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**Evaluation of Sunderland
Children's Services
adoption team's use of the
adoption support fund**

***“When you get the right help it's like a
precious jewel” (Adoptive mother, August
2016)***

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An evaluation of Sunderland Children's Services adoption team was commissioned by Kathryn McCabe adoption team manager in summer 2016. Sunderland Adoption Team have been proactive in their use of the Adoption Support Fund and wanted to measure both adoptive parents' perceptions of the effectiveness of services provided to themselves and their adopted children and consider how well their team was performing to maximise best use of the fund. As the author I understand a primary aim to continually improve performance to best support children and their families.

I am currently a senior lecturer at Sunderland University and prior to this employment I was a manager and Trauma Lead in Child and Adolescent Mental Health Services (CAMHS) for thirteen years. The service I managed won a number of national awards and was seen as a Beacon of good practise. The services supported adopted children and I have remained up to date with regard to training and knowledge in this area.

This research was planned with the adoption team. We agreed a stratified sample of parents would be invited to participate. Most of the adoption staff team were also interviewed and questionnaires were provided to the therapists and therapy teams who undertook Adoption Support Fund work. Two other helpful qualitative pieces of research occurred which assisted greatly. I interviewed an adoptive parent, Al Coates who sits on the DFE expert advisory committee in London; he helped me consider themes for the research for which I am grateful. One of the families also attended an interview with their adoptive son, as I believe he was excluded from school. The informal conversation he kindly volunteered to (indeed I think expected!) also helped me consider adoption support services from a child's perspective. There were also questionnaires distributed to parents for children to complete should they choose to. I have also been fortunate that the adoption team have been transparent and I have read a number of adoption support assessments. Therefore a range of qualitative and quantitative data has been made available to me, which I will detail in the body of this report.

Whilst reflecting on the research process and methods I think these findings are valid and represent a significant cross section of adopted parents and a fifth of those who have currently accessed adoption support funding, including a number of parents who adopted a Sunderland child but did not live within the Sunderland geographical area. Single adopters are also included and they make a valuable contribution to the findings as they have a particular perspective. I think this piece of research represents important information relating to the topical, contemporary issue of post adoption support. The findings are positive and indicate that Sunderland Adoption Team are making excellent use of the Adoption Support Fund and are ensuring a significant difference to the lives of adoptive children and their parents. As one parent stated, "I think the help we have had so far has been wonderful, it has really helped our child and made a huge difference to our lives." (Adoptive father, August 2016).

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Introduction to Sunderland Adoption Team

This is a well-established team with nine staff; most of who have worked there several years, therefore there is an extensive level of knowledge in relation to adoption. Specialisms in the team have developed, for example, regarding training and life story work. The most experienced member of the team, Viv Sear, has undertaken extensive adoption support work and she is available to offer guidance to staff. Whilst I will detail this later, families comment on her knowledge of benefits, disability services and practical help. Families also indicated that this level of knowledge made them feel very well supported. Most of the staff were included in interviews as part of this evaluation and their comments and observations are included. Their enthusiasm for work was palpable and an attitude of wanting to keep improving was evident. As Al Coates recently commented, "Sunderland as an authority are very keen to engage and have been particularly proactive in their use of the Adoption Support Fund which is set up to provide support to families that are going through the adoption process. It is really fantastic to see the huge effort they are putting into the adoption they offer, and that can only be a good thing for the young people and parents they work with. They really do want to take advantage of all the tools available to them, they are committed to good outcomes for children and I want to applaud them for their hard work it is very positive." (Coates, cited in Sunderland Echo, National Adoption week 2016).

National context

Adoption can often be the best choice for looked after children as it can provide stability and permanence. The number of children being placed for adoption has risen significantly from 2900 in 2000 to 5330 in 2014. Positively, the number of groups of siblings being adopted together has also increased (Adoption UK figures, 2016). I will explore some of the challenges and developments to contextualise current adoption services in the UK.

With regard to adoption policy reforms, the then Prime Minister, Tony Blair ordered a review of all adoption services in 2000 with an aim of reducing instability for looked after children and there have been significant legislative and policy changes since then. This parliamentary review ultimately led to the Adoption and Children Act 2002. For the first time legislation (S.3.(1) looked at local authorities' duties to support those affected by adoption. My personal interest in adoption began many years ago but the Act itself led to a service level agreement between the mental health service I then managed and the local authority (not Sunderland) to provide therapeutic services for adopted children. These initiatives were seen as innovative and proactive at the time and won national recognition. Similar services were developed across the country but they remained patchy. The Austerity measures of 2007 led to public sector cuts that meant many of these partnerships lost local authority funding and were discontinued.

Returning to changes which followed the parliamentary review, there were critics of some of the policy changes including performance measures that related to the numbers of adoptions. However, the reforms led to increased numbers of children being adopted and the average age of children being placed for adoption is now older, meaning fewer looked after children spend most of their childhood in care. Given the well documented poor outcomes for children looked after educationally, physically and emotionally; improvements in relation to achieving permanent family homes via adoption is of significant importance. There have clearly been some positive improvements. However, as the average age for children placed for adoption is older, more adoptions have unfortunately disrupted, often when children have been struggling during their adolescence and identity issues have emerged. Beyond the Adoption Order (2014) thoroughly examined these issues and also provided a platform for adoptive parents to articulate (often movingly) their struggle to access appropriate services to support their children. This led to the development of the Adoption Support Fund (ASF) in May 2015 and later expansion of the Adoption Support Fund to support children adopted from overseas and subject to a special guardianship order. Pupil Premium is also available to benefit children but there is a disparity in relation to the way this is used (DfE 2015b). There does however remain a research gap in relation to the accessibility of post adoption support and the perceptions of adopted families although I believe the expert advisory committee for adoption has commissioned some research this year. The findings are not yet publicly available.

