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Evaluation of regional adoption agencies

Annex to the final report

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Ecorys UK and the Rees Centre,
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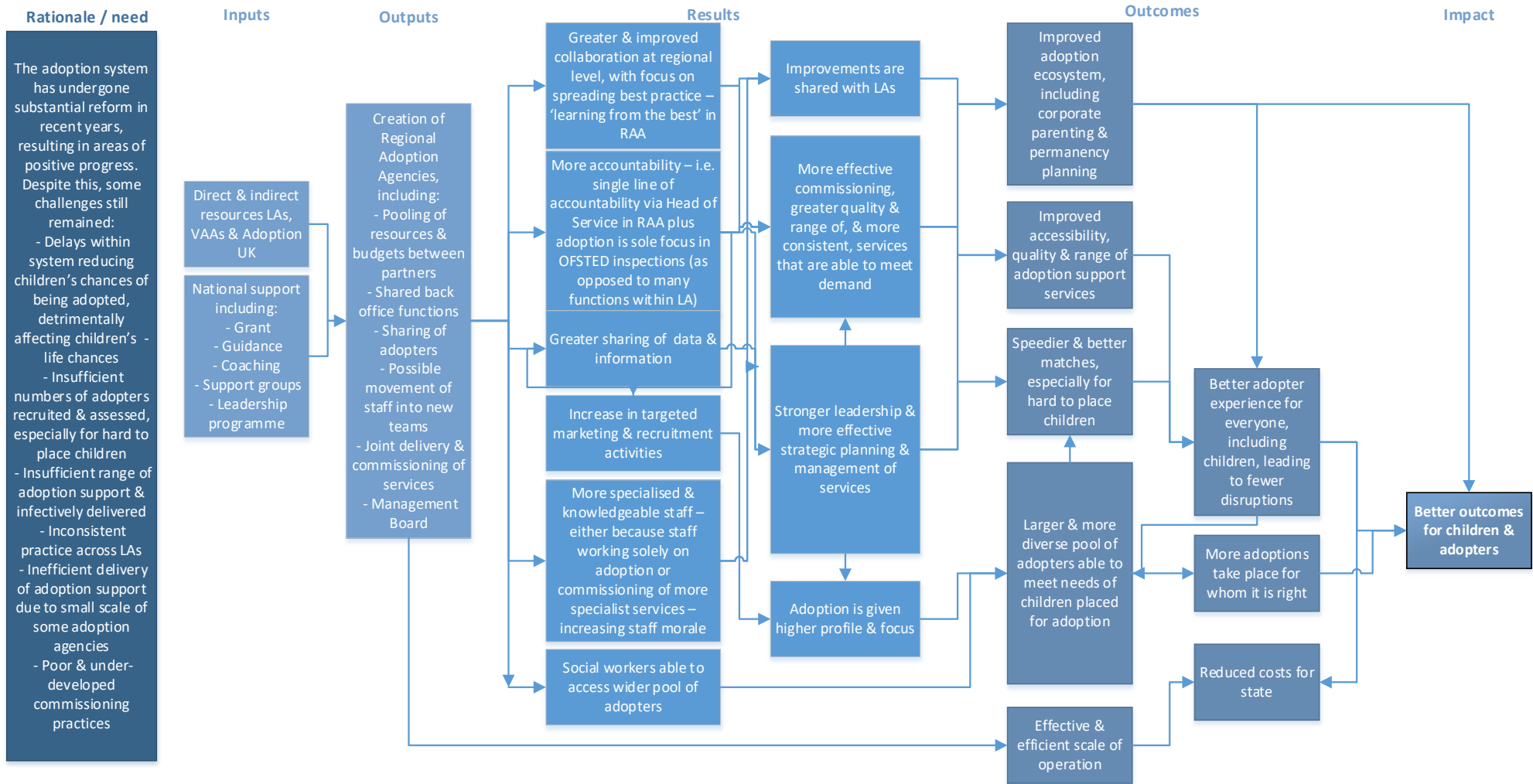
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Annex one: Theory of Change

Figure 1 provides a Theory of Change (ToC) for the RAA policy, accompanied by the assumptions and risks. This was created by the evaluation team, based on the policy objectives as set out in *Regionalising Adoption*¹, and comments made during scoping stage evaluation interviews, and at the Research Advisory Group and RAA steering group meetings. The ToC was tested throughout the course of the evaluation.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/437128/Regionalising_adoption.pdf

Figure 1: RAA Theory of Change



Theory of Change assumptions

- There is sufficient support (from the Department and LA) and resources (financial and staff-related) including health and legal services and the courts at a local level for the changes to be implemented.
- There is sufficient buy-in within the RAAs to ensure changes are implemented and done so voluntarily.
- There are good levels of partnership working and collaboration at all levels in the RAA, and between RAAs and the wider adoption system.
- The correct issues were identified.

Theory of Change risks

- Regulations and other factors prevent VAAs and Adoption Support Agencies (ASAs) from partnering in RAAs, resulting in less sharing of best practice and reduced innovation.
- Financial constraints lead to RAAs placing more children and / or using services in-house, reducing choices in matching & support services.
- Adopters not having a central role in some RAAs may create more inconsistencies.
- Creation of RAAs interferes with adoption work too much, resulting in reduced quality of services, especially recruitment.
- The transition of RAAs leads to staff instability and turnover, affecting the quality of services.
- Creation of RAAs requires large amount of resource which risks negative effect on services delivered for children. Could also lead to cuts to adoption services.
- 'Ring-fencing' of adoption services via the RAA reduces ability to transfer money between adoption services and other parts of Children's Services system, leading to inefficiencies, higher costs and lack of ability to meet peaks in demand.
- Removal of adoption staff out of LAs weakens links between social workers in LAs and practitioners in RAAs, diminishing quality of communication and support.
- Movement of expertise from LA to RAA risks negative effect on activities that remain within LA e.g., making of adoption recommendations.
- RAA creates silo working between adoption services in the RAA and other services in the wider ecosystem, including other parts of adoption where for example, SGOs are not incorporated.
- Less accountability because members in individual LAs have less oversight.

- Higher Ofsted rated LAs group together in RAAs, diminishing the extent of good practice sharing from higher to lower performing LAs.

Annex two: Research questions

The evaluation ran from January 2018 to December 2021. The data analysis and case study research that informed this report are detailed below. **Table 1** lists the overall research objectives and the key tasks that helped to answer these.

Table 1: Research objectives and key methodological tasks

	Inception & scoping		Longitudinal analysis of statistics			Longitudinal research with RAAs				Analysis of costs data	
	Baseline visits	Typology development	Longitudinal analysis of admin data	Counterfactual analysis	Longitudinal analysis of MI	Stakeholder consultations	In-depth RAA case studies (7)	Adopter research	RAA telephone interviews		Interviews with non-participating LAs & VAAs
Objective 1: Understand what RAA models are being implemented	X	X				X	X		X		
Objective 2: Explore the practice, governance and financial impacts of the RAAs on the speed of matching with adopters			X	X	X		X	X	X		
Objective 3: Explore the practice, governance and financial impacts of the RAAs on adopter recruitment			X	X	X		X	X	X		
Objective 4: Explore the practice, governance and financial, impacts of the RAAs on adoption support							X	X	X		

	Inception & scoping		Longitudinal analysis of statistics				Longitudinal research with RAAs				Analysis of costs data
	Baseline visits	Typology development	Longitudinal analysis of admin data	Counterfactual analysis	Longitudinal analysis of MI	Stakeholder consultations	In-depth RAA case studies (7)	Adopter research	RAA telephone interviews	Interviews with non-participating LAs & VAAs	
Objective 5: Explore the practice, governance and financial impacts of the RAAs on efficiencies and cost savings	X	X	X		X		X		X		X
Objective 6: Explore the lessons learnt and impact on wider elements of the adoption system	X					X	X	X	X	X	

The research questions for the third and final wave of research are set out in full below, the main questions are in bold.

