



Department  
for Education

# **Evaluation of the Adoption Support Fund: local authority and provider experiences**

**March 2020**

**The Institute of Public Care at Oxford  
Brookes University**



**Social Science in Government**

## **Acknowledgments**

The Institute of Public Care and research colleagues at DfE would like to thank all of the service leaders and staff working in local authorities, Regional Adoption Agencies, and provider organisations who have given so generously of their time to participate in either an interview or survey for this stage of the evaluation and without whose efforts this research would not have been possible. Thanks also to the members of the Research Advisory Group for their input and support to this evaluation.

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## Executive Summary

The Department for Education (DfE) has commissioned the Institute of Public Care at Oxford Brookes University to undertake an evaluation of the Adoption Support Fund (ASF). The evaluation runs from February 2018 to April 2021 and aims to undertake an up-to-date assessment of the Fund, following on from an earlier evaluation of the first cohort of families who received funding that was undertaken between 2015 and 2017. The evaluation will examine the impact of the Fund from a range of perspectives including: parents and carers of children receiving funded support, local authorities, Regional Adoption Agencies (RAAs) and providers.

This report outlines early findings on the experiences and views of a range of local authority and provider stakeholders of the Adoption Support Fund, captured through one to one interviews undertaken between November 2018 and March 2019 and an online provider survey undertaken between April and June 2019. More about the experiences and views of local authorities, RAAs and providers will be provided in subsequent reports, alongside information about the impact of the Fund from the perspective of parents and carers, to be published in 2020 and 2021. Where possible, comparisons have been made between the findings from this study and those from an earlier evaluation conducted by The Tavistock Institute (2017) when the Fund was at an earlier stage of development.

Key findings from the interviews and survey undertaken for this study demonstrate that, at this stage of the Fund's development, there is:

- **Good and improving awareness and take up of the Adoption Support Fund** particularly amongst adoptive families. Adoptive parents are reported to be more aware of 'their entitlement' to support and are increasingly requesting it. For these families, it appears to be more acceptable to ask for help and/or there is less stigma attached to asking for help as a result of the Fund. Families with a Special Guardianship Order (SGO) are considered less likely to know about the Fund and/or to apply to it. The reasons are complex but may include a lack of information about the availability of this form of funded support and families that are even more reluctant than adoptive families to come forward for support.
- **A strongly held belief by providers was that the Fund is leading to better access to therapeutic support and better outcomes for children and families**, although they acknowledge that children's outcomes are not yet being systematically measured. Other areas of positive impact of the Fund are reported by providers to include parents having a deeper understanding of their child's trauma, the impact of secondary trauma, and how they can self-care. There was also reported to be growing awareness amongst professionals of Special Guardianship as a form of permanency for children and the need to address their

particular support issues. Findings suggest that there is also growing awareness within the broader community of support services including schools about the therapeutic needs of adoptive and SGO children.

- **Some criticism of the process of applying for ASF funded support** and the impact on families, in particular the problem for families of not being able to carry over funding from one financial year to the next.
- **Contrasting views about the quality and usefulness of local authority generated adoption support assessments** that inform the application for ASF funding and therapy selection. Local authority interviewees generally considered these assessments to be of good quality and useful in informing therapy selection. Whereas, providers (both in interviews and surveys) were more mixed in their responses. Common criticisms from providers were that the assessments do not include sufficient information to inform a therapeutic plan and/or that social workers undertaking these recommend therapies about which they are not sufficiently well-informed to make a judgement about their suitability.

Families were reported by local authorities and providers to sometimes have quite fixed views about what they need.

Use of multi-disciplinary assessments appears to be very mixed across local authorities and, in some cases, there can be a lack of consensus amongst contributors as to what are the causes of child difficulties and what is the right treatment pathway. In a limited number of areas, clinical and social work contributors were described as having been brought together into a multi-disciplinary team with a specific responsibility for undertaking holistic assessments.

- **A strong degree of consensus around the application of the Fair Access Limit**, in particular that it was thought to have generated a more transparent and fairer system for families. However, many local authorities and providers also expressed a strong view that more flexibility is required for the small number of families with very complex needs or risks. They did not believe that the arrangements for match funding by local authorities currently respond adequately to these scenarios, mainly because local authorities are thought to have limited funds to deploy in these circumstances.
- **Private sector self-reported heavy dependence on ASF funding** for their work, including a number of (particularly smaller) providers and sole traders for whom at least 50% of their resource is directed towards ASF-funded services. Voluntary sector providers often described a greater diversity to their work, including other forms of non-ASF work with adoptive families and/or other children living away from birth parents.

- **A great diversity within the market** including some (particularly larger) providers able to offer a wide range of funded support and some growth in ‘newer’ therapies such as Eye Movement Desensitisation and Reprocessing (EMDR) and/or Sensory Integration Processing Therapy. The Fund was thought by many providers to have engineered an improvement of skills in this field and to have acted as a ‘mandate for more specialist training’. However, provider perception was also that some of the more traditionally commissioned therapies, including those that are dyadic and systemic, such as Dyadic Developmental Practice (DDP), or Theraplay continue to be more frequently requested by local authorities because they are well established, known by social workers and families, and have a reputation amongst these parties for being effective.
- **The relatively swift growth in demand since the inception of the Fund was thought to continue to be challenging for the sector**, for example in terms of the availability of appropriate physical space for therapy or enough high-quality staff with the right kind of experience and training. However, unlike those interviewed in the earlier study (Tavistock Institute, 2017), providers and local authorities mostly felt able to cope with the overall number of applications except in circumstances where there are ‘demand surges’.
- **Specific gaps in the market** noticed by providers and local authorities participating in this study including: interventions tailored (more) to the needs of SGO families; support for families living in rural areas; specific therapies that are not yet thought to be sufficiently available (such as DDP, sensory integration assessments and therapy, therapeutic life story work, Video Interaction, Positive Parenting, and therapies to deal with child to parent violence); and whole-system support that would enable parents and schools to respond earlier and more effectively to the needs of children. As in the earlier study (Tavistock Institute, 2017), uncertainty over the Fund continuing beyond 2020 was thought to have had a negative impact on the continued positive growth of the market to meet the needs of children and families.
- **A strong degree of consensus about the need to continue to extend knowledge and understanding of the evidence base** for (cost) effective, outcomes-based commissioning and provision of therapeutic support for adoptive / SGO children and families.
- **Local authorities and providers beginning to see the potential value of more consistent and streamlined regionalised adoption (support) services** but also concerns about the potential for disruption in transition to these arrangements.
- **Some concerns about unintended or unforeseen negative consequences of the Fund** including some that have already been identified in the earlier study (Tavistock Institute, 2017) such as the considerable additional burden on central adoption support services at a time of budgetary constraints; and a de-skilling of

local adoption teams (where these workers are not directly involved in the delivery of therapeutic support).

Other newer concerns have also emerged, including that the Fund has led to other statutory services, particularly Child and Adolescent Mental Health Services (CAMHS) withdrawing or reducing their investment or involvement with adoptive or SGO children; the emergence of inequalities in access to support between children living away from birth parents in different forms of family placement; and the growth in parent and sector perceptions that therapeutic ‘treatments’ are a panacea for all of a child’s needs.

- **Consensus about the ongoing need for the Fund and suggestions about its future development and sustainability** including:
  - To develop more multi-disciplinary teams.
  - To further develop the spectrum of available support across different levels of need including more preventative and broader offers of support for the whole family and their supporters.
  - For the Fund to be directly accessed by Voluntary Adoption Agencies as well as local authorities.
  - For more information about the availability of the Fund and specific offers for SGO families.
  - For greater flexibility about how the funding can be used, for example for sibling groups and groups of children with similar or complex needs, or carrying over funding from one financial year to the next.

The key limitations of the findings in this report include that they cannot yet be triangulated with other information (for example from children and families receiving ASF support) and they cannot be said to represent the full experiences and views of local authorities and providers within the sector.

Nonetheless, they offer a significant insight into how local authorities and ASF providers are experiencing the Fund at this stage in its delivery and development.



## Chapter 1: Introduction

The Adoption Support Fund (ASF) provides funding to local authorities (LAs) and Regional Adoption Agencies (RAAs) to pay for designated therapeutic services for eligible adoptive and Special Guardianship Order (SGO) families. The ASF model is related to the existing statutory framework for the assessment of adoption support or SGO support needs and the provision of support services.

The Institute of Public Care (IPC) at Oxford Brookes University has been commissioned by the Department for Education (DfE) to undertake an evaluation of the ASF between 2018 and 2021. This evaluation aims to make an up-to-date assessment of the Fund, following on from an evaluation of the first cohort of families undertaken in by The Tavistock Institute in 2017 (The Tavistock Institute, 2017).<sup>1</sup>

A key element of the evaluation involves two waves of qualitative interviews with local authority professionals and providers<sup>2</sup>. This report outlines the key findings from:

- a) the first wave of interviews conducted by researchers at IPC with adoption / SGO support practitioners and managers, including RAA staff, in 15 local authority areas from across England; and provider staff in 21 organisations between November 2018 and March 2019; and,
- b) an on-line provider survey open to all providers to complete between 1 April and 24 June 2019.

Interviewees were asked questions about:

- Levels of awareness and knowledge of the Fund.
- The nature of demand for ASF-funded support.
- How demand is being met, including through the processing of applications for support.
- How ASF-funded support is provided and how the support market is adapting to demand.
- The extent to which current provision meets the needs of children and families, what is the quality of support and to what extent it is evidence-based.
- How services are commissioned.

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<sup>1</sup> <https://www.gov.uk/government/collections/evaluations-of-the-adoption-support-fund-asf>

<sup>2</sup> By providers we refer to providers delivering support funded by the ASF.

- The extent to which regionalisation of adoption services or preparation for regionalisation is having an effect.
- What have been the unintended or unforeseen consequences of the Fund, if any.
- How the Fund and therapeutic support services for children and families can be sustainable in the future.

This report is organised thematically around these key question areas.

## Chapter 2: Awareness and knowledge of the Fund

Many local authorities and provider interviewees considered that there is good and improving awareness and knowledge about the Adoption Support Fund (the Fund) amongst families, and that adoptive parents are now increasingly actively requesting support. They described how it is now considered more acceptable for parents to say they are struggling, that there is less stigma attached to asking for help:

“It [ASF] changes the narrative... previously families felt blamed, that they were the cause of their child’s problems....it has highlighted that these children come with difficulties and they need help” (*provider*)

Some local authorities and providers described a shift in the way some adoptive families approach accessing support, including more now as customers who ‘shop around’ for the best deal, with an awareness of their ‘entitlement’ to £5,000 per year.

