to adoption, developing the workforce is crucial to achieving sustainable success across the system. High quality social workers – including their ability successfully to undertake complex assessment, analysis and decision making- is pivotal to a successful adoption system.</p> <p>3.30 To achieve this, we need to support child and family social workers to develop the knowledge and skills which will enable them to..... support families in transition to new placement arrangements and beyond, both in terms of direct work and the commissioning of services.</p>
	<p>Adopter perspective Adopters want social workers who are trained in attachment & trauma, FASD and CPV/NVR. With these skills, SWs would be well-placed to support families and adopters would be less reluctant to seek help.(AdoptionUK)</p>
	<p>Exemplar Approaches Two of the agencies surveyed had a workforce development plan and others could point to a skills audit. However, only one was able to provide a delivery programme.</p> <p>Several agencies highlighted the use of adoption informed psychologists to provide consultation and training. Others pointed to the importance of training staff in the delivery of programmes such as Theraplay, Nurturing Attachments and the AdOpt parenting programme, not just for the ability to deliver these programmes, but because this training can have a significant effect on social workers’ practice, providing them with a new set of tools and approaches.</p> <p>Adoption Counts has arranged for Therapeutic Social Workers to receive clinical supervision from its Psychology Team. However, other social workers in adoption support would almost certainly benefit from this. Vulnerability of staff to secondary trauma was a parallel concern.</p> <p>AdoptionPlus has developed a training programme for local authority social workers with no therapy qualifications or access to clinical supervision but who are therapeutically supporting families caring for children with a history or relational trauma and attachment difficulties. The seven-day course spread over 8 months provides participants with information, strategies and tools that can support families with: relational and developmental trauma; emotional regulation; rejecting behaviours; adolescents; aggressive and controlling behaviour; sexualised behaviour; stretching the truth and taking items; and life story work. http://adoptionplus.co.uk/training</p>
	<p>Possible future developments Given the budgetary pressures which most agencies face, there is a strong argument that joint training and development should be commissioned between agencies and together with VAAs.</p>
	<p>Comment Workforce issues are very significant in the development of quality support services. Social Workers are not trained as a matter of course in therapy or assessment for therapy and yet, they are called on to be a first line of support for traumatised children and parents, undertake assessments prior to therapy and commission therapeutic services. The skills required for these tasks will not be developed widely in the workforce without a national and regional focus on training, development and workforce planning.</p> <p>The use of adoption support social workers in the training and development of other staff in the looked after system and those working in recruitment, assessment and family finding, is a potential key means of system influence. Ensuring adoption support staff are highly trained should therefore be a very cost-effective way of improving general social work practice.</p>

16.	Monitoring and Evaluation <ul style="list-style-type: none"> - The agency gathers feedback on the quality and effectiveness of services - The agency monitors outcomes for adopted children and families which result from receiving social, health and education services (see section 1)
	Why is this needed? <ul style="list-style-type: none"> - Any service should benefit from quality monitoring and evaluation against its identified outcomes. - Monitoring and evaluation are important ways of identifying the need for change and improvement. - As noted in the introduction, adoption support services are in the ideal place to identify potential improvements in the wider adoption and looked after systems, which may reduce the need for adoption support services in the future. It is therefore important not only that evaluation takes place but that the learning from this is used to improve the wider system (see section 17).
	Government/Statutory perspective NMS 15.6 Adoption agencies seek feedback from service users on the success of the service provision. This feedback is recorded centrally and on the case record of the service user. 25.6 The executive side of the local authority, the voluntary adoption agency's/Adoption Support Agency's provider/trustees, board members or management committee members: a. receive written reports on the management, outcomes and financial state of the agency every 6 months; b. monitor the management and outcomes of the services in order to satisfy themselves that the agency is effective and is achieving good outcomes for children and/or service users.
	Adopter perspective Adopters not only want to experience improvements in service delivery but are often very willing and able to evaluate the services and systems which they receive, for the benefit of others.
	Exemplar Approaches Family Futures has an annual evaluation as well as end of treatment evaluation process for parents, children and professionals (see appendix nine). Along with this, cases are reviewed on an annual or six-monthly basis depending on their level of support. In this way adopters feedback important information into the service about the support they are offered. As part of our assessment process children, parents and school setting complete a batch of psychometric evaluations which are then repeated annually during the treatment process to evaluate progress. The Family Futures Neuro-Physiological Psychotherapy model (NPP) is one of the few therapeutic interventions to have been evaluated, peer reviewed and published. See McCulloch et al (2016), Vaughan et al (2016) and McCulloch and Mathura (2019). OAWY had developed a Practice Improvement Framework across all of their services (available on request) which incorporates: <ul style="list-style-type: none"> • The views of services users (children and families, adoptive parents, birth parents, adopted adults)

- Performance data
- Practice wisdom and knowledge of staff, adoption panels & learning from disruptions
- The findings of external and internal inspections, audits and evaluations of practice. This includes professional audit activity using case files and direct observation with practitioners to assess the quality of practice

The framework has three questions at its heart:

- How much did we do?
- How well did we do it?
- Is anyone any better off?