Objective 1: Identify the key features that drive RAAs in the delivery of focussed, high quality and evidence informed adoption services.

- a) **What changes are RAAs making to ensure the effective operation of the RAA? This may include changes to leadership, governance and partnership structures, accountability and commissioning, service standards, monitoring and evaluation, IT, staff training, development and support, service delivery models and processes?**
- b) **Which of the RAA core elements have most enabled these issues to be robustly addressed? What lessons have been learnt about the relative importance of the different core elements and contextual factors on the operation of the RAA?**
- c) **How are RAAs working with other parts of the adoption ecosystem (e.g., VAAs, LAs, the judiciary, family justice councils, health services and schools.)?**
- d) **How are different adoption responsibilities split between the RAA, LAs, VAAs and other organisations in the various models?**
- e) How do RAAs/LA/VAAs/ASAs work together (e.g., in relation to other parts Children's Services, such as support for birth parents and adopted adults)?
- f) **How are other types of permanent placements managed by RAAs, e.g., SGO assessment? SGO support etc.?**
- g) **How is early permanence embedded in practice? Are FfA or concurrency arrangements being utilised when this is the best option for the child?**

Objective 2: Identify the practice, governance, and financial impacts of the RAAs on the timeliness of matching.

- a) How have the RAA strategy and core elements influenced the timeliness of matching, and what has been the impact? What lessons have been learnt about the relative importance of the different core elements and contextual factors?**
- b) What does the data show on the times between placement order and match before and after the formation of RAA? Note that in the current COVID-19 context, the number of placement orders are decreasing.**
- c) What are the strengths/enablers/opportunities within the RAA in delivering best practice in linking and matching?**
- d) What are the barriers/risks within the RAA in linking and matching?**
- e) What, if any, evidence are RAAs collecting on the experience of adoptive families (e.g., around the timeliness of matching), what does it tell them, and how, if at all, are they using this evidence?**
- f) What are the key lessons from the RAA about improving matching? How can this be sustained over time?**
- g) How many placements are terminated / pre- and post-order?**
- h) Is there a move away from the sequential match?**
- i) What is the experience within the RAA of challenges to the permanence plan for the child and who does this come from?**
- j) Is there a wider overview of the pipeline of children coming into the system, and their need for an adoption placement? Are LAs sharing data on children with RAAs? What does this look like in different models? How regularly are permanency plans being reviewed? How is this information used?**
- k) What factors are affecting changes in matching rates (including specific characteristics of the RAA, such as e.g., website, joint front door, focus on SGOs, involvement of elected members and when they became involved; level of buy-in) as well as external factors?**
- l) What specific issues or challenges are faced by the RAA in the matching of children such as age, gender, health and/or disability, ethnic, religious, or cultural heritage, sibling groups, and what is the adopter experience of these issues?**

m) Are there developments within the RAA that have helped address these issues/challenges (above)? What are they, and are they affected by the model of the RAA?

n) How do the above change over the lifetime of the RAAs?

Objective 3: Identify the practice, governance and financial impacts of RAAs on adopter recruitment and sufficiency.

- a) How have the RAA strategy and core elements influenced the sufficiency of the pool of adopters, and what has been the impact? What lessons have been learnt about the relative importance of the different core elements and contextual factors?**
- b) How have the characteristics of children with adoption as their plan driven the recruitment strategy?**
- c) What are the most important lessons in the way that the recruitment/preparation/approval process links to the linking and matching of children?**
- d) How well does this compare with before?**
- e) What feedback has the RAA received of the experience of prospective adopters of the recruitment process?**
- f) What are the strengths/opportunities of the RAA adopter recruitment model/processes?**
- g) What are the barriers/risks within the RAA adopter recruitment model/processes?**
- h) What is the relationship between the number of children who are waiting to be matched and the number of adopters compared to pre-RAA data?**
- i) How can the impact of RAAs on adopter recruitment be sustained over time?**
- j) What is the innovative practice, that other RAAs can learn from to improve the sufficiency of adopters?**
- k) What are the adopter recruitment strategies?**
- l) How do the above change over the lifetime of the RAAs?**

Objective 4: Identify the practice, governance and financial impacts of RAAs on the development and implementation of adoption support services.

- a) What, if any, changes has the RAA made to increase access to a wider choice of better quality and more timely support services to adopters, compared to before the RAA went live? If so, what does the RAA's strategic approach and support offer look like? What are the key differences to pre-RAA?**
- b) How have the RAA core elements influenced the provision of adoption support services, and what has been the impact? What lessons have been learnt about the relative importance of the different core elements and contextual factors in the delivery of an improved support offer?**
- c) How, if at all, does the RAA evaluate the experiences of adopters who access support services? What are the views and experiences of adopters who access support services? Has there been any change in the adopter and child's experience since going live?**
- d) What are the strengths/opportunities of the RAA adoption support model?**
- e) What are the barriers/risks within the RAA adoption support model?**
- f) What lessons have been learnt, including innovative practice that other RAAs can learn from?**
- g) How does the ASF fit within their adoption support offer (explore any changes to commissioning of services, use of ASF within universal and specialist provision, including matched funding). What was the impact, if any, of the ASF COVID-19 emergency fund on the delivery of adoption support (explore any working relationship with LAs and/ or other RAAs) and what impact this will have on support going forward?**
- h) What are the strategic and operational links within the RAA with health and education services to ensure appropriate help/services for children and adoptive families?**
- i) Is improved adoption support having other positive effects, such as reducing adoption breakdowns?**
- j) How do the above change over the lifetime of the RAAs?**

Objective 5: Identify the practice, governance and financial impacts of RAAs on efficiencies and cost savings.

- a) **Has the RAAs resulted in cost savings (e.g., shorter matching times reducing foster care costs, improved adoption support reducing adoption breakdowns and reducing foster care costs)?**
- b) **What are the key headline costs in running the RAA (excluding set up costs) and how does this compare to the costs of running adoption services through LAs?**
- c) **What are the cost implications of shared resources for LAs/VAAAs?**
- d) **Does the RAA have a budget for interagency fees? If so, how are inter-agency payments used by the RAA? Are inter agency fees paid within the RAA model? Has the interagency fee budget stayed the same, increased or decreased since becoming a RAA?**
- e) **What are the cost implications of any changes in the interagency budget/fee payment for LAs/VAAAs/ASAs?**
- f) **What factors are affecting the cost of the operation of the RAA?**
- g) **How do costs vary depending on: RAA core elements; typology; RAA characteristics; local characteristics; children's characteristics; and when the RAA was launched and what is the key driver for any changes made?**
- h) **How do the above change over the lifetime of the RAAs?**

Objective 6: Identify the ways in which the RAA has impacted on wider elements of the adoption system.

