



NATIONAL SURVEY OF POST- ADOPTION SUPPORT PROVISION

Undertaken for the Department for Education

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The Colebrooke Centre for Evidence and Implementation

The Colebrooke Centre is an independent non-profit organisation, based in Central London, the first centre in the UK dedicated to supporting implementation in child and family services. It works to support improvement in systems and services for families and children through implementation support, analysis and evaluation.

The Colebrooke Centre is undertaking the implementation analysis of the Adoption Support Fund, established by the Department for Education with the aim of extending access to therapeutic support for adoptive families, with national roll-out planned from May 2015. The survey reported here was commissioned by the Department for Education as part of that work, with the intention of providing a systematic description of context for national implementation of the Adoption Support Fund.

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EXECUTIVE SUMMARY

Background

- This study was undertaken by the Colebrooke Centre for Evidence and Implementation as part of a programme of work commissioned by the Department of Education (DfE) to support the design and implementation of the Adoption Support Fund (ASF). The ASF was established by the DfE to improve and extend access to therapeutic support for adoptive families. The initial prototype is being developed with the collaboration of ten local authorities, and the national ASF will be implemented from May 2015.
- The study aimed to provide a systematic description of key aspects of the post-adoption support 'system' in England, looking at the extent and types of therapeutic provision within local authorities and CAMHS, and local authorities' commissioning of independent providers of therapeutic adoption services. It involved a telephone survey of local authority adoption services. A response rate of 71% was achieved. Respondents were adoption team or service managers or a colleague to whom they delegated: we refer to them as Adoption Team Managers (ATMs). Data reported related to the period 1st April 2013 to 31st March 2014 unless otherwise indicated.

Local authority adoption placements

- Looking at placements in the last three years across the total sample, 50% were made within the home local authority, 20% in neighbouring authorities and 30% in more distant authorities. The profile varies considerably by local authority type: London Boroughs made 75% of placements out of area compared with 25% of county councils.

Local authority provision

- Just under two-thirds of Adoption Teams provided a multi-session parenting programme, although over 90% provided training days or workshops for adopters. Almost all provided intensive social work support and around three-quarters provided support based on psychological therapies from within the team, 70% providing Theraplay and 41% Dyadic Developmental Psychotherapy (DDP) or support based on these approaches. Around half of Adoption Teams provided between one and three therapeutic approaches: a fifth provided none. Just under a third provided support from an Educational Psychologist within the Adoption Team.
- The number of families supported is relatively low: fewer than half of Adoption Teams had provided intensive support to more than 20 families in the last year.
- Support is also available from other local authority teams. However, around 20% of Adoption Teams reported no access, through local authority services, to Educational Psychology services, a parenting programme or therapeutic support.

Tier 3 CAMHS provision

- 54% of Adoption Teams had a specialist Tier 3 CAMHS service or team specifically for adopted children (usually including looked after children or fostering), whilst for 45% adoptive families accessed mainstream CAMHS provision. Most teams reported some form of joint working with CAMHS, particularly joint case work, joint decisions about support or a designated contact. A mean average of 11 children per Adoption Team were known by the ATM to have received support from CAMHS in the last year.
- Systemic Therapy, play therapy, other creative therapy or other child and family therapy were most often known to the ATM to be provided by CAMHS. Fewer were aware of their CAMHS service providing types of therapeutic support thought to be more specifically attuned to the needs of adoptive families such as DDP, Theraplay, Eye Movement Desensitisation and Reprocessing (EMDR) or filial therapy.
- Looking across public sector provision in local authorities and CAMHS, DDP, play therapy, Systemic Therapy and Theraplay were each reported to be available by over 60% of ATMS. Least likely to be provided were filial therapy, sensory integration and creative therapies.

Commissioning independent sector provision

- Half of all Adoption Teams has commissioned a parenting programme and three-quarters had commissioned therapeutic support in the last year, but relatively few families had received this support. Half the ATMs providing information about commissioned parenting programmes, and 40% of those providing information about commissioned therapeutic support, had commissioned this for fewer than five families.
- Only a quarter had commissioned four or more different providers, and almost half the therapeutic support providers commissioned were sole practitioners. Spot purchase was used for 72% of the independent providers commissioned. The mean total spend on parenting programmes was £20,650 per authority (median £12,500). The mean total spend on therapeutic support¹ was £37,500 (median £15,000).

Quality and sufficiency

- We asked ATMs to rate the quality, and then the sufficiency, of therapeutic support provided by the local authority adoption service, CAMHS and independent providers on a scale from 1 ('very poor' or 'very insufficient') to 10 ('excellent' or 'completely sufficient'). The mean average rating for quality was 7.7 for independent providers, 7.5 for the local authority adoption service, 6.0 for specialist CAMHS services and 3.8 for mainstream CAMHS. 85% of ATMs rated the quality of independent provision at 7+ and 80% gave this rating to the local authority adoption service, compared with 49% for specialist CAMHS and only 9% for mainstream CAMHS.
- The mean rating for sufficiency was lower: 6.4 for independent provision, 5.9 for the local authority adoption service, 4.3 for specialist CAMHS and 2.4 for mainstream

¹ Information was collected about the first four independent providers of therapeutic support only, so these figures under-estimate total spend slightly.

CAMHS. The proportion of ATMS giving a rating of 7+ was 53% for independent providers, 45% for the local authority service and 22% for specialist CAMHS: no ATMs rated the sufficiency of mainstream CAMHS at 7+.

Implications

- Overall, the survey findings strongly support the objectives of the ASF in expanding adoptive families' access to therapeutic support. There are gaps in public sector provision of therapeutic interventions, particularly those widely thought to be most well-attuned to the needs of adoptive families, although the evidence base for effectiveness of different approaches is very under-developed.
- The independent sector provides an important addition to public sector services but is used for small numbers of families. The under-development of the sector is highlighted by the relatively narrow range of providers used, the prevalence of sole practitioners, and the reliance on ad hoc spot purchasing.

1. BACKGROUND AND OBJECTIVES

This report sets out the findings from a telephone survey of all local authorities in England, conducted in summer 2014. The survey was commissioned as part of a suite of research activities to support the development of the prototype Adoption Support Fund (ASF) and its national implementation. The survey aimed to provide, for the first time, a systematic description of key aspects of the post-adoption support 'system' across the country. It collected data on the extent and types of therapeutic provision for post-adoption support within local authorities and CAMHS and commissioned in from independent providers, the types of providers involved, and some data on overall spend on the independent sector.

The survey provides important context for the development and implementation of the ASF, and a baseline against which future changes in local authority post-adoption support can be measured. Some of these data have never before been collected in this systematic form. In particular the survey highlights both strengths and gaps in current provision and helps to shape understanding of where the ASF could add most value to local support systems.

The ASF was established by the Department for Education with the aim of improving and extending access to therapeutic support for adoptive families. An initial prototype is being developed with the collaboration of ten local authorities of different types and in different parts of the country. The precise scope of 'therapeutic' services and the specific interventions that will be eligible for ASF funding have not been defined at the prototype stage, but guidance has been issued to prototype local authorities. This guidance specifically excludes services local authorities are expected to provide under current statutory regulations (e.g. support groups; family days; non-therapeutic life story work and respite care). It also excludes health services and education support. The guidance lists examples of therapeutic services that are eligible or 'in scope', including: training for adoptive parents²; complex assessments; Dyadic Developmental Psychotherapy (DDP); Theraplay; filial therapy; music therapy; art therapy; drama therapy; Eye Movement Desensitisation and Reprocessing (EMDR), and Non Violent Resistance (NVR). (See the Appendix for a Glossary of these and other terms.) The ASF can be used to purchase services from both the independent sector and the public sector.

The focus of the survey was on the **availability of support for adoptive families**, particularly therapeutic services and interventions that reflect the special needs of adoptive families (usually connected to remediating early childhood neglect, trauma and attachment difficulties and the unique dynamics of adoption). However, it is important to note that the evidence base for most of these interventions is under-developed, and we know very little about 'what works' in the context of post-adoption support. There is unlikely to be consensus about which interventions should form the core of an effective local adoption support system, let alone how many varieties of specialist interventions are optimal and in what combination. This means that the survey provides a descriptive analysis of what is and is not provided, but we are unable to comment on the extent to which this provision is 'adequate'.

² Parent training can be funded by the ASF if it has not been made available by the placing authority in the first three years of placement, or in local authorities that do not make it available.

2. METHODOLOGY

The survey was carried out by telephone by a professional independent survey organisation. All local authority Adoption Services in England were invited to participate (142 in total³), and respondents were adoption team or service managers or a colleague to whom they delegated for this purpose. We use the term Adoption Team Managers (ATMs) to describe all respondents although their job titles and precise roles varied. Interviews lasted just over thirty minutes on average.

The focus of the survey questions was on support known by ATMs to be provided by:

- **local authority Adoption Teams:** these are known by various names within local authorities. We use the term Adoption Team throughout the paper, including to refer to arrangements where adoption services are merged across local authorities or to dedicated Adoption Support Teams
- **other local authority services** relevant to post-adoption support (including teams or services elsewhere in children's social care; psychology services; educational psychology services, and other education support)
- **Tier 3 Child and Adolescent Mental Health Services (CAMHS):** that is, specialist multi-disciplinary community-based teams providing support to children and young people with more severe, complex or persistent problems
- **independent providers:** providers in the voluntary and commercial sectors, including agencies and individuals, and those registered as Adoption Support Agencies or Voluntary Adoption Agencies with Ofsted and those not registered

The full questionnaire was sent in advance, by email, with a letter explaining the purpose of the survey, to enable ATMs to prepare for the interview. The questionnaire and letter are reproduced in the Appendix. Where data about annual numbers (e.g. of placements) were collected this was usually collected in relation to the local authority accounting year just ended: 1st April 2013 to 31st March 2014.

Of 142 local authority Adoption Teams approached for interview, 101 provided data, a 71% response rate. This is a relatively high response rate for a telephone survey, particularly given that some advance preparation was requested and the timing of fieldwork over the summer break period. Analysis of the characteristics of the 29% non-participating local authorities shows that they did not differ in any systematic respects from the responding authorities. This, and the fact that ATMs went to some lengths to collate the information required, leads us to feel confident that the information provided is comprehensive and as accurate as possible and provides reliable estimates of the national picture. Data were analysed using Excel.

³ A small number of local authorities have merged their adoption services so the total number of local authority Adoption Services in England is 142

3. LOCAL AUTHORITY ADOPTION SERVICES

3.1 Number and location of adoption placements

Overall, the mean average number of children placed for adoption in responding Adoption Teams in the previous twelve months was 36 children per Adoption Team (3,633 across 101 teams). This ranged from no placements at all to 143 placements. The median average number (mid-point) was 30 placements⁴.

The use of 'out of area' placements (and the related three year rule⁵) have important implications for access to therapeutic support. Out of area placements may often be best for a child, widening the pool of potentially suitable matches and helping to safeguard confidentiality where necessary. However, they can also be a hindrance to effective provision of post-adoption support, for example because local authorities may lack detailed information about the range of options available in a distant authority. Out of area placements are also thought to be more likely to be associated with the commissioning of support from the independent sector (a focus of interest for the ASF). Therefore, a preliminary set of survey questions explored the placement patterns across each participating Adoption Team, distinguishing between children placed **within the local authority**; those placed in **contiguous local authorities** (where access to the placing authority's services is thought to be more straightforward), and those placed in more **distant local authorities**.