Local context

It is evident increasing numbers of adopted children have experienced abuse, neglect and trauma prior to their adoptive placement (DfE, 2015c). This can be a significant risk factor for a range of complex and sometimes enduring emotional and behavioural difficulties (Bailey and Shooter, 2011). It is recognised that effective mental health input can improve emotional regulation and reduce the risk of adoption breakdown (Bonin et al 2014). Unfortunately, it was evident from the National CAMHS review 2008 and Beyond the Adoption Order as well as other studies, not all adoptive families have found the provision available has met their needs.

The Tavistock report (2016) is helpful in considering the evidence base for interventions and it is laudable that Sunderland staff demonstrate some familiarity with both the document and the interventions recommended. A desire and commitment is evidenced by Sunderland staff to develop a greater understanding of key therapies which may particularly help looked after children including Theraplay (Booth and Jernberg, 2010) and Dyadic Developmental therapy (Hughes 2014).

It will be interesting to consider whether the current introduction of the five thousand pound therapy cap (Timpson, 2016) will reduce the services adoptive families have accessed. The range of providers, with a variety of charges/services which have been identified by Sunderland Adoption Team may mean this is less likely to impact. One of the charitable therapeutic services Link CIC has expressed a commitment to keep services cost effective.

At the time of writing, Sunderland Adoption Team have helped an impressive fifty families to access the Adoption Support Fund (ASF) to date and this has equated to approximately three hundred thousand pounds. It is an interesting figure to note given the October 2016 announcement of the five thousand pound cap for families which I will consider further in this report. I was particularly impressed with quality control measures that had been developed in relation to providers. These included regular review meetings and shared care plans. Also, thoughtfulness was evident in relation to matching the children's needs with the appropriate provider. This was particularly evident with the child who had a number of different diagnoses. Interestingly, I met this young man I referred to earlier, as he was excluded from school when I was meeting his parents as part of the data gathering. He willingly chatted with me and positively influenced the research. The adoption team had provided information to introduce each family I was meeting so I had some awareness of services the young man had accessed, however his comments did not match this and he gave the initial impression that it was school staff that helped him and not therapists. This did not reflect the reality of the situation and highlighted that all children could benefit from written information, for example leaflets, to help them understand the roles of practitioners providing adoption support therapies. Clearly he had found input helpful but he was unclear in relation to the source of the provision. The importance of this relates to ensuring children themselves know how to access help as they reach maturation. Clarity in relation to service providers may aid this. Of note, more established providers indicated in their questionnaires that this material is available and utilised; this may be a practice which can be standardised. I will provide recommendations at the end of the report but this helped me consider children's perspectives as I conducted the research.

Methodology

The aim of this evaluation was to understand the benefits of the adoption support services provided to adoptive families and their children delivered by Sunderland City Council's Adoption Team. The best method identified was qualitative research using semi structured interviews. The interviews took place over the summer of 2016 and extended into early autumn, in recognition that some families were busier during summer holidays. I must thank all the participants who were very accommodating. Some interviews took place face to face at Sandhill Centre and some by telephone. The adoptive parents were empowered to have control over the interview and dialogue therefore some interviews were ninety minutes long in duration and some were just under thirty minutes.

A stratified sample was agreed upon to reflect a number of factors. The adoption team manager, Kathryn McCabe, and senior practitioner, Viv Sear who has led adoption support provision, wanted to reflect families who had accessed different therapists and services as well as different types of adoptive families including single adoptive parents. I think they were successful in accessing a good cross section of families who had been successful in accessing the Adoption Support Fund and a parent who commented on adoption support provided by a Sunderland adoption social worker. It was also apparent that families were not identified as a result of positive adoption experiences; families were honest about the painful adoption journeys that they had experienced including stresses such as estrangement from existing family who did not understand the complex adoption issues, child protection investigations, significant educational challenges and engagement with adult mental health services due to stress. Indeed some of the decisions in relation to the research sample could be considered brave as the families described significant issues some of which I have modified to ensure confidentiality. I have not however diluted the issues.

Ethical considerations

With regard to ethical considerations all families gave their consent for involvement. All were assured of confidentiality. However, I recognised that some of the comments from some of the single adopters may make their identity known to adoption staff team members, I therefore offered to adapt comments to ensure anonymity but none of them sought this.

The evaluation report will be shared with management, staff and participants to ensure it truly represents their views. The final report will be available to all participants. I am also grateful to Al Coates, an expert advisory member of the National Steering Committee for his assistance, a copy will be provided to this committee for their consideration.

Themes from interviews with ten adoptive families who have accessed post adoption support services, representing a fifth of those who have accessed the fund.

When did you become an adoptive parent?

Reflecting the stratified sample, a range of adoptive parents responded, some experienced parents to children now in their teenage years and some early in their adoption journey. For many parents they immediately identified the dates their children were placed and additionally the day that the formal adoption was made.

