

Supporting families, achieving change

Recommendations for the Adoption Support Fund

July 2020



Consortium of Voluntary Adoption Agencies

Introduction

In its July 2019 publication, *Investing in Families: The Adoption Support Fund beyond 2020*¹, the All-Party Parliamentary Group for Adoption and Permanence identified a range of issues that are preventing the Adoption Support Fund (ASF) from delivering exactly what families need, and proposed six high-level solutions:

- 1) **Retention.** The Government must ensure that the continuation of the fund is a part of its overall strategy in delivering adoption and special guardianship services until 2030 in order to secure longer-term security for families and therapeutic providers.
- 2) **Administration.** The Department for Education should ensure that the funding of adoption and special guardianship support services enables the timely administration of applications to the fund.
- 3) **Timeliness.** Local authorities should use the opportunity to authorise VAAs to make applications and assessments to the ASF, thereby reducing unnecessary barriers and ensuring timely support for families.
- 4) **Clinical input.** The Department for Education should increase the clinical input into the functioning of the fund by establishing a specific board of clinicians at the department level to provide clinical oversight.
- 5) **Awareness.** The Department for Education should increase awareness and understanding of the fund among special guardians by launching a targeted communications campaign and injecting new money into the fund to meet the resulting increase in demand.
- 6) **Continuity.** The department should ensure a continuity of therapeutic support by removing the current annual application requirement, enabling agencies and authorities to apply for support that orients around the needs of children and their families.

CVAA convened a range of adoption and permanence leaders to explore practice-focussed, ‘nuts and bolts’ solutions to the difficulties identified by the APPG, building on front-line experience. Delegates from VAAs, RAAs, LAs, adoption support agencies, and the House of Lords attended a roundtable on 25 February 2020 to discuss practical changes that would help to target ASF funding more efficiently and support families more effectively. All delegates strongly supported the fund and wished to work constructively with government to make the best possible use of these welcome and much-needed resources for adopted and special guardian children and their families.

The conversations in both the plenary and breakout sessions reflected a wide range of concerns and possibilities. They provided fresh ideas and comprehensive evidence for the recommendations in this report.

¹ <https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=56e665e1-21ff-4fd2-a6a5-d9f46eda9892>

Our Vision

We want to see a world in which every part of the system is pulling together to support adoptive and special guardian families – including, but not limited to, the ASF. Many of the services and workers that children and families encounter over the course of their permanence journey, even within social services, are not attuned to their specific needs. Families are often left confused about where to turn when schools, disability support workers, GPs, and others provide inadequate or inappropriate support.

At a national level, the Care Review will provide the opportunity for cross-departmental consideration of the system as a whole, and a chance to drive practice and policy improvements for the next generation of children and families.

In the world that we envision, everyone is doing their part to make the ASF work for families.

- Family-finding social workers and those who work with special guardians have access to training and clinical consultation opportunities so that they can put in place support plans which serve as assessments for ASF applications.
- Every adoptive and special guardianship family has access to a high-quality, multi-disciplinary assessment of need that is fully funded by the ASF.
- Health and education authorities are involved with adoption and special guardian support at a local as well as national level.
- Commissioners adequately fund core activities that support ASF-funded services.
- RAAs work with VAAs to strategically plan support services.
- RAAs and LAs use available resources, such as the ASGLB blueprints, to inform commissioning and standardise the national support offer to adoptive and special guardianship families.
- Universal services – especially schools, GPs, and children’s/youth centres – are trauma-informed and fit for purpose for adoptive and special guardianship families.

Building on the recommendations of the APPG in 2019, five system-wide recommendations came out of the discussions at the CVAA roundtable.

- 1) The Department for Education should support the adoption and special guardianship system to form **an independent ASF Steering Group**. This group would draw on both frontline and strategic leadership experience to provide support and guidance with a common voice and take forward some of the more specific recommendations below.
- 2) In addition to an independent Steering Group, it is critical that **the ASF administrator has clinicians within its team** and provides a route for agencies to advise and challenge decisions.
- 3) **The National Recruitment Steering Group should build post-order support** into its work, including the planned adopter recruitment campaign. Consistent, accessible, and effective adoption support is a critical element of recruitment – prospective adopters want to know that their families will be supported for life.
- 4) The DfE and Treasury must make a **long-term commitment to the ASF**, until at least 2030. This would stimulate the provider market by providing certainty and provide families with continuity and confidence.
- 5) **The upcoming Care Review presents a real opportunity for systemic change**. DfE must use it to work across government, bringing health, education, justice, and social care together to address the inadequacy of universal services for adoptive and special guardianship families and consider how to best support vulnerable children. The challenges that these families face are multifaceted, but for too long these areas of work have been siloed and departments have not worked collaboratively. England should also look to Scotland's Independent Care Review² as a model for putting children and young people's voices at the heart of all decisions and commitments.

