



Department  
for Education

# **Evaluation of regional adoption agencies: adoption support**

**Research brief**

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## Introduction

This research brief is informed by Ecorys' and the Rees Centre's research conducted between 2018 and 2021 as part of the evaluation of Regional Adoption Agencies (RAAs). The evaluation involved in-depth, longitudinal case studies with seven RAAs plus interviews with other RAAs, RAA projects and national stakeholders, as well as research with adoptive parents. This research brief draws evidence from the qualitative research with Heads of Service (HoS), strategic stakeholders, operational managers and frontline staff working in and with RAAs, plus a survey on post-adoption support completed by 208 approved adopters and in-depth interviews with 31 approved adopters exploring their experiences of the adoption processes.<sup>1</sup>

This brief covers three key areas:

1. Early intervention
2. Providing targeted and specialist support
3. Assessing the quality of adoption support

The UK Government's Adoption Strategy (Achieving excellence everywhere, published by the Department for Education in July 2021<sup>2</sup>), emphasised the importance of adoption support in helping children to bond with their new adoptive parents from the point of their first meeting, with the aim of improving outcomes for adopted children in the longer-term.

Some of the ideas reported as part of the evaluation may not be particularly innovative, but the research found the factors covered in this paper were important, with the adoption support provided to families enhanced with these elements in place.

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<sup>1</sup> For further details, please see <https://www.gov.uk/government/publications/evaluation-of-regional-adoption-agencies>

<sup>2</sup> <https://www.gov.uk/government/publications/adoption-strategy-achieving-excellence-everywhere>

# 1. Early intervention

The research found that commonly RAAs began to develop a broader offer of universal support available to all adoptive families without first requiring an assessment of need. Early intervention approaches used by RAAs included:

- **Introducing adoption support earlier in the adoption journey.** RAAs involved in the research told us that they were more commonly introducing adopters to a broader range of support earlier in the adoption journey, and often during preparation group training and at the matching stage. This included providing peer support to work on improving attachment and understanding of potential issues and needs. The majority of adopters who responded to the adoption support survey<sup>3</sup> had been offered support at multiple points in their adoption journey, although for some respondents this was prior to the RAA going live. RAAs believed it was reassuring for families to know at an early stage what help was available to them in the longer-term. There was also positive feedback from adopters where support had been provided pre-adoption; for example, one adoptive family told us that the involvement of a child psychologist at matching stage had been beneficial for them in understanding their (potential) child's background and needs. In other RAAs, support activities introduced earlier in the adoption process had ensured adopters had a better understanding of the potential needs a child with an adoption order might have. The Virtual Reality headsets covered in the case study below provide a good example of this.
- **Providing advice and support lines for adoptive families to access information from adoption support teams easily and in a timely way.** RAAs told us that the helplines were often accessed by professionals such as teachers and education staff, meaning support for a child could be provided in a more joined up way. RAA staff also told us that centralising their advice line within the RAA meant that it could be staffed by adoption specialists, rather than duty social workers as it would have been in the local authority. Advice lines were particularly important during the Covid-19 pandemic in 2020/21, when face-to-face contact was limited; one RAA told us they had seen an 88% increase in calls to their advice line.
- **Creating adoption support drop-in clinics, held at regular intervals such as monthly or weekly.** These sessions allowed adopters to “*pop in and pop out as and when needed*” (RAA Head of Service) to meet adoption support social workers and other stakeholders such as virtual school heads. This flexible offer

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<sup>3</sup> [Supporting adoptive families: the views of adoptive parents in 4 regional adoption agencies \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

was intended to allow families to raise any issues affecting them at the time. One RAA offering drop-in clinics told us that the initiative was working well, allowing issues to be resolved without the family needing to be held as an open referral.

