Department for Education

Adoption Support Fund: learning from the prototype

Research brief

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Introduction and methodology

The Adoption Support Fund (ASF) was set up by the Department for Education (DfE) to provide funding to **extend adoptive families' access to therapy.** The Colebrooke Centre for Evidence and Implementation was commissioned to undertake an implementation analysis of the prototype ASF.

The **prototype ASF was tested in ten local authorities** between June 2014 and May 2015, and the prototype period was used to refine key features and operating procedures of the ASF. Following an assessment of families' needs, local authorities applied to the ASF for funding for therapeutic support. The services funded could be provided by the local authority adoption support service, Child and Adolescent Mental Health Services (CAMHS), other public sector services, or by an independent sector provider.

The report is based on **a phased programme of implementation analysis and data collection** involving:

- Three background papers: a rapid review of literature on the needs and experiences of adoptive families; a rapid review of evaluations of personal budget schemes; and a high level mapping of therapeutic provision in Adoption Support Agencies (ASAs) and Voluntary Adoption Agencies (VAAs)
- The ASF National Survey of local adoption support systems. This involved telephone interviews with the leads of local authority adoption services, and collected data on therapeutic services in their teams, Tier 3 CAMHS, other local authority services, and services commissioned from the independent sector
- Three waves of implementation analysis interviews involving fieldwork in Summer 2014, Autumn 2014 and Spring 2015 with:

    - **adoption service leads** in the 10 prototype sites
    - adoption service leads in five further local authorities
    - representatives of 28 **independent sector providers of therapeutic services for adoptive families**, including agencies that had been funded by the ASF
    - the heads of two **sector leadership organisations** for adoption support: the Consortium of Adoption Support Agencies and the Consortium of Voluntary Adoption Agencies
    - 17 sets of **parents** whose families were using therapeutic support funded by the ASF

- Analysis of the ASF Prototype Database, managed by the consultancy organisation commissioned to run the ASF, which captures summary information about applications made and approved

Our approach was informed by implementation science with a focus on systems. It analysed the ASF as **an intervention in a complex system**, where attention needs to be paid to the whole systems context and to alignment within it. It has highlighted the **distance travelled by the prototype sites** in implementing the ASF, the issues raised and work to address them, and the future work planned and needed. Overall it highlights that the ASF was widely seen by families and prototype leads as an important enhancement that had enabled access to more support. They felt that this support had, in some cases, been **crucial in sustaining placements** and keeping families together.

The context: local adoption support systems and access to therapeutic provision prior to the ASF

There was considerable variation between local authorities in the services and resources available pre-ASF for therapeutic support. Local authority adoption services are just one part of a wider and rather fragmented support system which also included CAMHS; other local authority services such as psychology, education psychology and family support services; and local and national independent sector providers.

The ASF National Survey showed that **most local authority adoption support services provided some therapy interventions**, particularly Theraplay, Dyadic Developmental Psychotherapy and systemic therapy, or support based on these models.

Specialist CAMHS services for or including adoption were seen as having strong expertise, offered a range of specialist therapies, and worked closely with adoption support services. However, the ASF National Survey showed that only half of local authorities have access to specialist CAMHS services. Elsewhere, support was provided by mainstream CAMHS services. Local authority adoption service leads described recurrent difficulties in accessing support here, centred around narrow eligibility criteria, and interventions and ways of working seen as poorly attuned to adoptive families.

The **specialism and expertise of the independent sector was viewed very positively**. However, the independent sector was widely seen as constrained, with few providers and limited capacity in many local areas. The **extent of commissioning of the independent sector** by local authorities varied considerably, primarily because it was used to fill gaps in public sector provision or capacity, but also because the resources available were variable.

Our analysis highlights a need for local authorities to **strengthen their strategic planning and commissioning to support expansion in provision**, especially, but not only, with regard to independent sector providers. This will be important to optimise use of the ASF. Local systems appeared generally to have evolved dynamically and

opportunistically, rather than as a result of systematic needs analysis and planning. For the independent sector, block contracts, Service Level Agreements (SLAs) and grant funding had in the past been important for service development and scale up. However, spot purchasing was the dominant funding model, which meant income was unpredictable and provided a weak platform for organisational growth. This is a key issue which suggests that **both strategic planning and other initiatives alongside the ASF will be needed for the market to grow more than incrementally**. These will need to reach out beyond local authorities into other parts of the children's support system.