Summary of recommendations

For the Department for Education

- i. The Department for Education should support the adoption and special guardianship system to form an ASF Steering Group.
- ii. The DfE should ringfence funding for a universal menu of early intervention support within the ASF.
- iii. The DfE should consider broadening the proposed early intervention menu to fund peer support for adoptive and special guardianship families, including (but not limited to) support groups, mentoring, and buddy schemes.

² <https://www.carereview.scot/>

- iv. The DfE should enable a simple process with clear criteria for group funding from the ASF, and disseminate good practice models for the group work that they are happy to support.
- v. The DfE should enable VAAs to apply directly to the ASF in partnership with the family's statutory social worker, who can delegate assessment and delivery but retains statutory responsibility.
- vi. The ASF should remain centrally administered, with adequate resourcing and streamlined bureaucracy to ensure funding reaches families in a timely way.
- vii. Both the DfE and statutory agencies must make a concerted and coordinated effort to educate special guardians about their entitlement to the ASF and how to access it. Special guardians should be proactively engaged and supported to apply to the ASF. A review of resources may be needed once the true demand is better understood.

For the ASF administrator

- viii. The ASF administrator should have clinicians either as advisors or within its team and provide a route for agencies to advise and challenge decisions.
- ix. The ASF administrator should provide the option to apply for 'top-up' funding into the next financial year, where a family's needs have been clinically assessed and there is an evidence-based rationale for continuing a therapeutic intervention.
- x. The ASF administrator should build a process for capturing outcomes into the ASF. Outcome measures should be generic enough to account for different types of therapies with different aims, and easy for providers to administer and capture. Outcomes protocols should be administered digitally, to allow for rapid analysis and sharing.
- xi. The ASF administrator should develop the current online portal to allow families to log in and track the progress of their application, and give practitioners more information about why applications are not progressed.

For the proposed ASF Steering Group

- xii. A set of early intervention standards, informed by the evidence base around ACEs, should be developed by the ASF Steering Group and used to monitor the extent and types of early help provided by the Fund.
- xiii. The ASF Steering Group should work with the Department for Education to develop a set of standards and good practice guidance for adoption support. DfE and Ofsted should consider developing guidance to support the inspection of adoption support services.

For agencies

- xiv. Agencies should use the outcomes protocol(s) developed by the ASF administrator to provide regular, accurate returns to the ASF to build the evidence base for effective interventions.
- xv. Agencies should support the ASF Steering Group by providing front-line evidence and intelligence about how the funding is used and to inform future developments.
- xvi. Agencies should agree to participate in research and other evidence-gathering on the effectiveness of the ASF as a whole as well as particular interventions when reviews are necessary.

For the Department for Education

The Department for Education should support the adoption and special guardianship system to form an ASF Steering Group.

The Adoption and Special Guardianship Leadership Board has provided a crucial pathway for system leaders to share insights and feed back to the DfE. However, the frequency of meetings and the myriad issues that require discussion have not thus far allowed for a detailed and action-oriented focus on the Adoption Support Fund. Delegates therefore proposed that the DfE support the system to form an ASF Steering Group to provide support and guidance as the ASF continues to evolve. Membership should take account of both strategic and operational considerations and include DfE officials and ASGLB members as well as the ASF administrator, clinical expertise, and front-line expertise from both statutory and voluntary adoption agencies.

The DfE should ringfence funding for a universal menu of early intervention support within the ASF.

There is no silver bullet for the trauma and associated challenges that adopted children and their families encounter. However, adoption and permanence professionals (and others, including the Early Intervention Foundation and the What Works Centre for Children's Social Care) are clear that early intervention and preventative services can reduce both the difficulties that families face and the burden on support providers. For adoptive and special guardianship families, early intervention should begin with the support plan that is developed before the child is placed.

