



ADOPTION SUPPORT SERVICES SUMMARY OF BRIEF REVIEWS

RAA Leaders' programme

Overview report of short Adoption Support service reviews in 14 RAAs between January 2022 and April 2023 Completed by Stephanie Bishop, Sue Westwood, and Heather Freeman. The reviews were commissioned by Adoption England.

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1. REPORT SUMMARY

Over the period January 2022 to April 2023 three independent consultants who had all been senior managers in adoption services (two had been RAA Heads) completed short service reviews of 14 RAAs who requested the review. This is just under half of the 32 RAAs. These reviews were undertaken using the Adoption Support Service Brief Review tool, which is based on the Adoption and Special Guardianship Leadership Board's (ASGLB) commissioned blueprint for adoption support services published in 2019.

The aim of the blueprint was to capture the key elements of some of the more developed adoption services available at the time, to provide a benchmark and an audit tool against which agencies could review and adjust resources and systems to make service improvements and achieve whole system change. It covers services which support adopted adults and birth families as well as adoptive families.

The blueprint sets out 17 requirements of a high-quality adoption support system.

It should be noted that the scoring and description of the agencies represent a snapshot and some of the snapshots of the first agencies reviewed are inevitably now dated.

The reviews were completed virtually. Preparation work included examination of the RAAs' websites, management information, statements of purpose, service and improvement plans, leaflets for service users, and policies and procedures. This was followed by a range of virtual interviews with managers at all levels, social workers and support staff and other professionals employed by the RAA, commissioned by them or generally working in partnership with them. It was the exception to "meet" service users other than adopters who were active in the RAA and presenting the adopter voice.

The report will address each of the 17 domains in the blueprint with a commentary. The mean and mode score for each domain will be given. A score of 0 indicates that this aspect was not present, 1 that it was partially present, 2 that it matched exemplar services and 3 that it exceeded exemplar services.

It emerged that RAAs are staffed by managers, social workers and other staff who are committed, creative and passionate about offering the best service possible to those affected by adoption. Where weaknesses in the service were identified, these were not usually any surprise to the senior managers.

On the whole, practice met the standard expected by the blueprint although delays in the ability to complete assessments of need and to respond to adopted adults are of concern. A clear point of entry offers access to a range of services, adopters are engaged in developing services and are kept informed and risk is well understood. Birth family relationships are supported. The reason that services for birth parents and for adopted adults have lower scores is that often "Pause" type projects for birth parents to support them in the care of any future child are not available from Local Authorities and it is the exception for an intermediary service to be offered by the RAA to adopted adults.

An area where there was variation in practice in the RAAs was in the communication with children and young people and the opportunity for them to contribute to the development of

services. Examples of very good practice were seen whilst in other RAAs this was very much a work in progress.

The largest variation in the service offer came in the area of multi-agency multi-professional delivery models. The RAA who had received central government funding as a Centre of Excellence had a fully developed model of this type involving a psychiatrist, psychologists (both clinical and education) and an occupational therapist. At the other end of the scale an RAA had only a therapeutic social worker available to offer this type of intervention. One RAA employed a teacher as an education expert (funded by the virtual schools) and this was greatly valued by adopters who, as evidenced by the Adoption Barometer), face major challenges in advocating for their children's educational needs. The offer to adoptive families from the virtual schools varied enormously not just from RAA to RAA but from Local Authority to Local Authority. Psychologists are employed or commissioned by a number of RAAs as a resource both for social workers and for the families they serve.

Strategic areas were a challenge to RAAs. Having a vision for measurable outcomes, a methodology for quantifying potential need, and monitoring and evaluation are typically areas of difficulty which reviewers hope can be addressed at national level.

- Governance structures are not inclusive of Health, Education and adopters.
- There was a variation in the good use of commissioning and procurement according to the level of support offered by the host authority.
- Workforce development plans were at very different stages.
- However, all RAAs reviewed are active in promoting improvements in the wider looked after and adoption systems by sharing their learning from adoption support.

2. BLUEPRINT FOR ADOPTION SUPPORT SERVICES

The idea of a 'blueprint' for adoption support services came out of The Modernising Permanence Programme (MPP), commissioned by the Adoption and Special Guardianship Leadership Board (ASGLB) with the aim of developing approaches to supporting both adoptive (and special guardianship placements). The blueprint was completed by Mike Hall in 2019.

The aim was to set out a possible 'blueprint' for an adoption support service based on some of the best existing services available.

