



Department  
for Education

# **Evaluation of the ASF: local authority, RAA and provider experiences**

**Research report**

**December 2022**

**Katy Burch, Clare Dodwell, Colin Green, Paul  
Riley, Vivien Taylor. Institute of Public Care,  
Oxford Brookes University**



Government  
Social Research

# Contents

Acknowledgements	4
Executive Summary	5
Awareness of the Fund	6
Demand for ASF-funded support	6
Assessments informing ASF applications	6
Matching and commissioning of support	7
Service provision and the market for provision	9
Unintentional consequences and sustainability of the Fund	10
Introduction	11
Methodology	12
LA and RAA interviews	12
Provider interviews	12
Provider survey	13
Strengths and limitations	14
Findings	15
1. Key changes to the landscape influencing the ASF since the first wave of interviews and survey	16
The COVID-19 pandemic.	16
The regionalisation of adoption (support) services.	16
2. Families' knowledge and awareness of the Fund	18
3. Demand	20
An overall growth in demand	20
Growth in demand mostly stimulated by the COVID-19 pandemic	21
Level(s) of presenting need	22
Growth in demand for specific presentations or services	22
4. Assessments informing applications to the Fund	24
Quality of assessments	24
Multi-agency or specialist assessments	26
Use of match funding for (specialist) assessments	28

5. Matching of needs to support and commissioning of funded support	29
Matching of needs to support and ASF commissioning in the context of a broader support offer	29
Commissioning and procuring packages of ASF support	30
Commissioning using the Fair Access Limit and match funding	32
Reviewing packages of ASF support	34
6. Market for and provision of ASF-funded support	36
Overall provider market characteristics	36
The accessibility of current provision	39
Impact of COVID-19 on service provision	42
Gaps in current provision to meet demand	44
7. Broader impact of the Fund including unintended consequences	47
8. Thoughts about sustainability	49

## Acknowledgements

The Institute of Public Care would like to thank all participants in this study, including people working in provider organisations (big and small), regional adoption agencies (RAAs) and local authorities (LAs), who have given so generously of their time to inform the content of this report. We would like also to thank the Research Advisory Group members and colleagues at the Department for Education for their help with developing the questions and research tools for this study, and in exploring the findings.

## Executive Summary

This report from the Institute of Public Care (IPC) at Oxford Brookes University is one of a series relating to an evaluation of the Adoption Support Fund (ASF) 2018 - 2021. It explores local authority (LA), regional adoption agency (RAA) and provider experiences of the Fund approximately 6 years after it was established by the Department for Education (DfE) to meet the therapeutic needs of children who left care through adoption or a Special Guardianship Order (SGO).

The report draws on findings from evaluation fieldwork undertaken between June and September 2021 with LAs, RAAs and providers who had already participated in an earlier 'wave' of evaluation regarding the ASF in 2018-2019 (reporting 2020). This second wave of fieldwork included:

- Qualitative interviews with representatives of RAAs and local authorities in 15 local authority areas.
- Qualitative interviews with representatives of 15 provider organisations delivering services funded by the ASF, mostly those that were medium to larger sized.
- Responses (48) to a follow up online survey of providers who agreed to be re-contacted following the previous wave. Responses were mostly received from smaller sized providers, including sole practitioners.

Where appropriate, comparisons between findings from this wave of evaluation have been made with those from the earlier wave (referred to hereafter as the earlier (2020) evaluation)<sup>1</sup>.

The findings should be read in the context of two key differences in the overall landscape between the earlier (2020) and this evaluation:

- The COVID-19 pandemic, recognised by evaluation participants to have brought significant challenges to families and services as well as an opportunity for innovation in commissioning and service delivery using a DfE-funded ASF COVID-19 Scheme<sup>2</sup>.
- Greater regionalisation of adoption support services through RAAs, leaving LAs with responsibility in most cases for SGO rather than adoption support.

---

<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/869762/Eval\\_of\\_ASF\\_draft\\_LA\\_provider\\_report\\_March-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869762/Eval_of_ASF_draft_LA_provider_report_March-2020.pdf)

<sup>2</sup> The COVID-19 Scheme operated between April and June 2020 with services having to be delivered by the end of December 2020.

## Awareness of the Fund

- Awareness levels of the Adoption Support Fund were reported by LAs, RAAs and providers to have increased in the last 2 years amongst adoptive parents to the extent that very few parents were thought at the time of interviews to be unaware of it.
- However, LAs, RAAs and providers all reported that SGO carers were generally less aware of the Fund and/or how to apply for it, including because of a lack of accessible information and/or possibly a greater stigma attached to seeking help.
- The ASF COVID-19 Scheme was thought to have assisted with awareness levels, particularly amongst SGO families.

## Demand for ASF-funded support

- RAAs, LAs and providers had all noticed an increase in demand for ASF-funded support, relating mostly to adoptive rather than SGO families and largely attributed to the COVID-19 pandemic.
- Whilst interviewees in all groups described some increased LA or RAA support for SGO applications to the ASF, they also all considered that more could still be done to address barriers SGO families can face in accessing support, particularly families from ethnic minority groups.
- Child and family presentations noticed more frequently by a range of interviewees since the earlier (2020) evaluation included: child therapeutic needs 'in education settings'; child to parent violence; sensory (integration) needs; neuro-developmental disorders/diagnoses; support for parents/carers in their own right; and the needs of young people including with reference to contextual safeguarding, birth family contact, and support in the transition to adulthood.

## Assessments informing ASF applications

- Although most assessments were reported to continue to be led by social workers, some were described as being undertaken by multi-disciplinary teams within RAAs, including psychologists as well as social workers. Other developments within RAAs included: a greater focus on capturing both the voice of the child and whole-family needs; and the introduction of a form of triage system to assist with decisions regarding the prioritisation and nature of assessments.
- However, waiting lists for RAA assessments were reported by RAAs and providers to have increased in the last 2 years and, whilst assessment quality was considered overall to have improved, these delays were reported to be a major

factor affecting their overall usefulness. The quality of SGO-related assessments was considered by LAs and providers alike to be inconsistent, including because social workers might only undertake them occasionally. This was being addressed by some LAs by drawing SGO and kinship care experts into a single team.

- As in the earlier wave of fieldwork, some RAAs and LAs described finding it difficult to involve other agencies and professionals in child and family assessments. However, new developments such as 'Team around the Family' meetings, and/or RAAs or LAs accepting more informal inputs from other professionals (such as telephone consultations or use of existing reports) were reported to have assisted in some instances with obtaining a more holistic understanding of the whole family needs. Whether funded by the ASF or not, specialist assessments aiming to explore more complex child and family needs were reported by LAs and RAAs to continue to be relatively infrequently used (in interviews they quoted approximately 5-10% ASF application cases in most areas) although increasing in others, particularly in the London area where specialist assessment centres were reported to be more available. Providers reported noticing an increase in demand for specialist assessments incorporating not only child trauma and attachment, but also neuro-development issues, and described waiting times for these assessments as 'significant'.
- LAs and RAAs reported that match funding for (specialist) assessments was being sought or obtained still only rarely, for families in crisis.
- Although in most cases a specialist assessment would be expected to be funded by local authorities, RAAs, and/or the ASF, providers described sometimes undertaking their own (specialist) assessment before the commencement of funded support, to assist in understanding what specific support was required and in anticipation that the therapy itself would be funded in due course.

## **Matching and commissioning of support**

- RAAs described beginning to provide a greater range of tiered adoption support. Most described providing universal or 'tier 1' support including newsletters, peer support groups and group-based parent training open to all adopters. Some also described providing, mostly in-house, early targeted or 'tier 2' interventions, such as (educational) psychology consultations, and therapies such as play therapy, life story work, or DDP (level 1). These tier 1 - 2 services were described by RAAs as being funded through a mix of statutory, core ASF and ASF COVID-19 Scheme resources. The tier 1-2 offer to SGO families, as reported by LAs, appeared less extensive but was beginning to be shaped and extended as a result of the ASF COVID-19 Scheme.

- However, for most RAAs and LAs, core ASF-funded support was seen as building on the tier 1 – 2 offer and focused on families with more significant needs. Core ASF-funded support was described by them as being commissioned almost entirely from external providers. In a minority of cases, the RAA described providing much more ASF-funded support internally, for example in the context of a multi-disciplinary team, such as those found in the two current RAA Adoption Support Centres of Excellence that provide joined up assessment and packages of support. Other RAAs and LAs described wanting to provide more ASF-funded support in house in the future, including to help them retain people with clinical skills.
- Most LA and RAA procurement of ASF-funded support continued to be undertaken using spot purchasing arrangements, although some RAAs described having experimented with block contracting arrangements under the ASF COVID-19 Scheme. Block contracting was considered by commissioners to have distinct advantages over spot purchasing in terms of an efficient and cost-effective use of the overall resource. However, they also considered that, in the context of a system predicated on individual applications for funding, spot purchasing remained the only realistic method for procuring core ASF-funded services.
- Arrangements for keeping in touch with families and reviewing progress on ASF-funded and other support packages varied. As in the earlier (2020) report, these reviews were described by LAs and RAAs as involving both commissioners (largely social workers) and providers. However, in order to make the best use of their overall resources, RAAs described increasingly prioritising families with more complex needs over others for ongoing key (social) worker involvement and formal review throughout a period of funded support. Some providers expressed concern about this development, as they thought families benefitted from ongoing key (social) worker involvement throughout an ASF-funded package of support. However, between the provider and the commissioning organisations, interviews with all participants suggest that families are consistently getting at least one mid-point and one end-point review of an ASF-funded support package. In some areas, and for more complex presentations, a Team around the Family rather than a single worker was being used to monitor a family's progress with ASF-funded and other forms of support. Compared with the earlier (2020) report, outcome measures, including standardised measures such as the Strengths and Difficulties Questionnaire (SDQ) or the Assessment Checklist, were more likely to be reported to be used, largely by providers but often supported by LAs and RAAs.



