

Proposal 4: Enhance plans to better meet children's needs, setting clear expectations for families and services via Practice Guides

BACP welcomes the aim to give children a greater voice in their support and provide clarity to families. Locally- and regionally-tailored Practice Guides could help adoptees and their families navigate complex care pathways and make choices in support best suited to their circumstances. Specialist independent and third sector providers, registered by a Professional Standards Authority accredited register, such as that maintained by BACP, are qualified and trained to a certain standard, and should be included in such guides.

Clarity of expectations will be supported when services are able to provide a consistent, reliable, support offer over time. To achieve this there needs to be sustainable, long-term financial support for services, which provides continuity of care and allows support providers to retain staff. The extension of the Adoption and Special Guardianship Support Fund (ASGSF) by short-term, annual intervals, is disruptive to adoptees and their families while placing practitioners and service managers alike under considerable strain. Such consistency also reduces barriers to access and continued support and makes navigating complex care pathways less challenging.

Proposal 6: Require clinical adoption support therapies to be compliant with NHS evidence standards. Ensure all interventions are well evidenced and assessed.

BACP support greater investment and support for quality research into clinical adoption support therapies. The current research funding environment has not nurtured a research base which is comprehensive and evaluates all therapies effectively. We also acknowledge DfE's assessment that not all therapies require randomised control-level evidence. Where this is the case, best practice with relation to case studies, qualitative and mixed methods, in addition to the effective utilisation of service evaluation data, should be drawn upon to support holistic funding decisions.

Due to short-term, insecure funding for adoption support services particularly within the third sector, practitioners and service managers are often not best supported to contribute to randomised control trials (RCTs). The fact that only c40% of services, by DfE estimates, are undergoing or have completed RCTs, furthers this point. The precarious nature of this service provision means that delivery for service users and evaluations for funders and commissioners must take priority when decisions about resourcing are made. This evaluation data, while providing an invaluable snapshot into the meaningful impact of these services, is often underexposed and unavailable to wider academic audiences. As such, it is not necessarily that the evidence to support service efficacy doesn't exist, but that it is not being best utilised.

The reduction of the Adoption and Special Guardianship Support Fund (ASGSF) by 40% (from £5,000 to £3,000) exemplifies the challenge. We have heard from regional and nationwide providers how in practice, this has restricted them to providing support for eight months, compared to year-round provision. Beyond the already significant disruption of continuity of care, cash-strapped services cannot afford to allocate resources to research and evaluation. If this proposal is to be successful, significantly more funding allocation should be given to research and evaluate the efficacy of a broad range of clinical adoption support therapies.

Further, principles of co-design, lived experience engagement, and trauma-informed practice should underpin commissioning decisions. RCTs an evidential grounding for effective care but may not fully capture the nuance of lived experience or reflect a service user's personal goals. Qualitative case studies and service evaluations can paint an informative picture as to the individualised value of mental health support. BACP welcomes a focus on evidence-led support, driven by rigorous, high-quality research, but we note that in the current research climate, to focus on RCTs to the exclusion of other, theoretically sound, approaches, is to fail to utilise all the valuable information available.

Proposal 7: Devolve Adoption and Special Guardianship Support Fund funding and responsibility to regional and/or local decision makers

BACP supports the aim to give local and regional decision makers greater involvement in the allocation of funding. We note that work across regions and local authority areas will still need to be facilitated and funded in some specific circumstances, and considerations for how this is done should be considered in care pathway design. However, this would be best supported by a nationwide baseline “minimum offer” - such as a budget allocation per child - which supports a high standard of care and prevents a “postcode lottery” of support.

Proposal 8: Improving value for money to ensure every pound is being spent efficiently, sustainably, and on families

BACP advises caution throughout any benchmarking process which, if not done properly, could cause significant financial strain for practitioners and services. In conversation with members who specialise in adoption support, we have heard how many of them operate to extremely tight margins or have restricted their provision, having already absorbed a 40% funding cut through reductions to the Adoption and Special Guardianship Support Fund. To be clear, this has created unsustainable financial circumstances for expert practitioners, in a funding environment which is already extremely hostile to invaluable, specialist, third sector services. This, in turn, limits the quality support that children and their families deserve.

Registered counsellors and psychotherapists undergo hundreds of hours of training, clinical supervision, and spend thousands of pounds to qualify. Hourly practice

rates cover a broad range of expenses beyond this, such as indemnity, continuing professional development (CPD), rent, and other business-related costs. A wide variation in cost may come down to numerous factors including geographical region, practitioner experience and specialism. While it makes sense to query significant variation in cost, over-correcting this without understanding why could be damaging to effective commissioning of services.

If done right, a benchmarking process could identify minimum, fair, funding levels which pay registered practitioners a fair and sustainable amount for their expertise. However, this must be backed by adequate funding to ensure the sustainability of services, in addition to commissioning frameworks which balance cost with quality, geographical coverage, specialism, lived experience engagement, and service capacity.