



ADOPTION &
PERMANENCE

INVESTING IN FAMILIES:

The Adoption Support
Fund beyond 2020

July 2019



ABOUT THE APPG

The All-Party Parliamentary Group for Adoption and Permanence (APPGAP) was established in February 2019 with the following purpose:

To amplify the voices and experiences of children and families engaged in adoption and other forms of permanence, to inform parliamentarians and promote the development and implementation of effective policy and practice. To provide an opportunity for the ambitious exploration of innovative solutions to enable adopted children and families to thrive.

This report follows a three-month inquiry chaired by Rachael Maskell MP and is based on the evidence received as part of this inquiry. It has been compiled by Natalie Mills from Home for Good and David Squires from Adoption UK.

Please note: Children and young people have been anonymised throughout this report for confidentiality purposes.

Contact the APPG for Adoption and Permanence at:

info@appgap.org.uk

APPGAP
c/o Rachael Maskell MP
House of Commons
Westminster
SW1A 0AA



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The secretariat for the APPG for Adoption and Permanence, and this report, has been provided by the charities: Adoption UK and Home for Good.

adoptionuk
for every adoptive family

 **home
for good**

TERMINOLOGY

Adoption

The legal process through which one of the following occurs:

- A child is relinquished by their birth parent(s) and the adoption agency places the child with approved adopters who make an application to the court for an Adoption Order that legally severs the child's relationship with their birth parent(s).
- A local authority identifies that a child reaches the legal threshold for care proceedings and the care plan for the child is that they should be placed for adoption. On the authorisation of the court, the child is matched and placed with suitable, approved adopters. They later apply to the court for an Adoption Order that legally severs the child's relationship with their birth parent(s).
- A child is identified for adoption in another country and after due legal process is placed with adopters approved as intercountry adopters with the child's legal relationship with their birth parents subject to relevant domestic and international protocols.

Adoptive parent(s)

An individual or couple who become the child's legal parents when an adoption order is made by a court. They then exercise parental responsibility towards the child, as any other parent would do. If the child was in care prior to the making of the Order, they leave care on the making of the Order.

Disruption

Where a child leaves their adoptive or permanent home prematurely, including those who return to care.

Special Guardianship Order (SGO)

A private law order made upon application to those identified as eligible where they have had direct care of the child for a specified period. A court can make an Order of its own motion when it sees fit to do so. The making of the Order allows the individual who holds the order to exercise parental responsibility to the exclusion of all others until the child reaches 18. It does not legally sever the child's relationship with their birth parent(s).

Therapeutic support

Within this report, this term refers to the provision of services that enable the child to address a range of emotional, social, behavioural and learning difficulties that have arisen as a result of trauma, following an assessment of need.

Acronyms

ACE	Adverse Childhood Experience	CQC	Care Quality Commission
APPG	All-Party Parliamentary Group	EHCP	Education Health and Care Plan
APPGAP	All-Party Parliamentary Group for Adoption and Permanence	FAL	Fair Access Limit
ASA	Adoption Support Agency	OE	Oral Evidence
ASF	Adoption Support Fund	RAA	Regional Adoption Agency
ASGLB	Adoption and Special Guardianship Leadership Board	SEN	Special Educational Needs
		SGO	Special Guardianship Order
		VAA	Voluntary Adoption Agency

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FOREWORD FROM THE CHAIR

I am convinced more than ever of the need for concerted action from policymakers to ensure our most vulnerable children are growing up in a country that offers them the opportunities to thrive. Through this cross-party initiative, we seek to champion the cause of adopted and permanently placed children and to help them secure the support they need and deserve following challenging early experiences.

This inquiry offers a chance to explore how the Adoption Support Fund may be improved so that it delivers exactly what families need. I've been delighted with the number of parents, carers and stakeholders who have engaged with this inquiry, underscoring the important role the ASF plays in the lives of families. The personal testimonies have been powerful and moving and the overarching message is clear:

The Adoption Support Fund provides an invaluable source of therapeutic support for families that cannot be found elsewhere.

While the fund is highly valued and a much-needed provision, there is clearly room for improvement. This report includes six achievable recommendations designed to overcome some of the obstacles to delivering effective support that the fund has faced since 2015. These recommendations are grounded in the wealth of evidence gathered through the inquiry and offer a visionary picture as to how the fund is better able to serve children and families.

Lasting stability for families can only be achieved if we provide consistent, tailored support. I urge the Government to consider the findings and recommendations from this inquiry, and to reaffirm its commitment to adoptive and special guardianship families beyond 2020 by retaining and improving the Adoption Support Fund.



Rachael Maskell MP

Chair of the APPG for Adoption and Permanence



OFFICERS OF THE APPG

Rachael Maskell MP (Chair)

York Central, Labour

Fiona Bruce MP

Congleton, Conservative

Victoria Prentis MP

Banbury, Conservative

Lord Russell of Liverpool

Crossbench Peer

MEMBERS OF THE APPG

Members of Parliament

Sir David Amess MP

Southend West, Conservative

Bill Esterson MP

Sefton Central, Labour

Sir John Hayes MP

South Holland and the Deepings, Conservative

Norman Lamb MP

North Norwich, Liberal Democrat

Conor McGinn MP

St Helens, Labour

Alison McGovern MP

Wirral South, Labour

Christina Rees MP

Neath, Labour

Peers

Baroness Armstrong of Hill Top

Labour

Lord Crisp

Crossbench

Lord Dubs

Labour

Baroness Hamwee

Liberal Democrat

Baroness Howe of Idlicote

Crossbench

Earl of Listowel

Crossbench

Lord McConnell of Glenscorrodale

Labour

Lord Triesman

Labour

Baroness Walmsley

Liberal Democrat

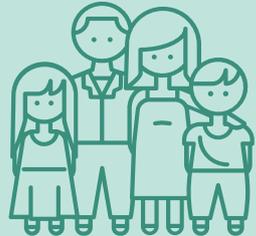
Baroness Watkins of Tavistock

Crossbench

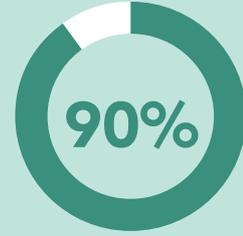
TO THE MINISTER:

A MESSAGE FROM CHILDREN AND YOUNG PEOPLE

The inquiry asked children and young people what they would like to say to the Minister for Children and Families about the Adoption Support Fund. Here's what they said:



reported that the support received through the fund has made a **huge difference** to their family.



said that the support they received through the fund had **helped them a lot**.

"Therapy has been fun, helpful and amazing. I hope I get to keep going."

W, age 10

"I think it is a brilliant fund and I had fun working with all the therapists who helped me. I learnt how to calm my body down, with my Occupational Therapist. I also had art therapy [which] helped me understand my feelings."

J, age 9

"Please make more funds available to help me live a normal life and help my family to have more support in place."

N, age 14

"Keep this going as it has helped me in tough situations and should help others when they need it."

A, age 13

"It has helped me a lot and it would help others. I don't know where I would have been today without it. The fund has helped me stop doing drugs, being violent, feeling suicidal and self-harming. I understand myself better now and I think other young people deserve the same chance."

T, age 17

"Please keep it going as it makes a big difference."

J, age 6

What do you think good support is?

"Being able to talk to someone about my problems."

B, age 11

"Good support is when someone understands and listens to you - all the different bits of you not just the bits showing on the outside."

B, age 13

"In my case, the support has helped me get through stuff and understand things about me, about my past and about my life in general."

T, age 17

"Help make me feel stronger inside and not so angry."

B, age 11

"Someone who can help me and my mum and dad know what makes me cross."

M, age 14

EXECUTIVE SUMMARY

The Adoption Support Fund has provided much-needed, life-changing therapeutic support for more than 38,000 families since its inception in 2015. The need for the fund emerged out of recognition of the challenges faced by adoptive and special guardianship families and the resulting need for comprehensive support. The ASF provides one element of this support. Evidence provided to this inquiry has demonstrated its transformative impact for many families; preventing the risk of disruption and providing a consistent support offer for families across England.