## Service provision and the market for provision

- As in the earlier (2020) evaluation, the market for ASF support was described by all types of interviewee as being only slightly mixed in nature (including mostly private providers with only some RAA provision); cautious (with reference to providers only slowly increasing their capacity to meet increased demand); and not much changed in terms of the types of provision being offered under the ASF (because limited by those therapies that are proscribed centrally). However, interviewees described two key changes in the market as follows: that it had become more saturated than before, as providers had struggled at times to meet demand in a timely way; also, that it had become perhaps even more concentrated in urban areas (particularly for more specialist assessments and treatments). In this round of interviews, a range of participants also expressed some concern about a market they described as being provided by predominantly white therapists, and therefore not fully representative of the people it was there to support (particularly SGO families).
- As in the earlier (2020) evaluation, RAAs and LAs considered that the services they procured were of good or very good quality, and providers considered that they and their staff had mostly the right skills to meet child and family needs. Services were described as having improved in a range of ways, including by recruiting more specialist therapists and increasing the use of 'certified supervisors' to provide more consistent clinical governance. However, all groups agreed that it was important to continue to grow the evidence base, including through local monitoring and research.
- Accessibility of services continued to be a concern for all interviewee groups, particularly for families living in rural areas and for SGO families. Whilst the circumstances leading to the ASF COVID-19 Scheme and the way it was administered (mostly online) were reported to have helped with accessibility (including reaching out to more families and providing access to supports without having always to travel to them), online or virtual access to support was reported not always to work for all children and in all situations, particularly for younger children. The main ongoing barrier to service accessibility reported by RAAs, LAs and providers alike was the process of making an application itself including delays 'built into' the whole pathway as a result of it being centralised. Rules preventing the use of funding across financial years were also considered to be a significant barrier for some families needing more than just a short intervention.
- The two main gaps in current provision to meet demand reported by all interviewee groups were: for work with parents/carers in their own right; and for assessments incorporating not only attachment and trauma issues but also neuro-developmental disorders (for FASD, ASD and ADHD). Other frequently reported gaps were for: provision in rural areas; support for older teenagers; support for

children in school settings; support tailored to SGO families; and practitioners skilled in therapies that were often required e.g., DDP, EMDR and sensory integration work. Some interviewees from all groups also considered gaps in the overall framework of support to include work of a more preventative nature with children and families.

## **Unintentional consequences and sustainability of the Fund**

- Many of the unintentional consequences of the Fund identified in the earlier (2020) evaluation were considered to be continuing, for example that other statutory services (particularly child and adolescent mental health services) have reduced their involvement or investment in this group of children, or that the Fund had placed a significant additional burden on central adoption support services, to process and support applications to the Fund. However, RAAs and providers were most concerned about the perceived (ongoing, from 2020) de-skilling of social workers in assessment roles and how, in particular in the transition to RAAs, some had moved out of their statutory roles into more obviously attractive therapeutic roles in the private sector. This meant that there was either sometimes or often insufficient human resource to cope with demand for assessment and review within the RAA.
- Sustainability of funding, assessment, commissioning, and provision was considered by all interviewee groups to be vital in the interests of children and families. The main proposal from RAAs and LAs to improve sustainability was for funding to be devolved to them, as it had been for the ASF COVID-19 Scheme. Some of the medium to larger-sized providers agreed. However, there were some concerns amongst providers and a small number of RAAs or LAs that this move would not necessarily bring about better transparency or quality for families. Providers were perhaps more concerned about the need for attention to be paid to the barriers to service accessibility, for both adoptive and SGO families. RAAs, LAs and providers described ways in which they would like to or intended to drive forward improvements within the existing system, including by developing services to meet some of the gaps; growing in-house expertise; and improving relationships and shared understanding / expertise between themselves.

## Introduction

This report from the Institute of Public Care (IPC) at Oxford Brookes University is one of a series relating to an evaluation of the Adoption Support Fund (ASF) 2018 - 2021. It explores local authority (LA), regional adoption agency (RAA) and provider experiences of the Fund approximately 6 years after it was established by the Department for Education (DfE) to meet the therapeutic needs of children who left care through adoption or a Special Guardianship Order (SGO).

The report draws on findings from evaluation fieldwork undertaken in June to September 2021 with LAs, RAAs and providers who had already participated in an earlier 'wave' of evaluation regarding the ASF in 2018-2019 (reporting 2020), including:

- Qualitative interviews with representatives of RAAs and LAs in 15 local authority areas.
- Qualitative interviews with representatives of 15 provider organisations delivering services funded by the ASF, mostly those that were medium to larger sized.
- Responses (48) to a follow up online survey of providers who agreed to be re-contacted following the previous wave. Responses were mostly received from smaller sized providers, including sole practitioners.

Throughout the report, as appropriate, findings are compared with those from previous ASF evaluation reports published in the series, in particular:

- [Evaluation of the Adoption Support Fund: local authority and provider experiences \(2020\)](#) approximately 4 years after the Fund was established, hereafter referred to as 'the earlier (2020) evaluation'.
- [Review of Adoption Support Fund Covid-19 Scheme \(2021\)](#). Hereafter referred to as 'the ASF COVID-19 Scheme review'.

As outlined further in the methodology section below, there was a high degree of continuity of LA and provider involvement in fieldwork across this and the earlier (2020) evaluation in that the study sought to longitudinally 'follow up' areas and organisations participating in the first wave of interviews and surveys.

# Methodology

## LA and RAA interviews

For the earlier (2020) evaluation, a first wave of face-to-face interviews with local authority representatives was conducted between November 2018 and March 2019 in 15 LA areas. In each area, the interviews were conducted with a range of adoption and/or SGO practitioners, commissioners, and managers, sometimes including people already working within a RAA.

Approximately 2 years later, and for this reporting round, a second wave of follow up interviews were conducted between June and August 2021 in all the original 15 LA areas. Compared with the original cohort, many more of the interviewees were now working within or working more fully within a RAA. Many of the individuals participating in a follow up interview had also been interviewed in the first wave.

The 15 local authority-centred sites participating in both wave 1 and wave 2 interviews for this study included a range of urban/rural areas across all 9 major regions in England.

The number of interviewees per site ranged from between 2 and 10 with, for most sites, between 2 and 4 participants from the following role types:

- Head of Adoption Services (mostly at a RAA level).
- Team or Assistant Team Manager for Adoption Support or Permanency.
- Team manager for Special Guardianship Order (SGO) or Kinship Support.
- Practice or Performance and Development Manager (Post Order and Permanence).
- SGO Coordinator.
- Service or operations manager for Adoption Support or Kinship & SGO Support.

In just over one half of the sites at least one person with specific responsibility for Special Guardianship or Kinship including Special Guardianship support participated in an interview, mostly staff based in the LA rather than the RAA.

## Provider interviews

The fieldwork for this element of the study was conducted between June and August 2021. The 21 provider organisations that had participated in the earlier wave of fieldwork (in November 2018 to March 2019) were all re-contacted to request a further (follow up) interview about the ASF. A total of 25 individuals from 15 organisations participated in a

follow up interview conducted either online (via Zoom) or by telephone. In 13/15 cases, the interview(s) involved the same individuals as in the earlier wave of fieldwork. In 6 instances, the provider organisation had either closed or did not respond to the request for re-interview and these were mostly the smaller sized providers. Of the 15 organisations participating in this wave of fieldwork, 8 were from the voluntary and community sector, 4 were from the private sector, and 3 were sole practitioners. There was a balance of small, medium, and larger organisations but most described working either regionally or nationally rather than at a local level only.

- 4 of the providers provided an extensive range of ASF-funded supports (over 10 types).
- 7 described provided a smaller range (5-10 types).
- 4 described provided a limited or specialist range (under 5 types).

## Provider survey

In April to June 2019, ASF providers were invited to take part in an online survey about their experiences of and views about the ASF. For this first wave of the evaluation, 117 provider representatives completed a survey. Approximately 2 years later, and for this round of reporting (in August to September 2021), the same provider cohort (117) were invited to participate for a second time in a further follow up ASF survey.

Between 4<sup>th</sup> August and 24<sup>th</sup> September 2021, complete or almost complete online survey responses were received from 48 individuals (41% of the original sample). The largest number and proportion of responses were from providers in the South-West (25%), followed by The South-East (15%), London and West Midlands (both 13%). As with the earlier (2020) evaluation survey, there were responses from people working in all 9 regions of England.

Most (26/48 or 54%) responses to the follow up survey were from a single person organisation (sole practitioner), which is approximately the same proportion as in the earlier (2020) evaluation survey (56%). A large proportion of other responses (17/48 or 35%) were from a small private or voluntary sector providers (compared with 36% in the earlier (2020) evaluation survey). 5/48 (10%) responses were from medium to large NHS, LA, or voluntary sector providers, (compared with 8% in the earlier (2020) evaluation survey).

The roles of people completing the follow up survey included: chief executives (10%); operational managers/clinical directors (21%); team managers (6%); and therapists/psychologists (some of these respondents also described themselves as directors of a limited company / sole trader) (54%). This range of roles was similar to that in the earlier (2020) evaluation survey.

