



**Edward Timpson MP**

Minister of State for Vulnerable Children and Families

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To: Directors of Children's Services

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### **The Adoption Support Fund – 2017/18**

I wrote to you in October last year setting out why it became necessary to introduce a 'fair access limit' of £5,000 per child for the Adoption Support Fund (ASF) and to ask local authorities to share the costs of support over and above that limit through a match-funding approach.

Many of you have already contributed to the costs of supporting our most vulnerable families, ensuring that they continued to receive the support they needed. I wanted to personally thank you for that – the families we have spoken to really appreciate the support. Over 12,500 families have received therapeutic support since the Fund's launch in May 2015.

There has been wide acceptance across the sector that continuing to operate the Fund with no limits in place is unsustainable, and a general consensus that the introduction of the fair access limit and the match-funding approach ensures a consistent offer for families. It enables those with the greatest needs to access additional support and encourages smarter commissioning. However, we know that there are concerns that the cost of specialist assessments significantly reduces the funding available for therapy.

The budget for 2017-18 is £28m, over 20% more than this financial year. However, demand for therapeutic support from the Fund remains high, with a further 1,500 families having accessed another £8m of support since I wrote to you in October. The average spend per child remains under £4,000 but, as already recognised, there are a small number of cases where the needs of the child and their family are much greater.

In order to ensure as many families as possible get the therapeutic support they need we have decided to retain the 'fair access limit' and match-funding approach. We recognise that the cost of a specialist assessment can make a significant dent in the funding available for their therapy. So, for 2017-18, we propose to offer a separate amount of up to £2,500 for a specialist assessment when children need it before therapy can begin. This will be in addition to the existing £5,000 fair access limit per child for therapy.

As now, it will be for you and your team to assess a family's adoption support needs and to make a judgement about individual cases. The criteria for accessing match-funding above the fair access limit will remain:

- there is a high risk of adoption breakdown without high cost support;
- local authorities are dealing with an unusually high number of complex cases that they cannot afford to fund without additional support from the ASF;
- additional funding would help to progress hard to place adoptions; or
- a lack of available, affordable therapeutic support locally necessitates the procurement of higher cost provision.

Adoption support has improved significantly over recent years but there remains a need to fill regional gaps so that families can access the same level of quality support wherever they live and to ensure that the system is able to respond effectively to children that have several complex needs which need to be addressed simultaneously.

Over the last few months, officials have spoken to a wide range of people across the sector about the future operating model for the ASF. There was universal support for regional delivery but within a strong national framework to ensure there is a consistent offer for families across the country. However, there is also a clear view that the adoption system is not yet ready for ASF regionalisation. Therefore, we plan to move towards the new operating model alongside the regionalisation of adoption support agencies, taking an iterative approach to design, delivery and continuous improvement over the next three years as RAAs emerge and mature.

Our 2020 vision for the ASF is:

- the delivery of excellent, timely and easily accessible therapeutic support for adoptive and special guardianship families;
- based on high quality assessment of need including, where necessary, health-led specialist assessments; and
- in a regionalised, integrated health and social care environment to ensure long term sustainability.

To achieve that vision, together with positive outcomes for families, we're committed to working in partnership with adoption services, and with Regional Adoption Agencies in particular. That work began in earnest last week when officials met with the Regional Adoption Agency Demonstration Projects to discuss regionalisation of adoption support.

We have recently, through the Adoption Practice and Improvement Fund, invited expressions of interest from Regional Adoption Agencies, working with partners including health, to provide a coordinated

assessment and support offer for adoptive families. We expect this work, with a number of Regional Adoption Agencies, to begin from April.

I appreciate that adoption is in a significant period of change. I want therefore to thank you personally for your continued efforts to help us to redesign and improve the way we do things in adoption so we can deliver the best services for some of our most vulnerable children.

kindest regards,

Edward

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