- **Increasing the provision of informal communication channels for adopters, including activities such as coffee mornings, picnics and social media groups.** Although such activities have long been included in adoption support offers, RAAs were increasing and adapting their provision, for example by having **mentors** attend coffee mornings to provide ad-hoc additional support where needed. At one RAA, regionalising meant that support groups were introduced in local authorities where they had not previously existed. Adopters involved in the research told us that informal peer support from other adopters, and indeed their child's previous foster carers, had been invaluable to help them adapt and cope with challenges.
- **More structured peer mentoring offers, often starting from the adopter preparation stage and tailored to children and family needs.** RAAs were commonly developing new approaches to peer support, which could be **implemented** quickly, allowing families to access help flexibly and when needed. One RAA combined their formal mentoring programme with informal events, with mentors attending things like adopter coffee mornings. Adoption support workers told us that parents found working through problems with peers, in an informal way, to be empowering.
- **Developing a database of resources and free-to-access workshops on issues like screen time, parenting teens and surviving social media.** RAAs told us that this ensured that adopters could access up-to-date signposting **information**.
- **Widening support networks through remote provision during the Covid-19 pandemic.** Remote delivery meant that the barriers of geography were removed, and **adoptive** parents could access wider networks with the support of social media and online events, covering topics such as non-violent resistance and attachment. RAAs reported that this was particularly beneficial for adopters in RAAs covering a large geographic area.
- **Buying into dedicated early help resources such as Adopter Hub<sup>4</sup>.** The site, **provided** by the Voluntary Adoption Agency (VAA) PACT, consists of a peer webchat service, a forum, webinars and online learning modules. Adopter

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<sup>4</sup> <https://www.theadopterhub.org/adopter-hub>

feedback compiled at one RAA showed that access to the Hub was valued, with adopters finding it a useful source of support. Using resource from the ASF Covid-19 Scheme, another RAA had paid for family membership to Adoption UK's early intervention support offer, which includes a network of community groups and weekly webinars<sup>5</sup>.

However, there were challenges:

- **Early intervention activities such as peer support needed to be funded by core RAA budgets.** Such activities were not covered by the Adoption Support Fund (ASF) and as a result, costs had to be covered by RAAs themselves. However, **those** RAAs running successful peer offers viewed the associated costs as an 'invest to save' approach, reducing demand on therapeutic and targeted support in the long term and providing better outcomes for children.
- **The offer of support early in the adoption journey was variable.** Adopters told us about issues which had arisen during assessment and matching that could have **been** resolved with support at this stage. For example, one adoptive parent described how they had turned down an early permanence placement because they had been unprepared and unsupported to make a more positive decision.
- **Challenges remained with the quality and timeliness of life story books provided by local authorities, meaning some of this responsibility became shouldered by RAAs.** RAAs expressed concerns that whilst life story books remained the responsibility of local authorities, RAAs were increasingly providing services to address the fact that *"life story books... don't necessarily serve children for life."* (RAA manager). At this RAA, support workers were often re-compiling life story books for **adoptive** children, requiring more time and resource from the RAA. Adopters told us that there were significant delays in receiving their child's life story book, and that when they were received, they were often inadequate. More than a third of the adoptive parents responding to the adoption support survey received the life story book after the timescales currently set out in DfE's current guidance (DfE, 2014), which stipulates 10 days after the adoption order is made, and one in five had not received one at all. More than a third of those who had received a book rated the quality as poor or very poor.
- **Letterbox services often remained under-resourced, with backlogs of letters for processing.** RAA staff involved in the research recognised the importance of letterbox contact to adoptive children and birth family members but were often **frustrated** by the challenges in offering a timely and efficient letterbox offer. Whilst

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<sup>5</sup> <https://www.adoptionuk.org/fundedmembership>

Covid-19 had caused delays in letterbox services across RAAs, some RAAs were still dealing with historic backlogs and lack of resource (with adequate experience and skills) to resolve these backlogs. Adopters told us they were often frustrated with letterbox arrangements and worried about the impact on their child of not receiving a reply. However, where families had asked for and received support around letterboxes, they had found it helpful.

### **Case study: Virtual Reality headsets<sup>6</sup>**

A number of RAAs involved in the research invested in virtual reality headsets, which allowed users to see the world through the eyes of a toddler in a neglectful household; the immersive experience was described by interviewees as “powerful”. In some cases, the headsets were introduced using savings generated by economies of scale resulting from regionalisation. They were used throughout the adopter journey; at preparation group stage, the headsets allowed potential adopters to participate in what was described as “immersive attachment training” by one interviewee.

In post-adoption support, the headsets were considered particularly useful for reconnecting the family to the child’s experience. The headsets reminded parents about the child’s background, supported them to reconsider their child’s trauma, and helped them to understand why that history may be leading to certain behaviours.