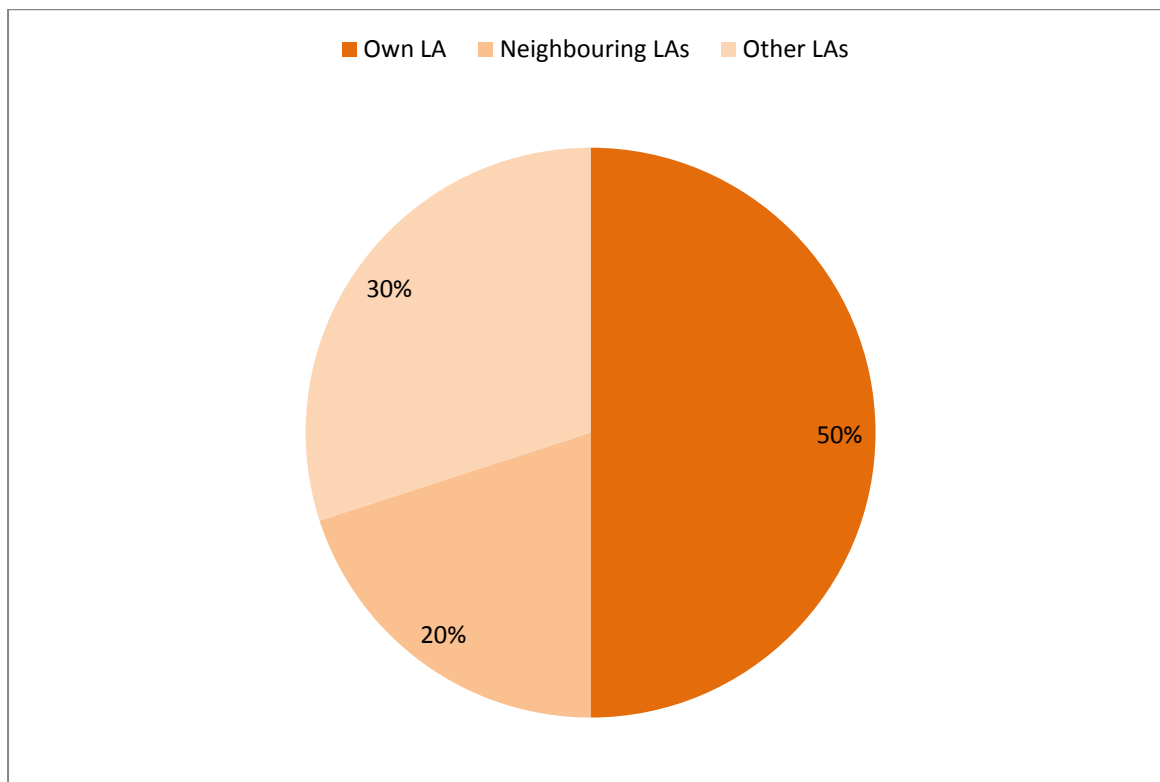
As there may be year-on-year variation in placement patterns, analysis of placement patterns was based on placements made **in the last three years (1st April 2011-31st March 2014)**. This analysis shows that there was substantial use of out of area placements.

Overall, of 9009 placements in the last three years (equivalent to a mean average of 89 placements or 30 per annum for the sample as a whole), 50% (n4,497) were made within the home local authority; 20% (n1,787) were made in neighbouring authorities, and 30% (n2,725) were made in more distant authorities. It is striking that half of all placements - a very substantial proportion – are made outside the borders of the placing local authority. Moreover, nearly one third (30%) are made in distant authorities.

⁴ Data that would allow comparison of the survey sample with the national number of placements are not yet available

⁵ Under the three year rule, a local authority that places a child out of its own area is responsible for post-adoption support for the first three years post-placement, after which the local authority where the child is currently resident becomes responsible for providing and financing support.

Chart 1 Location of adoption placements in the last three years 1st April 2011 to 31st March 2014



Base: n=101 Adoption Teams and 9009 placements

The profile of adoption placements varies considerably between different local authority types. As Table 1 shows, county councils place on average 75% of their children within their own local authority, compared to 39% of metropolitan district councils, 33% of unitaries and 25% of London Boroughs. Conversely, London Boroughs place on average half of their children in local authorities beyond their neighbours, as do around a third of metropolitan district councils and unitary authorities.

Table 1 Location of adoption placements in the last three years 1st April 2011 to 31st March 2014 by local authority type

LOCAL AUTHORITY TYPE:	% OF PLACEMENTS IN EACH LOCATION:			
	Own LA	Neighbouring LAs	Other LAs	Total
County council	75	9	16	100
Metropolitan district council	39	26	35	100
Unitary authority	33	36	31	100
London Borough	25	25	50	100

Base: n=101 Adoption Teams and 9009 placements

3.2 Post-adoption support services

A number of questions explored the range of post-adoption services provided by local authorities in the prior year, beginning with a wide list of **general support services** including those that are not currently 'in-scope' for funding through the ASF. To varying degrees, other local authority departments beyond the Adoption Teams themselves were involved in delivering post-adoption support, and some forms of support were provided through pooled arrangements within regional collaborations and adoption consortia. Types of provision by these three different sources or settings are detailed in Table 2. CAMHS provision is not included here; this is explored in more detail in Section 4.

The table shows high levels of provision for many forms of support, with all authorities providing a range of supports. All forms of support were most likely to be provided by the Adoption Team itself than by another team except respite care and Educational Psychologist support. Local authority teams were substantially involved in providing certain forms of support, and regional consortia clearly play an increasingly important role in less intensive forms of support.

Table 2 Post-order support provided to adoptive families in the year 1st April 2013 to 31st March 2014

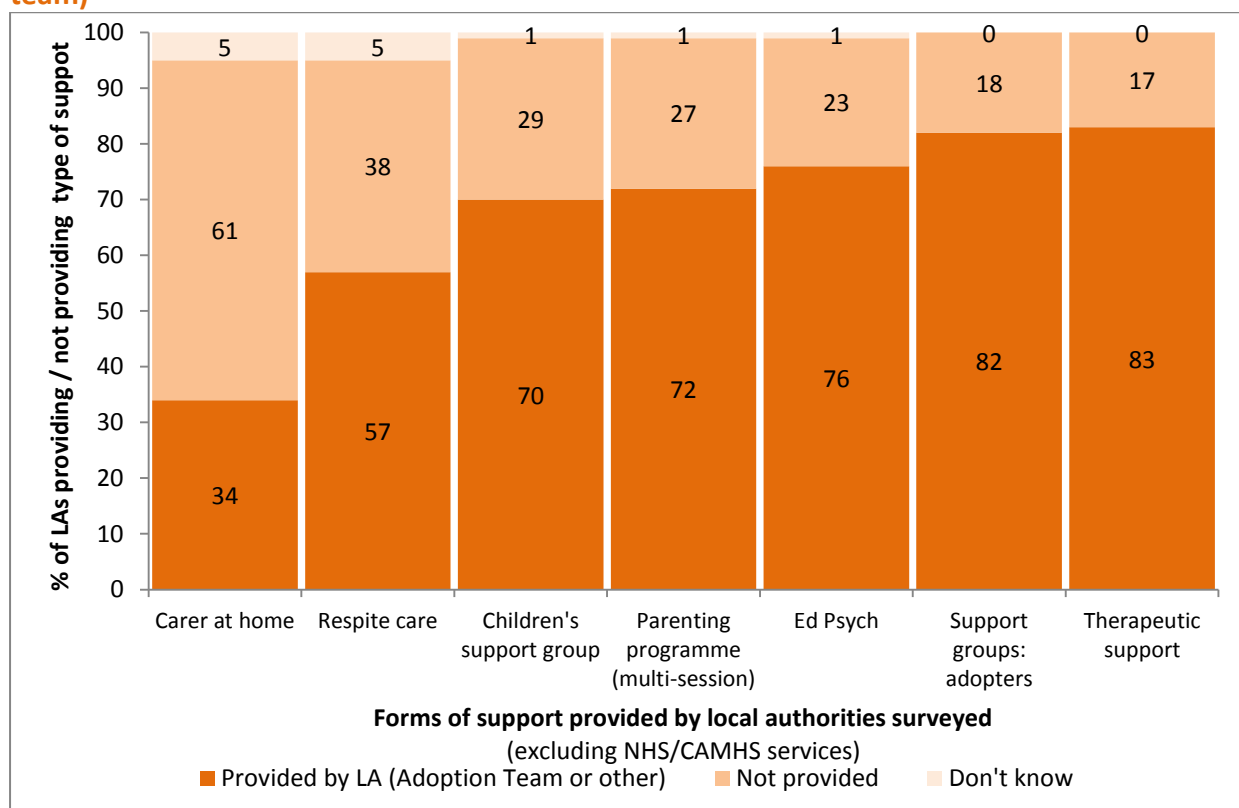
TYPE OF PROVISION	PROVIDER					
	Adoption Team		Other LA team		Consortium	
	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>
<i>Advice and information</i>						
Information and advice by telephone or email	99	<i>98</i>	29	<i>29</i>	20	<i>20</i>
One off consultation meetings or sessions	96	<i>97</i>	27	<i>27</i>	15	<i>15</i>
Buddying or mentoring, including by an adoptive parent or someone else	84	<i>85</i>	7	<i>7</i>	9	<i>9</i>
<i>Disruption services</i>						
Support for the family in cases of possible or actual disruption	98	<i>99</i>	54	<i>54</i>	12	<i>12</i>
<i>Support groups and social activities</i>						
Support groups for adopters	82	<i>83</i>	4	<i>4</i>	34	<i>34</i>
Support groups for adopted children or young people	51	<i>52</i>	5	<i>5</i>	26	<i>26</i>
Family days or social activities for adoptive families	87	<i>88</i>	3	<i>3</i>	28	<i>28</i>
<i>Respite care</i>						
Respite care or residential breaks for children	34	<i>34</i>	39	<i>39</i>	1	<i>1</i>
A carer for the child at home for periods during day or evening	27	<i>27</i>	12	<i>12</i>	0	<i>0</i>

TYPE OF PROVISION	PROVIDER					
	Adoption Team		Other LA team		Consortium	
	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>
<i>Parenting training and programmes</i>						
Training days or workshops for adopters	91	92	11	11	51	52
A parenting programme which involves attending several sessions	62	63	28	28	31	31
<i>In-depth support</i>						
Intensive social work support	95	96	45	45	10	10
Support based on psychological therapies	73	74	33	33	9	9
Support from an Educational Psychologist	30	30	59	60	6	6

Base: n=101 Adoption Teams. Percentages do not add to 100% as multiple types of provision are offered.

Looking at the forms of support that are least likely to be provided, Chart 2 shows the proportion of local authorities that provide each type (whether by the Adoption Team or by another local authority team), with the lighter part of the bar showing the proportion that do not provide each. This shows that the largest gaps are in relation to forms of respite care or domiciliary help, followed by support groups for children. Around 20% of Adoption Teams reported no access through local authority services to Educational Psychology services, a parenting programme, support groups for adopters or therapeutic support.

Chart 2 Proportion of local authorities providing / not providing types of support in the year 1st April 2013 to 31st March 2014 (from Adoption Service or other local authority team)

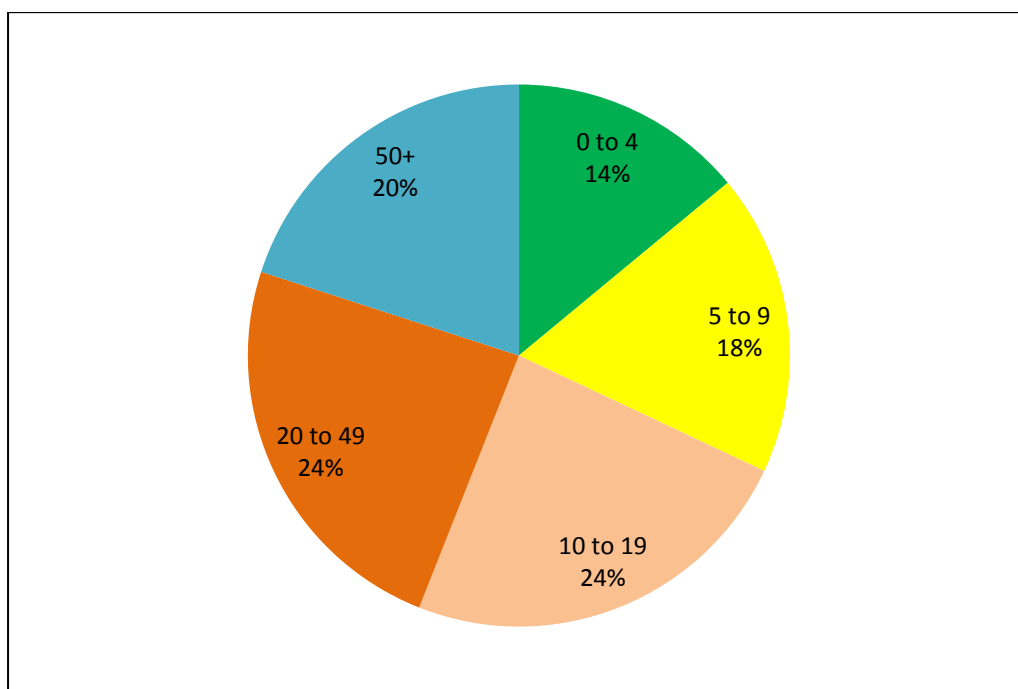


Base: n=101 Adoption Teams

3.3 Intensive therapeutic support

Looking in more detail at **therapeutic support**, we found that almost all local authorities had provided intensive support from the Adoption Team or another local authority team (not including CAMHS), based on either social work approaches or psychological therapies. (Because the boundaries between these types of support are fluid and overlapping, we did not distinguish between the two in this part of our analysis). The numbers of families receiving intensive support were not large. Just over half of all Adoption Teams (56%) said they had provided these intensive forms of support to under 20 families. Around a quarter (24%) had supported 20-49 families. Only one fifth (20%) had supported 50 or more families in this way.