The fund provides great value for money and is aimed at improving the lives of children and young people both now and into the future. Children and young people consistently told us of the important part that it played in helping them to understand themselves and enabling their parents and special guardians to be better equipped to care for them. It is one form of support designed to be a part of a broader set of support services. It is essential that the fund is retained on a longer-term basis to ensure that children, young people and families are given the support they need to be able to thrive.

Despite its positive impact, families repeatedly reported facing lengthy delays while waiting for applications to be made to the fund on their behalf. Many local authority social workers are already stretched and applying to the fund has become a further administrative burden. In addition, Voluntary Adoption Agencies (VAAs) are unable to apply directly to the fund, thereby increasing the bottleneck effect experienced at the local authority level.

The inquiry also heard that social workers often found themselves having to make clinical decisions, requiring a level of understanding about child development that went far beyond their expertise. Examples of best practice highlighted that multidisciplinary teams working with a family are best placed to assess families' needs and make support plans that draw on both social work and clinical perspectives. A clinical lens also highlights the need to re-evaluate the understanding of 'therapy' and 'therapeutic' held by the fund and subsequently reconsider the list of approved interventions available.

Awareness and understanding of the fund is much lower among special guardians than adoptive parents. While the fund has expanded its eligibility criteria to include some special guardians it is only available where the child was previously looked after immediately prior to the Special Guardianship Order (SGO) being granted. This adds to a lack of clarity around eligibility for special guardianship families. The fund needs to be publicised better among this community to ensure they do not miss out on accessing this vital support.

Finally, the fund has struggled to promote a continuity of support for young people and their families, with breaks in therapy having a negative impact on children and young people. The effects of the annual funding cycles, the cumbersome transfer of responsibility between local authorities after a child has been legally adopted for three years and changes in a child's status, are not being adequately supported. Greater flexibility needs to be embedded in the operation of the fund.

While the fund has had a positive impact in its first five years, there have been emerging issues that need crucial improvement. Alongside retaining the fund beyond 2020, this report makes five further recommendations aimed at addressing these challenges and providing a package for improvement.

SUMMARY FOR CHILDREN AND YOUNG PEOPLE

What we found:

The ASF is making a huge difference for families. The support young people have been able to get through the fund is helping them to understand themselves, control their emotions and work out what is going on inside them. It has also helped their parents or guardians to support them better.

Even though the fund has been brilliant, there are some areas where it needs to do better:



Social workers are under a lot of pressure, with a lot of families seeking help. This means they are struggling to find the time to make applications to the fund, so families often have to wait and feel uncertain about when they will be able to get the support they need.



Social workers have to decide what kind of support a family needs, but often feel unprepared and don't have the training to be able to make good decisions. They need a great team around them.

Many families with a Special Guardianship Order (SGO) can get money from the fund for therapy, but a lot of these families do not



know they can! These families may need different types of support and feel unsure about whether the ASF can offer them the help they need.

The fund starts again every year which means some families experience breaks in the middle of their therapy as they have to reapply, which can be difficult for the child or young person. Also, if a family moves to a new house, there can be delays in accessing or continuing support. It can be helpful for young people to keep seeing the same person for support once they have a good relationship and trust each other.



WHAT WE'D LIKE TO SEE HAPPEN:

- 1 The fund should carry on until at least 2030 so that families know that they can get the support they need.
- 2 The Government should give social workers and local councils more support to reduce the workload that social workers carry from the fund.
- 3 Social workers who work for VAAs should also be able to apply to the fund so that families don't have to wait as long.
- 4 The ASF should be given a new name so that it is clear that some special guardian families can apply as well.
- 5 A team of individuals with different skills including therapists, psychologists and doctors should be formed to help make decisions about the fund, such as which types of support should be included or excluded.
- 6 Families should be able to apply for therapy for periods longer than the current one-year limit to make sure that support does not stop suddenly, and that they can keep working with a therapist they trust.

PART ONE: BACKGROUND

THE ADOPTION SUPPORT FUND (ASF)

The establishment of the ASF by the Department for Education in May 2015 introduced resources to improve access to appropriate and timely therapeutic support for adoptive families in England. This was followed in 2016 by the publication of the Department for Education's Adoption Strategy, which included a vision for ensuring every adoptive family had access to an ongoing package of appropriate support with a right to a high quality, specialist assessment of need.

The fund's introduction reflected the growing recognition that some degree of post-adoption support must be considered the norm, given the impact of early experiences on adopted children. This is supported through statutory regulations which outline that local authorities are required by law to assess a family's adoption support needs¹.

The ASF has undergone several alterations since its introduction in order to keep pace with increasing demand, such as the introduction of the Fair Access Limit (FAL) of £5,000 per child per year for therapeutic services and a separate allocation of £2,500 per child per year for specialist assessments. In exceptional cases where there is a high risk of adoption breakdown without high cost support or where funding would help to progress 'harder to place' adoptions, local authorities (and now Regional Adoption Agencies (RAAs)) can access match funding of up to £30,000.

In 2016, the fund was extended to special guardianship families where the child was previously looked after prior to the order being made, in recognition of the fact that this group have similar needs to adoptive families. When the fund was originally implemented it provided funding for young people up to the age of 18, but this was later extended to 21, or 25 for young people with an Education Health and Care Plan (EHCP) or Special Educational Needs (SEN) statement.

The adoption landscape has been undergoing dramatic change towards a regionalised system with all local authorities mandated to be part of an RAA by April 2020. There is uncertainty about the future administration of the ASF as a result of this significant re-organisation of adoption services and this uncertainty extends to special guardianship. In the meantime, RAAs have been given access to apply directly to the fund, as well as individual local authorities.

In December 2018, the Government announced a short extension to the proposed end date of the fund, guaranteeing support that had been applied for and commencing in the financial year 2019/20. Currently, the fund is guaranteed until July 2020 with its longer-term future set to be determined as part of the Government's next public spending review, expected to take place in autumn 2019. Since the fund's inception in 2015, the Government has invested nearly £150million in order to meet high demand.²

ABOUT THE INQUIRY

The decision to carry out an inquiry into the Adoption Support Fund was made at APPGAP's inaugural meeting in February 2019. Given the widespread uncertainty around the future of the fund beyond July 2020, it was deemed that the group had a responsibility to contribute to the decision-making process. To avoid replication of other technical evaluations of the fund and the work of other existing boards, such as that of the Adoption and Special Guardianship Leadership Board (ASGLB), this inquiry sought to examine the lived experience of families and young people impacted by the fund, to improve understanding of the key issues within Parliament.

The inquiry considered the future of the ASF by examining the role it has played in supporting adoptive and special guardianship families. The inquiry focused on the ease of access, provision of therapy and subsequent impact of support received through the fund. See Appendix A for the full terms of reference.

The inquiry was launched on 10 April 2019 with a written consultation, which invited a broad range of stakeholders to participate in an online survey. We particularly wanted to hear the views of children and young people who have accessed support through the fund so we invited them to contribute through a separate survey that was dedicated specifically to them.

We were delighted to receive more than **1,600** responses in total across the two surveys including:



This consultation was followed by two oral evidence sessions held in Parliament on 13 and 20 May 2019.

In addition to this written and oral evidence, the inquiry has called upon a wider range of evidence. Freedom of Information requests submitted to the Department for Education asked for data around application processing times and the match-funding provided by local authorities. Written questions were submitted to the Department for Education by members of the APPG. The inquiry also looked at pre-existing evidence, including Adoption UK's recently published *Adoption Barometer* and its 2017 *ASF User Experience Survey*. Information distributed by the ASGLB has also been used, along with a range of other sources.



