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The Adopting Together Service

The Adopting Together Service: How innovative collaboration is meeting the needs of
children in Wales waiting the longest to find a family

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Abstract

Significant concerns remain about the high numbers of children needing an adoptive placement relative to the low numbers of prospective adopters, the high level of long-term therapeutic support needs for many adopted children and their families, and whether there are appropriate services to meet these needs. There has been an increase in ‘priority’ children waiting over 12 months to find a family. These ‘priority’ children are often children aged 4 and over, sibling groups, children with additional needs or developmental uncertainties and children from ethnic minority backgrounds. The financial and emotional costs of long-term fostering when plans are changed are huge. We report on a major development in childcare practice in Wales that has occurred over the past two years. The Adopting Together Service (ATS) involves a unique, innovative and multi-layered collaboration between the voluntary adoption agencies (independent charities) and regional adoption teams (statutory sector) to secure permanence for children who wait the longest to find families. We describe how the ATS has been developed and embedded, including an account of the referral process, the approach to recruitment, linking and matching, and therapeutic activity before, during and after placement. We also provide an account of the process of securing sustainable social procurement under the guidance of the British Standard for Collaborative Working (ISO 44001; British Standard Institute; 2017), the creation of a Joint Relationship Management Plan between voluntary adoption agencies, and the implementation of Service Level Agreements between the voluntary and statutory sectors. These developments are considered in the context of the Welsh Government’s implementation of the Well-being and Future Generations (Wales) Act 2015, which lays out collaborative expectations to the statutory sector as one of its sustainable development principles. We conclude by providing an initial

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evaluation of progress, assess the challenges to the Service and provide preliminary evaluation with views from social workers, foster carers and adoptive parents.

Key words: adoption, service level agreements, social procurement, siblings.

The Adopting Together Service: How innovative collaboration is meeting the needs of children in Wales waiting the longest to find a family.

The number of children in care waiting for an adoptive placement has continued to increase from 2017/18 to 2018/19, with the numbers of children waiting over 12 months also rising. In Wales during 2019, the National Adoption Service (NAS) evidenced a shortfall in adopter numbers by almost a third since 2014/5, an increase in the number of children waiting for a family by 64%, and an increase in the average time from looked after to placed for adoption to over 16 months. Children in care are among the most vulnerable in our society, with estimates highlighting that Welsh children placed for adoption experience on average four Adverse Childhood Experiences (ACEs) prior to adoption (Anthony, Paine & Shelton, 2019a). The moral imperative to make haste in securing permanence for this group of children must be weighed against the associated complex needs of older children, of children who often have siblings in a range of care arrangements and where the majority will have experienced some form of trauma. The parenting task is potentially immense.

The Welsh context

Wales is a country of Great Britain and the United Kingdom. Since the passing of the Wales Act 2017, the National Assembly for Wales can pass laws on any subject unless it is specifically stated to be reserved to the UK Parliament (Welsh Government, 2019¹). Children living in the UK are exclusively adopted through the public care system, while private arrangements via adoption agencies (i.e., like those in the US) are not used. All children removed from their birth home spend some time in the care system, and most will have experienced abuse, neglect, and disruption in their lives (Department for Education [DfE], 2016). The pre-conditions of children placed for adoption from care in the UK also vary

¹ <https://law.gov.wales/economydevelopment/economic-development/what-is-devolved-eco-dev/?lang=en#/economydevelopment/economic-development/what-is-devolved-eco-dev/?tab=overview&lang=en>

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greatly from the US, with the majority (85%) of children in England and Wales adopted by ‘strangers’ (Ivaldi, 2000; Selwyn, Wijedasa & Meakings, 2015) compared to the US, where approximately 14% of children are adopted by non-relatives (Adoption and Foster Care Analysis and Reporting System; 2016).