Chart 3 Number of families receiving intensive support from Adoption Teams or other local authority teams in the year 1st April 2013 to 31st March 2014



Base: n=97 Adoption Teams (missing data for 4 Adoption Teams)

As Table 3 below shows, almost all Adoption Teams had provided intensive support for contact; for school-based issues; to help with parenting strategies; strengthening family systems and life story work. Other types of support were also reported to be provided by other local authority teams. There were lower levels of provision of specific therapeutic approaches, whether by Adoption Teams or other teams. Of these, Theraplay (or support based on it) was the most widely used (by 70% of Adoption Teams), and DDP was provided by 41%.

Table 3 Provision of intensive support in the year 1st April 2013 to 31st March 2014

TYPE OF SUPPORT	PROVIDER			
	Provided by adoption service		Provided by another team	
	%	<i>n</i>	%	<i>n</i>
Specific therapeutic approaches				
Theraplay or support based on it	70	<i>71</i>	18	<i>18</i>
DDP (Dyadic Developmental Psychotherapy) or support based on it	41	<i>41</i>	12	<i>12</i>
Systemic therapy or support based on it	36	<i>36</i>	18	<i>18</i>
Other child or family therapy	28	<i>28</i>	19	<i>19</i>
Play therapy	26	<i>26</i>	14	<i>14</i>
Other creative therapy eg art, music, drama, sand-tray	21	<i>21</i>	10	<i>10</i>
Sensory integration	15	<i>15</i>	8	<i>8</i>
Filial therapy or support based on it	10	<i>10</i>	5	<i>5</i>
Other intensive support				
Support for issues arising in contact	96	<i>97</i>	30	<i>30</i>
Advice on parenting strategies	97	<i>98</i>	45	<i>45</i>
Support for issues arising with schools	93	<i>94</i>	42	<i>42</i>
Support to strengthen systems within or around the family	93	<i>94</i>	41	<i>41</i>
Life story work	90	<i>91</i>	36	<i>36</i>
Counselling for children or parents	81	<i>82</i>	31	<i>31</i>

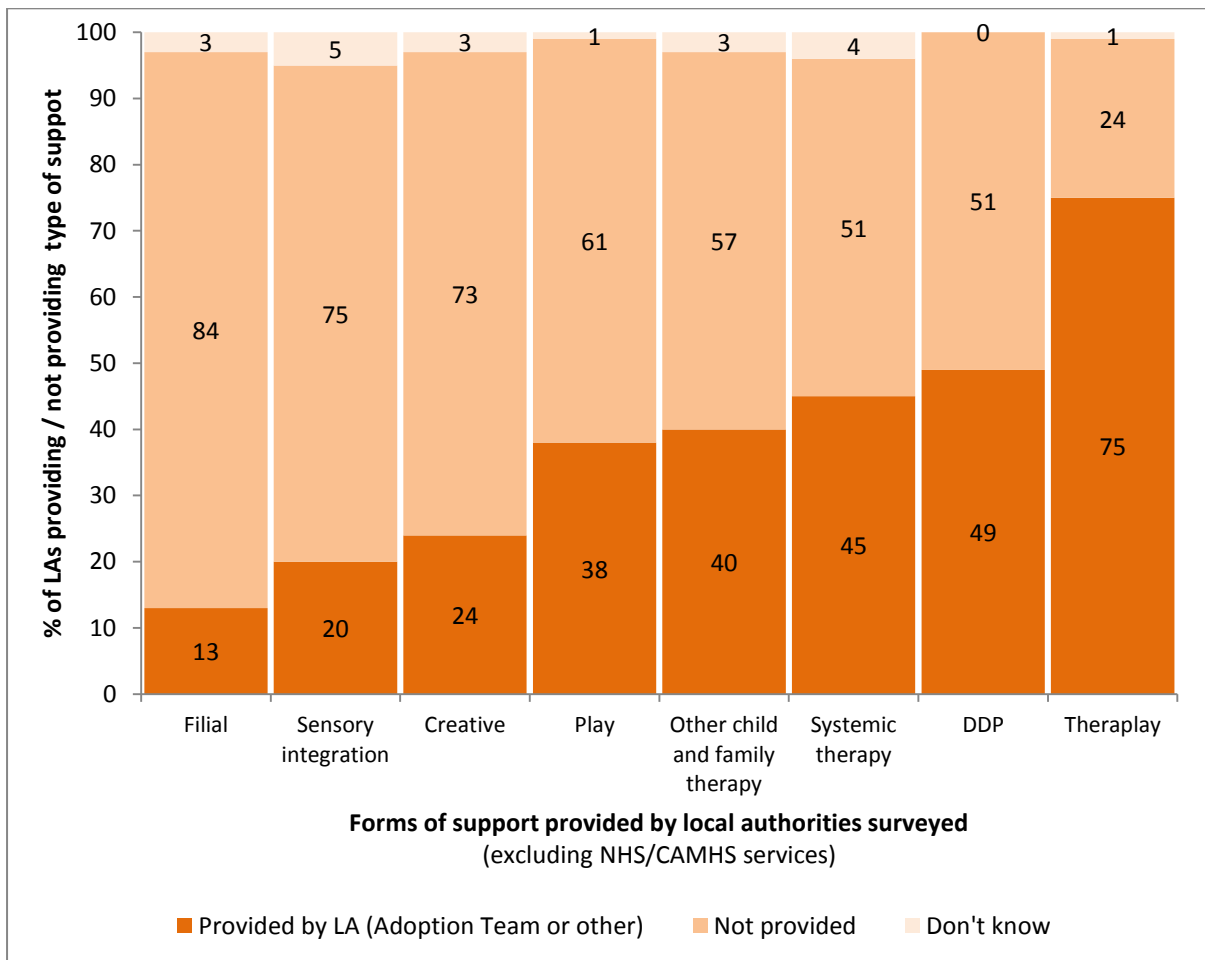
Base: n=101 Adoption Teams. Percentages do not add to 100% as multiple forms of support may be provided, by more than one provider

Slightly less than fifth of Adoption Teams (18%) did not provide any of the eight ‘specific therapeutic approaches’ listed in Table 3. Around half (56%) provided between one and three, and the mean average number provided was 2.5 (this rose to 3.0 when provision from other local authority teams was included).

Chart 4 highlights the areas where, looking across Adoption Teams and other local authority teams, there were most frequently gaps. It shows that only Theraplay (provided by 75% of local authorities) and DDP (provided by 49%) are provided by half or more local authorities. The therapies least likely to be provided by a local authority are filial therapy, sensory integration, creative therapies and play therapy.

Overall, it is clear that a substantial amount of provision of therapeutic support is provided from within local authorities, both from Adoption Teams and from other teams in the local authority. However most authorities offered a relatively narrow range of interventions, and provided support to relatively few adoptive families.

Chart 4 Proportion of local authorities providing / not providing types of support in the year 1st April 2013 to 31st March 2014 (from Adoption Service or other local authority team)



Base: n=101 Adoption Teams

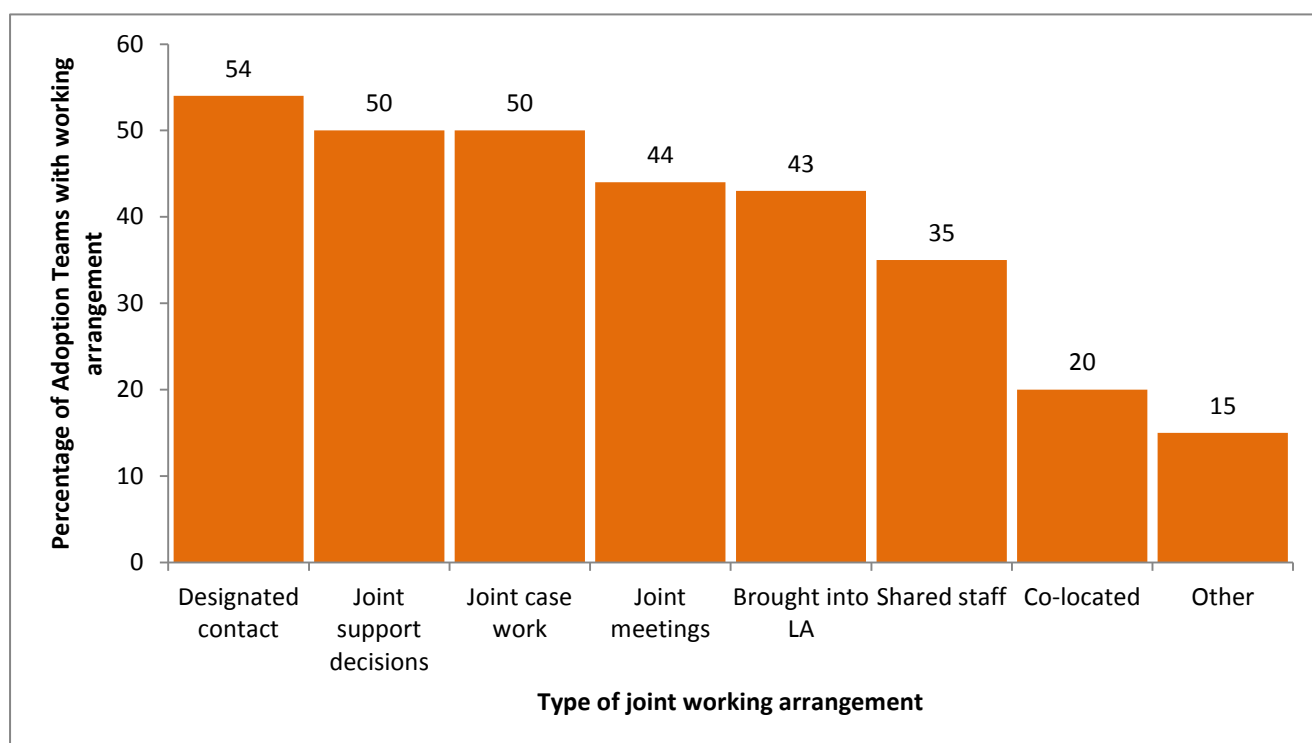
4. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

4.1 Structure of CAMHS services

A number of questions were asked in the survey about support provided by Tier 3 CAMHS services, in keeping with the ASF's orientation to more intensive community-based provision. Just over half the Adoption Teams (54%) reported that they had a specialist Tier 3 CAMHS service or team specifically for adopted children⁶, whilst for 45% adoptive families accessed mainstream CAMHS services. This, as we show in Section 5, had important implications for the quality and sufficiency of support provided by CAMHS.

Most Adoption Teams did some form of joint working with their CAMHS service, the most common forms of which were having a designated contact point, making joint decisions about cases, and doing joint case work (around half of all Adoption Teams). As Chart 5 show, sharing staff and being co-located were less common (one fifth to one sixth of Adoption Teams).