The method applied has been simply to identify existing adoption support services which appear to be 'exemplars', review and analyse the available written information, clarify details in further dialogue and provide a detailed description which will allow others to understand the types of service which are available in some parts of the country.

The 'Blueprint' is divided into key 'elements' which when put together form a comprehensive adoption support service based on the best practice knowledge currently available.

The scoring used in the review is: (Not present (0), Partially Present (1), Matches Exempla Service (2), Exceeds Exempla Service (3). This report will show what the average and typical scores for the reviewed services were.

3. OUTCOMES OF THE BRIEF REVIEWS

3.1 AN OUTCOMES-BASED VISION FOR ADOPTION SUPPORT SERVICES WITH MEASUREABLE AIMS/GOALS

Why is this needed?

A vision statement with measurable goals/objectives:

- Ensures that services are focused on achieving outcomes rather than just activity
- Can help to engage a wide range of services (beyond the adoption support team) in meeting the needs of adoptive families
- Underpins the measurement and evaluation of impact
- Enables improvements in service delivery to take place in a managed way
- Is a powerful message to staff, adoptive families and service providers

Average score: 0.87 Typical Score: 1

Almost all RAAs in their statement of purpose or service plan express a vision that children will have positive relationships, thrive and reach their potential. There is also often mention of emotional well-being, identity, stability and positive relationships. Others refer to children having the best possible standard of care, that there should be a partnership based on statutory requirements and that appropriate services should be identified and provided for adoptive families. However whilst the aspirations for outcomes are appropriate, they are rarely measurable. Frequently outcomes are measured where there has been therapeutic intervention but not other input. One RAA gets closer to measuring outcomes/goals as they ask adoptive parents general questions about their children's wellbeing, including how they are doing at school. Where service plans have been developed they are often not outcome based but focus for example on reducing timescales for assessments of need. Often birth relatives and adopted adults are not reflected in the RAA overarching vision. Nor is the family's experience of education covered although one RAA does refer to children having stable school placements. Children's mental health and emotional wellbeing is usually seen as part of the well-being of adoptive families and it is indeed hard to see how a nice distinction can be made as the family's well-being will be contingent on the child's emotional well-being.

The review reveals that overall this requirement presents a challenge for RAAs and is an area for development. The outcome of national pilots on outcomes is eagerly awaited and it may be helpful if RAA leaders can agree a national vision for children and adults affected by adoption.

3.2 A METHODOLOGY FOR QUANTIFYING THE POTENTIAL NEED FOR ADOPTION SUPPORT SERVICES ACROSS SOCIAL CARE, EDUCATION, CHILDREN'S HEALTH AND WELLBEING, PARENTS' EMOTIONAL WELLBEING

Why is this needed?

Understanding the number of children and families, and their level of need, is fundamental to service development, resource planning and co-ordination.

Average Score: 0.8 Typical Score: 1

This expectation presents a real challenge for RAAs. Most rely on data on numbers of children placed in recent years and on referrals for adoption support. This is the basis for most of the funding formulas. Even having this data is a challenge for some of the more recently formed RAAs as historical data on placements was not available to them from Local Authorities. One RAA in addition to using this historical data has attempted future estimates by looking at Julie Selwyn's research published in 2004 in "Beyond the Adoption Order" and considers the percentage of adoptive families who will struggle. RAAs where there is a significant number of voluntary adoption agencies do not always have the data they would expect of children placed in their areas. The review did not find agencies using more sophisticated data on adoptive children reaching significant pressure points (e.g. transition to secondary school) in particular years or population data in areas of changing/expanding population. It would be extremely helpful if a methodology could be agreed at national level.

3.3 A GOVERNING BODY FOR ADOPTION SUPPORT SERVICES WITH REPRESENTATION FROM HEALTH SERVICES, EDUCATION SERVICES AND ADOPTERS

Why is this needed?

Adoption Support services have often been a 'Cinderella' service: planned to meet minimum statutory requirements, poorly resourced and providing too little support, too late in the day. However, viewed in a strategic context, adoption support services can not only prevent adoption breakdown and renew family life, but provide a window onto the whole looked after system, influence the work of a wide range of practitioners and be a powerful driver of system improvement.