Applications to and use of the ASF during the prototype period

£2 million had been allocated to the prototype ASF. By the end of the prototype period, a total of **240 applications** had been approved by the ASF for the ten prototype local authorities, and **just over £1.6 million of payments approved**. The **median value of applications was just over £2500**. At the close of the prototype evaluation period, over 40 further applications from the ten prototype sites were still going through the approval process, to the value of a further £300,000. In addition, shortly before the end of the prototype period the ASF was made available to three further local authorities which made a further 22 applications to a value of over £200,000. These local authorities were not part of our evaluation.

The ten **sites used the ASF very differently, reflecting the different composition and relative strengths of local support systems.** The number of approved applications made per local authority varied from 11 to 45, and the funding received per local authority varied from £12,000 to over £500,000. The median value of applications per authority varied from £630 to £6945: two local authorities used the ASF particularly for large applications. Towards the end of the prototype period, sites began to submit applications based on groups of families rather than for individual families, to enable more capacity building and planning.

There was **universal support for using the ASF to fund a mixed economy of provision involving both independent and public sector providers**, as long as this gave families speedy access to high quality services and specialist expertise.
Of the applications approved for the ten prototype sites, over 80% of expenditure was on independent sector providers (and 51% on registered ASAs or VAAs). Just over 10% of expenditure was on the local authority adoption support service, and under 5% on other public sector providers with only one application involving CAMHS.

In most of the prototype sites, the ASF was seen by all sectors represented in the research as **a very significant enhancement**. Therapeutic needs were being identified that would not previously have been identified, and there appeared to be an accelerated

pathway to therapy. Support that was viewed as more comprehensive and intensive, and better attuned to families' needs, was now being provided. Consistent with the original policy intentions, the ASF appeared mainly to be providing additional help rather than simply funding provision that would anyway have been offered, particularly in sites where it was acknowledged that, before the ASF, there had been gaps in provision. Thus, in general, additionality (rather than substitution) was created by the ASF.

Future work to **review the fit between families' needs and the interventions being funded by the ASF** will be important. There was variation between local authority adoption service leads in their confidence about current assessment practices and their access to clinical input. The ASF application process does not involve independent scrutiny of assessments, or of the clinical appropriateness of the interventions proposed. In addition, the strength of the evidence base for the interventions funded varies: some are reasonably well evidenced (although not necessarily for adoptive families), others much less so. DfE has commissioned an evidence review of post-adoption therapeutic interventions, which may lead to further work to develop the evidence base.

Key aspects of implementation in local authority adoption support services

Our analysis highlights the implementation activity needed by local authority adoption support services to support optimal use of the ASF.

Raising awareness of the ASF among parents was an important area of work, to encourage parents to come forward with requests for support. During the prototype period, most of the local authority sites went to significant efforts to raise awareness and it is likely that sustained outreach work directly to parents, and via other services (such as schools, other social work teams and GPs), is needed.

Many prototype sites identified a **need to strengthen assessments skills and processes in adoption support services**. Local authorities with ready **access to clinical expertise** (from CAMHS, psychology services or the independent sector) were beginning to use it more routinely, but such expertise was not always readily available and most leads felt this was an area that needed to be strengthened. Further work would usefully involve training for social workers on therapeutic assessments, training on different therapeutic interventions and their appropriate use, more use of structured screening and assessment instruments, and innovation in service models to strengthen access to clinical expertise.

Effective joint work and liaison between local authority adoption support services and independent sector providers was also identified as important, both to support positive impacts for families and to build and spread expertise. Families greatly valued the extensive liaison work undertaken by some independent providers. Our analysis

suggests this is an area where more explicit and regularised arrangements will be helpful, with clear expectations and a supportive culture within both local authorities and independent sector providers.