EVIDENCE SESSIONS

Oral Evidence Session 1

Monday 13 May 2019

Dr Sadie King

Lead Researcher, The Evaluation of the ASF (2017)
Tavistock Institute

Anna Turley MP

Chair, Parliamentary Taskforce for Kinship Care

Michelle Nelson

Adoptive parent

Joanne Alper

Director of Services, Adoptionplus (VAA)

Oral Evidence Session 2

Monday 20 May 2019

Hugh Thornbery

Project Coordinator, Modernising Permanence
programme (ASGLB)

Tiegan Boyens

Member of Adopteens

Sarah Johal

Head, One Adoption West Yorkshire (RAA)

Christina Bankes

Deputy Director of Children in care and
permanence, Department for Education

Dr Marie Kershaw

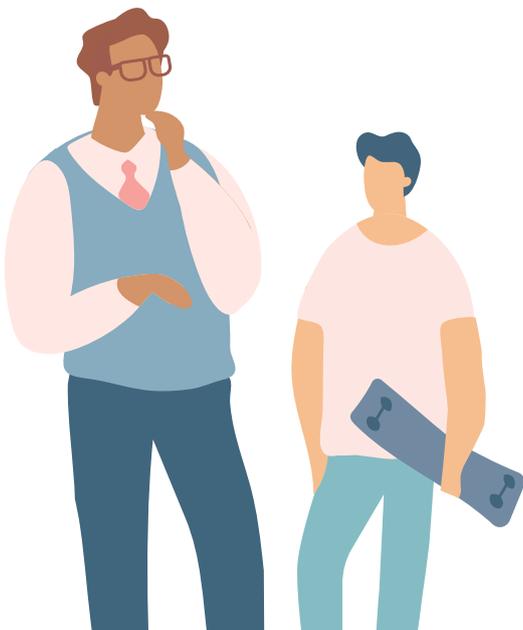
Clinical Psychologist, Birmingham Children's Trust

Safi Newton

Social worker and adoptive parent

Sally Donovan

Adoptive parent and author



PART TWO: FINDINGS AND RECOMMENDATIONS

SECTION 1: RETENTION

*“It needs to be understood that these children come with a lot of additional needs. You can’t just place them with their adoptive family and think everything is going to be okay. The bottom line is **adopters need support.**”*

Adoptive parent

Despite some of the challenges highlighted through this inquiry, the overwhelming message is that the fund has enabled many adoptive and special guardianship families to access life-changing support. We assert that there is a clear case for the retention of the fund post 2020, on a longer-term basis. This would provide much-needed reassurance and stability for the market in support services and most importantly, for families themselves.

SECTION 1A:

THE NEED FOR SUPPORT, AND A DUTY TO DELIVER

It is increasingly well-evidenced that previously looked after children have additional needs that may require therapeutic support at some point. In fact, the fund was introduced following Selwyn et al.'s groundbreaking 2014 study *Beyond the Adoption Order* which illustrated the need for increased support for adoptive families who are living with a legacy of trauma.

Approximately three-quarters of adopted children have entered the care system due to abuse and/or neglect³. There is a growing evidence base to suggest there is a relationship between childhood trauma and adversity and mental health issues⁴, drug addiction, violence and criminality⁵. A 2016 study of adoptive familiesⁱ found that adopted children were five times more likely to have experienced Adverse Childhood Experiences (ACEs) than the general population. Children adopted aged four or older had, on average, an even higher risk of exposure to ACEs⁶.

The previously looked after cohort therefore often have high levels of need which, when left unmet, often manifest as highly challenging and violent behaviour. Selwyn et al. (2014)⁷ found that adoptive families could be categorised into three broadly equal groups: those for whom everything was 'going well' (36%); those for whom there were 'highs and lows' (30%); and those facing 'major difficulties', including where a child had left home prematurely (31%). Among special guardianship families, more than one-third reported emotional and behavioural difficulties and around 30% were struggling in education.⁸

The findings of the recent *Adoption Barometer* reveal that 56% of adoptive families are facing significant or extreme challenges and approximately 3% are experiencing a breakdown or disruption⁹. More than 60% of respondents said they had experienced violent and aggressive behaviour directed towards them, which echoes previous research on child-on-parent violence¹⁰.

*"[We are] living 24/7 with trauma and violence. We **need the right support** to help our children recover." Adoptive parent*

The challenging behaviour faced by those parenting children living with a legacy of trauma is clear and well-evidenced. This places a duty on the state to deliver support for these families and help children in adoptive and special guardianship families recover from their early experiences. Support can come in various forms and is delivered by a range of statutory services but in recent years, the Adoption Support Fund has become the central source of therapeutic support for families.

*"These children have such **high levels of need**. They have been through so much and deserve access to the help they need to **recover and build meaningful relationships**. Without the right level of support over a long period of time they won't be able to do so." Adoptive parent*

ⁱ The subjects of the study were adoptive families in Wales but there is clear reason to believe results can be broadly extrapolated to families living in England too.

SECTION 1B:

THE IMPACT OF THE FUND: TRANSFORMATIVE EFFECTS FOR FAMILIES

When asked about the impact of the fund, Hugh Thornbery, project coordinator of the *Modernising Permanence* programme, told the APPG:

*"First it heralded a paradigm shift in the way adopting children from care was conceptualised by those in power. It was a move from "happy ever after" to an **acknowledgement of the lasting damage** that arises from early trauma, separation and loss and the responsibility the state has to provide sufficient support. Secondly it has **met the needs of thousands** of children and their families, needs that were not being met before." [oral evidence]*

What has become abundantly clear through the course of this inquiry is the hugely positive, and often transformative, impact the fund has had for thousands of families who have been able to access therapeutic support. Accessing support before the fund was a postcode lottery with huge variation between local authority spending on adoption support services:

*"In the early part of our journey, the support fund did not exist [and] there was almost **nothing available through the local authority**. We tried to access CAMHS and had a pretty appalling experience." **Adoptive parent***

But with the national rollout of the fund in 2015 came the possibility for families to access trauma-informed therapeutic interventions, regardless of where they lived in the country. As a centrally administered provision, it has the comparative advantage of being responsive to individual families' needs and is unaffected by variations in the level of need across the country. In that sense, it is the first step in a nationally consistent adoption support offer.

Four out of five adoptive parents said the support they had received via the fund has had a significant positive impact on their child(ren) and family situation.

*"It provided us with access to support that was **timely, appropriate and specialised**. Specialised, trauma informed input is key. Self-funding is not an option, we have both had to give up work in order to meet our children's needs...Without the ASF we would never have been able to access this kind of support." **Adoptive parent***

*"I have heard lots of success stories where therapy has helped families, I am also aware of the great steps the ASF is taking in funding therapeutic courses to adults too. **It all adds up to the healing of these children**. They need more help, not less." **Special guardian***

Children and young people who responded to this inquiry reinforced the message of parents and carers, with **90%** saying the support they have received through the fund **"has helped a lot"** and **77%** saying it has made **"a huge difference to their family"**. (See page 7)

*"This is really important and I needed it years ago. My life has been so hard and now after two years of therapy I'm beginning to feel better. **I feel I have a future**. I still get loads of help. I will need help for a long time, but now I think I can have a future." **A, age 15***

Along with evidence provided by practitioners, it is clear the ASF is accomplishing what it set out to achieve and is delivering transformative support for thousands of families across England.