Average Score: 0.57 Typical Score: 0

Most strategic boards comprise Directors or Assistant Directors of Children's Services for the relevant Local Authorities and the Head of the RAA. It is reported that this is considered appropriate by Local Authorities as this is the group who fund the RAA. It is rare for Health

to be represented although one RAA reviewed reported that Health commissioners attend and another reports that Health are invited but rarely attend. It is concerning that Camhs are not represented as the service which shares responsibility for the emotional wellbeing of adopted children. One RAA has a Virtual School Head on the Board but another shared the view that as the virtual school operates so differently in the relevant Local Authorities that this would not be helpful. In one RAA 2 adoptive parents attend and have full voting rights. In another local VAA partners attend as do an adopter and an adopted adult, but they are without voting rights. In another, members of the adopter advisory board are invited to attend to present their views and they are said to feel respected although they have no right to vote. In one RAA Adoption UK attend to present the adopter voice.

It is evident from this summary that it is rare for the governing body to have the representation considered appropriate in the blueprint.

One RAA has addressed the situation by creating an operational board with a focus on adoption support where Health, Education and adopters are represented.

3.4 A MULTI-AGENCY, MULTI-PROFESSIONAL DELIVERY MODEL WHICH INCORPORATES CHILD AND ADOLESCENT MENTAL HEALTH SERVICES AND EDUCATION SUPPORT SERVICES

Why is this needed?

It is increasingly recognised that adoptive families often require support from a range of professionals who are employed and managed by different agencies:

- Social Work Teams – RAA/LA
- CAMHs professionals - Health Trust
- Education Support services/Virtual Schools/Educational Psychology – LAs
- Schools
- VAAs and Third Sector providers

This means that the adoption support ‘system’ is often difficult to navigate for professionals, let alone families, is characterised by poor communication between agencies and is not consistent in its use of systems and processes.

Average Score: 0.9 Typical Score: 1

An RAA which had received central government funding to establish a Centre of Excellence had been able to obtain funding, although only agreed annually, to maintain the excellent psychology service which they have developed. This means that adoptive families and staff in the RAA have access to a child and family psychiatrist, clinical and education psychologists, an occupational therapist, an education support worker and a therapeutic social worker. 75% of families referring/referred use the education support service. Another RAA employs an education support worker who is available, e.g., to assist families in choosing an appropriate school, in advocating for their child and in the extreme, supporting at tribunals. She also offers training to schools to assist in the understanding of children who have experienced trauma. In this RAA a Virtual School Head is involved in preparation training with the result that right from the start adopters are aware of the resource available

to them in the virtual school. The offer from virtual schools is very varied between and within RAAs with some families having little access and others being able to attend monthly virtual clinics, receive individual support and attend regular training. Access to services to support children's mental health and emotional wellbeing is also very varied as some counties offer this service to their looked after and formerly looked after children. In general, however, access to CAMHS services is described as virtually impossible. A good number of RAAs are commissioning a psychologist to intervene with families even with only a one-off consultation and to offer advice to social work staff. Psychologists are involved in providing training on attachment for example.

Another RAA has developed a specialist therapeutic team who are involved with individual families and in offering training. This RAA reports working well with virtual schools. It has trained all its staff in DDP and aims that all social work staff will also have Theraplay training. A

small RAA has only a therapeutically trained social worker to meet therapeutic needs without referral to the ASF.

Clearly there remains a post code lottery for adoptive families in regard to the services available to them.

3.5 PROVISION OF INFORMATION ABOUT SERVICES WHICH INCLUDES REGULAR COMMUNICATION WITH ADOPTERS THROUGHOUT THEIR ADOPTION JOURNEY AND INFORMATION ABOUT ADOPTION SUPPORT SERVICES FOR ADOPTERS, BIRTH PARENTS AND ADOPTED ADULTS

Why is this needed? Effective adoption support requires a partnership approach between services which are accountable to different agencies or lines of management. An Adoption Support 'Partnership' is more likely to engage these agencies at a strategic level to coordinate and develop services, develop staff, join up processes, jointly commission etc. Whilst every adoption agency will have a constituted governing body responsible for every aspect of adoption, this body is unlikely to have significant capacity to focus specifically on adoption support or to have representatives from the range of agencies which contribute to the support of adoptive families, particularly health and education bodies.