Chart 5 Joint working arrangements between Adoption Teams and Tier 3 CAMHS



Base: n=101 Adoption Teams

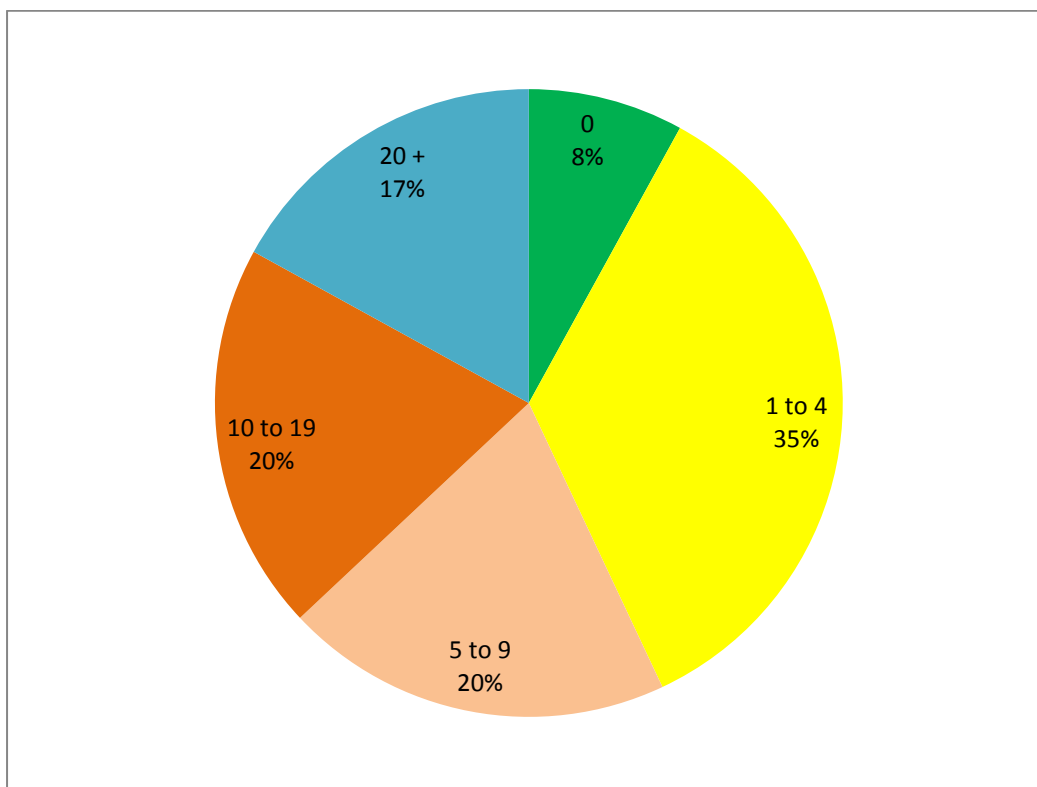
⁶ The Wave 1 qualitative research indicated these are teams with specific expertise in working with looked after children, adopted children, or other groups of vulnerable children including adopted children.

4.2 Interventions provided by CAMHS

The number of adopted children known by the Adoption Team lead to be receiving intensive support from CAMHS was relatively low. Across all 101 teams a total of 1,105 children had received support from CAMHS in the year 1st April 2013 to 31st March 2014 (a mean of 11 children per Adoption Team). Across the whole group, this ranged from no children known of to 110. However, the distribution was substantially skewed by a small number of authorities with 100 or more children reported to be known to be receiving support. Of course survey participants might not have been aware of all adopted children within their area, and this was especially likely to be the case in areas where there was *less* joint working with CAMHS; thus the figures are likely to under-represent the total number of adopted children and young people who were using CAMHS services. It is also noteworthy however that 15% of Adoption Teams reported that they did not know how many adopted children were receiving support from CAMHS.

Excluding these 'don't knows' from our analysis, two-thirds of ATMs reported that they knew of fewer than 10 children who had used CAMHS in the year 1st April 2013 to 31st March 2014.

Chart 6 Number of adopted children known to be receiving support from Tier 3 CAMHS services in the year 1st April 2013 to 31st March 2014



Base: n = 86 Adoption Teams; missing data ('don't knows') for 15 Adoption Teams

As Table 4 shows, most CAMHS services were reported by the Adoption Team lead to be providing consultation and advice to parents and other professionals; support to strengthen systems around the child or family; systemic therapy; and other child or family therapy. Around half provided play therapy and other creative therapy, but specific therapeutic approaches (DDP, Theraplay, EMDR, filial therapy, Dialectic Behavioural Therapy and sensory integration) along with other specialist support related to adoption, were less frequently available. The proportion of local authorities who did not know whether their CAMHS service actually provided specific types of therapy is perhaps surprisingly high, ranging from 12% to 50% for different forms of therapy.

Table 4 Known availability of interventions from Tier 3 CAMHS to adoptive families in the year 1st April to 31st March 2014

TYPE OF PROVISION	WHETHER KNOWN TO BE AVAILABLE					
	Known to be available		Not available		Don't know if available	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Consultation, advice and general support						
Consultation and advice to parents	82	83	6	6	12	12
Consultation and advice to other professionals working with the family	78		7		15	
Support to strengthen systems around the child or family	72	73	10	10	18	18
Family or child therapies						
Systemic Therapy	64	65	11	11	25	25
Play therapy	50	51	26	26	24	24
Other creative therapy (such as art, music, drama, sand-tray)	46	46	27	27	28	28
Other child or family therapy	72	73	9	9	19	19
Specific therapeutic approaches						
DDP (Dyadic Developmental Psychology)	39	39	32	32	30	30
Theraplay	38	38	37	37	26	26
EMDR (Eye Movement Desensitisation and Reprocessing)	26	26	34	34	41	41
Filial therapy	24	24	42	42	35	35
Dialectic Behavioural Therapy	21	21	30	30	50	50
Sensory integration or similar therapy	19	19	39	39	43	43
Other						
Other specialist support related to adoption**	28	28	45	45	28	28

Base: *n* = 101 Adoption Teams. Percentages do not add to 100% as multiple forms of support may be provided, by more than one provider.

** Other specialist support related to adoption included Video Interactive Guidance (VIG); specialist assessments; parenting support or groups or workshops or training in therapeutic parenting; involvement in adopter preparation; consultation and training to the adoption team, and work with schools and other professionals

Looking at the ten ‘family or child therapies’ and ‘specific therapeutic approaches’ shown in Table 4, 16% of CAMHS services were not known by the Adoption Team lead to have provided any of these services. 42% of CAMHS services were known to have provided between one and four, and 21% were known to have provided seven or more. The mean average number known to have been provided was 4.1.

Finally, 11% of adoption service leads had ‘spot purchased’ Tier 3 CAMHS services in another local authority, and 3% had spot purchased from their local CAMHS service.

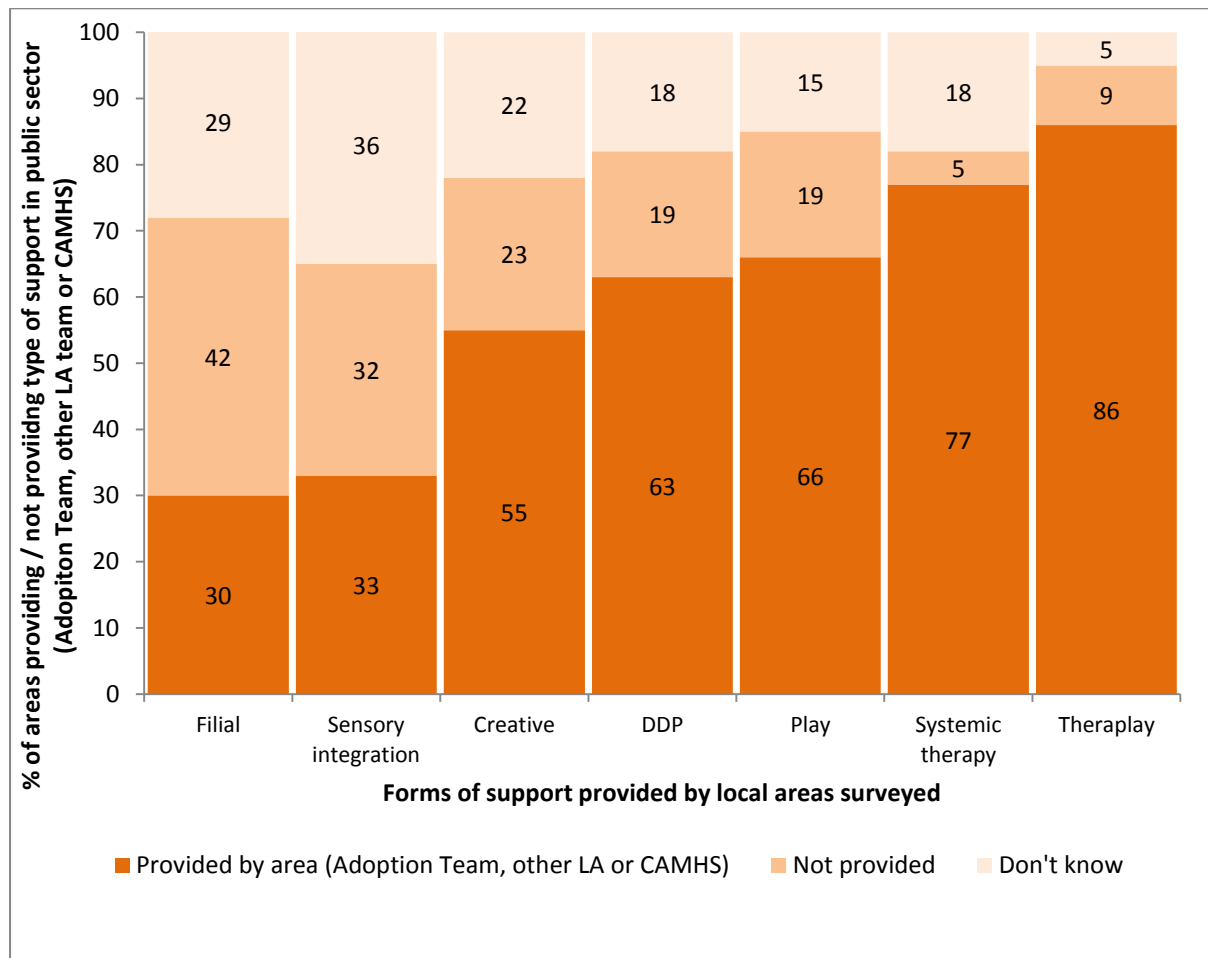
Overall the analysis of services provided by CAMHS suggests a fairly limited range of available treatments, and relatively small numbers of adopted children receiving support. Some form of joint working with CAMHS was described in most local authorities, but there were gaps in adoption service managers’ knowledge of the specific interventions available.

4.3 Therapeutic provision across the public sector

To complete our analysis of public sector provision, we looked at whether each type of therapeutic support was available within any of the public sector service areas our survey covered, that is, in the Adoption Team, another local authority or the CAMHS service. As Chart 7 shows, Theraplay and systemic therapy are known by the ATM to be available within the public sector in at least three-quarters of local areas. Play therapy, creative therapies and DDP are known to be available in the public sector in between half and two-thirds of all local areas. The largest gap is in the provision of filial therapy and sensory integration, both known to be available in the public sector in only a third of local areas.

In the next section we look at Adoption Teams’ commissioning of support from the independent sector.

Chart 7 Proportion of areas providing /not providing support within public sector (Adoption Team, other local authority team or CAMHS) in the year 1st April 2013 to 31st March 2014)



Base: n=101 Adoption Teams

5. SUPPORT COMMISSIONED FROM THE INDEPENDENT SECTOR

Almost all Adoption Teams had commissioned provision from the independent sector in the year 1st April 2013 to 31st March 2014, particularly support based on psychological therapies; training days or workshops for adopters; disruption services; additional social work-based support, and one-off consultation sessions for adopters.

Table 5 Commissioning support from independent providers in the year 1st April 2013 to 31st March 2014

TYPE OF PROVISION	ADOPTION TEAMS COMMISSIONING	
	%	<i>n</i>
Advice and information		
One-off consultation meetings or sessions for adopters	62	<i>63</i>
Information and advice for adopters by telephone or email	48	<i>48</i>
Buddying or mentoring including by an adoptive parent or someone else	19	<i>19</i>
Disruption services		
Support for family in cases of possible or actual disruption	63	<i>64</i>
Support groups/social activities		
Support groups for adopters	41	<i>41</i>
Support groups for adopted children or young people	25	<i>25</i>
Family days or social activities for adoptive families	25	<i>25</i>
Respite care		
Respite care or residential breaks for children	19	<i>19</i>
A carer for the child at home for periods during the day or evening	17	<i>17</i>
Parent training		
Training days or workshops for adopters	72	<i>73</i>
A parenting programme which involves attending over several sessions	50	<i>51</i>
Intensive support		
Support based on psychological therapies (eg DDP, play therapy, family therapy)	74	<i>75</i>
Additional social work support (eg life story work, parenting advice, support the parent-child relationship)	63	<i>64</i>

Base: n=101 Adoption Teams. Percentages do not add to 100 as multiple forms of support are provided.