Without prompting many talked positively about this time. A parent who lives in London adopted a Sunderland child was complimentary about timescales and named the adoption worker in their praise. The only negative comment raised did not relate to the service from Sunderland staff. This was an adoptive mother who was assessed by a local charitable adoption agency and adopted a Sunderland child. There were unfortunately delays with the making of legal orders due to birth parents' objections. She said she found this so distressing and her upset was increased as her adoption social worker kept in contact by text rather than phone call. She found this practice cold and impersonal, of note nobody indicated this was a communication method used by Sunderland staff. It was interesting that some parents initiated the dialogue by stating that they felt adoption support services have improved over the years. However, some parents indicated they have always received good service from the team.

With regard to the range of experience of being an adoptive parent, some families indicated that greater experience did not mean that they would not require support. There was an understanding that the need for support relates to the changing needs of their children, according to their age and developmental stage. Unsurprisingly, adolescence was noted as a critically difficult period, other challenges included settling into placements and a number of respondents noted transitional stages, for example, starting secondary school. To the credit of staff they seemed to routinely enquire about the management of transitions within their post adoption support plans; an aspect of service which may be of national interest. This is an area of interest to me as I teach a transitions module; clearly the more emotional and social difficulties a child has the more support they require to manage transitional stages or achieve the post liminal stage theorists make reference to.

When did you first hear about the Adoption Support Fund?

This was a question in which all the parents could recall staff advising them early about the fund in a proactive manner for example, "Lisa told me about it before the adoption was complete, as soon as the fund came in I think". Another parent said, "I heard about the funding through the range of After Adoption Support they have set up, groups, classes, social events etc. Viv told us about the fund as soon as it came in and then Linda visited us to help do an application. From memory we have had help from a psychologist for nearly a year. He is coming today in fact." Another parent said, "I think we were told early in 2015, before the launch of the fund in May". Similarly, a single adoptive parent indicated she felt empowered by early information and said, "Early on at an adoption support meeting we were told about the fund. I feel lucky as Sunderland do fabulous events for children and families I think it might have been mentioned at one of them too. They also told us quite early about pupil premium too, I try to keep aware of things to help my daughter". The same parent said, "I feel fortunate I do not live in Sunderland but have benefited from safe base training and my daughter has had local art therapy arranged and benefited for over a year". Legally this child remains the responsibility of Sunderland as it is within three years of the adoption. It is noteworthy that the adoptive mother indicated she felt she may not get comparable services when the responsibility transfers to the area where she resides. This may be an area of practice development the proposed Hubs can consider with regards to standardising the quality of services for children.

Another single adoptive mother said, "I heard about the fund last year, my daughter wanted to work with a social worker to understand her life story better. I explained to my teenage daughter I knew there was funding available now. In fact one of the adoption team social workers provided exactly what we needed and at the right time. My daughter has really benefited from life story work."

Another parent indicated the range of ways staff were updating others as they gained news of the fund, "I heard about the funding from an adoption panel update. I found the panel work enjoyable and rewarding. I think the role of an adoptive parent on panel is important as I can explain that after years wanting a child the dream may be near but it may not be a straightforward journey."

All the parents gave the strong impression they were alerted early about the Adoption Support Fund and empowered to understand it and access it in a timely manner. This indicates that they embraced the ethos of the fund to provide therapies in a timely manner and, as the then Prime Minister David Cameron said, "To reassure parents embarking on this adoption journey that help is there and they are not alone" (Guardian, September, 2013).

Adoptive parents views in relation to the funding

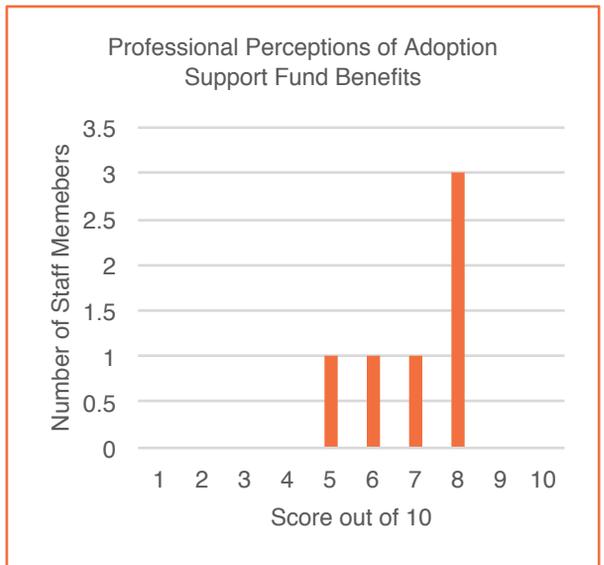
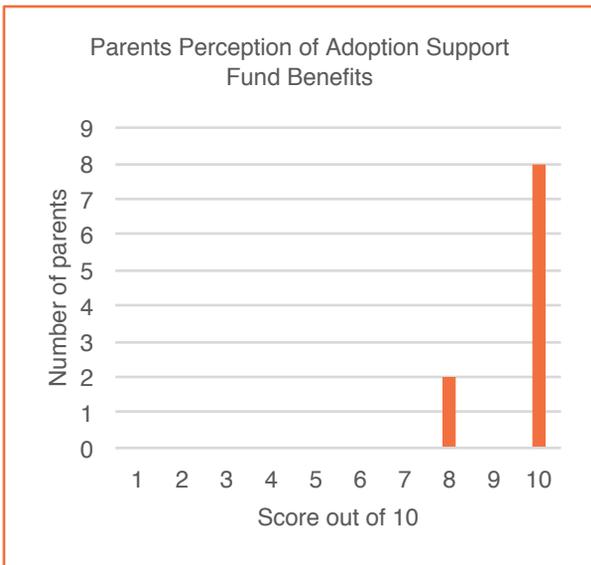
I will introduce this theme with an adoption social worker's comment as this sets the scene. "I feel so positive about the fund as I know it means we will automatically get the funding to help the family in the past we wanted to help but sometimes services were not available and families could be left in crisis as we could not access the services we needed". (Senior adoption worker, Summer 2016). Another worker added, "We had training which helped our confidence in what to assess as suitable and propose to the fund. It is a streamlined process and we usually have feedback in a few days, so you can be confident the family can be helped quickly" (adoption social worker, summer 2016).

