NATIONAL PICTURE OF ADOPTION SUPPORT COMMISSIONING

NOVEMBER 2024

Adoption England

regional adoption agencies working together

Contents

EXECUTIVE SUMMARY

BACKGROUND

National Strategic Context

In 2016, the Department for Education (DfE) outlined an overarching vision for transforming the quality of adoption services in Adoption: A vision for change. This included a whole system redesign by regionalising adoption services, ensuring all local authorities became part of a Regional Adoption Agency. It also involved the delivery of the Adoption Support Fund, which in 2023 was renamed as the Adoption and Special Guardianship Support Fund (ASGSF).

Through its strategy **Achieving excellence everywhere (July 2021),** the DfE set out a long term vision and plan to deliver excellence in adoption services across England.

Adoption England Commissioning Programme

The DfE's Adoption strategy included a proposal to investigate whether some national or pan-regional commissioning could provide better value for money in commissioning adoption support. The Adoption England Commissioning Programme is a two-year DfE grant-funded programme that seeks to explore national or pan-regional commissioning arrangements for adoption support across the commissioning cycle.

NATIONAL PICTURE OF ADOPTION SUPPORT COMMISSIONING

The adoption support market has been driven by the availability of services available rather than a clear understanding of current and long-term needs and requirements. There is a lack of understanding of 'what works,' as well as insufficient research into the effectiveness of various services.

To enhance our collective understanding of the needs of adoptive families now and in the future the National Picture of Adoption Support Commissioning has been developed, using:

- Collated data provided to pan-regions via the core team from Coram-I and the ASGSF, as well as data submitted by pan-regions to the core team on services not funded by the ASGSF.
- Insights from eight Regional Strategic Commissioning Needs Assessments.

Strategic Needs Assessments

Regions conducted their needs assessments between October 2023 and June 2024. Each region was provided with data from Coram-I and the ASGSF to inform their understanding of need. This included data on age and ethnicity of adopted children. While much of the ASGSF data provided could not be disaggregated sufficiently to provide the most relevant unit values it was useful for establishing a baseline position for adoption support commissioning. In addition, regions were also asked to complete a data request form that sought to understand the nature of adoption support that is not funded through the ASGSF. The data request form also supported regions in supplementing their population data with other relevant information on populations, including adoptive parents, adopted adults, birth parents, and the workforce.

Pan-regions also gathered qualitative data, capturing the views and opinions of various stakeholders on adoption support and commissioning. This included:

- Adoptive families and adopted children's views on accessing adoption support and the type of adoption support.
- Feedback from staff and adopters on adoption support processes and services.
- Provider and local authority (LA) staff views on the desired outcomes of adoption support.
- Provider perspectives on need and experience of commissioning.

Each region analysed their existing provision by reviewing at what is currently provided and the effectiveness of the range of services. This included a gap analysis, which also considered services provided by wider partners such as health and education.

Each region took a different approach to their needs assessment based on local priorities and different starting positions. Some regions experienced challenges in recruiting a commissioning team member to lead the needs assessment which impacted on the time that they had to complete the data collection and analysis. All regions view this exercise as a first step in improving their collective understanding of need and would like to do further work to enrich their needs assessments and inform commissioning strategies and market engagement. Appendix A gives a summary of each of the needs assessments. Due to circumstances beyond the control of the 3 RAA leaders within the South West, the South West needs assessment is not included in this version. This will be added shortly in an updated version.

Commissioning Arrangements

Approaches to the commissioning of adoption support services vary across the pan-regions. Several factors have contributed to this such as variation in the way RAAs are structured and governed, with some being established longer than others. The geographical scope and number of LAs operating in the RAA is also a factor.

Adoption support is offered individually by RAAs or LAs depending upon the delegation of responsibility. Whilst some have clear commissioning processes with standardised approaches and documentation, others manage their commissioning.

There are very few pan-regional commissioning arrangements in place, although many RAAs have arrangements such as Approved Provider Lists and Frameworks for adoption support that have been commissioned to improve value for money and deliver greater consistency.

Regional working is viewed as the direction of travel by most RAAs.

KEY FINDINGS

The needs assessment process

- The process has fostered valuable opportunities for shared learning and collaboration.
- Strong working relationships have been established between RAAs, enabling them to effectively deliver the needs assessment.
- With numerous stakeholders involved across RAAs (spanning several local authorities), challenges have arisen in balancing this work alongside regular responsibilities and in agreeing on shared priorities.
- A clear understanding of the purpose of the needs assessment has influenced levels of engagement and prioritisation. While some regions have achieved full involvement from RAAs, others need to put in more effort to secure full buy-in.
- It is crucial to ensure adequate commissioning capacity and resources are in place to sustain and build on the programme's work in the future.

Adoption Support Provision via Core RAA Budgets

- Fifty percent of support provided via core RAA budgets included therapeutic support, training, and group support. These were the biggest categories of support.

- Many of the therapies purchased via core RAA budgets were eligible for funding under the ASGSF criteria.\ Regions have fed back that this may be due to a lack of business model in RAAs to understand the true cost of services that they deliver. Sometimes, RAAs cannot claim because although staff are trained, they do not have clinical supervision in place.

- Services provided by RAAs were mostly categorised as universal (37%) or targeted (39%), with 21% categorised as specialist, 2% voice and influence of experts by experience and 1% not stated.

- There are a lot of crossovers in how services are categorised as many adoption support services are tiered to meet need, e.g. shorter-term, less intensive where level of need is lower and as part of early intervention and prevention.

- Health and education needs are not being fully met, leading families to crisis points and increasing demand for adoption support. There is a lack of coordinated efforts and effective pathways.

- Families need a better understanding of the support available from adoption support, health, education, and social care.

- There is a need for better integration across health and social care to address the needs of adopted children more effectively and use resources efficiently.

- While the primary focus has been on adoption, it is important to also consider Special Guardianship Orders (SGO) and replicate successful practices from adoption in SGO.

- There is a lack of understanding of the needs of adopted children within health and education sectors. It is essential to encourage colleagues in these sectors to enhance their skills and understanding.

- Wider system factors are exacerbating needs, and there is a need to influence policies at the national level.

- The characteristics and circumstances of people who are adopting today have changed compared to a few years ago. There is increased instability among current adopters, which could impact the adoption process and the support needed.

Highlighting these factors is essential for understanding the current landscape and addressing the evolving needs of children effectively.

The Provider Market

- Few providers work across pan-regions. Having providers that can operate in multiple regions, can lead to more consistent service delivery and potentially lower costs due to economies of scale. However, it is also important to ensure that these providers can meet the specific needs of each region.

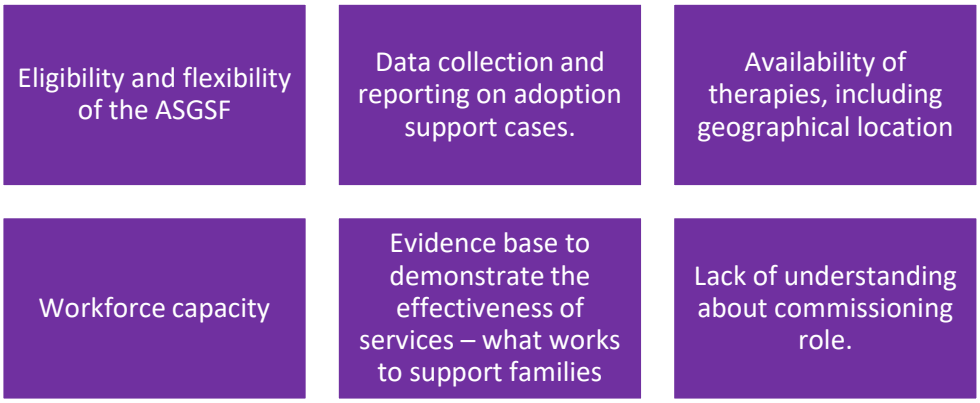
- Striking the right balance between local, national, small, medium, and large providers can help ensure a diverse and resilient provider market. Local providers often have a better understanding of regional needs, while larger providers might offer more resources and stability.

- The fair access limit has not been adjusted to account for rising costs.

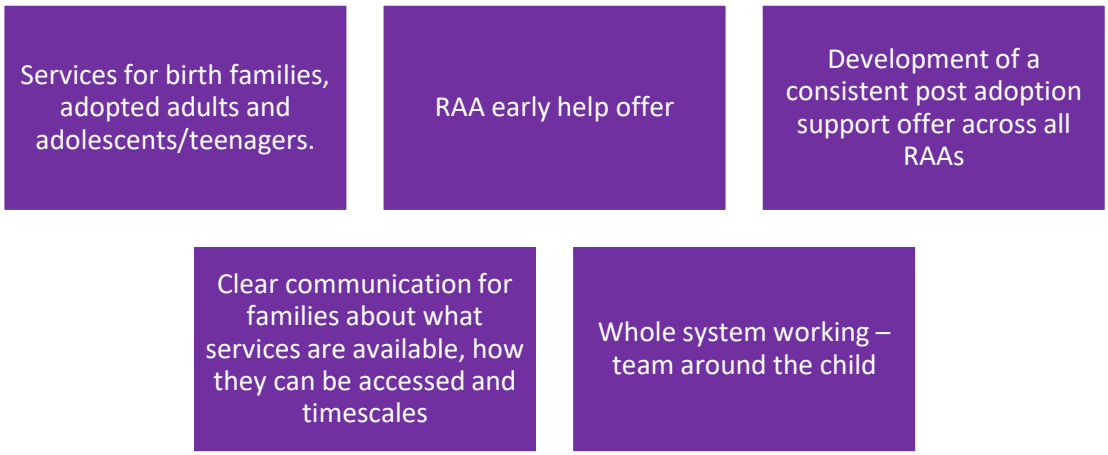
- New procurement regulations and dynamic purchasing systems can offer opportunities to streamline processes and improve flexibility. These systems can make it easier to adapt to changing needs and market conditions, potentially leading to better outcomes.

- Three providers have been identified as delivering services across four or more pan-regions with significant funding from the ASGSF. This may offer an opportunity for joint commissioning at a pan-regional or national level.

Gaps



Areas for service development



RECOMMENDATIONS

Department for Education (DfE) and Adoption England

- Review the ASGSF eligibility criteria, application process and interventions accessible through the fund.

- Explore options for devolving funding for adoption support to RAAs for inhouse- or large-scale commissioned interventions to allow for more innovative, flexible, and responsive service provision, enabling in-house services and more efficient commissioning, potentially leading to better value for money and improved outcomes.

- Review of the ASGSF data points – many of the fields can be left blank.

- Engaging and working with virtual heads and health – needs to be at national level to encourage this working together. Influence change.

- The development of national specifications and templates for commissioned adoption support services.

Adoption England Commissioning Team

- Develop and agree with regional commissioning members:

  - Minimum standards for providers delivering services on behalf of RAAs, including due diligence checks to ensure they meet the required criteria for delivering high quality adoption support services.

  - Consistent monitoring, reporting and review processes for commissioned adoption support services. A process of regular review should be developed to assess the effectiveness and impact of adoption support services.

  - A review of commissioned services costs, e.g. therapies funded through the ASGSF. This will help to ensure that funds are being used efficiently and that services are providing value for money.

  - A workforce strategy for adoption support to ensure that adoption support services are delivered by skilled and experienced professionals. This should include the recruitment, training, and retention of staff.

  - An aspirational, phased plan for improving data collection within RAAs. This should include an agreed data set that can inform strategic commissioning decisions.

  - Develop a standard information sharing template.

Regional Adoption Agencies

- Improve internal systems for capturing and reporting on adoption support – the number receiving adoption support, type of support received and duration.

- Engage and work with:
  a) virtual heads to discuss how best to support the needs of adopted children and young people.

b) ICBs to recognise the health needs of adopted children and young people and identify them as a 'vulnerable group' in key guidance documents and commissioning strategies, enabling priority access to critical care pathways.

c) In-house interventions: using existing workforce explore delivering ASGSF interventions in-house instead of commissioning provision externally e.g. DDP-informed support, attachment-based parenting training, Theraplay, Therapeutic Life Story Work, and Non-Violence Resistance training.

1. National Strategic Context

In 2016, the Department for Education (DfE) outlined an overarching vision for transforming the quality of adoption services in Adoption: A vision for change. This included a whole system redesign by regionalising adoption services, ensuring all local authorities became part of a Regional Adoption Agency. It also involved the delivery of the Adoption Support Fund, which has recently been renamed as the Adoption and Special Guardianship Support Fund (ASGSF).

Regional Adoption Agencies (RAAs)

RAAs were introduced to address challenges relating to inefficiencies in the way that adoption was managed in England, timeliness between placement orders and matching, recruitment of adopters and adoption support.

RAAs brought together local authorities and/or voluntary adoption agencies to operate on a larger geographical scale.

The Adoption Support Fund (ASF) / Adoption and Special Guardianship Support Fund (ASGSF)

The ASF came into operation on the 1 May 2015 and was introduced to make therapeutic support easily accessible, timely and of high quality for families when they needed it most.

The ASGSF provides funds to local authorities and RAAs to pay for essential therapeutic services for eligible adoptive, special guardianship order (SGO) and child arrangement order (CAO) families.

Through its strategy **Achieving excellence everywhere (July 2021)** the DfE set out a long term vision and plan to deliver excellence in adoption services across England. By working with adoption agencies so that best practice becomes the norm, the aim is that every adopted child and their family can access the services and support they need, wherever they live and maximise children's outcomes in the short and long term.

Grant funding has been made available by the DfE through a Section 14 agreement for a period of three years (2022/23 to 2024/25), in support of the national adoption strategy. The DfE and RAA leaders agreed collectively to pool the resources, with Leeds City Council acting as the lead Local Authority for managing the grant budget and commissioning. Further detail on the grants can be found here.

As part of the government's national adoption strategy, **Adoption England**, a collaboration of regional adoption agencies supported by a small central national team, was set up. Adoption England have recently developed the **Adoption England Strategy 2024-27**, which builds on the achievements and learning from the first national recruitment strategy 2021-23 and the regional adoption agencies 3-year plan 2021-2024. The Adoption England strategy sets out five main outcomes to be prioritised over the next 3 years.

1.1 Adoption England Commissioning Programme

The DfE's Adoption strategy included a proposal to investigate whether some national or pan-regional commissioning would provide better value for money in commissioning adoption support. This was proposed in the context on multiple challenges which include:

- **Increased demand and spend**: The ASGSF has led to increased demand for support and high levels of commissioning activity across RAAs with many purchasing the same types of interventions for their families. However, because of the way the ASGSF is set up, this is being done in a disjointed way, with limited strategic oversight and coordination.

- **Varied processes**: Commissioning of adoption support varies widely across the country, meaning providers must engage in multiple processes with different requirements which RAAs have limited capacity to manage. There is also variation in how quality is assessed and managed.

- **Gaps in provision**: There are areas across the country where adoption support provision is more limited which creates a postcode lottery. This, combined with the stretched capacity of providers, means RAAs can struggle to get the right support in the right places and have a limited strategic view of future needs and resources impacting their ability to influence and shape the market.

- **Families experiencing delays**: It can be difficult for adoptive families to know how to access support because of the different ways RAA's are structured across the country. The administration required for the ASGSF, different purchasing frameworks, alongside capacity issues with RAAs can lead to delays for families when trying to access support. The recent Ofsted thematic inspection of RAAs[1] highlighted the need for adoption support was often exceeding the available resources, resulting in some families waiting longer to receive the support they required. Some families, who were often in crisis when they reached out for support, experienced delays in obtaining an assessment of need or any form of support. This has had a detrimental effect on these families.

The Adoption England Commissioning Programme is a two-year DfE grant funded programme that seeks to explore national or pan-regional commissioning arrangements for adoption support across the commissioning cycle.

[1] https://www.gov.uk/government/publications/regional-adoption-agencies-thematic-inspection-report/regional-adoption-agencies-thematic-inspection-report

Adoption England Commissioning Programme Goals

01	02	03	04
To provide additional commissioning capacity across the country.	To improve our collective understanding of the need of adoptive families, now and in the future.	To increase pan-RAA commissioning arrangements on the ground.	To share best practice and increase consistency.

To deliver the programme goals and achieve meaningful change for families, the national adoption commissioning team has been formed, made up of dedicated national staff located within the National Adoption England Team in Leeds City Council and regional representatives. This single team are working together to deliver the goals at a national and pan-RAA level. The majority of RAAs have come together to form eight pan-regions, recruiting additional commissioning resource to contribute to this programme of work.

This work programme contributes to Outcome 5 of the **Adoption England Strategy 2024-27**: **Adopted people and their families get tailored help and support when they need it.**

1.2 National Picture of Adoption Support Commissioning

The adoption support market has been driven by what services are available rather than an understanding of needs and requirements now and in the longer term. There is a lack of understanding of 'what works' and the there is a lack of research into the effectiveness of various services.

To improve our collective understanding of the needs of adoptive families now and in the future the National Picture of Adoption Support Commissioning has been developed, using:

- Collated data provided to pan-regions via the core team from Coram-I and the ASGSF, as well as data submitted by pan-regions to the core team on services not funded by the ASGSF.
- Insights from 8 Regional Strategic Commissioning Needs Assessments.

2. Local Strategic Context

2.1 Pan-regions configuration

In support of the Adoption England Commissioning Programme, the majority of RAAs have come together to form eight pan-regions, each with a Regional Champion and Commissioning Member.

1. Eastern	2. London	3. Midlands
•Cambridgeshire & Peterborough Adoption •Adoption Connects •Adopt East	•Adopt London East •Adopt London North •Adopt London South •Adopt London West	•Adopt Central England •Together4Children •Adopt@Heart •Adopt East Midlands •Adopt Birmingham
4. North East	**5. North West**	**6. South East**
•Adopt North East •Adoption Tees Valley •Adopt Coast to Coast	•Adoption Lancashire & Blackpool •Together for Adoption •Adoption Counts •Adoption Now •Adoption in Mersyside •Cumbria Adoption	•Adoption Partnership South-East •Adoption South-East •Adopt South
7. South West	**8. Yorksire & Humber**	**9. Adoption England**
•Adoption West •Adoption South West •Adopt Thames Valley	•One Adoption North & Humber •One Adoption South Yorkshire •One Adoption West Yorkshire	•Core staff employed by Leeds City Council and sit within Adoption England •Regional virtual members from each of the regions involved in the Programme - Regional Commissioning Member and Regional Champion.

2.2 Commissioning Arrangements

Approaches to the commissioning of adoption support services vary across the pan-regions. Several factors have contributed to this such as variation in the way RAAs are structured and governed, with some being established longer than others. The geographical scope and number of LAs operating in the RAA is also a factor.

Adoption support is offered individually by RAAs or LAs depending upon the delegation of responsibility. Whilst some have clear commissioning processes with standardised approaches and documentation, others manage their commissioning through spot purchasing approaches. Where this is the case, pan-regions are seeking to establish regional commissioning arrangements such as a joint framework or approved provider list.

There are very few pan-regional commissioning arrangements in place, although many RAAs have arrangements such as Approved Provider Lists and Frameworks for adoption support that have been commissioned to improve value for money and deliver greater consistency.

Regional working is viewed as the direction of travel by most RAAs. Several benefits have been identified from more regional working which include:

- The ability to achieve more collectively than as individual RAAs.
- Ensuring consistency and quality of adoption support across the pan-regions.
- Resolution of collective issues.
- Increased assurance of sustainability.
- Ability to adopt an innovation approach.
- Ensuring best use of money.
- Improved understanding and oversight of quality.
- Sharing learning and best practice.

To achieve this, each region will need to pool resources and share intelligence across RAA boundaries. There is a limited understanding of the needs of adopted children and their families, the market, quality of provision and value for money. Some pan-regions have identified challenges with the market being provider led. A shared understanding of needs will enable better planning of services. The regional needs assessments that pan-regions are carrying out is seen as key to addressing this gap.