## Strengths and limitations

The strengths of this wave of fieldwork with LAs, RAAs and providers were that:

- Many of the LA and RAA organisations (indeed individuals) participating in a first wave of interviews participated again in this second wave, which makes comparisons in what they described over time more robust.
- LA and RAA views were gleaned from a range of people working within the organisations (rather than relying on just one person's view).
- The interviews covered all 9 regions in England ensuring a good representation of views from different parts of the country.
- As in the first wave of fieldwork, we were able to capture the views of providers of all sizes and types, for example: large, medium and small (including single person organisations); from the private and voluntary sectors.

The limitations of this wave of fieldwork were that:

- The fieldwork was largely qualitative and therefore relatively subjective i.e., based on the views of the interviewees and not triangulated with other forms of data.
- Much has changed in the overall landscape for support services since the first wave of interviews, in particular as a result of the COVID-19 pandemic and the regionalisation of adoption (support) services. These factors are important to bear in mind when drawing comparisons between waves one and two of the interviews.
- The providers responding to the wave 2 survey only represented 41% of those participating 2 years previously. Whilst understandable (as provider organisations, particularly smaller organisations, are subject to quite regular change) and whilst the proportions of participants by 'type' are largely similar, this makes comparisons over time more difficult for this aspect of the study. Therefore, the findings cannot be relied upon in a qualitative sense but add voice (of smaller providers) and depth to the stakeholder interviews.
- The findings from this wave and aspect of the overall study cannot yet be triangulated with those from other aspects such as the longitudinal survey of parents and SGO carers (as all findings are not yet available). It is intended that a final ASF evaluation summary report will be published once all findings are available in 2022.

# Findings

# 1. Key changes to the landscape influencing the ASF since the first wave of interviews and survey

Two key changes to the landscape since the time of the first wave of interviews and surveys were described by LAs, RAAs and providers as follows:

- The COVID-19 pandemic.
- Regionalisation of adoption support.

## The COVID-19 pandemic.

The pandemic was acknowledged by all participants to have brought significant challenges as well as an opportunity for innovation in both the commissioning and delivery of services, more of which in the sections below. As reported in the ASF COVID-19 Scheme Review (2021), LAs, RAAs and providers all recognised how the ASF COVID-19 Scheme established speedily in the early stages of the pandemic had helped to 'get support out there' to families in need during that period, and also how it had led to an experimentation with online or other remote forms of support.

However, even with the core ASF and COVID-19 Scheme support combined, all groups of interviewees reflected that the overall period of the COVID-19 pandemic had been very difficult for some if not all families:

“For some families, lack of capacity to conduct face-to-face therapy has led to greater problems for children and parents. For others, the virus meant more time for children bonding with their parents ... enhanced attachments, and a therapeutic home environment.”  
(provider)

## The regionalisation of adoption (support) services.

Many interviewees described the move from local authority to regional (RAA) responsibility for adoption (support) as a major change in the landscape leading, along with other drivers, to the responsibility for assessments and commissioning of ASF-funded therapies moving from LAs to RAAs. In a small number of cases, this change had already begun or begun to be noticed at the time of the earlier (2020) evaluation, but for a larger proportion of interviewees, the change had been realised or become more established by the time of this wave of follow-up fieldwork.

In most areas, responsibility for SGO support had remained with the LA, but in one case, this responsibility had transferred to the RAA along with adoption.



The move from LA to RAA responsibility for adoption support was described as having coincided in some instances with the COVID-19 pandemic, and providers thought that this had often led to a 'bumpy and disjointed ride' including because arrangements were 'in transition' or because the change had led to noticeable shortages of social work staff in key posts, including to support packages of ASF-funded therapy. On a more positive note, some providers also linked the process of regionalisation with:

- Greater visibility of adoption (support) including amongst adoptive families and for providers.

“It’s easier to know who to talk to.” (provider)

- Greater consistency and sometimes quality of commissioning and contracting within some regions (although this too was described as inconsistent across regions).

“It has taken a while for services to settle in this area, but the systems now seem to be more stable and commissioning arrangements more straightforward.” (provider)

- The beginnings of 'centres of excellence' amongst some RAAs.

## 2. Families' knowledge and awareness of the Fund

For the earlier (2020) evaluation, LAs and providers had described generally 'good and improving' awareness levels and take up of the ASF by adoptive parents or families since the Fund's inception. Adoptive parents were described as having become more aware of their entitlement to support and increasingly seeking it, with a diminishing sense of stigma. However, SGO carers were considered by LAs at that point to be less likely to know about the Fund and/or to apply for it, including because of a lack of accessible information and/or possible greater stigma attached to asking for help.

By the time of the follow up interviews undertaken in 2021, LAs and RAAs considered adoptive families to be largely 'very aware' or 'much more aware' of the availability of ASF-funded support to the extent that many interviewees considered how there would be 'very few' adoptive families still unaware of the Fund. Ongoing awareness had been achieved through a combination of providing new adopters with information about the Fund as part of their preparation training; regular newsletter information; website information; and word of mouth, largely through peer group support/social media, and adopters 'voice' arrangements in each RAA. Adopters were described as being increasingly alerted to the Fund when they approached the duty service within RAAs or through Virtual Schools. Where adopters were not aware of the Fund, LA and RAA interviewees stated that these were mostly longer-standing adoptive families with older teenaged children who occasionally still presented for support 'in a crisis'. However, some RAA interviewees considered that there were (still) some inappropriate or unrealistic expectations of the Fund amongst adopters, for example that it was 'their right' or about the criteria (what was and was not included), costs or application process, although this had diminished a little over time.

Providers described how increasing awareness of the Fund amongst adoptive families had led from their perspective to ongoing increasing demand.

"Demand has grown, as awareness of the ASF has grown."  
(provider)

They were also keen to point out that awareness levels amongst professionals working with children and families (adoption support workers and also workers in schools, therapists, CAMHS, and adult services) had also increased, not only in relation to the availability of the Fund but also the likely (therapeutic) needs of care experienced children arising from developmental trauma, attachment and/or neuro-developmental issues.

"There is better recognition that you can't just place a traumatised child and think it will be fine. We know that a very high percentage of families struggle ... and if we don't put in help, children will grow up

with significant problems and there will be a cost to society.”  
(provider)

By contrast, awareness of and access to the Fund for children subject of a SGO was described by LAs, RAAs and providers as ‘much lower and slower’ than for adopted children. The reasons given for this difference included that:

- Eligibility for SGO families to the Fund was introduced at a later stage than for adoptive families, therefore there was some catch up required.
- The name of the Fund, focusing on adoption, continued to suggest to SGO carers that it was ‘not for them’.
- SGO carers did not as routinely receive training about becoming / being a special guardian (and therefore missed an early opportunity to hear about the Fund).
- SGO support was overall less developed and was more variable from area to area compared with adoption support.
- SGO carers might not as readily view ‘therapy’ as a priority or solution for their child and family, including where there appeared to be other more pressing and practical issues to deal with (including lack of resources to do things with and/or to support their child).
- SGO carers might be more wary or fearful of asking for help compared with adoptive parents.

However, many LAs and RAAs described having done or beginning to do much more to publicise the Fund and its availability to SGO families, including through information on a website; regular newsletters; SGO peer support groups; and with schools / virtual school heads. LA and RAA interviewees described how special guardians could also be alerted to the Fund at the point of a support plan being developed. Some LAs and RAAs described how they were just starting to make eligible special guardians aware of the Fund at placement and/or how they were starting to raise awareness more proactively, including as a follow on from the ASF COVID-19 Scheme. Some providers had also begun to notice early signs of growing demand for SGO support, as an indicator of growing awareness.

Overall, the ASF COVID-19 Scheme was considered to have assisted with greater and growing awareness of the core Fund for all, but particularly SGO families.

### 3. Demand

Key themes in relation to demand for ASF-funded support were:

#### An overall growth in demand

Providers, RAAs and LAs had all noticed a growth in demand for core ASF-funded support in the 2 years since the time of the first wave of interviews conducted in 2018-2019, mainly relating to adoptive families and as a result of a combination of factors, as explored further below, including increased awareness of the Fund and the COVID-19 pandemic.

By contrast, LAs and some RAAs reported slower growth or no growth in demand for ASF support from SGO families. A big barrier and, to a large extent frustration for SGO-focused interviewees, was reported to be the referral criteria for ASF support that excluded many SGO families from applying to the Fund i.e., where the child had not initially been in the care of the local authority before the SGO was made. In addition to this and awareness levels (see above) other barriers to SGO families coming forward for support were reported by LAs and RAAs to include:

- A lack of recognition of the differences in characteristics and needs of adoptive and SGO families. Many interviewees noted that special guardians tended to have fewer resources, including financial resources, compared with adoptive parents. They were also noted as having greater health issues, linked with their generally older age demographic, and to 'hang on for longer' before coming forward for support. Major concerns often arose for special guardians in how to manage birth family contact.

“...huge difference between adopters and special guardians. Special guardians have different motivation, came to being special guardians quickly and at different stages of their life [older]... put their lives on hold.” (Local authority)

“[We get] applications when people have tried everything, and nothing helped.” (Local authority)

- Services not doing enough to address barriers for SGO carers, including the ongoing stigma for SGO carers around requesting this kind of support, particularly for ethnic minority children and families. Interviewees described the importance of first building up trust, providing practical supports before or in addition to therapy, or undertaking 'pre-therapy' work with families to help them understand why this kind of support might be useful.

“Special guardians need more relational-based and practical services to help them use the ASF therapeutic input and engage with it.”  
(Local authority)

“They don’t see themselves as needing therapy.” (Provider)

## **Growth in demand mostly stimulated by the COVID-19 pandemic**

Many RAAs and providers considered that referrals for core ASF support had increased (for adoptive families at least) after the periods of COVID-19 lockdown, for a range of reasons including that:

- The pandemic had placed significant additional stresses on some families and exacerbated their needs, perhaps in particular the needs of parents or carers.