I wanted to illustrate this point as it was borne out in the families' feedback with the exception of an adoptive parent who lives in London and I will consider this separately. Two adoptive parents said, "Before the fund we both totally agree we had no mental health help at all. Viv (senior adoption social worker) has been lovely, until the fund she was the only real help. There have always been issues. We fostered the boys and no one came forward to adopt them so we did. There have always been issues but we did not know how bad things were. Their needs are complex and some diagnosis have been a result of the fund" (Adoptive parents of two boys with complex needs). One parent said movingly, "As your child opens up to therapy they can warm to you. It can be harder before it falls into place but now my child sleeps and is more loving". Another parent who adopted a child from Sunderland but lives in another area said, "It has been absolutely amazing. So many adopters I meet do not know about the fund. We have been very lucky."

Another parent who has three children as a result of three separate adoptions used an interesting metaphor to illustrate her thinking regarding adoption and the fund, “One of our children started having issues and we thought a dog might help. We got a dog, we planned to get a female dog but we ended up with a blind male dog this sort of sums up adoption, it is not always what you expect or plan. We meant to get a seeing male dog but we didn’t and we can’t send her back what message would that be to the children.” This does seem to be a good metaphor for adoption, it may not be as you anticipate, many mental health diagnosis may not be apparent at the early age some children are adopted. This particular parent is accessing both therapy via the Adoption Support Fund and her child is undergoing a social and communication assessment from the local CAMHS team in relation to possible autism. She indicated the latter had been a slow process and at times felt there were barriers in place, “She was referred to CAMHS by her Senco (Senco is a special educational needs co coordinator) we are not bothered if it is autism as long as she gets the help she needs. It is however much more complicated than just adoption issues and they always seem to think it is adoption/attachment issues first. She is such a loving, cuddly child but no social etiquette or social skills.”

This example illustrates clearly the complexity of the issues; professionals involved need to understand a range of topics including adoption, attachment and mental health issues. Positively an adoption social worker said, “The fund has been amazing, it has allowed us to develop the ability to think therapeutically.” This worker explained that she gained a lot from attending a therapeutic parenting course accessed through the Adoption Support Fund and also from training that her manager had arranged. There were many examples, illustrating in depth, why families found the fund so helpful.

Unfortunately the single adoptive parent who lives in London commented, “It sucks that you have to find your own provider. I have researched the therapists available but this is not my background, I have nothing to benchmark this against.” It is evident that the work undertaken to identify providers has led to thoughtful matching in Sunderland has been valuable. The adoption team manager explained, “I became the current team manager in 2015, I had undertaken my own research in regard to post adoption support and had a vision to develop our services in this area.” (Kathryn McCabe, team manager, summer 2016).