- a) What lessons have been learnt by the earlier implementers that other RAAs could learn from?**
- b) How have the RAA plans/structures/approaches changed over time and why (e.g., changes to member organisations, legal structures)? How resilient are the RAAs to changes? What happens when RAAs increase or decrease in size/no. partners?**
- c) To what extent and in what ways have RAAs changed the organisation and delivery of adoption services for the better (covering partnership working within and between teams in and outside of adoption LAC teams)?**
- d) What are the internal factors that have driven improvements in the adoption system that deliver the key outcomes (e.g., development of expertise, leadership, commissioning, and decision-making capabilities)?**
- e) What are the optimum working relationships and processes necessary to achieve the optimum outcomes?**
- f) Has the approach to the development and implementation of the RAA led to any adverse impacts...?**
- g) To what extent has the implementation of RAAs been delivered according to expected timescales and costs? If there is a difference, what is the scale of the difference and why?**
- h) Which aspects of implementation are going particularly well, and why? How might these be extended in their RAA to keep driving up standards and how might these be replicated in other areas? How do successes and challenges identified at scoping stage change over time?**
- i) How are/can RAAs make the most of the ‘spotlight’ (including through the new HoS leadership tier) – both nationally and at regional level and what advantages is/can this bring?**
- j) What challenges are being faced in delivering outcomes of RAAs, and why? How might these be overcome? To what extent were these foreseen or unanticipated?**
- k) What are the critical success factors to implement a RAA successfully?**
- l) What, if any, additional support does the RAA need going forwards?**

- m) What is the role of VAAs in RAAs and how does their relationship with RAAs evolve over time? What role do they have (e.g., continued/new role on board/other) and what is the impact of their involvement?**
- n) What impact is the RAA having on staff morale, recruitment, skills and retention?
- o) How do the above factors vary depending on: RAA core elements, typology; characteristics; local characteristics; time when the RAA launched and what is the key driver for any changes made?**
- p) What impact has COVID-19 had on RAA practices? What lessons, if any, have RAAs learned about the resilience of RAAs to respond to the challenges brought about by the pandemic? What, if any, changes made because of COVID-19 will be made permanent?**

Annex three: Methodology

Between 2018 and 2021, the evaluation involved five key strands as shown in Figure 2:

1. Longitudinal research of RAAs, including:

- **Annual case study visits with a sample of seven RAAs** to understand in depth how the RAAs were being implemented from a range of perspectives. The third and final wave of research was conducted using online and telephone one-to-one interviews and focus groups either by telephone or video call, due to the impact of the COVID-19 pandemic ending in-person data collection. These case studies included interviews with a range of stakeholders, surveys, and qualitative interviews with adopters. Topics covered key successes and challenges, local contextual factors, the impact of RAAs on systems change and partnership working and the extent to which related outcomes could be attributed to RAAs.
- **Two rounds of telephone interviews with the other RAAs and RAA projects not involved in the case studies** to understand delivery models and plans, assess outcomes and explore learning².
- **Two rounds of interviews with some LAs and VAAs not yet involved in the regionalisation of adoption services**, to understand the reasons for non-engagement and any concerns.
- **Two rounds of interviews with national strategic stakeholders** to understand the national context within which the RAAs are operating (including any changes to policy during the programme), background context to developing the RAAs, areas of importance for the evaluation and the impact and effectiveness of RAAs.

2. Longitudinal analysis of national adoption data from 2014-2020 to understand the short- and medium-term impact of the RAAs on matching, adopter recruitment and comparing the speed of matching³ pre-RAAs to post-RAAs. For this Final Report data sources included:

- Child-level adoption outcomes data (Adoption and Special Guardianship Leadership Board (ASGLB) and SSSDA903), which comprises individual records of

² The initial plan was to interview non-case study RAAs annually but as the number of RAAs has increased, the decision was taken to do two rounds of interviews to be able to engage all RAAs throughout the evaluation.

³ The evaluation looked at the whole journey from a child's entry to care to the match. For example, the time from entry to care the ADM decision and from ADM decision to the match. The evaluation also looked at the number of plans that change away from adoption after the ADM decision. (child-level) Data and analysis was cross-checked with Adoption Scorecard Indicators for accuracy.

timeliness measures and characteristics for all children adopted and/or placed for adoption; and,

- ASGLB data covering outcomes related to adopter recruitment.

All methods and the research aims they sought to meet are detailed in the main report.

- 3. Analysis of cost data** as part of the case study research to explore efficiency and effectiveness. For this report, the analysis utilises Section 251 data⁴ (s251), which is publicly available information on local authorities, schools and the public regarding education and children's social care funding, detailed financial accounts from a selection of six case study RAAs, and qualitative interviews with RAA staff. The analysis examines the costs of running RAAs and any changes to income, expenditure, and net expenditure because of regionalising adoption services.
- 4. Analysis:** To analyse the qualitative data, we used a deductive and inductive approach to qualitative analysis through the development of a coding framework linked to the ToC, evaluation framework and emergent themes using NVivo. The data interpretation phase involved synthesising the findings across the multiple sets of interviewees in each RAA and across case study areas, and other interviews, identifying codes and categorising the data using the software. We searched for similarities, differences and any other patterns occurring in the data in relation to the key variables linked to the typology developed during the scoping phase and reviewed the typology as the fieldwork progressed.

The findings overall were triangulated and, using the qualitative research, we applied Contribution Analysis, to help explain the result of longitudinal data analysis at a more granular level, and to assess the extent to which changes in the data can be attributed to the introduction of the RAAs. Rather than setting out to isolate the effects of a single intervention, the approach aims to build a credible 'performance story', drawing upon the available evidence to consider whether the intervention, alongside other factors, contributed towards the observed outcomes (Mayne, 2008⁵). It is a useful approach when multiple factors, including the one under examination, are likely to impact upon the ultimate outcomes – as is the case with RAAs and matching rates, adopter recruitment, quality of adoption support and efficiencies. Findings from the case studies were used to feed directly into the longitudinal data analysis.

- 5. Outputs, learning and dissemination:** During the evaluation, we produced:

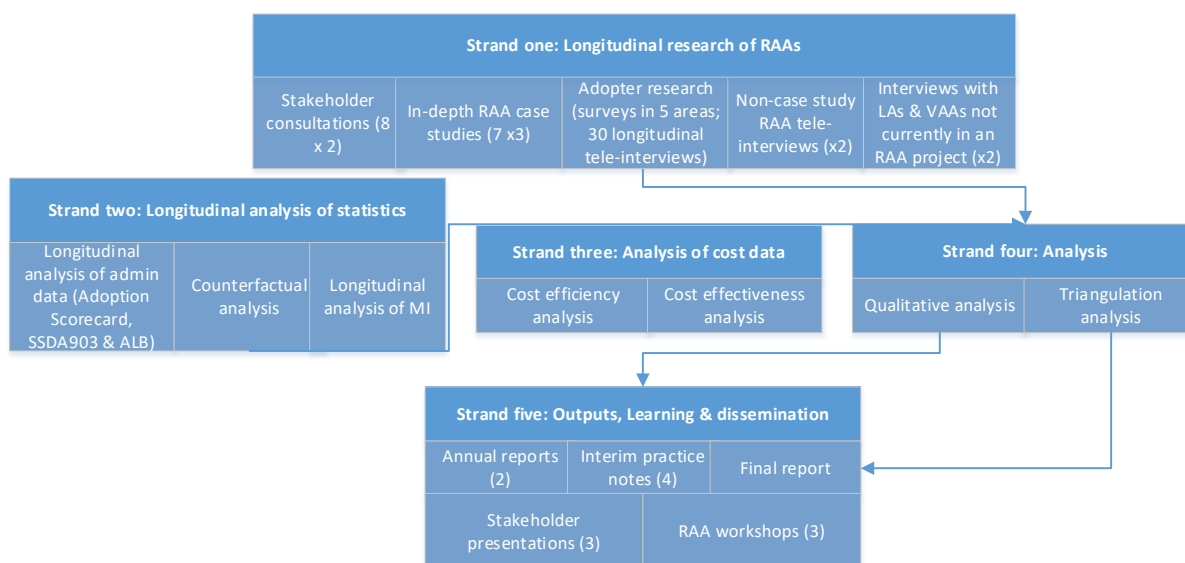
⁴ <https://www.gov.uk/guidance/section-251-2019-to-2020>

⁵ Mayne, J. The Institutional Learning and Change (ILAC) Initiative, (2008). *Contribution analysis: An approach to exploring cause and effect*.

1. Two annual reports (the first in spring 2019 the second report in autumn 2020⁶).
2. Four interim practice notes (autumn 2019, autumn 2020, autumn 2021, and winter 2021).
3. A final report (winter 2021).

To support learning and dissemination there were three stakeholder presentations and three RAA workshops (in 2019, 2020 and 2021).

Figure 2: RAA Method overview



Research tasks

The inception phase of the evaluation was completed in 2018 and this report comes at the end of the third and final wave of research.