SECTION 1C:

STABILITY AND SAVINGS

Data on adoption disruptions is not currently collected centrally and so we cannot identify any trends since the introduction of the fund¹¹. However, numerous surveys indicate that the ASF has been influential in helping to prevent disruptions, with one showing that a quarter of adopters felt the support had prevented their adoption from disrupting¹². Another¹³ highlighted that two-thirds of adopters said that the support has helped avoid potential disruption. **This illustrates that the fund is delivering support that is ultimately helping to keep families together.**

*"Without the fund, there's every chance my youngest wouldn't be with us right now. That would've been devastating for both her and her sister. It's fair to say **the ASF has prevented disruption and kept our family together.**"* Adoptive parent

*"Our placement **may have broken down** if it wasn't for the therapy we received via the ASF."* Special guardian

We strongly believe the state has a *moral* duty to support adoptive and special guardianship families to avert the huge emotional and psychological turmoil of placement disruption. But when the cost of having a child in the care of the state is approximately £34,000¹⁴ per year, the Government also has a clear economic incentive for investing in placements in order to prevent disruptions. Furthermore, children and young people in these families are more likely to be involved with the criminal justice system, to not be in education, employment or training (NEET) and to engage with mental health services¹⁵. This tells us that disruptions are the sharp end of a larger issue that plays out when families are not properly supported: greater costs for statutory services further down the line.

*"More money to help us when we are young will **give us better futures and chances to help others** when we are older." A, age 12*

Norman Lamb MP, the Chair of the Science and Technology Select Committee, recently commented:

*"Early intervention offers young people who have suffered adversity in their childhood an opportunity to avoid the long-term problems associated with such experiences...early intervention can dramatically improve people's lives, **whilst also reducing long-term costs to the Government.**"¹⁶*

The ASF is delivering early intervention which will help prevent the social problems associated with childhood adversity and trauma, providing valuable savings for the public purse in the process.

In addition, evidence highlighted the importance of available support in driving adopter recruitment. 20% of respondents to an Adoption UK survey decided not to proceed with an adoption because they lacked the confidence that they would be well-supported.¹⁷ The existence of the fund is crucial for providing reassurance of support for prospective families, giving them greater confidence to adopt which is particularly significant given the current shortfall of adopters.

*"Given my eldest's needs, I would have never been able to **adopt a second child** without the Adoption Support Fund." Adoptive parent*

*"Having supported families at the matching stage, there is **confidence that support will be provided.** We've been able to **make more complex matches** because of the guarantee of the fund." Safi Newton, Social worker [OE]*

SECTION 1D:

SPECIALIST PROVISION, NOT A ONE-STOP-SHOP

The fund has faced criticism, during and prior to this inquiry, for its perceived failure to meet all the support needs of families. Some have pointed to the varied forms of support that families require which the ASF does not fund such as peer support, educational support, respite and financial support. However, the ASF was never intended to be a one-stop-shop for post-placement support. Rather, its architects intended it to deliver specialist therapeutic interventions in a timely manner.

During the inquiry, the Department for Education reiterated its expectation that agencies have an important role to play in providing “wrap-around support” for families, alongside the therapeutic interventions delivered by the fund. This is reflected in the stated aims of RAAs which include delivering improved and more consistent adoption support on offer nationally.¹⁸ The fund should not be relied upon to fill the holes in local and regional support offers.

Where families are struggling to access appropriate support, this is in many cases a result of shortcomings in the services the ASF is supposed to supplement, rather than a problem with the fund in and of itself. This is most clearly illustrated by delays in accessing support at local authority level (see Section 2a).

The clearest indication of the fund’s ability to fulfil its aim of delivering specialist therapeutic support is the inquiry’s finding that 79% of parents felt it was meeting a need that cannot be met elsewhere.

79%
*of parents felt it was
meeting a need that
cannot be met elsewhere.*

That said, it is vital that any future iteration of the support fund is more attuned to the broader support framework in which it sits, including education and mental health services. The ASGLB’s forthcoming *Modernising Permanence* report should provide greater clarity on how this framework should look and how it can function more effectively in the future. We hope this serves to maximise the impact of the fund should it be retained.



SECTION 1E:

STIMULATING THE MARKET

For families to receive timely and appropriate interventions, it is essential that commissioners have access to enough high-quality practitioners, who can provide tailored, value-for-money interventions. The market for therapeutic adoption support services has expanded since the introduction of the fund in 2015, with nearly £150m invested over a five-year period.¹⁹ But the Department for Education has acknowledged that even after this large expansion of services, support is still insufficient. The market remains relatively small and immature and the present uncertainty around the future of the fund post-2020 is restricting its growth, to the detriment of families in need of specialist, tailored support.²⁰

“The ASF model was reliant on the expanding of the third sector, but it is really difficult for the third sector to plan or grow without guaranteed funding.” Dr Marie Kershaw [OE]

A ten-year funding commitment from central government would provide the long-term stimulus needed for the market to be able to develop and reach the position where it can provide comprehensive therapeutic adoption support services across England. In addition, it would also enable greater investment into in-house multidisciplinary services for agencies and authorities. This ten-year commitment would be kickstarted at the forthcoming public spending review.

Stimulating the market is not just about creating new providers but also a way of allowing existing services to flourish, both within and around local authorities, VAAs, RAAs and ASAs. In particular, ASAs and VAAs are regarded as specialists in supporting children with complex needs, with many having long-established therapeutic expertise to offer. A longer guarantee of funding would allow their established capabilities to grow and develop, enabling more joined-up and collaborative working between these different support providers. The emphasis moving forward should consider how the fund can promote long-term collaboration, rather than simply increase short-term competition within the market in order to develop healthy procurement practices, as highlighted recently by the charity, Children England²¹.

We acknowledge and endorse the work the Department for Education is undertaking with RAAs and the ASGLB to improve strategic commissioning and knowledge of local provision. However, the first step in enabling sustained, timely therapeutic adoption support services is to guarantee provision that will adequately stimulate the market of such services. The funding commitment recommended by this APPG is therefore absolutely necessary to achieving this.

RECOMMENDATION 1: RETENTION

The Government must ensure that the continuation of the fund is a part of its overall strategy in delivering adoption and special guardianship services until 2030 in order to secure longer-term security for families and therapeutic providers.

In addition, they should:

- Review the fund in 2025 to evaluate progress and implement any improvements
- Guarantee any future changes to the fund follow a (minimum two year) transition period, to ensure stability for the market and avoid a repeat of current uncertainty

SECTION 2: CAPACITY

How do you think the fund could be improved?

*“Get things **sorted out more quickly** so I could have known about my ADHD sooner.”*

N, young person, age 13

One of the core themes that has emerged from the inquiry has been that the lack of capacity and resources within local authorities often means that there are delays between families making initial contact and receiving support, which is preventing their timely access to the fund. We recognise the competing priorities in local authorities and significant pressures staff face as a result and seek to highlight how a lack of capacity creates a bottle-neck effect on the flow of therapeutic support, detrimentally impacting families, children and young people.

SECTION 2A:

TACKLING TIMELINESS

Timeliness is often cited as a source of frustration for adoptive parents and special guardians and has been highlighted through a number of studies, including this inquiry.²² The Department for Education has a target to review all applications from local authorities and regional adoption agencies within 20 working days. A Freedom of Information request submitted by the APPGAP revealed **89% of cases** are processed within this timeframe, with an average processing time of 13 days.²³ Considering this and other evidence collected through the inquiry, we can say with confidence that delays in accessing support are occurring at the local authority level.

Parents and carers reported inconsistency between local authorities in their efficiency in responding to families and completing assessments and applications. While a few parents spoke positively about their experience (suggesting that delays are not inevitable), many described lengthy delays in accessing support due to waiting for administrative tasks to be completed.

*“The support we have received has been excellent but we had to wait 10 months between contacting the post adoption team and therapy starting...However, others have received funding much more quickly. LA **post adoption teams are swamped** and so quick assessments and applications are not always possible” Adoptive parent*

*“I waited **over three years** for [the local authority] to complete the application.” Special guardian*

*“I attempted to access support from the ASF for my daughter, but the social worker in the adoption support team **told me she didn’t have time** to complete the application!” Adoptive parent*

Some families reported that therapy had been disrupted as social workers had not submitted applications in time to meet the annual deadlines of the fund. Sadly, some parents and carers also reported that delays due to administrative inertia had caused further deterioration in their children’s behaviour and health.