The impact of post adoption support funded interventions

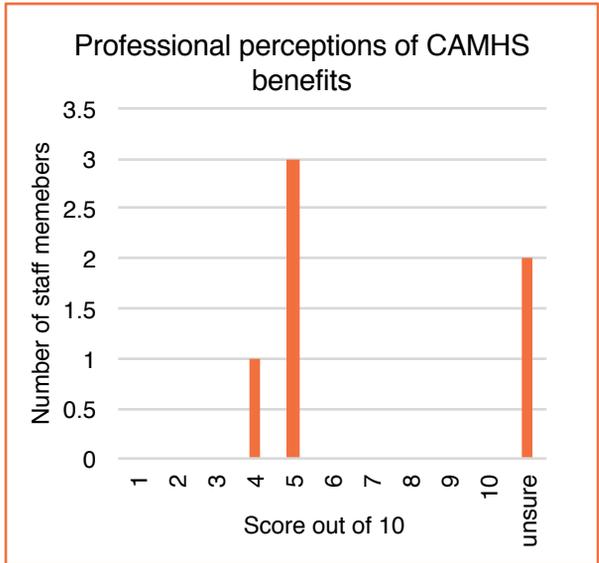
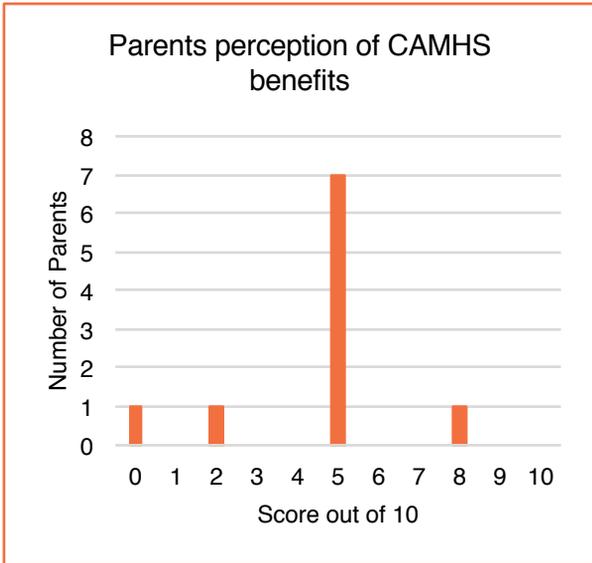
The adoption team manager indicated a reservation she initially had in relation to the business company involved in providing access to Adoption Support Funding, Mott McDonald, and admitted that “It felt strange to work with a company that was not a traditional health and social care provider but they have been brilliant and made access easy which has ensured the impact of these interventions has made an enormous difference to our families.” All ten families agree that the fund has made an enormous difference to their lives. One family I described earlier, whose children have particularly challenging and complex needs said, “Since seeing Dr Westgarth and his colleagues for the first time we have a clear understanding of [our son’s] needs. Things have flowed from Viv’s initial assessment. He received the following diagnosis ADHD, ODD, foetal alcohol syndrome and ASD. He was diagnosed at seven and a half. We wish it was earlier to get help but reports are being shared with school to guide them and his timetable has been reduced. It is hard though, we will get therapy but there is not much provision out there for children with autism.” (Adoptive parents of two sons with additional needs.) This thoughtful dialogue highlights that the Adoption Support Fund not only provides individual help and support but may also identify gaps in provision for children with complex needs.

Another adoptive mother said, “It has been life changing for us and made a phenomenal difference. It is such a valuable fund. The pace of response is far better than the alternative where you wait months for services. We saw one consultant previously after a long wait who said ‘you are educated people, read books’. What kind of intervention for mental health is that, ‘read books’? I needed the Crisis Team, things got so bad. Now after thoughtful help from a psychologist my adopted daughter finally sleeps at night, you cannot put a price on that.” Another adoptive mother explained that the therapy provided had actually helped her understand family dynamics; “It came to light from therapy that our adopted son feels hostility to his adopted sister and this has contributed to relationship issues. The therapist John Armbruster helped us understand this at the review meeting. We have evolved in our understanding as the children have evolved. The therapy was planned carefully and both children have benefited.” She highlighted the importance of therapies which understand not only children’s mental health needs but attachment, adoption and the often complex sibling relationships within adoptive families which can involve challenging feelings of rage and envy. Many parents spoke about the quality of providers Sunderland Adoption Team had identified. However, the adoptive mother living in London said, “I have nothing to benchmark the therapy with, I sourced her (the therapist) myself. My son likes her so I am guessing she is good. Time will tell.” This indicates the work the adoption team undertook in quality assuring therapists and ensuring good practice review meetings took place also acts as a reassurance to families. Other areas could benefit from doing similar work, if they have not done so already.

An adoptive father said, “We can see great changes, Chris Bonnet discusses our child’s needs in great depth. Viv has also been superb in accessing help and support for us.” The theme in relation to the importance of a dialogue with adoptive parents was repeated by all of them, “We have all benefited from Chris Bonnet’s input and he has also trained us to do the attachment work.” This adoptive mother’s comments indicate her confidence has increased and also suggest therapies with an emerging evidence as highlighted in the Tavistock review (2016) are being utilised and the parent/child dyad is the focus of interventions. Another parent said, “We have come twenty miles with John Rogers. We highly recommend him to other adoptive parents. My daughter has an attachment disorder and the help provided has made a huge difference. I actually feel amazingly lucky Sunderland helped us. We got good therapy; training and I have met some great people”. The adoptive mother continued to say that as a single adopter she found this hard and developed her own support group, an inclusive group for single adopters in the region. I will return to this topic as it does give a good illustration that adopters are becoming empowered to develop initiatives and resources themselves which is illustrative of post traumatic growth in the families. There is not space to include all of the commendations but I will end this paragraph on one from an adoptive mother who indicated the adoption team staff were also developing the skills to make them capable to work as therapists in their own right “Lisa Strother’s input was incredibly thoughtful and made a huge difference to us as a family she provided exactly what we needed.”