Average Score: 1.87 Typical Score: 2

The RAAs reviewed are all committed to providing information to those affected by adoption. For communication with adopted adults and birth parents they rely mainly on their websites where especially for adopted adults a great deal of detailed and useful information is normally available including details of how to make contact when a service is needed. Some RAAs are aware their websites need updating to make them accessible and welcoming

whilst other have already completed this work with very comprehensive information including in one case attractive Quentin Blake style illustrations. Some have an excellent range of information leaflets which are available to those affected by adoption. One RAA gives not only information about services for adoptive families but a huge range of information about other more general service e.g. children's centres, SEND and FASD organisations. On occasion the information about services available for birth parents is less immediately obvious but RAAs give as a minimum, details of a contact number for birth parents to call in order to access support. Most RAAs send newsletters out to adopters on their mailing lists with details of upcoming events and training and useful information both local and national. The frequency of these newsletters varies from monthly to 3 times a year. In many instances adopters have major input into the newsletters and in a few cases adopted young people also contribute. A few RAAs make good use of social media and some have closed Facebook groups which are used to disseminate information.

3.6 ADOPTER ENGAGEMENT INCLUDING SERVICE DEVELOPMENT ACTIVITY AND REGULAR FEEDBACK ON SERVICES AND FAMILY NEEDS

Why is this needed?

Adoption Agencies increasingly recognise that maintaining contact with adopters and continuing to offer support post adoption order is key to preventing family stress in the future and increases the chances that families will feel able to seek help sooner.

Average Score: 1.86 Typical Score: 2

All the RAAs reviewed expressed commitment to adopter engagement but the extent of this varied very much across the agencies reviewed. One RAA had in the year prior to review worked extremely hard on a model of co-production with adopters actively engaged in identifying the services they needed and instigating service developments such as a FASD conference and peer support groups for adopters dealing with a range of challenges. They had also developed support walks/rambles which were widely valued as were stay and play groups run by adopters. Another has had as a model right from its launch that adopters should be involved in the development and make-up of the RAA and they employ an adopter on a part time basis who is very active in working with the adopter community to seek their views and to engage them in task and finish groups. The adopters have developed the peer groups they want in different areas, listening to preferences for face to face and virtual groups. Adopters have also been very active in choosing their preferred provider for training and in the choice of training topics. They were clear that they wished to be able to access training they perceived as needed by them rather than training chosen for them by a social worker. They have requested that webinars are recorded to improve access and the RAA has responded to this request. Another RAA's example of adopter engagement in service development was their choice of membership of CATCH (previously Adopter Hub) rather than Adoption UK.

An RAA reported thematic surveys four times a year and support groups have been developed for single adopters, disabled adopters and LGBTQ adopters. Another RAA has responded to a request for a support group for adopters with trans-racial placements. As part of building engagement an RAA is recruiting for adopter champions in each spoke whereas another RAA has a small group of “go to” adopters whom they approach informally for their views.

3.7 COMMUNICATION WITH CHILDREN AND YOUNG PEOPLE GIVING THEM INFORMATION ON SERVICES IN APROPRIATE LANGUAGE AND ENSURING THAT THEIR VIEWS INFLUENCE THE DEVELOPMENT OF SERVICES

Why is this needed?

Understanding the lived experience of adopters is crucial to developing and delivering the most appropriate services, evaluating their quality and planning improvements.

Average Score: 1.23 Typical Score: 1

Communication with children is an area in development for some of the RAAs reviewed and they are mostly very aware of this and know there is work to be done. One RAA leader, however, is very much of the view that the role of the RAA is to empower and enable parents to parent their child rather than to engage directly with the adopted child. Only a few RAAs have a section or tab on their website directed to the child/young person but where these are present they are welcoming and user friendly. It is more common for parents to be addressed about services for “your child”. The regulatory required child’s guide to adoption support services does not exist in every RAA. Some RAAs have successful groups for different ages of children, some of which are activity groups and some are participation groups where young people can give their views and influence the development of the service. Reviewers have heard of adopted children being involved and listened to in staff recruitment and have seen excellent you tube clips where adopted children have produced for example excellent memorable and accessible information for schools in a “please do, please don’t format”. Another RAA is involving them in preparation groups and in recruitment. It is encouraging to see examples of excellent practice whilst it is acknowledged that for some RAAs especially those more recently formed that the global pandemic has had a major impact on their offer of groups for children, especially if the offer of virtual groups was not well received by children. All RAAs see the voice of the child as key so in some there is an excellent service, some have unequal offers in different areas and some are at the start of their journey but see this as a work in progress.