The adopters in adoption support are finding that helpful in reconnecting when asking, ‘Why is my child like this?’ It is about just remembering where your child may come from, the fear, the lack of trust in their early life. – RAA Head of Service

The headsets had also shaped how professionals approached their work with adopters and children. An interviewee from one case study RAA flagged how the headsets were motivating and encouraging social workers to embed therapeutic practice in their work due to the “absorbing experience, which is only a glimpse of what that child may have experienced”. - RAA Manager

Examples were also provided of RAA staff taking the headsets into schools for use with education professionals to encourage a better understanding of the needs of adoptive children.

### **Case study: Peer support**

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<sup>6</sup> <https://www.thecornerstonepartnership.com/virtualreality>

In one RAA, peer mentoring was offered to all adopters during Stage One, with a focused matching process ensuring adopters were paired with a mentor who had similar circumstances and could offer genuine lived experience of their issues. The mentor would stay with the adopters right through the adoption process. This offer had proved so successful the RAA was expanding their existing pool of 20 mentors by recently recruiting five more. Staff in the adoption support team saw the programme as a wrap-around package of support which was realistic – adopters could share the ‘light at the end of the tunnel’ but also the journey to get to it. Support was provided flexibly, and during the pandemic that included by phone, email, or text.

The families that are getting that support are just really grateful just to be able to talk to somebody that just ‘gets it’. That’s the phrase that they use to mean it’s really nice to be able to talk to someone who gets that being an adopter is like. – RAA Adoption Support Worker

### **Case study: Involving adopters in support provision**

One RAA had recruited three Adopter Development Coordinators, all of whom had previously adopted children themselves. They were responsible for running the RAA’s peer mentoring scheme which offered support throughout the adoption process. They also coordinated closed groups on social media which had seen significant growth during the pandemic. Some of the volunteer mentors had progressed to paid sessional work with the RAA, offering specific support on thematic areas such as parenting adopted teenagers. For the RAA, involving adopters in co-delivery of services had been “invaluable” and had “paid enormous dividends” by representing adopter views in service development, and making sure support offers met adopter needs.

### **Questions arising from the research**

- How is the adoption support offer communicated to families? At what stage are adopters introduced to the support offer? Could the support offer, and support activities be introduced earlier?
- Do adopters have access to informal support networks coordinated by the RAA? What can be done to enhance adopter participation in informal networks?
- Are the universal groups and activities accessible to adoptive families? Are sessions held at convenient times and locations?
- How do adopters know what is available to them from all agencies outside the support provided through the ASF?
- Does the pooled budget of the RAA offer any economies of scale to introduce new early help services – commissioned or otherwise – to the adoption support offer?



## 2. Providing targeted and specialist support

The evaluation found that most RAAs relied on external funding sources to provide targeted and specialist support, with the ASF providing the primary source. These funds were generally used to buy in services from specialist providers.

However, the evaluation also found that increasingly RAAs had taken steps to provide some targeted and specialist services to adopters in-house, as well as developing approaches to improve adopter access to services commissioned from other providers.

Examples of how RAAs developed their targeted and specialist services include:

- **Streamlining commissioning processes to improve adoption support offers.** The evaluation found examples of RAAs developing procurement frameworks and purchasing systems, which made the process of sourcing and contracting with suppliers easier. Where such systems had been implemented, interviewees felt that they brought a greater consistency, better quality and gave adopters more choice of who supported them.
- **Developing the workforce through training and recruitment to provide support around common challenges faced by adoptive families.** For example, one RAA had a dedicated school advisor in their adoption support team focused on reducing permanent exclusions for previously looked after children to help support stability in education settings. This staff member worked closely with families and education staff and liaised with other specialists such as the team's adoption psychologist. The research with adopters highlighted that a skilled and communicative social worker was essential to help parents feel supported, particularly before and during the placement phase, and to pick up on any challenges arising during this time that the family might not feel comfortable voicing. Staff development can aid in this, allowing RAAs to provide good support to adoptive families outside of specific interventions.
- **Exploring mechanisms to create specialist roles within adoption support teams to provide targeted support in-house.** Some RAAs used external funding to address skills gaps in the RAA workforce, such as paying for a psychologist post with the ASF Covid-19 Scheme. One HoS noted that the skills of the psychologist added value to the support the RAA could offer, and at the time of interview they were exploring ways to use the RAA budget to keep the post in the longer-term. This echoed strategic decisions in other RAAs to create specialist roles within adoption support teams, enabling targeted support to be provided by skilled staff in the RAA rather than having to commission out. In some RAAs, staff took part in training to enable them to provide specialist courses in-house. A

number of RAAs were upskilling staff to offer interventions including Non-Violent Resistance, Theraplay, Nurturing Parenting and DDP.