However, both provider and local authority interviewees also often acknowledged that there are still adoptive families who are not aware of the Fund or who believe that it is available only in specific circumstances such as crises. New adoptive parents were considered likely to have the best level of awareness of the Fund, as they are frequently being introduced to it as a standard part of the approval process, whilst families where children were placed some years ago may have a more mixed understanding.

Special Guardianship Order (SGO) families were generally thought by local authority interviewees to have much lower / the lowest level of awareness and knowledge of the Fund and to be more likely to access it only when at crisis point. Special Guardians were considered by local authority interviewees to have different characteristics to adoptive parents including those that may make them reluctant to ask for help, feeling that it may raise worries about them as carers. For example, local authority interviewees noticed that a high percentage are relatives, “*lay people in communities...more private about their difficulties*”. They may not have much knowledge of the potential benefits of therapy and/or may view it negatively, for example as stigmatising to the child. They may also feel less comfortable about engaging in support themselves, for example in therapeutic parenting programme(s). However, some local authority interviewees also recognised that the name of the Fund itself suggested that it is available mainly or even exclusively for adoptive families, and that this can be a barrier to building awareness. Some also mentioned the current eligibility rules for the Fund which exclude SGO children who have not previously been looked after.

A more superficial awareness of the Fund was also thought by both local authorities and providers in this research to have spread beyond adoptive or SGO families, particularly into schools. A more in-depth knowledge was thought to be less consistently present amongst other agencies, including about what the Fund is attempting to address such as

the impact of early trauma on children. One local authority area described currently attempting to include schools in ASF reviews with therapists to assist in improving their knowledge base.

## Chapter 3: The nature of demand for ASF support

### An increase in demand

Local authority and provider interviewees were asked for their views about the nature and range of demand and how this has changed since the Fund's inception.

A strong theme from the local authority and provider interviews and from the provider survey was that organisations have noticed an increase in the volume of demand.

There was also a common perception that this increase in demand has been fuelled not only by the availability of the Fund but also because other statutory services may have 'stepped back' from providing support to families, particularly Child and Adolescent Mental Health Services (CAMHS). The earlier study of the Fund (Tavistock Institute, 2017) had already identified that CAMHS often didn't recognise 'attachment-related difficulties' as falling within their remit.

### Demand by type(s) of need

Local authority interviewees frequently described demand for ASF-funded support as relating mainly to child:

- Developmental trauma and attachment-related issues.
- The effects of having experienced abuse and/or neglect.
- Sensory needs, which are sometimes described by local authorities as one of the initial areas of need for many children after which other underlying needs can be addressed.

"Many of the presenting child needs are trauma and attachment-related and much of the adopters' requirements are about helping them to understand how the child's behaviours are manifestations of this, rather than being 'naughty child' and equipping them to work therapeutically with the child" (*local authority*)

"...need to start with sensory attachment work to regulate in order for child to be able to access more specialist therapies..." (*local authority*)

Other common areas of presenting need / demand described by local authorities included:

- Child emotional regulation difficulties.

- Child behaviour problems, including risk taking.
- Foetal Alcohol Syndrome Disorder.
- Child to parent aggression / violence.
- Conditions such as Autistic Spectrum Disorder, ADHD, or learning difficulties.

Two areas that interviewees highlighted as emerging areas of growing demand were Foetal Alcohol Syndrome Disorder, described by one local authority as ‘a struggle’ (as it is not in scope for the ASF in its own right); and child to parent violence.

Child needs were also often described by local authority interviewees as creating challenges within educational settings:

“...child not being able to manage school / parents’ expectations of what child can achieve...” (*local authority*)

The most frequently cited response by local authority and provider interviewees to a question about the perceived impact of a growth in demand for ASF-funded support was that families have been able to obtain the therapeutic support they need:

“It gives recognition to adoptive parents about the particular needs of adoptive parenting and adopted children. Adoptive parenting is different... there is a shift in the language and understanding of their needs” (*provider*).

Provider interviewees identified other areas of positive impact of the Fund, including that:

- Parents have a deeper understanding of their child’s trauma, the impact of secondary trauma on them, and how they can self-care.
- Support is bespoke and high quality.
- Children’s needs are being identified earlier.
- Providers and local authorities are working creatively to develop and deliver support that is more likely to work for families.
- It has raised awareness of Special Guardianship as a form of permanency.

## **Demand by level of need**

There was a common perception amongst both local authority and provider interviewees that demand for ASF and broader adoption support has become ‘increasingly complex’.

One clear hypothesis for this amongst local authority interviewees was that some children who in the past may not have been proposed for an adoptive placement (because of their age, severity of abuse and neglect and/or complex needs) had more recently been able to access an adoptive placement.

Local authority and provider interviewees still tended to consider that a greater proportion of children in relation to whom a funding application is made continue to have serious, long-standing issues and/or issues at transition from primary to secondary school, including specifically those who are presenting with challenging and risky behaviours, and/or who have experience of violence or identity issues.

“We see families who have coped for years but they have hit a point that they can no longer cope and are exhausted – a lot of these we have not really seen before” (*local authority*)

“Transfer from primary to secondary school for children is a huge issue – left a nurturing environment, feeling lost in large environment, lack of tolerance and understanding of the child’s needs and how the school manage this” (*local authority*)

“We’re now more likely to see children who have experienced multiple placements and who have been excluded from school...The work with them needs to be longer term. Things are not going to change with a brief intervention” (*provider*)

However, some local authority interviewees were also noticing a more recent trend towards newly adoptive parents and/or their social workers approaching them for help in the early(ier) stages of the adoption journey including pre-Adoption Order and / or soon after the making of an Adoption Order.

“It has changed over time from initially being reactive to a bit more focus on planned and preventative work as both social workers and adopters became more aware and familiar with what support could be provided” (*local authority*)

Local authority interviewees described aiming to provide pro-active, early help without recourse to the Fund, but sometimes thought it was appropriate to apply for this kind of support.

## Demand by type of families

The large majority of those families seeking ASF-funded support were thought by local authority interviewees still to be adoptive families rather than those with a Special Guardianship Order. A strong theme amongst provider interviewees was also that the Fund has triggered a significant increase in adoptive families seeking support.

“It’s made a huge difference. Lots of families are seeking out therapeutic support now” (*local authority*)

Regional Adoption Agency interviewees mainly did not have Special Guardianship support within their remit and therefore did not comment on demand from these families. Other local authority interviewees generally considered that, although growing, demand for the Adoption Support Fund from Special Guardians is still not very high. Many considered this to be an area of unmet need, as the children involved are likely to have many, if not more, of the underlying early experiences or needs as adoptive children. SGO parents may also be dealing with significant challenges in managing contact with birth parents and complex family dynamics.

Special Guardians were also thought by local authority interviewees often to come from a different socio-economic background to adoptive parents, including less money and resources, often working full-time, including a larger number of single carers, sometimes with other children in the family. Some interviewees also believed that SGO parents have very different circumstances to adoptive parents in that they often didn’t plan to become carers and have had to come to terms with ‘changed life plans’.

Whilst many local authority interviewees recognised that the more limited demand from Special Guardianship Order families (so far) was a reflection in part of the delayed access for these families to the Fund, some of these interviewees also considered that it had been influenced by a wider issue relating to the treatment of families with a Special Guardianship Order.

“Less of a matching process and transition for SGO and less opportunity to support from the start” (*local authority*)

Some of these differences in matching and support (between adoptive and Special Guardianship Order families) were thought to further increase the vulnerability of these placements.

“Carers don’t get as much training or previous involvement and care plans etc., hence could be more vulnerable” (*local authority*)



“Special Guardians are not as prepared and equipped yet have more challenging need of children” (*local authority*)

However, many provider interviewees described how they were starting to be asked to work with SGO families. A common response was that they were getting more referrals and that the families were more complicated than adoptive families.

## Chapter 4: Supporting applications to the Fund

Local authority interviewees all described being involved in receiving and supporting applications, this is a significant area of work for them. The range of involvement described by local authority interviewees included:

- Raising awareness of the ASF.
- Undertaking assessments of need including helping to identify the appropriate type of therapeutic support.
- Commissioning or procuring the required support.
- Processing applications with the Fund Manager.
- Providing ASF-funded interventions as required.

A common theme amongst some local authority and many provider interviewees was dissatisfaction with what they perceived as the bureaucratic nature of the process for making an application and the resultant delays in being able to start work with families, especially in instances when the need is considered to be serious and urgent (for example, where there is a risk of placement breakdown).

The main concerns about this element of the process voiced by local authority and provider interviewees included:

- The change from 5 to 20 days for decisions to be made.
- Not being able to carry over funding from one financial year to the next for individual families, causing what is considered to be unnecessary disruption to interventions. Many would prefer a 'longitudinal budget' rather than what is perceived to be a process-heavy annual application.
- Funding to run groups or courses that has currently to be applied for on an individual basis for each participant.
- Applications being returned for re-works on points that are not obviously clinically-grounded and that suggest a lack of understanding of therapeutic work by the people making decisions<sup>3</sup>.
- Changes in the nature of support that have to be re-applied for, fragmenting provision where a child or family needs develop after the start of the therapy.

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<sup>3</sup> If applications include child/family names or calculations that are incorrect then they must be returned whether it is a clinical issue or not.

- Not being consulted about changes to the Fund that are made without notice.

## Local authority assessments of need

Local authority and provider perceptions about assessments of support needs were noticeably different, particularly in terms of the quality of the statutory assessments that are used to inform the application to the ASF although not generated solely used for these purposes. Any application to the ASF must be supported by a recent assessment, or review, of support needs.

## Local authority perceptions

Statutory assessments were mostly described by local authority interviewees as being completed 'in house' by either the adoption support / after order team(s) or by the fostering team(s) (for SGO applications). The large majority of requests for assessment and support were thought by local authorities to come directly from the families themselves or from Voluntary Adoption Agencies (VAAs), with some also coming from schools, GP's and CAMHS.

The tools described as being used to undertake assessments of support needs varied significantly, with some authorities reportedly using the Coram BAAF Post Adoption Needs Assessment. Others described using a different form of standard process and template, including those developed collaboratively as local authorities merged into Regional Adoption Agency (RAA) arrangements, or by previously existing consortium arrangements. In some local authority areas, these standardised approaches were different for adoptive and SGO families whilst in other areas, they were described as being the same.