Rather than requiring families to apply to the ASF for early support, delegates suggested that a universal early support offer for every child placed should be built into the ASF and ringfenced for that purpose. Every family would be entitled (though under no obligation) to access a package that is appropriate to their needs from this menu as of right from the point of placement, which would reduce bureaucracy and make this support immediately available to all adopters and special guardians as soon as a child is placed with them. It would also mean that carers across the country would be entitled to access the same type of preventative support as a baseline position. Those adopting more complex children would, as now, require higher tiers of support.

Critically, early support would reduce the number of families finding themselves in crisis later on, thus reducing placement breakdowns and the myriad associated human and financial costs. As some delegates noted, for example, it can be futile to attempt talking therapies if a child is unable to regulate their body and emotions. Providing an automatically accessible funding module at the point of placement for, in this example, body-based and sensory work for all children who require it would then support later interventions, should they become necessary. To monitor the use of this early support funding and ensure consistency, delegates suggested that a set of standards should be produced and used to support the proposed ASF Steering Group and the DfE in monitoring delivery. This suggestion is further explored later in this report.

The DfE should consider broadening the proposed early intervention menu to fund peer support for adoptive and special guardianship families, including (but not limited to) support groups, mentoring, and buddy schemes.

Fundamentally, the ASF's purpose should be a pathway to accessing specialist therapeutic support that exists within an ecosystem of both trauma-informed universal services (at a low level) and much more targeted/specialist support, e.g. CAMHS tier 4. However, the ASF could have a role to play in low-level support services that are specifically targeted to adoptive and special guardian families in the early days of placements.

Numerous delegates cited peer support (either one-to-one or in groups) for parents/carers, children (including birth children), and entire families as an effective and low-level intervention that is not available through other services such as youth centres. VAAs report that, anecdotally, the peer support groups that they provide are likely saving the ASF money by heading off less-complex problems at an early stage and with minimal intervention. The 2019 Adoption Barometer³ found that adoptive parents were very likely to access peer support through online or in-person groups as well as seeking out resources recommended by peers, and the State of the Nation 2019 report from Grandparents Plus⁴ called for greater access and signposting to peer support for kinship carers and special guardians.

Peer support is by no means a replacement for higher-tier interventions or therapy and should not be relied upon as such. However, there is a very real and widespread need for it in the adoption and special guardianship communities, and many agencies currently provide it without funding because they recognise that, for many families, it can help to diffuse issues at an earlier stage. It was therefore suggested that the menu of early support services could include peer support, whilst keeping the wider ASF focussed on therapeutic interventions.

The DfE should enable a simple process with clear criteria for group funding from the ASF, and disseminate good practice models for the group work that they are happy to support.

Despite the efficacy of peer support work, therapeutic training, and some group-based therapies, delegates noted that funding groups through the ASF takes an enormous amount of work. In fact, some providers have had to employ more administrative staff in order to chase LAs to complete and submit applications. The delay in getting these applications through can put huge pressure on placements. A simple model for group funding would both save money and put fewer placements in jeopardy.

To further smooth the path for agencies, DfE could circulate examples of good practice in group work and make it clear the types of support for groups that fall within the remit of the ASF.

The DfE should enable VAAs to apply directly to the ASF in partnership with the family's statutory social worker, who can delegate assessment and delivery but retains statutory responsibility.

The inability of VAAs to apply directly to the ASF, even where they have much stronger relationships with families, is an administrative hurdle that introduces unnecessary burden for practitioners and

³ <https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=fd3d3969-8138-4ede-befd-1018fe629c29>

⁴ https://www.grandparentsplus.org.uk/wp-content/uploads/2020/02/State_of_the_nation_survey_2019.pdf

delay for families. This could be addressed by allowing joint applications to be submitted by VAAs and the family's statutory social worker.

VAAs often have a greater understanding of their families' needs, especially as placements progress and statutory social workers become less involved. Adolescent and teenage support packages are often held up by statutory social workers having moved on and those to whom the case file has been delegated knowing nothing about the child's development or current circumstances. Although the statutory social worker must retain statutory responsibility, delegating the assessment and delivery of appropriate support whilst providing oversight of the plan and outcomes would speed up the provision of support in what are often crisis situations for older children.

The ASF should remain centrally administered, with adequate resourcing and streamlined bureaucracy to ensure funding reaches families in a timely way.