It connects to decision making bodies in the five participating local authorities and Health and Well-being Boards. Reporting takes place on a quarterly, six monthly and annual basis to varying levels of detail.

Adoption Counts has developed a Quality Improvement Framework but with a more specific focus on practice and file auditing, including audit tools and schedules for adoption support assessments, support to adopted adults, letterbox activity and the number of birth parents accessing independent support services. Monitoring is conducted using a performance management framework linking outcomes, qualitative and quantitative measures and feedback from services users including children, adopters and birth parents. In addition, Adoption Counts has developed an outcomes monitoring framework (See appendix 9) which links the outcomes and aims of their Centre of Excellence Grant with performance indicators, allocating responsibility for monitoring and measurement between delivery partners.

There is significant interest, not least from the DfE, in gathering evidence about which specific adoption support interventions are the most effective with adoptive families and children. As the Tavistock (DFE 2016b) study demonstrates, even a comprehensive literature review has struggled to draw firm conclusions in this regard.

Adopt East and **Birmingham CT** use a range of psychometric tools. These include:

- Assessment Checklists for Children and Adolescents (Tarren-Sweeney, 2012) which include: ACC (age 4-11) ACA (age 12-17) and ACC and ACA plus (strengths checklist)
- Strengths and Difficulties Questionnaire (SDQ) – This is widely used by CAMHS but widely acknowledged as a poor indicator of change (Frogley et al 2019)
- Thinking about your child questionnaire (also called Carer Questionnaire)
- Brief parental self-efficacy scale

Adoption Plus suggest that there should be a focus on capturing change in the relationship between the child and the parent and intends to carry out a validation exercise on the ‘Thinking about your child questionnaire’.

Given the time required to implement, record and analyse this kind of data, **the Centres of Excellence** have focused on a ‘goals-based outcome’ approach. This allows parents and children to identify their own goals and measure progress towards them. It has the advantage of being applicable to almost any intervention and can be used to measure progress in services delivered by external providers. The experience of the Centres of Excellence has been that the most important

	<p>determinant of ‘success’ is the perception of adopters and young people. Whilst ‘objective’ or psychometric measures have a role to play, they often locate the ‘problem’ with the child, rather than the environment in which the child is functioning. Frequently progress is made when the adults (or the institution) changes its perception of the child, even if the child’s progress is not measurable or even deteriorates. This approach prioritises the perceptions of parents and children (“if they feel it is making a difference, it is making a difference”).</p> <p>Both Centres of Excellence have followed the lead of Birmingham CT by including two common goal-based outcomes to all assessments and evaluations. These are:</p> <p><i>How do you rate the stability of your family unit at the moment?</i></p> <p><i>How do you rate the stability of your child’s school placement at the moment?</i></p> <p>Not only are these the two most common areas of concern, but they also allow an element of comparison between different approaches to offering support. Both Centres of Excellence are undertaking evaluations. OAWY have engaged the University of East Anglia. Adoption Counts are using a research assistant supported by the University of Manchester.</p> <p>Adoption Counts is in the later stages of compiling an evaluation of their Centre of Excellence which will be made available once complete.</p>
	<p>Future developments</p> <p>Both OAWY and Adoption Counts have conducted adopter surveys. There seems little reason why a standardised survey should not be conducted by all adoption support agencies on a national basis, perhaps as part of an approach to inspection.</p>
	<p>Comment</p> <p>The development of national performance indicators (as with recruitment, assessment and family finding activity) in relation to adoption support should be a key priority in driving service development.</p>

<p>17.</p>	<p>The agency promotes improvements to the wider looked after and adoption system based on learning generated by adoption support work.</p> <ul style="list-style-type: none"> - The agency/partnership has a Theory of Change which incorporates learning from adoption support work - The agency works with key partners to improve services to adopters and adopted children
	<p>Why is this needed?</p> <p>Learning gleaned from adoption support services provides an opportunity to evaluate and develop the wider adoption and looked after system. A successful adoption service is dependent on the wider looked after system working to promote the emotional well-being and identity development of children. This includes undertaking life story work, pre-placement preparation, support of foster carers during transition, quality Child Permanence Reports etc. These are areas of work in which children’s social workers usually take the lead role. Undertaken well, they may reduce or even eliminate the need for later therapeutic support.</p>
	<p>Government/Statutory perspective</p>