3.8 EVIDENCE OF ONE INITIAL REFERRAL AND ASSESSMENT PROCESS WHICH PROVIDE ACCESS TO SERVICES WITHIN AN IDENTIFIED TIMESCALE

Why is this needed?

A clearly set out assessment and referral process lays the foundation for a prompt response to enquiries and potential access to a range of services.

A thorough and holistic assessment should enable adopters to access the most appropriate service, including those funded by the ASF.

A clearly thought through pathway from the point of referral can help adopters understand how the process works.

The more this information can be appropriately shared between professionals, the fewer times adopters will have to repeat their story.

Average Score: 1.73 Typical Score: 2

There is evidence that the entry point for services is clear even though in a number of agencies there are several front doors depending on the Local Authority where the family live. The hours that duty lines are staffed can also vary from Local Authority to Local Authority in RAAs which are partnership models. The amount of work done by staff on the duty desk varies and in some cases staff on the duty desk cover not only adoption support referrals but also general adoption enquiries. In another RAA referrals often come through the Local Authority general front door. One RAA has a very effective model where the duty desk is staffed by experienced senior practitioners who engage in therapeutic conversations with referrers to the extent that a high proportion of referrals are resolved on the duty desk.

RAAs are clear about timescales for access to services but on occasion the timescales are unacceptable, e.g. 16 weeks for an assessment to start but then it is completed quickly or a quick allocation but two and a half months for an assessment of need to be completed.

3.9 ADOPTION SUPPORT SERVICES ARE STRUCTURED AND CO-ORDINATED TO MEET DIFFERENT LEVELS OF NEED

Why is this needed?

It ensures that a range of services exist to meet different needs as defined by eligibility criteria, rather than a one size fits all approach.

It provides a level of transparency to adopters who can see which services are available, how they relate to each other and how access is determined.

It allows a degree of adopter choice (but this is not the only determining factor)

It enables an efficient use of resources – i.e. the more expensive and time consuming provision is reserved for the higher levels of need.

Average Score: 2 Typical Score: 2

All the RAAs reviewed structure their services to meet different areas of need. All offer universal services such as fun days, peer support groups and letter box contact and there is signposting to other services outside the RAA as appropriate. There is some inequality in what is on offer within different spokes of some RAAs when it comes to availability of peer support groups. One recently formed RAA still faces some challenge as across partners there is not yet an agreed vision of what universal services should be on offer so structures vary across the different spokes. There is variation on access to training and what is

universally available and what is targeted in response to an assessment of need but the offer is there for adopters.

Even if there is not always a clear distinction of what is a middle tier service, a very wide range of training and therapeutic groups are available with workshops on for example therapeutic parenting, dealing with challenging behaviour, teens, schools, contact, life story work. There is some variation in what groups and training are funded from within the RAA and which are funded through the ASF.

All the RAAs offer access to specialist services funded by the ASF when an application has followed an assessment of need. Sadly in a number of agencies there is a concerning waiting list of what can be a number of months for such an assessment to be completed but managers are very aware that this is unacceptable. Universal services, training and on occasion “clinics” with a psychologist or therapeutic social worker are offered to families while they are waiting. Once the assessment of need is completed the ASF application process itself can involve delay and one RAA had agreement to underwrite the intervention while waiting for ASF funds to be released.

3.10 APPROPRIATE RESPONSE TO SITUATIONS OF POSSIBLE RISK

Why is this needed?

- a. Adopters require support from a range of universal services, not all of which appreciate the needs of adoptive families, have resourced themselves to meet their needs, or believe that all adoption support services are provided by the relevant adoption agency. As well as Education Psychology and CAMHS there are services within the remit of LAs such as: schools, Virtual Schools, Special Educational Needs and Disability Services and Early Help/Children in Need services
- b. In particular, when there are safeguarding and ‘edge of care issues’ a co-ordinated response which is sensitive the wider needs of the family is required. Whilst it might seem that these services should be closely working with adoption services (LA or RAA), this has not always been the case. This can be particularly challenging when adoption support services are working across multiple LAs.

Average Score: 1.69 Typical Score: 2

For RAAs reviewed this was an area of strength. Staff in RAAs are trained in safe-guarding and understand safe-guarding. They know when to refer to Local Authorities when they identify possible risk. They are aware of the different procedures for referral to Local Authorities they serve. They continue to work in partnership with the LA and to support the adopted child and their family during investigations while working in partnership with the Local Authority. Only one RAA reported issues due to resource pressure on local authorities which led for example to an RAA social worker being required to chair a Section 47 meeting.