However, there were challenges:

- **The task of setting up commissioning frameworks was substantial and time-consuming.** RAAs had to work closely with local authority procurement departments to ensure correct processes were followed. However, Heads of Service in RAAs with commissioning frameworks felt the improved quality assurance was of benefit to both the RAA and adoptive families.
- **There was a high level of demand for targeted and specialist support which could be difficult for adoption support teams to balance while developing their own in-house services.** For example, a high number of assessments and applications for ASF were required, and the associated administration to facilitate this placed significant pressure on adoption support teams. This meant that even though some staff were qualified and experienced in providing therapeutic support themselves, the workload related to ASF sometimes prevented RAA teams from delivering interventions in-house. RAA Heads of Service could usefully explore resourcing for adoption support teams to meet the level of demand.
- **There was evidence that joined up commissioning – for example through RAA-wide centralised frameworks - was more challenging in RAAs covering large and diverse geographic areas (such as those with coastal and in-land city areas within their remit).** In such cases, centralised provider lists or frameworks made less sense, as it was less likely a provider would cover the whole region. RAAs also flagged that support providers were often sole-traders or small organisations, making it less likely they could address needs across the whole RAA footprint.

### **Case study: Providing tailored support to families through social work practice**

RAAs highlighted that therapeutic and specialist support does not necessarily need to be delivered through a specific intervention. Good social work practice can make a significant difference to families by addressing their specific needs; RAAs can enhance this by providing training and development for staff to better equip them to support or “hold” families outside commissioned interventions by providing tailored advice, guidance and support. This could be particularly important in light of delays accessing therapeutic services, as adoptive parents highlighted in the research.

For example, one RAA adoption support social worker described how they were supporting a teenager who potentially had Foetal Alcohol Spectrum Disorder. While the young person was awaiting support, the social worker was providing therapeutic support to help them to recognise their own emotions as well as those of others, and to better understand their anxiety, respond to social cues and so on. The social worker described this as focusing on life skills and coping strategies; this approach would not “tick a box” as providing a specific therapy but had met and addressed the young person’s specific needs.

### **Case study: Training staff in Dyadic Developmental Psychotherapy (DDP)**

Dyadic Developmental Psychotherapy (DDP) is a treatment for families whose children have experienced significant developmental trauma. A number of RAAs had trained their adoption support staff to at least Level One in DDP, and at one RAA this included administrative staff. This meant that a therapeutic approach to support began at first contact or phone call with a family. At another RAA, they were working to embed the DDP approach into the adoption journey and had commissioned support from a DDP consultant who was helping to embed the principles into wider practice.

We are really getting our heads around how to embed this [DDP] into adoption support, but also into our assessments as well. – RAA social worker

RAAs reported that having staff qualified in DDP had been hugely beneficial. At one RAA, the adoption support team had found it difficult to commission enough DDP provision because the availability of practitioners was limited; the ability to offer DDP in-house opened up access to the intervention to more families.

However, providing a full DDP intervention with a family is time-consuming; as a result, for many RAAs this work was often commissioned out, even where skills were available in the RAA team.

### **Case study: Reflecting on practice and learning from other adoption support teams**

A few RAAs were considering increasing economies of scale by partnering with neighbouring RAAs to provide adoption support through commissioned interventions, courses and training. A positive impact of the pandemic had been the removal of geographic barriers to participation when support was delivered remotely. Pooled resources were a core element of the RAAs; this move took that concept a step further.

One group of RAAs introduced combined practice reflection sessions across their respective adoption support teams. This had allowed adoption support staff to come together in workshops to share knowledge and learning, allowing practitioners to develop new ideas for providing support to adoptive families. This was especially useful during

the Covid-19 pandemic when adoption support staff were looking for new ways to deliver support services.