In some local authorities and regions, a number of social workers were described as being authorised to undertake an assessment on behalf of a family. In others a dedicated assessment social worker would lead and/or undertake most assessments.

Local authority interviewees often described undertaking these assessments mainly with the child and parent(s) / carer(s) but sometimes also involving a therapist already identified by the family. The other agency frequently involved in assessments was reported by local authorities to be Education (mostly schools or educational psychologists). Many interviewees considered that they did not commonly involve other agencies or services (other than schools and sometimes GPs) in their assessments. Many suggested that CAMHS in particular could be challenging to engage in assessments or refused to contribute to assessments.

"Increasingly hard to get CAMHS' input" (*local authority*)

Where multi-agency assessments are undertaken, most local authorities reported that there tends to be agreement between agencies about what is required. However, some local authorities stated that there can be disagreement, either with in-house services or between local authority and clinical (NHS) services.

“Psychotherapy, cycle of loss, and trauma versus clinical diagnoses of ADHD etc. Families come saying ‘Who should I believe?’ (*local authority*)

There was a general view expressed by local authority interviewees that they were satisfied or very satisfied that the assessments used to support ASF applications are of good quality and useful in informing interventions with children and families, and some were very confident that these assessments accurately identify the needs of the child and family.

In a small number of local authority areas, it was perceived that the good quality of these assessments is supported specifically by clinical input / the existence of a multi-disciplinary team.

“The team have become therapeutic social workers. They can articulate need, (have) developed skills to do this. They have clinician input. It helps with formulating needs and goals” (*local authority*)

As noted by The Tavistock (2017) in the first evaluation of the ASF, many local authorities interviewed for the current study described the quality of their assessments as improving or having improved since the inception of the ASF. In some cases, this was attributed to having one or one or two workers undertaking the work (more consistently), in other instances to the RAA implementing new (more consistent) systems or to the use of clinically or therapeutically trained practitioners. In some areas, specific improvements were described, for example the incorporation of a trauma timeline.

However, a minority of local authority interviewees thought that the quality of assessments needed to improve further, including with reference to the consistency of (good) practice. Some other local authorities also reflected that, although generally good, assessments used to support ASF applications should be expected to continually improve, as with all services. They also sometimes acknowledged that assessments could become over-formulaic with reference to what interventions ASF will fund; or that they could be more outcomes-focused; and/or multi-agency focused. One area described actively developing a model of multi-disciplinary working including to support assessments.

A key difference between this study and the earlier Tavistock (2017) evaluation is that the latter identified pressure of demand as the key challenge to the quality of statutory

assessments whereas, for this study, local authority interviewees mostly thought that they are able to meet demand for assessments relatively well, although some thought that it can be difficult to respond to occasional 'surges' in demand. Local authorities were more likely to reference other challenges including from:

- Families themselves. Many local authorities identified parental resistance or disagreement or fixed views about what was required to be a major issue. They believed it can be problematic when family views are challenged. Some cited using 3<sup>rd</sup> party (provider) organisations to act as an intermediary when needed.

"Families present a certain way, as they want a certain service.  
They're distressed, and they want it now" (*local authority*)

- Individual local authorities, where responsibility has transferred to a RAA. In these circumstances it was described as being difficult sometimes to access the child's files or history.

Access to and use of specialist assessments appears to be inconsistent across the local authorities participating in interviews, with:

- Some areas reporting regular use / commissioning of these, mainly from provider organisations. One local authority was looking to decrease its external commissioning of these assessments by developing a multi-disciplinary in-house team. Another area believed that specialist assessments were frequently requested in advance of an intervention by either parents, CAMHS or the bigger providers.
- Other areas reporting much less regular or very infrequent development or commissioning of specialist assessments, but that where these are commissioned, it is mainly from highly specialist centres of excellence. Many of the representatives of these local authorities wondered out loud, 'Why the social worker assessment isn't good enough?'
- Specialist assessments reportedly commissioned more for children and families with complex needs, where the assessing worker feels 'stuck' or uncertain about the best way of proceeding; or where there is a dispute between the family and the local authority about the best way of proceeding.
- A common theme being that local authorities either never or rarely match fund specialist assessments. The rationale for this, where provided, was lack of local authority resources.

There were no reported unintended adverse consequences of the Fund on assessment practice. Some local authority interviewees reflected that a clear positive consequence other than for individual families had in fact been that social workers' / adoption support team's assessment practice relating to the need for therapeutic support had improved.

## Provider perceptions of assessments

In common again with the Tavistock evaluation of the early stages of the Fund (2017), but with the exception of those embedded within local authorities, a common theme from provider interviews was that the local authority statutory assessments are of variable quality.

When of a good quality, these assessments were described as providing “a platform, an understanding of needs of the child and family and what’s happened” (*provider*).

“When they’re good this includes a relevant history and trauma timeline that helps us to formulate the needs” (*provider*)

However, common criticisms from provider interviewees were that:

- The local authority assessments do not contain the right kind of information to inform therapeutic support plan  
“Not the right detail, the right kind of detail” (*provider*)
- They are lacking in clinical input.  
“Social worker understanding is helpful, but clinical input is needed too” (*provider*)
- Social workers do not have sufficient understanding of the therapies that could be helpful to children and families in different situations, so suggest those that they are aware of, for example, Dyadic Developmental Practice (DDP), rather than those with a more established (clinical) evidence-base or with reference to NICE Guidelines.  
“Sometimes a social worker will ask for a particular therapy but when I start work it’s clear it’s not the right one. There is a need to educate social workers about the differences between types of therapeutic intervention and outcomes, for example that life story work is not a therapy that will address trauma” (*provider*)

However, many of these providers also aimed to have in-depth, informal conversations with the social worker(s) and parent / carer in addition to receiving a local authority assessment.

“We work on the basis of having early in-depth conversations with social workers who know the family well, so we can start to understand need and what the right approach will be” (*provider*)

Many of the providers interviewed for this evaluation also said that they usually or always undertake their own assessment for all ASF-funded packages of support, rather than relying on the statutory assessment. Some, but certainly not all, of these are funded comprehensive assessments of the need for therapeutic support.

“We always do a specialist assessment to gain insight” (*provider*)

By contrast, 50% of the (mostly sole practitioner or smaller) providers responding to the online survey (n. 117) thought that the assessments received from local authorities help either quite a lot (31%) or very much (19%) to tailor the right support to children and families.

“They are excellent. And vital” (*provider survey respondent*)

However, responses were again mixed and 26% of provider survey respondents thought that these assessments are not helpful and 19% thought that they are only a little helpful. These 45% of respondents generated the most amount of comments in relation to this question, with the majority suggesting that the quality of assessments is variable with reference either to the individual social worker or individual local authority, the criticism often being that assessments aren't sufficiently based on an understanding of developmental trauma and/or the appropriate match of therapy:

“The detail provided in these reports varies. Often the recommendations made for therapy are not appropriate. All therapeutic work should start with a psychological assessment in order to determine the most appropriate therapy for the family”  
(*provider survey respondent*)

Other comments from survey respondents included that they (the provider):

- do not receive these local authority assessments in practice (but thought that they should); or
- rely on their own assessment, irrespective of the quality of the one received from a local authority.

## **Application of the Fair Access Limit and Matched Funding**

The ASF includes a fair access limit (FAL) limiting funding allocations for support per child. The ASF has two fair access limits: £2,500 per child per year for specialist assessment; and £5,000 per child per year for therapy. The majority of applications to the Fund fall within these limits. In exceptional cases, where there is an urgent need for

higher cost support, local authorities or RAAs are asked to match-fund these applications.

The criteria for matched funding are that:

- There is a high risk of adoption breakdown without high cost support.
- Local authorities or RAAs 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 harder to arrange adoptions.
- A lack of available, affordable therapeutic support means that higher cost provision is unavoidable.

The ASF can fund up to 50% of the amount above the fair access limits, up to a maximum of £30,000 (including the fair access limits).

## Use of the Fair Access Limit (FAL)

A common theme from the local authority interviews was that the main effect of the Fair Access limit had been on providers, forcing them to adjust their fees / costs of their packages of support to fit the Fair Access Limit (of £5,000 for support).

“Has reigned in providers much more” (*local authority*)

“Brought down the cost of the providers very rapidly, driven down costs” (*local authority*)

Many local authorities and some provider interviewees considered that this development is overall a positive one:

“Makes things more transparent, there are fewer big applications” (*local authority*)

“Has made staff think more about packages” (*local authority*)

However, some local authority interviewees did also notice other ‘knock-on’ effects of the Fair Access Limit, namely that it has led to some providers putting up their prices (to the limit, very consistently, possibly irrespective of need) and/or has limited the amount of support available to families with more complex needs.

A number of local authority and provider interviewees believed that more flexibility is required in the cases of families with complex needs.

“Some families need more, some less” (*local authority*)



“Fair Access Limit is ok if it’s an early placement, not high risk or complex” (*provider*)

Provider interviewees described how the FAL had sometimes led to them having to prioritise within the package or limit the number of sessions that could be provided.

“Most clients need 30-35 sessions on average. Fair Access Limit only funds 25. We have to stretch the therapy. A one size fits all approach isn’t helpful as families’ needs vary” (*provider*)

Providers responding to the online survey (n. 117) varied considerably in their views about the impact of the Fair Access Limit, with the majority (57%) of those responding to this question stating that there had been only some or not much impact. 22% thought that there had been quite a lot or a lot of impact and 21% thought that there had been no impact. Most of those who thought there had been no impact were small organisations or sole traders, many of whom believed that they have always operated within the Fair Access Limit threshold. The main reason why some (mostly medium sized) survey respondents believed that the Fair Access Limit had a less positive impact was because it could be difficult to deliver either:

- more complex packages (for children and families with greater level of need); or
- packages to families living in rural areas or beyond their local authority area within the limit.

## **Use of match funding**

Local authority interviewees rarely believed themselves to be match funding ASF packages on a regular basis. Most local authorities within or without new RAA arrangements described either:

- not match-funding at all; or
- match funding in only a very small number of cases, mainly where the likelihood of placement breakdown is very high.

The local criteria for match funding was described variably by local authorities as:

- Desperate need or to avoid family breakdown / high risk of placement breakdown.
- Exceptional circumstances, more complex cases where an intensive package of support is needed to keep the family together.
- Where long(er) term therapeutic intervention is thought to be required.