Strategic approaches to needs analysis, service planning and configuration, across local systems will be important to optimise the use and impact of the ASF. Key areas here will be identifying gaps in provision and determining where in the system service development is required; joint planning and commissioning at regional or sub-regional levels (given the fragmented nature of demand and provision); and building a shared vision for adoption support across the system. Some of the prototype sites were just beginning work along these lines and were moving towards fuller engagement of forums such as the regional Adoption Leadership Boards.

The prototype local authorities had needed to **develop their market intelligence and establish approved provider frameworks**, often at regional or sub-regional levels. It was widely expected that the ASF will stimulate more trading of services between local authorities and this was viewed very positively.

Local authority **commissioning processes** were viewed, by prototype site leads and by providers, as cumbersome and a cause of delay in families accessing support. Some sites were finding short term strategies to work around these problems but they suggest a need for more flexible and efficient commissioning processes to support national implementation of the ASF.

There is also a need to **strengthen systematic monitoring of outcomes of therapeutic interventions**. Local-level data will be important to enable local authority adoption support services to adjust their use of therapy services. At a national level, the ASF database collects summary information from applications and DfE has commissioned a national evaluation of the ASF. An embedded data infrastructure will need to be developed for systematic collection of data about intervention content, intensity and duration; family satisfaction with services; and clinical outcomes, with routinised collection of data including at a follow-up stage.

Early evidence of impacts of the prototype ASF on families

Although it was early days for some, **the almost universal experience of parents using services funded by the ASF in this sample was of significant progress having been made**. Parents felt children had more self-insight and were better self-regulated, with more settled behaviour at home and at school. Parents themselves had new insights and strategies, had modified their behaviour and were managing their responses better. As a result the family environment was calmer for everyone, and several parents felt that therapy had interrupted a process likely to have led to the

placement disrupting.

Families' experiences of the funded services were overwhelmingly positive. They felt therapists had a high level of specialist expertise and knowledge, formed positive relationships with children, and worked in partnership with parents.

Our analysis suggests the ASF has significant **potential to strengthen relationships between adoptive parents and local authority adoption support services**. Sites were now able to provide a service response to parents that they felt was better aligned with parents' expectations. It was felt that this would in future also help to make adoption feasible for more children. The prototype adoption service leads also thought the ASF would encourage more sustained relationships with parents after adoption, encourage early help-seeking, and build confidence in the adoption support system.

Early evidence of impacts of the prototype ASF on local adoption support systems

At this early stage in implementation of the ASF, we would not expect to see more than early indications of its impacts in adoption support systems. In addition, uncertainty about the future funding model and the likely overall impact on local authority budgets for adoption support meant that local implementation and strategic planning for its future use were somewhat under-developed. We did however find evidence of the **ASF beginning to impact on local systems** in ways that are very promising, as well as highlighting areas where sustained effort will be needed.

The ASF had **stimulated an expansion of provision in prototype local authority adoption support services**. Social workers were being trained in some therapeutic interventions, therapeutic parenting programmes were being extended, staff capacity was being freed up for therapeutic work, and there were plans for further service development.

The ASF was also stimulating the emergence or strengthening of a **differentiated, tiered service model** in the prototype sites involving universal preventative services, early therapeutic support and more intensive therapy interventions for families at higher levels of need.

The ASF had stimulated **more collaborative work between local authorities** in sharing intelligence, developing frameworks of providers, and early discussions about the scope for joint services or joint commissioning. It was also expected that the ASF would ease arrangements for funding support in out of area placements, where responsibility would previously have been disputed between agencies.

There is a pressing need to **strengthen alignment between the ASF and CAMHS**, and for local authorities to work closely with CAMHS in developing their use of the ASF. There was clear evidence of an **increase in demand for CAMHS services** and input. Some adoption services were involving CAMHS services more routinely in assessments, and some were beginning to discuss possible expansion of CAMHS provision. However prototype sites had not been able to purchase additional CAMHS provision with ASF funding, some were using the ASF to 'bypass' CAMHS services seen as weak, and there was some tentative evidence of the ASF incentivising a withdrawal by CAMHS. The fact that most sites were in the process of re-commissioning CAMHS services at the time of our final interviews may partly explain this, but there were also suggestions that, in some areas, cultural and organisational readiness within CAMHS was insufficient for the collaborative work that service innovation always entails. The new CAMHS Transformation Programme provides an opportunity to address this.