“Families have struggled even more with COVID, it’s brought them closer to the edge.” (Provider)

- Families receiving support via the COVID-19 Scheme had sometimes then ‘followed it up’ with an application to the core ASF Fund.
- Many families had not been able to access or fully access their core ASF-funded support during periods of the COVID-19 pandemic (in the financial year 2020 - 2021) and had therefore sought to re-start or ‘carry support over’ into the next financial year, more so than usual.
- There were increased family (and sometimes provider) expectations that a lengthy period of therapy would be required, leading to multiple year on year applications (also some tensions with RAA staff).
- The transition to becoming a RAA (from a collection of LAs) had enabled a bigger, better platform, including regular communications with all adoptive families, and therefore raised awareness for adoptive families (also birth parents).
- A crisis in statutory CAMH services was perceived to have led to even fewer care experienced children being able to receive supports from this source.

In part as a result of the ASF COVID-19 Scheme funding being available during the pandemic, providers in particular described how the overall demand they experienced had ‘gone through the roof’ during this period. Some RAAs also described how referrals direct from agencies such as schools and/or statutory CAMHS had increased during this period of time.

## Level(s) of presenting need

As with the earlier (2020) evaluation:

- Most child and family need presenting needs for ASF-funded support continued to be described by all groups of interviewees participating in this wave of evaluation fieldwork as being located at a 'higher tier of need', rather than an earlier or lower level of need (for preventative support).

“Very much focused on problems that have already emerged.” (RAA)

- Some RAAs and LAs considered that the level and complexity of presenting needs had continued to increase during this period of time, including more families presenting 'in a crisis' (during the period of the COVID-19 pandemic).
- However, some RAAs and providers also noticed that an increasing proportion of the demand was for more preventative work, including that which was planned at placement for adoption, for example life story work or play therapy.

“Largely focused on problem-solving but with an increasing proportion preventative, as newer adopters have ASF considered in their support plan.” (RAA)

## Growth in demand for specific presentations or services

LAs, RAAs and providers often conceptualised ASF demand as being primarily related to attachment and trauma-related issues for adopted children and families. Some also described children's neuro-developmental needs and needs relating to genetic conditions being in scope. Some issues were reported to have emerged more frequently in recent months or years, including children's therapeutic needs 'in education settings'; child to parent violence; sensory (integration) needs; neuro-developmental disorders or diagnoses; and the needs of older teenagers, including those at the threshold of adulthood (extra-familial safeguarding and birth family contact). Demand was also frequently referenced by RAAs in relation to specific forms of therapeutic support, particularly for:

- Therapeutic parenting (courses).
- Therapeutic life story work (for children earlier as well as later in placement).
- Theraplay and Play Therapy.
- DDP.
- NVR.
- Sensory regulation work.

Increases in demand reported by RAAs, LAs and providers to be stimulated in part at least by COVID-19 overlapped with the general increases described above and included:

- Support for older adolescents aged 18 to 20 years, including contextual safeguarding concerns such as sexual or criminal exploitation and/or self-harm/suicidal behaviours, also sometimes housing and support.
- Child to parent violence, considered to be ‘much more prevalent’ than pre-COVID-19.
- Crisis work, particularly since the ending of extensive COVID-19 restrictions.
- To support birth family contact and, sometimes linked, life story work.
- Assessments and support for Foetal Alcohol Spectrum Disorder (FASD) and neuro-developmental disorders. Some interviewees noted that ASF does not fund Autistic Spectrum Disorder (ASD) or neuro-developmental assessments more broadly.
- Teenagers with COVID-19-related anxiety and self-harm.
- More complex presentations.
- Support for parents in their own right or parents in crisis, including for couple counselling and other forms of parent-specific support (that could not be funded by the core ASF).

“A common theme is the relationship between parents, who are often exhausted by the issues and challenges.” (RAA)

- Educational support or support for children ‘in’ schools, including to reintegrate or transition between settings.
- In some instances, support for younger children more recently adopted, and general increases in more preventative work, mostly with younger children.

Some RAAs and providers described how the range of interventions that were capable of being funded via the ASF had to a large extent driven demand for child-specific interventions rather than more holistic including whole-family or group-based supports.

## 4. Assessments informing applications to the Fund

For the earlier (2020) evaluation, LAs mostly considered the assessments that informed ASF applications to be of good quality. Providers had more mixed views, and some thought that LA assessments sometimes did not contain sufficient information to inform a therapeutic plan and/or that social workers recommended therapies about which they were not sufficiently well-informed to make a judgement about suitability. The availability and quality of multi-disciplinary assessments was considered by all participants to be mixed.

At follow up, interviewees described how assessments to inform an ASF application for an adoptive family were being undertaken mostly by social workers based in an RAA. However, in one RAA, these assessments were being undertaken by a multi-disciplinary team (combining psychologists and social workers). Assessments for children subject of a SGO were mostly described as being undertaken by individual social workers based in LAs, increasingly within specialist kinship or family placement/partnership teams. However, in one instance, SGO assessments were being undertaken within the RAA itself. Some RAAs had also instigated a triage or initial screening process to prioritise children and families presenting with complex needs and/or in a crisis for fast-track or more intensive assessment and support.

LAs and RAAs described varying degrees of success in managing demand for adoption-related assessments, with some feeling relatively confident that they could consistently meet demand in a reasonable timescale (described mostly as under 4 weeks between contact and the start of an assessment) but others describing how they currently operated a waiting list of up to 4 months. Where they existed, waiting lists were described as having grown or increased in length post-January 2021 after which point RAAs and LAs had often experienced a 'surge' in demand after the final period of COVID-19-related lockdown ended. Most interviewees with a SGO focus described being able to manage demand relatively consistently and effectively, although some thought the more recent growth in demand post-January 2021 to be beginning to challenge this. Some agencies described offering a form of support to families on the waiting list for a formal assessment.

### Quality of assessments

With reference to adopted children, LAs and RAAs participating in this wave of interviews consistently described the quality of assessments used to support an application to the ASF as 'good' or 'very good' and that they were effective in identifying the needs of children and families. However, they also sometimes also added that this had been more challenging during the period of the COVID-19 pandemic, as it had been harder to meet child and family members in person. Many LAs and RAAs reflected on how



improvements had been made, not so much in the assessment process, but more in relation to their understanding of the therapeutic needs of children that they applied to assessments. A small number of LAs and RAAs with multi-disciplinary assessments in place described how psychologist involvement in assessments had (also) led to improvements. Providers participating in the interviews largely echoed these findings, with some describing how assessments had improved in the last 2-year period, although others still described the quality as 'variable' or how they did not get to view the assessments.

“Assessments much clearer over the last 1-2 years on formulation and rationale for therapy – much better.” (provider)

“The social workers undertaking the assessments have developed their understanding of the range and relevance of different therapeutic interventions funded by the ASF and this has positively played through into the assessments.” (provider)

Providers participating in the survey mostly (31/48 or 65%<sup>3</sup>) considered that assessments helped quite a lot to very much to tailor the right support to children and families. This compares with a lower proportion (50%) providers participating in the earlier evaluation (2020) survey in April to June 2019 who considered that assessments helped quite a lot to very much<sup>4</sup>. Smaller proportions of provider survey respondents thought that assessments helped 'neither a lot nor a little' or 'not very much' (6/48), or that they didn't help 'very much at all' (11/48).

More recent developments to improve the quality of adoption focused assessments described by RAAs and LAs were:

- A greater focus on listening to and capturing the voice of the child.
- A greater focus on the whole-family needs (rather than focusing exclusively on the child or what was sometimes described as 'fixing' the child).
- Use of psychology/psychologist input (this factor was also echoed by providers).

As in the earlier evaluation (2020), ongoing challenges to effectively identifying needs were still mostly described by LAs and RAAs with reference to (some) adoptive parents or providers having a relatively pre-determined view about the child's needs and how they should be met. However, some interviewees considered that these instances were fewer in number, as parents and carers understood more about how the Fund operated.

---

<sup>3</sup> Care needs to be taken with reference to this proportion as the sample was relatively small (under 50)

<sup>4</sup> The earlier provider survey sample was larger (at 117)

Ongoing limitations of the statutory assessments used to support ASF applications were described by RAAs and LAs as including that they were:

- Too focused on the ASF, rather than on broader child and family needs.
- Too focused on the child in isolation rather than in the context of the whole family. Some interviewees described how parents and carers could be understandably defensive when talking about their own needs and how workers might not 'go there' because parent or carer-specific support was not funded by ASF and there was no or little other budget to support these needs.

The factor considered by LAs and RAAs to have the biggest impact on the quality of assessments was the (increasing) number of requests and LA/RAA capacity to meet these in a reasonable time frame. Whilst providers certainly recognised the impact of lack of capacity to meet demand for assessments, they were additionally more likely to describe a psychology/psychologist-led assessment as preferable to a social worker-led assessment. Some providers also described continuing to 'do their own' assessment because they thought this was necessary to get a good understanding of the needs of the child in the context of their family before starting the therapy, and that this was sometimes, in whole or in part, non-chargeable work.

"Assessments cost more than [we] can claim so in practice [we're] putting in unpaid time because [we] want to do a good job." (provider)

Many if not all LAs and RAAs were still concerned that their social work staff were spending all or almost all of their time 'servicing' ASF-related assessments and very little time on direct work, and that this was not sustainable.