Adoption support therapies compared to therapeutic services previously provided

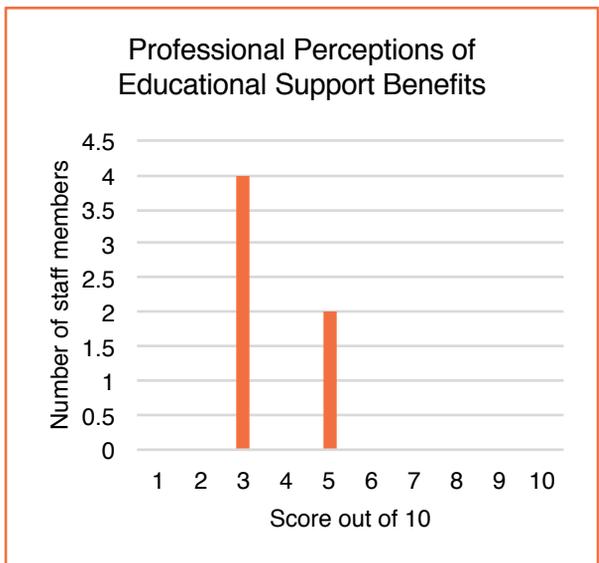
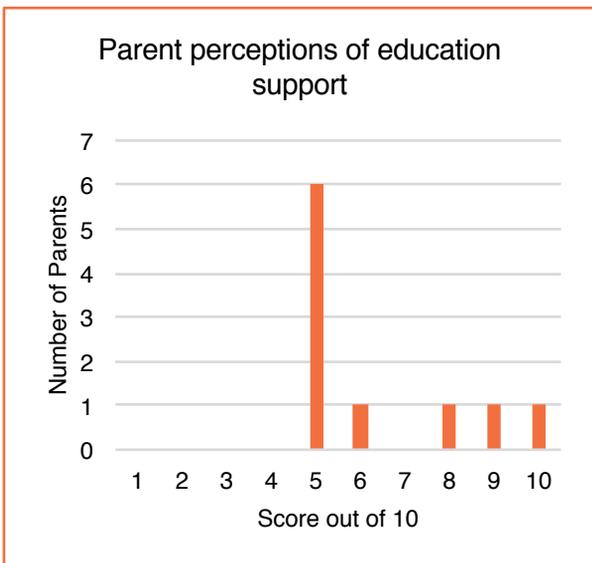
I have made reference to this earlier so will summarise the key issues identified; they include long waits for therapies, triage systems which felt like barriers, assumptions from staff that adoption explains all behaviours, lack of recognition in relation to the complexity of need (explained well by the adoptive mother who was told by a consultant to read books). For some these issues were depressing, demoralising and contributed to the adoption being fragile. One parent said, “I do not rate the previous service at all. The practitioner saw my child for five minutes then re-referred back to the Senco who had referred us to him! Our daughter is being assessed for autism now.” Another parent said, “We would not get help without the Adoption Support Fund, we would not qualify for CAMHS criteria and they are too overstretched anyway. Of course a centralised fund is better than begging for help”. Only one parent was positive about services received previously and said, “It was helpful at the time, they said my daughter was emotionally immature and gave advice, although I have to say the therapeutic parenting course the adoption team arranged has made it all finally make sense.” This reinforces the importance of dedicated provision for adopted children and their families.



The educational needs of adopted children

One of the parents made a point echoed by the adoption team staff members. “It is all very random if schools are good or not. Ours is ok but think this follows advice from our therapist”. Other parents echoed this and often parents proactive behaviour ensured good help. This included providing books, resources and feedback to the school. One very educated parent provided a type of social story she had developed for the school and that was leading to sensitive responses from staff. Delays in receiving support were a theme and again, adoption related issues were often the explanation offered for difficulties in education. It did appear from comments that significant effort could be required by professionals and parents to ensure responses from schools. One social worker noted, “This is because teachers are taught to teach. The teacher’s style is not always modified to meet children’s needs and they sometimes use strategies like time out which can exacerbate children’s feelings of isolation.” Another parent said, “They do not understand my child suffers from anxiety; it makes me feel they think I am making it up. Even though it is a good school and my child is excelling at everything, there are aspects like the anxiety they do not understand.” A Pac UK’s (2013) guide and similar would assist teaching staff; further training and collaborative work with adoption team staff would also aid understanding and inform practice. I am aware of current plans to introduce nurture groups, I was aware of this prior to the interviews and it is interesting that a parent commented on the benefits. I am interested to know if this desire from staff to develop these initiatives results from families’ perception of the benefits.

There were a few exceptions one parent said, “Overall the school has met the children’s needs. It helps that we feel the school will do anything they can. The nurture group also helps.” Other positive comments related to intervention from the virtual head for looked after children and positive use of Pupil Premium.





Views on the adoption team

This was overwhelmingly positive “Sunderland adoption team have been amazing. I transfer to another area in April and I am sure my worker Daniel will point them in the right direction.” “Viv’s help is the best thing that has happened to us”. “Our adoption worker Linda gave us light at the end of the tunnel we cannot praise her enough. The team are really committed.” “Wonderful team.” Another illustrated with personal examples, “When it was clear things were not good. Viv threw everything she could at us to support us. She looked at therapies, benefits, Disability Living Allowances, parenting courses. I did not realise our child would be eligible for disability benefits. Viv has normalised things. I was so scared to give up work but I could not go on, Viv put everything in place to stabilise things.” Some parents felt the service had always been good and others felt it had really improved over the last couple of years, one even said “It’s gone from zero to hero.” “It is no doubt the funding has liberated staff to work creatively to support families.” Others summarised the value or impact of help and I will consider this further in the summary; “My daughter is now so happy she knows she is safe. Other friends are willing to have her stay with them.”

Relationships with staff were an important theme, “I have had a great relationship with Jill since the day I met her. She checks in on you it means a million. When you’re stressed it is like she knows and you get an e mail from her”. Another adoptive parent spoke at length about the training provided’ “I accessed the safe base course about parenting skills, it was absolutely brilliant. It helped me build up my confidence. The staff became attuned to me and I became more attuned to my child. We are in a better place. I can think more thoughtfully about sights, sounds, memories.” All of the comments were positive except two comments about a brief delay regarding accessing the fund again which included Christmas holidays contributing to the delay.

