Oxford Brookes University

institute of public care

University of East Anglia

Evaluation of Multi-Disciplinary Approaches to Adoption Support: Interim Findings

Executive Summary

December 2024

Adoption England

regional adoption agencies working together

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Multi-disciplinary approaches to adoption support and multi-disciplinary teams (MDTs) have been developing within the context of regional adoption agencies (RAAs) over the last 8-9 years. 'Early adopter' MDTs are now becoming more embedded in One Adoption West Yorkshire (OAWY) and Adoption Counts (AC) and 'second wave sites' are starting to be implemented in 7 other RAA or pan-regional sites in England with funding support from the Department for Education (DfE).

This mixed methods evaluation commissioned by Adoption England from the Institute of Public Care at Oxford Brookes University and the University of East Anglia seeks to explore (2023-2025):

- The **feasibility** of implementing multi-disciplinary approaches to adoption support – from the perspectives of both early adopters and second wave sites.
- The **actual or potential benefits**, including where possible costed benefits, of implementing multi-disciplinary approaches and teams.
- Which **outcomes and outcome measures** are important to use in this context.

Early (end of year one) findings summarised for this report have been generated from a range of evaluation activities including theory of change (development) work and allied support for data capture and analysis involving all sites. More in-depth evidence has been generated from the early adopter sites via independently captured:

- **Qualitative interviews with professionals** working in and with the sites. A first round of these interviews has been undertaken with 58 participants.
- Responses to a **'retrospective' survey of adoptive parents** including from a first round of 37 parents whose families had accessed multi-disciplinary support in a recent 2-year period.
- **Qualitative interviews** – with 15 adoptive parents who consented to participating in an interview after completing a retrospective survey.
- Responses from a **longitudinal survey** of parents entering multi-disciplinary arrangements for consultation, advice and/or support. 14 baseline responses (at the start of MDT involvement) have been captured and analysed thus far.

Findings from secondary analysis of data and interviews with professionals in the early adopter sites suggest that implementing and embedding a multi-disciplinary approach or team is feasible and can generate a variety of high-quality activities and approaches aimed at improving outcomes for children and families. These 2 models share some features - including a similar mix of core team members such as clinical psychologists, occupational therapists, therapeutic social workers; and similar ways of working or support offers such as:

- Multi-disciplinary assessments, formulations, plans and consultations involving professionals and family members.

- Layered programmes of support tailored to the needs of individual children and families including group-based and 1:1 interventions.
- Work with the broader team around the child and family to improve their understanding and support for the child, for example in an educational setting.
- Drop in consultation 'clinics', training and reflective spaces for social workers aiming to improve their psychological knowledge and confidence.

There are some differences in how the 2 models are staffed, for example the AC model includes input from psychiatry and the OAWY model includes input from teachers and early years specialists. There are also differences in how the models are funded and how professionals are employed to work within the teams. Where MDT professionals are employed by the RAA, they are perceived to be more integrated and accessible but may have weaker links or influence with key statutory partners. Where MDT professionals are commissioned but remain employed by the statutory sector (e.g. by health trusts), the opposite is perceived to be the case.

Early adopter MDTs are greatly valued by their broader RAA colleagues. However, irrespective of model design, a key challenge has been the continuing short-term nature of funding and difficulties in securing sustainable funding – particularly contributions from Health for clinical roles. There is also some evidence that, since the formation of RAAs and MDTs, health services have increasingly signposted adopted children and families to RAAs to their have their health needs met.

Findings from the baseline longitudinal survey responses suggest that the children coming into MDT arrangements in early adopter sites have significant difficulties in school and at home, and overall emotional difficulties in the 'very high' range compared with UK norms – including in managing relationships, anger or violence. Parents have often experienced significant difficulties in getting the right help at the right time – including from statutory health and education services.

Key findings from the retrospective survey responses include that:

- Children and families have accessed multi-disciplinary support from early adopter sites in a range of ways including to obtain: a multi-disciplinary assessment or formulation of their child's needs, advice and/or direct support (for parents themselves or the child's educational setting).
- Most parents rated their MDT experience highly or very highly (on average 8.6 out of 10).
    - 70% thought it was provided in a timely way.
    - 70% thought they had had a say in the support they received.
- Parents reported specific benefits such as being supported to use therapeutic parenting techniques, to gain a better understanding of their child's needs or to become better able to explain (e.g. to schools or extended families) their child's needs.
- Positive outcomes across child and whole family functioning included improvements in child emotional wellbeing, sibling and whole family quality of life, and parent/child

relationships. These include many of the benefits hypothesised in early adopter sites' Theory of Change.