3. Adoption Support Provision via Core RAA Budgets

Key Insights

- Fifty percent of support provided via core RAA budgets included therapeutic support, training, and group support.
- Many of the therapies purchased via core RAA budgets were eligible for funding under the ASGSF criteria.
- Services provided by RAAs were categorised as 37% universal, 39% targeted, 21% specialist, 2% voice and influence of experts by experience and 1% not stated.
- There is a lot of crossovers in how services are categorised. This will need further exploration to see whether there is a lack of clarity around what constitutes universal, targeted or specialist support or whether services include an element of all which has led to the categories becoming conflated.

3.1 Support Provided by Regional Adoption Agencies

Local authorities have a statutory requirement to provide adoption support, most adoption support services are provided by RAA's or within the LAs in some models. Funding for this support is via core RAA budgets provided by member Local Authorities (LAs) and external funds, the most significant being the Adoption and Special Guardianship Fund (ASGSF) with a fraction being supported by health budgets from the Integrated Care Systems

The categories of support provided by RAAs can be structured as follows:[2]

- **Early intervention / universal services:** this is available to all adoptive families without specific assessment. Services include, peer services, support groups and activities such as Xmas parties, webinars, training, information resources and support for contact.

- **Targeted interventions:** these are provided by specialist RAA staff such as psychologists, education support or occupational therapists for families with higher levels of need. This category also included therapeutic parenting courses, which were often commissioned out (and paid for using the ASGSF).

- **Specialist support:** this type of support requires an assessment of need. Interventions include parenting courses focused on specific issues (e.g., non-violent resistance) or therapeutic support (e.g., DDP) for individual families and work with children (e.g., life story work).

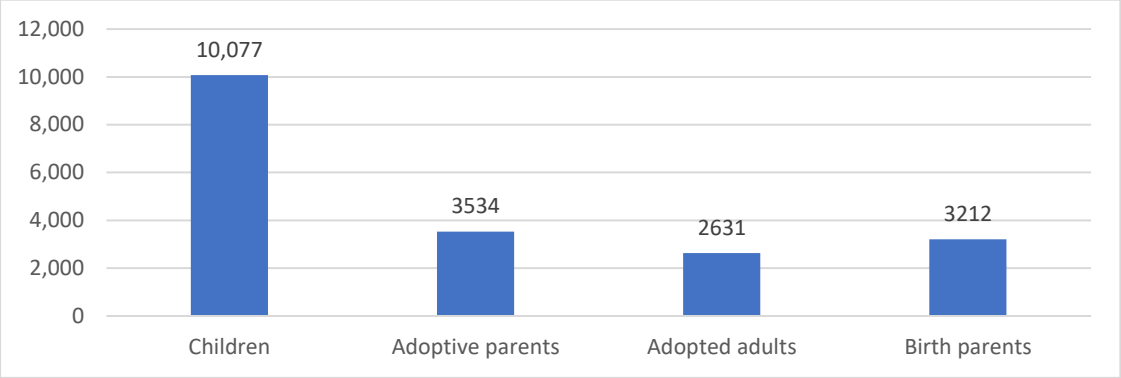
The following summary is based on data request forms submitted by seven pan regions covering 24 RAAs. Each RAA was asked to provide data on open support cases which are defined as any case where support was actively provided between 1st October 2022 and 30th September 2023. Not all RAAs were able to report on open adoption support cases during this period, some provided a snapshot of open cases on a specific date. In addition to reporting on open adoption support cases regions reported on services provided that are not funded by the ASGSF.

3.2 Open adoption support cases

Between 1st October 2022 to 30th September 2023 there were approximately 19,454 open adoption support cases nationally. From these 10,077 (52%) were children, 3534 (18%) adoptive parents, 3212 (16%) birth families and 2631 (14%) adopted adults. Open support cases are defined as any cases where support was actively provided. RAAs have feedback that this data may be skewed as most support is provided for parents and not the child, some recording systems used by RAAs record adoption support under the child's case record.

[2] Evaluation of regional adoption agencies: final report (publishing.service.gov.uk)

Chart 1: Total number of open adoption support cases (1 October 2022 to 30 September 2023)



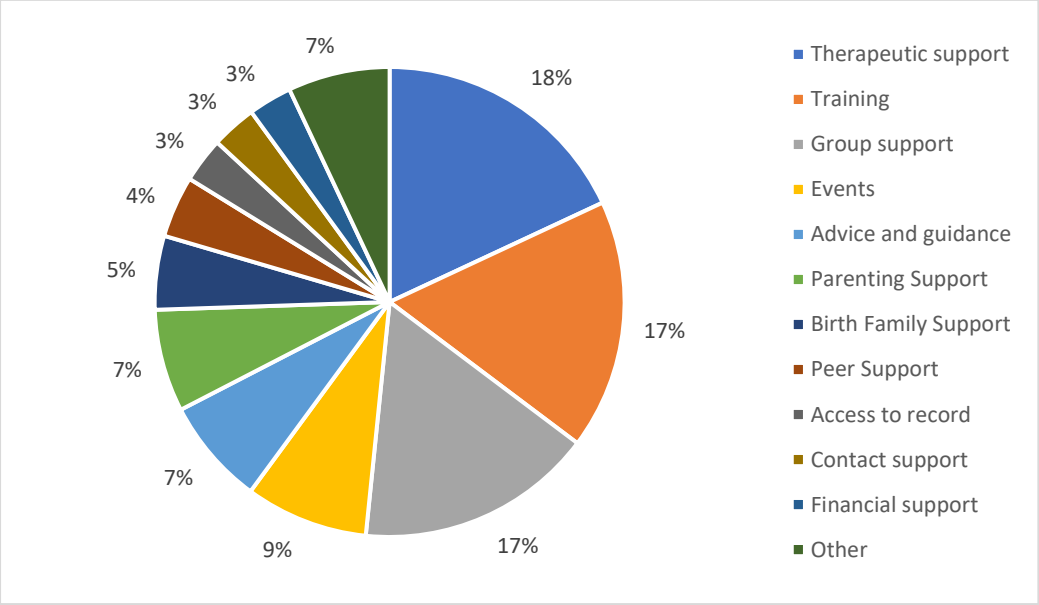
The age breakdown of children open as adoption support cases demonstrates 1020 (10%) were aged 0-4 years, 4268 (42%) were aged 5-11 years, 2741 (27%) were aged 12-15 years and 784 (8%) were aged 16-18 years. The age of 1264 (13%) children open as adoption cases could not be reported on due to the information not being readily available. Further analysis of children open as adoption support cases shows 2% were classed as disabled. From the 24 RAAs submitting data, 16 (62%) were unable to report on the number of children classed as disabled.

The main recipients of the support provided were adoptive parents (30%) and adopted children (27%). Adopted adults were the recipients of 9% of support provided, birth families 6% and the recipients of 27% of support provided by RAAs was not stated.

3.3 Support provided via core RAA Budgets

RAAs were asked to categorise support that they provided that was not funded by the ASGSF. A breakdown of this support shows 18% was therapeutic support, 17% training and 17% group support, this equates to 50% of services of provided.

Chart 2: Services provided by core RAA budgets.



Therapeutic support includes Theraplay, counselling, therapeutic life story work, psychotherapy, family therapy, DDP, brief therapeutic interventions. The main way that the therapeutic support was purchased was through spot purchasing (46%) and a block contract (24%).

The main recipients of the therapy were adopted children (54%) followed by adoptive parents (19%), adopted adults (10%) and birth families (4%).

Many of the therapies purchased were eligible for funding under the ASGSF criteria.

Training covered many different areas such as NVR, FASD, therapeutic parenting, mental health, contact and identity, neurodiversity, life story work, understanding your child and parental self-care. The main recipients of the support were adoptive parents (77%), adopted children were the recipients of 13% of the training provided.

Training provided was purchased via a block contract in 27% of cases, 10% was spot purchased and 3% was purchased via an approved provider list. In 56% of cases the RAA provided the training.

Group support included stay and play sessions, toddler groups, support groups for adopted young people, adopted families, teenagers, adopted adults, youth groups, adopted adults and birth mothers.

The frequency of support varied between ongoing, monthly every other month or no set timescales. Eighty-three percent of group work was delivered internally by the RAA or local authority, 9% was purchased through a block contract and 6% was purchased through a framework.

Services provided by type of support.

Pan-regions were asked to categorise the services that they provided by stating whether it was universal support, targeted support, or specialist support.

A breakdown of the services provided shows that:

- Thirty-seven percent were categorised as universal support.
- Thirty-nine percent as targeted support.
- Twenty-one percent as specialist support.
- Two percent as Voice and influence of experts by experience, and
- One percent was not stated.

Chart 4 illustrates how the different support was categorised by RAAs; it shows that there are a lot of crossovers in how services are categorised. Further work needs to be done to refine the data points as each support service cannot be neatly categorised as universal, targeted or specialist support. The support provided tends to be tiered to meet need so can fall into more than one category.

3.4 Services provided by category of support.

Specialist support

Usually appropriate to more complex needs as part of a package of support, often but not always, using externally commissioned therapists with funding from the Adoption Support Fund.

Access to records	Advice and guidance	Birth family support
Parenting support	Supervision to adopters	Therapeutic support
Training / workshop		

Targeted Support

Providing support when universal services are not enough. Usually available following an assessment with more tailored therapeutic parenting development or specific peer support/short breaks.

Access to records	Advice and guidance	Birth family support
Contact support	Events	Financial support
Group support	Intermediary service	Life story work
Online support	Parenting support	Parenting support
Peer support	Therapeutic support	Training / workshop

Universal Support

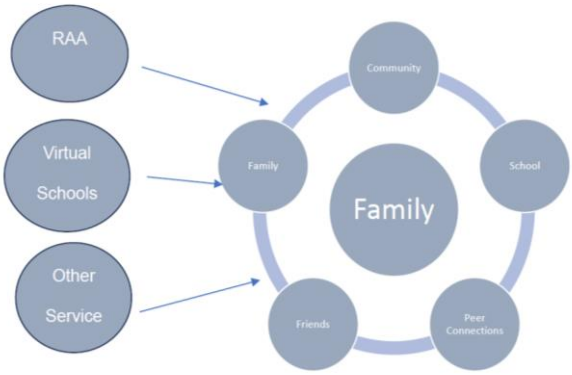
Support available to all adoptive families. Accessed without an assessment of need with an emphasis on social support, “fun” activities, training or workshops and designed to promote community, low level peer-to-peer support and training and development for parents.

Access to records	Advice and guidance	Birth family support
Contact support	Events	Group support
Intermediary service	Online support	Parenting support
Peer support	Respite	Therapeutic support
Training / workshops	Voice and influence	

Therapeutic Networks

All the South East RAAs share the view that adoption support services cannot solve all the issues which adopted children and their parents face. There will continue to be work done with families to manage expectations regarding what an adoption support service can do within their remit. Working with families, they will focus on the importance of maintaining and sustaining a therapeutic network (see diagram below) following the granting of an Adoption Order. This activity will be done in conjunction with cementing and building on the interface between other key stakeholders such as Health, CAMHS and Education. Each of the RAAs connect with their stakeholders slightly differently and there is an opportunity to share ideas in terms of what has been particularly successful in sustaining these relationships.

The following diagram shows what a therapeutic network would ideally look like to an adoptive family.



Schools report increased levels of complexity in the wellbeing needs of children and young people, as well as a huge increase in emotional-based school avoidance since the Covid pandemic. Although the understanding and support for mental health and emotional wellbeing in schools is improving, there are still gaps in the training and skills of staff to support young people. The specific needs of adopted children and young people, such as attachment disorders and FASD, are often beyond what is within the experience and training of those working in schools, even in mental health and emotional wellbeing centred roles. A training module or resource to upskill the school workforce and increase confidence in having conversations may be useful.

The CAMHS offer for young people falls under two main pathways:

- The neurodevelopmental pathway, which is known to have long waiting lists, focuses on diagnosis, treatment (where possible) and support plans for children and young people with conditions such as ADHD and ASC. It is known that the population of adopted children has a considerably higher incidence of neurodevelopmental conditions that the population, so there is a huge impact on adopted children and families if they are kept on long waiting lists.

- CAMHS also offer evidence based clinical interventions for children and young people who are assessed as having certain mental health issues. Interventions are time limited and relay on the young person engaging with the support.

- Other commissioned mental health support for children and young people varies between regions. Most offer counselling through the school health as well as a range of early intervention services.

Feedback from the RAAs suggests that mental health services can sometimes push back referrals for support for adopted children, recommending that they access ASGSF funded therapy instead. This can lead to delays in support and limits access to specialist services.

The RAAs have reported that Foetal Alcohol Spectrum Disorder (FASD) is one of the complex issues they see most frequently in adopted children. While there is no cure for FASD, there needs to be a joined-up approach to support to mitigate the symptoms. Better understanding among the children and family's wider workforce would improve support for all children and young people with FASD including adopted children and those in care.

In terms of health and education, a more joined up approach with adoption support is needed. More training and understanding could lead to earlier intervention and improved preventative support. There may also be a lack of confidence among the wider workforce when talking to adopted young people regarding what they feel they should and should not say.

A first step to creating a more joined up approach is to gain a better understanding of the existing relationship between adoption support, health, and education, and to investigate how adoption fits into their services.

4.0 The Adoption and Special Guardianship Support Fund (ASGSF)

Key Insights

- The ASGSF application process is becoming an administrative burden, social workers are spending more time on the administration of applications than the provision of direct support.
- The current eligibility criteria for funding are restrictive and inflexible to the emerging and evolving needs of children and young people.
- Regions are keen to develop their in-house provision so that there is less reliance on the ASGSF to fund some elements of support.
- The current model, based on RAAs making individual applications for funding hinders the development of services and strategic commissioning.
- The system is driven by the market rather than actual needs, leading to a mismatch in service availability, especially in non-urban areas.
- The streamlined funding processes used during the Covid pandemic could serve as a model for quicker and smoother access to funding.

4.1 Eligibility Criteria

The Adoption Support Fund became available in England on the 1st of May 2015 to provide therapeutic support to families following adoption.

In 2023 the Adoption Support Fund was renamed as 'The adoption and special guardian support fund (ASGSF)'. The ASGSF provides funds to local authorities and regional adoption agencies (RAAs) to pay for essential therapeutic services for eligible adoptive, special guardianship order (SGO) and child arrangement order (CAO) families[3].

To be eligible for support funded by ASGSF, the child's/family's needs must be assessed by local authorities or RAAs. Once the assessment has been completed, the LA/RAA can make an application for funds within 3 months. The fund is available for children and young people up to and including the age of 21, or 25 with an education, health, and care plan, who:

- Are living (placed) with a family in England while waiting for adoption.
- Were adopted from local authority care in England, Wales, Scotland, or Northern Ireland and live in England.
- Were adopted from abroad and live in England with a recognised adoption status.
- Were in care before an SGO was made.
- Left care under a special guardianship order that was subsequently changed to an adoption order, or vice versa.
- Are under a residency order or child arrangement order (CAO) and were previously looked after.
- Were previously looked after but where the adoption, special guardianship, residency, or CAO placement has broken down, irrespective of any reconciliation plans.

A 'fair access limit' of £5,000 per child per year for therapy and £2,500 per child per year for specialist assessments is in place for applications. Most applications to the fund fall within these limits. Where there is an urgent need for higher cost support, local authorities or RAAs are asked to match-fund applications. The be eligible for match funding the following criteria needs to be met:

- A high risk of adoption breakdown without high-cost support.
- Local authorities and RAAs dealing with an unusually high number of complex cases that they cannot afford to fund without additional support from the ASGSF.
- Additional funding would help to progress hard-to-place adoptions.
- A lack of available, affordable therapeutic support means higher cost provision is required.

[3] Adoption and special guardianship support fund (ASGSFSF) - GOV.UK (www.gov.uk)

The ASGSF can fund up to 50% of the amount above the fair access limits, up to a maximum of £30,000 per child including the fair access limit.

4.2 Therapies available through the fund

The ASGSF is used for therapies that help to achieve positive outcomes for a child and their adoptive family. There are some indications that the therapies can have a positive impact on relationships with friends, family members, teachers, and school staff; engagement with learning; emotional regulation and behaviour management; and improve confidence and ability to enjoy a positive family life and social relationships.

The types of therapies that can be accessed through the fund can be broken down into the following categories[4]:

- **Creative therapies:** e.g., art, music, drama and play which can help increase concentration and attention skills improve family and social relationships and increase a child's confidence. This has been found to be help children deal with feelings of loss, frustration, and emotional trauma so that they can start to learn to trust, love and lead happier lives.

- **Extensive therapeutic life story work:** used to help with the trauma and difficulties that life story work might revisit.

- **Family therapy**: helps family members communicate better with each other. It can help families to change, develop and resolve conflict.

- **Filial therapy**: combines family and play therapy principles and techniques and is structured to enhance the parent child relationship. Parents are fully involved in their child's treatment.

- **Multi-disciplinary packages of support**: e.g., health, social care and mental health.

- **Psychotherapy**: talking therapy to help express thoughts and feelings relating to an emotional difficulty.

- **Short breaks**: where they include a substantial element of eligible therapeutic therapies.

- **Specialist assessments**: in depth assessment of child and family's needs with a focus on trauma and attachment led and undertaken by a qualified clinician resulting in a therapeutic support plan. For the purposes of the ASGSF, a qualified clinician would be someone who diagnoses and treats patients; is suitably qualified and is licensed to practice via a regulator such as the Health and Care Professional Council, e.g., a trained Clinical Psychologist or Attachment Psychotherapist.

- **Therapeutic parenting**: a highly nurturing parenting approach, with empathy at its core.

[4] https://www.first4adoption.org.uk/adoption-support/financial-support/adoption-support-fund/

Between 2018/19 and 2022/23 there has been a year-on-year increase in the number of therapeutic packages of support funded through the ASGSF from 4672 in 2018/19 to 14,481 in 2022/23, representing a 209.9% increase. When looking at the type of therapies accessed over this time, year on year increases have been seen in the number of specialist assessments, psychotherapy, family therapy and creative therapy packages funded.

The most funded therapies between 2018/19 and 2022/23 were creative therapies 12,603 (25%), family therapy 12,606 (25%) and psychotherapy 8725 (17%). Therapeutic parenting was accessed 6218 (12%) times, specialist assessments 5804(11%), extensive therapeutic life story work 4046 (8%), multi-disciplinary packages of support 129 (0%), short breaks 48 (0%) and filial therapy 23 (0%) times.

It is important to note that service categories changed in November 2018. Family Therapy was added as a new category and multi-disciplinary packages of support was removed. Some therapies which were previously listed under psychotherapy and creative therapy now appear under family therapy.

4.3 Insights from Regional Needs Assessments: Practitioner Feedback

Application Process

Practitioners involved in administering the ASGSF have fed back that the process has become an administrative burden. Social workers have spoken about being 'commissioners' rather than social workers as they are spending more time on the administration of applications than the provision of direct support. Administrative aspects of the fund involve several critical tasks:

- Completing and making an application to the adoption support fund based on an assessment of need.
- Finding and vetting providers who can deliver the necessary services.
- Handling financial tasks such as payment of invoices.
- Overseeing contracts with service providers.
- Managing different operational frameworks.
- Ensuring the provision of services is sustainable and of high quality.

The application process has been found to be complicated and takes a lot of time to resource:

- Providers are removing themselves from the adoption support market or reducing the time they give to post adoption services due to the paperwork involved.
- Deadlines for applications are not always conducive to planning and any reworks of applications build unnecessary pressure into already tight deadlines for children and families.

- There is an inconsistency in responses from the ASGSF, for example where a previous application had been made and agreed, the same information on a subsequent application has been considered inadequate.

- There is no ability to extend the approval of funds as a continuation of therapy even when this is detailed in an application, a further application would still need to be made.

- A disproportionate amount of time is spent on queries and approval of funds due to a complex application approval process that sometimes lacks transparency.