The only other aspect in relation to service is that the single adopters all talked about isolation, difficulty accessing training when their children are too old for a crèche and the need to talk to others in their situation. I was pleased to be able to share the details of a single adopters support group that is organised by one of the respondents. This is an area that Sunderland have expressed an interest in developing. Positively, all families have a named post adoption social worker and great consideration goes into their allocation.

The single adopter based in London said, “I cannot fault Sunderland I just wish they were nearer” She indicated that she felt they would have more to offer than her local team. Adopters access to therapy themselves. This was an area of interest for myself as in my experience adoptive parents can find it emotionally exhausting caring for children with complex attachment difficulties. All parents actually indicated they thought this should be available as part of the fund. One said, “I would take therapy now. I paid for some therapy years ago after a car crash. It was emotionally worth every penny to help you start each day fresh. I actually think someone to help our single adopter group and talk to us about coping would be good as it is hard.” Interestingly two of the single adopters said they think a buddy system would benefit them and reduce social isolation. Another said she would benefit from access to babysitters in order to access adoption support and a social life. Another parent said she had accessed their own therapy privately and a couple disclosed accessing NHS provision and the benefits of this. At least one had needed help in a crisis. Perhaps it may be worthwhile formalising these “checking in” arrangements praised by families, some adoption team’s use an annual “MOT”.

Regionalisation

This generated an interesting dialogue. Many were in favour, particularly the adoptive parent based in London who said “It can only help as services seem truly small and local”. Another parent said she thought hubs should contain local experts like Chris Bonnet and expressed the view that re-referrals for different episodes of care would be seamless. Certainly if the opportunity arose to develop multi-disciplinary teams this would be valuable. Then conversely some parents were very passionate “Don’t dilute our Sunderland; we love our team and do not want it to change”. One man likened it to the value of small local, district councils. One said “Other authorities will benefit from Sunderland’s expertise but I am not sure Sunderland would benefit”. Others were aware of other local adoption teams and felt that those teams were not currently providing the same services available to Sunderland adopters.

Contrastingly, staff felt positively about the proposed changes; indeed many said that Sunderland already embrace work with other agencies and support other teams, “we have been transparent to teams who have wanted to learn more and invited them to visit. We will keep building on progress we have made and want to share good practice with the region”. I understand a good practice conference may be planned which seems laudable and celebratory. The last word should perhaps go to their forward thinking manager, “I am excited about exploring the development of a centralised hub- a one stop shop- for support, resources, up to date information that is all easily available. I see this as the next step for Sunderland.” (Kathryn McCabe 13th September 2016)

Quality assurance/ randomised outcome measure

Most of the clinicians/therapists and the one child psychiatrist undertaking this work completed questionnaires for me as part of this research. All of these were completed with thought and care and suggest they are all using outcome measures when clinically appropriate. Dr Westgarth thoughtfully commented that for one off interventions/assessments he would not necessarily focus on measures as it would it would be more clinically responsive to assist with the immediate needs. For example, he saw a family in crisis soon after child was placed for adoption, in this case one off intervention was offered to meet the need at that time, and therefore measuring clinical improvement was not appropriate. All respondents identified randomised tools which the NHS and similar organisations view as effective, including for example strengths and difficulties questionnaire. Positively, Link CIC therapists were also considering introducing the trauma symptom checklist which is felt to be useful for cases in which trauma symptoms are present. All clinicians stated “yes”, they provide written reports to social workers and therapeutic letters are sent to families when appropriate. However, few responses elaborated on who they provided assessments for with the exception of Dr Westgarth. This is an area where it may be wise for the Sunderland team to qualify. It is clear that the Adoption Team are all receiving assessment reports; however, I am unclear if parents routinely receive reports from GPs. The children with complex needs and diagnosis should, I believe, have the reports sent to their GP to assist them in monitoring interventions. This would be particularly appropriate for one of the families I spoke to where one child is being concurrently assessed at CAMHS. This will ensure careful planning for children; in particular, for adopted and looked after children undergoing autism assessment, the Social and Communication Assessment Team exclude attachment difficulties when they consider differential diagnosis. Clear communication will help with diagnosis and treatment. For example the adoptive mother whose child was undergoing this assessment explained “Everyone thinks it is attachment and adoption issues”.

Clearly the experienced therapist providing Adoption Support Fund therapies has a valuable perspective to aid the CAMHS autism assessment.

One could critique this issue more vigorously and question, given the plethora of research, whether identifying the often complex and enduring mental health needs of looked after and adopted children would be best met within a multi-disciplinary mental health team. I am aware that my past employment developing mental health services for lac/adopted children influences my perspective and the topic is wider than the remit of this evaluation. Pragmatically, since the public sector cuts to CAMHS, it is likely that some adopted children would not receive what they need from this service: the secretary of state for health Jeremy Hunt was reported in the guardian on the 9th November 2016 as describing “CAMHS as the weakest part of the NHS currently”. Parents’ responses to this evaluation indicated it was a struggle to get mental health services before the Adoption Support Fund was introduced. Therefore, the best available development would be met by formalising health liaison with parents’ consent to strengthen the robustness of services. It is clear the liaison between staff and therapists is robust enough to explore options/developments like this I just hope the five thousand pound cap would not prevent this.