*“The length of time it took to prepare the application, submit the application and wait for a decision on funding has **negatively impacted on our family’s functioning**. My eldest daughter has a progressive dissociative disorder caused by early life abuse and neglect. The delay to the start of her treatment due to administrative issues has meant her **mental health has deteriorated** and she will now **need a longer duration of therapy** to recover.” Adoptive parent*

The longer families are left waiting for much-needed therapeutic support, the more likely we are to see similar examples of deterioration in young people’s wellbeing become more widespread.

Addressing delays in the system is paramount if the ASF is to provide the crucial ‘early intervention’ support it is capable of.

SECTION 2B:

THE ADMINISTRATIVE BURDEN

Several witnesses highlighted the increased administrative burden on social workers as a key challenge of navigating the centralised fund. Undertaking an initial assessment with the family, wrestling with the criteria of the fund, identifying available and suitable therapeutic providers and completing and submitting applications all demand valuable social work time. The Tavistock Institute's evaluation of the fund supported these findings, reporting that parents were feeling dissatisfied with the timeliness of accessing the fund and were informally taking on the role of 'service coordinator' themselves in order to move the process forward.

*"At a time of crisis, I was asked to work out what my family needed and then to find the practitioner to provide it – yet **more work on top of managing the challenges** my family were facing." Adoptive parent*

*"The local authority **asked ME to advise them of the therapeutic services available.**"
Special guardian*

In seeking to address the administrative burden for social workers, Sarah Johal, head of the RAA One Adoption West Yorkshire, reported that they had hired an administrator, which had been "effective" in addressing the bureaucracy of the fund. However, under the fund's current remit, this appointment could not be paid for by the fund itself, meaning that the agency was shouldering the financial burden themselves.

The suggestion of introducing a timescale requiring social workers to commence an assessment within a set period after initial contact from a family, was met with mixed opinions. While some highlighted that it would provide reassurance to families about where they were in the process and place accountability for progress to be made, others were concerned that it would only place further pressure on stretched social work professionals and could result in rushed, and therefore poor quality, assessments.

This APPG deduces that rather than adding further targets and bureaucracy into the process, the emphasis should instead lie on **building capacity and administrative support** to reduce pressure and minimise delays at the local authority level. In addition, it is essential that the Department considers whether there are opportunities to reduce the bureaucratic burden on authorities and agencies.

RECOMMENDATION 2: ADMINISTRATION

The Department for Education should ensure that the funding of adoption and special guardianship support services enables the timely administration of applications to the fund.

SECTION 2C:

SECONDARY BARRIER

As things currently stand, VAAs are unable to apply directly to the fund and are required to go through the placing local authority. In her oral evidence, Joanne Alper of the VAA Adoptionplus said this creates a secondary barrier and greater delays to accessing the ASF for families who adopt through a VAA. Indeed, one VAA reported funding therapy themselves and relying on being reimbursed by the fund later due to the severity of need and the reality that delays could exacerbate problems and bring long-term negative consequences.

As the sector heads towards a regionalised future, RAAs have been given the same access as local authorities to apply directly to the fund. Written evidence provided by the Consortium of Voluntary Adoption Agencies (CVAA) suggests a need to re-evaluate whether the current system provides a consistent approach:

*“To date, the point of access to the ASF has been via the agency with responsibility for the child, i.e. the local authority; however, as the responsibility for delivering adoption services moves to regional adoption agencies (RAAs), there is an argument to be made for **shifting the point of access to the agencies that are responsible for the adopters** and for delivering the services that the ASF funds, i.e. the VAAs and the RAAs.”*

Reflecting on this, Safi Newton, a former social worker, suggested a middle ground whereby a VAA social worker could be authorised by a local authority to complete the application with a local authority social worker then signing it off. This would enable local authorities to fulfil their statutory responsibility to assess the support needs of families, but could also reduce their administrative burden and minimise delays faced by VAA-supported families. In addition, it would encourage more collaborative working between VAAs and authorities, an aim that the regionalisation agenda is seeking to promote.

RECOMMENDATION 3: TIMELINESS

Local authorities (RAAs) should use the opportunity to authorise VAAs to make applications and assessments to the ASF, thereby reducing unnecessary barriers and ensuring timeliness for families.ⁱⁱ

In addition, they should:

- Enact this capability for VAAs using the existing digital ASF portal.

ⁱⁱ The local authority retains their statutory support duties and should provide sign-off to applications and final decision-making powers if disagreement arises.

SECTION 3: CLINICAL INPUT

*“We were able to identify a type of **therapy that suited my needs**. It helped me learn how to regulate my emotions and manage my thoughts better. My behaviour has changed as a result.”*

Tiegan Boyens, member of Adopteens [OE]

We consistently heard that because the fund enables families to access therapeutic support, there is a need to ensure that clinical expertise is embedded and available to those making decisions for families. From the high level decisions that are made about the functioning of the fund, to the decisions that are made about appropriate interventions at the ground level, stakeholders from across the sector spoke of the need for clinical knowledge to be more deeply embedded and agreed that this would improve the efficacy of the fund.

SECTION 3A:

A CLINICAL BASIS

Contributors to both the oral evidence and consultation survey widely supported the view that the ASF has enabled adoptive and special guardian families to access clinical support that is better specialised to their needs, and that cannot be accessed elsewhere through CAMHSⁱⁱⁱ or otherwise.

“Without the ASF she would have not had life story work. Without [the ASF] it is unlikely that we will be able to get the longer-term therapeutic input that she so desperately needs if she is to be able to come to terms with what has happened to her.” Special guardian

At the second oral evidence session, the Department for Education spoke highly of the ASF for its ability to improve access to specialist and high-quality assessments for families. However, other speakers identified that before families were able to access these specialist assessments or therapy, there were inconsistent levels of clinical input into decision-making around appropriate interventions or specialist assessments.

Dr Marie Kershaw from Birmingham Children’s Trust made a robust case for the importance of making sound clinical decisions from the beginning of the process, stating that *“Therapy is not without risks. When you have mismatches between need and therapeutic intervention there is risk of the child being further traumatised.”*

Only when robust clinical formulation underpins decision-making, can therapeutic support from the fund reach its full potential in providing effective, sustainable improvements and benefit for children and families.

Currently however, social workers often have to make clinical decisions without sufficient knowledge or expertise. While Dr Sadie King reported that social workers’ interaction with the fund has resulted in upskilling of their therapeutic knowledge, as indicated in the Tavistock Review, Safi Newton (a social worker) stressed that despite being knowledgeable and informed, social workers were not therapeutic experts and should not be positioned to make these clinical judgements alone. This perspective supported the written evidence given by families:

*“The social workers completing the assessment had **no idea how to assess the problem** or what would meet the need.” Adoptive parent*

*“The fund is inaccessible unless you have an **efficient and knowledgeable social worker** involved. This is quite rare.” Special guardian*

*“I think the issue is not the support available, but that the **social workers** through whom you must access it **are not specialists**, and therefore do not know about all the types of support or **know which ones would work best for your child.**” Adoptive parent*

ⁱⁱⁱ It has been highlighted that independent providers are often able to embed emerging research into their trauma responsive practice more quickly than CAMHS, which is not able to provide a specialist trauma service in the same way.

SECTION 3B:

A MULTIDISCIPLINARY APPROACH

To address this challenge, therapeutic providers shared that they had set up helplines where social workers could get advice on how to determine the appropriate support for families and other areas where they were lacking knowledge. Some agencies reported that they had sought to clinically upskill their social workers through training but were struggling to finance such efforts as they fell outside of the scope of the fund. However, even with training, social workers are unable to attain the in-depth knowledge and clinical competency of other specialist professionals. A multidisciplinary approach drawing on the combined expertise of social work and clinical practice will therefore result in better decision-making and more effective interventions.

