

This briefing provides a summary of the proposals put forward regarding the development of a multi-disciplinary model of service to adoptive families in west Yorkshire. The management board are supportive of the model and have recommended implementation of this approach across the region. Health commissioners, the West Yorkshire Integrated Care system and local authorities are in the process of considering funding the model for a period of three years initially.

**The Vision for the West Yorkshire Centre of Excellence in adoption support:**

*“A multi-disciplinary service that provides children with a plan for adoption and adoptive families with timely, specialist assessments of need covering their health, education and social care needs and access to a high quality, ongoing package of appropriate support delivered from day one and available throughout childhood and beyond.”*

**1 Proposal for Multi-disciplinary Model of assessment and support**

This summary paper builds upon the lessons learnt from the Centre of Excellence pilot project and takes the proof of concept to the next stage – a genuine partnership between the three sectors over a three year initial period, jointly funded by local authorities and health commissioners, situated within One Adoption West Yorkshire (OAWY), the regional adoption agency. OAWY will work in partnership with the local authorities, health and education providers to deliver a joined-up, holistic service to adoptive families across the region. The model seeks to transform the current fragmented pathways and provision offered for adopted children and young people who have experienced trauma and neglect in the region and will create a blueprint for change, encouraging collaborative ways of working, effective use of clinical expertise and social care resources creating a better approaches to whole life pathways and develop a co-ordinated working practice, where social work, education and therapeutic work form an interactive continuum of support. The approach will include parents as part of the therapeutic team seeking to strengthen their ability to support their children reducing the need for specialist support. The resilience and mental wellbeing of parents is key focus of the model.

The service will be comprehensive and co-ordinated, designed around the needs of the children and their families in order to support relationships, improve the mental health and wellbeing, the stability and quality of family life. The multi-disciplinary service will bring together and increase the knowledge of different professionals and will be able to identify

the holistic needs of children and will offer specialised, evidence based Clinical/Psychosocial-Developmental practice, supporting the child within their broader social system. The service will provide outcome focused, preventative and targeted support, centred on early identification of need and early support, reducing the requirement for intensive, long-lasting support and mental health care later, but also offering timely specialist multi- disciplinary support children and young people with complex needs. Working flexibly in partnership with different agencies will lead to high-quality, timely services and an effective use of resources.

## **2 Objectives**

**The long term objectives of the proposed MD model are:**

1. Families' access to and experience of services is improved.
2. The adopted families tell us that the quality of life of their adopted child/ren and family has improved
3. That children and young people's emotional and mental health is improved
4. That parents have more confidence and more resilient in parenting their children
5. There is a reduction in the number of adoption disruptions.
6. There is less demand for intensive assessment and treatment services.
7. The education outcomes of the adopted children improve and the number of school exclusions decrease.
8. Economically this provides better value for money, cost avoidance and benefits to wider society.
9. That professionals working with children are skilled up in understanding and responding appropriately with families experiencing difficulties.
10. New trauma and neglect informed evidence based support and care pathways are created

**The service would help to achieve the objectives by:**

- Improving the quality and timeliness of assessments and better understanding the full range of the needs of the children.
- Offering support services based on high quality, multi-disciplinary assessments that meet the needs of the child, young people and family, and are available when the support is needed, focusing on prevention, early and targeted support.
- Strengthening parents' skills and capabilities to support their children and reducing the reliance on external, intensive support.
- Supporting relationships, improving the mental health and wellbeing of the family members and the stability and quality of family life.
- Improving the schools' understanding of the needs of the children who have experienced trauma and neglect and ensure this understanding changes the schools' policies and practices
- Ensuring the school forms part of the therapeutic team around the child

- Focusing on outcomes evaluating current practices and support and gathering solid evidence base for improvements.
- Staff and parents being guided by the knowledge of impact of trauma and neglect on the child and their family, not focussing on the identification of children's symptoms and disorders, but seeking to understand the children's felt experiences, relationships, family/placement process and systemic and care-related influences on children's lives, and extend the focus from the child to the whole system that the child lives in.
- Working flexibly in partnership with different agencies to provide high-quality, timely preventative services to maximise effective use of resources and minimise the need for high cost crisis support.

### **3 Current Service and Feedback from adopters and young people**

Most adopted children need specialist support, not because they are adopted, but because many of them have experienced trauma and neglect in their early lives, often even before they were born. The most recent Adoption UK's barometer check (2018) found that:

- Nearly three-quarters of parents agreed that their 16-25 year-olds need significant ongoing support in order to live independently
- 16-25 year-olds were twice as likely to be not in education, employment or training (NEET) as their peers
- 39% of 16-26 year-olds had been involved with mental health services
- 44% of children had diagnosed social, emotional and mental health needs
- Adopted children in England were 20 times more likely to be permanently excluded

(Adoption UK, 2017) (Adoption UK, 2019)

The research both UK wide (Julie Selwyn, 2014) *Beyond the Adoption Order: challenges, interventions and adoption disruption*) and Yorkshire specific (Neil, Young, & Hartley, 2018). *The joys and challenges of adoptive family life: A survey of adoptive parents in the Yorkshire and Humberside region* have identified the adolescence as a particularly turbulent period for adoptees and their families; teenagers are 10 times more likely to have an adoption disruption compared with younger children and 97% of children, whose adoption placement had broken down, scored in the 'clinical range' on the strengths and difficulties questionnaire and are likely to have a diagnosable mental health condition (Julie Selwyn, 2014). Both studies have also demonstrated that appropriate support is not readily available for adopted children or their families. In Yorkshire and Humber consultation with adopted teenagers has been captured express their views about what can help them ([www.adopteens.org.uk](http://www.adopteens.org.uk)) in their animation film.

Systemically it is recognised that the support currently offered to adopted children, young people and their parents does not sufficiently meet the high level of need, and for those children and their families who do not receive appropriate support, the risks are significant and include underachievement at school, family stress and risk of placement breakdown.

The local authorities, health services, and the society as a whole bear the consequent costs of the lack of sufficient early support. The One Adoption Centre of Excellence project has made progress in identifying how the support for the adopted children and their families could be improved, however, there is still some distance to travel before the vision is achieved.

#### **4. Financial Considerations**

The funding model seeks to share the costs of the multi-disciplinary model between the Regional Adoption Agency (RAA), health and local authority, mainly based on which authority is currently responsible for funding the corresponding universal service, and who would be able to realise the saving generated by the model in these services. The OAWY share of the funding includes the amounts that the RAA expects to be able to claim from Adoption Support Fund. Discussions are underway with partners regarding funding.

#### **5. Recommendation**

The multi-disciplinary model is built around supporting the existing social work knowledge and expertise, and the model will seek to increase the skills of the existing staff. We have built the proposed model to achieve sustainable, long-term improvements across social care, health and education sectors, and to best support the development of a fully integrated multi-disciplinary service across the sectors. The One Adoption West Yorkshire Management Board has given their full support for aspiring to this model, whilst recognising the financial constraints across local authorities. This model would be first comprehensive approach across a regional area and may also scale up and benefit a wider cohort of children who have experienced trauma and neglect, helping to develop a blueprint for an evidence based trauma care pathway.

### **Works Cited**

Adoption UK. (2017). *Adoption UK'S Schools & Exclusions Report November 2017*. Banbury: Adoption UK.

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