Children placed for adoption

Research evidence (e.g., Anthony et al., 2019a; 2019b; Meakings, Ottaway, Coffey, Doughty & Shelton, 2018; Selwyn et al., 2015) underscores a sector identified need for increased adopter recruitment which not only raises awareness and understanding of ‘priority’ children’s potential therapeutic support needs, but also establishes an appropriate approach to adoption which ensures effective early intervention for both the child and adopters. More broadly, research findings have highlighted the psychological and practical support needs of families and identified gaps in the amount and quality of professional support received by parents, including during the early stages of an adoptive placement (Meakings et al., 2017, 2018; Selwyn, et al., 2015). Family law research and discourse has also drawn attention to emotive themes regarding human rights in relation to adoption, including relationships between siblings who are separated through the care system and the implications for adjustment across childhood to emerging adulthood (Doughty, Meakings & Shelton, 2019; Monk & Macvarish, 2018; Neil et al., 2018). Many parents and young people want support to help strengthen sibling bonds created and/or affected by adoption (e.g., Jones et al., 2015; MacDonald, 2017; Meakings et al., 2017). Moreover, we can assume that a proportion of priority children, through their early life trauma and additional placements needs, will require packages of support beyond those accessed at a universal level (National Adoption Service Framework for Adoption Support, 2019). Meanwhile, high levels of parental warmth have been identified as a factor that can moderate the relationship between adversity and children’s early post-placement mental health, highlighting the potential

importance of instilling a strong sense of parenting efficacy at an early stage in a placement (Anthony et al., 2019a; 2019b). Focusing on early intervention support requires a different level of buy-in by local authorities whereby procurement teams need to be certain that an upfront investment, albeit during a prolonged period of austerity, will deliver better social outcomes for adoptive families.

Social procurement

Public procurement is increasingly being recognized as a strategic lever for delivering broader government policies such as improving the social, economic and environmental benefits gained from public sector contracts (Lynch et al., 2019). Sustainable procurement is a growing research area and, as a concept, increasingly on the agenda for procurement managers. Walker, Miemczyk, Johnsen and Spencer (2012, p. 201) define sustainable procurement as “the pursuit of sustainable development objectives through the purchasing and supply process”.

The Well-being of Future Generations (Wales) Act (WFG Act, 2015) is an ambitious piece of legislation underpinned by the ‘sustainable development principle’ which requires 44 public bodies in Wales to comply with five essential ways of working (collaboration, long-term thinking, involvement, integration and prevention) to work towards achieving ‘Well-being Goals’ for Wales such as improving health and wellbeing, prosperity, resilience and greater equality for people living and working in Wales. The WFG Act (2015) enshrines expectations that the statutory sector will apply collaboration as a sustainable development principle, providing a platform for establishing collaborative working within the third sector, across the third and statutory sector, and with multi-agency partners. However, there are significant public procurement challenges when trying to evidence social value, which is often interpreted as being limited to the creation of employment opportunities. During the prolonged period of austerity when local authorities in Wales have faced severe budget cuts

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for procuring services, spot purchasing techniques have become the norm for adoption service provision. The process of spot purchasing can delay provision of necessary specialist support, with deleterious consequences for children and families. A further challenge in Wales is the need to comply with European Union procurement regulations for threshold values and by ensuring fair and equal treatment of suppliers to encourage market competition. Regulation 31 of the Public Contracts *Regulations* (2015) offers local authorities a breakthrough approach, an ‘innovation partnership’, where there is a need for “an innovative product, service or works that cannot be met by (those) ... already available on the market” (*Regulation 31(2)*) (Bennett, 2015). The legislation enables public bodies to partner with single or multiple external partners. However, the guidance on modifications to the contract once it has been awarded is less explicit and Bennett (2015) notes there remains some caution to move away from traditional tried and tested procedures (such as spot purchasing) and the uptake for innovation partnerships is still low. The Service described in this article was designed to use a partnership approach to the public procurement of childcare service delivery.

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The Adopting Together Service is a unique and innovative multi-layered collaboration (Figure 1) between the three Welsh Voluntary Adoption Agencies (VAAs; St. David’s Children Society, Barnardo’s Cymru and Adoption UK²), and is further enhanced by collaborative practices between these organisations and the 22 Welsh local authorities, which are grouped into five Adoption Regional Collaboratives.

² St. David’s Children Society (<https://www.adoptionwales.org/>) and Barnardo’s Cymru (<https://www.barnardos.org.uk/wales>) are the only two Voluntary Adoption Agencies in Wales who recruit and assess prospective adopters. Both organisations work to find, prepare and support prospective adopters to meet the needs of children who are in the care of a Local Authority. Both organisations are non-profit making charities. Adoption UK is a charity that provides support and advocacy for adoptive parents. (<https://www.adoptionuk.org/who-are-we>)