Dr Marie Kershaw emphasised the true reality of the need, saying: “Complex multidimensional problems require comprehensive multidimensional solutions”. Given the opportunity to work alongside social workers as part of a multidisciplinary team, she contended that clinicians were well-placed to upskill staff more comprehensively. Evidence showed that existing good practice of multidisciplinary teams had proven results, both in terms of clinical outcomes and parental feedback.

The positive impact of making decisions from a multidisciplinary perspective where social work practice and clinical expertise are brought together cannot be understated for allowing the ASF to go beyond simply providing one-off crisis-responsive interventions to enabling systemic support.

Their ability to pool resources and expertise gives RAAs enhanced capabilities and they therefore should consider how they can facilitate multidisciplinary decision-making around families. As they do so, consultation and troubleshooting with clinical experts would be of great benefit to them.

In addition, despite being focused on meeting therapeutic needs, robust decision-making on matters surrounding the ASF can open doors to other forms of support:

“It was my therapist who identified signs of autism and I have now been diagnosed with dyslexia and dyspraxia. As a result, I am able to get help with college and university.”
Tiegan Boyens, member of Adopteens [OE]

“Without the fund we would never have received the diagnosis nor the evidence we needed to be able to access education support, which was so lacking without this.” Adoptive parent

“The therapy report, accessed through the ASF, helped him get an EHCP, which then got him access into a specialist school.” Michelle, adoptive parent [OE]

In contrast, where clinical expertise was lacking and a multidisciplinary approach was not developed, there were stark implications. Adoptive parent, Sally Donovan spoke about the deterioration of behaviour and stability in her family and the inappropriate interventions that were made at the beginning of their support journey. She described how the clinical intervention they eventually accessed helped at a time of crisis but said she believed that, had this support been identified and implemented earlier, the intervention could have had more impact and the level of crisis may have been lessened.

SECTION 3C:

THE VALUE OF A CLINICAL LENS

We contend that applying a clinical lens is vital to improve the efficacy of the fund. Evidence given by clinicians to this inquiry raised the following considerations:

1. **The need to take a long view** when evaluating whether an intervention has been effective, recognising that its impact may still be emerging and the full benefit may not be apparent until later in a child's life. Longitudinal studies are likely to paint the truest picture of total impact.
2. The need to re-evaluate what constitutes **'therapy'** and **'therapeutic'**. While interventions available must be robustly evidence based, evidence should be considered in a broader sense and using clinical expertise. The inquiry heard a strong call for other therapies to be included in the scope of the ASF, including equine therapy and speech and language therapy. Other, compelling evidence called for preventative and early intervention therapeutic group programmes to be prioritised within the fund, to reduce the number of expensive crisis interventions that are being made further down the line.

95% of adoptive families **93%** of agencies **96%** of special guardians
thought that there should be a wider range of therapeutic support available through the fund.²⁴

In considering the currently "approved" interventions, John Simmonds from CoramBAAF, identified that the list was originally based more on administrative, rather than evidence-based, formulations.²⁵ While it would be beyond the scope of this inquiry to outline which specific interventions should be included, our findings present a strong case for the list of approved interventions to be reconsidered, with greater clinical input and a more preventative and early interventionist approach.

3. Clinicians also reported that therapies accessible through the fund varied in terms of whether they included just children or the whole family. Joanne Alper made the case for taking a **family-centred approach** to therapeutic support, saying:

*"If a flower isn't blooming then you look at the environment around a flower and **how to make that environment healthy to strengthen that flower...the family are key.**" [OE]*

Parents are often the main source of support for their children and, as such, effective support for the children must include parents as well. We believe that the ASF should be considered in terms of providing therapeutic support to **families as interwoven units**.

RECOMMENDATION 4: CLINICAL INPUT

The Department for Education should increase the clinical input into the functioning of the fund by establishing a specific board of clinicians at the department level to provide clinical direction to the fund. This clinical expertise should be drawn upon to:

- Provide direct clinical consultation and troubleshooting for agencies and authorities to support them in embedding clinical expertise into their service design and structure.
- Issue guidance for authorities and agencies about developing a multidisciplinary approach to engaging with the ASF, sharing examples of best practice and impact.
- Commission academic research into the evidence base and impact measurements for existing therapies available through the fund.
- Reconsider the current therapies and therapeutic interventions included by the fund and make recommendations on others to be made available or remain excluded.



SECTION 4: ELIGIBILITY

*“Local authorities are limited as to what help they can support. Too many children are being left without help for their problems, and will therefore continue to be affected in their adulthood. **The ASF allows us to divert their paths.**”*

Special guardian

While the fund has been hugely successful in supporting adoptive families, it has not had the same level of impact for special guardians and the children they care for. Kinship care representatives highlight that support for special guardians is under-developed generally, meaning that many families are struggling to get their immediate needs met. Many experience poverty, overcrowding, challenging family dynamics and a paucity of emotional and practical support for them and their children. They argue that the ASF has been developed with the needs of adoptive families in mind and is therefore less responsive to the needs of special guardians. Despite this, we feel the ASF – and therapeutic support more generally – has an important role to play in the broader support package that is needed for special guardianship families.

SECTION 4A:

SQUARE PEG, ROUND HOLE?

The typical profile of a special guardianship family is different from that of an adoptive family and as such, they face different challenges. While adopters choose their caring role, special guardians often step in on extremely short notice, with little time to prepare and without any entitlement to an equivalent of adoption leave.

Furthermore, contact with birth family is very different for special guardians, who usually need support managing contact arrangements with their own family members. These contact arrangements often have a profound impact on children and young people and can increase their need for therapeutic support. While the *Adoption Barometer* has revealed that adoptive parents also require additional support in managing contact with birth families, the needs of special guardians in this area are both more immediate and complex.

Kinship care representatives told this inquiry that the majority of support providers available through the ASF have developed programmes and approaches specifically for adopted children. As one contributor said: *“Support needs of special guardianship families are unlikely to be well served by any **fund designed for adopters.**”*

However, we maintain that the adversity this cohort of children has experienced precipitates the need for therapeutic support. Special guardianship families clearly have additional needs beyond those that can be met through therapeutic interventions. For example, they require access to peer support, financial support and support in managing contact arrangements. However, as previously mentioned, the ASF is not intended to be a one-stop shop for post-placement support, with government expecting agencies to deliver additional forms of support for families alongside the ASF. As with adoptive families, provision must be offered through other services too so that special guardians can access the support they require.

*“While the **ASF is currently meeting a need not met elsewhere**, this is less a comment on the importance of the fund as on the **state of support for kinship carers.**” Grandparents Plus*

The Adoption and Special Guardianship Leadership Board is currently developing a blueprint for a support service for special guardianship families. In addition, a cross party parliamentary taskforce on kinship care is developing proposals to meet the specific needs of all kinship families. It is important for the Government to take heed of the eventual recommendations of the taskforce, as well as those emanating from the *Modernising Permanence* programme, to ensure that the support needs of special guardianship families are met effectively.

As the All-Party Parliamentary Group for Adoption and Permanence, we welcome the fact that the ASF has been made available to some children living in special guardianship arrangements and commend it as one of the few sources of support currently available to these families. However, we recognise that the therapeutic support needs of this cohort of children are not well understood and believe that the Government must do more to ensure that support provided through the fund is truly targeting their specific needs. In addition, it is essential that authorities and agencies consider how to upskill social workers with an understanding of the needs and support available to special guardians.

SECTION 4B:

COMMUNICATION, AWARENESS AND ACCESS

This inquiry has identified a major disparity between adopters and special guardians in their awareness and understanding of the ASF. According to recent surveys:

25% **87%**

of special guardians²⁶ of adoptive parents²⁷
report being aware of the fund's existence.

This significant and unacceptable difference in basic awareness of the fund's existence must be addressed. Special guardians emphasised this further by telling us:

"No information was given, I found out by word of mouth. It feels impossible to access funds."

*"I was **completely unaware** of the fund for a long time."*

"I first heard about it today."