- The number of applications and complexity of needs is increasing requiring more bespoke and complex packages of support involving the coordination of multiple service providers.

- A lack of flexibility between financial years affects the therapeutic aims of the fund and can lead to disrupted provision. Flexibility for families to complete sessions would be appropriate in some cases.

- Funding timescales cause peaks in applications at the end and start of financial years, leading to backlogs and delays in support.

The streamlined funding processes used during the Covid pandemic could serve as a model for quicker and smoother access to funding.

Funded Services

- The current eligibility criteria for funding are restrictive and inflexible to the emerging and evolving needs of children and young people. Young people for example, often respond to more creative ways of working, for example mentoring, peer support work and therapies other than talking ones.

- One of the eligibility criteria that practitioners felt needed to be reviewed was the upper age limit.

- The allocation cap is not in line with the rising costs of therapy, what £5,000 could purchase 5 years ago is much more than what can be purchased now.

- Key and increasing needs are excluded in the criteria such as sensory needs and the rationale for this is unclear. Identifying the right therapy or service to meet identified needs, particularly for complex cases can be challenging.

- Several pan-regions are keen to develop their in-house provision so that there is less reliance on the ASGSF to fund some elements of support, as they have the staff with the qualifications needed

to deliver this support. This is likely to be cost-effective and have multiple benefits, including increasing the capability of wider teams, streamline processes and improve service delivery.

Funding Model

The current model, based on RAAs making individual applications for funding hinders the development of services and strategic commissioning.

The system is driven by the market rather than actual needs, leading to a mismatch in service availability, especially in non-urban areas. This results in an inability to meet demand effectively. There is a need to explore how to work with and manage the market to ensure the right services are available in the right places.

REGIONAL NEEDS ASSESSMENT HIGHLIGHT

North West

Author: Jo Williams, Programme Lead – Mental Health and Neurodiversity, NHS Cheshire, and Merseyside ICB

The interface with health and education

There is a growing risk that the distinct and multifaceted healthcare needs of adoptive and special guardianship families are unrecognised, don't fit well into separately commissioned clinical, and diagnostic pathways, and will become increasingly marginalised and unmet. This is having a direct impact on increasing requests, applications, and costs to the ASGSF and indirectly on the resources of post adoption and SGO social work teams.

In April 2023 it was reported that waiting lists for children and young people's community NHS services in England have increased by 10.2 per cent since October 2022 to 227,490, with 6 per cent of children and young people on community waiting lists (13,670) waiting for over 52-weeks. During the same period NHS waiting lists for adults increased by 3.2 per cent, highlighting that children and young people are disproportionately affected. The most common consequence of long waits for children and young people were identified as increased delays in the development of social, educational, language, and communication skills.[5]

The latest NHS England data shows that the number of children's 'community waits' of over 52-weeks grew again from 13,670 reported in April 2023 to 35,922 in April 2024. In June 2024, the Health, and Social Care Journal (HSJ) states that, "This has been overwhelmingly driven by a large rise in referrals to children's 'community paediatrics' services, mostly for neurological conditions such as Autism and ADHD".[6]

Demand and waits for NHS Child and Adolescent Mental Health Services (CAMHS) have also significantly increased. Waiting times to access initial assessment and treatment for community NHS mental health services have increased by an average of 48 per cent, compared to pre-pandemic levels. This is at a time when mental health needs in children and young people are increasingly complex and prevalent. Since 2012, every indicator of mental health and psychological well-being has become more negative among teens and young adults.[7]

[5] Statistics » Community Health Services Waiting Lists (england.nhs.uk)

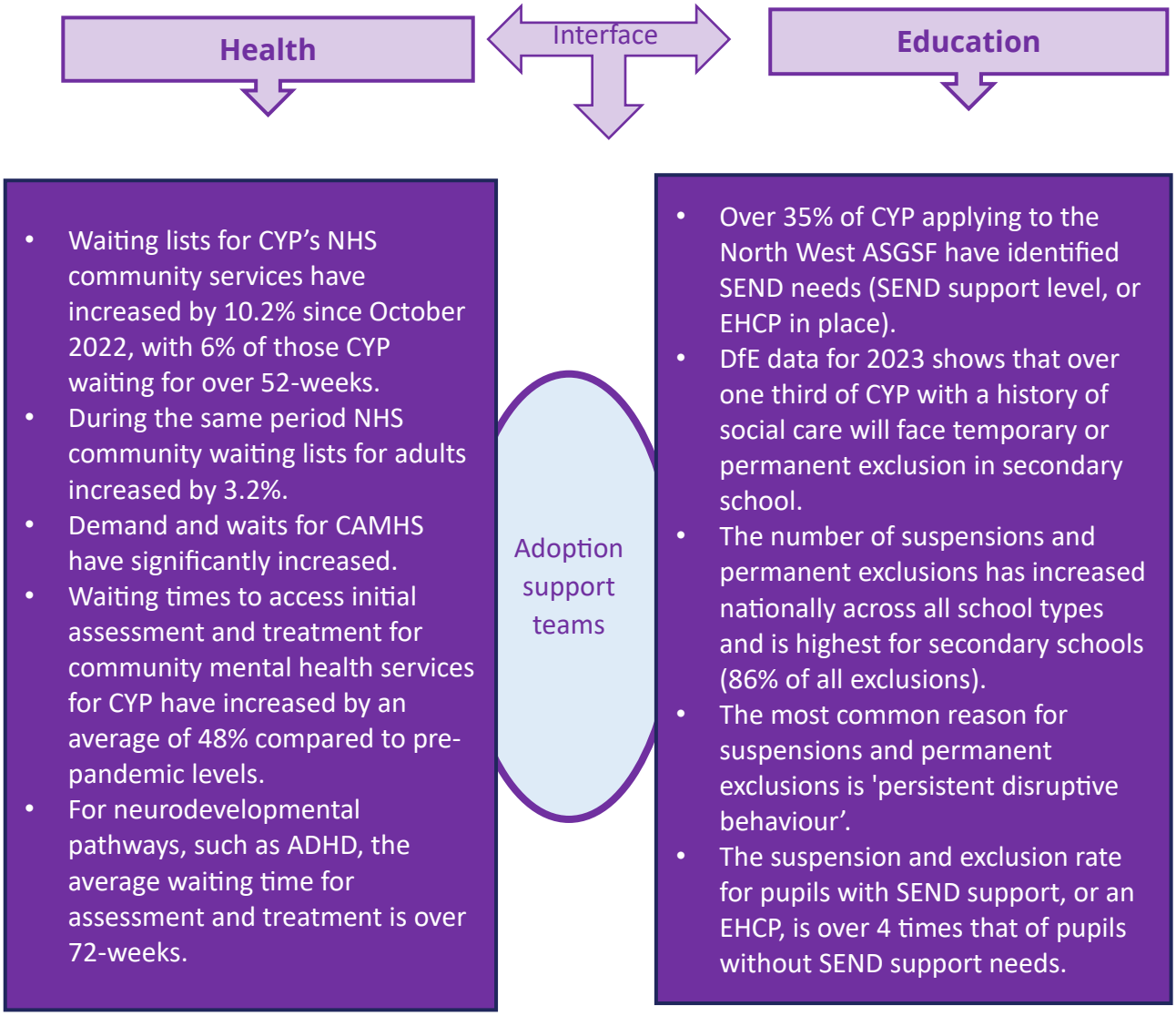
[6] Trusts plead for national help with surge in long waiters | News | Health Service Journal (hsj.co.uk)

[7] Twenge, Generations (June 2023)

Adoption support teams operate at the interface of Education, Health and Social Care.

System-based factors in these areas are increasing vulnerability and reducing resilience e.g. a lack of access to health assessment and specialist support, and instability in education, are working against the resilience of families and the purposes of the ASGSF.

A key goal should be, not just to support those affected by adoption and SGOs, but to improve other aspects of the health and education system, ensuring CYP, adults and families receive a full range of appropriate services and support to reduce needs and risks rather than to escalate them. The diagram below illustrates the interface between health and education.



5. Adoption Support Workforce

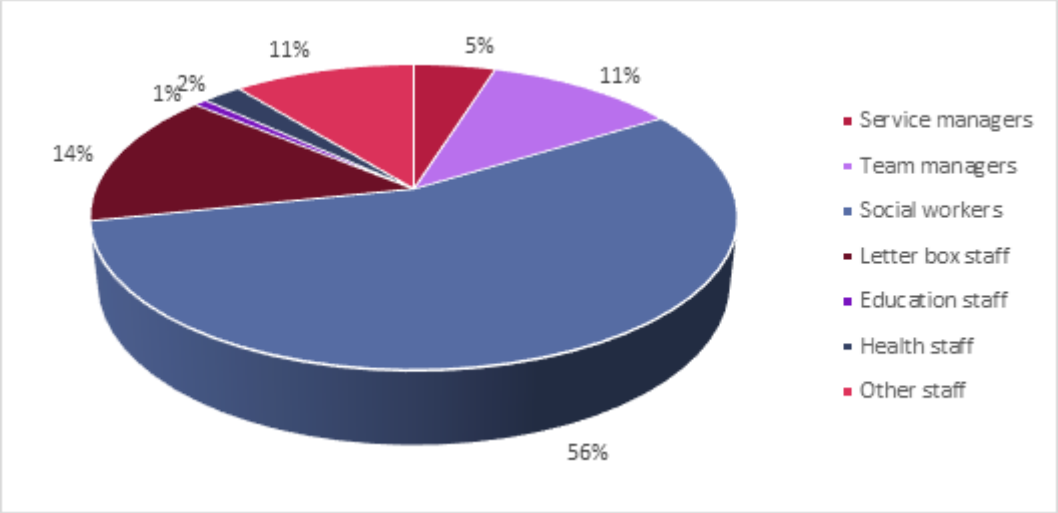
Key Insights

- The highly skilled adoption support staff are spending too much time on administrative tasks, such as applying to the ASGSF, rather than delivering therapeutic interventions.
- Families may not fully recognize the skills and therapeutic support that social workers can provide.
- There is a need to utilise the broader system's workforce and recognize the different types of workforces required, not just those within the adoption support service.
- There is a concern about the recruitment of social workers and therapists with the skills needed to deliver adoption support. Retention of a multi-disciplinary therapeutic team to meet the complexity of ASGSF funded cases has also been highlighted as a challenge.
- Parents and families, who are often highly skilled professionals, should also be mentioned. Mentoring programs where adopters support each other and the concept of an adoption support community around the parents are suggested.

5.1 Total number working across adoption support

There are approximately 425.37 Full Time Equivalent (FTE) staff working across adoption support nationally[2]. Chart 1 shows a breakdown of these staff, 55% are social workers, 11% team managers and 14% letter box staff.

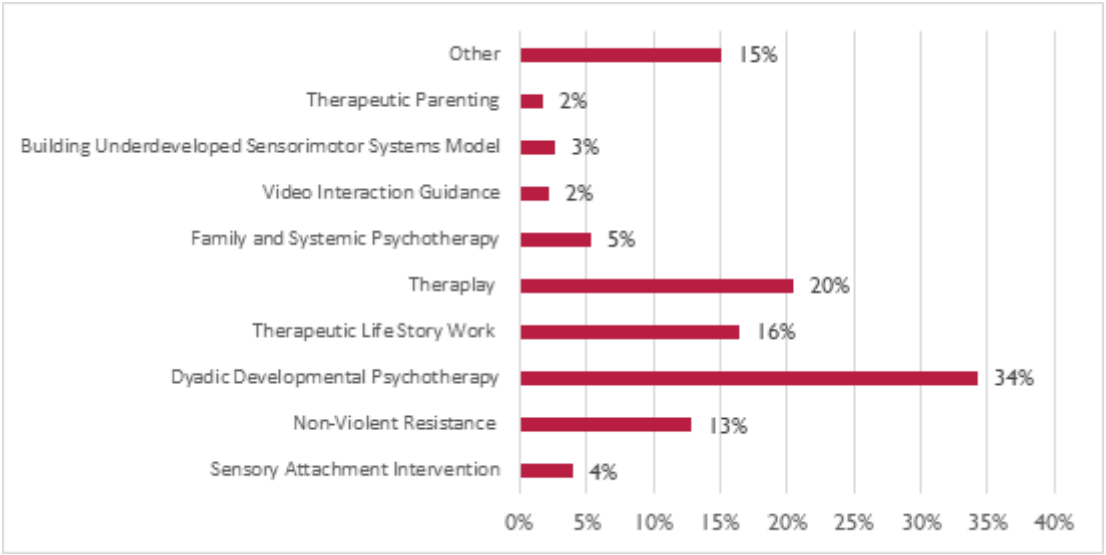
Chart 3: Staff working within adoption support nationally.



5.2 Summary of Skillset of staff working in adoption support

Using data provided by 18 RAAs on 224.89 FTE staff working in adoption support 34% have trained in Dyadic Developmental Psychotherapy (DDP), 20% Theraplay, 16% Therapeutic Life Story Work (TLSW), and 13% have Non-Violent Resistance training (NVR).

Chart 4: Skill Set of Adoption Support Staff



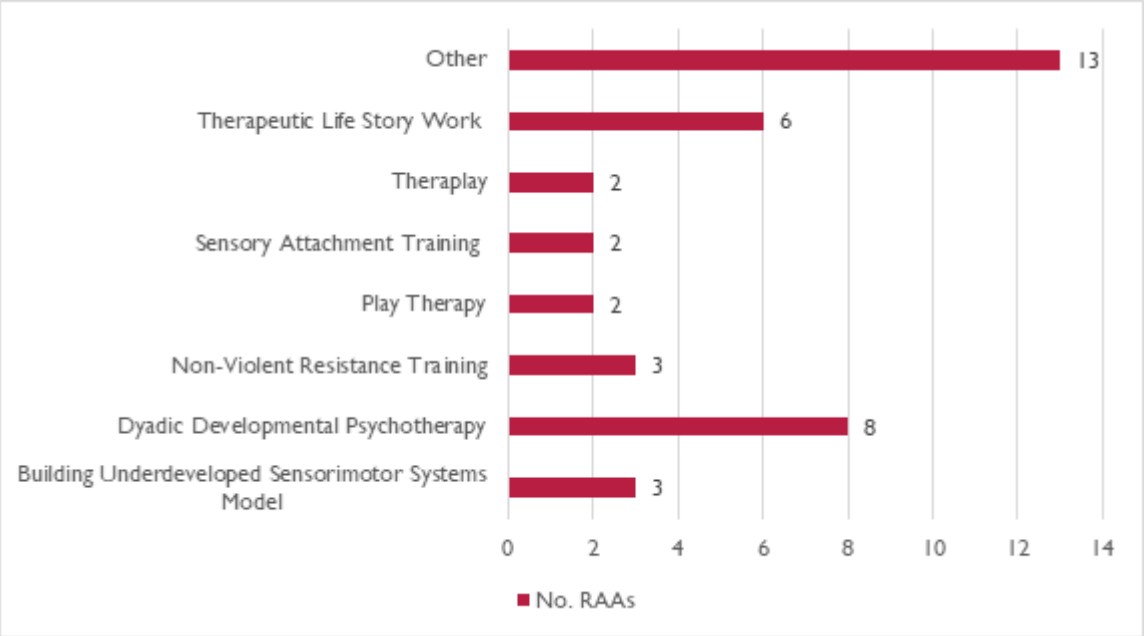
Although the remaining twelve RAAs were unable to provide exact numbers of staff training, nine RAAs did state the types of training that staff have undertaken. In all nine RAAs there were staff trained

in DDP, six had staff trained in Theraplay, five Therapeutic Life Story Work, five Building Underdeveloped Sensorimotor Systems (BUSS) Model and four RAAs had staff trained in NVR. This pattern was reflected in the RAAs who were able to provide exact number of staff trained.

Summary of Skills Gap

Seventeen of the thirty RAAs completing the workforce analysis were able to indicate what skills gaps they have amongst staff within their RAA. Chart 3 gives a summary of the skills gaps identified, eight RAAs identified gaps in relation to DDP training, six identified gaps in TLSW, three NVR and three in the BUSS model.

Chart 5: Summary of skills gap



The findings from the workforce skills assessment shows that RAA have several staff who are qualified to deliver several of the therapy types that are funded through the ASGSF including Theraplay, DDP, BUSS, NVR, and therapeutic life story work. Some of this work is also being commissioned by the RAA outside of the ASGSF.

Through regional needs assessment pan-regions have identified:

1. **Underutilization of Skills**: The highly skilled adoption support staff are spending too much time on administrative tasks, such as applying to the ASGSF, rather than using their skills effectively. Individual commissioning processes are extremely resource intensive and administratively burdensome. Each commissioning transaction requires negotiation, documentation, and approval processes, which consume valuable time and resources.

2. **Awareness Gap**: Families may not fully recognize the skills and therapeutic support that social workers can provide.

3. **Wider Workforce Utilization**: There is a need to utilize the broader system's workforce and recognize the different types of workforces required, not just those within the adoption support service.

4. **Succession Planning**: There is a concern about the recruitment of social workers and therapists with the skills needed to deliver adoption support. Retention of a multi-disciplinary therapeutic team to meet the complexity of ASGSF funded cases has also been highlighted as a challenge.

5. **Inclusion of Parents/Families**: Parents and families, who are often highly skilled professionals, should also be mentioned. Mentoring programs where adopters support each other and the concept of an adoption support community around the parents are suggested.

6. Needs of Children and Families

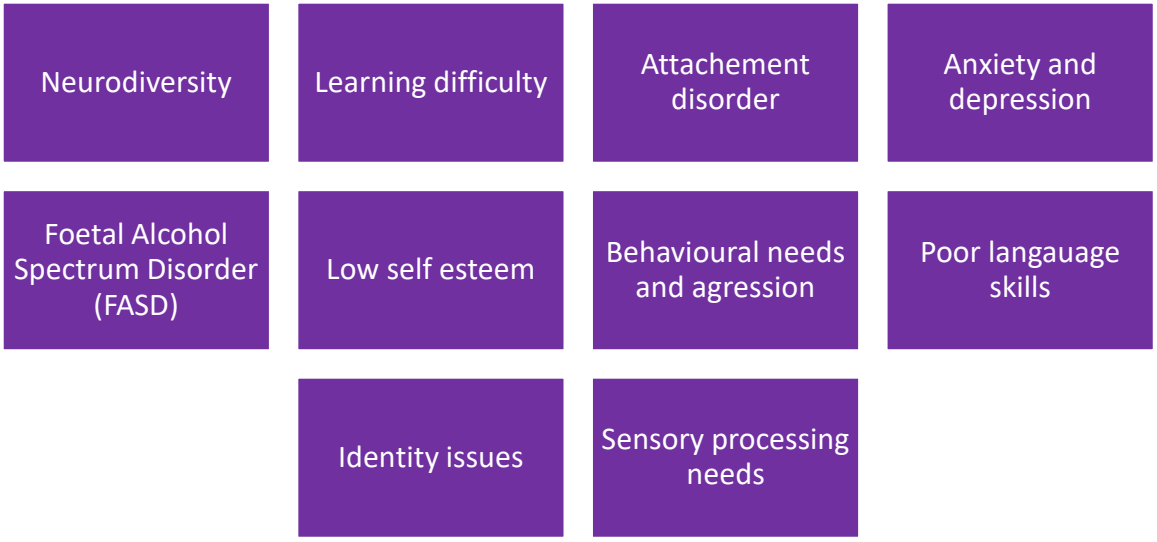
6.1 Varying and complex needs

Findings from regional needs assessments has evidenced the varying and complex needs of adopted children and young people.

Identified needs of adopted children and young people.