"Social workers are becoming commissioning officers." (RAA)

"Job no longer attractive for social workers." (RAA)

RAA and LA interviewees with a SGO focus often described how they thought there was room for improvement overall in the quality of assessments for these families and that improvements had been hindered thus far by the fact that staff undertaking them were not involved in doing so as regularly as adoption support staff. In some areas this issue, and others relating to SGO support, were considered to have been addressed by drawing SGO-experienced practitioners into a Kinship Team or Service.

## **Multi-agency or specialist assessments**

The earlier (2020) evaluation identified how access to and use of multi-agency or specialist assessments was described by participating organisations as inconsistent. LAs

and RAAs participating in this wave of interviews described ongoing inconsistencies of approach, for example:

- Some but not all RAAs had found it easy or easier to involve education professionals compared with those based in health, particularly CAMH, services.
- Some RAAs considered that other agencies only agreed to become involved where the child's needs were overtly complex and where a specialist assessment was deemed essential. Others thought that other agencies contributed more regularly.
- An emerging process for engaging other agencies in the process of developing a holistic understanding of child and family needs was described as a multi-agency 'Team around the Family'-style meeting called by the lead agency.
- LAs and RAAs considered that contributions from other agencies were mostly provided informally (for example a telephone consultation or sharing of meeting minutes) rather than in report form, unless a specialist assessment was required.

Many but not all LAs and RAAs interviewees described how specialist (including multi-agency) assessments were arranged for individual children and families relatively rarely, for under 10% cases where ASF-funded support was being considered. Most of the areas that described arranging specialist assessments more frequently were in the London area. Specialist assessments continued to be 'commissioned externally' in almost all the RAAs and LAs interviewed. In just one instance, a RAA with a multi-disciplinary team described undertaking specialist assessments 'mostly internally'. A relatively small number of providers of specialist assessment (specialist assessment centres) were described by RAAs as being used very frequently, most of which were based in the London area. Providers had noticed an increase in demand for specialist assessments including sometimes to incorporate neuro-developmental issues and described how these were amongst the hardest to provide during the period of the COVID-19 pandemic, as they could not be undertaken face to face, as considered necessary. Many providers who were interviewed and 56% (27/48<sup>5</sup>) of those responding to the survey described providing specialist assessments. Waiting lists for specialist assessments were described by providers as 'significant'.

RAAs and LAs considered that there was generally agreement about the outputs from a specialist assessment, although they reported some concerns that CAMHS (where involved) often scheduled 'their own separate assessment', and/or that planned support resulting from an assessment tended to favour the specialism(s) of the provider undertaking them. A key area for future development described by many interviewees

---

<sup>5</sup> Care needs to be taken with reference to this proportion as the sample was relatively small (under 50)

was for expertise in specialist assessments capable of exploring neuro-developmental disorders as well as attachment and developmental trauma.

## **Use of match funding for (specialist) assessments**

Match funding for specialist assessments was reported by RAAs and LAs to be accessed at best very occasionally by RAAs and LAs.

Similarly, providers considered that match funding for specialist assessments was rarely available, and this meant they often had to make a difficult choice about whether to undertake them at a financial loss. Match funding for specialist assessment was described by providers to be more likely where the family was considered by the LA or RAA to be at crisis point.

## 5. Matching of needs to support and commissioning of funded support

### Matching of needs to support and ASF commissioning in the context of a broader support offer

In contrast to the earlier (2020) evaluation, RAA representatives described providing or beginning to provide a range of 'tiered' adoption support (ranging from universal, targeted and more specialist interventions) and often also a duty service to receive and triage individual enquiries regarding more targeted support.

**Universal support provision.** RAAs all described providing a range of 'tier 1' adoption support that was open to all adopters, including: newsletter / electronic network; website; peer support groups (including some themed groups) and/or peer mentoring; and group-based parent training, workshops or webinars relating to therapeutic parenting, foundations for attachment, parenting at specific ages (e.g., teens), and non-violent resistance (for child to adult violence). Some RAAs described providing additional 'tier 1' offers including young person peer support groups; membership of national groups such as Adoption UK; social activities; and/or annual adoption conference. These services were provided in house or mostly in house, although one RAA had commissioned an external organisation to provide them. In some other areas, elements of this level of offer, for example peer support or webinars, were being provided externally, mostly by the voluntary sector.

**Targeted provision.** A small number of RAAs also described providing 'tier 2' or 'early targeted' adoption support outside of the core ASF, for example: brief interventions (such as a 'surgery' appointment and limited number of sessions with a clinical psychologist); clinical psychology consultations; educational psychology consultations; access to 'child to adult violence' specialists; an intensive programme of learning and peer support provided by AUK (TESSA); or some therapeutic interventions, such as Theraplay; DDP (Level 1); Therapeutic Life Story Work. Other RAAs were endeavouring to develop these kinds of offers and/or an overall more consistent, graduated support offer. It was not clear always from the interviews how these offers were being funded.

**Specialist intervention.** For most RAAs and LAs, core ASF-funded support was seen as 'building on the core offer' or 'providing more specialist therapeutic support' and commissioned almost entirely from external providers, with the RAA team members providing the assessment support for an application. In a minority of cases, the RAA provided some or most of the ASF-funded support internally, for example in the context of a multi-disciplinary team (Centre of Excellence).

- Some RAAs described planning to expand their offer, for example to provide some more targeted support such as DDP, Therapeutic Life Story Work, NVR, and therapeutic parenting courses.
- Some RAAs said that they were working to achieve more consistency of the adoption support offer across all LAs comprising the RAA.

SGO focused interviewees also described a range of support that could be provided for families, not nearly as extensive as that identified by the adoption focused interviewees, although it did often include peer support and access to advice and support from a trusted external organisation like 'Kinship'. Unlike for (prospective) adopters, placement preparation and/or ongoing parent training was not considered to be consistently provided for SGO carers. A minority of sites offered early targeted SGO support such as DDP and Theraplay, although it was not clear how and to what extent this was funded by the core ASF. Some sites described how their support offer to SGO carers had been shaped or extended during the COVID-19 period, as a result of the COVID-19 ASF Scheme.

## Commissioning and procuring packages of ASF support

Most ASF-funded support was described by RAAs and LAs as being procured from 'external' providers outside of the RAA or LA (for both adoptive and SGO families). Where RAAs and LAs described providing some ASF-funded support themselves, this was mostly therapeutic parenting training, followed by Theraplay, and 'some DDP'. Only 3 RAAs provided more extensive in-house services, including: DDP, therapeutic parenting training, therapeutic life story work, NVR, and sensory processing support.

Procurement of external provision was universally described by RAAs and LAs as happening with the support of 2 key mechanisms:

- **Spot purchasing arrangements.** In the earlier (2020) evaluation, spot purchasing was described by LAs and providers as the most common procurement method. LAs, RAAs and providers involved in this wave of evaluation continued to describe spot purchasing as the main or only method of procurement, although some RAAs had experimented with block contracting arrangements under the COVID-19 Scheme. Block contracting was considered by RAAs and LAs to have distinct advantages over spot purchasing in terms of an efficient and cost-effective use of the overall resource. LA and RAA interviewees often described how the overall core ASF arrangements, based as they were upon the ASF process of applications per child, meant that spot purchasing was currently the only realistic method for procuring services.
- **Preferred provider lists.** For children subject of an SGO, these were sometimes described less formally as a 'provider pool', for all children sometimes more

formally as a 'framework'. Some areas were also using 'funding panels'. These were described as having been developed or further developed since regionalisation of adoption support. Where they included a 'mini-tendering exercise' for individual packages of support, this was considered by providers to be unhelpful, as in the earlier (2020) evaluation. Interviewees from smaller providers were more likely to report that frameworks were a barrier to being commissioned:

"In [X area], the introduction of a commissioning framework will mean that only bigger businesses will apply because it is a demanding admin task not at all geared to the sole practitioner." (provider)

Overall, more formal arrangements implemented by RAAs were perceived to have generated some greater consistency for providers (including in who to talk to) but also some increased bureaucracy, and that this sometimes contributed to delays in getting help to families.

"My local RAA has now introduced panels which look at the ongoing need after 3 or more applications... for ASF funding. This is time consuming, delays applications and is worst in March when all applications have to renewed." (provider)

At the time of the earlier (2020) evaluation, most LAs considered that they had only a little or not very much influence on the market for ASF-funded support. Many looked to regionalisation for increased influence. At the time of this wave of evaluation (Summer 2021), very few RAAs and LAs believed they were undertaking market shaping in any significant or meaningful way. Most described how this was not possible because providers had most of the power and leverage in the market, particularly where their views were aligned with those of parents and carers. However, some RAAs considered that they had begun to influence the market, albeit in relatively small ways, including by holding annual or bi-annual provider events, developing a market position statement, or encouraging and supporting sole practitioners or 'independent therapists' to join preferred provider lists. Medium to large sized providers were considered by LAs and RAAs to be much harder to influence than smaller sized providers. The main message from LAs and RAAs was that a robust strategic commissioning approach was unlikely to develop whilst the funding arrangements continued as they were. This was because year to year funding and funding from the centre for individual families made it difficult to plan or commission strategically. Many were keen to share with evaluators how they thought they could obtain better value for money if the core funding was delegated to RAAs to shape and commission services that better meet the needs of all families:

"Better if RAA could commission and not spot purchase a core offer."  
(RAA)

“If there was more certainty of funding and across families, it would become easier for the RAA to invest ... and this would deliver greater value for money.” (RAA)

As in the earlier (2020) evaluation, none of the LAs or RAAs described applying an outcomes-based commissioning process and some commented that this would be either inappropriate in the context of spot purchasing or too expensive, as they thought providers would put up their prices (perhaps to reflect additional paperwork) if they did so. However, LAs, RAAs and providers all agreed that the desired outcomes from funded supports were frequently agreed (semi-contractually) between the commissioning organisation, provider, and family on a child-by-child basis.