Only 9% of Adoption Teams had not commissioned any of these forms of support, and over half (53%) had commissioned four or more. The mean average number of different types commissioned was 3.9.

5.1 Commissioning parenting programmes and therapeutic support

Further information was collected specifically regarding the commissioning of **parenting programmes** and **therapeutic support from independent providers** (whether voluntary and community sector or commercial sector, and whether organisations or sole practitioners). We asked Adoption Team leads to list the independent support providers they had commissioned and to provide details of the number of families supported by each provider, the total fee paid and the form of contracting that had been used. We collected this information in detail about a maximum of four independent providers of parenting programmes, and a maximum of four independent providers of therapeutic support. A few Adoption Teams had used more than four independent providers for therapeutic support in the past year (n19). Overall, as Table 5 showed, 50% of Adoption Teams had commissioned a parenting programme and 74% had commissioned therapeutic support. The providers commissioned by local authorities in each region are listed in Appendix 1.

Relatively small numbers of families had received either of these forms of support commissioned from the independent sector. Half (48%) of the 48 Adoption Teams providing information about their commissioning of independently provided parenting programmes said they had been used for fewer than five families; 30% said they had been used for between 5 and 20 families, and 23% said they had been used for more than 20⁷. The numbers for whom therapeutic support was commissioned were very similar: 40% of the 72 Adoption Teams providing details had commissioned independent providers for fewer than five families; 37% had done so for between 5 and 20 families, and 22% had done so for 20 or more families⁸.

Most of the provision of parenting programmes was delivered by organisations: 85% of all the providers of parenting programmes about which ATMs gave information. Only 13% of parenting programme providers were sole practitioners. However, the profile of providers of therapeutic support was very different: 45% were sole practitioners, and 55% were organisations.

Also striking is the relatively small number of different providers used by each Adoption Team. As Table 6 shows, only a quarter of Adoption Teams commissioned therapeutic services from four or more different providers.

⁷ Note that we asked about the number of parents receiving support from each provider separately. Some families might have received support from more than one provider so the figure shown may be an over-estimate of the total number of families benefiting

⁸ Likely to be an under-estimate as we only have information about up to four providers per area. However, as per the previous footnote, some families may have received support from more than one provider

Table 6 Number of providers commissioned to provide therapeutic services in the year 1st April to 31st March 2014

NUMBER OF DIFFERENT PROVIDERS COMMISSIONED	ADOPTION TEAMS	
	%	<i>n</i>
One	28	<i>21</i>
Two	21	<i>16</i>
Three	25	<i>19</i>
Four or more	25	<i>19</i>

Base: n=75 Adoption Services. Percentages do not sum to 100 because of rounding

5.2 Spending and contracting arrangements

Overall levels of spending were very varied, although the small sample size (38 Adoption Teams for parenting programmes and 55 for therapeutic support⁹) means that these data needs to be treated with caution.

Table 7 Expenditure on parenting programmes and therapeutic provision in the year 1st April to 31st March 2014: total spend on all providers, per local authority

LEVEL OF SPEND	TYPE OF PROVISION			
	Parenting programmes		Therapeutic support	
	%	<i>n</i>	%	<i>N</i>
Under £2,000	13	<i>5</i>	7	<i>4</i>
£2,000-£4,999	18	<i>7</i>	15	<i>8</i>
£5,000-£9,999	16	<i>6</i>	15	<i>8</i>
£10,000-£19,999	11	<i>4</i>	18	<i>10</i>
£20,000-29,999	16	<i>6</i>	18	<i>10</i>
£30,000-£49,000	16	<i>6</i>	13	<i>7</i>
£50,000+	11	<i>4</i>	15	<i>8</i>

Base: n=38 for parenting programmes; n=55 for therapeutic support. Percentages do not sum to 100 because of rounding

The mean spend on parenting programmes across all providers was £20,650 per authority and the median £12,500.

The mean spend on therapeutic support across all four providers was £37,500. However, one adoption service recorded exceptionally high spending of £560,000 on one provider (covering 20 families), and two others recorded spending of over £100,000 on one provider.

⁹ In addition, 6 out of the 55 Adoption Teams providing information about their expenditure on therapeutic support did not give information about all the providers they had used

These outlying figures skew the mean average, and the median (mid-point) spend across all four providers is a better indicator: £15,000.

Looking at both types of externally commissioned support from independent providers, a third of Adoption Teams (36%) had used block contracts, two-thirds had used Service Level Agreements (67%) and the vast majority (83%) had used spot purchase arrangements. Use of spot purchasing was particularly significant for commissioning therapeutic support, accounting for just over 70% of the providers commissioned.

Table 8 Contracting arrangements for commissioning of parenting programmes and therapeutic provision in the year 1st April 2013 to 31st March 2014

TYPE OF CONTRACT	TYPE OF PROVISION			
	Parenting programme		Therapeutic provision	
	%	<i>n</i>	%	<i>n</i>
SLA or block contract	40	<i>27</i>	22	<i>40</i>
Spot purchase	46	<i>31</i>	72	<i>134</i>
Combination/other	12	<i>8</i>	6	<i>10</i>
Don't know	3	<i>2</i>	1	<i>2</i>

Bases: 51 responses covering 68 providers (parenting programmes); 75 responses covering 186 providers (therapeutic support). Percentages do not sum to 100 as multiple forms of contracts are used.

Overall, the survey shows that the majority of Adoption Teams had commissioned independent sector providers for the delivery of therapeutic support and for parenting programmes. However, the numbers of families receiving these services was fairly small, and the range of providers was fairly narrow.

6. QUALITY AND SUFFICIENCY

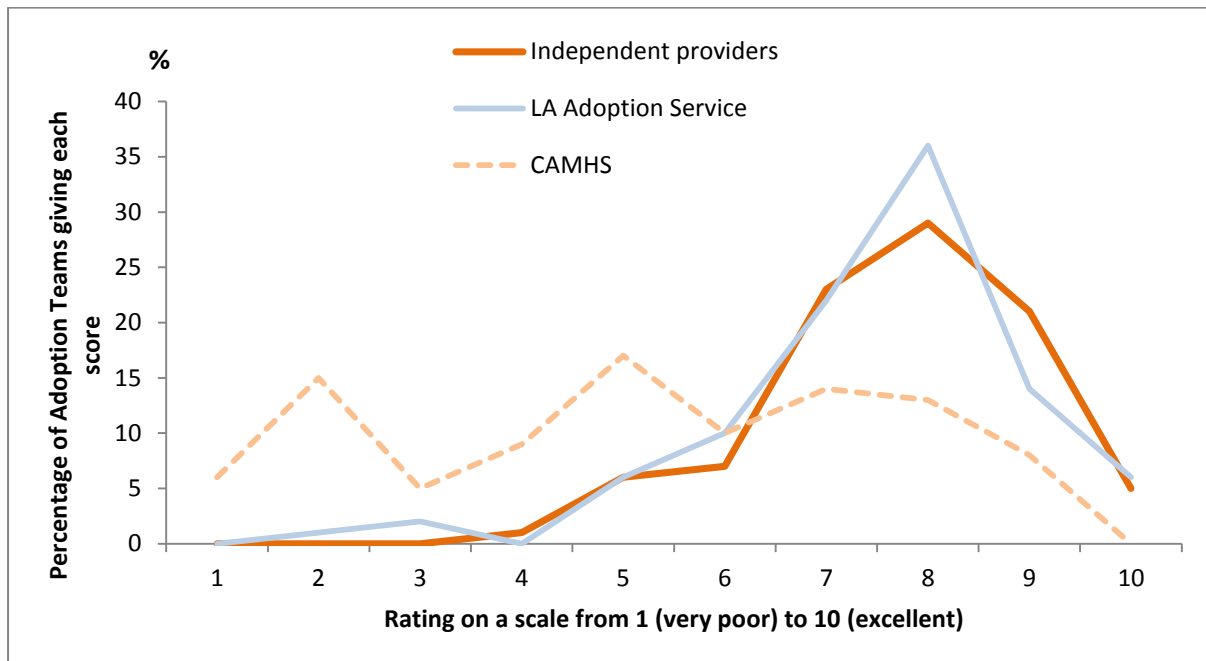
6.1 Overall assessments of quality and sufficiency

We also asked adoption service leads to give an overall assessment of the quality and the sufficiency of the therapeutic support provided to adopted children and families in their area. We deliberately did not define quality since its conceptualisation is likely to vary and we wanted to capture Adoption Team leads’ own perspectives; we defined sufficiency as “whether enough support is available to enough families”.

Overall the **quality of independent sector and local authority Adoption Service provision** was rated relatively highly. Asked to rate the quality of independent provision on a scale of one to ten, where one was ‘very poor’ and ten was ‘excellent’, 85% of adoption leads rated the quality of independent provision at 7 or more. One in eight (80%) scored local authority Adoption Service provision at the same level.

CAMHS provision was however rated much lower, with only 33% of adoption leads rating its quality at seven or higher.

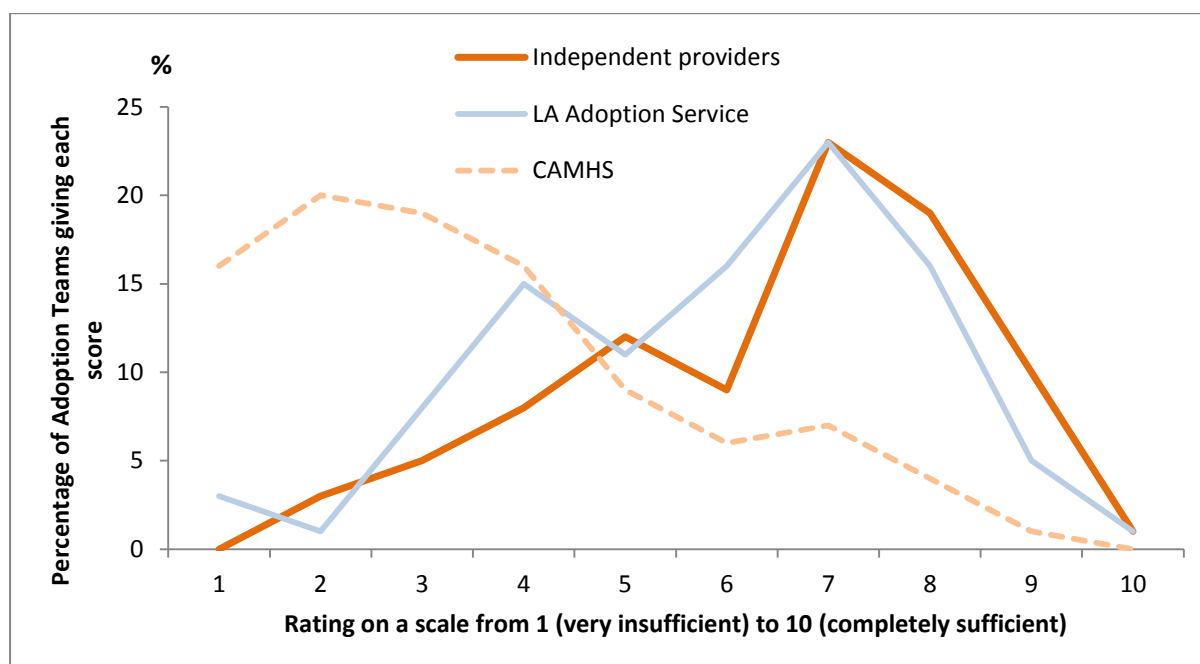
Chart 8 Assessments of the quality of therapeutic support



Base: 92 Adoption Teams rated independent sector provision; 97 rated local authority Adoption Service provision. 93 rated CAMHS provision. Excludes don’t knows

The **sufficiency** of support was generally rated much lower: only half of adoption leads rated the sufficiency of **independent provision** or **local authority provision** at 7 or higher on a similar scale (where a score of one was ‘very insufficient’ and 10 was ‘completely sufficient’), and only a third rated the sufficiency of **CAMHS** provision at 7 or more.

Chart 9 Assessments of the sufficiency of therapeutic support



Base: 90 Adoption Teams rated independent sector provision; 99 rated local authority Adoption Service provision. 98 rated CAMHS provision. Excludes don't knows

However, there was a striking difference in assessments of quality and sufficiency depending on the availability of **specialist** as opposed to **mainstream** CAMHS services in each area. As Table 9 and Chart 10 show, ratings of CAMHS quality and sufficiency were very low indeed where Adoption Team leads said their local Tier 3 CAMHS was not a specialist service for adopted or looked after children. Table 9, which shows mean scores, shows that mainstream CAMHS services had a mean score of only a little over half that of specialist CAMHS services, for both quality and sufficiency.