There was clear evidence of the ASF **strengthening connections between adoption support services and independent support providers**, with a substantial increase in commissioning, many new relationships, local authorities commissioning more extensive packages of support, and support being put in place with greater ease and speed.

Although the ASF had clearly **increased demand for independent sector provision,** our analysis identified **little evidence of scale up or service development by independent providers, and significant barriers to this**. The main barrier is financial: independent sector providers need capital investment and greater certainty about future income to scale up their provision. The ASF's primary funding model of discrete budgets for individual families (which most obviously lends itself to spot purchasing) is not viewed as providing a robust financial platform for sustainable growth. The strong message from the sector was that grants for investment in development and more predicable income in the form of block contracts or SLAs are needed for substantial capacity expansion. An unexpected and perverse early consequence of the ASF was indications of some sites not renewing existing contracts with independent sector providers, in favour of developing services in-house or spot purchasing. This reinforces the importance of strategic planning by local authorities if capacity across the system is to be increased.

The introduction of **regional adoption agencies** offers a key opportunity to bring together public and independent sector providers across local authority boundaries. This could be a very important development supporting national implementation and impacts of the ASF.

Key messages and next steps

Key messages for DfE

The ASF model was refined during the prototype period, including widening scope to include therapeutic parent training, respite care and lifestory work and clarifying that public sector services were within scope. The **ASF model and its operation could be further strengthened** through developing a more robust data infrastructure to capture implementation and outcome data; strengthening the application process particularly to incentivise clinical input and scrutiny; and reviewing the quality of fit between families' needs and the interventions funded. The ongoing review of the evidence base for therapeutic intervention in adoption support will also be important. It would also be helpful if DfE considered how to strengthen the availability of data and evidence for local authority needs analysis, review of provision, and decisions about appropriate interventions. Clarifying the future funding model will also be critical.

DfE needs to **work strategically with systems leaders across the public and independent sector** to strengthen the wider infrastructure for the ASF, including improving the alignment of policy drivers and funding streams across CAMHS, the health service, social care and education. Continued workforce development will be needed across service areas to provide a professional context supportive of appropriate responses, and there are early indications that training for social care staff in therapeutic methods, and for CAMHS staff in adoption issues, will need to expand rapidly.

Our analysis highlights the need for consideration of investment funding for capacity expansion in the independent sector. DfE would also usefully consider ways of strengthening quality assurance, since Ofsted is not seen as well oriented to clinical services and small scale providers, and covers only independent providers registered as ASAs or VAAs.

Key messages for local authorities

Local authority leaders will play an important role in reviewing and strengthening local systems, reconfiguring them and ensuring the potential of the ASF is realised. They could also usefully review the alignment of local policies and funding streams across health, social care and education. **Commissioners** need to support work on local needs analysis, service specification, market intelligence and market stimulation. Attention to speeding up and streamlining procurement processes, commissioning cultures and fostering readiness for an increase in trading services with other local authorities will also be helpful.

For **local authority adoption service leads**, the ASF is a key opportunity to advocate for improved provision for adopted families. The main operational processes that may

need to be strengthened and engaged in support of the ASF are outreach work with parents and through services, assessment processes and clinical input, resource allocation processes, monitoring and evaluation, and staff training.

Key messages for CAMHS

The CAMHS transformation programme and the ASF together create an opportunity to **strengthen the role of CAMHS in adoption support** and for diffusion of the good practice that exists in some areas. There is otherwise a risk of CAMHS services becoming increasingly irrelevant to adoption support.

Key messages for independent support providers

Independent sector provider, sector leadership organisations and professional bodies should ensure that the opportunities the ASF presents for their expansion, diversification and better integration across the system are recognised and developed. They will want to ensure that local authority adoption services in their operating area are well informed about the support they can provide and to be ready to work collaboratively with them from an early stage in cases funded by the ASF.

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