The idea of devolving the ASF to RAAs has been floated, but this would be highly problematic at the moment. Capacity and priorities across the live RAAs are variable, and that does not include the LAs that are not yet in a live RAA, so devolution would practically ensure a postcode lottery for families. This would be especially true for special guardianship families, as the majority of RAAs are not taking on responsibility for special guardianship support. Furthermore, around 20-25% of adoptive parents were approved by VAAs and would go to their own agency to seek support. Devolving the ASF to RAAs would ignore those relationships and could make it harder for those families and children to access support. In addition, administration costs could turn out to be far higher if devolved to 30 or so organisations. The ASF should therefore remain centrally administered.

Furthermore, applying to and administering the ASF at local level is an enormous piece of work which is not adequately resourced. At CVAA, we regularly hear about VAA families who are struggling to get their needs assessed by their statutory agency, or whose applications are not submitted within 3 months and therefore require a new assessment. Where families are able to get an assessment, we hear about VAA applications going to 'the bottom of the pile' and families waiting as long as 6 months or more for funding to come through. Most VAAs have experience of delivering support before ASF funding has come through because families in crisis cannot wait another day.

Adoption UK's Adoption Barometer 2018⁵ found that 'only 44% of respondents felt that the process had been completed in a timely fashion', and 19% of respondents waited longer than 12 months from first contacting their agency to receiving support. Furthermore, the final report of the long-term ASF evaluation⁶ found that more than 1 in 3 families (35%) waited over 6 weeks to receive support *after* their application was approved.

However, the Adoption Barometer also found that,

Of those who completed the process and received the therapeutic support, four out of five agreed that it had had a significant positive impact on both their child and their family situation and one third stated that the support had helped to avoid a potential disruption or adoption breakdown. The positive impact of ASF-funded support on those families who

⁵ <https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=fd3d3969-8138-4ede-befd-1018fe629c29>

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814642/ASF_wave_3_evaluation_report.pdf

accessed it can most clearly be seen in the fact that 94% stated that they would be likely to make further applications to the fund.

It is clear that families value the funding once they have received it, but inadequate local resources to assess needs, apply for funding, and administer support make it far more difficult than it needs to be to access the ASF. Agencies should receive adequate funding for administrative support and assessment capacity in order to more efficiently deliver the funding to which families are entitled.

Both the DfE and statutory agencies must make a concerted and coordinated effort to educate special guardians about their entitlement to the ASF and how to access it. Special guardians should be proactively engaged and supported to apply to the ASF. A review of resources may be needed once the true demand is better understood.

Throughout the discussions, delegates commented on how the ASF has thus far underserved the special guardianship community. In 2018/19 the ASGLB held a series of events with special guardians across the country, and found that they are often much more focussed on practical concerns, including housing, food security, and managing contact with birth parents, than adopters. Grandparents Plus's State of the Nation 2019 survey found that 59% of kinship carers (including special guardians) had financial concerns, 21% were worried about housing, and 95% had no preparation classes or meetings. Given this very different profile, delegates have found it more difficult to provide ASF-funded support for special guardianship families within the Fair Access Limit, and have also found it more challenging to find providers who will work with these families.

There is then the issue of awareness and access. Grandparents Plus found that 91% of kinship carers either don't know how to contact the local authority lead responsible (46%) or know who that is (45%). As of 31 December 2019, the DfE's statistics show that there had only been 3,619 applications to the ASF from special guardian families, compared to 38,532 applications from adoptive families. Even accounting for the fact that adopters have been able to apply to the ASF for a year longer than special guardians, this is a stark imbalance that must be addressed. Both the DfE and statutory agencies must make a concerted and coordinated effort to educate special guardians about their entitlement to the ASF and how to access it.

Delegates welcomed the fact that the DfE had approved a leaflet for special guardians to encourage them to apply to the ASF; however, they were less sure whether LAs (and some RAAs) had adequate resources to respond to an influx of applications and requests for information. They raised the issue of pushback that adoptive families sometimes receive from LAs – for example, telling a family that their needs are not 'bad enough' to merit an application – and speculated that special guardians would receive this to an even greater degree. Furthermore, the ASF itself would almost certainly turn out to be insufficiently resourced if all eligible special guardians with therapeutic needs began applying, and this would need to be assessed to gain a better understanding of the true level of need.

Despite these constraints, delegates were very clear that there is a large cohort of special guardians with complex needs who should be proactively engaged to apply to the ASF, with an accompanying acknowledgement that this will require more resources for both administration and funding.