Inception phase

The inception phase involved:

- Initial calls with 20 RAAs approved at the time of the research; baseline visits to 23 RAAs⁷ involving interviews with 124 individuals (through 23 group interviews and three individual interviews) as part of strategic, operational, or mixed groups, including wider stakeholders.

⁶ <https://www.gov.uk/government/publications/evaluation-of-regional-adoption-agencies>

⁷ One RAA for London became four RAAs – North, East, South and West.

- Individual telephone interviews with the lead contacts in five new RAAs awarded funding as part of the expansion of the programme from April 2018, four LAs and two VAAs – one involved in multiple RAAs and one not yet involved.
- A combination of telephone, face-to-face, group and individual interviews with nine national strategic stakeholders including policy makers, organisational leads and advisors working in adoption services.
- An Inception and Scoping Report⁸.
- Longitudinal data analysis.

Longitudinal data analysis

Listed below are the **key outcome measures for the final year of the evaluation 2020-21**, this covers matching, adopter recruitment, adoption support and efficiency. The longitudinal data analysis this year involved regression analysis, and reference is made to propensity score matching (PSM) undertaken in the Second Report. Both are explained in more detail below.

1. Matching

- The number and characteristics of children matched.
- The average time between entry to care, placement order, match, placement and order.
- The number and characteristics of children where a match could not be found

2. Adopter recruitment

- Number and characteristics of prospective adopters registering (Stage 1).
- Number and characteristics of adopters approved.

3. Efficiency

- Trends and patterns in number of children placed with an adoptive family.
- Progress in a larger proportion of 'hard to place' children being placed.
- Understanding the factors that predict delays.

⁸ Available at: <https://www.gov.uk/government/publications/regional-adoption-agencies-evaluation-scoping-report>

Quantitative analysis of adoption data was undertaken to explore changes in **adopter recruitment**, before and after the implementation of RAAs. For this Final report, quantitative analysis of adoption data was undertaken to explore differences before and after the implementation of RAAs. The analysis comprised two approaches:

1. Analysis of the number of children with a placement order and the number subsequently placed with an adoptive family. This gives us an indication of adopter sufficiency, as it tells us if children were able to be placed with adopters. However, this only gives us an indication, as there are other factors that also affect the number of children being placed with families.
2. Analysis of the number and characteristics of adopters recruited i.e., Stage 1 registering an interest to adopt.

To determine whether live RAAs differed to LA-led adoption services (i.e., not-yet-live RAAs) in the proportion of children placed for adoption who were placed with an adoptive family (i.e., indicating adopter sufficiency), regression analyses were undertaken. The analysis was set up as a two-way fixed-effects regression which allowed us to isolate the impact of “live” RAA status from the impacts of time (in the case of RAAs, the national downward trend of the numbers of children placed with an adoptive family from 2014/15 to 2019/20) and consider the changes “within” each RAA. The outcome variable was the proportion of children with a placement order that were placed with an adoptive family. The explanatory variable of interest was RAA live status.

Quantitative analysis of **timeliness** for the Final Report was undertaken using national administrative data (ASGLB/SSDA903). Analysis focussed on the period where the RAA has most interaction (and can affect timeliness), which is from receiving the placement order to placing a child with an adoptive family. The analysis examined the year-on-year changes on timeliness for each RAA looking at the average time between the LA/RAA receiving the court order enabling the LA to place the child for adoption (i.e., placement order) and being placed with an adoptive family. The analysis also involved a counterfactual impact evaluation, which matched children in live-RAAs based on their characteristics to children in non-live RAAs, to determine the impact of RAAs on timeliness.

Analysis was undertaken on the time from placement order to matched with an adoptive family. Building on the previous evaluation report to explore adoption timeliness, the final counterfactual impact analysis sought to exploit the expanded/gradual rollout of RAAs to provide more representative/summative impact estimates. The methodological approach was fixed-effects regression, which estimates causal effects through comparison of differences over time (before and after the formation of each RAA) and between areas

(LAs in live / not yet live RAAs). This estimation strategy is often referred to as difference-in-differences. The data covered average timeliness for all children matched/placed between 2014/15 to 2019/20 (pre-COVID-19). The explanatory variable of interest was RAA live status (RAAs started to go live in 2017/18).

For findings on timeliness referenced from the previous evaluation report (Second Report), PSM was conducted. PSM seeks to create a comparator group comprising children who are as similar as possible to those in the treatment group based on key characteristics – this is commonly referred to as creating “balance” between the treatment and comparator groups. Here, the treatment group comprised all children who were being placed for adoption in a year where the RAA had been live for at least 6 months – as such, the analysis focuses on the financial years ending 2018 and 2019 only. The comparator group comprises children in RAAs/LAs that had not gone live. The PSM was conducted successfully on a range of factors relating to child characteristics, their (pre-adoption) journey through care, and local authority characteristics:

- Gender (binary where “MALE” = 1)
- Ethnicity (binary where “ethnic minority” = 1)
- Age at the time of placement order (continuous “age_at_PO”)
- Number of care episodes prior to the adoption (continuous “episode_count”)
- Date of placement order (date “PO_DATE”)
- Start date of period of care (date “POC_START”)
- The year in which the adoption was processed (date “PROCESSING_YEAR”)

In the previous (processing) year:

- The total number of adoptions for the LA the child comes from (total_adoptions)
- The relevant average timeliness for the LA the child comes from (avg_time)

The factors above cover a wide range of child-level and LA-level factors which could affect timeliness. By including LA-level factors, we ensure matches are made to (historically) similarly performing LAs. Recognising the variables are on different scales (e.g., MALE is binary and age_at_PO is continuous) the differences were standardised to allow meaningful review. A high level of balance was achieved on all variables (and the overall propensity score) – i.e., the treatment and comparator groups are similar, allowing for meaningful comparisons. Following the matching, regression analysis was conducted to estimate the impact of RAA live status on average time from placement order to being placed with an adoptive family, for children who have been adopted.

Case studies

Over time, the case studies explored the experience of implementing RAAs from a range of perspectives and contexts, captured quantitative and qualitative information to measure the outcomes being achieved, explored any changes, and identified lessons learnt. Seven RAA case studies were completed to inform this report:

Sample

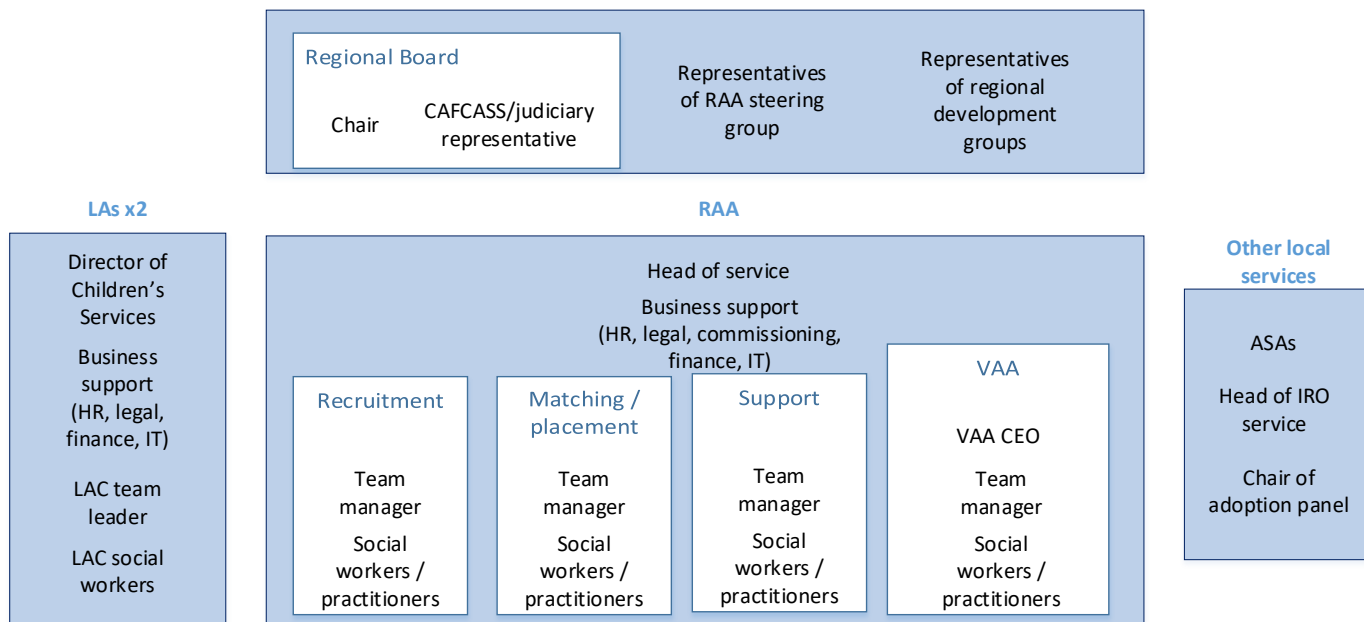
- Model (see Chapter two in the final report) – 3 hub and spoke, 1 centralised, 1 centralised/hub and spoke, 1 Local Authority Trading Company (LATC), and 1 decentralised/partnership model.
- Location – 2 North, 4 South, 1 Midlands.
- Stage of delivery – 4 RAAs had been live for more than three years at the time of the research, 2 RAAs had been live for over a year and another RAA had just been live for a year.
- Size – a range in number of participating LAs (including a smaller RAA (3-4 LAs), average size (5-6 LAs), and a larger RAA (7+)).
- History of partnership working - considered to be strong in 4 RAAs, mixed or poor in other RAAs based on self-reports during the baseline visits (e.g., how long LAs have been working together, the level of buy-in and consensus amongst partners).
- VAA involvement - in most but not all RAAs and to varying degrees.
- Progress – based on self-reports during baseline visits (e.g., whether RAAs were on track and pleased with progress, behind schedule and/or experiencing some issues or making little progress and/or meeting major hurdles).
- Performance – based on averages calculated from the adoption scorecards (number of approved adoptive families waiting, number of children for whom permanence decisions has changed away from adoption, Average time between a child entering care and moving in with its adoptive family, rank, Ofsted rating and new placement offers granted).

The final wave of research started during the COVID-19 pandemic in winter 2020 and involved online and telephone one-to-one interviews and focus groups, with seven case study RAAs.

Figure 3 shows the range of stakeholders interviewed across the case studies. In sampling the LAs, host/non-host LAs were included and covered differences in size

(geography and numbers of Looked After Children (LAC)/placement numbers); urban/rural split; and performance (Ofsted, Adoption Scorecard, self-reports).

Figure 3: Case study stakeholder sample



Across the seven case studies interviewed at Wave 3, 226 individuals were interviewed as shown in **Table 3**. The 'Other' sample included regional bodies (e.g., CAFCASS, Councillors/Board Members, Directors of Children's Services (DCS)/Assistant Director of Children's Services (ADCS), Independent Reviewing Officers (IROs), Panel Members).

Table 3: Interviewee breakdown

RAA HoS	Social work managers	Social workers	Business support/finance	Other	VAA	Total
7	42	95	22	53	7	226

Interview topics

Topics covered included:

- The impact of RAAs on the organisation, delivery, and quality of adoption services in the area.
- How these changes were achieved, the relative importance of the RAA core elements (single line of accountability, core responsibilities, pooled budget, core functions, pan-regional best practice, system wide approach), including any changes made to the RAA models, roles, responsibilities, and services offered since the last round of interviews early in 2020.
- Issues affecting progress (including the impact of COVID-19), successes, challenges and lessons learnt.
- RAA costs; and
- next steps for the RAA.

During Wave 1 (2018/19), 186 interviewees took part in the case study research, at Wave 2, (2019/20) there were 210 interviewees across 6 RAAs⁹.

Stakeholder interviews

The additional stakeholder interviews comprised:

- Interviews with 15 RAAs and RAA projects not involved in the seven case study areas. These interviews built on visits to 23 RAAs and projects at the evaluation scoping stage, and interviews with 22 RAAs and projects at Wave 2.
- Interviews with one LA that was not yet involved in an RAA or RAA project building on early interviews with 4 LAs in this position at Waves 1 and 2 evaluation.
- Interviews with eight VAAs (across four case study RAAs), double the number engaged in previous rounds of case study research.

⁹ The seventh case study was paused at Wave 2 due to the onset of the COVID-19 pandemic.

- Interviews with 11 national stakeholders (including one VAA representative), where possible with the same people involved at each wave.
- An RAA survey to explore progress, model adaptations and services delivered across agencies, responses from 21 RAAs (seven case studies and 14 others).

Adopter research with 5 of the 7 RAAs

The aim of this strand of the evaluation was to understand the experience of prospective and approved adopters, using a mixed method approach. Three data collection tools were used:

The adoptive parent strand of the evaluation included:

1. Preparation group surveys of adopters in five case study RAAs and interviews with prospective adopters. This report is published [here](#).
2. Follow up interviews with approved adopters who progressed through assessment. This report is published [here](#).
3. Adoption support surveys of approved adopters in four case study RAAs. This report is published [here](#).

Follow up interviews with approved adopters

The interviews with adopters followed the progress of 41 prospective adopters from 41 different households. They had completed their adoption preparation group training in five Regional Adoption Agencies (RAAs) between November 2018 and March 2020 and their views of preparation and assessment has been reported.¹⁰ Fifteen of the 41 adopters were interviewed once, 23 interviewed twice, and three adoptive parents were interviewed three times: a total of 70 interviews. Just over half (38) of the interviews took place before the country went into lockdown on the 23rd of March 2020 because of COVID-19 and 32 interviews occurred during periods of restrictions. At the time they were last interviewed, the adopters were at different stages of their adoption journey. The follow up report picks up the journeys of 31 of the 41 interviewees whose application to adopt had been approved by an adoption panel. The interviews covered their experiences at panel, of linking and matching, introductions, placements, adoptive family life and social work support.

Surveys on adoption support

¹⁰ [The views and experiences of prospective adopters in five regional adoption agencies.pdf](#)

The aims of the support survey were to understand the experience of and satisfaction with adoption support from adoptive parents who were parenting a child who had previously been looked after. The support survey information complements the information collected from prospective adopters undertaking preparation group training, and subsequent qualitative follow up interviews with approved adoptive parents.

Four of the seven RAAs, that have taken part in the wider RAA evaluation, consented to take part in the adoption support survey. RAAs were selected who would have been fully operational for at least a year during the survey period. The RAAs agreed to send a link to the online survey and information about the evaluation to their approved adoptive parents. However, the ease with which RAAs could access the emails of adoptive parents differed. Some did not have lists of families using the whole range of support services and others had lists that could not be separated into those who were or were not receiving support.

Three RAAs were asked to open the survey in January 2020, with the first responses coming on the 3rd of February 2020. The survey opened in the fourth RAA on the 13th of March 2020 when they had been operating for a year. The surveys were expected to be open for 12 months, but the COVID-19 pandemic and subsequent lockdown interfered with those plans. The survey was closed on 23rd March 2020, which was the date of the first lockdown, resulting in the fourth RAA survey being open for only ten days. A decision was made during July/August 2020 not to re-open the surveys, as the questions were no longer appropriate for the way services were being delivered during the pandemic.

The online survey asked about a) adoptive parents' choice of agency, b) whether they were satisfied with the timeliness, quality and sufficiency of the support services provided and c) if adoptive parents, who had experience of support before RAAs, thought that there had been improvements since RAAs became responsible for the delivery of support services. Responses came from 208 adoptive parents who were caring for 268 children in four RAAs.