- Intended to extend or kick start and intervention that otherwise might not work, particularly for vulnerable placements.

The rationale for the criteria / lack of match funded interventions was very consistently described by local authority interviewees as their budget / spending restraints and/or panel or senior manager gatekeeping criteria. Other reasons included: that there were other local authority resources and services that could be deployed to 'wrap around' the family and provide broader support for families in difficulties including specialist adoption support services and/or more generic (albeit intensive) family support services.

A small number of local authorities considered that they might consider match funding on a case-by-case basis but had not done so yet.

Many provider interviewees thought that, for families with complex needs, match funding could be very difficult to obtain. They concurred with the descriptions made by local authorities of their criteria for match funding, often generalising that placements must be 'actively disrupting' before local authorities will offer match funding. Some providers and local authority (operationally focused) interviewees expressed concerns about even attempting to match fund on the basis that it takes a long time to be agreed and causes delays and breaks in interventions.

“Don't bother, don't consider (it) unless avoidable... leads to delays”  
(*local authority*)

By contrast, about a quarter (26%) of the providers completing the online survey (n. 117) thought that there has been a noticeable impact of the introduction of match funding. Most, if not all of these respondents described the impact in positive terms:

“These have been useful in order to have funding agreed in advance, particularly when working with children who have experienced significant trauma where the therapy is likely to be long-term”  
(*provider survey respondent*)

“It has enabled the continuation of regular support for a family where there otherwise would have been a breakdown” (*provider survey respondent*)

36% of provider survey respondents considered that there had been no impact of match funding and many of these as well as others who weren't sure about the impact described not knowing or knowing much about it. Other survey respondents described knowing about match funding but not having had a terribly positive experience:

“We are occasionally successful in winning matched funding for families, but this is only in a small minority of cases because Local Authorities tell us that they cannot provide their half of the fund”  
(*provider survey respondent*)

“Match funding is a rarity in our experience as LA's have limited funding to put into this except in critical cases” (*provider survey respondent*)

## Chapter 5: ASF provision and markets

For many sole practitioner and private sector provider interviewees, ASF-funded work represents a significant proportion i.e. fifty per cent or more of their work. Provider interviewees from the voluntary sector often described a greater diversity to their work, including other forms of (non-ASF) work with adoptive families or children living away from birth parents.

The provider survey has generated corroborating findings in relation to this area. Of those (mostly sole practitioner or smaller) providers (n. 117):

- 69% described how fifty percent or more of their resource is directed towards ASF-funded services.
- 43% described how seventy percent or more of their resource is directed towards ASF-funded services.

As might be expected from a varied sample of providers, there was a great deal of variation in the ASF 'offers' described by survey respondents. For example, at one end of the spectrum, specialist independent practitioners frequently appeared to offer one or two types of therapy only, while large national organisations more frequently described providing a very wide range of support to vulnerable children and families, including children in need, children with a Child Protection Plan, looked after children as well as adopted and fostered children.

Theraplay, Dyadic Developmental Psychotherapy (DDP), Therapeutic Life Story Work and play and creative therapies were the most frequently mentioned types of provision by our provider interviewees. A number of provider interviewees also mentioned therapeutic parenting (courses), Eye Movement Desensitisation and Reprocessing (EMDR) and/or Sensory Integration Processing Therapy.

A commonly expressed view of provider interviewees was that interventions that are dyadic and systemic, like DDP and Theraplay, are more frequently requested from them because these are well-established, known by social workers and families and they have a reputation amongst these parties for being effective. Creative therapies including music, art and play were referred to by several providers as working particularly well for young children as they are easy to engage with and "gets them off their chairs" (voluntary sector provider). It can also help to build an early therapeutic experience which enables them to progress on to other forms of support.

A strong theme amongst provider interviewees was that they draw on their knowledge and experience as clinical psychologists and/or other training they have undertaken, for example in Cognitive Behavioural Therapy (CBT) or family therapy to inform their delivery. Others had developed their own packages or programmes that integrate a

number of therapies. For example, one provider described having combined Cognitive Behavioural Therapy (CBT), Sensory Integration Processing Therapy and mindfulness to meet demand.

Several provider interviewees mentioned EMDR as being effective for trauma recovery but less well known, and therefore less frequently commissioned by LAs. Others also emphasised that, as they get to know the family, the type of therapy may need to change to better meet their needs.

Another strong theme from provider interviewees was that they have increased their provision of adoption support since the Adoption Support Fund began, many quite substantially.

“The Fund has generated a growth in providers like us and in the choice for parents. It’s affected the size of our team and what we can offer (improved the range). Both with us and potentially across the whole market there’s been a growth in provision of one to one psychotherapy and OT services” (*medium-sized provider*)

However, some provider interviewees described an initial rapid growth which prompted them to employ more staff and enlarge their premises, followed by an unexpected and sudden contraction when the Fair Access Limit was introduced.

83% of provider survey respondents (n. 117) described how the amount of work on therapeutic support for adoptive or Special Guardianship Order families had increased as a result of the ASF. Of those who thought that their work had increased as a result of ASF, 71% believed that it had increased by fifty per cent or more and 23% that it had increased by at least a hundred per cent. 33% of respondents described having taken on new members of staff in response to increasing ASF demand.

“Demand is so high and so I have focused more of my work in this area” (*provider survey respondent*)

“The ASF has made working therapeutically with adopted children and their families much easier. Prior to this families had to battle, complain or threaten to sue. Many paid privately for intervention” (*provider survey respondent*)

Some of these survey respondents described how they had started working as a sole trader in response to the launch of the ASF, having previously worked for other organisations such as local authorities or CAMH services.

Whilst some, particularly smaller, provider interviewees had found it difficult to respond to changes in demand, others (particularly the larger ones) felt that they had been able to respond relatively easily to demand, for example through the use of sub-contractors and by adapting packages of support to the Fair Access Limit.

“As an independent organisation we have been able to respond and grow flexibly. When there was a demand for more sensory integration work we employed more therapists with this training” (*large provider*)

Within the cohort of provider survey respondents (n. 117), forty four percent thought that it had been either very or quite easy to respond to changing demand for ASF-funded support.

Provider interviewees generally believed that the growth in demand (for ASF-funded support) and provision had been fundamentally positive for the Sector as a whole, including specifically that it had led to:

- The development of (improved) skills in this field. One local authority provider referred to the Fund as a ‘mandate for specialist training’ as it has enabled their team to develop high level skills and knowledge to benefit all the vulnerable children they work with across children’s social care.
- More specialist and multi-disciplinary teams able to work with families in a holistic way (some who now saw themselves as centres of excellence).
- More choice for families including of support offer and of provider type (although this had also been challenging for providers some of the time).
- Improved systems for securing high quality therapy, for example case management and safeguarding systems, clinical oversight and governance.

The majority of providers responding to the online survey (85%) agreed that the ASF had helped to increase the availability of therapeutic post-placement support in their area.

Many also described the impact in positive terms:

“Before the Adoption Support Fund it was a 'post code lottery'. Some LAs were willing to fund, while others - not at all. Some families were desperate. The ASF fund made it fairer for all” (*provider survey respondent*)

“ASF funding support has made a great difference to the support available to adoptive families in our area, and is critically needed” (*provider survey respondent*)

Provider interviewees and those responding to the survey also frequently described how growth in demand remained challenging for the Sector, for example in terms of:

- The availability of appropriate physical space for therapy.
- Therapists' ability to respond to demand in a timely way.
- Difficulties in recruiting a sufficient number of high-quality staff with the right kind of experience.

"It's been difficult to find the right people...it's been difficult also to resource a growing team with the right kind of administrative support – people with the right attitude and resilience" (*provider*)

- Concerns about the growth in sole traders, and the quality of their work.

"Lots of one-person outfits growing exponentially" (*provider*)

"..has given birth to a cottage industry of unqualified, non-specialist practitioners some of whom don't have the right level of qualifications, training and experience.." (*provider*)

- An additional management and administrative burden.
- A decrease in CAMHS accepting or needing to accept responsibility for (some) adoptive children.

"CAMHS work has decreased, people don't want to have to wait. Also, previously they may have got nothing" (*provider*)

- Limited opportunities for innovation, learning and development – as ASF funding is attached to individual families, there was perceived to be less scope to fund the development activities that would enable providers to become 'centres of excellence'.

Provider survey respondents (n. 117) described responding to (increased) demand in a number of ways including by:

- Expanding provision to other local areas (39%).
- Training themselves or other staff (34%).
- Recruiting staff (29%).

Other responses to increased demand reported in the survey included: working more hours; doing less of other types of work; supervising others to undertake the direct work; and taking on or 'doing up' premises to make it better adapted to this type of work.

However, 53% of survey respondents believed that there was demand they could not meet, both in terms of overall 'volume of work' but also specific types of demand that they thought were difficult to meet, in particular for:

- DDP.
- Sensory integration assessments and therapy.
- Therapeutic life story work.
- Specialist including multi-disciplinary assessments.

Other survey respondents mentioned difficulties in meeting demand, for example for: families who can't travel; work with parents / carers (which isn't funded by the ASF) and/or a range of therapies that are beyond their staff skill base.

"Therapies that are outside our skills base. If the funding and referrals were guaranteed for a period time, we would employ people with the skills as well as attend the extra training required" (*provider survey respondent*)

Some provider survey respondents described broader gaps in provision they noticed, particularly:

- For SGO families.
- In the kind of whole system support that would enable parents and schools to respond effectively to the needs of children who are adopted or who have an SGO, for example guidance and support for schools to understand the impact of developmental trauma and how to work with associated behaviours that may manifest in school.

## **Local authority views about service provision and markets**

A strong theme amongst local authority interviewees was that families' needs are generally capable of being met through a combination of ASF-funded support and their own resources. This appears to be a key difference to the experience of local authorities interviewed in the early stages of the Fund (Tavistock Institute, 2017).

Local authority interviewees generally believed that the ASF complements and/or supports a broader range of support for adoptive and SGO families. Some further suggested that it has become an integral part of the support continuum or that it has enhanced significantly what was in place before.

"An integral part of what we do now, gives more options" (*local authority*)



However, some local authorities suggested that, whilst demand is being met superficially, this might not represent all the 'real need', for example, for SGO families and longstanding adoptive families who are more reluctant to come forward.