In most cases where the safe-guarding issue has been identified in the Local Authority rather than the RAA, when it is identified that a child is adopted, co-working is welcomed by the Local Authority and this enables the introduction of an adoption lens in any investigation.

3.11 COMMISSIONING AND PROCUREMENT ACTIVITY

Why is this needed?

The advent of the ASF has led to unprecedented levels of commissioning and procurement activity in adoption support. Adoption services generally have little experience of commissioning activity (placement activity being regulated by the interagency fee arrangement) leading to ASF funded services being commissioned in ad hoc ways with a lack of due process or evaluation of delivery or outcomes.

Average Score: 1.3 Typical Score: 1

In all RAAS the services they seek to commission are based on the needs of adoptive families, in particular around the interventions which can be funded by the ASF. All are aware of the importance of effective commissioning, but some agencies reviewed early in this project had not had good commissioning and procurement input from their host authorities. Leaders were extremely aware of this gap and were hopeful that the brief service review would strengthen their case to receive the support they needed. For those without well developed commissioning and a framework for preferred providers, setting up contracts on a spot purchase basis was clunky and painstakingly time consuming. The majority had received the support they needed and had a good preferred provider list offering a wide range of interventions. Some had gone out to tender 3 times over the RAA's lifetime in order to improve the provider list. It was also very positive in one RAA to hear of the involvement of adopters in developing the preferred provider list. Areas where there was particular challenge were in sourcing neurological and multi-disciplinary assessments. There are also challenges in some areas of providers not having timely availability with the result that much needed interventions can be delayed for several months. Agencies also spoke of the challenge of having the right provider available in the right area in large areas where the provider needed to travel to do face to face work with a child.

All agencies were committed to developing positive relationships with their providers, meeting regularly with them and in some cases offering support with the tendering process which could prove challenging especially for sole providers.

Partner agencies such as CAMHS could be commissioned to offer services which would be funded by the ASF but with the current post Covid huge pressure on CAMHS and significant waiting lists, most RAAs have not pursued this with CAMHS, acknowledging that with the inception of the ASF, CAMHS services only rarely offer in depth support to adopted children and instead these interventions are commissioned from private providers.

3.12 BIRTH FAMILY RELATIONSHIPS ARE PROMOTED

Why is this needed?

The views and experience of birth parents have long been the most neglected dimension of the adoption triangle. There is increasing evidence that the engaging birth families can have a positive effect on the child's adoption in terms of future contact, reduce the likelihood of mothers becoming pregnant and experiencing the removal of subsequent children and result in a range of benefits to the parents themselves and a reduction in the need to access a range of services over time. In an era of social media, work with birth parents in order to support placement stability in adoptive and special guardianship families has become increasingly important.

Average Score: 1.88 Typical Score: 2

All RAAs are committed to promoting birth family relationships. RAAs are aware of recent research in respect of direct contact for children with their birth parents and wish to share this approach with their Local Authority colleagues. There are however identified issues where RAA staff are not co-located in LA offices and so face some challenge is being involved at an early stage in the contact plans. For many RAAs there is work to do in developing the thinking about training for adopters, risk assessment and appropriate support when on-going direct contact with birth parents is under consideration. There is an assumption of at least one meeting with birth parents and one RAA has helpfully changed its language to stop referring to a "one-off "contact but to an" initial" contact.

One RAA is still needing to address the issue of birth parents only seeing a photograph in an office which is a legacy of a small unitary authority placing children very locally to their family of origin.

Most RAAs are open to reviewing contact plans at the request of the child or adoptive parents when a young person wishes to consider direct contact. Creativity has been seen when for example a birth parent has died and there is work to initiate contact with a grandparent. There is careful consideration and assessment in a reactive way when use of social media has led to an unplanned change to contact arrangements.

It is unusual to see planned reviews of contact arrangements but one RAA evidences the good practice of reviewing contact arrangements one year post Adoption Order and thereafter every two years even if there is not a request for consideration of change from any party involved.

Sibling contacts are promoted across RAAs and support is available to support these contacts as appropriate.

Support is available in all RAAs for adopters and birth family in dealing with letter box contact. All offer support but not all have easily accessible information such as guidance on how to write a letter and indeed exemplar letters.

One RAA spoke of the good practice of offering letterbox clinics. All offer training on contact and some helpfully include adopters in leading this training.