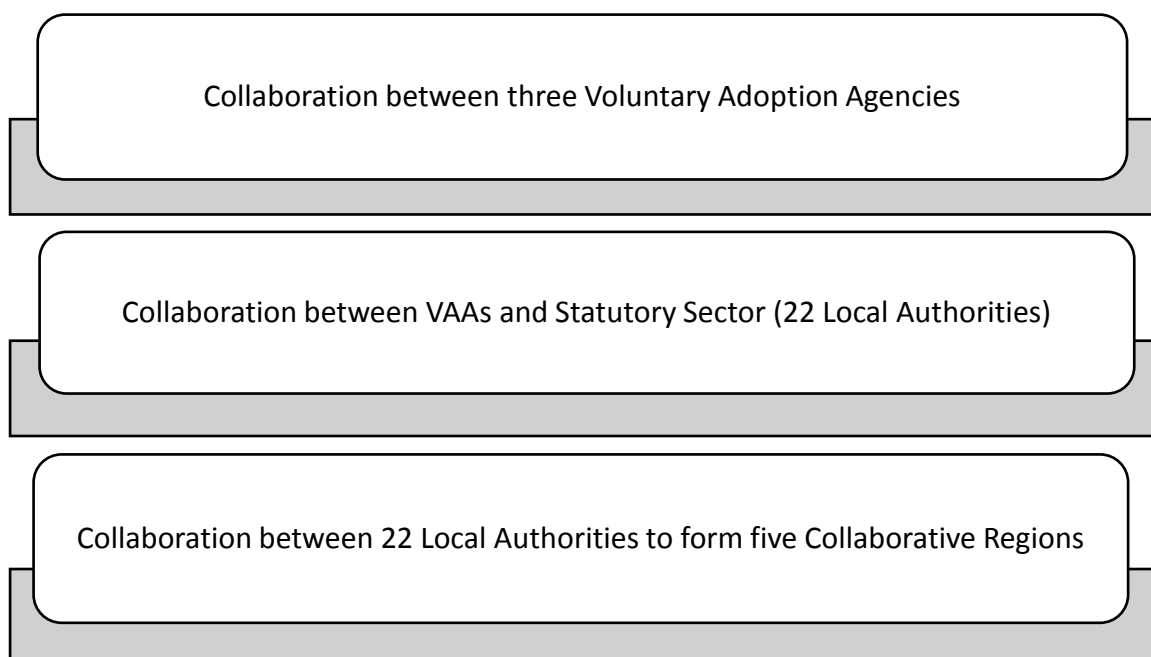


Figure 1: Three Levels of Collaboration for Adopting Together.

The Adopting Together Service first took shape in 2016 when the National Adoption Service (NAS)³ in Wales reported a growing gap between the number of adopters being recruited and the number of children waiting for an adoptive family. This led to an increase in ‘priority’ children waiting over 12 months or more to find a family. These priority children are often identified as children aged 4 and over, sibling groups, children with additional needs or developmental uncertainties and minority ethnic children. The adoption sector in Wales recognised the necessity to develop a service which could meet the individual complex needs of priority children and the voluntary adoption agencies (St David’s Children Society, Barnardo’s Cymru, Adoption UK) were identified as uniquely positioned to establish a specialised service.

³ The National Adoption Service (NAS) was established in 2014 and is governed by Adoption and Children Act 2002 (Joint Arrangements) (Wales) Directions 2015. NAS comprises 5 Regional Collaboratives (22 Local Authorities sit underneath the RC’s) with partnership arrangements with the Voluntary Adoption Agencies. All have operational independence (Rees & Hodgson, 2017).

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It was agreed that St. David's Children Society, working alongside its partners, would act as the lead agency in the development and implementation of the Adopting Together Service. Established in 1942, St. David's is the longest serving adoption agency in Wales and has placed over 2,000 children. As part of an Innovate UK Knowledge Transfer Partnership funded by Welsh Government, St. David's has worked with Cardiff University's School of Psychology and Business School, to support the Adopting Together Service in establishing closer cross-sector collaborative working and developing new methodologies for the delivery of the ATS individualised recruitment and support service for priority children waiting 12 months or more for a family. The overarching objective of Adopting Together is to provide an adoption service with early intervention and prevention at its core, enabling lifelong and secure placements for children. The Service uses clinical psychologist and therapeutic social worker input to offer early support.