Key Insights

- There is consistency in the needs assessments around the needs of children and young people nationally, allowing for the prediction of needs. These are detailed in section six of the report include, neurodiversity, learning difficulties, attachment disorder, Foetal Alcohol Spectrum Disorder (FASD) and sensory processing needs.
- The needs of children have become more complex and have increased at a much faster rate. The pandemic has reduced resilience among children, making it harder for them to cope with challenges.
- Health and education needs are not being fully met, leading families to crisis points and increasing demand for adoption support. There is a lack of coordinated efforts and effective pathways.
- Families need a better understanding of the support available from Adoption Support, Health, Education, and Social Care.
- There is a need for better integration across health and social care to address the needs of adopted children more effectively and use resources efficiently.
- While the primary focus has been on adoption, it is important to also consider Special Guardianship Orders (SGO) and replicate successful practices from adoption in SGO.
- There is a lack of understanding of the needs of adopted children within health and education sectors. It is essential to encourage colleagues in these sectors to enhance their skills and understanding.
- Wider system factors are exacerbating needs, and there is a need to influence policies at the national level.
- The characteristics and circumstances of people who are adopting today have changed compared to a few years ago. There is increased instability among current adopters, which could impact the adoption process and the support needed.
- **Highlighting these factors is essential for understanding the current landscape and addressing the evolving needs of children effectively.**



The Adoption Barometer[1] evidence that three quarters of adoptive parents reported that it felt like a continual battle to get the help and support their child and family needed. Sixty percent of adoptive parents had experienced violent or aggressive behaviour directed towards them from their child and 23% of children were suspected to have self-harmed or attempted to do so. The report highlights that adopted children and young people are more likely to be neurodivergent than the general population and are at an increased risk of prenatal alcohol exposure which can lead to a diagnosis of Foetal Alcohol Spectrum Disorder (FASD). The barometer has identified increases in the proportion of families that have experienced a child leaving the family home prematurely. When this data is extrapolated across the country it means hundreds of children moving to semi-independent or independent living arrangements earlier than planned for older teenagers and young adults or moving to residential settings or event returning to care.

One region has identified an increase in the number of adoptive families reaching social care thresholds and being referred into the local authority. This is due to increasing risk taking behaviour by children and safeguarding thresholds being reached. How these referrals are managed within each local authority differs and further discussions to identify good practice (some of which has already been identified) could improve processes; giving adoptive parents the space they need to heal and improve the understanding within social care teams on the impact adoption has on families.

Pan-regions have identified that the needs of adopted children and young people are becoming more complex and multifaceted**.** Foetal Alcohol Spectrum Disorder (FASD) is one of the complex issues they see most frequently in adopted children.

When examining the needs of children and young people the North West regional needs assessment highlighted that there are both static and dynamic needs and risks e.g. some will stay the same, such as experience of the care system whilst others will be constantly changing such as psychological status.

It is the interplay between needs and risks that creates tipping points which lead to instability and crisis, and sometimes sudden and irreversible shifts in negative outcomes (‘points of no return’) such as adoption breakdown, which lead to ‘cascading effects’ in multiple areas.

Many opportunities exist for professionals and systems of support to influence needs and risks, both positively and negatively. This is important because it is possible to anticipate and predict, as well as respond to needs and risks. This approach is essential for children and young people to give them the best possible chance of success and to target resources effectively.

Presentations of need often involve children and young people with multiple, or co-existing health needs and neurodivergence, alongside other risks such as disparity in emotional and chronological age, school exclusion, self-harm, and parent or carer fatigue.

The North West has found that a lack of effective access to specialist health assessments, and advice, due to long waits and high thresholds for support and treatment, is creating additional pressures on children and young people, adoptive parents, special guardians, and schools, as well as on post-adoption support teams, who are increasingly responding to complex and unmet health needs and risks.

This issue is directly influencing the growing number and type of applications to the ASGSF.

RAAs shared the following insights in relation to education and health services:

"Capacity and gaps in trauma-informed expertise and understanding in mainstream health and education services negatively impact on the needs of children and therefore on the ASGSF. These can also create additional risks for children, such as being out of mainstream education, or waiting a significant time for mental health assessment and support (e.g., where there is self-harm).

We continue to see a need for support around the challenges faced within the education system for adoptive children and how these impacts on the stability of the family unit. We continue to work on and build relationships with our virtual school colleagues to support our adopters with this challenge."

"Although there are some gaps in the data, overall, the pan-RAA region is experiencing the following in terms of the current and emerging needs of the children they are seeing:

- *An increase in complexity of the children with many presenting with multiple diagnosis*
- *Children struggling in terms of their education and an increasing number of those children not in formal education.*
- *An increase in families needing social care support as they are meeting the threshold for that service due to issues such as family breakdown."*

REGIONAL NEEDS ASSESSMENT HIGHLIGHT

Eastern Region

Authors: Pam Whittaker, Executive Head of Adopt East and Brooke Little-John, Lead Commissioning Officer

STEP

STEP collects information on the profile of families and any therapeutic support they have received, and correlates this against the clinical measure TAYC-R.

Adopt East have commissioned STEP since September 2022. Initial STEP was produced, and the data provided in this report are from the initial report.

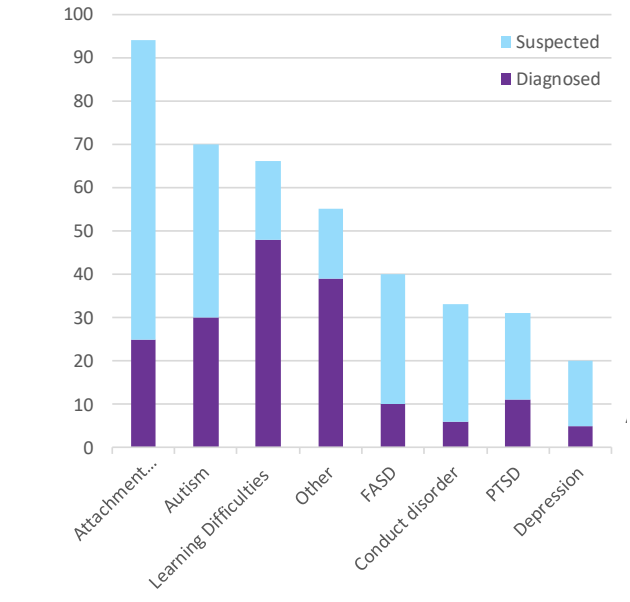
In April 2024 STEP was rolled out in Adoption Connects and Cambridgeshire and Peterborough.

Profile of survey respondents: parents

235 Parents were asked if they felt they had any of the following symptoms or had received diagnosis: chronic Illness (incl. high blood pressure, endometriosis, joint problems, PTSD, ADHD and neurodiversity), disability, depression, anxiety, other condition or none at all.

58% of parents reported having no conditions, disabilities, or mental health conditions, 15% reported having anxiety, 10% anxiety and depression, 11% had a chronic illness, 4% depression and 2% reported having a disability.

Children's diagnosis and suspected difficulties as reported by parents.



Thirty-eight percent (n=90) of children had received at least one professional diagnosis.

One in five of the children (20%) had a diagnosed learning difficulty.

One in eight were on the autistic spectrum. There was a very high rate of autism diagnosed: 13% of children in this sample compared with 1% of children with autism in the general child population.

About one in ten (11%) had a diagnosed attachment disorder

Surprisingly two of the most common disorders, in the general population and amongst those in care, had very low rates of diagnosis: PTSD 5% and conduct disorders 3%.

TAYC-R Key Findings: Linear regression modelling

The factors that had been found to have a statistically significant association with the total TAYC-R scores were entered into linear regression models.

The child's age at entry to care, age at placement and ethnicity were all non-significant factors. Age at placement being a longer term non-significant factor was surprising however is encouraging for the adoption landscape.

The following variables were entered into the final linear regression model. The 'outcome' variable was the TAYC-R total score. The independent variables entered were:

- The child's current age
- Previous exposure to domestic violence
- Family contains biological children.
- Parent diagnosed with anxiety.
- Child diagnosed with learning difficulties, autism, FASD, PTSD, attachment disorder, and neurological conditions.

Those with biological children had TAYC-R total scores nearly six points lower than those without (all other variables being equal).

The model demonstrated that an increase in the child's current age by a year is associated with a decrease in TAYC- R total score of .474. Put another way a 5-year increase in the child's age decreased the score by 2.37 and a 10-year increase in the child's age decreased the score by 4.74.

Children with previous exposure to domestic violence had TAYC-R total scores nearly three points lower than those with no exposure (all other variables being equal).

Parents who were diagnosed with anxiety reported TAYC-R total scores two points lower than those without anxiety (all other variables being equal).

The next STEP report is due soon with an expected analysis of around 1000 families across all three Eastern Region RAAs. This will make it one of the largest ever studies of adoption support data.

REGIONAL NEEDS ASSESSMENT HIGHLIGHT

North West

Author: Jo Williams, Programme Lead – Mental Health and Neurodiversity, NHS Cheshire and Merseyside ICB.

This diagram is taken from the NW Needs Assessment and illustrates the interplay between needs and risks.

Needs
Increasing in volume and complexity, multiple, or co-existing needs

Neurodiversity and learning difficulties

Anxiety, and depression

Fragile and low self-esteem

Self-harm behaviours

Behavioural needs and aggression

Poor language skills

Sensory processing needs

Food avoidance and eating disorders

Sleep difficulties

Profound bereavements and complex grief (SGO)

Foetal Alcohol Syndrome

Identity and gender identity issues

Birth family contact needs

There are needs and risks across multiple domains

The interplay between needs and risks creates 'tipping points' that can lead to rapid and sudden escalations.

Not all needs and risks are of equal value, some will have a much greater impact than others - 'weighted'

This is their 'load' or 'burden'

Risks

Static and Dynamic factors

Emotional age v. chronological age

Instability in education, or exclusions

Long waiting times for health assessments, support, and treatment (inc. medication shortages)

Increased vulnerability to exploitation

Fluctuating mental health status

Fragmented and uncoordinated systems of support

Difficulties accessing, or late access to support

Changing Adopter/Guardian profiles and lower numbers of Adopters

Adopter/Guardian well-being, anxiety, and fatigue

Instability at home

Ability/motivation to engage and implement strategies

6.2 Wider System Issues

Families have fed back that they are accessing the ASGSF when there was no other pathway, particularly health and education pathways, open to them.

The needs of adoptive families have been found to be lost by separately commissioned clinical and diagnostic pathways. This impacts on increasing requests, application, and costs to the ASGSF and indirectly on the resources of post adoption support teams.

Mental health services have been found to sometimes push back referrals for support for adopted children, recommending that they access ASGSF funded therapy instead.

Regional Needs Assessment Highlight

North East

Author: Rebecca Bacon, Commissioning Manager

Joint working with a virtual school

Adoption Tees Valley has improved assessment timescales through redesign of the initial response to requests for an assessment of adoption support needs. Education Support is provided to adopted children via a designated in-house worker, co-funded by the five Virtual Schools, which is considered by the other North-East RAAs as a particular area of strength.

Of the non-ASGSF funded adoption support services, the Education Support Worker has been highlighted as one of the most popular and in demand services.

Adopt North East are considering enhancing the team with an Education Support Worker, (almost 75% of contact with Adopt North East has an education element), and a Family Support Worker.

7.0 The Provider Market

Key Insights

- Few providers work across pan-regions. Having providers that can operate in multiple regions, can lead to more consistent service delivery and potentially lower costs due to economies of scale. However, it's also important to ensure that these providers can meet the specific needs of each region.
- Striking the right balance between local, national, small, medium, and large providers can help ensure a diverse and resilient provider market. Local providers often have a better understanding of regional needs, while larger providers might offer more resources and stability.
- The fair access limit hasn't been adjusted to account for rising costs.
- New procurement regulations and dynamic purchasing systems can offer opportunities to streamline processes and improve flexibility. These systems can make it easier to adapt to changing needs and market conditions, potentially leading to better outcomes.
- **Three providers have been identified as delivering services across four or more pan-regions with significant funding from the ASGSF. This may offer an opportunity for joint commissioning at a pan-regional or national level.**

A significant number of providers are being commissioned to provide post adoption support across RAAs. Providers range from independent therapists to small, medium, and large organisations or charities. Striking the right balance between local, national, small, medium, and large providers can help ensure a diverse and resilient provider market. Local providers often have a better understanding of regional needs, while larger providers might offer more resources and stability.

Few providers have been found to work across pan-regions, some work with two or more RAAs in a region whilst others work within one RAA in a region. Having providers that can operate in multiple pan-regions, can lead to more consistent service delivery and potentially lower costs due to economies of scale. However, it is also important to ensure that these providers can meet the specific needs of each region.

Data on ASGSF funding between 2015/16 and 2022/23 has been reviewed to identify providers receiving the most funding for the provision of post adoption therapeutic support to adopted children and their families. Three providers have been identified that have been commissioned in four or more pan-regions.

Provider A received the highest amount of funding to provide services through the ASGSF between 2015/16 and 2022/23. A breakdown of this funding shows 73% was used to provide services in the

North West, 24% was to provide services in the Midlands and 3% was to provide services in the North East.

Provider A is an independent specialist voluntary adoption agency and registered children's charity.1 The charity offers adoption services for adopted adults and birth families across the whole of the North of England, Stoke, Staffordshire, Shropshire, and parts of Wales2.

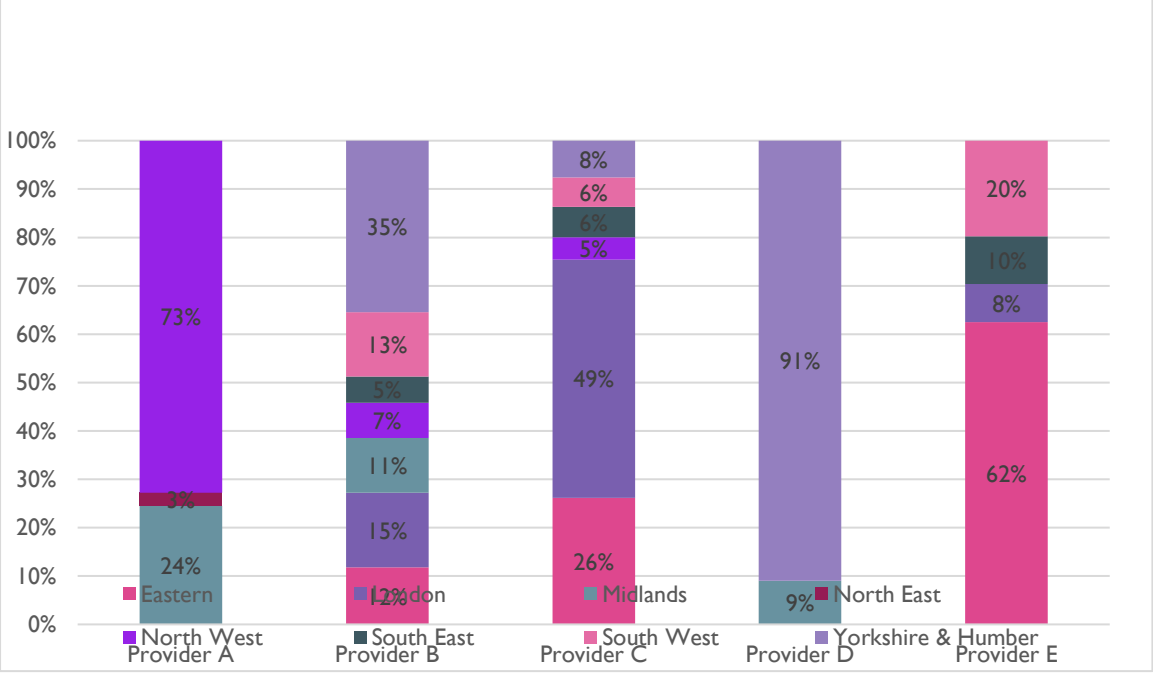
Provider B received the second highest funding and provided services through ASGSF in seven regions excluding the North East. Most of the funding provided to Provider B was used to provide services in the Yorkshire and Humber Region (35%).

Provider B is a national adoption support agency, operated by a private company. Provider B provide specialist assessment services and drama, art and music therapy to children and young adults who have been adopted.3 provider of creative art therapies, which includes art psychotherapy, dramatherapy, music therapy, and neurological music therapy.

Provider C is a voluntary adoption agency and a not-for-profit community interest company. The agency provides recruits, prepares, and assesses prospective adopters, for children with a significant history of developmental trauma. They also provide specialist multi-disciplinary assessments and treatment services for children with a history of early trauma.

Provider C have provided services in six of the eight regions (excluding Midlands and North East). Most of the funding received by Provider C was spent in London (49%) and Eastern (26%).

Chart 6: Pan-Region breakdown of highest funded providers



	Provider A	Provider B	Provider C	Provider D	Provider E
Eastern		£521,492 (12%)	£980,975 (26%)		£1,855,589 (62%)
London		£679,504 (15%)	£1,843,766 (49%)		£233,373 (8%)
Midlands	£1,614,881 (24%)	£500,428 (11%)		£313,674 (9%)	
North East	£180,466 (3%)				
North West	£4,801,551 (73%)	£321,142 (7%)	£172,395 (5%)		
South East		£242,212 (5%)	£236,482 (6%)		£293,494 (10%)
South West		£585,267 (13%)	£229,106 (6%)		£587,208 (20%)
Yorkshire & Humber		£1,567,024 (35%)	£283,010 (8%)	£3,158,457 (91%)	
Total Funding	**£6,596,898**	**£4,417,069**	**£3,745,734**	**£3,472,131**	**£2,969,664**

Between July and August 2023 Mott MacDonald (MM) undertook some research[8] on behalf of the Department for Education (DfE) with therapeutic providers who are regularly commissioned by LAs and RAAs to deliver ASGSF-funded services. The providers chosen represented the national profile in terms of geography, size, hourly rate, and type of provider. The purpose of the research was to understand providers' experience of local commissioning and procurement processes, what is driving costs and how this impacts service provision, and current market demands. A summary of the findings is given below:

Provider experience of local commissioning and procurement processes

- **Complexities of joining an LA or RAA Framework**: Providers reported that LA and RAA commissioning and procurement processes can be overly complex and confusing. For some providers, the administrative cost of joining a framework and the associated procurement process is incorporated into their hourly rate but for other providers the cost is absorbed by their other business.

  The different requirements of each LA/RAA means that it is often more cost effective for a provider to work with one or two LAs/RAAs to minimise the cost of applying for and maintaining their place on multiple frameworks. When a provider is minimising the number of LAs and RAAs they work with, they choose to stay with the LAs/RAAs that have the quickest and most efficient commissioning processes.

[8] Mott MacDonald (2024) Understanding the post adoption therapeutic market: Summary of findings from meetings with ASGSFSF funded therapeutic providers.

- **Procurement and contractual arrangements:** Providers reported that some LA/RAAs will run a tender process on each individual service procured, which is a further administrative process in addition to the requirements of applying to the framework.

  Several providers found the commissioning and procurement approach used in the ASGSF Covid emergency fund more time and cost efficient. By being able to make group applications they were able to make cost savings through bulk purchases, speeding up the process and allowing work to be planned and delivered more efficiently.

- **Insufficient information at referral:** Many providers talked about the challenge of costing a service based on the information they initially receive from the LA/RAA. Without a good insight into the child's presenting needs it is difficult to know what therapeutic service to recommend and the level of support required.

  Providers rely on the information they receive from the social worker or in the service requirement that the commissioners have issued. Where the family do not have a social worker assigned, the information they receive is not always as detailed as required. Providers said that social workers are not often best placed to know what therapeutic service is the most appropriate for the child or family, and once the service has been procured the process of surrendering funds and re-applying to the ASGSF means the family must wait longer for support.

- **Information of future demand:** Providers were keen to work more proactively and build relationships with the social workers to understand demand and service requirements, this is not often possible due to the availability of the social worker and the high staff turnover.

  Working relationships between providers and LA/RAA seem to be exclusively with the social worker and there is little or no dialogue with the commissioning or procurement teams.

  Overall, providers said they are not receiving information from LA/RAAs about future demand in the geographic areas they service, and as such they feel that they are reacting to demand rather than working proactively and collaboratively to meet it.