The level of creativity in letter box varies with some agencies using recorded voice and video messages and montages of photographs Especially when photographs are not being shared by adopters, most agencies are creative in suggesting that pictures and handprints can be sent and one, in response to a suggestion from birth parents, spoke of sending a length of ribbon to show how the child has grown. This helps the parent who has lost a child to adoption to realise that the child is no longer the baby they remember.

All agencies are keen to know the outcome of the pilot of the digital exchanges through Letterswap although there is a level of concern about the reliance on one provider for this service.

3.13 SUPPORT TO BIRTH PARENTS

Average Score: 1.53 Typical Score: 1

All agencies offer, as required by legislation some support to birth parents although the range and efficacy of this support varies. Some local authorities offer it themselves which would lead one to question how this is experienced by birth families as independent. In other RAAs the support is offered by RAA staff, often support workers, who are passionate and committed to providing the service. Other RAAs have commissioned out this service to voluntary agencies who were found to provide an excellent service. The range of offer is however wide with mention of a range of from 5 to 20 sessions of 1:1 counselling. Take up varies, as does the expectation of what is good with one RRA, for example seeing 50% as very good whereas another achieves 80%. The RAA who use a VAA who keep following up a parent with gentle reminders for over a year that support is available achieves excellent outcomes in terms of engagement as the parent can engage when they are ready and at an appropriate stage in their life and in their resolution of the deep distress, anger and grief they are usually feeling at the point of Placement Order.

Some but not all offer groups both virtual and face to face as birth parents request. It should be noted that these are mainly for birth mothers (and some grandparents) but I suspect nationally there is work to develop the support offer to fathers who have lost a child to adoption. In a few RAAs closed Facebook groups are available as peer support.

Many RAAs commented that they rarely consult birth families on the service they receive as response is so poor. There is learning to be had from RAAs who have been more successful for example by engaging birth parents in developing the content of the ADM letter when the decision is taken that adoption will be the permanence plan. The RAA which has achieved that engagement has also supported a group of birth parents in talking to the House of Lords about contact.

It is the responsibility of the Local Authority, not the RAA, to offer birth parents a service to support them in the care of any future children. In only one of the RAAs reviewed did all LAs offer such a service. Sadly this shows the disparity in the services offered to birthparents across the country. Where such services exist, there is evidence of very effective learning for the RAA from the group of birth parents when they meet with staff responsible for letter box contact e.g. the suggestion of adopters sending a length of ribbon to show the child's height.

3.14 ADOPTED ADULTS

Why is this needed?

Research has highlighted how important it is for adopted adults to have access to information and to find answers to questions about their identity and history, for their well-being.

Average Score: 1.6 Typical Score: 1

All RAAs reviewed offer some level of service for adopted adults but the range of the offer is very wide indeed. It is the exception for intermediary services to be offered and indeed some leaders express the view that this is not a statutory requirement so should not be something the RAA aspires to offer. Some staff from Local Authorities which offered an intermediary service prior to the launch of the RAA are saddened that the service is no longer available through the RAA. All the RAAs, however, signpost to intermediary services but acknowledge that the adult has to self-fund with the result that not everyone can pursue their desire/ need to find and meet a birth relative.

In general there is good information on websites for adopted adults about the process they need to follow depending on when they were adopted although it is the exception to find information about post-commencement adoptions and RAA leaders are aware this is an area where further work and development is needed. It is hoped some of this work will be done at national level.

Some agencies have available groups for adopted adults, both face to face and virtual, and it is common for these to be facilitated by an adopted person. There is a national issue of delay when records have to be sourced from another agency. This is of concern both to staff and of course to the service user. More concerning is the issue of waiting lists due to lack of resource in the RAA to offer a meeting with a social worker or to receive records. It is encouraging to find a small number of agencies where there is no waiting list but troubling to learn that in some agencies adopted adults who have often delayed for years before summoning courage to seek records are typically waiting 3 to 6 months for an initial interview. Within one RAA with a partnership model waiting times varied significantly between the different spokes. Agencies do however offer triaging to give priority for adults who are very elderly or ill. Much of the work with adopted adults is done by highly committed and passionate staff who are frustrated that lack of resource means that they cannot offer their clients the timely service they deserve. A number of RAAs commission out their service to adopted adults and typically there is less delay in these arrangements. Where the service is commissioned, feedback is collected from the adult but this is rarer in other models so it is hard for RAAs to judge in a formal way how their service is experienced although there is considerable positive feedback as well as frustration with delays. One RAA aspires to have an adopted adult on their governing body.