## **Commissioning using the Fair Access Limit and match funding**

The Fair Access Limit (FAL)<sup>6</sup> for families was considered by LAs interviewed in the earlier evaluation (2020) to have generated a more transparent and a fairer system for families. However, a strong view expressed by both LAs and providers at the time was that greater flexibility was required for the small number of families with very complex needs or risks. LAs and providers did not believe then that their arrangements for match funding responded adequately to these scenarios, mainly because local authorities had limited funds to deploy in these circumstances.

LAs and RAAs interviewed for this wave of evaluation did not describe a significantly different situation. For example, the FAL was considered still to be transparent (fair) and relatively useful, for example by encouraging value for money and competition in the provider market. For most children and families, the limit (of £5K per annum) was thought by RAAs and LAs to be sufficient. There were not considered to be any particularly negative effects of the FAL on either supply or demand.

“FAL focuses everyone to think carefully about the package of therapy.” (RAA)

However, RAA and LA interviewees mostly considered that provider quotes for therapy ‘tended to come in at close to the FAL’ and that providers ‘tended to work to the limit’.

---

<sup>6</sup> The ASF includes a fair access limit (FAL) limiting funding allocations for support per child. The ASF has two fair access limits: £2,500 per child per year for specialist assessment; and £5,000 per child per year for therapy. The majority of applications to the Fund fall within these limits. In exceptional cases, where there is an urgent need for higher cost support, local authorities or RAAs are asked to match-fund these applications



The FAL continued to be perceived by some larger providers as a barrier to what they could offer to individual families with more complex needs, and to drive an approach of making the intervention fit the funding (rather than the therapeutic need). Some of these providers thought that this could be particularly significant for SGO children and families, as they often had an even greater need for pre-therapy preparation.

“While the principle of the FAL is understood, generally the £5k, £2.5k limits are insufficient to deliver a robust service to increasingly complex and crisis-driven cases.” (provider)

However, smaller providers including sole practitioners were more likely, like RAAs and LAs, to describe how ‘there has always been a limit on what can be charged for things’, that they could ‘offer competitive rates’, or that the FAL ‘offered a degree of transparency and equity’.

Use of match funding continued to be described by LAs, RAAs and providers as ‘rare’ or ‘for a very few families’, mostly those requiring a multi-disciplinary assessment and/or where the needs were considered to be very complex including where there was a risk of family breakdown. A small proportion of RAA interviewees described how match funding decisions and/or a ‘higher need’ budget had been delegated to them by the relevant local authorities. These RAAs were more likely to describe consistent application of criteria. However, in most cases, RAAs still needed to apply to their individual local authorities for consideration of match funding. In many cases, this led to a more variable application of criteria (for match funding):

“Some [LAs] are more generous than others.” (Provider)

“Some very reluctant and may not be able to afford [match funding].”  
(Provider)

Providers described attempts to get match funding or an extension to the FAL as extremely difficult, stressful, sometimes ‘an administrative nightmare’, although in some RAAs there were signs it had been used a little more frequently, mainly to inform a detailed assessment of needs.

“Trying to get it [match funding] is hugely resource-heavy and stressful, with very little chance of success. Families are left waiting with uncertainty as to the future of therapy.” (Provider)

“I have never experienced or heard of an LA or adoption agency offering matched funding, it feels that this is just not an option or if it

is, requires a tough fight to access it. They do not have the money, it would seem.” (Provider)

## Reviewing packages of ASF support

Interviews with RAAs, LAs and providers suggested that the arrangements for monitoring and review of ASF support had become more varied from area to area over time.

- ASF-funded support continued to be supported by specific (adoption or SGO-focused) workers who provided a form of key worker service for families with support needs, assessment services, and sometimes also other forms of non-ASF funded support.
- However, in some RAAs, ongoing monitoring and review (and the availability of key workers to support ASF packages for adopted children throughout their duration) had become limited to more substantial packages of support and/or for children with complex needs.

Providers frequently noticed that these adaptations had been made in the transition from LA to RAA based adoption support and were wary of or concerned about some families receiving support without having a dedicated ASF contact in the commissioning organisation to provide ongoing liaison and support. For many, this was a negative aspect of regionalisation, which was attributed to an overall decrease in social work capacity:

“The bigger [RAA] system has been organised in a way that offers less social work support once therapy has been commissioned. This is really unhelpful for families and therapists who often continue to need a social work framework to work within.” (Provider)

More formal reviews of adoption-focused therapeutic packages were described by RAAs, LAs and providers as continuing and including either provider (mid/end point) review, or social worker (mid/end point) review, or both. Some RAAs also described how they additionally arranged ‘set up’ or ‘goal setting’ meetings involving professionals and family members prior to the support commencing. In some areas, the arrangements were less standardised or formal, but in most areas, regular and formal including multi-disciplinary reviews were arranged at least for more complex cases.

Monitoring and review of SGO-focused packages was mostly described as being led by a LA-based social worker, often with the support of a multi-disciplinary ‘team around the family’ or ‘child in need’ core group. These review meetings were described as being more broadly focused, for example not just on the therapy but also how the child was doing in school or with birth family contact.

In contrast to the earlier (2020) evaluation, LAs and RAAs increasingly described arrangements for the monitoring of child and family outcomes using standardised measures, for example: The Strengths and Difficulties Questionnaire (SDQ), Thinking about your Child, or the Assessment Checklist; or goal-based measures. Similarly, most providers participating in an interview described using standardised and/or goal-based measures including:

- A form of Likert scale to measure distance travelled against a chosen goal or goals.
- Existing validated measures of child emotional health and wellbeing including the SDQ.
- Other measures that had been developed by the provider themselves that were in the process of being validated.

Providers also described a more comprehensive range of methods for reviewing the quality of therapy and child and family progress, including: clinical supervision of individual therapists; regular clinical oversight meetings or case reviews to check plans were right and progress being made; ensuring professional registrations were kept up to date; staff engaging with professional networks; getting feedback from family members and other professionals including social through consultation events, satisfaction surveys and face to face meetings; and ongoing dialogue with RAAs.

## 6. Market for and provision of ASF-funded support

### Overall provider market characteristics

Themes from RAA, LA and provider descriptions of the market included that, compared with the earlier stage(s) of the Fund reported in the earlier (2020) evaluation, the market for ASF-funded support:

- **Continued to be only ‘slightly mixed’** with reference to the split between statutory (in-house) and external, mostly private providers, with the private sector having the dominant share. RAAs tended to describe the market as including mostly sole practitioners supplemented by a smaller number of large providers. However, in a small number of regions, a large provider or one or two providers dominated.
- **Continued to grow** – in particular with reference to sole practitioners (an increase in sole practitioners entering the market, or in the amount of ASF-funded work being undertaken by them). Larger provider organisations reported less growth, even a retraction in some cases in the amount or proportion of ASF-funded work they were undertaking as they sought in some instances to ‘spread the risk’ across other areas of work. There was also a reported growth, to a lesser extent, in supports available for SGO families. Almost all providers described how increased demand had driven market growth. Some described how it had been difficult sometimes to cope with sudden injections of demand, such as during or after the pandemic around early 2021, and to plan and develop services effectively in these circumstances.
- **Continued to be relatively cautious**, with reference to providers increasing capacity to meet demand.

“We are increasing staff numbers, skills and expanding our premises, however we also are choosing to focus on what we believe we can manage and do well. Additionally, uncertainty about the ASF continuation... has made us cautious about investing in the future.”  
(Provider)
- **Was more saturated** than before, in that recent injections in demand could not always be met with sufficient provision, hence waiting lists. Most providers participating in an interview described having had to either turn down requests for support or to operate a waiting list. In some instances, where providers could not respond to demand, they reported either providing clinical supervision to other therapists, or referring clients on to other known and trusted therapists. Most of what was fuelling current demand was considered to be COVID-related, i.e., rising

levels of anxiety and depression amongst children and young people as well as parents and carers, and poor access to other statutory services, particularly CAMHS, during and in the fall-out from the pandemic. Providers often described feeling under immense pressure to respond more quickly to the presenting needs and, even by recruiting more therapists, delays in access still represented challenges to maintaining a quality response to families from their perspectives. Most of the smaller providers responding to the wave 2 survey agreed that it had been quite or very difficult to respond to demand and/or that there was demand they felt unable to meet. However, there was a stronger perception amongst LA and RAA interviewees that provision was mostly sufficient.

- **Was even more concentrated in urban areas**, particularly in London. People living in the capital were more likely to be described by interviewees as having choice generally, or as benefitting from a ‘thriving market’, in particular for specialist assessments and support.
- **Had undergone a huge change with reference to the style of delivery** (more hybrid in terms of face to face and online or remote delivery compared with pre-COVID-19). Provider interviewees described a similar range of ASF-funded supports to those they had described for the earlier evaluation (2020), mostly: specialist or multi-disciplinary assessments; Dyadic Developmental Psychotherapy (DDP); Theraplay; Play and Creative Arts Therapy; Therapeutic Parenting (Training); Sensory Integration Processing Therapy (or similar); and Eye Movement Desensitisation and Reprocessing (EMDR). However, Therapeutic Life Story work was less commonly mentioned. Providers responding to the survey also described a similar range, but with EMDR, Therapeutic Life Story work and Cognitive Behavioural Therapy (CBT) more frequently mentioned.
- **Required greater diversity to meet the needs of children and families from minority ethnic groups.** Some RAAs and providers were making pro-active efforts to recruit more ethnically diverse therapists.

