



# THE ADOPTING TOGETHER MODEL

## DESIGN, IMPLEMENTATION AND EVALUATION



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# THE FOUR COMPONENTS OF ADOPTING TOGETHER

## 1. Training and Recruitment

- Specific recruitment of adopter (child specific recruitment)
- Adopter-led profiling events
- Enhanced therapeutic training for adopters

## 2. Team for the Child Meeting

- Team for the Child meeting prior to formal matching – led by Clinical Psychologist
- Adopting Together Buddy – Adoption UK Cymru

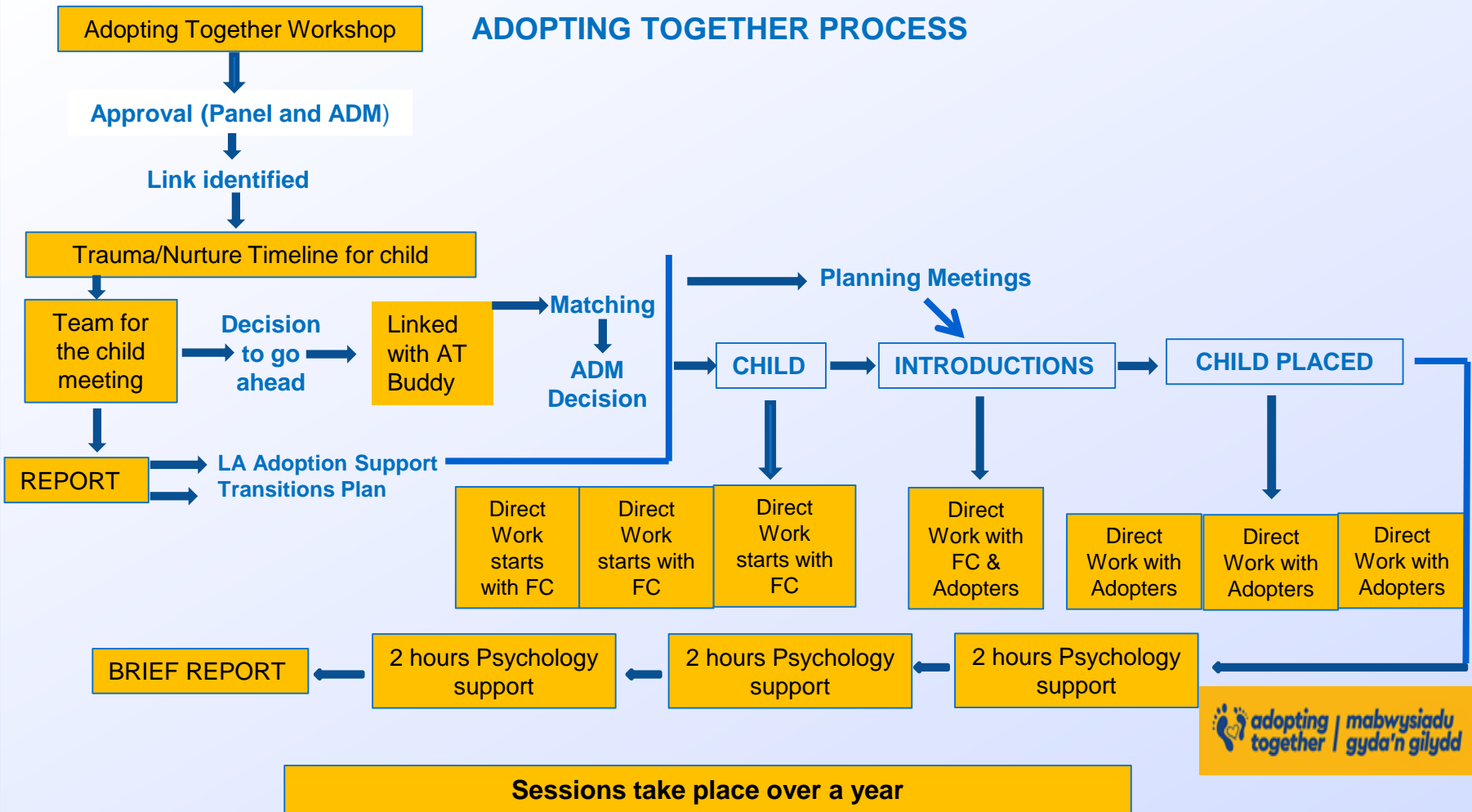
## 3. Therapeutic Transitions

- Therapeutic transition sessions through structured play – pre and post move to adoptive family