Like most evaluations this aspect revealed many positives and excellent examples of good work. To the credit of Sunderland Adoption Team staff, they all said they received high quality paperwork/ assessments to help guide their work with children. Some providers like Link CIC also have therapeutic groups/activities some of which are free of charge. Some also had developed literature for children, leaflets etc., good practice that I feel should be standardised across providers. The findings suggest that the quality assurance work undertaken by the team to monitor providers has been invaluable. As with all evaluations it has raised some questions/ development areas the team may wish to consider.

Development suggestions in relation to quality assurance

Sunderland Adoption Team may wish to consider and continually monitor and review who receives assessment reports from therapeutic services accessed through the Adoption Support Fund. I am unclear if parents and GP receive reports from the services involved with adopted children. There are some examples when it would be appropriate and beneficial for GPs to be informed of assessments, interventions and outcomes, in particular, when an autism assessment is undertaken concurrently to adoption support funded therapy. However, this requires sensitivity, children have rights to privacy and it may not be appropriate to share information with other services such as education. Sharing information with schools can be done informally as required by parents in their role as advocate for their child. This was done very effectively by one of the respondents who was able to provide her child's school with a type of social story that outlined strategies that support child without divulging private information about the child's history. If not already used, a pro forma regarding who should receive information would be useful, this should include the child's view if appropriate in line with Fraser guidance. Butler Sloss ruled in 1992 regarding eleven and thirteen year old children "Nobody should dictate to children of this age as we are dealing with their emotions, their lives and they are people entitled to be treated with respect." This is a timely reminder that as adoption support fund is relatively new; there is a need to ensure children's welfare is at the centre of plans and information gathering. Linked to this the use of therapy information leaflets would help to ensure that children are knowledgeable about the support they are accessing. To really strive for quality and service user participation, some of the fifty children that have been supported through Adoption Support Funding may wish to be involved in a leaflet design.



Summary

It is evident from a range of qualitative and quantitative sources that adopted children in Sunderland are receiving a quality provision and prompt, timely and well planned Adoption Support Funded therapies. It is evident that the majority feel these therapies are making enormous positive difference to their day to day lives.

It is also clear the staff have embraced these changes and are striving for and achieving consistently good, and at times excellent, practice with regard to their thoughtful and informed responses to parents. They are offering a range of support to adoptive families including access to therapies and provision such as training and social events, assessments, communication and advice in regard to benefits if required.

It is apparent some of this good practice should be shared regionally and nationally. I share the team's passion for improvement and now identify recommendations based on this evaluation.

1. Initially share findings with families and ensure accuracy and agreement and also use this as a vehicle for involvement in future service development. Perhaps an afternoon tea or similar to recognise that, without their participation, this evaluation could not take place.
2. The single adopters expressed a desire to participate but raised the issue of access to events and training linked to difficulties with childcare. One option could be to consider whether university students could provide a form a childcare; Durham University have a scheme whereby some students offer free tutoring to local children (I believe approximately 15,000 hours a year (Durham Times, University economic review findings November 11th 2016). There may be an opportunity to consider volunteering being formally developed to meet childcare needs alongside the needs of students for valuable experience in working with children. The childhood studies course at Sunderland University also has student volunteers who support open nest after adoption service so extending this may be feasible. Clearly there are other solutions but a small working party including and potentially led by single adopters could look at this. The buddy scheme one adopter advocated would not require significant resources and would meet the expressed needs for support and childcare.
3. The assessments I viewed were thoughtful, child centred and recognised emotional needs of children, and mental health training may develop the assessments further. As the adoption support fund future is uncertain this would ensure skilled staff are available to assess children's needs.
4. Develop a strategy for sharing and disseminating these findings. This might include regional good practice events and potentially a national conference which the university could support.
5. An event to share findings with all of the providers would be both celebratory and developmental in nature. This would provide an opportunity to share the positive messages from the evaluation and would enable services to work collaboratively to develop outcome measures, leaflets and assessment sharing decisions.
6. Perhaps more radically, I understand some adoption staff have become very skilled at therapies. In order to continue to build their specialist knowledge and skills, developing a small therapeutic team within a team would offer easily accessible support to families and create sustainability. Children could perhaps be invited to name the team within a team. This will help the transition to hubs and also be a tangible service model. There may be potential to develop additional services such as advice clinics for carers and education professionals and for specialist collaborations including nurture groups. Thinking differently and reconfiguring staff roles often increases specialisms, morale and adds value.

Acknowledgments & references

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This evaluation would not be possible without the support of my manager Margaret Parsons. Then of course thanks to the adoptive parents who kindly shared their live experiences and adoption stories some with laughter and tears. They should take credit for the nurturing care which may ensure recovery from trauma and a stable future for some of society's most vulnerable children.

A thank you to the clinicians and therapists who took the time to participate and provide thoughtful interventions which ensure the adoption support fund is successful. Then of course thank you to the robust and proactive adoption team led by Kathryn McCabe who have ensured if you get the right help "It is a precious jewel"

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“This research highlights the good use of the adoption fund by the adoption team and has stimulated me to look at avenues to widen their knowledge amongst other professionals to the benefit of our adoptive parents and their children.” Councillor Louise Farthing, Sunderland City Council.

“I am extremely happy with the evaluation and am grateful to the adopters and providers for taking time to be part of it. As a team we are keen to continue on the journey of supporting and assisting families and will use the evaluation to further inform our continuous development.” Kathryn McCabe, Adoption Team.