Reflections on the evaluation of Adoption Support Fund 2015-17

Tavistock Institute of Human Relations
Food for Thought lunchtime talk series

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Reflections from the evaluation of the Adoption Support Fund

- Reflective practice. Using the self as data. E.g. Isabel Menzies Lyth field notes in the Wellcome TIHR archive. Self to system iterative.
- Live meaning making: to help us to think wider about working in children's social care systems. (current: ASF, Children's social care innovation programme, LEAP Under Our roof)
- The shadow of evaluation.
- Looked After Children Series (dates to be announced for 2019)
- Process today. (what resonates discussion)
Background to evaluation of ASF

What it is:

- A government fund set up by the DfE in May 2015
- For the provision of specialist needs assessments and/or therapeutic adoption support to adoptive children and families
- Accessed via local authority adoption teams
- It provides up to £28 Millions per year to families
- Changes to the scope and parameters of the fund over time:
  - Introduction of the Fair Access Limit
  - Inclusion of Special Guardianship Orders
Background to evaluation of ASF

Mixed methods approach:
- An online survey of adopters across the UK
- A longitudinal survey of adoptive parents accessing the ASF
- Local Authority Case Studies & Review of Prototypes
- Longitudinal whole family depth interviews
Background to evaluation of ASF

Some key findings from early implementation:

- Adoption support team structures developed through expansion, upskilling in therapies and/or by increasing commissioning
- There was insufficient capacity to meet high demand
- Parents reported high satisfaction with assessments and types of support available, but higher dissatisfaction with timeliness
- Small but significant changes in children’s behaviour and mental health though improvements cannot be directly attributed to services
- Parents reported that support provided helped them and their families
72% children represented in the baseline survey showed ‘very high’ levels of behavioural difficulties

- Besides high levels of behavioural difficulties of adopted children, adoptive parents showed lower levels of wellbeing than the general population
- Because of the high level of need many adopters have tried to access (50%) or have accessed (30%) therapeutic support prior to the ASF, but barriers to accessing therapeutic support exist
- Families felt they needed support earlier than they had originally thought – 36% first thought they needed support at or before the adoption order, looking back this percentage increased to 58%.
Does it still take a village to raise a child?

Adoption is not a cure

‘... you’re placed with the children, got the love for them but suddenly you realise that’s just not enough.’

...and neither is therapy - a scaffold of support is needed

‘With the right support, as we always believed, they begin to fly’
‘Enactments’ of the ASF

- Professional / organisational ethos providing the context for ASF ‘enactment’: local authority staff as ‘moral individuals’ and policy/programme mediators

  We took the stance of being guardians of public money; we want to stop this becoming a shopping list. Just because the money is there doesn’t mean we are going to commission tons of things (...)
  It’s unethical, this is public money. The challenge will be about making sure the ASF continues to be money well spent and we have a really important role in this.

- Personal negotiations: loss of identity vs duty of care

  It’s changed the nature of what we do. And we get into this because we love what we do. This is not the job I am supposed to be doing. But then...it’s so great to see our families finally get the support we’ve not been able to provide before.

- (External) programme constraints: complex needs vs ‘simplified’ Fund design

  It’s the services that go around the therapeutic interventions that are important. We cost in case work, we work with schools, we are part of the statutory networks. If you just go to the therapist once a week and that’s it, what’s that going to do? (...) I am worried that this whole service around the child won’t happen anymore.
Navigating the patchwork policy environment

The multiple needs of adoptive children and families place them in contact with a wide range of policies and services:

- Social care (Adoption teams, social services); Heath (CAMHS, Adult MH services); Education (Pupil premium, Priority access to schools, SENCO, TAs), ASF, independent support (VAAs, private and voluntary, MH practitioners).

- Families often described the policy and service environment is fragmentary. Local or time-limited funding initiatives come and go.

- A consequence of this is that parents become amateur policy experts, navigating between policies and funding initiatives, in some cases playing the role of service coordinator or of ‘service memory’.
The thankless task of holding the scope (the baby)

What does holding the scope mean:

- Project management, driving tasks on, quality assurance, deadlines, asking for write ups and analysis, asking for time sheet reporting.
- Client and expert liaising (change of client, the expert group ethical approval and forbidden to hear childrens voices)
- Bringing the work together, triangulation with the evaluative rubric (the hidden labour)
- Keeping clarity and boundaries about attribution and what the evaluation cannot achieve (e.g.s new on block in adoption research, being interdisciplinary not mental health specialists, realist approach, contested applied research space facing academics)
- Invisible work, like traditional women's work, like house work and mothering. (if I had a family role in the team it felt like it railed from being an adoptive mother whose adoption had broken down and a birth mother. Inadequate. Edgy anxious feeling)
- Hypothesis. From the system the TIHR took in the difficult to hold figure of the mother as adopter or the birth mother. The politics of the childrens social care system valorises both. Social to Psychological.
- Adoption in this country is on women's shoulders. Our data: Online survey of all adopters: 89% female, Longitudinal survey (baseline): 89% female. 75% social care graduates are women but 85% children's social workers are women (2017) but men are more prominent in managerial roles.
Team Reflections

• **What worked well in the team?** Welcoming – everyone had a role, responsibilities and designated tasks. A warm supportive team in which people were willing to help each other. A strong sense of purpose and passion wanting to do as good a job as possible. Good sharing of knowledge with each other. Some good debates and learning. Very good supervision and a space to talk through experiences.

• **What could have been improved in the team?** Clearer timelines for report writing with more meetings at the end to help with report writing. Perhaps more sharing of learning across the work streams aided by whole team meetings.

• **What should we have started doing in the team?** Maybe monthly team meetings to set actions for the future and sharing data findings. More sharing of the interviews with families and the emotional impact that this had on individuals. More acknowledgment of difficult feelings and differences of opinions.

• **What should we have stopped doing in the team?** Less work in isolation and being worried about working with mental health issues for LAC children

• **My experience of working on the project was** Very positive, motivating, absorbing, immersive, inspiring, moving, emotional, exciting

• **How I now feel about adoption is** Unhappy as more aware of the needs of traumatised children and the amount of help that is required. Very impressed by the adoptive families and their commitment to the children in extremely difficult circumstance. Struck by how much more resources are needed but possibly not available in current circumstances.

• **Any other comments?** Enjoyed the work – great support, but adoptive families need much more help
Food for thought process

• Pairs to discuss for 5 mins.
• Open discussion.
• Write up and blog on the series.