The creation of the service had two components. The first, to develop the delivery of highly effective adoption recruitment and support that minimises the risk of family breakdown and children returning to the care system. The second, the engagement of the statutory sector with the voluntary sector through innovative collaborative practices, aiming to safeguard the proactive use of voluntary sector services as a critical component in the statutory sectors duty of care. Achieving these dual purposes required:

1. An enhanced support service be implemented that made a difference to families by developing increased competence and resilience in a prevention framework.
2. Working structures created to embed a platform for partnership with the statutory sector.
3. Maximising knowledge exchange within and between agencies resulting in financial and human resource savings in the context of challenged Local Authority budgets.

The business case for collaboration

Many of the organisational opportunities available to the VAAs are set within the background of recent legislative changes in Wales. The Social Services and Well-being (Wales) Act 2014 introduced the concept of co-production regarding the development of new services through active engagement with service users. This was further reinforced in the Well-being of Future Generations (Wales) Act 2015 which included Collaboration and Involvement as two of the five sustainable development principles. Both Acts offered opportunities to the VAAs in allowing them to innovate a service built around the requirements of the Acts. This ensured the VAAs remained at the forefront of change and evidenced their commitment to the legislative expectation of Welsh Government.

A fundamental driver for collaboration is the identification of an agreed market need. In the case of the Adopting Together Service, the needs relate to the increasing number of children waiting to be adopted and priority children waiting 12 months or more. Devising a formalised collaborative working relationship across the VAAs allows for a service with shared responsibility and accountability to ensure success. It also encourages the sharing of research, knowledge and understanding to best meet needs alongside the sharing of costs and resource. Collaboration gives opportunity to reach a wider and more diverse audience in terms of adopter recruitment, giving greater potential to place children. It also means accessing organisational strengths and knowledge to ensure effective support is implemented for children and adopters. The Adopting Together Service offers greater consistency in approach, specifically with new and innovative practices being continually explored. Working collaboratively offers a broader evidence base by giving opportunity to collate evidence and data, providing greater potential for expansion in the future. In the long-term, collaboration affords opportunities for joint funding, increasing prospects of sustainability and therefore reach and capacity for partner organisations.

Complimentary opportunities existed across the VAAs for reputational and organisational positioning. The experience that St. David's Children Society and Barnardo's Cymru have in placing children provided the opportunity to work together to develop services that were informed by sharing strategic knowledge from a national organisation perspective (Barnardo's Cymru) and with a Welsh focus (St. David's Children Society). Barnardo's and Adoption UK could bring their UK-wide position to influence and raise awareness around service needs, while Adoption UK could also share knowledge they had captured through wide-ranging engagement with adopters.

The principles of the International Standard ISO44001 for Collaborative Business Relationships Management Systems have been followed since the Service commenced as a pilot project in 2017 (British Standard Institute, 2017). The lifecycle framework and its eight stages provided clear themes to improve the partnership between the VAAs which, having formed a supplier consortium, was formalised using a Joint Relationship Management Plan. This plan was led by the second author who used individual SWOT (Humphrey, 2005⁴) and PESTLE (Aguilar, 1967⁵) analysis with each partner organisation and then devised a collective analysis for them that was discussed and agreed over a series of meetings. Working on this plan allowed each of the organisation's early involvement to individually and collectively identify and establish their own and joint working structures, their organisations strengths and weaknesses and their unique attributes that would support a collaborative approach. This approach helped to establish aligned service goals, plus strengths and benefits of a collaborative delivery. The Joint Relationship Management Plan, signed by each of the Voluntary Adoption Agency, reinforced and evidenced to the statutory sector the VAAs commitment to a best practice model. Consultation with stakeholders was also key in

⁴ SWOT analysis refers to an organisational approach that seeks to identify Strengths, Weaknesses, Opportunities and Threats to a project.

⁵ PESTLE denotes Political, Economic, Social, Technological, Legal and Environmental factors that are considered in relation to business development and planning.

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establishing a best practice approach. This work has not come without its challenges, particularly when challenging existing practice and in presenting solutions offered by Regulation 31 in innovative service delivery. Historically, the VAAs have always worked closely, but competitively, alongside each other. Undertaking SWOT and PESTLE analysis allowed each partner to understand and then create appropriate structures around their strengths and competencies. This also allowed them to clearly separate their core business from the collaborative work for Adopting Together. The Joint Relationship Management Plan also provided clear information to refer in relation to issue resolution should competitive conflicts arise; the plan has been utilised on occasion to ensure continued effective collaborative approaches.