Annex four: Local Authorities involved in each Regional Adoption Agency (RAA)

Regional Adoption Agency	Local authority
Adopt Central East	Central Bedfordshire Milton Keynes
Adopt East London	Barking and Dagenham Havering Newham Tower Hamlets
Adopt North East	Gateshead Newcastle upon Tyne North Tyneside South Tyneside Northumberland
Adopt North London	Camden Enfield Hackney Islington Haringey
Adopt South	Hampshire Isle of Wight Portsmouth Southampton
Adopt South London	Lambeth

	<p>Lewisham</p> <p>Southwark</p> <p>Wandsworth</p> <p>Croydon</p> <p>Kingston upon Thames</p> <p>Merton</p> <p>Richmond upon Thames</p> <p>Sutton</p>
Adopt South West	<p>Devon</p> <p>Plymouth</p> <p>Torbay</p> <p>Somerset</p>
Adopt West London	<p>Hammersmith and Fulham</p> <p>Barnet</p> <p>Brent</p> <p>Ealing</p> <p>Hounslow</p>
Adoption @ Heart	<p>Dudley</p> <p>Sandwell</p> <p>Walsall</p> <p>Wolverhampton</p>
Adoption Central England	<p>Coventry</p> <p>Herefordshire</p> <p>Solihull</p>

	<p>Worcestershire</p> <p>Warwickshire</p>
Adoption Counts	<p>Manchester</p> <p>Salford</p> <p>Stockport</p> <p>Trafford</p> <p>Cheshire East</p>
Adoption NoW	<p>Bolton</p> <p>Bury</p> <p>Oldham</p> <p>Rochdale</p> <p>Tameside</p> <p>Blackburn with Darwen</p>
Adoption South East	<p>East Sussex</p> <p>Brighton and Hove</p> <p>Surrey</p> <p>West Sussex</p>
Adoption Thames Valley	<p>Swindon</p> <p>Bracknell Forest</p> <p>Windsor and Maidenhead</p> <p>West Berkshire</p> <p>Reading</p> <p>Wokingham</p> <p>Oxfordshire</p>

Adoption West	Bath and North East Somerset Bristol, City of Gloucestershire North Somerset South Gloucestershire Wiltshire
AIM	Knowsley Liverpool Sefton Wirral
Ambitious for Adoption	Bromley City of London Harrow Hillingdon Kensington and Chelsea Redbridge Slough Waltham Forest Westminster
Aspire	Dorset Poole Bournemouth
Cambridgeshire	Cambridgeshire Peterborough

Coast to Coast	Sunderland Durham Cumbria
East Midlands: D2N2	Derbyshire Derby Nottinghamshire Nottingham
East Midlands: Family Links Adoption	Leicestershire Leicester Rutland Lincolnshire
Kent	Bexley Kent Medway
Lancashire	Lancashire Blackpool
North Midlands	Staffordshire Stoke-on-Trent Shropshire Telford and Wrekin
One Adoption North Yorkshire and Humber	Kingston Upon Hull, City of East Riding of Yorkshire North East Lincolnshire North Yorkshire

	York
One Adoption South Yorkshire	Barnsley Doncaster Rotherham Sheffield
One Adoption West Yorkshire	Bradford Calderdale Kirklees Leeds Wakefield
Tees Valley	Hartlepool Middlesbrough Redcar and Cleveland Stockton-on-Tees Darlington
Together for Adoption	St. Helens Wigan Halton Warrington Cheshire West & Chester

Annex five: RAA models

This annex presents further details about the RAA models, based on the 2021 RAA model survey used to explore progress, model adaptations and services delivered across agencies (referred to in the report as the model survey) and interviews with RAAs. The model survey was completed by 21/31 RAA Heads of Service (HoS).

Different RAA models

During the evaluation, a typology of RAA models was developed, updating it where needed as new RAAs went 'live'. The Second Report described how RAA models typically fell on a continuum, ranging from fully centralised and integrated RAA teams, through to more decentralised models with teams largely operating from their original LAs. The third and final evaluation wave confirmed the typology, but also highlighted that RAAs did not always fit neatly into the models, as they made refinements over time.

The following presents an overview of the various RAA models and details the number of RAAs which roughly fall into each 'type'; based on Head of Service responses to the model survey from the evaluation, in which they are asked to select the model that best reflected their RAA.

1. LA Hosted – Centralised

- Nine of the 21 RAAs that responded to the model survey were categorised by HoS as having a 'LA-hosted 'centralised' model. This is a notable increase from the two RAAs identified in Waves 1 and 2 of the evaluation. In some cases, the shift to remote working because of COVID-19 led to a perception by HoS that the RAA had moved to a centralised model, as staff were no longer working from different 'spoke' locations.
- The research found that the core features of the centralised model generally remained consistent across the waves of research. Qualitative survey responses suggested that 'centralised' RAAs were hosted by an LA and comprised of a partnership of LAs operating under 'one roof'. These RAAs delivered core functions centrally, with staff working from the main hub but also flexibly across the region where needed.

2. Local Authority Trading Company (LATC)

- Only one RAA had the LATC model. This model makes the RAA a separate legal entity from the councils that it is linked to. The organisation is a VAA, but rather than being a charitable organisation, it is publicly owned. This means that it is inspected as a VAA (rather than linked to councils' Ofsted inspections). While it can, as a VAA, charge the VAA interagency fee rate¹¹, the board of this RAA made the decision at the outset not to do this, reflecting that the RAA is publicly owned. Unlike other RAAs,

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it has separate business support/back-office functions, such as having its own payroll system (which in other RAAs is usually the responsibility of the Host LA or individual LAs). It also has its own Board of Directors that the HoS is accountable to, and which comprises representatives from each LA, the VAA sector and a local adopter advisory board. All services operate out of each of its three local offices/hubs. Stakeholders did not report any changes to this model over the past year.

3. LA/VAA Hosted – Hub and Spoke

- Three RAA HoS categorised noted that their RAA as aligned to a ‘hub and spoke’ model. The hub has some centralised functions (such as recruitment and matching) but other services (such as family finding and adoption support) are delivered out of local spokes. In two cases, a LA hosted the RAA, and staff had been TUPE’d from their original LAs into the host authority. In one RAA, a VAA had been commissioned by a LA on behalf of multiple authorities to deliver the ‘hub’ functions (i.e., recruitment, assessment, and preparation of adopters), while the family finding, and adoption support were delivered out of LA offices. Generally, few stakeholders from Hub and Spoke RAAs noted any major changes to their model over the past year, except for in one RAA, which added another LA into its agreement.

4. LA Hosted – Locality model

- Five RAA HoS indicated that their RAA had a locality model. Typically, one LA hosted the service and provided some centralised functions (e.g., back-office support, recruitment, and assessment) and staff worked from their local offices to deliver services directly to families. While the configuration of services across areas could look like the ‘Hub and Spoke’ model, according to HoS interviewed, the key difference was that while in a locality model there was a host LA, staff had generally not been TUPE’d or seconded into it, and instead continued to be employed by their LA. Indeed, interviews with stakeholders in ‘locality model’ RAAs often noted that a key rationale in opting for the locality model was to establish an RAA with minimal disruption to operational delivery. Changes made to locality model RAAs over the past year related to governance (e.g., one RAA was in the process of developing a formal partnership agreement rather than a memorandum of understanding between the LAs) and bringing services under the LA Host’s remit (e.g., an RAA brought into its centralised functions a business support manager, a finance partner, and a data officer).

5. Decentralised/partnership model

- Three HoS that were surveyed felt that the ‘decentralised/partnership model’ best reflected their RAA’s approach. Emphasising that RAA models fall on a continuum, one RAA HoS noted that their RAA was hosted by a LA but there was an ‘equal partnership’ model between the constituent LAs. However, in other cases, there was not a host local authority, but instead an agreement between partners about how services would be delivered. One of the reasons for choosing the decentralised model, as outlined in the 2019/20 evaluation report, was that senior staff thought that the working arrangements for staff remained largely unchanged from pre-RAAs. They thought this was a factor in securing senior sign off believing that arrangements could be strengthened later. Like stakeholders in locality model RAAs, stakeholders from ‘decentralised/partnership’ model RAAs highlighted that they felt that the partnership

model was the solution for not disrupting operational delivery too much. One stakeholder felt that the partnership model would enable them to retain close links with LA teams.