## 4. Psychological Consultation Meetings

- Three consultation meetings post placement for adopters with Clinical Psychologist

# ADOPTING TOGETHER PROCESS



## RECRUITMENT & TRAINING

St David's Children Society and Barnardo's will recruit and provide enhanced training to families to meet the needs of children referred to the service by the Regional Collaboratives

If there are no families available for the children referred to the project by the regional collaboratives, we will identify with regions, those children who would benefit from a child specific recruitment strategy. This will be unique in Wales and has been evidenced through research by Selwyn (2008) and Farmer (2010) to reduce the timescales in identifying families for more complex children

Families that Last (After Adoption) saw a reduction in waiting times by 40% for children referred to their child specific recruitment project

## TEAM FOR THE CHILD MEETING

### Purpose

Brings together a wealth of information from those who know the child best

### Pre-preparation

The production of the Trauma-Nurture timeline providing a detailed and complete picture of the child and the Foster Carers experience of the child. **The Foster Carer transition notes** completed, assessing child's needs, triggers and routines

### Meeting format

Led by Clinical Psychologist  
Chaired by Adopting Together VAA Manager  
Crucial participants: Foster carers, Social Workers, Prospective Adopters and Therapeutic Transitions Social Worker

### Outcomes

Psychological formulation undertaken and report outlining the key issues and approaches most helpful in undertaking the parenting task. To recommend therapeutic transition plan; to consider post adoption support needs.

## THERAPEUTIC TRANSITIONS

- Theraplay
- DDP
- Narrative Story Work
- Clinical supervision from Psychologist

Supporting transitions pre, during and post placement through structured therapeutic play

Foster carer and adopter are supported to work together to ensure that the child develops a coherent narrative about moving from one primary attachment figure to another

Primary goal – child needs the adults around them to provide the scaffolding to help them remain regulated during the move from one primary care giver to another

Worker will write a therapeutic story for the child

## PSYCHOLOGICAL CONSULTATION MEETINGS

Supporting families post-placement through 3 follow up consultation meetings with a clinical psychologist, child care and adoption social worker. This will allow new parents to safely reflect on the actual lived experience of parenting their child. Difficulties are anticipated and normalised. Working on adopters strengths and identifying strategies to support them.

Consultation meetings may identify further therapeutic interventions

Same Psychologist throughout – Relationship based approach

Key messages to be shared at the Adoption support Review meetings

## REFERRAL PROTOCOL

- Simple referral pathways
- Early discussions with ATS Service Manager, St David's as necessary
- ATS referral signed by Senior Manager agreeing to enhanced fee
- Completion of referral form sent to ATS lead at St David's Children Society
- Referral acknowledged and reviewed within 5 working days
- Accepted referrals shared with Barnardo's Cymru
- Family-finding is concurrent with regions not sequential

### Finding Families

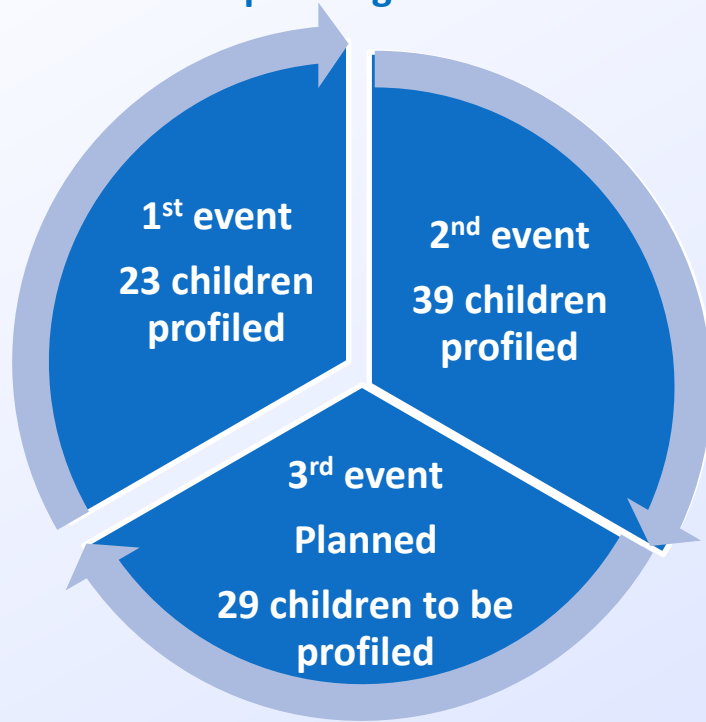
- External & Internal profiling events
- Team meetings
- All Service Practitioner meetings
- Targeted Recruitment
- Child Specific Recruitment



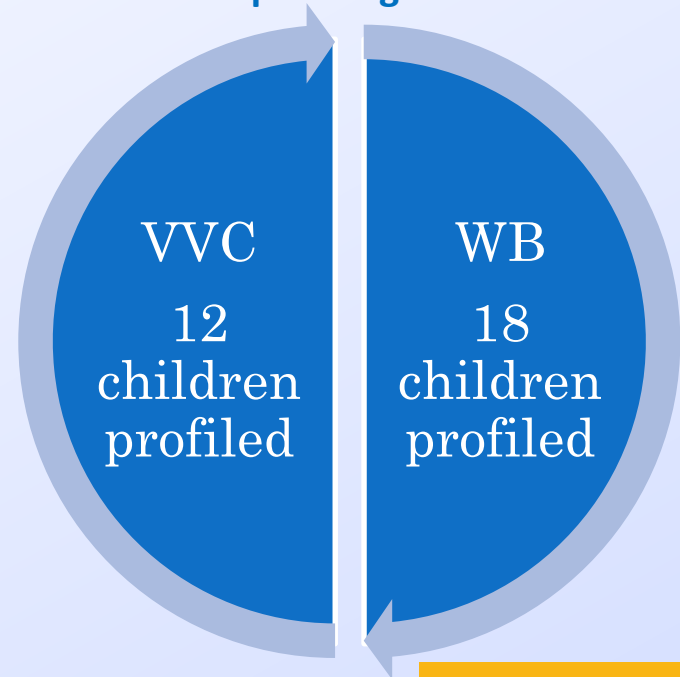
# PROFILING EVENTS

June 18 – September 19

## Internal profiling events



## External profiling events



**REFERRAL DATA**  
**(June 18 – September 19)**

**52** referrals (total of **76** children) have been received

29 children currently active

**13** children matched/placed

**70% boys**

Average age

4 years 8 months

Oldest single child

7 years 4 months

Youngest is part of a sibling group of 3 brothers aged

2 years 7 months

## AVERAGE TIMESCALES FOR CHILDREN REFERRED TO ATS

### Time spent with Birth Family

Highest – 5 years 2 months

Lowest – 1 year 1 months

Average – 3 years 2 months

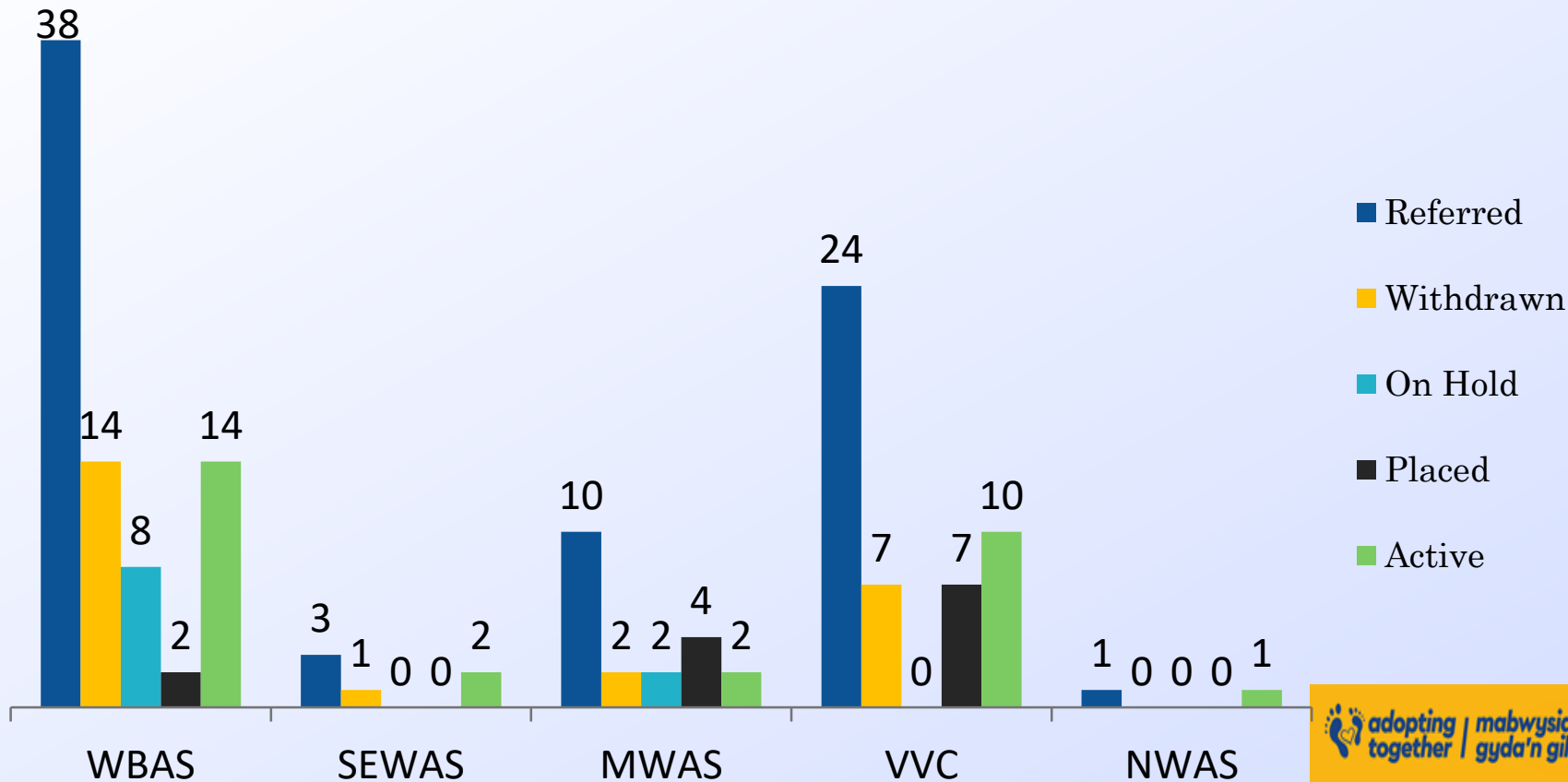
### Average time spent in Foster Care

Highest – 3 years

Lowest – 1 year

Average 1 year 9 months

## Breakdown of referral data by region (June 18 – September 19)



## LESSONS LEARNT

- Timely referrals to enable child-specific campaigns and family-finding
- Earlier referral criteria? Children referred on point of plan changing to Long Term Foster Care
- Require greater consent to undertake targeted recruitment in addition to Child Specific
- Post placement consultations may need to span longer than 1 year – adopter led
- Challenge to embed ATS into Policy & Practice for family finding. Referrals can be slow and sporadic
- Same Psychologist throughout to create continuity, trust and understanding of the family
- Transition Therapeutic Social Worker attending Team for the Child meeting to become part of the planning process going forward
- Use of 'pre meets'; reflect, pause and longer period of introductions for older children; contact with foster carers soon after placement with adopters

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