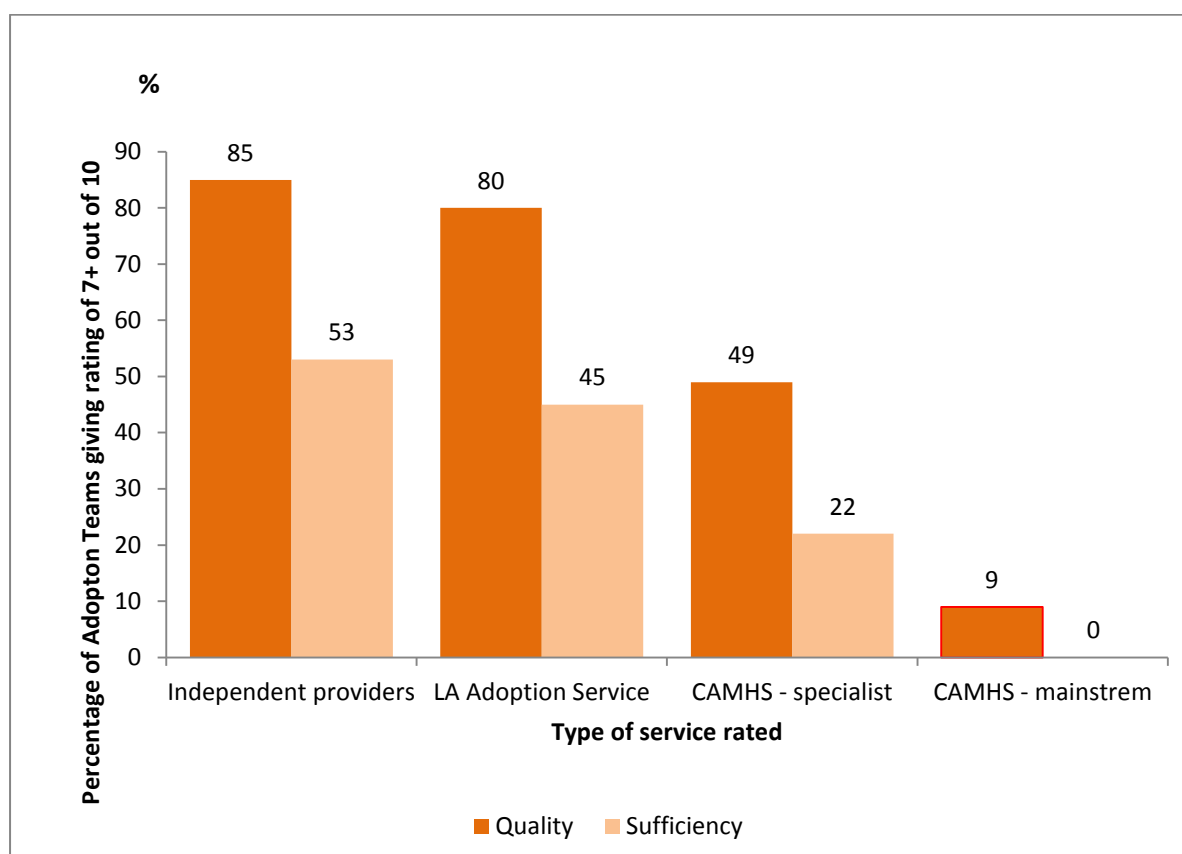
Table 9 Assessments of the quality and sufficiency of therapeutic support: mean average ratings

	MEAN AVERAGE SCORE BASED ON SCALE FROM 1 (VERY POOR / VERY INSUFFICIENT TO 10 (EXCELLENT / COMPLETELY SUFFICIENT)			
ASPECT OF SERVICE RATED	Mean average score per type of provider			
	Independent providers	LA Adoption Service	Specialist CAMHS	Mainstream CAMHS
Quality	7.7	7.5	6.0	3.8
Sufficiency	6.4	5.9	4.3	2.4

Base: 92-97 Adoption Teams rated quality; 90-99 Adoption Teams rated sufficiency. Excludes don't knows

Chart 10 shows the same pattern, this time showing the overall proportion of Adoption Team leads who gave each service a score of 7+. Whereas 80-85% gave a score of 7+ to local authority Adoption Services and independent providers, this score was given to specialist CAMHS services by only 49% of ATMs, and to mainstream CAMHS services by only 9%. The scores in relation to sufficiency show a similarly striking difference.

Chart 10 Assessments of the quality and sufficiency of therapeutic support: % rating each service as 7+ out of 10



Base: 92-97 Adoption Teams rated quality; 90-99 Adoption Teams rated sufficiency. Excludes don't knows

6.2 Needs and gaps identified by adoption service managers

To conclude the survey, we asked Adoption Team leads what types of post-adoption support needs they found **most difficult to meet** within their local area, and which of these deficiencies were the **single biggest priority** to address. Gaps in the availability of therapeutic provision were very clearly the focus of most concern here, as Table 10 shows. Some supporting verbatim comments are shown by way of illustration.

Table 10 Most difficult needs to meet and priority issues

ISSUES IDENTIFIED	NUMBER OF TIME ISSUE IDENTIFIED	
	Most difficult to meet n	Biggest priority n
Therapeutic services generally including range, choice, quality, affordability, equity in access	30	15
Intensive services (long term, multi-dimensional, comprehensive, for severe levels of need)	19	5
Therapeutic services for teenagers (including high levels of need)	16	9
CAMHS	21	13
Specific types of therapeutic provision		
Play, Theraplay or filial therapy	9	3
Children’s aggression to parents	6	2
DDP	5	6
Attachment-based	4	2
Trauma or neglect-based	4	2
Sensory integration	4	1
Life story work	2	2
EMDR/rapid eye movement	2	1
Effects of substance misuse	2	1
Creative therapies	2	-
Systemic family therapy	-	1
Therapy for sibling groups	1	-
Parenting programmes, support for therapeutic parenting	14	6
Respite care	19	1
Support groups		
For adoptive parents	7	-
For adopted children	5	-
Adoption service or LA services generally Including skills, capacity, training, use of therapeutic models	15	12
Education and schools (improving knowledge, awareness, support provision)	14	6
Integrated service response (across agencies)	3	3
Out of area provision and the three year rule	4	3

Examples of verbatim comments

‘Definitely therapeutic services, because of the lack of resources and accessibility to the resources that exist.’

‘It’s the most severe, the dyadic end that’s hard to commission.’

‘High level therapeutic support for adopted teenagers and families’

‘Children with lower threshold of needs being allowed to access Tier 3 CAMHS. CAMHS needs more resources’

‘Therapeutic life story, there is a lack of skilled providers.’

‘Systemic family therapy, which can be the most helpful for family stability’

‘Every adopter have access to Enhancing Adoptive Parenting within 12 months of placement.’

‘Respite for families experiencing difficulties’

‘Secure the team capacity. Further develop specialist skills in a range of therapies, including filial therapy, Theraplay and sensory integration’

‘Schools and education don’t have an understanding of the adopted child in school’

‘An integrated approach across all providers – us, CAMHS, schools and local authority’

Base: n=101 Adoption Teams

7. SUMMARY OF KEY FINDINGS AND IMPLICATIONS

Key findings: local authority adoption services

- Half of all adoption placements in the last three years were outside the borders of the placing local authority, and 30% were beyond neighbouring authorities
- 62% of Adoption Teams provided a parenting programme and 91% provided training days or workshops in the last year
- 95% provided intensive social work support and 73% provided therapeutic support
- Fewer than half of Adoption Teams had provided intensive support to more than 20 families in the last year
- 70% of Adoption Teams provided Theraplay and 41% provided DDP, or support based on these approaches. Around half provided between one and three specific therapeutic approaches and a fifth did not provide any
- Other local authority teams were also important providers of therapeutic services
- Filial therapy, sensory integration, creative therapies and play therapy were least likely to be provided by the local authority, whether in the Adoption Team or another team

Key findings: Tier 3 CAMHS services

- 54% of Adoption Teams said their main Tier 3 CAMHS service was a specialist service that included adopted children; 45% said adopted children accessed mainstream CAMHS services
- Most Adoption Teams reported some form of joint working with their CAMHS service, with 50% or more reporting joint case work, joint support decisions and having designated contacts
- Across the sample a mean average of 11 children per Adoption Team were known to have received support from CAMHS in the last year
- 42% of CAMHS services were known by the ATM to provide between one and four different therapeutic approaches, particularly systemic therapy, play therapy, creative therapy and other child and family therapy. Fewer were aware of their CAMHS service providing therapeutic support of types thought to be more specifically attuned to the needs of adoptive families

Key findings: across public sector provision

- Across the Adoption Team, other local authority teams and CAMHS service, the therapeutic interventions least likely to be provided were filial therapy, sensory integration and creative therapies. Over 60% of ATMs reported the provision of each of DDP, play therapy, systemic therapy and Theraplay in their local public sector system

Key findings: commissioning of the independent sector

- 50% of Adoption Teams had commissioned a parenting programme and 74% had commissioned therapeutic support in the last year but relatively few families had received these forms of support
- 45% of the providers of therapeutic support who had been commissioned were sole practitioners

- Only a quarter of Adoption Teams had commissioned four or more different providers of therapeutic services
- The mean spend on parenting programmes was £20,650 per Adoption Team and the median was £12,500
- The mean spend on therapeutic support was £37,500 (including a small number of high-spending outliers) and the median was £15,000
- Spot purchasing was used for 72% of providers commissioned to provide therapeutic support

Key findings: quality and sufficiency

- The mean average rating, on a scale from 1 to 10, for the quality of therapeutic provision was 7.7 for independent providers, 7.5 for the local authority adoption service, 6.0 for specialist CAMHS services and 3.8 for mainstream CAMHS
- The mean average rating for the sufficiency of therapeutic support, on the same scale, was 6.4 for independent providers, 5.9 for local authority adoption service, 4.3 for specialist CAMHS services and 2.4 for mainstream CAMHS
- 85% of ATMs rated the quality of independent provision at 7 or more on the same scale; 80% gave this rating to local authority Adoption Support provision
- A score of 7+ was given to specialist CAMHS services by 49% of ATMs but to mainstream CAMHS services by only 9%
- Only 53% of ATMs rated the sufficiency of support from independent providers at 7+ and only 45% gave this rating to their own Adoption Team
- A score of 7+ was given to specialist CAMHS services by only 22% of ATMs, and none gave this score to mainstream CAMHS services

Overall, the survey findings strongly support the objectives of the ASF in expanding adoptive families' access to therapeutic support. The findings are very consistent with the local profiles of adoption support systems that emerged from the first wave of the qualitative research on the adoption support market development and ASF implementation.

There are gaps in the provision of parenting programmes and larger gaps in the provision of those specific therapeutic interventions widely thought to be most well-attuned to the needs of adoptive families (although as we noted earlier, the evidence base is very under-developed).

Most strikingly, the national picture shows a marked difference in the perceived quality and sufficiency of CAMHS services depending on whether provision for adopted children is available from a specialist team. Such teams currently exist in only around half of local authorities.

The independent sector provides an important addition to public sector services and is widely used, albeit for relatively small numbers of families. However, the under-development of the sector is highlighted by the relatively narrow range of providers used by each Adoption Team, the prevalence of sole practitioners, and the reliance on ad hoc spot purchasing of therapeutic support packages.

Finally the survey also highlights the need for further development of local adoption support systems beyond the immediate scope of the ASF, particularly to address shortcomings in CAMHS services for adoptive families; to develop awareness, expertise and support provision in schools; to improve integrated and multi-agency working, and to address the challenges raised by the three year rule. Respite care and domiciliary support, and support groups for adopted children and young people, are both also significant gaps in provision, albeit beyond the current scope of the ASF.

APPENDIX

A1: Independent providers named in the survey

Table A1 lists the independent providers, both organisations and individuals, mentioned by survey respondents when we asked about their commissioning of parenting programmes and therapeutic support and other providers known to be operating in their local area. There may be some gaps, inconsistencies and inaccuracies, and not all the providers commissioned will be based in the region of the local authority by which they were commissioned. We assume that where individuals are named these are sole practitioners, but this may not always be the case.