  Some providers referenced examples where RAAs had established an inhouse service such as therapeutic parenting but had not communicated this to local providers to enable them to develop their service offer accordingly.

  Instead, providers use the referrals they receive from LA/RAAs as a guide to what future demand might look like. However, they noted that growing their services was still limited by the uncertainty of the future of the ASGSF. Providers are not able to confidently grow their business without knowing how long the fund will be running.

Factors driving costs and the impact on service provision.

- **Expertise in managing a business:** Many providers spoken to were therapists who have built a business to respond to market demand and readily admit that they are not experts in managing a business. As such, they find navigating the complexities of commissioning, procurement and other business administration challenging, and are finding it difficult to manage or accommodate increasing costs.

- **Inflation and cost of living:** All the providers spoken had or were in the process of taking steps to manage the increase in inflation and cost of living. Costs that were of particular concern included travel, venue hire, utilities, and market rates of pay.

  All the providers recognised that with costs increasing the number of sessions they can deliver within the Fair Access Limit (FAL) has already reduced. They are concerned that if financial pressures continue, there is a risk that it will start to affect the quality of service as they cut back on things like training and supervision. Many were concerned about the future of their businesses, as to meet the rising costs to operate, they need to increase their prices, but this in turn may lead them losing business.

- **Business administration costs** associated with joining LA/RAA frameworks and procuring ASGSF funded work.

- **Market rates to hire staff** with the level of experience and qualifications required to work on ASGSF-funded cases.

- **Building or retaining a multi-disciplinary therapeutic team** to meet the complexity of ASGSF-funded cases.

- **IT requirements** to meet data protection and security.

- **Insurance** cost.

Current market demands.

- **Increase in demand**: All providers are seeing an increase in demand for their services. Some are operating waiting lists, but most will refuse referrals once their services are fully committed.

- **Complexity of cases is increasing**: This is contributing to service demand as families are more likely to stay in therapy longer. Providers referenced the current economic climate as a contributing factor to the increase in complex cases. Financial difficulties are putting increasing pressure on families and relationships which is pushing more families into crisis.

  Providers noted that they are seeing an increase in referrals that ordinarily would have gone to CAMHS. Without diagnosis and medical interventions, the child may not respond to therapy, be in the wrong therapy, or the needs may have been picked up and addressed through universal services/education setting.

  They also feel that as CAMHS are not picking up cases where this is a mental health concern, this is adding to the complexity and leading to more family breakdowns. The increase in applications for Education, Health, and Care Plans is also contributing to demand, as schools are under increasing pressure to deliver therapy and are looking for support. Cuts to social care and the

subsequent increase in social worker caseloads is impacting on the support that families are getting.

- **Development of businesses**: Providers developing their business plans for growth identified several areas that are holding them back which included, information from LAs and RAAs on future need and requirements. Adequate notice (at least 12 months) to plan for areas of growth was also identified. They noted that the nature of the ASGSF funding cycle means they cannot confidently put plans in place. The availability of suitably trained and experienced staff was also a barrier.

8.0 Identified Gaps and Areas for Service Development

The needs assessment process has highlighted several gaps and areas for service development which will be further explored and addressed through the recommendations.

8.1 Gaps

- Eligibility and felxibility of the ASGSF
- Data collection and reporting on adoption support cases.
- Availability of therapies, including geographical location
- Workforce capacity
- Evidence base to demonstrate the effectiveness of services – what works to support families
- Lack of understanding about commissioning role.

8.2 Areas for Service Development

- Services for birth families, adopted adults and adolescents.
- RAA early help offer
- Development of a consistent post adoption support offer across all RAAs
- Clear communication for families about what services are available, how they can be accessed and timescales
- Whole system working – team around the child

9.0 Recommendations

The following recommendations have been developed and put forward by the core team and regional commissioning members. They are based on the key themes and findings identified through completed regional needs assessments.

DfE and Adoption England

- Review the ASGSF eligibility criteria, application process and interventions accessible through the fund.

- Explore options for devolving funding for adoption support to RAAs for inhouse- or large-scale commissioned interventions to allow for more innovative, flexible, and responsive service provision, enabling in-house services and more efficient commissioning, potentially leading to better value for money and improved outcomes.

- Review of the ASGSF data points – many of the fields can be left blank.

- Engaging and working with virtual heads and health – needs to be at national level to encourage this working together. Influence change.

- The development of national specifications and templates for commissioned adoption support services.

Adoption England Commissioning Team

- Develop and agree with regional commissioning members:

  - Minimum standards for providers delivering services on behalf of RAAs, including due diligence checks to ensure they meet the required criteria for delivering high quality adoption support services.

  - Consistent monitoring, reporting and review processes for commissioned adoption support services. A process of regular review should be developed to assess the effectiveness and impact of adoption support services.

  - A review of commissioned services costs, e.g. therapies funded through the ASGSF. This will help to ensure that funds are being used efficiently and that services are providing value for money.

- A workforce strategy for adoption support to ensure that adoption support services are delivered by skilled and experienced professionals. This should include the recruitment, training, and retention of staff.

- An aspirational, phased plan for improving data collection within RAAs. This should include an agreed data set that can inform strategic commissioning decisions.

- Develop a standard information sharing template.

Regional Adoption Agencies

- Improve internal systems for capturing and reporting on adoption support – the number receiving adoption support, type of support received and duration.

- Engage and work with:
  d) Virtual heads to discuss how best to support the needs of adopted children and young people.

  e) ICBs to recognise the health needs of adopted children and young people and identify them as a 'vulnerable group' in key guidance documents and commissioning strategies, enabling priority access to critical care pathways.

  f) In-house interventions: using existing workforce explore delivering ASGSF interventions in-house instead of commissioning provision externally e.g. DDP-informed support, attachment-based parenting training, Theraplay, Therapeutic Life Story Work, and Non-Violence Resistance training.

10. Conclusion

The undertaking of strategic commissioning needs assessments has given RAAs the opportunity to systematically examine and understand need at a pan-regional level. Good working relationships have been developed between RAAs to deliver the needs assessments and the process has enabled shared practice and learning which has been extremely valuable.

The interim report from an independent evaluation of the commissioning programme carried out by The Institute of Public Care (IPC) at Oxford Brookes University (July 2024), identified that the regional needs assessments have been a key achievement of the programme. The report highlights:

> *"This has been time consuming but is a vital first step in understanding what needs to change to improve the speed, quality, and consistency of adoption support services. It has provided the rationale and evidence base for innovation projects which will test out new pan-regional commissioning approaches to deliver improved services and support for adoptive families.*
>
> *A **National Picture of Adoption Support Commissioning** has been compiled as a first stage in presenting a comprehensive overview of adoption support needs and provision across England.*
>
> *These two pieces of work represent a big step forward in understanding the needs of adoptive families both now and in the future as well as the strengths and weaknesses in how services and support are being commissioned and how this can be improved. The self-reflection and 'lessons learnt' aspect has helped to gel relationships between RAAs and develop a greater sense of cohesion within pan-regions.*
>
> *Informed by their needs assessments, RAAs have come together to devise **innovation projects** to test out new ways of commissioning adoption support services and to improve commissioning arrangements at a pan-regional level. A common feature is that adoptive families are involved in the design of these projects, and there is an emphasis on early help to prevent problems from escalating."*

Regions have faced several challenges in undertaking in the needs assessments which have included:

- Capacity to undertake the work alongside side the day job with competing priorities.
- Identify shared priorities for the pan-region.
- Understanding why the needs assessment is being carried out which has impacted engagement and prioritising of the project by some RAAs.
- Engagement of the many stakeholders across RAAs (covering several local authorities).
- Access to sufficient data that would provide a fully comprehensive picture of need due to pan regions not having access to sufficient data from either the ASGSF or on the services not funded by the ASGSF.

The IPC interim report states:

> *"Good commissioning is based on being able to gather intelligence about needs and current service provision (what is being provided, to whom, at what cost etc). Lack of data is currently a huge barrier. In part this may be because there is no requirement for agencies to report on adoption support data to central government which has resulted in inconsistent collection of data on services and support not funded through the ASGSF. In addition, data that is collected by Mott McDonald on services and support that is funded through the ASGSF is not easily available to the regions. Some progress was made earlier this year through a new support offer from Mott McDonald but pan-regions reported that the time and effort that was involved in interrogating these datasets was beyond their capacity*."

Ensuring commissioning capacity and resourcing going forward to continue the work of the programme is essential. All regions want to continue the work and are eager to build on the momentum started.

> *"Despite the challenges, pan-regional working is viewed as the direction of travel by most RAAs. The regional needs assessment exercise appears to have generated energy and enthusiasm that improvements can be made by working together."*

Appendix A: Regional Needs Assessments Summary Notes

1. Eastern (p53-55); 2. London (p55-60); 3. North-West (p60-69); 4. North-East (p69-74); 5.South-East (p75-80); 6. Midlands (p80-85); Yorkshire and Humber (p85-86)

1. Eastern

Section	Key statements & analysis
1. Overview	• Process for completing assessment and data used. <u>Interesting/useful/surprising findings</u> • More non-ASGSF funded support being delivered than anticipated. • Evidence of challenges of adolescents • 51% of service users receive adoption support at a relatively low level of need. • Localised variation in commissioning arrangements may work best. <u>Opportunities and Challenges</u> • Strengthened pan regional working arrangements. • clear focus time to review AS • clear framework to support anecdotal evidence of the needs. • national lobbying of DfE to review ASGSF. • Lack of time and availability to work on programme. • lack of pop data available • large number of LAs all have different case management systems. • understanding the rationale for delivering this work and outcome of the exercise • Next step is to work on the plan developed from the needs assessment
2. National & local strategic context	• Adoption England Strategy
3. Quantitative Analysis	<u>STEP survey respondents</u> • breakdown of parents and children who responded (ethnicity, marital status, gender, age, symptoms/diagnosis, family size with biological children. • Useful data on self-reported needs, analysis of children's difficulties. Just over half currently receiving no support. Array of different support being received. • TAYC-R results – demonstrates AS is making a significant difference to relational health of families. • Findings suggest that age at placement and ethnicity are not significant factors. Factors that appear more significant are having a biological child, exposure to DV and parents diagnosed with anxiety. <u>Additional Education Need information (AUK research findings)</u> • more flexible arrangements around the ASGSF would enable more creativity around delivering support in this area. <u>Aggregated data from ASGSF</u>

	• A high % of children aged 12 and over. Suggests they need better/different support for them. <u>Adoption support child population data</u> • Total number of children open as AS cases. Shows high level of demand – aware that some areas need to be better at reviewing and ending support. Essex have reviewed, closed many open cases and reduced duration of support. Work ongoing to share best practice. ASGSF arrangements and challenges with working with local providers makes this task more difficult. <u>Adoption support workforce data</u> • Highlighted the extensive skills and experience across the region. However, there is a lack of appropriate clinical supervision and coordination support. <u>Existing provision data.</u> • Lack of a business model within the adoption agencies to understand costs associated to pieces of work which could then be claimed via the ASGSF. • Overreliance on external providers to deliver the work instead of the work being delivered in house. • There are numerous pieces of work and support being delivered that are not being claimed for but meet the eligibility criteria.
4. Qualitative Analysis	• STEP findings (survey data) • AUK Barometer Summary i. 51% of families are accessing services at an early point. This provides us with opportunity to be more flexible in our early help offer. ii. Adopters feel well supported during approvals, matching and early placement; above average satisfaction with core and enhanced AS; above average confidence in availability of support for teens and young adults. iii. To consider – can processes for delivery and quality of life story materials be strengthened? Can support for contact be strengthened including into the teen years?
5. Analysis of existing provision	• Visual representation – pyramid of ASF and non ASF adoption support. Specialist, Intensive, Additional and Universal. • Table showing map of services by type, support, RAA and how it was commissioned. • Some differences in average cost per therapy compared to national. Exploring. • Deliver therapeutic support internally – mostly not applied for ASGSF.
6. Issues and Considerations	<u>Commissioning issues</u> • Providers (Mott survey) with staff feedback mapped against it. • Staff feedback: high admin time required (complexity of frameworks); lack of resource (procurement and contractual arrangements admin challenges); potential burnout (insufficient info at referral and challenge of costing the service); frustration at time taken away from direct work with families (info of future demand). <u>Key issues/priorities</u> • Rigidity of ASGSF criteria • Lack of inhouse intensive services • Limited appropriate support for adolescents despite high level of need • Lack of AS data in Adopt East • Adopter's cyp sharing that schools have limited understanding of their needs. • Low level need often going through social work duty services.

	• Challenging procurement arrangements across region • Not knowing which therapeutic support has the best outcome. • Difference of cost per therapy across the 3 RAAs <u>What we need to do (recommendations, next steps)</u> • Work with DfE and national team to review ASGSF criteria and need for flexible approach. • Review supervision arrangements for different types of support. Develop clear model for RAA delivered support. Finalise AS Strategy with clear focus on needs led approach which has clear criteria for commissioning in house of externally. • Lobby DfE to adapt remit of ASGSF to allow provision of dynamic and creative therapeutic services that better meet needs of adolescents. Develop youth work approach underpinned by robust therapeutic approach. • Rather than jointly commission, work together to understand best approach. Share specifications and expectations to ensure services delivered at a high standard across the region. • Use analysis to determine which therapeutic support is delivered based on outcomes. • Continue to liaise across the 3 RAAs as and when issue of costs difference arises, share info to support each other when challenges occur. • System changes and Power BI built. Consistency around how AS is recorded. • Share good practice models, e.g. Talking, Education and adoption (TEA). Consult with virtual schools. • Service specification and options paper to be produced. Roll out adoption peer support line.

2. London

Section	**Key statements & analysis**
1. National strategic context	• National Adoption Strategy, NACT, NACP, MV & Mott, IPC
2. About London, children's health, outcomes and other factors	• Public health information. • ONS data, deprivation stats, child heath, low birthweight as a factor, child development, childhood obesity, ACEs, children at risk
3. Adopted children	• Adopted children's data - national stats, waiting times, age at adoption, ACEs
4. Experiences of AS	• AUK Barometer • Big Consult (PAC-UK) • DfE's evaluation of ASF: baseline survey of families (March 2021) • Review of ASF Covid scheme (October 2021) • AUK Barometer – Regional summary – London above average key indicator scores re ASF
5. London region strategic context	• Adopt London umbrella – 24 London boroughs in total. Very close partnership. Work closely to develop shared services and practice standards. • Ambitious for Adoption is not part of this partnership. • Adopt South is largest RAA in the country.

	• Black Adoption Project - pilot
6. The needs assessment	<u>Methodology</u> • Issues with aggregated ASGSF data provided – errors, inconsistencies. Have used source data to analyse particular areas, focused on 22/23 and 23/24. • Qualitative – reviewing existing survey feedback and specific focus groups with adoptive families, staff teams and then conversations with some providers. • Identified gaps in findings, understanding and data • Process – Key Lines of Enquiry identified. This is a developing piece of work. <u>Critical success factors:</u> 1. Understanding and comparing commissioned services within the pan-RAA area. 2. Understanding the core offer within the pan-RAA area 3. Developing a shared framework for commissioning to include procurement, quality controls and performance monitoring. 4. Identifying gaps in the market. 5. Developing initiatives to respond to gaps identified. 6. Developing a data workflow system that can be shared pan-RAA; using the same data sources to monitor performance and outcomes for example. 7. Quantifying our positions e.g. cost and benefit analysis, efficiency identification <u>Process had many challenges:</u> • **Challenge 1** – The Mott MacDonald data and Mutual Ventures data slide decks data provided at the beginning of this process are to be used with a note of caution. **Potential solution/s -** RAAs to retrieve a quantifiable set of information data from the ASF portal in inform an understanding of the baseline position in; interventions commissioned, providers commissioned, spend on categories of interventions and other domains. Other data will be retrieved from source e.g. from HM Government data tables and Public Health England (PHE) information. • **Challenge 2 –** RAAs need to identify resource to deliver data set information which will respond to the NACT expectation as well as providing a baseline for the regional needs assessment. **Potential solution/s –** Utilise existing data sets which can be accessed by business and/or service managers. Agree data set parameters to ensure consistency across RAAs. Use Key Lines of Enquiry to inform process parameters. • **Challenge 3** – Whilst the four Adopt London RAAs form a cohesive and collaborative group, the Coram RAA, Ambitious for Adoption – which has a very different delivery model – is less connected to this centre. **Potential solution/s –** Continue to work with these challenges and identify recommendations and potential resolutions as part of that journey. Identify how to connect Ambitious for Adoption to the Adopt London model where appropriate for future joint planning
7. London quantitative analysis	• Anonymised data only. Future analysis would look at applications, spend and interventions in more depth. • Unsophisticated level of analysis to data due to capacity. Would aim to have more confidence in data in future. • Limitations of ASGSF data provided by Mott – not always potential for like for like comparison; miscalculations in some totals; how useful is average ASF cost per recipient in planning? So not used all the data. • Regional Data request form – difficult to complete because info not collected exactly in the form requested. Fiddly and difficult.

	• Used 2022 to 2024 data from ASGSF – Service Report and Service Categories Report to understand:
	  ○ ASF spend and providers used, by individual RAA.
	  ○ Providers used that were common to more than one RAA.
	  ○ priority list of providers that might indicate a joint commissioning or lead commissioning approach.
	  ○ The types of interventions commissioned – both using the Mott MacDonald overview criteria and looking more deeply into specific therapy types.
	  ○ Reviewing whether the Mott MacDonald data can be validated against what we find locally, for future reference.
	• Problem with room for subjective entries.
	• Range of data collected locally – hard to compare. Need to develop consistent data sets.
	• Data on providers with highest spend in each RAA and then across all RAAs. Over 400 providers used across the region. Fewer used by more than one RAA than anticipated. Staff teams still struggle to find appropriate provider for an identified intervention. List of criteria for the region to consider joint commissioning of any provider(s). Not simple to achieve.
	• Disparity in therapy types in source data and Mott data packs! Why? Used source data!
	• Shows number of applications (admin burden) and breadth of therapies. Individual and one off through to multiple.
	• Lots of blanks in the therapy type data field. Why?
	• DDP has highest number of applications in all RAAs except Adopt London East where it is Specialist Assessments. In the other RAAs, Specialist Assessments was second highest.
	• This data is important because it potentially indicates a system issue. Ordinarily we would expect that statutory services carry out specialist assessments, particularly health services or education services. The reliance on Specialist Assessments applications through ASF might indicate that this route is being used because of inaccessibility to statutory services, perhaps because of waiting times or lack of provision.
	
	Conclusion – The region has some complexities that we should recognise as we decide where best to focus our next steps. There are a significant number of providers being commissioned across the region and this will impact on the number of providers we could prioritise for joint commissioning or lead commissioning arrangements. The RAAs also differ in size and in the number of boroughs they have delegated authority for. A further complexity is that four RAAs have the same delivery model – the Adopt London brand – and Ambitious for Adoption has a very different model.
	
	<u>Priorities this exercise has identified</u>:

	• **Priority 1:** Explore the additional use (to the existing contracted amounts) of the **Provider A** contract. • **Priority 2:** Review the spending with **Provider C**. All RAAs commission significant spend with this provider, and it is imperative that performance is understood and outcomes for children and families can be measured and reported. • **Priority 3:** Where RAAs have significant spend with providers – see Tables 2, 3, 4, 5 and 6 above, consideration should be given to securing provision under contract. • **Priority 4:** Where provision is commissioned through statutory services e.g. GOSH and CAMHs, **all** applications should be reviewed to understand why these interventions were not provided through existing health pathways. This should not be onerous as spend with these providers is relatively low. • **Priority 5:** There should be a review of the data workflow processes in all RAAs to ensure that information is being consistently recorded against the correct data fields. Blank entry field should be reviewed and understood to minimise data inconsistency. RAA 1 has drastically reduced its number of blank entries and lessons can be directly learned from this. • **Priority 6:** Consideration should be given to a quarterly review of data focussing on data reports so that inconsistency can be responded to in real time. This will have a positive effect on understanding applications, provision commissioned and associated spending.