- There were concrete school-related gains reported by some parents, for example in obtaining an EHCP that properly reflected their child's needs or in the school making reasonable adjustments to meet these needs.
- In over 40% of cases, parents reported how the MDT experience had helped them to obtain a diagnosis for their child (of ASD, ADHD or FASD).
- Some parents described a 'transformational' change in their child and family (in 39% cases, parents considered the support had stabilised the family, reducing the likelihood of breakdown), whereas others thought their child had ongoing complex needs and/or some gaps in ongoing support to meet these needs. Feeling less isolated as parents (being supported by peers as well as professionals) and self-care were also highlighted as important benefits.
- Some parents expressed a view that, whilst interesting and useful, there might be too much emphasis early in the support journey on providing a grounding in therapeutic parenting in circumstances where it was possible or probable that the child's needs were complex[1].
- Responses also indicated that the timeliness and effectiveness of parents' overall experience (of getting help) sometimes affected their appreciation of MDT support – and a key aspect of this was a difficulty in obtaining 'onward' (diagnostic) assessments or support from statutory health services. It sometimes felt frustrating to have to 'go through' the MDT to get this kind of service.
- Parents sometimes also considered that the outputs of MDT assessments or formulations could be shared with them more consistently or in a timelier way.

Key findings from the qualitative interviews with parents include that:

- A strikingly large proportion of the children (almost all) had come to live with adoptive parents in their first or second year of life.
- Many parents described complex child and family needs that had either been present from the early stages of placement or that (more frequently) had emerged over time. In addition to the more traditionally recognised trauma, attachment, speech and language, emotional regulation or challenging behaviour issues, parents also frequently mentioned their child's emerging cognitive difficulties e.g. in processing information or instructions.
- Key qualities of parents' MDT involvement were that it was timely, holistic, empathetic and that parents and families often felt 'held'. MDT consultation specifically gave families access to a range of experienced professionals, each bringing a different perspective, and an opportunity to talk things over in depth. This helped parents to feel reassured. However, the process could not always help with some things - particularly in identifying child learning difficulties or securing a diagnosis - and some

[1] We recognise that this may be a key part of the support journey that starts before referral to a MDT and therefore not always in the direct control of the MDT

parents would have liked more 'answers' or 'solutions'. Sometimes not having received a timely summary of the discussion or 'formulation' was disappointing as was the lack, in some cases, of timely follow-on support, particularly from statutory health services – who tended to refer parents back to the RAA for support.

- Parents placed tremendous value on the support they had received from the MDT. They often also highlighted the support they had received from adoption support social worker(s) – both pre- and post-MDT referral, attributing a large part of the success of the overall intervention to having experienced an empathetic, supportive and listening social worker.
- Whilst parents valued early forms of (group-based) support such as therapeutic parenting or sensory integration groups, they sometimes reflected that having to 'pass through' these before accessing more specialist supports may have delayed access to a timely holistic assessment/formulation of their child's needs.
- However, all parents described modest to very significant changes in their child and family functioning post-MDT involvement. This was often in contrast to a 'very dark place' they felt they had been in beforehand. For many parents, the MDT support was perceived to have averted a crisis and/or family breakdown.
- As with the retrospective survey, parents articulated a range of often overlapping changes they had experienced including: improvements in their understanding of their child's needs; growing confidence in parenting and decision making about their child; being more able to describe their child's needs to others including schools; educational settings being supported to make reasonable adjustments; child happier at home and at school; child attendance at school and learning improving; reductions in the frequency of child violence or violent outbursts.

Early findings from the early stages of implementation of multi-disciplinary approaches in the 7 'second wave sites' also suggest that there have been:

- Real successes, such as successfully scoping and staffing teams, implementing robust governance arrangements and putting in place effective systems to measure the impact of their service(s). A range of approaches to multi-disciplinary working are being tested or further tested including models that are similar in scope to early adopter sites or more targeted approaches aiming, for example, to improve support for children affected by FASD or vulnerable young adoptees in transition to adulthood.
- Real challenges – particularly in operationalising MDT approaches in a relatively short space of time or in implementing models across a very large, pan-regional footprint. Other early challenges have included establishing data sharing arrangements and recruiting clinicians - although the sites are beginning to find and share creative ways to address these potential barriers.

The evaluation team will continue to work with all 9 sites to capture data for final reporting in around December 2025.