Table A1: Independent providers named in the survey

	PARENTING PROGRAMME PROVIDERS COMMISSIONED	THERAPEUTIC SUPPORT PROVIDERS COMMISSIONED	OTHER THERAPEUTIC SUPPORT PROVIDERS KNOWN TO OPERATE IN LOCAL AREA
EAST MIDLANDS			
	Adoption UK After Adoption	After Adoption Yorkshire Catchpoint Chrysalis Horizons Pam Towers Virginia Ryan	Coram Family Focused Integrate Families Deb Moore Sarah Manshaw Di Hoyer
EAST OF ENGLAND			
	After Adoption Barnardos Sing and Grow	Barnardos Core Assets Family Futures Unthank Family Centre Fiona Peacock Annie Lloyd Mariann Henderson Mary Hamilton Steve Layzell	Adoption Plus Coram PAC SENSI Ltd St Francis Children's Society Gail Atkins Jim Bond
LONDON			
	Adoption Changes After Adoption Coram Family Futures	Adoption Plus After Adoption Barnardos Family Futures	Adoption UK ASART Creativity Development Systems Therapy Service

	PARENTING PROGRAMME PROVIDERS COMMISSIONED	THERAPEUTIC SUPPORT PROVIDERS COMMISSIONED	OTHER THERAPEUTIC SUPPORT PROVIDERS KNOWN TO OPERATE IN LOCAL AREA
London contd.			
	PAC Patricia Adams Valarie Groves Rachel Staff Cain Snipp	PAC PACT Play Therapy Services SLACC Rachel Staff Lesley Philbrick Diane Jones Rachel Staff Elsie Price	Inter Country Adoption Centre New Family Social TACT Kate Silisant Melanie Waddy Lesley Gallagher Val Childs Jane Pirie
NORTH EAST			
		After Adoption PAC Dr Robert Johnson	DFW Adoption SLAAC Julia Musicka
NORTH WEST			
	After Adoption CTC - Psychological Services Family Futures Northern School of Child and Adolescent Psychotherapy	Adoption Matters After Adoption Attachment Works Chrysalis Family Futures FCA (Family Care Associates) PACT Psychology Associates Tippy Toes Tree Tops Andrea Hurt Jenny Westwood Anne Bone Rebecca Lakeland Julie Bingham Jennifer Atkinson & Alison Burgess Pamela Towers Louis Sydney Sue Marshall	About Children Caritas Care Coram Nugent Care Society Safe Attachment Associates The Riding U5 Anne Bone - U in Mind Tim Woodhouse Sarah Watson Joanne Horkin Julie Stirpe

	PARENTING PROGRAMME PROVIDERS COMMISSIONED	THERAPEUTIC SUPPORT PROVIDERS COMMISSIONED	OTHER THERAPEUTIC SUPPORT PROVIDERS KNOWN TO OPERATE IN LOCAL AREA
SOUTH EAST			
	After Adoption Core Assets PAC Louise Capstick	Anex Project Barnardos Cherry Cross Project Core Assets CTC - Psychological Services Hayes PAC Rainbow Family Therapy Services Sensory Smart Sway Faith Allen Mike Falcus Dr. Leslie Ironside Tessa Scully Pat McMullen Helen Edwards Carol Platteuw Lesley Philbrick Elizabeth Mulhern Kate Kirk	Action for Children Page 31 Adoption First Adoption Plus Family Action Family Futures PACT Sing & Grow Janine Charles Louis Sydney Rose Maxwell Raphael Lopez Amanda Shirtcliff Grant Cross Lynn Davies Simon Kerr-Edwards
SOUTH WEST			
	After Adoption Devon Adoption Agency Psychology Associates Susan Drake Consultation Group Alison Keith Richard Redington	Breakthrough Catchpoint Clear Family Futures PACT Potting Shed Therapy The Consultancy The Nest Project Dr. Vicky Sutton Amanda Bangham	Action For Children Adoption UK Clifton Children's Society Families For Children The Centre for Adoption and Education Sarah Musgrave Julie Hudson Gina Cratchely

	PARENTING PROGRAMME PROVIDERS COMMISSIONED	THERAPEUTIC SUPPORT PROVIDERS COMMISSIONED	OTHER THERAPEUTIC SUPPORT PROVIDERS KNOWN TO OPERATE IN LOCAL AREA
South West contd.			
		Alison Keith July Hudson Anna Binny-Dawson Cas Schnider Alan Turkie Sue Ryall Amanda Bangham Alison Keith Louise Nokes Amy Archer Sheila Croney	Carla Reece-Saunders Moira Keyes Page 32
WEST MIDLANDS			
	Adopt After Adoption Chrysalis Journeys	Centre For Emotional Development Family Futures PACT PAFCA Pam Towers Associates Psychology Associates Saburns The Consultancy Morven Dunne Helen Johnson Val Hopfinger Gina Crotchley Dr Vicky Sutton Judith Goldberg	Adoption Focus Adoption Matters NW Adoption Plus Catch Point Conatus Family Futures Phoenix Psychological Services The Family Place Dr Amber Elliott Dr Marie Kershaw Dr Rebecca Mount Dr Julie Hudson Dr Karen Aldridge Marilyn Force Keith Baker Jane Foulkes
YORKSHIRE AND HUMBERSIDE			
	After Adoption After Adoption Yorkshire Barnardos Chrysalis PACT	Adoption Matters North West After Adoption Manchester After Adoption Yorkshire Chrysalis	Adoption UK Integrate Families Deborah May Dr Pamela Towers

	PARENTING PROGRAMME PROVIDERS COMMISSIONED	THERAPEUTIC SUPPORT PROVIDERS COMMISSIONED	OTHER THERAPEUTIC SUPPORT PROVIDERS KNOWN TO OPERATE IN LOCAL AREA
Yorkshire and Humberside Contd.			
		Core Assets Faith Hope and Families Family Futures Integrate Families Nurtured Heart Liz Thornton (Time To Listen) Elizabeth Hall Richard Reddington Mr Raphael Lopez - Desoto Judith Goldebeg Ms Pilkington Dr Vicky Sutton Jane Foulkes Jackie Mitchell Virginia Ryan Andrea Holt Peter Littleford	Page 33

A2: Methodology

The sample frame of adoption team managers was built through collecting information and contact details from each local authority, either from websites or by direct telephone contact. Two Adoption Team Managers read and commented on an early version of the questionnaire, and three took part in a telephone interview discussing the clarity and ease of responding to each question. We decided against more formal piloting because the sample was limited and because of the preparation time that this would have involved for participants.

A copy of the questionnaire was sent to participants to enable them to prepare for the interview (reproduced below). The need for preparation significantly prolonged the required fieldwork period. The first interview took place seven working days after the questionnaire was sent out, and the fieldwork period was almost eight weeks. A very high level of contacts – over 20 on average – were made for each interview achieved. Despite this, the response rate was 71%, with good coverage across all regions and all local authority types. Average interview length was 31 minutes, the shortest taking 17 minutes and the longest 63 minutes.

Table A2: Regional coverage of sample

(based on Adoption Teams, some of which include more than one local authority)

Region	% of Adoption Teams in England	% of achieved sample	Number participating	Number not participating
South West	11	12	12	3
South East	15	15	15	7
London	19	20	20	7
East of England	6	5	5	3
West Midlands	9	9	9	4
East Midlands	6	6	6	3
Yorkshire & Humberside	11	9	9	6
North West	15	18	18	4
North East	8	7	7	4
<i>Number</i>	142	101	101	41

Base=142 Adoption Teams covering 151 local authorities (excluding City of London). Percentages do not sum to 100 because of rounding.

Table A3: Sample coverage by type of local authority

(based on Adoption Teams, some of which include more than one local authority)

Local authority type	% of Adoption Teams in England	% of achieved sample	Number participating	Number not participating
County Council	19	21	21	6
Metropolitan District	25	25	25	9
Unitary authority	37	33	33	19
London Borough	20	20	22	7
<i>Number</i>	142	101	101	41

Base=142 Adoption Teams covering 151 local authorities (excluding City of London). Percentages do not sum to 100 because of rounding

A3: Glossary of terms

Dialectical Behaviour Therapy (DBT)	Therapy intervention which aims to change problematic patterns of behaviour such as self-harm, substance abuse and risky behaviour. Involves individual and group work; focuses on mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness. Developed by Marsha Linehan
Dyadic Developmental Psychotherapy (DDP)	Psychotherapeutic approach for families where children have experienced trauma, neglect and loss, developed by Dan Hughes. Based on attachment and attunement. Aims to create safe setting for child to explore and integrate early experiences and the feelings they evoke. Uses principles of PACE (playfulness, acceptance, curiosity and empathy)
Eye Movement Desensitising and Reprocessing (EMDR)	Psychotherapy method developed by Francine Shapiro to treat symptoms of post-traumatic stress disorder. Includes controlling eye movement during recall of distressing images and replacing negative cognitions with positive ones
Enhancing Adoptive Parenting	Parenting programme for experienced adoptive parents where children have challenging behaviour, in first year of placement. Developed by Alan Rushton, delivered by trained adoption or family support workers. Ten-session programme, delivered one-to-one in adopters' own homes. Based on attachment and behavioural approaches, with further optional sessions on specific issues eg bedwetting, sibling relationships, sexualised behaviour
Filial Therapy	Form of play therapy involving structured training programme for parents in use of child-centred play. Developed by Bernard and Louise Guerney
Non-Violence Resistance (NVR)	Approach that applies the principles of non-violent resistance (as a form of political activism) in psychological intervention for parents and carers of children with aggressive behaviours. Aims to help parents de-escalate, plan effective forms of action, resist controlling behaviour and develop support networks
Sensory Integration	Approaches based in part in occupational therapy that aim to address sensory processing difficulties related to eg adopted children's intolerance of certain sounds, tastes or sensations, poor body awareness and motor control. Includes Sensory Attachment Intervention developed by Eadaoin Bhreathnach, which used enriched sensory experiences and child-led play to enhance children's self-regulation and co-regulation between parent and child
Systemic (family) therapy	Range of methods for working with families based on understanding problems and developing responses and capacities within the context of family systems rather than focusing on the behaviour of an individual regarded as problematic
Theraplay	Form of play therapy which helps parents (and other care givers) to use play to build children's attachment, self-esteem and trust, based on structure, engagement, nurture and challenge. Developed by Phyllis Booth and Ann Jernberg

Video Interaction Guidance (VIG)	Intervention that uses video feedback in a coaching relationship to help parents become more sensitive and attuned to children’s emotional needs and to enhance communication and interaction. Used by a wide range of practitioners but educational psychologists were particularly influential in bringing it to the UK
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A4: Advance letter and questionnaire sent to Adoption Team Managers

Reproduced on the following pages

July 2014

Dear Colleague

Developing the Adoption Support Fund

A national survey of adoption support provision

The Colebrooke Centre has been commissioned by the Department for Education to carry out a **short telephone survey with Adoption Team Managers** to support the development and implementation of the Adoption Support Fund.

The Adoption Support Fund (ASF) has been established by government to help to ensure accessible, timely and high quality therapeutic support for adopted children and adoptive parents. A prototype is being tested this year and the national fund which will be launched in 2015. The DfE announcement of the launch of the ASF can be accessed [by clicking here](#)

The purpose of the survey is to map the provision available from Local Authority adoption support teams, CAMHS services, and commissioned from the independent sector. This national survey will provide essential information about current provision and about how the ASF needs to build on it, so that more support can be provided to families.

The Colebrooke Centre and IFF Research

The Colebrooke Centre is an independent non-profit organisation which works to support the development and implementation of effective services for children and families. We are working on this survey with IFF Research, an independent survey organisation carrying out research in the public and private sector.

Practical arrangements for the interview

A member of IFF Research's survey team will contact you in the next few days to arrange an appointment to carry out the telephone interview at your convenience. Attached to this letter is an advance version of the questionnaire to aid your preparation for the interview.

Please do not complete and return the questionnaire. We anticipate that most of the questions will not require preparation. However you may need to collate information from records for example about whether you have placed children (Q2 and Q3) and about your commissioning of adoption support from the independent sector (Q14-17). We also ask about your local Tier 3 CAMHS service: our focus here is on the types of support that are more specifically relevant to adoptive families (Q12).