For the ASF Administrator

The ASF administrator should have clinicians within its team and provide a route for agencies to advise and challenge decisions.

At present, there is no clinical expertise within the ASF administration team. Delegates have found this to have a detrimental effect on the overall efficiency of the both the application process and the overall structure of the fund. On the level of individual applications, those making decisions may not have the knowledge or experience to adequately assess applications and allocate funding. For example, experienced therapists have expressed concerns that the provision for clinical supervision is inadequate and does not meet professional body guidelines. Furthermore, delegates agreed that the therapies within the scope of the Fund should be regularly reviewed by clinicians.

Including clinical expertise within the ASF team would also support the recommendation (below) that practitioners be provided with more detailed information about why applications are not progressed.

The ASF administrator should provide the option to apply for 'top-up' funding into the next financial year, where a family's needs have been clinically assessed and there is an evidence-based rationale for continuing a therapeutic intervention.

The question of whether the ASF should allow multi-year packages of therapy requires a nuanced answer. Fundamentally, delegates agreed that families who need substantial interventions should be able to access these, and that the bureaucracy involved in applying for further funding at the end of a financial year is stressful for families and places additional burden on administrators and practitioners. Furthermore, some families experience such high levels of complex needs and distress that simply maintaining stability through ongoing therapeutic intervention is as desirable an outcome as continued and measurable progress.

On the other hand, there are reasons to be wary of multi-year therapeutic packages. Delegates discussed the difficulties of managing a family's expectations where a large package of support has been proposed or offered. This can be especially tricky when a therapist feels that further therapy would not be helpful at that time. Delegates with a clinical background were also uncomfortable with the prospect of proposing specific therapeutic interventions years in advance, as a family's needs could change a great deal in the intervening period.

Delegates nonetheless agreed that the financial calendar is disproportionately driving therapeutic proposals and that there should be an option for funding to be continued into the next financial year where a need for this has been assessed. This would require a robust review process and provision of a clear clinical and evidence-based rationale for continuing intervention, as well as flexibility in the ASF to return for 'top-up' funding before the end of the financial year.

The ASF administrator should build a process for capturing outcomes into the ASF. Outcome measures should be generic enough to account for different types of therapies with different aims, and easy for providers to administer and capture. Outcomes protocols should be administered digitally, to allow for rapid analysis and sharing.

Over 40,000 families have received support through the ASF since 2015, and the 2016 evaluation of the ASF prototype⁷ recommended that “An embedded data infrastructure will need to be developed for systematic collection of data about intervention content, intensity and duration; family satisfaction with services; and clinical outcomes, with routinized collection of data including at a follow-up stage.” However, as yet we have not harnessed this potential data set to build the evidence base for therapeutic interventions.

According to a 2016 evidence review commissioned by the DfE⁸, and a more recent review undertaken by Family Futures, there is almost no research to support the specific interventions that the ASF funds, nor are there evidence-based guidelines on therapeutic interventions for adoptive or special guardian families. In fact, there is generally a dearth of research in the field of early developmental trauma. However, the research that does exist highlights the need for trauma-informed models of support which are family-based and have a focus on regulation as well as attachment.

If a system for capturing and analysing outcomes were built into the ASF, it would be an enormous opportunity to add to the evidence base on what works for these children and their families. For example, the application process could require agencies to gather data at the point of assessment of need, then again after six months of therapy, and a final time at the point of discharge.

Of course, capturing outcomes data would require everyone to be measuring and reporting on outcomes in a comparable way. Delegates were aware that the ASF administrator and DfE are considering the potential for establishing an assessment framework for the ASF, and they were keen to feed into this work. Delegates felt that this needs to be a very basic or generic framework in order to account for different types of therapies with different aims and make it easy for providers to survey families.

For example, one delegate described the Outcome-Based Tool that has just been built into their agency’s digital system. This consists of four short surveys: Goal-Based Outcomes, either a Strengths and Difficulties Questionnaire (SDQ) or Assessment Checklist for Children (ACC), a parent questionnaire, and a satisfaction questionnaire. Administering and recording these surveys digitally allows the agency to quickly analyse the data, and could allow it to easily aggregate and share findings.

Building a standard digital outcome-based tool would require:

- Investment in developing an online platform;
- Copyright permission from measure authors to move to digital platforms; and

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489538/DFE-RR467_Adoption_Support_Fund_learning_from_the_prototype_research_report.pdf

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534787/20160701Evidence_base_researchreport.pdf

- Research ethics approval and informed consent from families, as data would be used for research purposes and not just individual agency-level service evaluation.