Some disparity in awareness is to be expected given special guardianship families have only been able to access the fund since 2016 and that it is only available to children who were previously looked after prior to the SGO being granted. This distinction among special guardianship families has created confusion over eligibility even among those who are aware of the fund. These findings provide a snapshot of a broader landscape of frustration for special guardians highlighted in evidence submitted by Ofsted, in which they face real inconsistency and lack of clarity about the support available to them, including areas such as education and health.

There are potentially thousands of children and families missing out on vital support they are entitled to, purely because of poor communication.

The ASF administrators Mott MacDonald, previously worked with Adoption UK on a communications campaign to raise awareness of the fund among adoptive families. This initiative played a significant role in highlighting the fund to the adoptive community, evidenced by the fact that there have been an increasing number of applications to the fund year-on-year. We contend that a similar communications campaign targeted specifically towards eligible special guardians and, developed in collaboration with a third sector organisation with reach into this community, would help to close this gap in understanding and increase awareness of the fund.

RECOMMENDATION 5: AWARENESS

The Department for Education should increase awareness and understanding of the fund among special guardians by launching a targeted communications campaign and injecting new money into the fund to meet resulting increase in demand.

In addition, they should:

- Rename the fund in consultation with children and families to express its broadened remit to include special guardianship families.
- Extend the fund to children living under SGO arrangements who were not previously looked after.

SECTION 5: CONTINUITY

What do you think good support is?

“Seeing the same person regularly who I can trust and talk to about my feelings and who I know will be there for me for a while.”

L, age 15

Moving to a new house, making the transition to a new school or leaving compulsory education are recognised as key moments in a child or young person’s life. For children who have experienced early trauma, these markers can be even more challenging and destabilising as they are more likely to struggle with new experiences or surroundings and changes in relationships. It therefore becomes imperative that support structures, such as those enabled by the ASF, are able to be flexible across transition periods and provide continuity of support. We heard from both young people and other stakeholders that the ASF currently struggles to provide this continuity of support across three key areas: funding cycles, professional relationships and changes in status.

SECTION 5A:

FUNDING CYCLES

Firstly, the fund has been hugely beneficial in providing packages of support for families who previously had to rely on local funding, where there were risks around the continuity of support. However, the fund currently functions on annual cycles meaning that families have to re-apply for therapy every year, resulting in unhelpful breaks in their therapeutic support:

*"The problem seems to come when there's a review. Because of the time it takes to complete the paperwork to reapply to the ASF, we end up having a break in our therapy. That's not helpful because **our children need continuity of support.**" Michelle, adoptive parent [OE]*

*"The main problem is **the challenge of having to reapply each year.** It means there can be a gap in between." Tiegan Boyens, member of Adopteens [OE]*

Evidence given to the inquiry highlighted that the introduction of the Fair Access Limit (FAL) in October 2016 has exacerbated the challenges that were already presented by the existing pattern of funding.

*"It is difficult to guarantee a full package of support over the whole year for a child with the current FAL limitation in place. **Children can experience long breaks** between blocks of therapy with can be **counter-productive.**" Agency*

It is vital that interventions are focused on the needs of children and their families, not oriented around a bureaucratic limit.

Some families also provided evidence of breaks in support when they moved house or changed local authority. Currently, if a family moves to a different local authority, the placing authority is required to assess the support needs of a family for the first three years after an adoption order is made. After this point, responsibility is transferred to the new local authority. Flexibility is required in the system for support to continue across this transition in a suitable way but our evidence suggests that this flexibility is geographically patchy.

"We live in one LA but adopted from another. Sometimes our LA has had to argue with the originating LA on our behalf so that we...can use providers more local to us... This is despite the fact they are supposedly working as a regional consortium now." Adoptive parent

While addressing long journeys is one challenge, for those seeking support from a new local authority after the three-year window, handover can often be clunky and result in delays in securing support, with little accountability placed on authorities to act in a timely way. Many families reported feeling like they had been 'left in the dark' at these transition points and were powerless to ensure a continuity of support.



SECTION 5B:

CHANGES IN RELATIONSHIPS

The pattern of yearly reapplications not only creates an administrative burden for social workers which can result in delays and breaks of support, but it also interrupts the continuation of meaningful relationships that families build with therapeutic professionals. In his oral evidence Hugh Thornbery, project coordinator of the formative *Modernising Permanence* programme, identified that the individual nature of applications and the annual cycles of the fund were resulting in spot-purchasing of support, which was impacting families' relationships with professionals:

*"The spot-purchasing of ASF-funded services provides valuable interventions and develops relationships for a limited period of time. But at the end of the short period of time, **people have to start all over again.**"*

Continuity of relationships for young people and children who have experienced trauma has been demonstrated to be of huge importance to them²⁸. The sudden ending of these relationships can cause relational disruption in the midst of a therapeutic alliance, which can have significant impact on the ability of a child or young person to re-engage with therapeutic support. While it may be possible to navigate the annual cycles of the fund in a way that allows these relationships to be sustained, it is very challenging. When stability and continuity is placed at the centre, the impact can be substantial:

*"CAMHS in our area works via 12 session blocks that don't allow the child and therapist time to gain a trusting, working relationship. The therapy at CAMHS failed spectacularly with my son, as it took at least six months for him to trust the therapist he was seeing. **Once he trusted the therapist we started working with via the ASF, the improvement in him was amazing – I no longer need to worry that he may seriously harm me or himself. The work was kept within the £5k annual limit, but the sessions have been weekly, with a very experienced psychotherapist who only deals with complex cases and is very successful at it.**" **Adoptive parent***

These relationships also bring significant benefit to parents and special guardians by providing an outside source of support to a family, a professional perspective and a neutral voice.

*"When families are heading towards crisis **you need a strong person involved who isn't part of the complexity...**Someone who liked us all... Not someone who attached blame to anything that had happened, but someone who was qualified and trained...**Our therapist stayed alongside us, she was steady** and she was able to make it okay for us to let him go."
Sally Donovan, adoptive parent [OE]*

Unfortunately, practice that enables families and professionals to build a trusting relationship appears inconsistent. Commenting on the importance of enduring relationships with professionals, Sarah Johal of One Adoption said: "Families don't want to repeat their stories; they want someone who knows them well". A consideration of the ways that the fund is able to promote the continuity of relationships between families and professionals must be a priority beyond 2020.

SECTION 5C:

CHANGES IN CIRCUMSTANCES

Some families reported that when their children left the family home and re-entered care through a Section 20 order, they became ineligible to access the ASF. The guidelines around the ASF state that, to be eligible, the care plan must specify that returning to live with their parents is one of the desired outcomes. Although a young person may be able to access new avenues of support, this shift can result in the severing of the relationship with a professional, as well as the support itself. We recognise that providing this continuity of support for a child or young person going through such a change could, in some cases, be key to enabling them to be able to return to their adoptive family.

***“There needs to be a less firm line between adopted and looked-after status. Going for an S20 is not failing; it’s a way of securing accommodation for a vulnerable young person. Therapy should continue through that phase, even when a young person is not living at home and probably never will again.”** Adoptive parent*

In April 2016 the availability of the fund was widened to include young people up to the age of 21, or 25 if they have an EHCP or statement of special educational needs. While this was a positive step in recognising the ongoing challenges and support needed by young people beyond 18, families told the inquiry that in reality, there were practical barriers to accessing the fund when a young person was older.

***“My youngest daughter and I go to therapy every week. Since she turned 17 it has been extremely difficult to access the ASF money because you need a social worker to apply for it but the post adoption team does not deal with children aged over 16. Adult social workers keep fading into the woodwork despite my daughter’s psychiatrist stating that she should have one. No social worker = no ASF.”** Adoptive parent*

This and other evidence highlighted the challenges that young people face in accessing the ASF as they transition into adulthood or independence. This transition is challenging for many young people and it is imperative for us to ensure that their therapeutic support continues so they are equipped to navigate these periods well.