Please feel free to delegate the interview to a senior colleague such as your Adoption Support Manager.

The DfE has asked that responses are attributed to individual Local Authorities in the dataset provided to the department. This is needed to map provision of adoption support services at a local level, in order to provide a baseline against which future market development can be tracked. The attributed data will be used solely for this purpose. Directors of Children's Services have been notified about the survey and the intended attribution of data through the ADCS Ebulletin (Friday 20th June). Your consent to this will be sought at the end of the interview.

IFF Research will contact you to arrange a convenient time for the telephone interview, which should require no more than 20 minutes. The participation of all Local Authority Adoption Team Managers will help to ensure that adoptive families benefit fully from this unique opportunity to develop post-adoption therapeutic support provision.

If you have any questions, please do not hesitate to contact any of us.

Yours sincerely



Jane Lewis

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Please do not complete and return this questionnaire. It has been sent to you to help you prepare for the interview. Your responses will be collected by IFF Research in the telephone interview. Thank you!

Adoption Support Fund: survey of Local Authorities

Background: about your adoption placements

First, some background questions about your adoption placements.

1. How many children did your adoption service place for adoption in the 12 months from 1st April 2013 to 31st March 2014?

2. If possible, we would like to know about the proportion of children you place within your local authority, and the proportion placed in neighbouring and in other local authorities (irrespective of which agency approved the families). We recognise that it may not be easy for you to provide this information. If you can, please tell us about where you placed children in the 12 months from 1st April 2013 to 31st March 2014. Please try to give an estimate if you cannot easily access this information. Otherwise, just tell the interview that you are not able to provide this information.
 - How many were placed within your own local authority (irrespective of who approved the families)?
 - How many were placed in local authorities that border on yours?
 - How many were placed in other local authorities?

In the last 12 months:	Number placed
Placed within your local authority	
Placed in local authorities that border on yours	
Placed in other local authorities	

3. We know that the profile of placements varies somewhat from year to year for some local authorities. If you are able to provide this information, we would like to know about where you placed children over the last three years from 1st April 2011 to 31st March 2014. Please just tell the interviewer if you are not able to provide this information, or give us an estimate.

- How many were placed within your own local authority (irrespective of who approved the families)?
- How many were placed in local authorities that border on yours?
- How many were placed in other local authorities?

In the last 3 years	Number placed
Placed within your local authority	
Placed in local authorities that border on yours	
Placed in other local authorities	

In-house post-adoption support provision

Next, we would like to ask about the support provided by your adoption service or from elsewhere in your local authority. We know that in some areas some of this support is provided by other local authorities within the consortium rather than by each local authority. If that is the case for you, please tell us about that too. We will ask separately about the support provided by CAMHS or commissioned from independent adoption support providers.

4. Which of the following has been provided to your adoptive families at any stage post-order in the 12 months from 1st April 2013 to 31st March 2014 by:
- Your adoption service
 - Or if relevant: by another team within your local authority
 - Or if relevant: by your consortium

Please do not include services that are commissioned by the adoption service as we ask about these separately later.

	Provided by your adoption service	IF RELEVANT: Provided by another team within your local authority	IF RELEVANT: Provided by your consortium
1) Information and advice for adopters by telephone or email			
2) One-off consultation meetings or sessions for adopters			
3) Support groups for adopters			
4) Support groups for adopted children or young people			
5) Family days or social activities for adoptive families			
6) Training days or workshops for adopters			
7) Respite care or residential breaks for children			
8) A carer for the child at home for periods during day or evening			
9) Buddying or mentoring inc by an adoptive parent or someone else			
10) Support for the family in cases of possible or actual disruption			
11) Support from an Educational Psychologist			
12) A parenting programme which involves attending over several sessions			
13) Intensive social work support (eg life story work, parenting advice, supporting the parent-child relationship)			
14) Support based on psychological therapies (eg DDP, play therapy, family therapy)			

Number of children receiving intensive support in-house

5. If your adoption service, or another team in your local authority, provide intensive social work support or support based on psychological therapies (items 13 or 14 at Q4), how many children received this support in the 12 months from 1st April 2013 to 31st March 2014? Please provide an estimate if the number is not known.

Nature of intensive support provided in-house

6. And what forms of intensive social work support or support based on psychological therapies were provided by your adoption service or, if relevant, by another team within your local authority?

		Provided by adoption service	IF RELEVANT: Provided by another team within local authority
1)	Life story work		
2)	Advice on parenting strategies		
3)	Counselling for children or parents		
4)	DDP (Dyadic Developmental Psychotherapy) or support based on it		
5)	Theraplay or support based on it		
6)	Play therapy		
7)	Other creative therapy eg art, music, drama, sand-tray		
8)	Filial therapy or support based on it		
9)	Support for issues arising with schools		
10)	Support for issues arising in contact		
11)	Systemic therapy or support based on it		
12)	Support to strengthen systems within or around the family		
13)	Sensory integration		
14)	Other child or family therapy		

Tier 3 CAMHS services: structure of services

These next questions are about your local Tier 3 CAMHS service.

7. How many adopted children are you aware of having received support from a Tier 3 CAMHS service in your local authority, in the 12 months from 1st April 2013 to 31st March 2014?
8. What is the name of your Tier 3 CAMHS service? If there is more than one in your local area, please give us the names of all of them
9. If there is more than one Tier 3 CAMHS service in your local area, which one of these services do you work with most often?
10. Does the Tier 3 CAMHS service you work with most have a specialist service or team that includes adopted children? For example this might be a specialist CAMHS LAC service, an adoption and fostering team within CAMHS, or a CAMHS attachment team.
11. Do you have any of the following special joint working arrangements with your main Tier 3 CAMHS service?
 - CAMHS service wholly or partly brought into the local authority
 - Some shared staff
 - Co-located service
 - Joint decisions about support to be provided
 - Joint case work
 - Designated member of staff for contact
 - Regular joint meetings
 - Other

Tier 3 CAMHS: services provided

12. Which of the following forms of support does your main Tier 3 CAMHS service provide to adopted children and their families? *(We are focusing here on the services that are more specifically relevant to adoptive families.)*

	Provided by your main Tier 3 CAMHS service	Yes	No	Don't know
1)	DDP (Dyadic Developmental Psychology)			
2)	Theraplay			
3)	Play therapy			
4)	Other creative therapy eg art, music, drama, sand-tray			
5)	Filial therapy			
6)	Dialectic Behavioural Therapy			
7)	EMDR (Eye Movement Desensitisation and Reprocessing)			
8)	Systemic therapy			
9)	Sensory integration or similar therapy			
10)	Other child or family therapy			
11)	Support to strengthen systems around the child or family			
12)	Consultation and advice to parents			
13)	Consultation and advice to other professionals working with the family			
14)	Other specialist support related to adoption: <i>[ask what and record verbatim]</i>			

13. Did you spot purchase any additional support packages from a Tier 3 CAMHS service for any adoptive families between 1st April 2013 and 31st March 2014?

- From a local Tier 3 CAMHS service
- From a Tier 3 CAMHS service in another local authority

External commissioning: forms of support commissioned

The next questions are about any commissioning, by your adoption service, of independent organisations or professionals (eg ASAs, VAAs, other organisations or individuals in the voluntary or private sector) specifically to provide post-adoption support.

(In relation to VAAs, please include only services that are additional to the support element of the inter-agency fee.)

14. In the 12 months from 1st April 2013 to 31st March 2014, did you commission any independent organisations or individuals to provide any of the following? *This might be under a block contract, an SLA, spot purchasing or some other arrangement. We know that some external commissions will cover more than one type of support. Please just indicate those that have been part of your commissioning at all.*

Support commissioned:	Yes	No
1) Information and advice for adopters by telephone or email		
2) One-off consultation meetings or sessions for adopters		
3) Support groups for adopters		
4) Support groups for adopted children or young people		
5) Family days or social activities for adoptive families		
6) Training days or workshops for adopters		
7) Respite care or residential breaks for children		
8) A carer for the child at home for periods during the day or evening		
9) Buddying or mentoring including by an adoptive parent or someone else		
10) Support for family in cases of possible or actual disruption		
11) A parenting programme which involves attending over several sessions		
12) Additional social work support eg life story work, parenting advice, support the parent-child relationship		
13) Support based on psychological therapies eg DDP, play therapy, family therapy		

15. If you have commissioned any of these services, has any of your commissioning involved any of the following:

- Block contract/s
- SLA/s (Service Level Agreement/s)
- Spot purchase contract/s

External commissioning: parenting programmes

16. If you commissioned a parenting programme (item 11 at Q14), please tell us which organisation/s or individual/s you commissioned to provide this in the 12 months to 31st March 2014?

For each provider, please also tell us:

- whether this is an organisation or an individual / sole practitioner
- how many families went on the programme? (*estimate if necessary*)
- the total sum paid for this to the provider? (to the nearest £1000)
- whether it was a block contract, SLA, spot purchase or other?

	Name of provider	Organisation or sole practitioner	Number of families	Total sum paid	Nature of contract [pre-coded] <ul style="list-style-type: none"> • SLA or block contract • Spot purchase • Combination or other • Don't know
Provider 1					
Provider 2					
Provider 3					
Provider 4					

External commissioning: therapeutic support

17. If you commissioned support based on psychological therapies (item 13 at Q14), which organisation/s or individual/s did you commission to provide this in the 12 months to 31st March 2014?

For each provider please also tell us:

- whether this is an organisation or an individual / sole practitioner
- how many families received therapeutic support from this provider under the contract (*estimate if necessary*)
- the total sum paid for this to the provider? (to the nearest £1000)
- whether it was a block contract, SLA, spot purchase or other?
- and please also provide give a summary of the type of therapeutic support provided under the contract (eg Theraplay, DDP, counselling, parenting strategies etc)

	Name of provider	Organisation or sole practitioner	Number of families	Total sum paid	Nature of contract [pre-coded] <ul style="list-style-type: none"> • SLA or block contract • Spot purchase • Combination or other • Don't know 	Type of support provided
Provider 1						
Provider 2						
Provider 3						
Provider 4						
Provider 5						
Provider 6						
Provider 7						
Provider 8						

External commissioning: awareness of other providers

18. We need your help to develop a better understanding of the agencies and individuals in the independent and private sector who provide therapeutic support to adoptive families. Apart from those you have already mentioned in the questions about your own external commissioning, are you aware of any other independent agencies, or people operating individually, that provide post-adoption therapeutic support, and that are located either within your local authority or within a reasonable travelling distance? If so, please tell us their names.

1	
2	
3	
4	
5	
6	

Perceptions of quality: in-house, CAMHS and externally commissioned

These next questions are about the quality of the therapeutic support available to adoptive families in your local area generally. We are interested in your own personal view.

19. Please tell us what you think about the overall quality of the therapeutic support provided to adopted children and their families in your area. Please rate on a scale of 1 to 10, where 1 = very poor and 10 = excellent:

1) The quality of the therapeutic support provided by your adoption service

Very poor									Excellent
1	2	3	4	5	6	7	8	9	10

2) The quality of the therapeutic support provided by your main Tier 3 CAMHS

Very poor									Excellent
1	2	3	4	5	6	7	8	9	10

3) The quality of the therapeutic support provided by the independent agencies and individuals you commission

Very poor									Excellent
1	2	3	4	5	6	7	8	9	10

Perceptions of sufficiency: in-house, CAMHS and externally commissioned

20. Please also tell us what you think about the sufficiency of therapeutic support provided to adopted children and their families – that is, whether enough support is available to enough families. Please rate on a scale of 1 to 10, where 1 = very insufficient and 10 = completely sufficient:

1) The sufficiency of therapeutic support provided by your adoption service

Very insufficient									Completely sufficient
1	2	3	4	5	6	7	8	9	10

2) The sufficiency of the therapeutic support provided by your main Tier 3 CAMHS

Very insufficient									Completely sufficient
1	2	3	4	5	6	7	8	9	10

3) The sufficiency of the therapeutic support provided by the independent agencies and individuals you commission

Very insufficient									Completely sufficient
1	2	3	4	5	6	7	8	9	10

Priority areas for expansion or development of services

- 21. What types of post-adoption support needs, if any, do you find it most difficult to meet within your local area?

- 22. And which of these do you think is the single biggest priority to address?

THANK YOU VERY MUCH FOR DOING THIS PREPARATION. IFF Research will arrange a time for a telephone interview to go through the questionnaire with you and record your answers.



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