Another theme from the local authority interviews was that the continuum of support is still not yet complete, with more work to be done to ensure that families receive the right support at the right time.

“Not much of a spectrum. The ASF and the Social Worker support are the main elements. If anything, it is even more limited for SGOs as they often do not go through the same training as an adopter”  
*(local authority)*

The main gap in the spectrum was expressed by many local authority interviewees as being for early(ier) help.

“We need more preventative supports for families” *(local authority)*

## **Services provided by local authorities 'in house'**

Some local authority interviewees described providing at least an element of ASF-funded support services 'in house'. Amongst those that do provide ASF support in-house, the most commonly mentioned services were: therapeutic parenting; therapeutic life story work; Theraplay; sensory integration processing therapy; DDP; and NVR.

A small minority of local authority interviewees described delivering most of the ASF-funded services on an in-house basis. One local authority described having taken the decision to deliver most provision in-house because of the limited number and capacity of therapists in their area. Another authority said that they had developed a comprehensive in-house service to deliver provision, this service located within Children's Social Care but also incorporating seconded NHS psychologist and other clinical / therapist staff.

Other local authority interviewees described having a more mixed economy of ASF-funded support, some partnering with an external provider and some training up their in-house staff to deliver 'elements' of therapy.

These trends in delivery models across different local authorities are largely unchanged from those identified in the early stages of the Fund (Tavistock Institute, 2017).

Where local authority interviewees thought that they did not provide any ASF funded services in-house, a strong theme was that, as predicted by the earlier study relating to the Fund (Tavistock, 2017), this had a negative (including de-skilling) impact on their staff:

“We originally provided some therapeutic interventions through suitably trained and experienced social workers, but all therapeutic interventions are now bought in. The social work capacity is focused upon assessment, training and non-therapeutic support. In some respects, the ASF has resulted in the de-skilling of our own staff” (*local authority*)

“We have almost had to stop the in-house just to get the ASF assessments done. More (families) want the external support, believe the value is more as its being paid for” (*local authority*)

One local authority described how services had been commissioned (out) because “there are not the resources and there is not the certainty from the ASF to invest in resources within the local authority”.

However, another authority took an opposing view, with reference to the anticipated Regional Adoption Agency arrangements, seeing a new opportunity to “skill them (staff) back up in readiness for post 2021”.

### **Services commissioned externally on behalf of families**

Continuing a trend identified in the earlier Fund evaluation (Tavistock, 2017), a strong theme from the local authority interviews was that most ASF-funded services are now commissioned by them externally from within an expanded private and voluntary sector market. The most commonly mentioned types of services that local authorities described commissioning externally were as follows:

- Therapeutic parenting.
- Therapeutic life story work.
- Theraplay.
- DDP.
- Specialist assessments.
- Creative therapies including art, drama, music and play.
- Psychotherapy.
- Sensory integration / re-processing therapy and assessment, sensory room / OT.
- EMDR.
- NVR.

## Local authority views about the market for ASF-funded support

Like their provider colleagues, local authority interviewees generally considered that the market had grown and developed since the inception of the ASF. Key changes in the market noticed by local authorities were:

- In some areas, more individual therapists had established themselves as independent providers / sole traders.

“People leaving big organisations to set up” (*local authority*)

“People are developing themselves, training to enter this market”  
(*local authority*)

- Some provider organisations had developed a deeper and broader offer.
- Some local authorities had up-skilled their staff and/or grown their in-house provision.

Some local authority interviewees expressed concerns about the market (still) being under-developed. Many of these authorities believed that they had simply improved their knowledge of the market, rather than that it had literally grown or developed significantly. For example:

“Need more choice and to develop the market. We have tended to be a bit dependent on a handful of providers” (*local authority*)

“Dominated by one provider but overstretched as used by other LAs too” (*local authority*)

“A fragmented and small-scale market...hasn't particularly changed or grown” (*local authority*)

However, other authorities described their local market as being relatively well-developed and having quite a good mix of different sizes and types of provider, including independent therapists, small practices (private and voluntary sector) and large regional or national adoption support agencies (private and voluntary sector). Several authorities described a good supply of independent therapists and smaller practices and tended to favour this type of local provision, to enable ease of access for families.

Positive forces affecting the market cited by local authorities as:

- The profile of the Fund itself and the awareness it has raised.
- The Fair Access Limit, generating more competition.

- Approved Provider Lists, these cited mainly by RAA representatives.

“Now streamlined for providers since being RAA. They only need to get on the one list rather than on four separate ones” (*local authority*)

The main negative factor affecting the market identified by local authorities was a perceived increase in the time that it takes to get applications approved centrally, said to encourage providers to take on other work (in the meantime), or to be less interested in ASF work, or to increase their costs.

Other negative factors cited by local authorities were varied and mirror many identified in the earlier evaluation (Tavistock, 2017) including: market cornered by one provider; CAMHS no longer taking clients; uncertainty over the Fund; spot purchasing; insufficient good quality therapists; (sometimes) parent choice; growing family expectations; and reductions in local authority resources.

## Chapter 6: The match of services to needs, their evidence base and quality

### The match of services to child and family needs

Local authority interviewees tended to describe services that were overall well-matched to presenting family needs, in part because of the quality of assessments and in part because of the availability of appropriate supports.

However, a small proportion of local authorities believed that the match was only quite good or 'mixed'.

"Hence we use the best of what we have got... sometimes we have to be imaginative" (*local authority*)

Whether an overall good or quite good match is reported, local authority interviewees could often identify some specific exceptions or examples of situations where the match was not, in their view, quite as good. This could sometimes happen where families have a view about a service that they think represents a good match with their needs, but where the adoption service doesn't agree:

"Sometimes difficult to change a family's view when they believe they know what intervention they want" (*local authority*)

The key gaps in provision to meet child and family needs and/or barriers to meeting these needs identified by local authorities included some supports that could be funded by ASF and some that might form part of a broader offer to families, including:

- Specific therapies, for example: therapies to deal with child to parent violence; Video Interaction; Positive Parenting; sensory services; DDP.
- Services tailored to specific needs groups, for example for SGO families.
- Support for specific groups of children, for example: adolescents.
- The absence of a whole system approach, in other words recognition that support is needed for the 'whole system' that exists around the child, particularly parents and schools.
- Support for children in schools – for example to understand the needs and behaviours of adopted children.

"..feel this is a big gap in provision, can't get funding ..., some schools not using school funding, hence leads to work at home and work at school not being congruent" (*local authority*)

- Support for parents (in their own right) for example in relation to secondary trauma, to enable them to respond better to their child's needs and behaviours, for which ASF-funding cannot be used.
- Preventative work, sufficiently early in the adoption journey.
 

“Rather than families coming to us in a crisis, with so much trauma, we've learnt that if we can get in earlier its helpful” (*local authority*)
- Peer mentoring.
 

“Families are often isolated on their specific journey” (*local authority*)
- Other interventions that are out of scope for the Fund, for example: equine therapy; respite care; stand-alone sensory assessments (that are not part of a package), therapies specifically to address Foetal Alcohol Syndrome Disorder.

Local authority interviewees generally believed that services are geographically accessible for most families, if not for all. The key challenges were considered to be:

- The location of some key providers (more in urban or affluent areas).
- The rural nature of the local authority / geographical region.
- The lack of appropriate locations / bases for therapeutic work within a specific local area.

Whilst funded support was considered by most local authorities to be accessible for families living 'in their area', they could be less accessible for children and families living at a distance, in other local authorities or regions. Local authorities described how it could also be harder to commission support at a distance, although most had worked collaboratively with other local authorities / RAAs to do so.

## **Perceptions about the extent to which funded supports are evidence-informed**

There was a general view expressed by local authority interviewees that services commissioned or provided by them are mostly evidence-informed. By way of support for this view, local authority interviewees drew upon their confidence in the overall ASF process (including approved list of interventions), or their in-house / commissioned provision, or their commissioning arrangements which require providers effectively to register their experience and approach(es) on an approved provider list.

One local authority cited by way of additional support the fact that they have clinicians in their assessing team(s), these provided by a Voluntary Adoption Agency on behalf of the Council.

However, some local authorities who were mostly confident that services are evidence-informed could identify exceptions, for example in relation to:

- Parents who choose a particular intervention that may not be right for them.
- Social workers who may not always know what intervention to select.

Other local authority interviewees expressed a view that the funded services are not very evidence-informed.

“Steer towards quite traditional therapeutic approaches, rely on previous users to give feedback” (*local authority*)

“Some (approved) therapies don’t really have a clear evidence base. We need a mechanism to access evidence informed basis and knowledge” (*local authority*)

A strong theme from the provider interviews is that providers believe themselves to be delivering interventions that are predominantly and increasingly evidence informed. However, there was also an awareness amongst provider interviewees that some or many of the ASF-funded therapies available more broadly do not yet have a fully developed evidence base. The need for more independent studies to evaluate therapies across the board, particularly to look at long-term impact was strongly highlighted, and some providers already considered that they are contributing to these evaluations.

Other commonly mentioned activities designed to ensure provision is having a positive impact on children and families were described by provider interviewees as including: good quality supervision (on a one to one and group basis); management oversight of therapists (for example, checking notes and intervening if things are getting stuck); CPD opportunities for staff; good governance and structure; peer support groups for families; feedback from the wider network for example schools.

Provider interviewees generally described how they review or evaluate the effectiveness of individual ASF packages in some way, using one or a variety of measures with individual families. These measures sometimes include those that have been developed by the provider themselves; surveys and questionnaires to gather feedback from parents, children and social workers; before and after measures; case note checks; reviews of planned support; noting school attendance; noting whether the placement is still intact.

“We look at the aims and have regular reviews. We use SDQs, six parts story stem method (for drama therapy), parent self-reports, child feedback, surveys and attendance” (*small provider*)

“We do an impact evaluation with families and the local authority and children, when appropriate – we establish a baseline at the start, at the end and 6 months after case closure” (*large provider*)

Some provider interviewees describe evaluating the effectiveness of their ASF work using standardised and well-validated measures, for example the Strengths and Difficulties Questionnaire (this the most frequently mentioned tool).

## **Perceptions about the quality of funded support**

A strong theme from the local authority interviews was that the quality of therapeutic adoption support services is mostly good or very good. However, local authority interviewees often also acknowledged the limitations of their knowledge, as it is mostly based on feedback from providers or families rather than harder measures / outcome measures. They often described having stopped using some therapists about whom they had received negative feedback from parents or other negative information.