We've been doing kind of practice observation sessions reflecting on our own practice or delivering workshops with workers from the other regions, and I know just learning from them... is so beneficial. Some work in quite different ways or have different ideas, perspectives, tools... sharing tools has been invaluable really, especially when you're trying to navigate this virtual world and don't have a clue where to start. – Adoption Support Worker

### **Questions arising from the research**

- What are the strategic aims for adoption support? How much support is provided in-house, and do budgets adequately cover for staff training and development to achieve these aims?
- What skills are there already within the adoption support team and how could they be best utilised to help families?
- Do adoption support staff have opportunities to share expertise and good practice within their team or learn from other adoption support teams?
- Are there ways to refine your procurement processes to ensure children, young people and families can access higher-quality commissioned provision quickly, better meeting their needs?

### 3. Understanding the impact and quality of adoption support

Improving the impact and quality of adoption support has been a key aim of the RAA programme. However, across the research, some Heads of Service felt that RAAs generally needed to be better at measuring the impact of their adoption support activity and evidencing the quality of their services. Although RAAs felt that the quality of their adoption support offers had improved, it was difficult for them to provide evidence to support this.

The evaluation found that there were a number of ways RAAs were able to assess the quality and impact of their adoption support offers, which in the long term could lead to a more strategic approach to meeting the needs of adoptive families. One-third of the adopters responding to the adoption support survey described their satisfaction of the quality of post-adoption support services as low, and one-third also felt a low level of satisfaction with the match between their family's support needs and the services provided. Regardless of the approach used by RAAs to review the impact of existing support offers, doing so means that RAAs could have a better understanding of what interventions work in what circumstances – ultimately meaning families are likely to get the right help to meet their needs.

Where RAAs reported that they sought feedback, the following are examples of activity to understand quality:

- **Increased engagement with adopters to understand the impact of adoption support.** The research highlighted that RAAs were developing new ways to engage adopters in service development. Examples of mechanisms RAAs were using included:
  - Establishing 'Adopter Champion' roles within the RAA
  - Having adopter representation on the RAAs governing board
  - Seeking feedback from adopted adults
  - Surveying adopters to seek views on a range of topics
  - Commissioning services from the Adopter Voice service run by Adoption UK – this might include social media groups or the development of Adopter Advisory Boards.
- **Using tools that have been developed to help RAAs measure the quality of their adoption support.** The Blueprint for an exemplar adoption support service<sup>7</sup>, developed by the Modernising Permanence Programme (commissioned by the ASGLB) includes 17 elements for adoption support teams to benchmark their services against. This resource also includes an audit tool and examples of budgeting for exemplar services. In one instance where it was being used, the

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<sup>7</sup> <https://corambaaf.org.uk/practice-areas/adoption/blueprint-adoption-support-service>

RAA had found it to be a helpful resource to shape strategic thinking about adoption support.

- **Developing structured review processes for families receiving support, with mid-point and end-of-intervention reports put in place.** This meant that the RAAs were able to understand whether the commissioned interventions were meeting family needs.

However, there were challenges:

- **Some RAAs were routinely asking adopters for feedback but felt that it was challenging to get a balance and not let adopters “*get fed up with us constantly asking for feedback*”.** In this case, the RAA was exploring how to best obtain the evidence they need to improve their service, prompted by completing the Blueprint for Adoption Support audit.
- **The Blueprint for Adoption Support was not being widely used amongst RAAs;** however, the toolkit was released recently, and it may be that uptake increases in the future.

### **Case study – working with adopted adults**

Providing support to adopted adults is an important element of adoption support, but for some RAAs it had also been a mechanism to help them shape their adoption support services to meet the needs of adoptive families. At one RAA, the insight from adopted adults had been invaluable:

Adopted adult support and the adopter voice generated from that is at the core of everything we do, so I want to keep that [service] in-house as well. They are our best feedback. Adoptees will tell us everything we need to know about how to run an adoption service. -  
RAA Head of Service

At another RAA, adoption support teams found involving social work students in shadowing work with adopted adults a valuable way of helping the students to understand adoption from the point of view of the adoptee. This approach could help to improve the quality of support provided by social workers in the longer term.

### **Questions arising from the research**

- How often, and through what mechanisms, are adopters consulted to ensure adoption support is meeting their needs?

- Are the voices of adopters and adoptees adequately represented in the RAA?
- How is the impact of the adoption support measured?
- How is progress and impact reviewed in commissioned adoption support services? Do you know whether these services are providing the support families need and improving outcomes for adopted children?
- Could using a formal toolkit such as the Blueprint for Adoption Support help to review the quality of your service?



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