RAA core elements

Below we summarise the findings from the model survey and from interviews with stakeholders on each core element. Stakeholders identified the most important core elements for regionalisation were having a single line of accountability, core functions and a single, pooled budget.

The Department for Education considers a RAA application to meet the definition of an RAAs if it has the following functions:

- **Single line of accountability** for functions that sit within the RAA, reporting into robust governance arrangements.

All RAA HoS who responded to the survey said that this element was present in their RAA, either in full (n=15) or in part (n=6). Where it was 'fully' present, the HoS was responsible for the RAA functions and was held accountable by the governance board. Where it was 'partly' present the HoS was responsible for most elements, but not all. In one RAA, the HoS was accountable for most functions, but not concurrent placements, inter-country adoption and SGO assessments or support. In another example, the RAA shared accountability for children's cases with the LAs but the responsibility for the child remained with the LAs.

As articulated in the ToC, a single line of accountability was intended to lead to stronger leadership, more effective strategic planning, and management of services, as well as more effective commissioning and provision of consistent services. Stakeholders thought a single line of accountability enabled RAAs to more speedily effect change and improved consistency of practice across partners. Having one HoS promoted the RAA's autonomy making invoicing and payments more efficient, because sign-off was not needed from lots of different partners. This was a key benefit of the LATC model because as a separate legal entity all payments could be processed in-house and swiftly.

- **Head of service (HoS) with responsibility for line management, recruitment, budgets**, contract management and strategic relationships, and who is accountable to the governance board for delivery of functions delegated to the RAA from local authorities.

20 of the 21 RAA survey respondents said that a HoS was in place with responsibility for core functions either fully (n=15) or partly (n=5). Where this core element was 'fully'

present, HoS were said to report to the governance board.¹² Where the response was 'in part', respondents described having staff seconded into the RAA, which frequently meant that LA Human Resources (HR) departments retained responsibility and oversight of staff. RAAs with a 'locality' model less frequently reported having a HoS 'fully' responsible. Stakeholders thought it was important for the HoS to have a clear role and responsibility for most or all the RAA functions.

All the HoS that responded to the survey said that their RAA delivered the **core functions of recruitment, family finding, panel services, matching and adoption support** in full (n=19) or in part (n=2). They also managed applications to the ASF, allocating provision and processing the payments. Where core functions were delivered by RAAs 'in part', one HoS explained that the RAA was responsible for recruitment and matching, and while assessments of need for support were completed by the RAA, the relevant LAs provided the finance. Several stakeholders across multiple RAAs felt that it was important for RAAs to deliver core functions. A key theme was that the core functions helped to simplify a system, support a standardised offer, and improve consistency across a region, drawing on best practice. However, some noted that a downside of being a larger agency (compared with a single LA) was that staff tended to work within specialist teams, which led to an erosion in understanding of the permanence pathway.

- **Pooled funding into a single RAA budget.**

A pooled, single budget for core functions was present in 19 RAAs, either 'in full' (n=15) or 'in part' (n=4). In two RAAs, there was no single, pooled budget for core functions. Where the pooled budget was fully in the RAAs HoS control, it included contributions from all LAs, including for the interagency fee budget. Sometimes staff costs were retained in LAs, but the costs were ringfenced for the RAA. Where the single, pooled budget was said to be 'in part', staff budgets were held by the LA, and the permanence support budget was partly retained by the LA, and there were separate budgets for different core functions. Some stakeholders that we interviewed felt that having a pooled budget was an important mechanism for securing engagement from LAs, because all had to work together to agree on how the budget was allocated.

- **Pan-regional approach (different RAAs working together to take a collective approach): embedding best practice across the RAA**

Twelve of the 20 RAA HoS who responded to this survey question in the survey, 12 said that a pan-regional approach to promoting best practice was 'fully' present, seven said it was 'partly' present and one HoS felt it was not yet present in their RAA. Stakeholders interviewed agreed and thought that with the HoS views that combining LA adoption

¹² Governance boards varied across RAAs, but generally included representatives from constituent LAs. Some also had VAA partners and adopter representation, although where these partners were not currently involved, some RAA stakeholders noted their intention to include them on their board in the future.

teams had helped them share good practice within and increasingly, between RAAs. However, the qualitative responses suggest some varied interpretations of this core element. While many of the RAA HoS noted that they shared best practice within their region they also described working increasingly with other RAAs to identify and share best practice. For example, one RAA HoS noted that they attended were involved with the Regional Adoption and Special Guardianship Board where they explored recruitment and matching practice across several RAA span-regional selection of adopters for children. Such activities like this helped to further practice improvements. Another RAA HoS felt that bringing together teams from different LAs enabled them to hold teams to account, in terms of identifying practice in one area that was not happening elsewhere, and then ensuring that all other areas started to work in that way.

- **System-wide approach to meeting the needs of adopted children and families**

Thirteen of the 18 who responded to this question, said that their RAAs were fully supporting a system-wide approach to meeting the needs of children and families, and five responded 'partly'. Where they felt they were 'fully' supporting a system-wide approach, respondents noted that their RAA had developed strong links with partners including LAs, VAAs, Independent Reviewing Officers (IROs)¹³, Virtual School Heads (VSHs)¹⁴, panel chairs, regional family justice boards and the national ASGLB board, health, the judiciary and CAFCASS¹⁵. Those that said they were achieving it 'in part', noted that they wanted to improve links with LAs, VAAs, health and schools.

Services offered

This section draws on the findings from the model survey that 21 RAA HoS completed. It provides an overview of how services were typically split between RAAs, LAs and other organisations.

Overall, across each type of services offered, there was no clear relationship between the RAA model and the agency (e.g., RAA, LA, VAA or other commissioned service) responsible for the management and delivery of the function. This provides further evidence that examining effectiveness by model type is unhelpful as it misses the complexity and nuances of different RAA configurations. Furthermore, in some RAAs, there were variations in terms of services offered across different LAs, further highlighting the complexity of drawing conclusions about specific model types.

¹³ Independent Reviewing Officers primary focus is to quality assure the care planning and review process for each child and to ensure children's wishes and feelings are given full consideration.

¹⁴ Virtual school heads are in charge of promoting the educational achievements of all the children looked after by the LA they work for.

¹⁵ CAFCASS represent children in the family courts in England.

Services for children

Services for children were usually the responsibility of LAs but RAAs did provide varying levels of support depending on where the child was in their adoption journey. Children's care planning and reviews fell within the remit of the LAs, although RAAs generally provided support. A key factor in children's care planning was whether RAAs provided advice and support in tracking children with a permanence plan. Permanency plans were the responsibility of LAs, although most RAAs had processes or systems in place to work with LAs to identify children who might need an Early Permanence placement. RAAs had regular meetings with LAs to advise and assist with decisions, this gave them oversight of the adoption pipeline which informed their sufficiency planning and supported timelier matching. The responsibility for writing the Child's Permanence Report (CPR) was also held by the LA. RAAs usually provided advice and survey respondents noted the Adoption Decision Maker ensured that the CPRs were compliant and complete and quality assured the CPRs. Several RAAs also noted that they provided training directly to LAs to support them with writing the CPRs.

Following the placement order, typically LAs retained the responsibility for child preparation, including life story work, although like other services for children, RAAs inputted and had a role in advising LAs. In one RAA, some children's cases were held by the RAA (depending on which LA they were from), and in those cases the RAA adoption workers did the preparation work. As explored further in Chapter 5, a key theme to emerge from the survey and qualitative interviews with RAA stakeholders and adoptive parents was concern about the under-resourcing of child preparation work within LAs. Several RAA stakeholders said that sometimes Family Finders supported LAs, particularly with Life Story work.