8. London qualitative analysis	• Limited in scale and time. With further input and tweaking could be richer picture of need, demand, and delivery.
	• Sense check against Evaluation of ASF baseline survey 2021.
	
	<u>Commissioned service (We are Family, a peer support community) conducted 2 focus groups with families</u>:
	• All participants had accessed ASF, some multiple times.
	• All participants were accessing the fund when there was no other pathway, particularly health and education pathways, open to them. There was discussion that mainstream services seem to be 'broken' or undeveloped in their thinking and therefore in their delivery of what might be needed and the ASF was often accessed because of this.
	• A summary of what the families expressed is;
	  ○ The ASF needs to be less rigid in eligibility criteria.
	  ○ More options should be able to be met through the ASF and the focus shouldn't be on assessments and creative and talking therapies.
	  ○ Adoption planning should identify availability of the ASF and awareness of what could be accessed through the fund.
	  ○ There needs to be better link up across systems and more MDT working to support better outcomes for the child.
	  ○ Services need to improve on their messaging to make sure that the offer is clear, that social workers have a greater awareness and communication is consistent.
	  ○ This feedback resonates with Evaluation of ASF baseline survey 2021, AUK Barometer and previous feedback.
	
	<u>Staff consultation summary</u>:
	• The ASF needs to be more flexible in eligibility criteria including the upper age limit.

	• The allocation needs to be reviewed now and perhaps annually in order to keep in step with rising costs of therapy and interventions. • More options should be able to be met through the ASF including for respite and for mentoring as just two examples. • There needs to be better link up across systems and more MDT working to support better outcomes for the child. • The administration burden of managing the ASF should be reviewed particularly as so much of the highly qualified and experienced staff team members' time is taken up with managing the process. • Responses from the centre should be timely, consistent, and uniform to enable the application to move more swiftly through process. • There needs to be a system review to understand why there are gaps in health and education pathways that could support the child without resorting to ASF application. <u>Workforce – conducted skills audit – Work in Progress</u>: • Wide and impressive range of qualifications held by social workers and indeed support workers. • Some staff teams already have the basis for being able to deliver DDP interventions 'in house'. However, to progress this, teams would need to be able to dedicate capacity and human and financial resource to support delivery of this. • Information on Core Offer – example given. Work in Progress!
9. London gap analysis	• Work still to do to develop areas of focus. Gaps in data identified: ○ Supply; Cost of Supply; and Demand
10. Conclusions and recommendations	• **Conclusion** - useful exercise, helped us to focus on certain areas of operation and delivery. Only the beginning of our journey to better understanding how we might improve access, pathways and processes for our families and our children. • **Recommendation 1 – The ASF** **1.1** Canvass DfE to; review the process of applying for the ASF, to review the eligibility criteria for the ASF and to review the range of interventions that can be accessed through the ASF. **1.2** Work with the national team to understand if there is the possibility of devolving adoption support funding to regional level so that more programmes of interventions can either be delivered in house or commissioned at scale. **1.3** Work with the national team to influence a spending review as part of the evaluation of the programme. **Recommendation 2 – Scoping and mapping** **2.1** Work with NACT and commissioned universities to facilitate provider scoping and mapping. **2.2** Work with NACT to develop workforce and skills audit work at national level. **2.3** Work across regions to understand systemic delivery issues across health and education pathways. **Recommendations for strategy and policy, regional –** These need to be compatible with existing workstreams where possible.

	Recommendation 3 – Review of commissioning and systems **3.1** Identify providers where contracts should be reviewed and where collaborative commissioning arrangements could apply. **3.2** Review individual cases of children and families referred to statutory services to understand whether there are access or pathway issues. **3.3** Review ASF applications which have been refused to understand why and to see impacts on a case-by-case basis. Understand the difference and similarities between RAAs. **3.4** Understand cost of supply through review of interventions commissioned. **Recommendations for practice and administration –** These will take account of existing systems and will pose potential for improvement. **Recommendation 4 – workflow and data** **4.1** Review and improve ASF workflow processes e.g. application and identification of provider. **4.2** Develop data integrity processes to improve input and efficacy and to aid data retrieval and review to inform planning. **4.3** Review information and guidance on all RAA websites to ensure that it is current, easily accessible, and easy to understand. **Recommendations for practice, delivery, and interventions –** These will rely on some extent to changes in both national and regional strategy and policy. **Recommendation 5 – delivery, planning and review.** **5.1** Explore potential of delivering some interventions in house building on the qualifications and existing skills of the workforce. **5.2** Ensure quality of commissioned delivery for consistent and sustainable delivery through development of a performance and quality framework. **5.3** Understand difference and similarities in provision commissioned and how this relates to individual RAA pathway core offer and focus of RAA delivery. **5.4** Develop quarterly audit tool to establish a proactive picture of family and child need and characteristics to aid planning of interventions and influence commissioning and provider development.

3. North-West

Section	Key statements & analysis
1. Introduction	• Addresses change in name from ASF to ASGSF and need to better meet needs of special guardians. • This work will provide the North West RAAs with regional information to support a review and adjustment of current processes, systems, and resources. The aim of this is to make service improvements, and to contribute intelligence and recommendations to the national commissioning programme, leading to wider whole system change.
2. NW Scope	• All six North West RAAs have reported that local demographics directly impact on the needs of children, young people, and families, as well as on the types and availability of therapies, and the nature of the services required. The key

	demographic factors identified by North West RAAs are, the size and distribution of the population, geographical accessibility and transport links, levels of rurality, poverty, deprivation and affluence, ethnicity (of children, adopters, and staff), socioeconomic status, and the quality and availability of schools. • The flow of children and young people into and out of each local authority for adoption, or special guardianship, purposes was also identified as having significant implications for adoption and special guardianship teams. This directly affects resource allocation, the capacity of the teams and local facilities, travel logistics, access to post-adoption support, and the level of disruption, and emotional impact of relocation on the child or young person. • For the purposes of understanding how needs will present, considering local demographics across the North West is key. • This information is an initial snapshot derived from over a hundred national data sets, which overlay public health information, health behaviours and health conditions, offering insights into demographic factors and how they interact across individual, environmental, and socioeconomic factors. A further review of this can be used to highlight prevalence and incidence, risk factors, diagnostic disparities, and the nuances of how symptoms may present in different population groups, such as children with experience of the care system. • This is particularly important in better understanding needs, and how to target interventions. For example, in mental health and neurodiversity, how conditions manifest and differ across population groups, as well as inequalities in access for children and young people who are adopted or have special guardianship arrangements in place. • Stage 1 – 40 working days over 6 months – needs assessment, literature review & data analysis. • Stage 2 – would secure commissioning capacity to implement and build on recommendations. • 5 RAAs + 1. varying sizes, with different populations, demographics, and geographical needs and involving between 2 & 6 LAs • Approaches to procuring and providing adoption support vary. Overwhelmingly consistent themes in the needs of children and young people, in RAA local priorities, and in the delivery models. • Opportunity to ensure the ASGSF is strategically planned across RAAs, with the systematic implementation of strategic and operational processes to plan, procure, monitor, and evaluate interventions more effectively. • Aim to maximise impact of the ASGSF investment & improve how investment is integrated as part of wider statutory system of support. Recommendations: • Complete a further review of the Index of Multiple Deprivation and regional data to continue to better understand the impact on changing and increasing needs for adopted and special guardianship children, young people, and families from across the North West. • Based on the RAA data analysis and survey results, submit further expressions of interest to the Regional Innovation Fund for grants in 2024/25 to test new

	ways of commissioning adoption and special guardianship support services at a Pan-RAA level.
3. Vision for ASGSF	• NACP vision; Methodology
4. Commissioning	• Capacity, time, and expertise, particularly for strategic planning and commissioning, is not readily available within adoption and special guardianship teams in the North West. • Commissioning activity taking place within adoption is predominately operational, following an individual assessment of need that leads to the purchasing of interventions to separately meet the needs of individual children and young people. This provides choice and flexibility and immediacy but drives inconsistency in quality and practice, unwarranted variation in costs between RAAs, inequalities in access, multiple providers to liaise with, and frequently fluctuating prices, which exacerbates geographical and therapeutic gaps and creates delays. So cannot commission strategically. • Individual commissioning processes are extremely resource intensive and administratively burdensome. Each commissioning transaction requires negotiation, documentation, and approval processes, which consume valuable time and resources and increase delays. With increasing demand and complexity, this model is not viable long-term. • Limited incentives for providers to join frameworks. <u>Recommendations</u>: • Increase strategic commissioning capacity, skills, and expertise in the North West to support the implementation of a systematic approach to commissioning, including planning, targeting and evaluation of ASGSF interventions and resources at scale. This priority may also need to include recommendations for further strategic work at a national level. • As part of a systematic approach to commissioning, work with the national team, to agree and implement a North West regional plan to improve consistency and to reduce unwarranted variation across RAAs in ASGSF commissioning and purchasing arrangements. This should include increased standardisation of: i. Price for interventions (taking account of therapeutic and geographical gaps). ii. Access (based on demographics, inequalities, and needs/risks). iii. Due diligence arrangements to ensure a minimum standard of quality. iv. Monitoring, reporting and review, to inform learning and the achievement of outcomes. v. Joint and proactive commissioning for agreed services and interventions that can be delivered at scale
5. Wider context	• 2021 report by Adoption Matters – adoption generated savings of £4.2 billion in 2021 – better outcomes. These outcomes dependent on wide range of services including mainstream (responsiveness and understanding) • Reasonable adjustments – invisible needs
6. Health needs	• ICB structures and purpose – improve population health outcomes • Different geographical boundaries to RAAs • Needs of adoptive families and SG families lost by separately commissioned clinical and diagnostic pathways. This directly impacts on increasing requests, applications, and costs to the ASGSF and indirectly on the resources of post adoption and SGO social work teams.

	• This leads to additional pressures on families = growing number and type of applications to ASGSF. • Health needs increasing - multiple, or co-existing health needs and neurodivergence, alongside other risks such as disparity in emotional and chronological age, school exclusion, self-harm, and parent or carer fatigue. • Waiting lists for NHS grown – disproportionately affected children. Rise in referrals for Autism and ADHD for example. • CAMHS. Mental Health needs. Now over three times as many children and young people in contact with mental health services as there were seven years ago. • Health inequalities <u>Recommendations</u> • The national commissioning team, and RAAs, should proactively engage with, and seek to directly influence, NHS England and the ICB's and Health Provider's strategy and decisions. The aim of this is to ensure that there is national and regional understanding, intervention, and coordination of action to: i. Better understand and recognise the health needs of adopted and special guardianship children and young people. ii. Confirm and prioritise specialist healthcare delivery for these groups through regional, partnership and multidisciplinary approaches. iii. Improve healthcare data collection and reporting, such as inclusion in NHS Dynamic Support Registers, the identification of excessive health waiting times, and clarity on high-cost interventions, and serious incidents that impact on over family and system stability. iv. Focus on shared delivery of positive outcomes in partnership with Education and Social Care for adopted and special guardianship children and young people. • Present the findings of the needs assessment to ICB and RAA Boards across the North West to raise the awareness and profile of the needs of adoptive and special guardianship children and young people, and the impact of long health waiting times, to influence and improve: i. Access to specialist health support, such as formalising multi-disciplinary and proactive partnership approaches between Adoption, CAMHS and Neurodiversity teams. ii. The provision of specialist health advice, support and training to educational settings based on levels of need (health outreach models are being piloted in some areas nationally). iii. The prioritisation of children and young people, as part of the new need stratification approaches, to identify the most vulnerable groups. iv. The involvement of specialist education colleagues in health triage panels and processes to promote partnership working and the sharing of knowledge and skills
7. Education needs	• Education structures, impact of transition on placement stability, SEND 35% of children applying to ASGSF in the last year. • Inclusion very challenging due to way the system is built around the needs of 'most' children.

	• Policies, practices, and sanctions across schools are often inconsistent and do not recognise the neuroscience of child development and the effect of trauma on brain development and communication – e.g. new national guidance: Behaviour in Schools (DfE). Predominately based on behaviour modification approaches, as opposed to the current thinking around restorative practices and trauma-informed relational models. • Trauma (threat) responses and how they can be seen in a school environment – table. • The most common reason for suspensions and permanent exclusions is 'persistent disruptive behaviour.' Nationally, the suspension and exclusion rate for pupils with SEND support, or an EHCP in place, is over four times that of pupils without SEND support needs. Children and young people who are adopted or living with a special guardian are in some of the highest risk groups for school exclusion. <u>Recommendations</u> • There is an increasing imperative for RAAs, and the national commissioning team, to influence education, both centrally and strategically through the DfE and local authorities, and operationally through schools, to highlight these challenges and opportunities at a national and local level and to push for systemic change through: i. The implementation of effective inclusion and trauma-informed practices and strategies in education. ii. Raising the profile and awareness of the needs of adopted and special guardianship children and young people and how these can present in an educational setting. iii. Agreeing a plan with the regional Virtual School Headteachers and SEND Leads to proactively engage with, and influence, local school settings. iv. Delivering training, strategies, and support, based on a need stratification approach, and following a clear SEND and Inclusion Toolkit • Present recommendations to SEND Partnership and RAA Boards across the North West to raise the awareness and profile of the needs of adoptive and special guardianship children and young people, and the impact of exclusion, to influence and improve: i. Access to specialist education advice and support to SEND teams and school settings, such as formalising multi-disciplinary and proactive partnership approaches between Adoption, SEND teams, and schools. ii. Targeted training for trauma-informed and inclusionary practices with anticipatory strategies (prioritise schools based on intelligence such as exclusion data). iii. Agree a standard for enhanced transition arrangements between primary and secondary schools for adopted and SGO children and young people. iv. Standardise the collection and reporting of SEND needs and exclusion data for adopted and special guardianship children and young people. v. Parents/Guardians and Adopter Mentors trained in education inclusion and anticipatory practices
8. Model of Inclusion	• Inclusion – belief and belonging

	• Social model -fix the context not the individual. • The power threat meaning framework - The principles underlying the model include the assumption that: 'what may be called psychiatric or behavioural symptoms are understandable responses to often very adverse circumstances and environments and that these responses, (both evolved, and socially influenced), serve important protective functions and demonstrate human capacity for meaning-making and agency. • Special education in England evolved out of medical model – what's wrong with you and how do we fix it? • We need to anticipate barriers rather than wait for children to fail and then react. • Increasing specialist support, advice, and training to school settings to implement 'anticipatory practice' will help to accurately predict many of the situations where things can go wrong in classrooms and will enable earlier intervention and simple adaptations to prevent this. • Trauma informed practice is often about doing the little things.
9. Health & Ed interface	• This is where AS staff work. • Needs increasingly complex and span multiple areas and interconnected Recommendation • The systemic perspective is vitally important. The goal of the commissioning project, and of regionalisation, should therefore be, not just to support those affected by adoption and with a special guardianship arrangement, but to influence and improve all aspects of the wider health and education systems and to lead the way in ensuring that children, young people, and families receive co-ordinated and effective support and true inclusion in the full range of services that should be available to them.
10. Impact of digital technology	• Impact of smart phones and social media • Increased vulnerability can be used to predict risk – children with experience of the care system are identified as significantly more at risk of an array of online harms that their peer – • Decline in mental health and wellbeing, changes in developing brain, increasing family conflict and disruption. <u>Recommendation</u> • Agree and implement a North West regional plan and training programme to mitigate the potential negative effects of excessive digital screentime and social media to promote overall wellbeing and reduce specific risks to adopted and special guardianship children and young people, including: i. Enhanced online safety education (universal information/support is not enough). ii. Digital literacy support for parents to moderate use and implement a digital technology plan, and parental controls (monitoring and supervision). iii. Support to reduce the conflict associated with limits on digital technology, without infringing on privacy. iv. Interventions and safeguarding advice based on the understanding the whole family dynamic.

	v. Support to create safe online spaces
11. Needs of adoptive parents and special guardians	• The accessibility and choice provided through the ASGSF had opened a new horizon for these families. • However, most had a prior history of not being able to access the right level of support through mainstream services and reported an experience of 'systemic abandonment. <u>Key points from focus groups with Adopters</u>: • The system of support and care around them is hard to navigate. • Lack of recognition for what they do to support their children. • How professionals relate to parents has a significant effect on their wellbeing and ability to cope, both positively and negatively • Parents were, in most cases, supporting very traumatised children, young people, or sibling groups, and as a result were often dealing with difficult things every day. • Child trauma and parental trauma can be bi-directional (parent affected by child's trauma and vice versa). • Parents often felt unable to express this, because behaviours were not understood by wider family and friends, and they worried about their child being judged and seen in a negative light. • Parents described at times feeling self-blame, regretful, guilty, low in mood, weary, anxious, sleep-deprived, and that they had failed. • Trauma was multi-layered. • Parents also highlighted anxiety about 'predicted' trauma of the future. • Parents highlighted the importance of talking to other adopters and guardians who understood what they were going through. • Few parents prioritised their own needs in self-care. • Several parents were also professionals working in teaching, health, and other relevant fields. <u>Recommendations:</u> • Acknowledge the need for, and commission, proactive self-care and wellbeing support for parents, guardians, and Adoption Mentors, based on an understanding of the importance of building resilience and protective factors to help to reduce and off-set vulnerabilities in other domains that may be more difficult to influence. • In conjunction with adopters and special guardians, plan, and commission an Adopter Mentoring and Advocacy programme across the North West, including training parents and guardians on (for example): i. Mentoring, advocacy, and empowerment approaches. ii. The key principles and importance of self-care (in terms of building resilience and reducing vulnerabilities). iii. What they should expect from key services • Special Guardians: o Different circumstances. Specialist knowledge is required to support their different needs. o Guardians were highlighted to be older, less well prepared and more poorly resourced, which often placed additional pressure upon them. <u>Recommendation</u>:

	• Further work is needed on the inequity of access to the ASGSF for families with special guardianship arrangements in place, including confirmation of: i. The differing nature of their needs. ii. The resources available to support these families. iii. The appropriate universal, targeted, specialist and risk-based support available. iv. Key barriers and gaps.
12. Model for Adoption Support	• The most common approach across North West RAAs is to group services and support into categories, based on a graduated approach: ○ **Universal/open access** - generally accessed without an assessment with an emphasis on adoption-specific social activities, peer support and networking and designed to promote low level support. ○ **Targeted** - usually available following an assessment, with an emphasis on group work and therapeutic parenting support. ○ **Specialist** - more complex interventions usually one-to-one or family sessions, most often delivered through externally commissioned therapists but with some in-house provision (and opportunities to offer more in-house if resourced). ○ **Risk-based** - where there is an assessed need for safeguarding, 'edge of care' generally (but not always) provided by mainstream services outside of the adoption team. • Needs a new model – strength based and based on protective factors. • Recommendation: • Work with adopters, guardians, and staff to jointly understand and anticipate these critical thresholds to better prepare for and potentially prevent these shifts, thereby enhancing resilience and reducing vulnerabilities. For example, it may be more effective in some cases to invest the ASGSF in professional liaison to stabilise a school placement, than in offering separate therapeutic support.
Appendices	• Specific needs of Special Guardianship families • Two stages of NW commissioning project: **Stage one of the needs assessment process will:** • **Gather expertise and insight**: from stakeholders, including RAA Leads, Social Workers, SGO Leads, and Adopters on the process, needs, and provision for adoption support. • **Establish a baseline of current provision and providers**: understand what services look like, how they have been commissioned and how well are they delivering and meeting needs. • **Identify gaps in the existing market**: priorities for the region will be identified. • **Identify key interdependencies**: looking beyond the adoption support team in meeting the needs of adoptive families, such as education and health responsibilities and gaps. • **Provide case examples**: to identify best practice and learning (appreciative inquiry). • **Identify the needs of adopted children and families**: review and analyse the available data to understand and forecast demand for adoption support services.