With the collaboration of the VAAs set on a secure foundation alongside a clearly defined needs-led service, the next stage of the collaboration involved the VAAs working with the statutory sector to develop and implement Service Level Agreements (SLAs) for Welsh regions. Emphasising the need for longer-term thinking, early involvement and prevention as essential ways of working (WFG Act, 2015), several informal meetings were held initially with the most interested Regional Collaboratives, with formal procurement meetings taking place in late 2017-early 2018. The meetings were facilitated by the third author. Here, the model developed for Adopting Together was acknowledged as best practice, and the VAAs continued to work with the regions to develop a collaborative platform to further the Service design and implementation. The task of writing SLAs was complex and lengthy, with each Regional Collaborative needing to achieve sign off with each Local Authority aligned to the region⁶. Pragmatic solutions were applied which required host

⁶ Apart from one Region who have, under their partnership agreement, delegated to their host Authority a pooled budget for Adoption.

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Authorities taking overall responsibility for each child referred to the service, including permissions obtained regarding service costs.

Involvement and consultation took place at every stage with relevant stakeholders, which has inherent time and resource implications. Several dissemination events have also been held to raise awareness and explain the Service model with a range of professionals in the sector. Such events provided the opportunity to share information, best practice and gain insight from allied professionals to support practical elements of service implementation (including potential barriers that needed to be overcome).

The therapeutic model for the Adopting Together Service

The Adopting Together Service brings together theoretical knowledge and best practice models that have been developed across the UK into one distinct model with four interlinking components: specialist child-specific recruitment, clinical psychologist-led team for the child meetings, therapeutically structured play-based transition sessions, and clinical psychologist post-placement consultation meetings. The model has been developed through partnerships with statutory, voluntary, academic and therapeutic partners (Dr. Viv Norris, The Family Place, Hay on Wye⁷). The four components of the service include:

1. Specific recruitment and assessment of adopters by St. David's Children Society and Barnardo's Cymru, including the prospect of developing child-specific recruitment in partnership with Local Authority and Regional family finding teams. Bespoke training is provided for adopters being assessed for the service.
2. Team for the Child meetings pre-formal matching bring together a wealth of information from those who know the child best. The meeting allows the prospective

⁷ <https://www.thefamilyplace.co.uk/>

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adopter to consider, before formal matching, what is required to parent the child from those who know the child best. Meetings last several hours and are led by a clinical psychologist and coordinated by the service manager; a psychological formulation is prepared about the child and the parenting tasks required across the transitions and beyond are considered. The child-care social worker will decide which professionals are invited to attend the meeting based on their knowledge of the child. The present and, where appropriate, previous foster carers and teachers will be invited to the meeting. Prospective adopters are fully informed about the child with the foster carer sharing a 'lived' experience of parenting the child.

3. Transition sessions using therapeutic structured play pre- and post-move to adoptive family: structured play-based transition work allows adults and child to explore, through play, the transition of care from the foster carer to the adopter. This approach aims to provide an emotionally coherent narrative that will make sense through childhood and beyond.⁷

4. After placement, a clinical psychologist leads three consultation meetings across a 12-month period to enable adopters to revisit information received at the Team for the Child meeting or as part of pre-approval training. Recommendations from these meetings are shared at Adoption Support Review meetings. Follow-up consultation meetings give opportunity and permission for adopters to discuss their experiences and their feelings, allowing adoption support to be normalised and access to early interventions to be openly explored.

Service delivery

Having agreed to work together on the service delivery, the VAAs used the expectations enshrined in the WFG Act (2015), seeking to work collaboratively to develop a

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needs-led service. With this approach, the service represents a good case study of procurement of social care. The approach taken by the service is the first multi-disciplinary collaboration between the third sector VAAs and the statutory sector Regional Adoption Services. It has not been a simple process to impact on the local authority procurement processes. Progress has depended on taking a flexible approach in ongoing discussions, focusing on a needs-based approach to the service design and generating opportunities for discussion with commissioning officers. With levels of buy-in and engagement varying across the country, efforts have been focused with those actively engaged and SLAs have progressed because of their input. This has provided us with example case studies to share with others to progress discussions.