3.15 A WORKFORCE DEVELOPMENT PLAN

Why is this needed?

The demands of adoption support, not least the high level of knowledge and information now available to adopters, requires a well trained workforce in touch with developing practice across a range of disciplines, including child development, evidence based therapeutic interventions and education provision and standards.

Average Score: 0.94 Typical Score: 1

There is considerable variation in where RAAs are in terms of a workforce development plan. Some of the longer established RAAs acknowledge that a skills audit was completed prior of the launch of the RAA but that it has not been repeated so it somewhat out of date and needs to be repeated for a fresh and relevant development plan to be created. Funding for training is more of a challenge where staff remain employed in their Local Authority and the budget is held by the Local Authority although these staff have access to the more generic training offered by the Local Authority to its staff.

Other RAAs are at different stages, some with a skills audit and development plan and others with an up-to-date skills audit which needs to inform a development plan.

Even if not formally written down, most managers had a plan in their head of the training they considered essential for staff and staff reported positive experience of being allowed to access training they personally wanted for their professional development.

3.16 MONITORING AND EVALUATION

Why is this needed?

Any service will benefit from quality monitoring and evaluation against its identified outcomes.

Monitoring and evaluation are important ways of identifying the need for change and improvement.

Adoption Support services are in an ideal place to identify potential improvement in the wider adoption and looked after systems, which, in some instances, could prevent the need for adoption support services at all. It is therefore important not only that evaluation takes place but that the learning which results can exert system influence.

Average Score: 1.17 Typical Score: 1

The approach to monitoring and evaluation varies considerably across the RAAs reviewed. Most measure timescales for responses and assessments and report on these. There are also reports to Boards on volume of referrals and cases. Most RAAs seek feedback after events such as fun days and this has been helpful for example in leading to the RAA

adjusting the model when feedback has reported that these big events have not catered for children with sensory issues. Others have concluded for various reasons that these post event surveys are of limited use.

Feedback is sought and considered when services have been commissioned but it is less common for the RAA to seek feedback when a case is being closed after intervention by an RAA social worker.

Themed audits are proving useful to RAAs who have implemented them and others plan to introduce both regular and themed audits of adoption support cases.

RAAs are keen to see as proposed in the 2021 National Adoption Strategy national standards for adoption support services with measurable aims. There is currently a pilot involving 5 RAAs and its outcome should be particularly helpful as RAAs develop the capacity to measure outcome not activity.

3.17 THE AGENCY PROMOTES IMPROVEMENTS TO THE WIDER LOOKED AFTER AND ADOPTION SYSTEM

Why is this needed?

If it is accepted that learning gleaned from adoption support services present an opportunity to evaluate and develop the wider adoption and looked after system, there need to be mechanisms in place to capture and disseminate the learning and to implement change

Average Score: 1.29 Typical Score: 2

Almost all agencies are active in sharing knowledge and understanding and learning from adoption support with the wider looked after system although the phrase Theory of Change was not one used by them. They share learning with different levels of other organisations e.g. with regular meetings with senior managers in Local Authorities and with Virtual School Heads. Conferences have been organised for staff at all levels of partner organisations and training is often offered to school staff. Learning from themed audits and disruptions is shared and RAAs are keen to reduce silo working by addressing gaps which may have arisen between RAAs and Local Authorities and indeed on occasion the risk of siloed working between adoption support teams and adoption recruitment, assessment and family finding teams. This was less of an issue where all RAA social workers have a generic caseload across all the adoption tasks although this was not the typical model partly due to the real concern that adoption support cases can receive less priority when social workers are working to timescales in assessments and placements and responding to urgent needs in the early days of placement.

One RAA reported producing a newsletter for partners with information on, for example, early permanence, contact planning and writing a CPR. That RAA has also been involved with colleagues in developing and piloting a trauma informed CPR. That agency has also created a multi agency review panel which includes virtual schools and Camhs where repeat

ASF applications are considered with the result that partner agencies are much more closely involved in learning and considering outcomes of support interventions. Another RAA is looking at how ADMs can be brought together to enhance learning.

Some RAAs are involved with universities in their research and so are contributing at a national level. Senior managers are also involved at national level with strategic developments through the RAA Leaders Group. Reviewers also heard of adoption support staff visiting Downing Street to share knowledge and of activity with the House of Lords.