	• **Make lasting improvements:** advertise and recruit additional commissioning expertise for the North West by March 2024.
	Stage one - outcomes to be achieved by the regional needs assessment process:
	• Summarise: the current position for the North West.
	• Understand and build a consensus: current issues, strengths, gaps, and areas for improvement.
	• Make clear recommendations: opportunities for improvement and future work.
	Stage two onwards – work plan to be achieved by the wider commissioning project:
	• Review: the needs assessment recommendations.
	• Implementation: outline a plan for recommended changes, including timelines, responsibilities, and performance indicators.
	• Review and adjust resources and systems to make service and system improvements.
	• Monitoring and evaluation: define metrics and a review process to track the success of implemented changes.
	• Ensure real measures of quality and effectiveness are consistently monitored in the commissioning of adoption support services, including the measurement of outcomes.
	• Implement and oversee an Adopters Focus Group to guide the development of adoption support services across the RAAs.
	• Work with the national leads: to consistently implement commissioning improvements.
	• Ensure the sustainability: of the ASGSF by supporting the implementation of systematic and proactive commissioning arrangements across the region and nationally.
	• Link with the other three priority bids to ensure learning is shared and the collective impact of the four bids is understood and reviewed.
	• Provider landscape; Costs; Therapeutic services; Key demographics; Outcomes (difficult to evaluate overall performance, comparisons, and patterns)
	• Market gaps in NW
	• Changing needs
	• Shared NW RAA priorities:
	  ○ Improved joint working and relationships with health, education, and schools, including multidisciplinary approaches.
	  ○ Improved access to specialist support (Clinical Psychologist, Educational Psychologist, and Sensory).
	  ○ An increase in universal support offer, including earlier interventions.
	  ○ Therapeutic training for social workers and staff and better utilisation of their existing specialisms and skills.
	  ○ Influencing and managing increasing demand for support and rising case numbers.
	  ○ Provision of Adopter Mentoring training and support.
	  ○ Increasing meaningful post-adoption contact.
	• What NW RAAs are most proud of
	• Methodology

	• Feedback re commissioning process • ICBs • For children or young people who have experienced early developmental trauma, their capacity to receive and internalise school support is dependent on key factors. • Identified needs graphic – needs and risks. • Feedback from focus groups • Needs and risks model to support Adoption and Special Guardianship support

4. North-East

Section	Key statements & analysis
1. Introduction	•

2. National and local strategic context	• List relevant reports – highlight issues with ASGSF model, individual applications, and fair access limit.
	• Covid scheme more efficient and effective – devolved block funding, light touch administration. Findings:
	  ○ There is potential value in further developing and tailoring a regional 'core offer' to families and to be driven less by ASGSF applications.
	  ○ Advance block purchasing can be more efficient and effective than spot purchasing of support.
	  ○ Support directed towards adoptive parents rather than direct to the child can be important to generate the right environment for children to thrive.
	  ○ Some forms of support can and are likely to be more cost-effectively provided online.
	  ○ Support provided relatively quickly and without fuss can be of great benefit to parents, carers, and families.
	• Local context – 3 RAAs, 12 LAs
	• Established regional commissioning arrangements for NE with oversight from Strategic Children's Commissioning Group. Established collaborative working. NE RAAs awarded funded to create an MDT during 2022.
	• National commissioning and MDT delivered as a single project

3. Understanding population of adopted children	• Numbers, ethnicity (lower % of ethnic minority than the national average), age at placement (number aged 1 in NE far higher than national average):
	  ○ The North East is the least ethnically diverse region in the country, which is reflected in the number of children adopted from ethnic minority groups. This means that careful consideration needs to be given to accessibility for children and families from ethnic minority groups and tailoring adoption support on a smaller scale to ensure that their needs are met.
	  ○ The age of children adopted within the North East is interesting when compared with national data. The proportion of babies aged under 1 adopted within the North East is significantly higher than the proportion of babies adopted nationally. This means that adoption support for

	families with babies and very young children can be planned on a larger scale. • Snapshot data (January 2024) on demographics (limited due to the way adoption support data recorded)
4. Understanding adoption support services	• Developed a qualitative self-assessment tool for RAAs to complete to understand current services and commissioning arrangements. o what is working well? o what is working less well? o areas for development • NE regional priorities for commissioning/innovation – top 4 areas: o Peer Mentoring o Family Peer Support Events and Activities o Voice and Influence o Keeping in Touch Support • Workforce – staff team structure and numbers, therapies trained in and therapies would like more staff trained in.
5. Understanding views and opinions on adoption support	<u>Staff survey – 40 total, mostly social worker</u>. • In summary, the responses evidence that the staff working in the field of adoption support within the North East are experienced, passionate, committed to personal development and generally confident in understanding and assessing adoption support needs. Of those who reported lower confidence, there was a theme of understanding the needs of adopted children, but less confidence in identifying the right therapy/service/provider to meet those needs, particularly for complex cases. • Top 3 barriers: o High caseloads and the volume of families needing support vs capacity (58%) o Time spent on admin e.g. ASGSF applications rather than provision of direct support. (50%) o Availability of services and long waiting times (43%) • Top three services that staff have difficulty accessing: o Sensory based therapy. o Specialist assessments. o Attachment based parenting training. • Top five services that staff would like to see delivered in house: o Therapeutic life story work. o Attachment based parenting training. o Therapeutic parenting. o DDP informed support. o Nonviolence resistance based programmes. • Commissioning arrangements for ASGSF: good working relationships with providers and the range and quality of provision; bureaucracy/paperwork/ administration of the ASGSF process. Staff would like to have a simpler/quicker way of identifying providers with availability/capacity. • Birth family support commissioning – currently external. staff would like support to be delivered in-house. The main advantage to being externally commissioned appears to be around the independence of the provider/service.

	• Access to records support – currently externally commissioned by Adoption NE and Adoption Tees Valley. Mixed feedback, complex area, some felt could be delivered better in-house. <u>Provider survey</u> • 17 providers responded, 12 med/large, 5 sole/small. Low response rate (over 100 providers) • 5 work across the region. 10 do not but would like to. 1 would not like to as prefer spot purchasing arrangement of Adopt Coast to Coast rather than formal procurement processes in other 2 RAAs. 11 also provide services outside of the region. • Almost all providers said that they would like to see a common approach to the commissioning of ASGSF services across the region. • Top 4 services: o Attachment based parenting training. o Therapeutic parenting. o DDP (informed/non-certified). o Specialist Assessments. • Main area for improvement was on the ASGSF application process and timescales. Also: o *"Making sure social workers stay involved and are active in attending review meetings and set-up meetings."* o *"Having the right information and level of detail on referrals."* o *"Allowing therapeutic providers to do an essential baseline of a child prior to treatment."* o *"More informed clinical rationale for recommending therapy where a specialist assessment has not yet been completed."* o *"Timeframes to respond to expressions of interest can sometimes be challenging for us."* o *"Regular provider engagement events."* o *"Considering the qualifications that go above and beyond to show that a professional has undergone extensive professional training in the field of diagnosis and attachment and trauma history, but is not classed a psychologist but is qualified to lead on assessments and psychological assessments."* • 13 providers said that the current ASGSF process suits their business model – see appendix 3 for reasons. • Adoptive families and adopted children's views – not captured specifically for this project. Existing processes in place but voice and influence does need increasing in range and scope.
6. Analysis of existing provision	• Provider market – large number of small provider and some large providers. o Advantages: choice, diversity, competition and location of providers. RAAs not being reliant on a small number of large providers in the way that we are seeing with other areas of the children's social care market. o Disadvantages: amount of administration in terms of establishing and managing the provider frameworks, as well as the administrative processes involved with individual ASGSF applications, reviews, managing payments etc • Headline figures from ASGSF for 2023/24. Numbers and average costs.

	○ Further analysis of outcomes and cost breakdown data once available via ASGSF reporting will help us to understand whether the higher spend per recipient is reflected in better outcomes. ○ It would also be helpful for RAA leads to consider in more detail the reasons behind multiple smaller claims being made during the year with a higher total spend vs one claim per year with a lower total spend, and whether this is based on differences in the way adoption assessments of need are carried out between the RAAs, or how the need for further support is determined at review points. ○ It should be noted that the ASGSF data shows us what has been commissioned, not necessarily what is needed, however from triangulation with the staff survey and other qualitative information we do feel that the ASGSF data provides a fairly accurate picture of need. • Analysis of Services Commissioned – types and sub-types. • Analysis of providers - The provider with the highest usage over the year was Full Circle, which is a Durham in-house service. Full list at appendix D. Almost all the other provision across the region is externally commissioned. Of the top 20 providers commissioned regionally, only three provided services to all three RAAs during 2022/23. • Commissioning Arrangements for each RAA • Non-ASGSF funded services - Across all three RAAs, the majority of non-ASGSF funded support is delivered in-house by the adoption teams. The main externally commissioned service relates to support for birth families and adopted adults. • Details of arrangements for externally commissioned services and details on in-house services. • Most popular and in demand services were highlighted as: ○ **Family Events** – these are very well attended across all three RAAs and can be oversubscribed. They are usually held approximately four times per year on weekends, in venues such as soft plays, museums & community centres. ○ **Stay and play** – highlighted by Adopt North East & Adoption Tees Valley. ○ **Buddy Scheme** – highlighted by Adopt Coast to Coast. ○ **Education Support Worker** – highlighted by Adoption Tees Valle • The least popular/least attended services included: ○ Peer support groups. ○ Nurturing Attachments parenting course – thought to be due to how and when it is held. • Innovation Project – overview.
7. Findings and recommendations	<u>Data – Qualitative and Quantitative</u> • Findings – crucial to have access to right data and be able to analyse. Access to ASGSF data too late. Developments to the portal will help. Outcomes data a gap – should improve during 2024/25. Local performance data held by RAAs needs improvement., • Recommendations ○ RAAs to consider the data analysis produced for this Needs Assessment and to agree any areas of focus for more in depth analysis. Depending

	on the level of analysis required, consideration may need to be given to specialist analyst support and/or analytical software. ○ RAAs and Commissioning Leads to continue to work with Mott MacDonald to support implementation of any changes to the ASGSF application process and the information required e.g. cost data and outcomes data. ○ RAAs to continue to improve internal systems for capturing and reporting on adoption support. ○ RAAs to further develop processes to increase the range and scope of the voice and influence of children, young people, and families. <u>RAA Internally Delivered Adoption Support</u> • Findings - Increasing direct delivery of adoption support is an ambition for the North East RAAs. The RAAs have an experienced and skilled workforce who would be keen to deliver more direct adoption support work if they had the time/capacity to do so. Barriers include: ○ High caseloads with a focus on assessing adoption support needs and managing the administration associated with the ASGSF application process. ○ Limited peer mentoring/group support opportunities that would provide a step down from social worker involvement (or prevent a step up). ○ The funding model – the RAAs have minimal budgets for provision of adoption support and rely heavily on the ASGSF, however the funding model of individual £5k claims does not allow for large scale development of internal services. • Recommendations ○ Continue to explore ways to reduce social worker caseloads to free up capacity, including by ensuring that cases are reviewed and closed at the appropriate time. ○ Continue to develop and improve group support/peer support via the Innovation strand of the project, with a focus on more formal peer support such as the Adoption UK Peer Mentoring Scheme (Peer Support | Adoption UK Charity) or a Mockingbird type model for adoption. ○ Consider whether internal capacity to deliver in-house ASGSF funded support could be developed within the current funding model e.g. by an invest to save business case considering the evidence from this needs assessment. RAAs would need to evidence that enough funding would be drawn down via individual ASGSF applications to cover the cost of any additional staffing, training, supervision etc. Suggested services for in-house delivery include DDP informed support, attachment-based parenting training courses, Theraplay, Therapeutic Life Story Work and Non Violence Resistance based training. ○ Continue to share learning around good practice, for example Adoption Tees Valley's Education Support Worker, Adopt Coast to Coast's in-house Birth Family Support service and Adopt North East's Front Door Team <u>Commissioned Services</u>

	• Findings – commissioning arrangements well developed across 2 RAAs, area of development for Coast to Coast. could consider delivering support for birth families internally. Further work to be done around value for money. Recommendations o Long term, at the point the existing frameworks are due for renewal or if there is a material change to the way adoption support is funded, it is recommended that consideration be given to regional procurement of adoption support services. This would require some pooled funding for a dedicated regional commissioning resource and agreement as to which LA would lead on the procurement. o In the shorter term, Adopt North East and Adoption Tees Valley could consider aligning commissioning of ASGSF funded adoption support as far as possible within current framework arrangements e.g. standardisation of paperwork. Adopt Coast to Coast is planning to develop a provider framework and it is recommended that this is aligned as far as possible with the existing Adopt North East and Adoption Tees Valley frameworks, with information shared between the RAA commissioning/procurement teams to support this. o Consider provider engagement events at a regional level. o Consider in-house delivery of Birth Family Support and Access to Records Support. Adopt North East is already exploring this, and staff feedback from across the region would suggest that all RAAs should consider this, with the exception of Adopt Coast to Coast (Durham) who already provide this in-house. <u>National level recommendations</u> The North East RAAs believe that there is sufficient evidence to support change at a national level to the funding model for adoption support, taking into account the learning from this project as well as the findings from DfE evaluations (including the Covid 19 evaluation). The North East RAAs would like to see adoption support funding devolved to RAAs which would allow for more innovative, flexible and responsive provision of services. This would enable the development of in-house services as well as more efficient and effective commissioning on a larger scale e.g. block purchasing. Both potentially leading to better value for money and improved outcomes.

5. South-East

Section	Key statements & analysis
1. Introduction	• Purpose and objectives
2. Section One: National and local strategic context	• National – Background to RAAs; ASF and commissioning programme; DfE Adoption Strategic Priorities; Early and emerging findings from national picture. • Local – RAA's individual Statement of Purpose; culture change; going forwards there needs to be a more joined up approach to offer consistent, effective support; shared understanding of the importance of early intervention. • <u>Shared challenging and emergent themes</u>: • Workforce – skilled & committed, appetite to further develop in-house therapeutic roles and expertise. Likely to be cost-effective, improve timeliness of response and increase capability of wider teams. Shared commitment to learning & development. A particular need to deliver additional DDP and Life Story Work training – could commission jointly at pan-regional level. Ambition to improve data collection over next 12 months. • Data – gaps in collection, e.g. number of children with a disability receiving adoption support. Recommendation for region to agree a data set to inform joint conversations on strategic commissioning. • Voice of the child, adopters & birth families – parent groups & young people groups regularly meet. More development required. Gaps in terms of voice of birth families and adult adoptees. Could plan & deliver regionally. Patchy in relation to how voice is captured in joint work with other services, e.g. CAMHS. • Adoption Support Offer – Adoption Partnership South-East (APSE) and Adopt South (AS) have MDTs. Commitment to developing further inc upskilling staff and clinical supervision. Adoption South-East (ASE) undergoing service re-design. Invested in an APL and central procurement system which includes QA. Significant use of external market which cannot replicate inhouse. Shared priority to be proactive in early placement support. • Providers "the market" – Most commissioning activity funded through ASGSF. APLs, frameworks and sport purchasing. Priority to improve quality assurance & contract management, develop consistent approach, shared standards and KIPs. • Outcomes – Opportunity to agree consistent approach to demonstrating outcomes. <u>Opportunities and Recommendations</u> • It is recommended that the pan-region agree a data set to inform joint conversations on strategic commissioning. The data set should align with the work being undertaken to establish a national adoption support data set within the national adoption support development stream. • Increase the use of outcome measures applied to ASGSF funded activity and social work support. This presents an opportunity for the region to collaborate and agree a consistent approach to demonstrating outcomes at an individual and community level.

	• Consider the development of joint performance indicators linked to a monitoring tool to improve understanding of the quality of provision being delivered. This work can be linked to the market facilitation activity which is discussed below. • There are gaps in terms of who the RAAs engage with, and a shared local priority is to hear the voice of birth families and adopted adults and adopted young people. This is potentially an area where collaboration between the RAAs could be jointly planned and delivered. • RAAs can learn from each other's good practice to develop clearer processes and communication pathways into adoption support teams, primarily to manage expectations and enable parents and other agencies/stakeholders to be better informed on what can and cannot be delivered by adoption support teams. • As part of a workforce strategy the region should carry out a skills gap analysis which will inform any jointly commissioned training, providing consistency of the training offer to the workforce and value for money as well as extending the opportunities for staff to benefit from learning from their peers. • Delivering webinars and resources for adopters just before the Adoption Order is granted so they know what is immediately accessible locally and how to access adoption support in the future
3. Section Two: Adoption Support Team Structures & Adoption Support Delivery	• ASE - moving to having specialist teams to cover the key areas of the adoption process which will include an adoption support team; Adoption Support Hub (short-term interventions, responsive); Adopter Voice Worker; skills audit; investment in business support; early help offer; AUK commissioned to deliver training package for parents, courses for professionals; to commission local provider to deliver specialist assessments for children with complex needs (funding from Looked After Children's Teams); issue with waiting times for assessments; reliance on therapeutic services with lack of evidence for effectiveness; challenge working with health services. • AS – MDT, 3 Senior Assistant Psychologists and 1 specialist Educational Psychologist. May recruit OT. Aim to reduce number of ASGSF applications by upskilling workforce to deliver interventions directly. Universal early offer and the extra support that they provide to families and young people with the aim of building an adoption community includes imaginative role play, family fun days, farm trips, summer picnics, and activities every month for different age groups including youth events delivered by a commissioned provider. Schools trained to be trauma aware using VR headsets. Strong relationship with schools, virtual school. More work to be done with CAMHS. To work closer with Police. • APSE – MDT, Senior Therapists inc OT and Systemic Family Therapist. Holistic assessment. Life Story work critical. Range of early help. Support and advice line. Increase in referrals back to Children's Service due to more complex and risk-taking behaviours. Need for more info and support to LA social work teams. Work closely with virtual school. CAMHS ongoing challenge. Project to improve interface between health and social care. • Differences between RAAs, two with MDT, need for better data to improve understanding of numbers, duration, type of support received & reasons for differences.; need to manage expectations of parents; therapeutic network; APSE and ASE leaflets for parents; comprehensive offer of early support across the

	region – to extend with Checking in and Staying Connected Service for adopters post Adoption Order. <u>Opportunities and Recommendations</u>: • ASE is commissioning a local provider in East Sussex to deliver multi-disciplinary assessments for children with complex needs. There is an opportunity to gain learning from this exercise and collaborate in terms of future commissioning with the other two RAAs. • Going forward the RAAs may wish to understand better the numbers of children open to adoption support teams, what support they are receiving and the actual duration that support lasts. This may well uncover differences in management reporting, understanding why the numbers of individual children open to adoption support teams are so different, the process for determining when cases are formally opened as an adoption support case and when cases are closed. Assessment forms are developed locally, which could lead to inconsistencies. An agreed shared document would improve consistency and share good practice. • All the RAs have seen several adoptive families reaching statutory social care thresholds and being referred back into the Local Authority Children Services. How these referrals are managed within each local authority differs and further discussions to identify good practice (some of which has already been identified) could improve processes and parents' experiences.
4. Section Three: Quantitative Analysis	• Existing data – comparison between RAAs and with national trends. • Number of children open to adoption support is significantly higher in ASE compared to the other two. • It would be useful to have a more detailed breakdown to identify specific triggers for support needs, such as transition from primary to secondary school. • Very few families seek support for children under the age of 5. Regional pilot aiming to make it easier for families to seek support earlier. • In AS, the percentage of non-white children open to adoption support is very low. • Gaps in data – detailed data on age; number of children accessing universal support services & specialist services not provided through adoption support; disability. <u>Opportunities and Recommendations</u>: • To support future collaboration between the three RAAs on commissioning future services, consistency in data on some key indicators, such as children open to adoption support with an EHCP will be critical. This links to the previous recommendation that the creation of a regional dashboard is recommended to ensure that essential data can be collected in a consistent and secure way. • Further investigation into the feasibility of gathering more data from CAMHS and other services around how many children and young people open to their service are adopted.
5. Section Four: Qualitative Analysis	<u>Regional AUK Adoption Barometer summary</u> o Above average satisfaction with core and enhanced adoption support o Just under half of those surveyed have a written adoption support plan in place. o Approximately a third of those questioned felt they had significant challenges when approaching adoption support and nearly 20% were at crisis point.