Children should be placed as timely as possible both in terms of their well-being and the cost implications of remaining in care. This collaborative model of delivery supports an ‘invest-to-save’ approach. Upfront investment in this early intervention and prevention model has the capacity to save money in the long-term by impacting the costs associated with long-term foster care or in reducing the numbers of children needing high-level crisis intervention. The cost of working together to meet the placement and support needs of this group of children, particularly in relation to enhanced support packages is being met through a framework of an enhanced service fee. The VAA sector by collaborating and investing in specialist therapeutic interventions, with links to Theraplay (e.g., Booth & Jernberg, 2010); Dyadic Developmental Practice (DDP; Hughes, 2016) and clinical psychologist insight, are providing a Service focused on ensuring early preparations with adopters and children will minimise potential escalations of need and disruptions. The charges associated with the provision of this early recruitment and intervention service have now been piloted and calculated for implementation of a full cost recovery approach approved from the regional collaboratives from April 2020. While this cost is in addition to the standard Interagency Fee,

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it offers exceptional value for money compared to the risks associated with the child's plan for adoption changing and remaining in foster care.

Early evaluation

The acid test of success lies in whether all the collaborative endeavours have resulted in a service being delivered, namely children being placed and supported in their transition to their new families. Since the Service started its pilot in October 2018, 13 children have been matched and placed with their new families (four single children; three sibling groups of two; and a sibling group of three). Twelve of the children are White British and one child has dual heritage. The average age of the children placed is four years eight months and on average they have experienced seven Adverse Childhood Experiences (ACE). The highest number of adverse childhood experiences recorded for a child placed with the service is 10 and the lowest recorded is four. All 13 children have experienced domestic violence, neglect (either emotional or physical) and parental mental illness, and 11 children have experienced parental separation. These very early indications of Service activity highlight the high number of ACEs experienced and the complex needs of priority children, evidencing the necessity of a model designed to support them.

Initial service evaluation findings

The experiences of those participating in the service are being captured at three distinct points in the Adopting Together Service: at the end of the Team for the Child meeting, at the end of the final transition meeting and at the end of the final psychological consultation meeting. Initial findings from evaluation of the Team for the Child meetings reveal that all respondents ($n=103$) have rated the meeting as 'useful' or 'very useful' (on a scale from 1, not at all useful to 5, very useful). The early written feedback is also positive: illustrative comments are presented below from adopters, foster carers, head teachers and social workers (Box 1). Where suggestions are made for improvement, many respondents

would like the meetings to be longer, while some also recognise the practical challenge this would present.

The role of the transition worker has been welcomed by those involved in introductions. The impact and value added of transition work in preparing and supporting children to move has been highlighted, especially in circumstances where there has been a history of previous traumatic moves, with children where there has been little preparation for moving or for those children who have little or no knowledge about the plan to move them to a new family or remain confused and uncertain about this plan. Free response feedback (Box 1) indicates wider reaching impacts (*‘the ripple effect’*) to foster carers, where they have used understanding developed during transitions in Adopting Together to support other children.

Box 1: Feedback from participants of Team for the Child Meetings

Foster Carer comments

“This is my first experience of Adopting Together Project and I felt this is ‘the way forward’ in revolutionising the future of adoption. Very structured programme. So far in my fostering career I have had 10 adoptions of children in my care. I think the pace of this project has now gotten it right in time scales to prepare the children about to move onto adoption.”

“I feel this a very positive experience, it is very useful as a foster carer to meet and build a relationship with the adopters which I feel will only create a more positive move, less stressful to a degree for the child. Encourages a positive relationship and helps build keeping contact.”

“Session needs to be longer, a full day really, as I know there was much more I could share and felt we didn’t talk equally about both children due to time constraints.”

“I gained history information about the children which helps me make sense of some traits they have... Wish we could have the same information about the children when they first come to us, as adopters do.”

Social Worker comments

“I found the meeting really kept the child’s experiences in mind and it helped me think about how the child responded to traumatic events/experiences. I also liked that professionals, foster carers and adoptees were able to positively communicate about the child’s experiences and start to think and work together.”

“Exceptional analysis of the children and their values, experiences which affect their reactions and responses to caregivers.”

“I firmly believe that all children facing this transition – or in fact one child who is looked after and who has more than likely a disjointed pre-care experience, working collaboratively in this way (experience a team around the child meeting) allows professionals enrolled with the children concerned to ensure we are all working collaboratively, and in line with the best interests of the child – a phrase easy to throw away but important to ensure those children are at the forefront of your work.”

Adopter comments

“It was extremely helpful to have so many people round the table in chip in with their knowledge of the children as the reports have sometimes had details missing. [name] the psychologist was brilliant – totally objective and able to make sense of a very confusing family background.”

“We felt we could have spent more time in discussion. The meeting was the right length for a single child but maybe allocate more time for sibling groups.”