The ASF administrator should develop the portal to allow families to log in and track the progress of their application, and give practitioners more information about why applications are not progressed.

Given the aforementioned concerns about timeliness, delegates supported moving towards greater transparency in application timescales. They proposed that this would help to manage families' expectations by keeping them informed, which would have a positive impact on families' relationships with agencies while also easing the administrative burden on agencies to provide families with updates. To provide this transparency, the ASF administrator should develop the existing online portal to allow families to log in and track the progress of their application. This should not require any further administrative work on the part of the agency or the central administrator; rather, the portal would automatically update as the application moves through the process and workers record this in the system. While delegates recognised that applications to the ASF are currently anonymised, it was proposed that a simple system of unique family reference numbers could be used to allow families to track their own applications.

Furthermore, it is not always clear why an application has not been progressed, and most agencies have instituted their own tracking processes to compare applications and gain insight into troubleshooting returned applications. The existing ASF portal should be developed to allow the administrator to record the reason(s) for not progressing an application and support the agency to resubmit.

For the proposed ASF Steering Group

A set of early intervention standards, informed by the evidence base around ACEs, should be developed by the ASF Steering Group and used to monitor the extent and types of early help provided by the Fund.

To accompany the early intervention funding that we have proposed to be ringfenced within the ASF, one of the first tasks of the ASF Steering Group should be to develop a set of standards against which agencies can benchmark their early support provision, and which can be used by the ASF administrator, the DfE, and the ASF Steering Group to monitor the extent of early help provision and the types of support that families are accessing through the Fund. These should be underpinned by the evidence on ACEs and early developmental trauma and used to inform decisions about the interventions that can be provided with the ringfenced funding.

The ASF Steering Group should work with the Department for Education to develop a set of standards and good practice guidance for adoption support. DfE and Ofsted should consider developing guidance to support the inspection of adoption support services.

The Steering Group's next task should then be to work with the DfE to develop a set of standards and good practice guidance for adoption support more widely. Delegates agreed that the National Minimum Standards had effectively brought about significant change in many areas of practice, and that the system should now seek to similarly drive change around adoption and special guardian support.

As with the NMS, these standards could be developed into guidance to inform Ofsted inspections, as well as set clear expectations for adopters and special guardians. Delegates did not think that this would necessarily put a strain on capacity – agencies already find themselves on the phone numerous times per week with many families who are close to crisis, which could be mitigated with a more transparent set of standards and expectations. These standards could cover, for example, anything from agency processes and systems with regards to support provision, to communication with families, to outcomes measurement.

Agencies should use the outcomes protocol(s) developed by the ASF administrator to provide regular, accurate returns to the ASF to build the evidence base for effective interventions.

Strengthening the evidence base for effective interventions will require not only the development of a consistent outcomes protocol, but also robust participation and recording on the part of agencies. Agencies would need to develop their recording processes, data sharing agreements, and digital systems to ensure that outcomes data can be recorded consistently and securely, and would need to agree to share their data with the DfE and researchers so that it could be analysed at the national level.

Agencies should support the ASF Steering Group by providing front-line evidence and intelligence about how the funding is used and insight to inform future developments.

Agencies must be prepared to support the new ASF Steering Group in its work to improve the Fund for children and families. The Steering Group will require input and insight from practitioners and strategic leaders alike, along with those with lived experience, in order to take account of all perspectives. We have seen with the ASGLB and other strategic groups, and more recently with the National Recruitment Steering Group, the willingness of the adoption and special guardianship system to come together to support families. Given the commitment that a wide range of organisations have already shown to working with the DfE to improve the ASF, there is sure to be a high level of participation from the system.

Agencies should agree to participate in research and other evidence-gathering on the effectiveness of the ASF as a whole as well as particular interventions when reviews are necessary.

If the above recommendations concerning outcomes measures and building the evidence base are put into practice, researchers and academics are bound to take an interest in this newly available information. Furthermore, DfE or the ASF administrator may from time to time wish to conduct 'deep dives' or surveys to capture more information on specific interventions or to take a snapshot of the adoption and special guardianship support system. Agencies should therefore be prepared to participate in research and other evidence-gathering, especially those projects which may contribute to a more holistic or longitudinal understanding of support for children who have experienced early trauma.