	○ Above average satisfaction with support for contact albeit access to contact experienced mentors would be helpful. • Recent feedback sought by AS (views of families who have experienced staying in touch services) and APSE (regular survey, results for 2023/24) • APSE case file audit for adopted children who have received an external multi-disciplinary assessment (MDA), paid for by the ASGSF. <u>Opportunities and Recommendations</u>: • Engage with the National Commissioning Support Programme to feedback RAAs' experience of the ASGSF application process. • RAAs to collaborate on gaining the views of a wider range of service users including teenagers, birth families and adult adoptees. • Region to remain informed of the national work happening on developing the evidence base for therapeutic interventions and use this information to determine the regional gaps in available provision and plan commissioning activity particularly in terms of stimulating the market. • There is a significant opportunity for the three RAAs to learn from each other in managing relationships with education, virtual schools and CAMHS. • Working with the ICBs to recognise in key guidance documents and commissioning strategies that adopted children and young people are a "vulnerable group" has the potential to enable priority access to critical care pathways.
6. Section Five: Existing Provision	• All RAAs have a framework or a Qualified Provider List – accessed via call offs and sport arrangements. Due diligence in place. • LA hosted so some differences in application. • Further analysis to be undertaken: ○ How many individual organisations/sole traders are on each contractual arrangement. ○ What therapies are the preferred providers able to deliver ○ Analysis of costs ○ What is the process for "calling-off" services. ○ What due diligence checks / QA were done at procurement stage ○ What are the performance and contract management arrangements (KPIs, Outcomes, frequency of checks) ○ What checks are done to determine quality of spot providers • APSE to automate annual due diligence checks via Teams. • Majority of ASGSF applications 2019/20 – 2024/25 – psychotherapy, therapeutic parenting, and family therapy. • Commissioned services mostly funded by ASGSF. • APSE has block contract for birth parent counselling, access to records and intermediary services for adult adoptees and birth families and staying in touch arrangements (direct and indirect) for adopted children up to the age of 18 years. • All three RAAs purchase subscriptions for their adopters to online adoption hub services such as CATCH, New Family Social and We Are Family. • There are gaps in terms of how the market is able to meet the commissioning needs of the RAAs. There appears to be a need for more therapists covering a range of therapies, with demand outstripping supply. Market is underdeveloped with a number of sole traders who are inexperienced and reluctant to engage in

	local authority run procurement exercises. Different funding model needed to enable strategic commissioning and procurement. • Key commissioning activity needed to shape the market to assist in providing services at the right location and right price. • Issues with data provided by ASGSF – regional summary data packs. <u>Opportunities and Recommendations</u>: • Additional analysis is undertaken to ascertain whether the funding provided through ASGSF applications covers the costs of employing practitioners in-house. More data is needed around the costs of in-house support, social care staffing costs and training costs. • It is recommended that a deeper analysis is carried out on how the three RAAs utilise their call off procurement arrangements and any spot purchase protocols. • A future consideration for regions is to look at agreeing a minimum standard/quality threshold of checks and due diligence required of providers/practitioners if seeking to deliver services on behalf of a regional adoption agency. • Developing a more detailed understanding of each RAA's process around allocating providers to cases; how are services called off from the list, what objectives and outcomes are specified. We must ascertain whether current processes are effective and what challenges the RAAs are facing. • Following the development of a set of indicators, the pan-region should agree a consistent process on how to apply the dashboard as part of further developing contract monitoring standards and requirements. This will enable better judgements on quality and outcomes.
7. Section Six: Gap Analysis	• Data - difficult to accurately know where demand outstrips supply. • Gaps in availability of specific assessments and therapies – need for market facilitation activity. • Education and Health - gaps in the training and skills of school staff to support young people; mental health services can sometimes push back referrals for support for adopted children, recommending that they access ASGSF funded therapy instead; Foetal Alcohol Spectrum Disorder (FASD) is one of the complex issues they see most frequently in adopted children – need for more joined up approach. • Need to investigate further: o What happens when a child with adoption as their plan has a medical and health issues are identified. Is there follow up from health, and if so, at what point in the child's journey does this happen? o Does local health/ ICB guidance identify adopted children as a vulnerable priority group? If not, are there plans for the RAAs to lobby for this? o How is each RAA dealing with adopted children out of education for long periods – are they operating Panels in a similar way as there usually is for children with SEN? • Equality - more investigation is needed into whether the adoption support offer meets the needs of a diverse adopter population; more data around the special educational needs and disabilities of adopted children would also improve our understanding of child's needs.

	• Opportunities and Recommendations:
	  ○ Further investigation and discussion into joint working opportunities with health and education.
	  ○ A training module or resource to upskill the school workforce and increase confidence in having conversations.

8. Section Seven: Summary and Next Steps	• Exercise has been worthwhile, emerging picture of needs and demands; opportunities identified and unforeseen benefits; barriers – time, data; gaps in understanding remain; learning gained and key messages.
	• Next Steps:
	  ○ The three RAAs will meet to agree the priorities from the recommendations contained in this report, for delivery in the period August 2024 to March 2025.
	  ○ Develop an action plan to include the RAAs agreed joint priorities.
	  ○ Further investigation into the data we have, clarification on how some of the numbers are counted and whether the data is consistent enough across the RAAs to be able to compare.
	  ○ Market facilitation activities will be coordinated and used to stimulate the market, enable providers to understand the QPL/ frameworks used and the processes they need to follow around procurement, contract management and quality assurance.

6. Midlands

Section	**Key statements & analysis**
1. Executive Summary	• Collaborative approach to needs assessment • Info sources: interviews with post adoption support service staff; adopter's survey; provider's survey; baseline survey of service provision; national data. • Diverse provision, broad range but not evenly distributed. Different levels of funding; rural areas (lack of access to therapy exacerbated by ASGSF not paying for mileage); funding not increased; families don't know what's available and then struggle to access support; delays; concerns of providers; lack of joined up working; need for short breaks offer.
Recommendations	• **Communications**: Midlands RAAs to review the communications they put out, internally and externally, explaining what their post adoption support is, what it offers, how it can help adoptive families and birth parents, how people can access support, timescales for various interventions, what they are not able to help with (based on key assumptions by those trying to access support), review where post adoption support services information is available and its accessibility (e.g. websites, paper/leaflets; emails etc). • **Promote the skills base of post adoption support services staff**: So that people accessing the service are aware that staff may be multi-skilled and therapeutically trained enabling them to support families. • **Inter-Agency Working/Protocol:** Closer working relationships need to be established (where they don't already exist) between post adoption services, education, and CAMHS et al. These need to be developed in a formal or

	informal way so that appropriate information sharing, and referrals can be made and so that support being provided by these agencies can be managed in a more coordinated way to best enhance the interventions of all these teams for the benefit of the adopters and their families. Pathways for accessing these services and inter-agency referrals should be developed with senior management buy-in from all relevant organisations. • **The development of adoption specific 'short breaks and respite':** One of the gaps in service provision that was identified through the Needs Assessment via feedback from RAA staff and adopters was a need for a type of short break or respite intervention for adopters and their families who have or are about to reach a crisis point which could lead to a placement breakdown. This is a workstream that can be further developed through the NACP Innovation Fund. Subject to approval research and development work will be carried out up until March 2025 to investigate the feasibility of developing these service provision options across the Midlands RAAs. This will involve benchmarking, provider engagement and market development, and adoptive family's involvement and engagement amongst other things. • **Market Development:** Based on the feedback from RAAs and providers it has been identified that there is a need to develop the therapeutic market for adopters and their families. There is also a need to develop the market for 'short breaks/respite' for adopters. This is particularly important for areas within the Midlands that already have issues accessing a broad range of therapeutic interventions because of geographical/infrastructure issues. • **Research and develop 'short break activity camps for adopters' as an early intervention option for adopters.** This is an area of work that was identified through the Needs Assessment and the workshop held in April 2024. • **Peer Support Weekend Breaks:** Research and pilot the option of peer support weekend breaks as a way of supporting adoptive families in a different way giving families a chance ot spend time with other adoptive families whilst engaged in cultural/entertaining activities as a group. The opportunity to mix with other adoptive families was something that came up in the adopter's survey. • **Enhanced Support Care:** Creating and extended support network for adoptive families providing them with ongoing support, training, respite, and social activities. This is a model that already exists in fostering and it is a type of support that was identified in the Needs Assessment and the workshop held earlier this year.
1. National Strategic Context	• National Adoption Strategy • National Adoption Support Programme Board • ASGSF
2. Local Strategic Context	• 5 RAAs • Geography and demographics • Staff therapeutically trained and range of commissioned services. • Differences in how the RAAs maintain contact with adopters once they have been approved and had a child/children placed with them.

	• Increase in costs for therapeutic services there has been no increase in funding, therefore, there is less time/number of sessions available to adopters and their children than in previous years.
3. ASGSF	• ASGSF spend, characteristics, therapies. • This data illustrates how varied the commissioned post adoption offer is across the 5 RAAs in the Midlands and, in some areas, quite significant changes in what is being funded over time. • Some RAAs offer a much more diverse resource pool than others which may be due to funding and market availability as opposed to the identified needs of adopted children and their families. It also may be, in some cases, down to changing views and evidence about types of interventions. • Further work needs to be carried out to obtain an in-depth understanding of why these differences exist and what, if anything, is required in future to address these issues.
4. Views of the Midlands Post Adoption Services	• Interviews and meetings with staff with 5 RAAs and a VAA that works across the region. • Four of the five Midlands RAAs are fully embedded as a single service across their region, but one RAA, Together4Children, works as a partnership of 4 local authority adoption teams. • The five RAAs have developed over time and may be considered at different stages in their development which may affect their current service offer. • geography and infrastructure create a divide between RAAs in urban areas and rural areas affecting their ability to access external therapeutic services. • There were some concerns that, although in theory there is equal access to post adoption support. The most vocal adopters receive more service provision than others who may have equal, if not higher levels of assessed needs. • Efficacy of the ASGSF – level of admin; delays; criteria; funding not increased but costs have. • Providers removing themselves from the market or reducing the time they give to post adoption services. • Staff retention, staff development and staff feeling more valued would all be enhanced if there was the opportunity for them work therapeutically.
5. Midlands Adopter's Survey	• Survey sent out March 2024. 168 responses received (not from all areas). 72% of respondents were currently receiving post adoption support. • Not knowing post adoption services exist, what is available through the services, length of time to access provision, lack of consistency in communications with RAAs, and difficulties with associated services (school, CAMHS) etc are all issues for respondents in the adopters' survey. • Lack of joint working between related children's agencies and services can have a significant impact of adopted children and can undermine therapeutic input from post adoption services. Strategic working across all these services is important because they all impact on each other's work and consequently on the adopted child and their family which just compounds issues and can result in placement breakdowns. • More work could be done by RAAs to improve working relationships and more strategic relationships with education and CAMHS.

6. Providers Survey	• Survey sent out to commissioned providers May 2024. 31 responses received. 58% of respondents work as part of an organisation or group. 41% of respondents work as sole traders/independent providers. 3% of respondents said they provided services in all the Midlands RAA areas. 19% of respondents said they had previously provided services in the Midlands region but are not currently providing services. • 25% of respondents said they are currently providing a lower level of services than they have done previously. 25% of respondents said they are currently providing a higher level of services than they have done previously. Providers gave a variety of reasons as to why their service provision offer had changed. This ranged from there is less demand for the type of therapy they provide to the administration and bureaucracy was too much. Some respondents said they are new to this market and so they had gone from no provision to some provision, hence an increase. Some providers said they can offer more services and slots due to a recruitment drive. • Responses to whether interventions are offered in a timely manner and what service provision should be available that aren't currently commissioned.
7. Analysis of Existing Provision	• Cannot directly compare because of differences in how data is recorded and in practice. • Commissioning arrangements of each RAA. • Number of children open as adoption support cases in each RAA. • Adoption Support offer of each RAA • Workforce of each RAA
8. Gap Analysis	• Differences in data recording – difficult to make comparisons. • Some RAAs only have adopters on their records/in their system if they actively seek out support from the post adoption service, others transfer all approved onto mailing list - If we are only contacting people already known to the post adoption service (PAS) it is difficult to understand why other adopters may not be accessing post adoption services and whether this is it because they do not know they can get help, because there is no current need for support, or some other reason? Services provided outside of the ASGSF - clear disparity in the variety and number of interventions available from one RAA to another. • Post adoption service staff were overall satisfied with the services they provide and didn't have a lot of suggestions about what else they would like/need – need to understand this more. • Internal staff are trained in therapeutic interventions and support to different levels in each of the 5 RAAs so staff training is a gap. • Some of the gaps in service provision includes specialist assessments (although this is available in some RAAs). Ensuring there is a broad offer of different types of therapy, or therapeutic interventions is important to meet the needs of everyone, there is not a one size fits all model of therapy. • A major gap in service delivery affecting outcomes was picked up by both adopters and providers and that is a lack of inter-agency/multi-agency working with adopted children and their families. A disconnect with education and schools was a standout issue for families as this has an impact that is wider than

	just their education. Several providers also pointed this out and how it affects the effectiveness of their interventions. • Communication by RAAs about what their service offers, timescales for accessing a particular intervention, what they can help with and how they relate to other relevant services was also highlighted as an issue.
9. Findings and Recommendations	• The region - diverse array of services and interventions for adoptive families; commission using a variety of means: block contract; framework agreements; spot purchasing; preferred provider lists and in-house staff. • Due to the nature of the type of services needed and the geographically and infrastructure differences between the five RAAs it is difficult to see how a Midlands region-wide commissioning of post adoption services could effectively be carried out unless it was with national organisations. • RAAs were generally satisfied with their post adoption service provision; no massive gaps in provision apart from respite care to enhance support and prevent the potential breakdown of a living situation for the child. • Post Adoption Service In-House Provision – staff well-trained, capacity to deliver interventions an issue. Multiple benefits to increasing their capacity. • Communication – Need to more information in different formats to increase understanding of what support is available and how to access it; manage expectations. • Multi-Agency/Inter-Agency Work - More effort needs to be made a strategic level to develop pathways and working practices that incorporate all the agencies who the adopted family come into contact with. • ASGSF – bureaucracy, delays, restrictions, uncertainty. • Commissioned Providers and Market Development – Need for market development and joint working with CAMHS and education including pooled budgets. Knee jerk commissioning is an issue across all types of service areas and groups of people including health and social care. This is a time for regional adoption agencies to take a long-term commissioning approach and work out what is really needed for families, what is already available that people can be referred to as a universal offer (e.g. CAMHS, education services) and what could be jointly commissioned with statutory organisations. • Conclusion: o Need process to record data from needs assessments in one place so can demonstrate the need that exists for post adoption service interventions with robust data and evidence. o Services and interventions should be available based on assessed needs and what is appropriate not on what is available or popular or because some families are better at asking for it. o Utilising highly trained in-house staff and restructuring teams so that other staff members can support the workload that the therapeutically trained staff would normally have carried out is an important change for sustainability. o Midlands RAAs post adoption services provide a wealth of excellent interventions and provision. However, it is now time to take a more strategic approach to what is offered and what is commissioned.

	• Midlands Region Workshop and Regional Commissioning Intentions – plan for commissioning innovation project.

7. Yorkshire and Humber

1.Introduction	• The three Regional Adoption Agencies (RAA) which make up One Adoption have worked together for several years to jointly commission services using the Adoption Support Fund. • There is a shared Approved Provider List and shared contracts and evaluation processes. • there has been no analysis of pan regional data to understand the current and future needs of those requiring adoption support services. • Through completing an analysis of the available data an understanding will be developed of gaps in the information available and the actions required to ensure service delivery is efficient and meets the needs of children and families across the Yorkshire and Humber
2.National strategic context	<u>An Audit of RAA Adoption Support carried out in 2019 identified 12 priorities.</u> <u>Areas for development</u>: • Vision and Culture: Move from being traditionally reactionary to strategic and effect culture change to ensure a whole RAA ethos of normalised adoption support for all. • Lifelong Relationship: Take a lifelong, strategic approach, to supporting adopted families founded on openness, trust, and a proactive approach. • Support Offer: Ensure a broader range of targeted support services are available and aim to deliver them within a multi-disciplinary approach. • Early Help: Invest in early help support services, refocusing as far as possible, resources from assessment and matching approval to support. • Peer Support: Ensure peer-to-peer support and mentoring is available for all adoptive families. • Adoption and Special Guardian Support Fund: Identify and share best practice in how to maximize the benefits of the ASGSF. Ensure lessons learned inform the future operation of the fund. • Identity: Ensure identity work is more central in adoption and explore greater potential for contact after adoption. • Birth Families: Ensure services for birth families are better designed to meet their needs and are available when they are ready to benefit from support. • Education: Enable adopted children to thrive at school by building on emerging best practice on educational support, advice and guidance for adopters, schools, and Virtual School Heads. • Partnerships: Work together with RAA strategic partners to promote support as the norm rather than the exception in adoption support and develop and spread promising practice of multi-agency working. • Technology: Maximise the use of emerging digital 11. technology. • Measurement: Develop a minimum data set to better understand needs, • costs and outcomes in adoption support.
3.Local strategic context	• Several existing contracts with providers outside the ASGSF which are jointly commissioned across One Adoption and provide services for birth families, adopted adults, peer mentoring and other adoption support services. Adoption Support varies significantly across the three RAAs in terms of both capacity and the offer to children and families.
3.Quantitative analysis	• Workforce audit • Analysis of support provided through core RAA budget.

	• Quantitative data – ages and ethnicity of population receiving adoption support across the 3 RAAs.
4.Qualatative analysis	<u>Adoption UK Barometer survey 2023</u> • Above average satisfaction with core adoption support • Above average satisfaction with services for teens and young adults • How can enhanced adoption support outcomes be improved? <u>RAA Adopters Survey</u> • Some respondents highlighted a need for more emphasis on adoption support and better communication about support available. • The need for understanding of and assessment of neuro diversity and FASD alongside trauma to understand support needs was a strong theme. <u>Provider perspective on need and experience of commissioning</u> • CAMHS do not have the capacity nor the expertise to respond to the needs of adopted children. Waiting lists for support exceed 12 months. (West Yorkshire CAMHS Service). • The management of the APL does not currently include the routine gathering of feedback from providers and this is a current gap in information for the Yorkshire and Humber Region.
5.Analysis of existing provision	• One Adoption West Yorkshire provides a 'core offer' of support to children and families. • Analysis of funding provided through the ASGSF, recipients of support, therapies accessed, cost and provider analysis.
6.Gap analysis	• Transition periods, particularly around transition from primary to secondary school often see an increase in support needs for adoptive families. • Providing a strong foundation and early support to families • Due to the high demand for some providers and the capacity pressures, many families are not receiving the right support at the right time.
7.Findings and Recommendations	• Develop a strategic approach, early help, peer support, and the development of a minimum data set to better understand needs, costs, and outcomes. • Provide information to families regarding the skills of the adoption support workforce and the support available to them through the RAA rather than external providers and ASGSF commissioned therapy. • Further explore the regional and pan-regional support offer where a co-ordinated approach might strengthen the current offer.

Adoption England is a collaboration of regional adoption agencies working together with a small central team working nationally, aiming to improving adoption practice and develop support and services to better meet the needs of children and families. Adoption England receives funding from the Department for Education and works in partnership with all agencies involved with adoption in England, including voluntary adoption agencies and local authorities, as well as specialised adoption charities and third sector services.

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