A minority view of local authorities was that more needs to be done going forward to secure improved regulation of providers and/ or a better evidence base about the quality and effectiveness of supports.

Providers were asked more specific questions about aspects of (good) quality provision including about the timeliness of their engagement with families and the quality including skill set of the therapists working in their organisation.

Most provider interviewees asserted that they can start work with a family reasonably quickly once ASF approval has been given and most said that they do not keep waiting lists. For those who were able to provide an average time for which families have to wait, this ranged from two to eight weeks. However, a common experience described by interviewees was that the whole process from when a family approaches the local authority for help until they start treatment can be very lengthy and is getting longer.

In some situations, for example where the need is urgent or in the case of group work, provider interviewees said that they had commenced interventions before agreement is given and then invoiced retrospectively (when and if it is given). A strong theme was that the whole process is overly lengthy, and provider interviewees attributed this to: local authority needs assessments; complex procurement procedures to select a provider; applications taking a long time to be submitted and processed; clarifications and changes being requested by the Fund Manager; and/or a lengthier decision period by the Fund Manager (extended from 5-20 days). Some provider interviewees expressed concern about the effect these perceived delays were having on families.



Similarly, most (65%) provider survey respondents (n. 117) thought that it is quite or very easy to respond to families in a timely way. Only 13% thought that it is quite or very difficult to do this (22% thought it is neither difficult nor easy). The main barriers to responding in a timely way were thought to be the volume of demand and also, in some cases:

- being sent 'batched' referrals from local authorities (so some families have to wait for others to be ready for referral);
- overly lengthy or detailed local authority or RAA procurement processes;
- local authority delays in completing assessments; and/or
- disagreements about match funding.

A majority of survey respondents cited overall volume and / or delays in local authorities / RAAs completing assessments as the most significant barrier(s).

"Biggest organisational problem is the parents and school want help now and funding takes ages to come through. I have often been seeing a child for a session each week without knowing if I was going to get funding for the child or not" (*provider survey respondent*)

Provider survey respondents described the main consequences of failing to be able to meet demand as having to turn families away, to refer them on to other providers, and/or to ask them to wait.

"Families need help when they need it. It is problematic to wait when there are difficulties" (*provider survey respondent*)

Provider interviewees were overwhelmingly confident that they and their staff had the right skill set to meet child and family needs. They also frequently described the high level of training that they/their staff had undertaken and continue to undertake to keep up to date with research findings, new thinking and methods of working, especially around complex trauma.

Independent (sole trader) practitioners as well as larger organisations also frequently described the need for a high-level clinical training background (for example: clinical psychology) as well as being certified to the right level to deliver particular interventions.

Many provider manager or owner interviewees prided themselves on delivering regular in-house training to support their staff (including associates who may be sub contracted to deliver ASF-funded therapies) in addition to providing regular one to one and group-based supervision.

“Our very excellent CPD offer includes ‘by the team for the team’ training once every two weeks and 1 to 1 as well as forms of group supervision” (*provider*)

These providers suggested that some of the most important types of experience, knowledge and skills that practitioners require in order to respond effectively to demand include:

- Knowledge of neuro development, attachment and trauma.
- Experience of adoption and other forms of kinship care.
- A clinical skill set and experience of the therapeutic process.
- Being able to take a holistic view, hold complexity and deliver a range of integrated interventions, drawing on a broad knowledge of different types of therapy.
- An understanding of the whole system of support for children and families.
- Ability and openness to working in a multi-disciplinary way, liaising with other professionals (this is seen to be a very important but unfunded aspect of the work).
- Interpersonal skills including empathy and compassionate listening.
- Being able to engage with children who don’t trust anyone.
- A child-centred way of working sometimes described as ‘child-led, adult guided’.
- Having emotional resilience themselves / being able to tolerate the stress of the job.

Providers responding to the ASF survey (n. 117) also overwhelmingly (97%) considered that they and/or their staff have the right skills to meet the needs of children and families. However, it is clear from the responses that many of these related to having the right skills in relation to the work that they already do (rather than demand more broadly).

## **Perceptions about the extent to which funded support provides good value for money**

A strong theme from the local authority interviews was that the ASF-funded support represents very or mostly very good value for money. The reasons for this included:

- That the Fair Access Limit had introduced more realistically costed proposals from providers.

- Because of the perceived (largely very positive) impact of the support, including on preventing placement breakdown.

Limitations on the extent to which services represent good value for money were thought by some authorities to include:

- A lack of 'competition' (breadth within the market) to encourage competitive pricing.
- The fact that some (mostly larger) providers are considered almost always quote very close to the Fair Access Limit.

“A lot of providers still come in at just the right top amount. There is a lack of real competition in this area to counteract this” (*local authority*)

“Some providers go up to the limit in a standard way” (*local authority*)

This has caused some local authorities to perceive independent therapists as providing better value for money.

- That quotations now need to cover the costs of travel, so some providers expect families to travel to them (since these changes).

“Some families are disadvantaged in rural locations due to the Fair Access Limit, as travel time has to be factored in” (*local authority*)

- That it has become more difficult to obtain funding for group-based activities.

The provider-reported costs of providing ASF support frequently included:

- Support sessions with family members.
- Administrative support associated with processing the ASF.
- Liaison with professionals and agencies.
- (For some of the larger organisations), the costs associated with 'becoming centres of excellence'.

Some provider interviewees described how their costs of ASF-funded packages have remained the same for the duration (approximately) of the Adoption Support Fund. Several providers also described ways in which they believe they have become more efficient, for example: by making their operational processes leaner / more streamlined; by travelling out to families less; and by modifying their interventions to fit with the Fair Access Limit.

Some provider interviewees described how their costs / charges have increased during this period and attributed these increases to the need for greater levels of administration

(of the Fund), training of staff, and for enhanced supervision and management of staff in relation to the Fund.

There was a strong view expressed by provider interviewees that what they offer continues to represent good value for money, including by regular comparison with other similar organisations:

“We benchmark the cost and quality of our service across the sector”  
*(small provider)*

Some smaller provider interviewees considered that they offer good value for money specifically because they have fewer overheads and on-costs (compared with larger organisations). One local authority-embedded provider expressed a view that their in-house model is cost effective and sustainable because “we benefit from the infrastructure all being there, for example the building, so the money can all go towards direct work with the families” *(local authority provider)*.

Some providers described frequently undertaking work for clients that is un-chargeable / un-recoverable through the ASF:

“Therapists often put in extra time because they are committed to getting a good outcome” *(large provider)*

...or that they offer additional non-chargeable supports to clients that go beyond what the ASF funds:

“We’re about to offer yoga to all our ASF children and extended family free of charge. We’re creating a community of ASF families”  
*(medium-sized provider)*

Some provider interviewees also described newer non-funded innovations in their work with adoptive and SGO families, for example:

- Piloting new work including with other organisations to better support parents and carers in their own relationships.
- Educating extended family members for example through ‘connected person training’.
- Providing on line materials for all including extended family members, these accessible whether or not families come to the organisation for support.
- Creating and supporting local communities of ASF-funded families including peer and other forms of support.

## Chapter 7: Commissioning of ASF provision

Most of the local authority and provider interviewees knew about and/or chose to describe their procurement arrangements (rather than their overall strategic commissioning arrangements) in response to questions about commissioning overall.

### The most common procurement arrangements

Local authority and provider interviewees both described the most common procurement arrangements for ASF-funded supports as ‘spot purchasing’.

Some local authorities also described increasingly using preferred provider lists, procurement ‘frameworks’, or approval and vetting processes for providers.

“The approved provider list has been positive (70 providers appointed to date) – led to better understanding of market and providers and more challenge and collaborative working” (*local authority*)

There was a recognition by these local authorities that smaller providers may find it difficult to meet their preferred provider terms and conditions and therefore to get onto formal frameworks or lists.

However, some other local authority interviewees described continuing to use less formal arrangements to select therapists or organisations they ‘know and trust’, for example by asking them to provide a quote and then letting the family decide which one they would like.

“We know which providers we prefer to use so there is an informal shortlist of providers” (*local authority*)

There was a strong theme from local authority interviews that families are increasingly approaching them with a view about which therapist they would like to work with, in advance of the application process:

“At the start more advising people on therapist, now people come having chosen the therapist” (*local authority*)

These trends are mirrored in the provider interviews, wherein spot purchasing was also described as the most common experience. Within this method of purchasing, two styles also emerged, as explored below.

- Most provider interviewees described a relatively simple, informal process whereby a social worker approaches them to check availability and to ask for a

costing. Some referred to being on a '(preferred provider) list', others to having good working relationships with social work teams, being known and trusted to put in place the right package based on their clinical judgement. One provider emphasised the importance of building strong relationships with social workers: "as that is key to get a good understanding of what the family needs, what their situation is, their aims and goals". However, in some areas, providers described how local authorities will often provide families with a list of providers to choose from (rather than advising them about the selection) and this was perceived to be more problematic, as the family doesn't always know what to choose.

- Some provider interviewees had noticed a change in commissioning style of some local authorities and/or emerging RAAs entailing spot purchasing through a formal competitive tendering process. These providers often expressed strong views that this has not been a helpful development. One provider expressed a view that the growth of what they perceive to be a 'procurement industry' in this field is a "waste of time and money". It was also perceived to weaken business sustainability and inhibit growth.

## Interest in other forms of purchasing

A minority of provider interviewees described being the only one providing ASF-funded support locally (through the in-house service which was therefore a monopoly provider).

However, very few provider interviewees outside of the local authority sector had experience of block-purchased provision and most or all of this was described as historical. Also, it was not clear that any or all of this block purchased provision related specifically to ASF-funded support.

"It's changed over time. Initially we had block contracts (for 3 years), we were given a pot of money and a quota and we could be flexible about how money was used...there is less flexibility to provide work outside of the ASF now" (*large provider*)

Some local authority commissioners stated that they would be interested in principle to consider a block contract or similar external commissioning arrangement for ASF-funded support (instead of spot purchasing) but that this did not fit comfortably with the current way in which the ASF operates.