RECOMMENDATION 6: CONTINUITY

The department should ensure a continuity of therapeutic support by removing the current annual application requirement, enabling agencies and authorities to apply for support that orients around the needs of children and their families.

In addition, they should:

- Extend eligibility to all adopted children who are in voluntary care under a section 20.

A NOTE ON REGIONALISATION

While this inquiry did not specifically set out to consider the impact that the move towards a regionalised system will have on the ASF, this significant reform will undoubtedly have some effect. An evaluation of this impact is beyond the scope of this inquiry, but it is important to highlight some of the benefits and challenges that a regionally administered system (through RAAs) would present to the operation of the fund.

The original proposal for a regionalised system outlined some of the specific support challenges (such as spot purchasing) that a regionalised model could address. RAAs were considered well-placed to be able to “enable more economies of scale, strategic quality assurance and larger contracts that give providers confidence to grow”²⁹. Current funding challenges experienced by local authorities impact their ability to develop local therapeutic markets. But with a regionalised approach that allows for the pooling of resources, expertise and providers, RAAs can focus on achieving these market aims and improving the provision of support.

However, one of the fundamental advantages of a centrally administered fund is its ability to minimise regional variation and the ‘postcode lottery’ for families accessing support funding (see Section 1). Variation still exists in the local availability of providers and capacity to interact with the fund, but the centralised setup has served to reduce variation in accessing funding. In addition, Ofsted does not currently assess RAAs as individual entities but rather through the lens of how they are facilitating local authorities to fulfil their statutory duties³⁰. While there may be advantages to a devolved fund administered through RAAs, there are challenges to ensuring accountability and good governance at the regionalised level, which must be considered.

Furthermore, some regional agencies are not yet live and of those that are, many may not be stable enough to shoulder the responsibility of administering the fund. As such, this APPG contends that even if decision-makers favour a regionalised fund in principal, there are not yet structures in place for this to be administered effectively from 2020 onwards. Nonetheless, as RAAs are developed, they should ensure that best practice for navigating the fund is disseminated effectively.

A NOTE ON REGULATION

Currently, the ASF is regulated within the Ofsted framework for local authorities. The ASF facilitates families to access *therapeutic* support, a form of support that is not typically assessed by Ofsted. Ordinarily, therapeutic interventions are commissioned and delivered in clinical settings that are regulated by the Care Quality Commission (CQC). Clinical regulators, such as the CQC who assess CAMHS and other NHS services, specifically focus on the ‘clinical governance’³¹ within a service as a way of making organisations accountable for “continuously improving the quality of their services and safeguarding high standards of care by facilitating an environment in which clinical excellence will flourish”.³²

However, because clinical accountability is not embedded in the frameworks used by Ofsted to assess the ASF, there is uncertainty about the extent to which high-quality standards of care can be sufficiently ensured and whether authorities and agencies are being held sufficiently accountable for ensuring them. Given the reality that support services are dealing with children and young people who often present with severe, complex and overlapping needs, this group believes that this area of clinical governance and monitoring requires further attention.

SUMMARY OF RECOMMENDATIONS

Recommendation 1: RETENTION

The Government must ensure that the continuation of the fund is a part of its overall strategy in delivering adoption and special guardianship services until 2030 in order to secure longer-term security for families and therapeutic providers.

In addition, they should:

- Conduct a review of the fund in 2025 to evaluate progress and implement any improvements.
- Guarantee that any future changes to the fund follow a (minimum two year) transition period, to ensure stability for the market and avoid a repeat of recent uncertainty.

Recommendation 2: ADMINISTRATION

The Department for Education should ensure that the funding of adoption and special guardianship support services enables the timely administration of applications to the fund.

Recommendation 3: TIMELINESS

Local authorities should use the opportunity to authorise VAAs to make applications and assessments to the ASF, thereby reducing unnecessary barriers and ensuring timely support for families.

In addition, they should:

- Enact this capability for VAAs using the existing digital ASF portal.

Recommendation 4: CLINICAL INPUT

The Department for Education should increase the clinical input into the functioning of the fund by establishing a specific board of clinicians at the department level to provide clinical oversight. Their expertise should be drawn upon to provide clinical consultation to authorities and agencies, disseminate guidance around best practice, commission research and review the approved interventions available through the fund to ensure it is grounded in a robust evidence base.

Recommendation 5: AWARENESS

The Department for Education should increase awareness and understanding of the fund among special guardians by launching a targeted communications campaign and injecting new money into the fund to meet the resulting increase in demand.

In addition, they should:

- Rename the fund in consultation with children and families to express its broadened remit to include special guardianship families.
- Extend the fund to children living under SGO arrangements who were not previously looked after.

Recommendation 6: CONTINUITY

The department should ensure a continuity of therapeutic support by removing the current annual application requirement, enabling agencies and authorities to apply for support that orients around the needs of children and their families.

In addition, they should:

- Extending eligibility to all adopted children who are in voluntary care under a section 20.

iv The local authority retains their statutory support duties and should provide sign-off for applications and final decision-making powers if disagreement arises.

“Once you start looking at an issue like this it’s like throwing a pebble in a pond with ripples going in every direction possible.”

GROUP STATEMENT:

These words spoken by Lord Russell of Liverpool at the first oral evidence session of this inquiry in Parliament, echo the challenge that this inquiry presented. The Adoption Support Fund is seeking to provide one element of vital support to children, young people and families across England, each with their own complex experiences and challenges to face. As a result, its outworking and people’s experience of it, are hugely complex. This inquiry was never intended to be a comprehensive review of the fund but rather, at a moment when its future hangs in the balance, a consideration of the difference that the fund has made by considering not just statistics, but stories too.

This inquiry set out to consider three broad elements of the fund: its accessibility; its provision of therapy; and its impact. Rather than exposing every challenge it presents, we have drawn out six key messages using evidence provided by thousands of families, practitioners and professionals. There are many other points that we could discuss but we have distilled our findings down to six, clear recommendations that we believe are tangible, affordable and - if implemented well - will be effective in improving the efficacy of this already life-changing fund.



APPENDIX A: TERMS OF REFERENCE

APPGAP INQUIRY: THE ADOPTION SUPPORT FUND

The APPG's inquiry aims to consider the future of the Adoption Support Fund (ASF) through examining the role it has played in supporting children and families engaged in adoption and special guardianship arrangements. The inquiry will focus on the ease of access, provision of therapy and subsequent impact of support received through the fund. The group will examine evidence presented covering these areas and make recommendations to government around the future of post adoption support.

Launching the inquiry, Rachael Maskell MP, Chair of the All-Party Parliamentary Group for Adoption and Permanence, said:

Whilst the adoption and special guardianship landscape is changing, we recognise that therapeutic and other forms of support continue to be a vital component of ensuring that vulnerable children and their families can thrive. This inquiry will explore the future of post adoption support and how it can be best utilized and developed to truly meet the needs of families and children.

The group invites written submissions on:

- Accessibility of the ASF, including timings and the application process.
- Types of support accessed and gaps in support provision.
- Long and short-term impacts of support accessed through the fund.

The group welcomes submissions from adoptees, adoptive and special guardianship families, social workers, VAAs, RAAs, Local Authorities, therapists and others. In particular, we would like to encourage children and young people who have accessed support through the fund to share some of their experiences.

We invite you to submit responses using one of two available surveys:

- 1) For children and young people under the age of 18 who have received support through the fund. We encourage parents or social workers to work through the survey with the young person. Link available [here](#).
- 2) For all other stakeholders over the age of eighteen who have interacted with the fund in some way. Link available [here](#).

For further information about the inquiry or if you would prefer to complete a Word version of the survey which can be emailed or posted to us, please contact info@appgap.org.uk.

Deadline for submissions: Wednesday 24 April 2019, 12pm.

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THIS REPORT IS SUPPORTED BY:

