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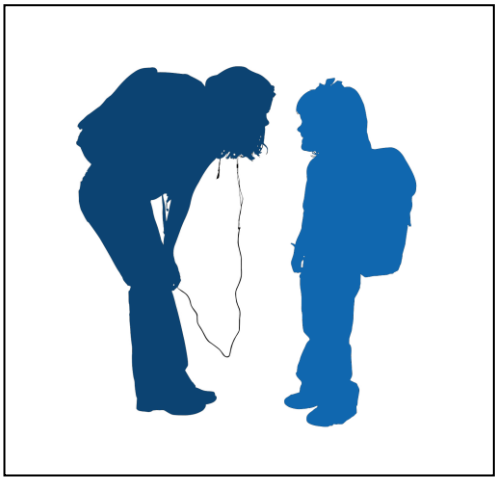
Placing children with complex needs in permanent families: A comprehensive solution to a complex problem



Family Futures was established as an Adoption Support Agency in1998. In 2008 we became an adoption agency because we wanted to apply the learning accrued over 10 years as an ASA to the complex problem of placing children with complex needs in permanent homes. We began by holding focus groups for social workers and adoptive parents. We asked them what they felt was wrong with the current system and what an adoption agency fit for the 21st should look like. The shortcomings of the system, as outlined by the parents, were as follows:

- Adoption assessments took too long
- Adoption assessments did not prepare them for the problems they went on to face as adoptive parents
- They weren't given enough 'real' information about the children placed with them
- Introductions were not well handled
- Post-placement support was inadequate and ill-informed

The shortcomings identified by social workers were not dissimilar:

- The assessment process was overly bureaucratic
- Traditional, outmoded practice and procedure persisted, despite significant advances in understanding
- There was little support from other disciplines and agencies, particularly CAMHS

Armed with this information, and drawing on clinical experience in the field, staff at Family Futures drew the following conclusions:

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- Parents were ill-prepared for the task of parenting traumatised children. Many parents had received a brief and simplistic account of attachment theory. The issue of developmental trauma or complex PTSD had not been raised or addressed.
- The adoption assessment was seen as something to 'get through' rather than a source of real learning. As a result, many parents were left feeling angry and betrayed by their assessing agency.
- Parents may still have continued down the adoption route if they'd been made aware of the level of complexity, but they wanted to know the truth about the children they were considering. They also wanted to have informed, practical advice about how to help them. It has been a common dilemma for placing and adoption agencies determining how honest they should be about the complexities of parenting adopted children. Social workers reported that they were fearful of telling parents 'the truth' in case it put them off.
- Adoptive parents who got into difficulties with their children had lost their support network for a variety of reasons, including
  - fear of 'overusing' resources
  - a sense of shame that they were failing as parents
  - feeling that family and friends did not understand

  Members of these support networks in turn reported that they did not know how to manage the complex and challenging behaviour they witnessed and were fearful that their own children might be 'contaminated' by the trauma.
- When seeking professional help parents often felt criticised and blamed for their children's difficulties. We believe this is because therapies developed for biological families attribute children's challenging behaviour to family dysfunction and poor parenting. However, when traumatised children are adopted without adequate support and intervention in place, family dysfunction and poor parenting tend to follow. So when adoptive parents present at CAHMS or other services they are often perceived as the source of the child's difficulties rather than 'parents in need'.
- In Family Futures' experience, adopted children or those requiring permanent placements have very rarely, if ever, had their developmental, psychological and physiological needs assessed. Both pre- and post-adoption, children tend to be 'described' but not 'assessed', nor their behaviours and the aetiology of such behaviours properly analysed. This is unacceptable in the 21st-century. Had they been properly assessed, their parents would have been properly informed; they would have been less likely to feel they were failing as parents, and professionals working with them would have had a realistic picture of the family's needs and how best to meet them.
- Therapies and interventions traditionally offered to adoptive families were those developed to meet the needs of biological families in which children displayed 'neurotic' symptoms. These therapies did not seem to be effective for this population of traumatised children and their adoptive families. Many of the children and families who came to Family Futures had already been down this more traditional route. Family Futures has, from the outset, developed a 'needs lead' approach, as is now recommended by the Tavistock research on ASF

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families (King.2016), This approach seeks to contextualise and make sense of behaviours before determining the appropriate therapeutic approach.

By synthesising the feedback from parents, social workers with our own clinical experience, we were able to create a model to meet the complex needs of traumatised children and their families. Criticism of the current system was unsurprising given that it had not kept pace with changes to the type of children entering the care system or the wealth of research in the field of attachment and trauma over the last twenty years. The overarching theoretical model for our adoption service is a neuro-physiological approach to helping traumatised children. This approach is developmental, in that it follows the neuro-sequential development of children but addresses the impact that maltreatment and "significant harm" has had on their development (Vaughan et at 2016).

The inception of i-Adopt, the Family Futures Adoption Service

Three important elements defined this new service:

- I-Adopt is intended for the contemporary population of children with complex needs, who require permanent family placement. We know that it is mostly older children who are being placed, the average age being 4. Many of these children are part of a sibling group.
- It was conceived as a family-finding service for children who had been caused "significant harm". Though currently such services are delivered by adoption and fostering services we wanted to move away from categorising the children by their legal status. Our starting point was finding a new family for children who had suffered significant harm, in their family of origin, as determined by the courts, 'Significant harm' is defined as:
  - neglect sufficient to cause failure to thrive
  - emotional abuse
  - physical abuse
  - sexual abuse

Any service designed to help this cohort of children needed to recognise at the outset that they differed from those infants in the past who were invariably relinquished as a consequence of poverty or the fears of social stigma (illegitimacy, etc.) Instead, these children suffered Developmental Trauma (Kolk.2005. Perry.2006) through neglect and abuse, and consequently needed parents who could parent them therapeutically, supporting them to recover developmentally with the help of therapeutic professionals.

- Our service needed to be multidisciplinary. The adoption system seems reluctant to concede that every aspect of a child's development is impacted and to some extent impaired by 'significant harm'. Developmental Trauma requires a multidisciplinary team, to assess and then provide therapeutic treatment. Yet more radical than regional adoption services is the notion of regional *and* multi-disciplinary services. It is the latter aspect that ensures that the needs of adoptive parents, foster carers and their children

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are properly catered for. The absence of a comprehensive multidisciplinary approach in mainstream of service provision, suggests that Local Authorities and Government policy have not fully responded to what we now know are the complex and wide-ranging needs of children who are fostered or adopted.

The i-Adopt model

Our Family Futures model comprises three stages – a fact that wholly impressed Martin Narey, who had reviewed adoption services and published his report in *"THE NAREY REPORT: A blueprint for the nation's lost children"* July 2011.We believe this influenced his subsequent recommendation for a two-stage approach to assessing parents, that has now been instituted across agencies nationally. His critique of adoption services was very similar to our initial focus groups and our clinical experience. Our model is a neuro-physiological psychotherapy approach to assessing parents, matching, introductions and placement. The model is equally applicable in its application to adults as it is to children.

Stage 1 - Screening the applicants

Although the number of children needing permanent homes may fluctuate, the level of infertility in the general population seems to remain fairly consistent at around 1 in 10 couples. Adoption in the popular mind may seem an easy way to obtain a baby and build a family. Most adoption agencies will know how common it is for prospective adopters to present with very unrealistic expectations of what adoption means today. We have a duty of care to every prospective applicant to inform them about what adoption or permanent fostering entails and if needed, to redirect and signpost to other appropriate services. The process of applying to adopt is time-consuming and resource-heavy, for both the applicant and the agency involved. It is important therefore that only applicants who have a high probability of being approved should be selected to proceed. As such, it is necessary that stage 1 is rigorous. Most agencies have now developed their own model for stage 1, so I won't dwell on it other than to mention some of the key aspects of our stage 1:

- **An initial consultation** – to discuss what they are looking to do and how we can help.
- **A home visit** - We see the applicant in their home context and in a setting in which they feel at ease. Here we can also gauge the suitability of their accommodation et cetera, and impart information about adoption today.
- **An attachment style assessment** - We invite the applicant to come to our centre and complete an ASI interview and bring with them a brief chronology of significant life events following a template provided to them on the home visit. These tools are designed to assess their attachment style. Using the ASI and our understanding of attachment theory we will make a clinical judgement as to whether the applicant has a secure attachment style, their propensity for insecure attachment strategies when under stress, and the nature of their support network.

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This work is facilitated by a social worker and a therapist from our multi-disciplinary team.

- **A taster day.** During the taster day the applicant will be asked to carry out a range of therapeutic assessment and self-awareness exercises. These include:

- an exploration of their chronology using creative arts materials
- a sand tray exercise and Theraplay MIM (Marschak Interaction Method) – a play-based, structured observation designed to assess the applicant's capacity to provide a child with structure, nurture, engagement and challenge.
- talking through our formulation of their attachment style and the impact that a child might have on them and their intimate relationships. From the information gathered during Stage 1 we are better able to determine whether the applicant should proceed to Stage 2. We aim during Stage 1 to assess their psychological robustness and emotional resilience, as far as we can. In addition, we are hoping to gain insight into the applicant's capacity to collaborate, to be open and insightful, and to be able to explore non-verbally thoughts and feelings evoked during the assessment. We openly share our reflections with applicants as we see this as a way of modelling the therapeutic approach they and any child placed with them would experience during treatment.

Stage 2 – Assessing the applicant (3 x two-day modules run over 2 weeks)

Individuals who proceed to the next stage then complete three modules which are designed to assess the applicant whilst also increasing their understanding of the challenges faced as an adoptive parent. As mentioned above, feedback from prospective parents indicated that adoption assessments were seen as something to 'be got through'. While one cannot of course avoid the evaluative aspect of the process, which is likely to induce anxiety in any applicant, we also believe it is crucial that the process serves the applicant, helping them – if possible – to reach their own conclusions about whether adoption is right for them.

We have found that the Family Futures approach works well because parents feel they are collaborating in the process and feel part of a team. We explain to parents that our assessment is psychologically rigorous and therefore exposing, which makes it harder to 'trick' the assessment process. In the spirit of collaboration and teamwork the assessment is essentially a journey of self-awareness and self-enlightenment for the applicant. It is our intention that they learn more about themselves as individuals and prospective parents, and come to a greater understanding of their strengths and vulnerabilities and how these might serve or challenge them when parenting a traumatised child. All the while, the team will be making an evaluation as to whether the applicant should be approved by the agency. This may seem naïve to some professionals but in our experience it has been a more effective approach than an assessment that is 'done to' the applicant.

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The other key aspect of stage 2 is the fact that during the process they will be exposed to, and work with, a number of social workers, therapists and other professionals so that their suitability will be assessed collaboratively as a team and not simply by an individual worker as is the case with many agencies. Not only will this give the applicant a range of perspectives on the adoption experience but also gives us as an agency various perspectives on the applicant. It will also give the applicant a taste of working with a multidisciplinary team on different aspects of the child's development and their parenting needs.

- **Module 1 –** a programme run by the social worker and the therapist, the aim of which is to explore:
  - The applicant's attachment history using a shortened version of the AAI as a framework for a conversation with the applicant about their own history
  - The transgenerational attachment scripts in their family history using couple/parent scripting exercises.
  - Information gleaned from the Attachment Style Interview
  - The reasons for childlessness, using Make a Clay Baby exercise as a springboard for discussion
  - The applicant's views on education, sexuality, culture, gender and discipline

The information gathered, provides not only a picture of the applicant as they are, but as they are likely to be when a child is placed with them. This enables us to make predictions, hypotheses and formulations, about how the applicant might operate as adoptive parents. These are shared with the applicant.

Any unresolved issues arising from these two days will be explored in individual therapy sessions or other appropriate channels, or else may result in the application being postponed or terminated.

- **Module 2 – Psycho-education on child development and the impacts of trauma**

  - The Adoption Triangle

Applicants are given the opportunity to consider the position and needs of all parties involved in an adoption. This explanation includes a historical overview of adoption and how it has changed over time, with children now placed for adoption following removal from their birth family by court order. The life-long implications of this situation are explored from the point of view of the child, the birth relatives and the adopters. The discussion also takes into account the role and significance of foster carers, as well as how a well-managed transition can influence the stability of the placement in the longer term.

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The rest of this module explores typical child development and how it is impacted by trauma, as well as how adopting will impact on the couple relationship or on an individual adopter's lifestyle and network. Knowledge of the applicant's attachment style is very useful as we support them to consider a range of parenting scenarios and their potential responses. This is helpful in bringing to life the realities of parenting a traumatised child and the dynamics that may be activated in the parent-child relationship, and other family relationships. A range of audio/visual materials are employed. At this point we help the applicants to make an informed decision about the type of child they would like to adopt.

- **Parenting traumatised children**

This is based upon Family Futures Neuro-Physiological Psychotherapeutic approach to healing trauma and building secure attachments. In Stage 2, every applicant takes part in a 2-day training on parenting traumatised children. They will also spend one day intensively looking at parenting issues. This includes an introduction to contact, parenting strategies, couple care and the life-long impact of adoption. Prospective adopters will be introduced to:

- PACE
- Parenting from the inside out
- Mindfulness

- **Module 3 - Parenting resources**

This module is designed to raise the applicant's awareness of the range of resources available to them and how they might make use of them. We include meetings with a range of professionals with expertise in the following areas:

- Sensory integration
- Regulation of infant somatic stress
- Theraplay and DDP, as well as other therapies designed to enhance the parent-child attachment relationship
- The role of life story work in trauma resolution
- The importance of self-care and mindfulness
- Therapeutic parenting strategies and approaches
- Cognitive functioning, problem-solving and education
- Internet safety
- Network support

In addition, we facilitate a half-day network meeting, inviting the applicant's network to the agency for a presentation about current adoption and the kind of child the applicant hopes to adopt. At this meeting the agency makes a verbal contract to meet with the network three months after placement, and annually, to help monitor the progress of the placement and the support needs of the parent. As such, the responsibility for

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managing and maintaining the support network is assumed by the agency rather than the parent.

Hereafter we follow the usual processes of report writing and presenting to panel.

Stage 3- Planning the family's future

Stage 3 begins with matching. Once a child has been identified and all parties have agreed the suitability of the match, a therapist from our multidisciplinary team and the applicant's social worker will carry out a comprehensive child assessment (Vaughan, 2016) designed to determine:

- the child's needs – which in turn informs how Introductions are planned
- the nature of post-placement support
- future contact arrangements
- any specialist assessments and therapeutic and/or medical treatment the child may require now or into the future.

This report would be made available to the Matching Panel as part of the matching considerations, along with our assessment of the parents. We also complete an addendum report, known as Family Futures Compatibility Report. (We have tried to avoid the term 'matching' as this harks back to baby adoption and perpetuates the notion of a 'perfect match'). The compatibility report outlines the strengths and vulnerabilities of the placement and sets out a proactive post placement support plan to be reviewed by the panel.

Managed Introduction

The next step in Stage 3 is Introductions, during which we offer intensive support to the prospective adopters, the child and the foster carer. In our experience introductions are often poorly managed, with foster carers and prospective adopters left to 'get on with it' and expected to get to know each other with little professional support. Most experienced placement practitioners are well aware that introductions can 'make or break' a placement. We have learnt a great deal from adopters' personal experience over the years and devote a great deal of time and careful consideration to the introductions phase.

- **Preparing for introductions**. In addition to the placement planning meeting, at which a timetable for introductions is formulated, we set up a more informal face-to-face meeting between the foster carers and the adopter. The purpose of this meeting is to facilitate discussion about how each of the participants feels about the child moving on. Often there is a mixture of sadness and relief on the part of the foster carer and anxiety and delight on the part of the prospective

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set-up is not the foster carer's preferred option for the child. It is adopter. There is discussion about how the child may be feeling based on the foster carer's assessment and their knowledge of the child's presentation when they first came into their care. It is important to set up a collaborative relationship between foster carers and adopters. This can be more challenging when the family

better that the 'elephant in the room' is named and dealt with, so that negative feelings are not acted out.

We advise that the role of the adults is to help the child say 'Goodbye' to the foster carers, rather than focus on saying 'Hello' to their new parents. Until a child has had the opportunity to really say their farewells and grieve the loss of their foster carer and foster family, it will remain very hard for them to move on and accept prospective adopters.

Another important and contentious issue is the duration of the introductions period. Some agencies believe that 10-14 days is an appropriate length of time. However, it is our belief that these timescales were instituted back when it was customarily babies who were being adopted, and that each situation should be assessed individually. There are pragmatic and logistical constraints on extended introductions but their duration should take into account the age of the child and how long they have lived in their current foster home. Some children may benefit from a less intensive period of introductions, with adopters visiting at weekends or other times on a more occasional basis. This enables the child to become more familiar with the prospective adopter(s) and allows them to observe - if possible - a collaborative alliance between their foster carers and their adopters.

- **Introductions as an opportunity for therapeutic work**

Even with very young children transitions can provide opportunity for life story work. A move from any placement will inevitably evoke memories - conscious or unconscious, psychological or somatic - of previous moves. Associations with previous moves will almost inevitably evoke anxiety and fear - part of the trauma narrative. At this point, the therapist who carried out the assessment of the child, offers one or two individual sessions. These sessions enable the child to explore and make sense of feelings of fear and anxiety evoked by the imminent separation, that likely reverberate with events in their past. The child is encouraged to express their feelings about the separation from the foster carer and the move to the comparatively unknown prospective adopters. Feelings of rejection, fears of people called 'Mummy' and 'Daddy', can all be explored with the child in a safe therapeutic setting in the foster home. The sessions aim to reduce the likelihood of the child becoming highly triggered and acting out these feelings during the transition period.

- **Post placement support and intervention**

Beyond the transition period the therapy team continue to work with the prospective adopters and the child. The focus for the first three months is home-based interventions as the child starts to feel safer in their new environment and

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issues around contact with the foster carers are managed. The therapist and the social worker will continue to have separate sessions with the child and the prospective adopter, as well as joint sessions. The focus of the sessions will be the newness of the relationship, the feelings evoked by transitions, as well as attachment-enhancing activities and strategies. After about 2 months when the child feels safe with the prospective adopters, the therapeutic work then begins in earnest at Family Futures an becomes agency-based and may encompass other members of the therapeutic team such as the Occupational Therapist, who will carry out a sensory integration assessment (if indicated) and any other specialist assessments that may be required (cognitive, paediatric, etc.). Information gathered from these sessions will be fed back to the LAC reviews. Throughout this process, the parent and child benefit from the continuity of the team: the parents continue to work with the social worker and therapist who carried out their assessment, whilst the child continues to work with the therapist who supported them during the transition phase. The therapy will follow the neuro-sequential model outlined in the paper by Vaughan et al (2016). Successful outcomes from this programme have been evidenced for the first time in peer-reviewed statistical research papers (McCullough et al. 2016).

The duration of treatment post-placement depends upon the needs of the child and their family; therapeutic input tends to be more intensive in the first year of the placement. There may also be breaks in the therapy programme depending on the age of the child and their emotional and developmental needs. At this point the Therapy Service takes over and implements the NPP therapy program.

Family Futures Retesting Programme and Research Summary

There is scant evidence for the effectiveness of therapeutic interventions or parenting programmes which evidences emotional, behavioural and relational improvements in children who are adopted or placed for adoption. This is particularly so when it comes to evidence for effective therapeutic interventions with children who have experienced developmental or complex trauma and who exhibit a high degree of challenging behaviours and disorganised attachment. That which does exist is for attachment based or attachment/regulation based interventions.

The existing, positive evidence for significant change for children who are adopted or are placed for adoption can be split into two categories – parenting programmes or family based interventions, both of which are based on Dyadic Developmental Psychotherapy or other attachment and regulation based interventions.

- Whilst parenting programmes alone have shown initial change in carers' satisfaction and understanding, there is little evidence for emotional and behavioural change for children beyond and hyperactivity/inattention (Gurney Smith et al, 2010). There is no evidence that such behaviours are sustained over a significant period of time. Researchers point to the fact that such groups

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are a 'starting point and further therapeutic work is needed if similar change is to be achieved' (Laybourne, Andersen & Sands, 2008).

- A DDP intervention study with both adopted and long term adopted children in the US show marked improvement for behavioural and emotional difficulties which has been sustained over 4 years (Becker-Weiderman, 2006a, 2006b)
- An attachment, regulation and competency intervention study in Alaska has also shown significant improvements in behavioural and emotional difficulties in a group of 26 children who have experienced serious maltreatment. (Arvidson et al, 2011)

Family Futures' NPP programme (Burnell & Vaughan, 2012) is aimed at working with adoptive families of children who have experienced significant developmental trauma in the context of their birth family. Children who present at Family Futures have a range of difficulties (as measured by the Child Behaviour Checklist that is typically higher than that discussed in any other published research). The approach is underpinned by both DDP and neurophysiological approaches and is a 'wrap around service' offering input to family networks and schools. Through a focus on physiological regulation, attachment formation and the development of a reflective capacity and coherent sense of self, children are able to develop a capacity to engage in self-regulation, form healthy relationships with their parents/others and engage in education at a higher level than would otherwise have been anticipated. The children who are seen at Family Futures are often on a trajectory that, without intervention, leads to exclusion from education and later mental health difficulties and/or involvement in the criminal justice system.

The Family Futures research program was designed to measure the outcomes for children in the NPP treatment program. The program has involved retesting children and families who have engaged in all levels of the NPP treatment package and for whom a variety of base line measures exist, including measures of emotional and behavioural difficulties, parental stress and parent/child relationship and attachment. The research shows a statistically significant difference on Total Difficulties on the Child Behaviour Checklist (CBCL) with a reduction in both emotional and behavioural difficulties. This has now been published and is the first peer reviewed and statistically significant evidence of an effective therapy for this group of children. (McCullough,E. et al 2016). We are now carry out, ongoing retesting of all children who engage in the treatment program.

Other Enhancements and Innovations

➢ Child Profiles

During the early stages of family placement we found that we were collecting a lot of information about the child to be placed and had carried out numerous assessments. This information is very important clinically and for planning

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purposes however we felt it would be useful to provide it in a brief and more usable format for parents and other members of the caring network. We therefore devised what we call the 'Child Profile'. The format is four pages of A4 which provides the following information:

- a brief anonymized summary of the child's history
- The developmental challenges for the child divided into three main areas- 1.sensory integration 2.affect regulation and attachment 3.executive functioning and cognitive processing.
- Practical strategies for dealing with each of these areas of difficulty.

This information is then made available to the prospective adoptive parents, other family members or friends who care for the child and the school if appropriate.
The child profile ensures that everyone coming into contact with the child has a clear understanding of their history, their developmental challenges and how to respond when the child becomes dysregulated or upset. In this way the clinical knowledge is put to optimal use by the network.

➢ A memory stick

Many children placed for adoption or who are fostered have a 'memory box' containing memorabilia and significant artefacts from the past. We have added to this store by using video. Some local authorities have Child Appreciation days

prior to placement. These we would video. We would also video the social workers, foster carers and birth relatives who have been involved with the child. In this way we would gather a video narrative of the child known history. This video is then put on a memory stick. This material will:

- give prospective parents a better and clearer history of the child
- be used at some future date during therapeutic life story work
- ensure the child has the opportunity to reflect upon their material when they are older

In the past we have spent time trying to gather retrospectively a lot of this information which we now realised would be better gathered at the time of the child's placement. The memory stick provides a very useful archive which enhances the information about the child we gather from reports and file searches.

➢ Therapeutic family support workers

This role evolved from our use of parent mentors. Parent mentors were adoptive parents who had been given a basic training in attachment and trauma and its impact on children and their development. They were then 'buddied up' with adoptive parents with new placements. What we learn from this experiment was that you adoptive parents wanted very practical advice and support that was specific to their child and emanated from a professional source. We then moved to recruiting childcare workers and training them in the basics of Theraplay and DDP along with giving them a detailed briefing of the child placement. The role of the therapeutic family support worker was to go into the home, during the day

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or after school, to work alongside the adoptive parent in their day-to-day parenting of the child. This is particularly relevant where siblings have been placed together. (Sibling placements are discussed in chapter….) Their role was more focused on support and parent education rather than respite. The development of the role also reflected a shift away from the focus of our intervention being the clinic-based therapy to home-based systemic support. (Unfortunately the time of writing, this provision falls outside of the ASF approved therapeutic interventions.)

Conclusions and Reflections

- This intensive 3-stage approach allows assessments to take place within a shorter time frame. We were determined at the outset that assessments should last no more than 6 months.
- This model offers the benefits of co-working and a multidisciplinary team. This does not necessarily increase costs as the whole team are not engaged simultaneously. The increased rigour and focus of co-working expedites the assessment process and placement. From the clinicians perspective the placement outcome does not just rest on a single individual, but is the responsibility of a team. This reduces practitioner stress.
- The model also allows for greater continuity as the team of practitioners remains the same. Children or prospective adopters are less likely to feel abandoned when a practitioner is off sick or leaves their post, as they are familiar with a number of practitioners within the therapy team.
- This model offers a robust but enlightening approach to assessing prospective adopters which to date has been appreciated and liked by applicants.
- The model truly embraces the impact of significant harm on child development and embeds a therapeutic approach from assessment to placement, and throughout childhood.
- The attachment-focused, trauma-informed support and education both pre- and post-placement is appealing to prospective applicants and provides reassurance that they will be well accompanied on their adoption journey.
- We have also found that single women, and other applicants who might otherwise feel marginalised, find the model and the approach attractive. This means we are expanding the pool of potential adopters.
- The model and approach emboldens prospective adopters to consider children with more complex needs and children they might otherwise not have considered.
- The whole process, from application to matching, is usually completed within a year.
- As this has been a pilot project the number of children placed has been small (12) but all have had significant and complex needs: 50% had genetic disorders, one child was deaf and blind; the majority were school-aged at placement. All the children placed had experienced significant abuse.

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- The cost of this model is within realistic limits. Stage 1 and 2 can be carried out within the constraints of the inter-agency fee. The matching process tends to be the most costly element, requiring as it does considerable time and resources. This process has been prioritised so that timescales for placement are kept as short as possible. As an agency we have had to subsidise the service because of this element as the Interagency Fee is not sufficient to cover the costs involved in 'matching'. The current ASF funding arrangements do not really support this model. It will require Local Authorities to 'match fund' or just to fund post placement support not covered by the AS. The 'fair access' £5000 per annum per child does not cover the cost of intensive therapeutic work with an adoptive family over the course of the year. The PSSRU, an independent, University based body that analysis the cost of public service says the average cost per child per annum, of Multi-systemic therapy or Multidisciplinary therapy provided by the NHS is £60,000 to £70,000 (2016). The cost of Family Futures NPP programme for children placed in our families is on average £ 30,000.per child, per annum

If as a society we are truly committed to helping children who have been deemed, by the courts to have experienced 'significant harm' whilst in the care of their birth parents, we are going to have to consider developing a fully integrated Adoption Service that is, holistic and multi-disciplinary, in order to provide sustainable permanent families that optimise the child's potential and parental well-being.

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