## Extent to which commissioning is considered outcomes-based

Local authority views about the extent to which commissioning is outcome-based were very mixed with:

- Some authorities referencing their use of reviews / reports from therapists combined with parent feedback loops in support of an assertion that commissioning is outcomes-focused.
- A minority of authorities describing how they are in the process of introducing a new outcomes-based process.
- One local authority describing quite comprehensive outcomes-based systems including a requirement that all providers deliver pre and post service measures / scores and goal-based outcomes in relation to the families with whom they are working. In this case, student clinicians within the Adoption Support Team help to collate the evidence.
- Other authorities referencing the outcomes from ASF applications that are applied to providers in an agreed 'brief' for the work.
- A small number of agencies expressing a view that their contracts with providers (and the way in which the ASF is set up) are innately service-based rather than outcomes-based.

“A fee is paid for the service, not the outcome” (*local authority*)

## Perceived extent of commissioner influence on the market

Only one local authority interviewee (that was part of a RAA) believed that they have a good level of influence or control over the market, this because of “*much more intelligence (as a RAA) about demand and supply, so a better understanding of what is needed and also the quality*”.

Most of the other local authority interviewees considered they have a little or not much influence or control over the market.

Several local authority interviewees expressed a view that they will probably have more influence when merged into regional arrangements.

## Chapter 8: Experiences of and views about regionalisation

Overall, local authority interviewees were more optimistic about the actual or potential positive impact of regionalisation on adoption support than the provider interviewees.

### Local authority experiences and views

Only a small minority of local authority interviewees described having already moved more fully into RAA arrangements. However, other local authority interviewees described already developing their arrangements in anticipation of the RAA becoming operational, for example by developing commissioning frameworks and/or collective intelligence about the market. In some areas that were not already RAA-operational, arrangements were thought to be already quite well developed in preparation for the transition, including with reference for example to an existing in-house therapeutic adoption support service or post adoption team.

There was a unanimous view that regionalisation is becoming the clear driver of adoption if not SGO support going forward.

Where RAA proposals were relatively firmed up, these mostly incorporated adoption support (including ASF-funded support).

However, only a minority of local authority interviewees considered that SGO work relating to the ASF was already included or was expected to be included in RAA arrangements, at least in the short term (some thought that this work might come into the remit of the RAA over time).

The main impact of regionalisation on therapeutic support for mainly adoptive families was already experienced as or thought likely to include:

- More streamlined and consistently good quality processes across local authority areas.
- Greater (collective) buying and bargaining power with providers.
- Improved market shaping activity.
- Greater breadth / choice or at least visibility of provision.
- Building on in-house therapeutic provision (where this exists already in at least one of the areas included in a RAA).
- Improved overall support to placements, including preventative or holistic supports such as surgeries, training, workshops and peer groups.



Other potential impacts of the introduction of RAAs were thought by local authorities to include:

- Improved relationships and work with schools.
- Increased psychological input to assessments.
- SGO families getting a better service (where included with Adoption Support in the RAA arrangements) or a worse service (where separated out from Adoption Support).
- Better evidence quality or impact of the ASF.
- Longer contracts with providers / more strategic commissioning; the development of multi-disciplinary teams.
- More accessible venues for therapy.
- Better commissioning of specialist assessments.
- Easier negotiation of out of area support (with other RAAs rather than for example lots of different local authorities).

If concerned about anything relating to the regionalisation journey, this was described by local authority interviewees as relating to the experience of SGO families, considered by some to be potentially (even more) vulnerable in circumstances where SGO and adoption therapeutic support becomes delivered separately.

Most areas were unclear about how match funding (for ASF applications) would be integrated into RAA arrangements, if at all. In only one (existing RAA) area was a fund for match funding of ASF applications described as already being pooled. In this area, they were thinking about how to involve Health in the pooled fund.

## Provider experiences and views

Approximately a half of providers interviewed for this study had not yet experienced any regionalisation. Many of these providers described 'dreading the change'

"It's a bit up in the air" (*provider*)

"We're expecting a problematic hiatus whilst they get their act together" (*provider*)

However, some provider interviewees had experienced a degree of regionalisation or were at least planning for regionalisation. The experience of many of these providers was that the process so far had been very 'inward looking' and/or had caused confusion or delays, at least for an initial period of time. They also noticed a degree of variation in the

plans for families with a Special Guardianship Order, with it sometimes being 'in the RAA' and sometimes outside of the RAA remit.

A minority of provider interviewees thought that they had already experienced a fuller process of regionalisation. These providers often described beginning to have a relatively positive experience, including a better relationship with commissioners, better communications. Many of those providers who had experienced the transition to a RAA also thought that it had resulted in being required more consistently to become an approved provider.

Around a third (35%) of respondents to the online provider survey (n. 117) considered that regionalisation had already had an impact on how their services were commissioned. A similar proportion (29%) thought that it had not (yet) had an impact and 36% were not sure, including because the regional arrangements had not yet emerged clearly. Fewer survey respondents (17%) thought that regionalisation had already had an impact on how they actually provided services. 50% thought that it had not (yet) had an impact and 32% were not sure.

Whilst some provider survey respondents could identify or anticipate more streamlined processes resulting from regionalisation that is more fully realised, others suggested that there have been or that they were anticipating a negative impact in the short to medium term including a lot of uncertainty, delay and initial increases in the amount and costs of ASF-related administration (for example as a result of confusion over billing and/or new or more complex procurement arrangements).

Some survey respondents described having experienced a loss of personal contact with social workers resulting from regionalisation and a more 'hands-off' contracting process being implemented and/or were worried about less work coming to them (more to the larger providers).

Other survey respondents described feeling anxious or uncertain more generally about the potential impact of regionalisation:

"Regionalisation is confusing and I've no idea how it is going to work. I have developed great relationships with post adoption teams in my area and hope that will not change" (provider survey respondent)

## Chapter 9: Unintended or unforeseen consequences of the Fund

In the interviews, local authority professionals and providers were asked about any unintended or unforeseen consequences of the ASF on the commissioning of support for adoptive / other families.

In addition to the overall and overwhelming positive impact on adoptive and SGO families, other positive and possibly unforeseen consequences of the Fund were reported by local authority interviewees to include: being able to work longer term with families; and the up-skilling of core staff.

From the perspective of providers interviewed or those completing the survey, positive unforeseen consequences of the Fund included:

- That it has led in some cases to an increase in awareness of developmental trauma in schools and/or local authority services.
- That parents attending group-based parenting programmes can use this as a strong, sustainable source of peer support and networking.

Less positive unforeseen consequences of the ASF were described by local authority interviewees as being that:

- Demand / the extent of demand has placed a considerable additional burden on central adoption support services to process and support applications to the Fund.
- Changes to the number of days required to process applications, combined with a greater proportion of applications initially sent back for clarification has resulted in delays to the process and availability of timely provision for families.
- (Some) families now view the Fund as an annual entitlement, causing some tensions with local authorities processing their claims.
- The Fund has led to a de-skilling of local adoption teams or a feeling of being de-skilled amongst adoption social workers. This is a very similar finding to that of an earlier evaluation of the Fund (Tavistock Institute, 2017).

“Workers have lost their identity a little, as families want ASF ‘external’ support” (*local authority*)

This was accompanied by a sense that wider support services for adoptive families have been de-valued as a result of the Fund – some local authorities described a tendency for families to view ASF interventions as the ‘gold standard’, and that wider support services and more preventative interventions delivered by social workers were therefore considered ‘not good enough’. One authority made

the point that “it is important to identify what we can offer first (for example: support groups, buddying, social events, training) before needing therapeutic support/specialist assessment” In terms of impact on their wider support offer, whilst some local authorities thought that the Fund has led to a broadening or increase in skills ‘in house’ (within adoption teams for example), an equal proportion considered that it has led to a reduction in skills or de-skilling of adoption (social) workers.

“Some frustration by social workers, that they are not involved in the work – sometimes by family choice. Social workers feel that they have become brokers, a little de-skilled” (*local authority*)

- Statutory services, particularly CAMHS but also local authority broader services for children living away from birth parents have reduced their investment or involvement in these groups of children and families.

“ASF may be absorbing work CAMHS should be doing, but their approach tends to be standardised, and they are under-funded” (*local authority*)

“I am not surprised CAMHS appears to be re-directing some children into the ASF as it is a specialist area and they have a lot of demand” (*local authority*)

“CAMHS can be involved pre-order but not post-order” (*local authority*)

- An over-emphasis on therapy as a way of solving all problems has emerged.
- There are now inequalities between children living away from birth parents, for example between adopted and SGO children and those in foster or residential care, or between SGO children who have / have not experienced being looked after.

Unforeseen impacts of a less positive nature that were mentioned by providers included:

- That the Fund has not resulted in the anticipated increase and/or has even led to a reduction in the availability of support for other children living apart from birth parents, for example looked after children.

“Very little local authority funded work for children in other forms of substitute care” (*provider*)

- Local authorities and/or CAMH services stepping back from providing services to adoptive families.
- A growth in expectation that 'everything can be treated'.

Another more positive or neutral impact that might not have been anticipated originally was described by some providers as a growth in demand for therapeutic support for the adult members of adoptive / SGO families – although this work is not funded by the ASF.

## Chapter 10: Thoughts about sustainability

Local authorities and providers were unanimous in their experience of positive outcomes for families who have accessed the Adoption Support Fund.

“Families felt abandoned in the past. Now they have their needs heard and understood” (*provider*)

“Parents have had help to manage and find ways to cope better. Helps child development, self-esteem and confidence” (*provider*)

“Massive impact for families in terms of accessing a wide range of therapies...families are getting what they need, placements are more stable, educational outcomes are better” (*sole trader*)

“Children are treated earlier. There is more evidence-based treatment. Parents have choice and control, which is empowering compared to other parts of the system” (*local authority provider*)

“Lives are being transformed and placements being saved. Children’s lives are opening up” (*provider*)

However, many could not envisage any or many realistic opportunities for the mainstreaming or sustaining of investment in the sector beyond a national Fund, in particular because of the pressures on local authority budgets.

The most commonly cited ideas for improved sustainability by local authority interviewees included:

- Develop more multi-disciplinary teams (including links with Health).
- More joint work (planning, training, creative use of contracts) with providers.
- Upskilling of (in-house) staff including to deliver more provision / multi-disciplinary provision.
- Further develop the spectrum of support across different levels of need, including more preventative offers and a broader offer to the whole family and their supporters (extended family and schools).

“We need to change our culture in terms of preparation for adoption. They should be able to access lifelong training and support” (*local authority*)

“If we can generate a better preventative service, hopefully we’ll reduce the need for specialist support over time” (*local authority*)

- For therapeutic and broader adoption support services to work more alongside each other, to learn from one another. This was not necessarily the view of independent (voluntary or private sector) providers.
- Delegate administration of the Fund to local authorities / RAAs (to enable better planning and commissioning).