Across RAAs, there were some variations in responsibilities for delivering specific Early Permanence services such as Concurrent Planning. Often, Early Permanence options such as Fostering-for-Adoption were within the remit of the RAA while concurrent placements were often commissioned from a VAA.

Family finding was largely the responsibility of RAAs, although survey respondents noted that family finders generally worked closely with LA children's social workers who held children's cases. Where RAAs ran events such as activity days or exchange days these were usually co-ordinated by the RAA but delivered in collaboration with LA and VAA staff as they were resource intensive.

Agency decisions about placement for adoption and matching were made by the LA agency decision maker (ADM), although RAAs gave advice to ADMs to help inform their decision. In one RAA their HoS was the ADM who approved matches for one of the LAs in the RAA, but not for others.

Services for prospective adopters

Across most RAAs, services for adopters were delivered by the RAA or in partnership with a VAA. Usually, the RAA took responsibility for recruiting prospective adopters, drawing on in-house marketing and recruitment campaigns alongside using assets provided by the National Adoption Week campaigns. In the one VAA-led RAA, the VAA was responsible for the recruitment and assessment activity, with LAs providing family finding and adoption support. Stage 1 or Stage 2 Preparation Groups and Stage 2 Assessments were usually the responsibility of the RAA (or VAA lead), although in one RAA, the preparation groups were commissioned out by the RAA to a partner VAA but there were plans to bring this service in-house once they had the necessary skills and capacity.

Responsibility for providing linking (such as through exchange days) and matching advice to adopters typically lay with prospective adopter's own RAA social worker. There was close working with relevant VAA partners (for example where the selected family for matching was from a VAA, the VAA would be involved in the linking and matching activity) and with LAs (with the child's social worker). RAA staff typically led writing the matching and support reports, but often had input from LA teams to complete them.

Services to support adoptive families

The co-ordination and management of adoption support generally fell within the RAAs' remit, although there were RAA variations in the extent to how and which types of services were commissioned. Most of the RAAs undertook assessments of adoption support needs. In some cases, assessments were the responsibility of both LA and RAA staff depending on whether the adoption order had been made. In one example, the LA was responsible for assessing support needs pre- adoption order (although the RAA processed the ASF applications), and the RAA took over responsibility post- adoption order. Following on from providing assessments, RAAs were then usually responsible for co-ordinating the applications to the Adoption Support Fund (ASF). There was also variation within RAAs. For example, in one RAA applications to the ASF were made through the RAA, but in one of the LAs within that RAA staff could also apply to the ASF directly.

General support to adoptive families, such as support groups or newsletters, were usually provided directly by the RAA, although in some cases RAAs also commissioned services from VAAs and ASAs (adoption support agencies). Therapeutic support (such as Dyadic Developmental Psychotherapy (DDP), Family Therapy and Non-Violent Resistance (NVR) training) was most often commissioned by RAAs (funded through the ASF or as part of the RAA budget). Some RAAs had established frameworks of preferred therapeutic providers. Several RAAs provided training to staff so they could provide

therapeutic support in-house. For example, one RAA has become an accredited DDP provider.

There were differences across RAAs in terms of how they managed support for contact with birth families. Some RAAs commissioned the service from VAAs, whereas in others the in-house adoption support team managed the arrangement. Where the LA currently managed the service, in some cases there were plans for the service to be transferred into the RAA. However, in several instances there was limited supervised contact support available (either by the RAA or the LA) due to neither agency being resourced to provide it. One RAA supervised historical arrangements for contact support, but they did not supervise any new arrangements. In Chapter 5 on the provision of Adoption Support we discuss more the impact of varied services for contact with birth families.

Letterbox services for contact were often the responsibility of RAAs, although in several cases the service was still under the remit of the LA. Here, RAA HoS highlighted plans – or their intention – to incorporate the service. Several HoS in the survey and in stakeholder interviews noted that while the letterbox service was their responsibility, it was under-resourced (see Chapter 5).

Finally, in most cases, LAs were responsible for managing the Virtual School Head (VSH) service and support in education. However, some RAAs provided training to schools and worked directly with schools in relation to individual children. Several RAAs worked jointly with LAs providing educational support. As a result of pooling their budget, some RAAs had been able to fund an education support worker for adoption. One RAA has also been able to appoint an early years worker to support with early years education.

Services for adopted adults and birth families

Provision of services for adopted adults and birth families included a mix of direct support from RAAs, and specific commissioned services. Searching was generally managed by RAAs, although usually the counselling and advice was commissioned out to VAAs/ASAs. Some RAAs only provided counselling and access to files and records with the searching responsibility held by the LA. In one case where the responsibility for searching and tracing was with the LA, the RAA planned to take this on soon. Most RAAs did not provide intermediary services (i.e., a service that can help broker contact between birth relatives and adults who have been adopted if they both want it). Some HoS noted that intermediary services were not statutory services, so RAAs did not always fund it. However, most did note that they signposted families to appropriate support.

Mostly, RAAs did not provide birth parent counselling. A few commissioned VAAs to deliver birth parent support or referred to an ASA. One RAA did provide birth parent support if there was a voluntary relinquishment of the child.

Other adoption services

Children's adoption medicals generally remained the responsibility of LAs, as LAs commissioned health partners/relevant clinical commissioning groups to provide medical assessments for children with adoption recommendations. RAAs supported this activity; for example, one HoS highlighted that the RAA manages the request and receipt of medical advice, but the health provider is commissioned by the LA.

In most RAAs, panels for adopter approvals and matching were managed by the RAA, although ADMs approving matching decisions were often senior LA staff. ADMs for adopter approvals were RAA staff. RAAs also managed the activities related to panels, including co-ordinating independent chairs, providing training on and quality assuring CPRs and monitoring the overall process. In one of the 21? RAAs, the LAs were still responsible for panels, although the RAA's HoS noted that they were exploring incorporating panels into the RAA's remit.

In most cases, RAAs had responsibility for stepparent adoption assessments but in the survey with HoS, many highlighted that these assessments were challenging to manage because of high demand, complexity, and lack of staff to conduct the assessments. In one case, the RAA completed stepparent adoption assessments to an agreed quota with the LA, and any excess applications were re-referred to the LA. All RAAs commissioned a VAA to deliver inter-country adoption assessments due to the complexity and expertise needed for the work. Some RAAs spot-purchased these assessments as and when needed, as requests were infrequent.

Service delivery for Special Guardian support

Most arrangements for Special Guardian (SG) support have so far remained within the remit of LAs. Very few RAAs have incorporated SG support into their offer, and where they have, they tended to work jointly with LAs to deliver services.

Generally, assessments of SG support needs were provided by LAs, although some RAAs were considering including the assessments in their scope. Where RAAs and LAs shared responsibilities, the LA was responsible for assessments before the Special Guardianship Order (SGO) and the RAA took responsibility after the order was made. There was a similar pattern for SG applications to the ASF, with most LAs managing this. However, there were some exceptions through the COVID-19 grant when the RAA was also able to offer applications for SG support. One HoS noted that they were in the process of developing a framework for providers offering services for adoption and SG support.

Support was delivered to SG families mainly by LAs who provided general support, financial support and contact support for families with an SGO. Several RAAs provided

some general support, although in one case, the RAA only offered services to some SG families, as some partner LAs retained the services in-house. Therapeutic support was also mainly managed by LAs drawing on ASF funds to commission specific provision for families. However, a HoS noted that their RAA has a worker that co-ordinates and develops support for SGs and has also commissioned services. Another HoS respondent to the survey noted that they did not know who delivered therapeutic SG support.



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For any enquiries regarding this publication, contact us at:

maura.lantrua@education.gov.uk or www.education.gov.uk/contactus

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