As in the earlier (2020) evaluation, RAAs and LAs considered that the services they procured were of mostly good or very good quality and that, where there was a problem with the quality, they were able to address this relatively speedily and effectively including by no longer procuring services from the provider. RAAs and LAs described evaluating the impact of support from a range of sources including data and feedback from providers and the families themselves. In relation to the latter, the perception of RAAs and LAs was that, overall, families judged the impact to be good. Some RAAs and LAs reflected that positive impact could be demonstrated in a range of ways for different families including: within a family (relationships, better understanding of needs, managing behaviour better); and for a child in school (being more able to regulate emotions, feeling more able to engage). Others described how often the impact could appear relatively

modest, particularly in the early stages of support, but life changing for families themselves.

Providers also continued to be confident that their staff had the right skills to meet the needs of children and families, and described ways in which their services had improved further since the time of the earlier evaluation (2020) including with reference to:

- Recruiting more or more experienced / specialist therapists (more so in medium to large providers).
- Staff training and development, including in 'new' therapies or in safeguarding.
- Deepening their overall understanding of the needs of care experienced children and families including children with complex needs. However, some providers wondered whether the needs of SGO children and families were as well understood as those of adopted children.
- More developed clinical governance (quality assurance) arrangements, including use of 'certified supervisors'.
- Introducing outcome measures to more accurately identify where support was working well, or not.
- Becoming Ofsted registered. Some larger providers were concerned that sole practitioners were not required to register with Ofsted, and that this generated an uneven playing field and potential for lack of oversight.

Services were described by providers as mostly having good or very good impact, often as a 'life saver' for some families.

“Consistently positive feedback from families would suggest that the ASF has increased adoptive parents understanding of their child's needs and has prevented placement disruption. The feedback suggest that they feel well supported as a result of the ASF.”  
(Provider)

With reference to value for money, providers described how their costs had remained more or less the same over the last years or had risen only slightly. The main reason given for increasing costs was the need to recruit or retain staff in a competitive market. However, all providers considered what they offered to be good value for money including with reference to:

- The unpaid time they sometimes spent on 'non-chargeables' such as full costs of assessment, additional support calls, or work with parents or schools.
- Online or hybrid work.

- Other including statutory (CAMH) services that cost at least as much or more.

RAAs and LAs described a mixed picture in that:

- The Fair Access Limit (FAL) was considered to have ‘driven down prices’ initially, and some (mostly sole practitioners) were considered to offer a competitive rate. Having more sole practitioners in the market had the potential to keep the prices of all providers relatively competitive. The number of sessions provided for a price or hourly rate were considered strong indicators of value for money.
- Medium to large sized providers were described as systematically ‘quoting up to the FAL maximum’. The FAL was thought by many to create a ‘full charge incentive’.

“All come in at £4,999.” (RAA)

- Some RAAs considered that they could provide the services at better value for money in house and were already or considering doing so.

Commissioners (RAAs and LAs) and providers all largely agreed that the block contracted services mostly commissioned with the ASF COVID-19 Scheme funding provided better value for money including because contracts for families did not have to be negotiated individually. Some interviewees from all groups also considered that more wide-spread, preventative group work or brief therapies funded through the COVID-19 Scheme had offered a good template for better use of some of the overall resource from the ASF or from their universal / targeted services being developed in the future.

The ability to match services to needs was mostly considered by LAs, RAAs and providers to be good, and to have improved over time, alongside improvements to the assessment process. However, they also often described how the evidence base had remained as before, in that they were still applying their knowledge and understanding of the child and family needs to a ‘fixed set’ of services that continued to be approved for ASF funding. This fixed list was considered to have some interventions with a more robust evidence base than others, and most interviewees would like to see this evidence base continuing to grow and improve. Providers pointed out that they were beginning to address these gaps in knowledge and/or to contribute to the growing evidence base by evaluating their services, with the support of local academic institutions and/or validated measures.

## **The accessibility of current provision**

LAs and RAAs considered that providers had been adapting their supports to make them accessible or more accessible to children and families, including by travelling more to

meet children either in their own homes or in school. Some providers also thought that accessibility was influenced by the families themselves, and that certainly adoptive parents and families felt less stigmatised by coming forward for support than previously.

Accessibility of actual services was considered more of a problem in rural areas than in urban areas. LAs and RAAs in rural areas described how this meant 'it was sometimes challenging' to find a provider or that 'it might mean there is more of a wait'. Specialist providers were more likely to be located at a distance from families, and some interviewees considered that these journeys were likely to be easier for adoptive families than for SGO families to undertake. There were concerns that travel could be a major barrier for SGO families more generally and that might be affecting levels of uptake.

"For SGO carers, even in-local authority travel can be an issue... reluctant to go further afield." (LA)

The experience of the COVID-19 Scheme was considered universally to 'have helped' with accessibility, in that it had opened up the sector to providing some supports or supports to some families online or remotely.

"COVID has helped break some of this [geographical] barrier down with people becoming more familiar and comfortable with online sessions, but... recognise that online is not always appropriate or suited to some." (LA)

Many LAs and RAAs described future provision as 'probably' or 'more definitely' including a mix of face to face and online, particularly for low to medium level needs rather than complex needs, and for older aged children and families.

The main ongoing barrier to service accessibility described RAAs, LAs and providers was the process of making an application itself, including:

- **Applying to a LA or RAA for an assessment and waiting for it.** Most RAAs, LAs and providers thought that the waiting times for assessment had lengthened at some points in the last 2 years, including because of unexpected 'injections' of demand or because RAAs had lost capacity to meet the demand for assessments. Delays were more common towards the end of the financial year, as families made re-applications to the Fund to continue with support.

"The impact of Regionalisation has been huge with regions struggling to meet demand or even make need assessments so there has been considerable delay for families." (Provider)



“Until Regions have more staff to provide post adoption support and do needs assessments and are given more of a budget to matched fund I think the problems will persist.” (Provider)

- **Rules mostly preventing the use of funding ‘across financial years’** thought to have been particularly problematic for families planning to access support during the period of the COVID-19 pandemic but unable to do so. This is because funding needs to be applied for on an annual basis. In some cases, this was thought to have disrupted the therapeutic process and to have left some families with ongoing needs uncertain.

“Time consuming and baffling [rules].” (Provider)

- **Having to apply to a centralised system and to ‘make the case’ for funded support to an outside body.** This required process was considered by some providers to have become more problematic in the last 2 years, and to have disadvantaged SGO families in particular, as the workers supporting these applications might not know the system as well as adoption workers, including how to navigate what was considered to be a relatively complicated process successfully on behalf of families.

“The whole ASF application process, assessment of need, procurement process is challenging and wasteful of everyone’s resources – particularly the issue of having to pay back money and then re-apply at the end of a financial year.” (Provider).

“It has become a bureaucratic machine that consumes too much non-delivery time and resource and has made us reduce the volume of service we offer through the ASF.” (Provider)

“I can respond very quickly. It is the application process which slows the process down.” (Provider)

“Before the pandemic it was taking 4-7 months from the first call about a family to getting approval for funding. When the funding is in place there can be a wait to find the right therapist – they can’t line them up in advance as there’s no knowing when the approval might come through.” (Provider)

## Impact of COVID-19 on service provision

Most LAs, RAAs and providers participating in an interview described how the COVID-19 pandemic had strongly encouraged them to adapt and innovate, including response to the ASF COVID-19 Scheme. As described above, these adaptations and innovations mainly involved supports and interventions that could be offered 'online'.

"More effective use of budget, more efficient planning, contracting and probably a higher proportion of the overall budget to be directed to actual delivery." (Provider)

"COVID funding direct to RAAs was fantastic. Commissioned to deliver a certain amount and type of work, able to plan for this and all usual bureaucratic obstacles swept to one side. Much better and more effective process which enabled a prompt and effective response." (Provider)

Similarly, almost all providers completing a survey described having adapted their delivery methods during the COVID-19 pandemic. For example: 37/48 had moved therapies or assessments online in their existing format; 36/48 had developed a blended approach to delivery i.e., some online, some in person; 19/48 had made use of outdoor settings; and 7/48 had made use of larger buildings or space to provide services. 7/48 described having altered their delivery model more significantly by providing new 'offers'.

Providers described the benefits of moving to online therapy as including:

- Enabling some children and families to continue with therapy (when otherwise they would have had to stop it during the period of the COVID-19 pandemic).
- More flexibility with appointment times for families.
- More efficient use of funding as no travel / room hire to cover.
- More families living at a distance from services able to access them.
- More parents able to be involved in the therapy (in dyadic work).

"Parents were so happy that good quality support was available often at a matter of hours' notice, so the increasingly lengthy delays inherent in an application to the ASF for funding were not encountered." (provider)

Some providers reported having received excellent and surprisingly positive feedback from families during the period of the pandemic, particularly from families with teenagers

or for work with teens and parents, also from group-based programmes. In some instances, this support had enabled providers to sustain families and prevent crises.

“We have conducted an evaluation with all of our clients (children and families) about their views of online working we have also looked at outcomes for online delivery and found astoundingly positive results (it was a huge surprise to us that it could work so well).” (Provider)

“Children and young people said they’d loved being in groups especially during lockdowns as it provided social interaction that they were missing with schools being closed.” (Provider)

Potential drawbacks or challenges to online provision reported by providers included:

- That it did not always work so well for younger children, for specific therapies such as play or art therapy, or children with specific, including sensory needs. Even with masked face-to-face work, some providers described how it could be difficult for younger children as ‘they need to see my face and full expressions’.
- It did not suit all families.