“If the budget was in-house, ring-fenced, we would be able to plan more creatively” (*local authority*)

Alternatively, one local authority interviewee suggested that it would be better to delegate budgets directly to families.

Private providers did not express a view about the delegation of funds. Voluntary Adoption Agencies (VAAs) often believed that, at the very least, they should be able to access the Fund directly as do local authorities and RAAs.

- Greater flexibility about how the money can be used, for example across financial years, sibling groups, broader groups of similar children.

“Some means of balancing ring-fencing of ASF money by child and aggregating money for a cohort of children and families would allow us to improve the cost-effectiveness, reach and impact” (*local authority*)

Local authority interviewees and provider interviewees / survey respondents very commonly expressed a desire for the Fund to continue, this on the basis that it is extremely positive and making a difference to children’s lives.

“Would be catastrophic to have it removed, needs to stay” (*provider survey respondent*)

“The loss of the ASF would be catastrophic for adoptive families. The task they have is enormous and the ASF enables the possibility of both support and recovery for families and children and young people. Without it the consequences would be very poor” (*provider survey respondent*)

“Many of the families that we work with are concerned about losing this fund - it helps a huge amount of children and families in many

stages of post adoption support, and it would be devastating to lose it" (*provider survey respondent*)

Local authority interviewees generally envisaged that existing or emerging RAAs would become the key vehicle for ongoing strategic planning and commissioning in this area. In the future, they described wanting to develop:

- More in-house provision / expertise. Some cited a previous reluctance of their local authority to invest in-house given the uncertainty of the Fund.
- More preventative provision (including some specifics, for example mentoring, webinars, hub of information and advice, therapeutic parenting groups). Provider interviewees also generally agreed that earlier / more preventative work with families is required.
- More bespoke support for teenagers and their families; therapeutic life story work; and /or sensory therapies. Many provider interviewees would also like to be able to offer a broader range of therapies in the future.
- More for families with Special Guardianship Orders. Provider interviewees also felt strongly about the need for more work with SGO families but thought that they might need a different approach.
- More holistic work with the family and/or schools. Provider interviewees would also like to see the ASF and other resources deployed to work with parents and the wider network around a child including to secure a more sustainable impact.
- Multi-disciplinary assessments / a multi-disciplinary team, including more specialists / clinicians attached to the central team. Provider interviewees often felt strongly that assessments need to improve, including to incorporate a better understanding of underlying needs and of therapeutic interventions and outcomes. Some believed that clinical input to these assessments is a pre-requisite for this better quality.

Some provider interviewees would also like to do some more thinking about how best to measure impact with families including at a national level,

"(There is) no national agreement about which tools to use" (*provider*)

...or to have more national research into what works.

A strong theme from the interviews and provider survey is concern about the future, including:



- That the needs of families with a Special Guardianship Order are not being met. Several provider interviewees and survey respondents described being concerned about this group of families. They often felt that, in contrast to many adoptive parents who are: “middle class, educated and able to fight for what they need”, Special Guardian’s tend to be more vulnerable, poorer and less able to make their voice heard and have their needs met”. Some provider interviewees thought that they were only seeing ‘the tip of the iceberg’ in relation to real demand / need and that there is a need to further develop approaches that work for and with this group of families. A further observation from local authority and provider interviewees was that rules about eligibility in relation to Special Guardianship applications are ‘morally problematic’.
- About the process for ASF applications. Both local authority and provider interviewees would like a quicker, more efficient (less bureaucratic) and more consistent application process including, for example, a more streamlined processes to reduce delays, clearer guidance to remove inconsistencies in interpretation, improved processes for group-based applications; and an ability for families to ‘carry’ unused funding allowances across financial years. Provider interviewees would like the process to acknowledge that family needs often reveal themselves over time.

“You need a journey with the family through different types of therapy. But now, if a different therapy is needed, you have to re-apply. This causes delays to the work” (*provider*)

- That any future changes to the Fund (big or small) should be accompanied by plenty of notice and consultation with the Sector (local authority interviewees only).
- That uncertainty over the Fund and its longevity is unhelpful. Interviewees and survey respondents often suggested that a greater level of certainty would assist with more effective service planning and commissioning and greater investment across the Sector in key areas such as preventative services, quality assurance, and the development of new(er) types of support.

Some (larger) provider and local authority interviewees also expressed concern about a perceived lack of regulation of smaller provider organisations and would like Ofsted requirements to be clarified. Some would like the Fair Access Limit to incorporate a greater degree of flexibility (for families with more complex needs). Some also wonder whether therapeutic support should be available to all children living away from their birth parents, including specifically those in all forms of long-term placement.

## Annex 1: Study Methodology

Table 1 below summarises the number and type of interviews and responses drawn together for the purposes of this report.

**Table 1: Summary Type and Number of Interviews and Survey Responses**

Evaluation Activity	Detail
<p><b>Local authority interviews</b> conducted face to face between January and March 2019</p>	<p>With 107 adoption / SGO support practitioners and managers, including Regional Adoption Agency (RAA) staff in 15 local authority areas from across England, with a spread of county councils, unitary and metropolitan authorities and London boroughs, with a variety of ASF usage (high/medium and low).</p>
<p><b>Provider interviews</b> conducted face to face or by telephone between January and March 2019</p>	<p>With 33 provider staff in 21 organisations ranging from large organisations with national coverage to small local organisations or independent practitioners (sole traders), in both urban and rural areas.</p>
<p><b>Provider on-line survey</b> responses received between 1 April and 24 June 2019</p>	<p>117 responses in total</p> <p>From all regions in England</p> <p>Including a range of provider types but mostly sole traders (56%), small private sector providers (27%) and small voluntary sector providers (9%)</p>

### Local authority participation

The criteria applied in the selection of local authorities to invite for interview was as follows:

- A regional spread (regions are as follows: South West, South East, London, East Anglia, East Midlands, West Midlands, North West, Yorkshire and Humberside, North East).
- Different types (i.e. County Council, Metropolitan, Unitary, London Borough).
- Usage of the ASF: based on high, medium and low approvals of funding.

- At least one local authority that is thought already to be part of a live Regional Adoption Agency (RAA) and some local authorities that are likely to become a RAA lead as well as some that are not likely to be take such a lead.

Table 2 below outlines the number of local authorities who agreed to participate (and did participate) in the baseline interviews by type of council.

**Table 2: Number of participating local authorities by type of Council**

Type of local authority	Number of local authorities
County Council	4
Metropolitan	4
Unitary	4
London Borough	3
<b>Total</b>	<b>15</b>

Table 3 below outlines the overall region in which the participating local authorities are based.

**Table 3: Participating local authorities by overall region**

Region in England	Number of local authorities
North (includes North West, North East and Yorkshire and Humberside)	4
Midlands (includes West Midlands and East Midlands)	4
South (includes South East, South West and East Anglia)	4
London	3
<b>Total</b>	<b>15</b>

The range of local authority staff interviewed included:

- Director of Children's Services / other senior manager(s).
- Service or Team Manager with responsibility for adoption / special guardianship.
- Lead commissioner/procurement lead for adoption support/broader therapeutic support for looked after children and adopted children locally.
- Members of the Adoption Team including those who process applications to the ASF.
- Manager / team members providing in house adoption support (where applicable).
- Key stakeholders in the RAA, where appropriate.

## **Provider participation**

In-depth interviews with a sample of 21 providers took place between January and March 2019.

In the first instance, five of the largest and most frequently ASF-funded national providers were selected to participate in an interview. Thereafter, a snowballing technique was used to sample the remaining 16 providers from those suggested by the local authority cohort. These were selected to ensure that a mix of providers was achieved in the final sample including: large and small; national and local; and different types, for example: independent practitioners, private sector organisations, voluntary sector organisations and local authority delivery teams.

All 21 providers who were approached agreed to take part in an interview.

Tables 4 and 5 below outline the provider interviewees by size, with reference to how they describe themselves i.e. small (including sole trader), medium, or large; and the area across which they describe delivering ASF-funded support.

**Table 4: Provider interviewees by their description of size**

Size of organisation (as identified by the respondents)	Number of organisations
Small (including sole trader)	8
Medium	8
Large	5
<b>Total</b>	<b>21</b>

**Table 5: Provider interviewees by the area across which they describe delivering ASF-funded support**

Area of delivery	Number of organisations
North	7
Midlands	4
South	8
National	5

Note: the numbers in Table 5 do not add up to 21 as some providers work regionally as well as nationally.

### **Providers participating in the on-line survey**

Providers were encouraged to participate in the on-line survey through a range of communications including information about the survey and links to it sent electronically through provider umbrella organisations and from the Department for Education directly (through a newsletter aimed at providers of ASF-funded provision).

A total of 117 representatives of different types of provider organisation completed the survey. The majority of respondents to the online survey described themselves as sole traders or small organisations:

- 56% described themselves as a 'single person organisation' (sole trader);

- 27% described themselves as a ‘small private sector provider’; and
- 9% described themselves as a ‘small voluntary sector provider’.

Other providers described themselves variably as: ‘small NHS or local authority organisation’; ‘medium sized voluntary sector or private sector’; ‘large voluntary sector’; ‘large NHS or local authority organisation’; or other type of provider.

Survey respondents or their organisations are based in a range of regions across England but to a greater degree in some regions, particularly the South East and South West of England and London (over half of all respondents are based in these regions). The geographical base of the of the provider survey responding organisation’s headquarters was as follows:

- North East: 1.7%
- North West: 10.3%
- Yorkshire and the Humber: 10.3%
- East Midlands: 5.1%
- West Midlands: 12.8%
- East of England: 5.1%
- London: 14.5%
- South East: 20.5%
- South West: 19.7%

Most (62%) survey respondents described providing their ASF-funded services on a regional basis (or at least for more than one local authority across one region). 18% described providing these services on a national and 18% a local (local authority-wide) basis.

## Study limitations

The key limitations of the findings in this report include that they cannot yet be triangulated with other information (for example from children and families receiving ASF support) and they cannot be said to represent the full experiences and views of local authorities and providers within the sector.

Nonetheless, they offer a significant, recent insight into how local authorities and ASF providers are experiencing the Fund at this stage in its development.



Department  
for Education

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**Reference: DFE- RR962**

**ISBN: 978-1-83870-076-8**

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