“So far it’s been really positive. I was happy that the psychologist raised concerns that we and our social worker have that everyone else seems to have overlooked. Great to have the head teacher involved. Glad the psychologist was able to make the decision to allow foster carers to take the lead on life-story.”

“The meeting was an absolute eye-opener. It was a unique opportunity and gave us first-hand insights. Having a foster carer in the room is a huge benefit and a psychologist to offer professional insight is hugely important....”

Headteacher comments

“I think this process is really useful for information sharing. The prospective parents and new social workers have far greater knowledge than from reading reports.”

Building relationships

The Adopting Together Service, specifically the Team for the Child meeting, offers opportunity for adopters to gain detailed understanding of the emotional needs of the child and what parenting behaviours they are likely to be responsive to. This approach supports adopters in developing an early connection with children before matching and introductions begin. Developing an early understanding and relationship between the foster carer and adopter as primary carers is viewed as critical to enabling children to make the transition from one family to another. Almost without exception, participants are finding the process of meeting and exploring the issues from the child’s perspective very useful. The key messages of the Service were evident in the two follow-up psychologist consultations that have taken

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place thus far, with adopters taking a therapeutic approach to the early days of their new family and trusting their support workers with information about their needs.

The Team for the Child meetings can be very complex, particularly with respect to dynamics between different professionals. This was anticipated and highlights that the psychologist facilitating the meeting needs to be experienced and able to manage a complex group. Early emerging challenges from these meetings include: (1) the absence of decision makers from Children's Services who can authorise the plan moving forward which best supports the ongoing needs of the child and (2) the practitioner's level of knowledge in trauma-informed care (e.g., Hughes & Golding, 2012).

Conclusion

The Adopting Together Service has been designed to meet the requirements set out in the Social Service and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. The collaboration between the VAAs and the advantages afforded by a Joint Relationship Management Plan has provided clarity and security when engaging with the regions to foster their willingness to develop Service Level Agreements. This demonstrates how third sector organisations can collaborate to meet service needs and how the VAAs have influenced the need for costly and competitive tendering and procurement processes. Such changes have positively impacted on commissioning and procurement processes and provide a model of working that can be applied to other areas of social procurement.

By working collaboratively with procurement teams, lawyers, the director of NAS and local authority heads of service, Adopting Together has highlighted a significant shift from spot purchasing to SLAs. The signing of SLAs has been pivotal, evidencing a move towards a significant, sustainable change in culture within the adoption sector, bringing the voluntary and statutory sectors closer in their working practices. These agreements have highlighted how working together could mitigate risks in public procurement and enhance

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mutual benefits. This partnership approach has resulted in a focus on outcomes-based procurement for a smoother end-to-end adoption care process, with the potential for better futures for children and their families.

Through effective collaboration, Adopting Together can increase the capability in Wales for long term social return on investment with benefits for some of our most vulnerable children. The Service has evidenced proof-of-concept through placement activity, comparable ACE profiles of children referred, and early positive feedback. The involvement of multi-disciplinary professionals has led to the creation of a therapeutically grounded service for adopters and children which focuses on early intervention and crisis prevention as core principles. Further work is required to evaluate the medium- and longer-term impact of the Service. Indices of success would include: (1) an increase in the number of adopters willing to explore adopting children who wait the longest and a reduction in the number of children waiting the longest to find a family; (2) parental efficacy to meet the needs of their child and to regard adoption support as the norm and positive evaluations by children of the transition from foster care to their adoptive family; (3) the long-term impact of a potentially traumatic move from one primary caregiver to another is mitigated through primary carers supported to work together. Transitions that are well-managed are designed to allow the child to develop an emotionally coherent narrative of the move that makes sense to them. Further research is required to develop and implement appropriate methods to measure such outcomes. More specifically, research is needed to determine the efficacy of therapeutic activity and professional support for families.

The children referred to the Adopting Together Service have been waiting a significant length of time for a family. They are the children who are most likely to have their adoption plan converted to long-term fostering. The human cost of this is incalculable. There are widely acknowledged economically comparable costs of a child being placed for adoption with a child remaining in the care system until adulthood. The additional

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investment in the delivery of the Adopting Together Service as a part of an individualised recruitment and therapeutic support strategy has the potential to create significant long-term cost savings for children and to become a small, but not insignificant part, of a much wider solution to broader challenges to the social care sector in Wales.

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