“Different for each client. Some liked being online whilst others couldn’t cope” (Provider)

- Confidentiality and/or safeguarding had been an issue at times.
- Some children’s emotional health and wellbeing needs had worsened (whether or not they received therapy) by the time they returned to school.
- Even with teenager clients, some providers reported difficulties in building therapeutic relationships online, particularly for young people with ‘externalising difficulties’. Some providers also worried about therapy ‘contaminating home space’ for young people and about the potential for leaving the child emotionally vulnerable after a session.

“Wearing masks, and online sessions with variable internet speed do detract from interpersonal communication. But it’s better than nothing. Mostly slower I think, and somewhat less emotionally connected. Time is needed to explain the rules of online working. Or to repeat oneself. Or to clarify an emotion.” (Provider)

However, some providers had responded to the COVID-19 pandemic by pausing or limiting the core ASF-funded therapy in the short term, where this was judged to be the best approach. In these circumstances, some thought that families they were working with had been ‘marking time’ or had ‘slipped back’ during the period of the pandemic, or the core ASF work had been more about ‘holding’ rather than ‘progressing’.

During 2021, RAA or LA commissioners and providers reported that they were often continuing to use a 'hybrid' or 'blended' offer (online and face to face), for example with more online support groups, webinars and training sessions at least. This was described by providers as the biggest change in delivery since the ASF commenced and mostly in positive or very positive terms, despite early challenges:

“There have been some surprises ... a case where child was very aggressive, engagement started online, this helped child feel safe, they built a therapeutic alliance and when it moved to face to face the work went more smoothly than might have been predicted.”  
(Provider)

“Therapists have had to adapt their practice; they rose to the challenge.” (Provider).

Providers mostly considered that online or hybrid delivery was more cost-effective (as travel no longer needed) and flexible for families.

Interviewees working with SGO families sometimes considered that online (for example Zoom meetings) did not work as well for individuals or groups of SGO carers compared with adopters, and/or that, where required to be undertaken remotely, work could be more effectively undertaken via the telephone instead.

## **Gaps in current provision to meet demand**

At the time of interviews for the earlier (2020) evaluation, specific gaps in the market noticed by providers and LAs included: interventions tailored (more) to the needs of SGO families; support for families living in rural areas; and the sufficiency of specific therapies such as DDP, sensory integration assessments and therapy, therapeutic life story work, video interaction, positive parenting, and therapies to deal with child to adult violence.

The main gap in ASF-funded support to meet demand, as identified by LAs and RAAs in this round of interviews, was for work with parents or carers in their own right, for example for relationship counselling or self-care work. This work was not funded by ASF at the time of the interviews. The absence of funding for this kind of support was thought to have been highlighted by the COVID-19 Scheme (which could be used in this way). Another frequently described gap, also echoed by providers, was for neuro-developmental disorder assessment or diagnosis (for FASD, ADHD or ASD) and/or for expertise in assessing and working with children with complex needs including potentially a combination of attachment issues, developmental trauma and neuro-developmental disorder.

“Experts who can assess across all three dimensions.” (RAA)

Other gaps described relatively frequently by LA/RAA interviewees were for:

- Provision in rural areas, considered to be an ongoing problem in some regions.
- Support for older teenagers including systemic (whole family) work.
- DDP, EMDR and Occupational Therapy (OT) sensory integration practitioners. A continued lack of skilled practitioners in these areas could lead to long(er) waiting times for families. More generally, skills gaps were also described by some providers as extending to therapists ‘with at least an understanding of developmental trauma’.

Some LA, RAAs and providers responded to questions about unmet need or service gaps by describing the need for more support of a preventative nature, although others were already supporting applications for forms of preventative support for families early in placement.

“We need a UK based framework for assessing children and young people pre- placement so that their post placement needs are mapped out and funding be it ASF 5k cap or matched funding or indeed tripartite funding is agreed at the beginning for those where it is possible. For some children (and maybe a large number) this is definitely possible to know in advance.” (Provider)

One solution posited by some LAs and RAAs was for ASF funding to be devolved to RAAs to manage and to utilise in part on a more robust core or early help offer to children and families. More about why this solution was considered to be a good one is described in Section 8 below on ‘sustainability’.

“Devolved budget to RAAs is the way forward.” (RAA)

Providers identified gaps in provision as including:

- For specialist assessments.
- For children in school settings.
- For the whole family including parents.
- For SGO families – especially where they needed more support to actually accept and engage with therapeutic support.
- For other care experienced children – including those in other forms of kinship care or foster care, who have the same history and characteristics.

Some providers were concerned that families could be matched with supports because they were available rather than because they were the right fit for the child and family.

## 7. Broader impact of the Fund including unintended consequences

For the earlier study (2020), LAs and providers identified a range of unforeseen, mostly negative, consequences of the Fund at 2018-2019, namely:

- That it had created an additional burden on local or regional adoption support services at a time of budgetary constraints.
- That it had led to a de-skilling of local adoption teams – where the workers were not involved directly in the provision of therapeutic support.
- That statutory CAMHS appeared to be withdrawing or reducing their investment or involvement with adoptive and SGO children.
- That it had unintentionally generated a perception that therapeutic treatments for the child were a panacea for all of a child's needs and/or that 'getting ASF support may be undermining parents/carers' confidence in managing ordinary family life.
- That the Fund unintentionally created a two-tier system of support for care experienced children, with only those who became adopted or with a SGO (direct from care) being eligible and excluding others living in other forms of SGO and kinship care, or foster care.

For this stage of evaluation, RAAs and LAs described exactly the same unintended consequences and concerns. If anything, there were more concerns about the de-skilling of staff, as some RAAs described how they had lost experienced staff to the provider sector (as they became fed up with assessment work and wanted to continue or develop their direct including therapeutic work).

“Workers not using their skills in the current set up where the focus is on assessing to ASF criteria, completing and managing ASF applications.” (RAA)

“Social workers ... feeling like administrators... families perhaps do not value their input as much anymore as it's 'free'. (Provider)

There were also concerns expressed that CAMHS' withdrawal from work with adopted children and families had become 'even more challenging' as this service was considered to be facing a wave of (over) demand more generally.

Finally, some LAs, RAAs and providers identified an unexpected consequence of the disruptions to core ASF supports during the period of the COVID-19 pandemic (largely in 2020) which resulted in significant gaps in provision, support not being able to be 'carried

over' and therefore many families re-applying to the Fund (and needing an assessment in support) in the first quarter of 2021.



## 8. Thoughts about sustainability

Sustainability of funding, assessment, commissioning and provision was considered by all interviewee groups to be vital in the interests of children and families.

The main proposal from RAA and LA interviewees with reference to sustainability was for the core funding to be devolved, as with the COVID-19 Scheme. This was described as having good potential at least for:

- Speedier and better access for children and families to support. SGO teams in particular still found it difficult to navigate the ASF process, as they were more likely to be new or infrequent users with no dedicated administrative support. The application process was thought to take too long for all applicants, particularly those in crisis.
- Better value for money, including by eliminating the bureaucracy relating to a centralised application system which was often described as ‘cumbersome’ or ‘clunky’ or ‘a huge burden on the social workers’.
- More holistic and better targeted support (from preventative through more complex needs) and avoidance of therapy dependency for some families.
- More strategic commissioning.

“ASF puts families in the therapeutic box when something else may be needed.” (LA)

“Fast, effective, much less bureaucracy.” (RAA)

“Real benefit in giving ASF resources to the RAAs. There are structural flaws in the current system. The application process is resource heavy, and the end of year rules bureaucratic” (RAA)

“Have funding usable as a block... could plan better.” (RAA)

Some of the medium to larger-sized providers agreed that funding should be devolved, and also sought greater use of block contracting, which was perceived to provide speedier and more flexible support for families ‘when they need it’.

“It would be more effective for the system and allow more timely response to families if there was the ability for RAAs/LAs to aggregate demand and use procurement tools such as block contracts.” (provider)

Other providers were more cautious about devolved funding and expressed concern that the funding might be applied in a less transparent way and that it might not lead to better quality support. However, there was a unanimous provider view that the level of bureaucracy (and delay) currently in-built to the process should be addressed somehow.

“A lot of delays would be minimised if, once the provider is on an approved providers list, we have the flexibility to deliver an intervention as appropriate with minimal bureaucracy.” (Provider)

Providers and commissioners also sometimes commented that they would like:

- A reduction in the barriers to accessibility of the Fund including in particular greater flexibility to deploy or carry over funding across financial years to avoid unhelpful pauses in therapeutic support.
- The Fund/funding to be extended to provide earlier or systemic support for children, for example in/with schools, or to ‘follow the child’ if they had to re-enter care or change placement for any reason.

All LAs and RAAs described wanting themselves to further develop services to meet some of the identified gaps in their area. Some described a desire to grow more in-house expertise either to undertake multi-disciplinary assessments, or to provide more supports directly, or both. Some envisioned how a framework of support incorporating a core and more specialist offers could or should be applied to all care-experienced children, including fostered children.

Providers described themselves and RAAs as being still ‘on a journey’, with more work to be done to improve their relationships, including better engagement and dialogue to jointly understand child and family needs and how these could best be met, also ideally the consistency of approach across RAAs and consistency of offer across the country.

“We would hope for a greater degree of consistent of RAA processes and procedures nation-wide (the requirements are all essentially identical, it is the methods and systems that vary)” (Provider)



Department  
for Education

© Department for Education 2022

**Reference: DFE-RR1273**

**ISBN: 978-1-83870-411-7**

For any enquiries regarding this publication, contact us at:

[maura.lantrua@education.gov.uk](mailto:maura.lantrua@education.gov.uk) or [www.education.gov.uk/contactus](http://www.education.gov.uk/contactus)

This document is available for download at [www.gov.uk/government/publications](http://www.gov.uk/government/publications)