	<p>NMS</p> <p><i>25.7 The agency takes action to address any issues of concern that they identify or which is raised with them.</i></p> <p><i>26.4 The registered provider monitors the management and outcome of the services in order to be satisfied that the agency is effective and is achieving good outcomes for children and/or service users and that the agency is complying with the conditions of registration.</i></p>
	<p>Adopter perspective</p> <p>Adopters are often keen to see learning from their own experience being used to improve services to adoptive families in the future.</p>
	<p>Exemplar Approaches</p> <p>Adoption Counts has focused on the issue of improving relationships and possible contact between birth family members and adopters (see section 12). This has involved a training and information programme both for the RAA and key stakeholders in the partnering LAs.</p> <p>Adoption Counts has used its Multi-Agency Resource Panel (see section 4) to review its most complex cases. By reviewing case histories and the current family situation, it has been possible to chart the development of the case and the provision of services and support as far back as the assessment of the adopters, matching decisions, initial sign of placement stress etc. This information can then be fed back to recruitment, assessment and family finding functions in the agency.</p> <p>Examples of issues identified include:</p> <ul style="list-style-type: none"> • Siblings placed together who shared a ‘trauma bond’ and whose adopters were not adequately supported, resulting in huge placement stress and potential breakdown • A number of adopters whose support networks were overlooked or overestimated during their assessment and who were then left vulnerable and isolated when the placement became stressful • A failure to identify early indicators of possible disruption in a placement (See Selwyn et al 2014 p285) and to provide support soon enough, rather than taking a ‘wait and see’ approach • Other issues have been identified from recent research findings, such as those outlined in section 12 on post adoption contact. The challenge has then been to identify the people, systems and processes which need to be appraised of new research and influencing them towards change
	<p>Possible future developments</p> <p>No agency in the survey was able to supply a Theory of Change setting out how change processes would be managed across the RAA and participating local authorities. This will become more critical as RAAs seek to improve practice and processes across their regions.</p>
	<p>Comment</p> <p>As outlined in the introduction, there is real value in being able to share learning from adoption support services in order to influence the development of other aspects of children’s social care, particularly care planning. This learning should make for better adoptive placements and result in less stress and disruption to adoptive families. Additionally, lessons learnt from multi-disciplinary working will be applicable to many other areas of children’s services.</p>

Resources:

A key issue which cannot be ignored is the level of resources required to implement this blueprint. This is extremely difficult to quantify given the differences between LAs/RAAs themselves and between statutory voluntary sector providers. In line with the approach of this study to try to identify benchmarks which will be useful to others, the budget below sets out the anticipated total costs of operating one of the Centre of Excellence for Adoption Support Services for the financial year 2019/20.

Exemplar Agency Adoption Support Costs		
		2019/20
Core Budget	FTE	£
Operations Manager	1	59238
Adoption Support Team Managers	1.6	86076
Adoption Support Advisors	1.6	82058
Adoption Support Senior Practitioners	1.81	89659
Adoption Support Social Workers	5.65	258255
Non-Qualified (letterbox)	3.11	99737
Therapeutic Social Workers	2	82802
Education Worker	0.5	21513
Adoption Support Worker (letterbox)	1.3	49204
Total RAA Staff costs	18.57	828,542
Car allowances & mileage		22875
Other staff costs		11310
Flexible service contracts		18000
After Adoption (Birth Parents)		50000
Birth records counselling		6000
SLA costs (IT, finance, HR, Legal, Insurance etc.)		27279
Accommodation		33285
Total RAA Non Staff costs		168749
Total RAA Costs		997,291
Psychology Service		
Clinical Psychologists	1.4	139857
Consultant Psychiatrist	0.5	62,864
Child Psychotherapist	0.3	11483
Couples Therapist	Sess	17340
Educational Psychologist 0.5	0.5	33660
Admin		6080
Total - Psychology costs		271,284
Other		
AdoptionUK (Adopter Voice activity)		7,700
Total Cost of Adoption Support Service		1,276,275

To put these figures into context:

- At any one time in the previous year this agency had approximately 450 open adoption support cases and 200 referrals awaiting allocation.
- It has reorganised its duty system to address this but estimates that it requires a further 2-3 FTE Social Workers in order to clear this backlog and to provide a timely response to all enquiries.
- It also recognises that it does not currently facilitate enough peer-to-peer support and is seeking funding for a buddying/mentoring service.
- Approximately a third of all cases were requests by adopted adults for access to records.
- Over the financial year 2018-19, the agency successfully applied for approximately £1 million of funding from the Adoption Support Fund which was spent on purchasing external services from the third sector.
- The agency approved 91 adopters in the year 2018-19.

Comment. The example above illustrates that a multi-disciplinary service, providing psychiatric, clinical and educational psychology services and support to social workers and adopters, can be obtained for approximately £270k per year. Whilst evaluation of this service is still taking place, feedback from staff and adopters suggests that this has provided a step-change in the quality of provision. Given that this RAA covers five local authorities, this is perhaps not as expensive as some might have anticipated and is the approximate equivalent of one adoption breakdown resulting in a child becoming looked after in a residential setting for a 12-month period. A business case, based on this measure of cost avoidance alone is not difficult to make and does not take account of other costs such as social work time, school exclusion, involvement with the youth justice system or input from other agencies such as CAMH services etc.

However, this example also illustrates that there needs to be balance between core adoption support provision and more specialist services. If social work capacity is not sufficiently available, any additional multi-disciplinary services are likely to be less effective. A lack of social workers to undertake initial assessments means that, adopters wait longer for assessments and access to more specialist support when required.

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