

# Securing the Future of the ASGSF

Strategic Options for Reform and Delivery  
Adoption England's reflection

June 2025



## Contents

1. Foreword.....	2
2. Background .....	3
3. Strategic and policy context.....	5
4. Analysis of need and demand .....	6
4. 1. Overarching principles .....	8
4. 2. On maintaining a unified ASGSF for eligible adopters and special guardians/CAO Families .....	8
4. 3. Recommendation and implementation timeline.....	9
5. Detailed analysis of the varying options for the future of the ASGSF .....	10
5. 1. Current delivery model – national model .....	10
5. 2. (Pan-) Regional devolvment through Adoption England .....	14
5. 3. Regional devolvment directly to Regional Adoption Agencies.....	18
5. 4. Local devolvment to local authorities.....	21
6. Conclusion and recommendations .....	22
6. 1. Recommendations .....	23

## 1. Foreword

This options appraisal has been developed in response to the changing and increasingly complex landscape of therapeutic support for adoptive families and those caring for children under Special Guardianship and Child Arrangement Orders. It reflects a growing recognition of the need to review—and potentially reform—the Adoption and Special Guardianship Support Fund (ASGSF) to ensure it remains effective, equitable, and sustainable in meeting the needs of a diverse group of children and their families.

The ASGSF plays a pivotal role in supporting the emotional and mental wellbeing of care-experienced children. It does so through a dual approach: by enabling direct therapeutic interventions for children and young people, and by equipping carers and parents with therapeutic tools and support to help them understand and respond to the complex needs of the children in their care. This integrated model is essential for strengthening family relationships, building resilience and promoting long-term stability and wellbeing.

There are some concerns about the limited long-term evidence base underpinning some of the interventions currently funded through the Adoption and Special Guardianship Support Fund, raising questions about their impact, and there is a recognition that care-experienced children are disproportionately affected by multiple, overlapping factors—including trauma, neurodivergence, mental health conditions, Foetal Alcohol Spectrum Disorder (FASD), and genetic conditions.<sup>1</sup> These intersecting vulnerabilities often result in complex presentations that require more than standardised approaches, and it is important that children and young people have access to evidence based mental health support, when needed. A holistic, multi-disciplinary assessment is essential to ensure that support provided is effective. While the ASGSF is a critical component of the support system, it cannot operate in isolation. A broader question must be posed about the collective responsibility of health providers, education services, and children’s social care to work collaboratively in meeting the holistic needs of care-

<sup>1</sup> The Independent Review of Children’s Social Care, May 2022, [The independent review of children’s social care – Final report](#)

experienced children. Only through integrated, multi-agency approaches can we ensure that children and families receive the right support, at the right time, from the right people. With ongoing reforms across health, education, and social care, we have an opportunity to address these challenges and build a more cohesive, responsive system.

This appraisal has been informed by two workshops with Regional Adoption Agency (RAA) leaders and brief consultations with key sector organisations. These early discussions have helped to surface a range of perspectives and highlight the practical and strategic issues that must be considered in any future model. However, this report is not intended to represent a final position. Rather, it is a contribution to a wider and ongoing debate. Further, more extensive consultation with families, practitioners, providers, and other stakeholders will be essential to inform the government's decision-making on the future of the ASGSF.

We hope this appraisal provides a useful foundation for that dialogue and supports a collaborative approach to shaping a support system that meets the needs of all children in care and those care experienced children and their parents/carers.

*Sarah Johal MBE,*

*National Adoption Strategic Lead*

*Adoption England*

## 2. Background

The Adoption Support Fund (ASF) first became available in England on the 1<sup>st</sup> of May 2015 and was extended in 2016 to include previously looked-after children being cared for by special guardians, many of whom are kinship carers, and additionally Child Arrangement Orders (COA). *The Evaluation of the Adoption Support Fund: long-term follow-up* states that the aim of the fund was, “to increase the access of adopted children and their families to therapeutic post-adoption support.”<sup>2</sup>

The establishment of the Fund recognised that adopted children are likely to have experienced trauma prior to coming into care and will need therapeutic support to help them and their new families thrive.<sup>3</sup>

When it was created, the Fund was specifically aimed at providing local authorities with a fund to provide therapeutic support for adopted children aimed at:

- Enabling equitable access for adopted children and their families to access therapeutic support
- Encouraging families to come forward for assessment
- Identifying latent demand for therapeutic support
- Stimulating the market to ensure adequate therapeutic support is accessible across the country<sup>4</sup>

In 2023, the Adoption Support Fund was renamed as the Adoption and Special Guardianship Support Fund following the publication of the National Kinship Care Strategy in December 2023. The change was part of a broader effort to make the fund more inclusive and better reflect the range of families it supports—not just adoptive families, but also kinship carers who often face

---

<sup>2</sup> The Tavistock Institute of Human Relations, July 2019, [The evaluation of the adoption support fund wave: long-term follow-up](#), p.7

<sup>3</sup> The Education Hub, October 2022, “[How we are supporting families who chose to adopt](#)”

<sup>4</sup> The Tavistock Institute of Human Relations, August 2017, [The Evaluation of the Adoption support Fund](#)

similar challenges and therapeutic needs. The take up of the fund from eligible special guardians/child arrangement orders has increased to around 19% of the overall fund, although there is a debate about the relevance of this support for many special guardians.<sup>5</sup>

Since 2015, the Fund has grown significantly. More families have access to support and a large and diverse market of independent providers has developed. During this time, the government's regionalisation reforms were introduced (2017) to reduce the large number of agencies providing adoption services. Regional Adoption Agencies (RAAs) were created to pool resources and provide more targeted and efficient recruitment of adopters, speedier matching with a larger and more diverse pool of adopters, and an improved range of adoption support services and regulatory compliance.

These reforms have also had a significant impact on adoption support: "Before the development of RAAs, local authorities were solely responsible for commissioning adoption support provision. Weaknesses had been identified including gaps in provision and the use of spot purchasing which didn't encourage providers or enable them to expand ... One of the drivers was to improve the range and quality of adoption support services to meet growing demand. To enable more economies of scale, strategic quality assurance, and larger contracts that give providers confidence to grow."<sup>6</sup>

Ofsted in their thematic inspection of Regional Adoption Agencies in 2023 highlighted that "the people that received it stated that timely adoption support felt it made a positive difference to their children and families. Other adoptive families were not always able to access the support they needed when they needed it. ... Some families were anxious about the stability of funding from the ASGSF. This was impactful and left them feeling that there were barriers to accessing the support that their child needed. At times, the short-term nature of funding prevented parents and RAA leaders from planning long-term responses to need."<sup>7</sup>

In May 2024, RAA leaders put forward a proposal to the Department for Education (DfE) to "test and learn" with a pilot approach to try a new, more flexible way of accessing the Fund, which would enable RAAs to deliver services internally and procure services externally without having to submit individual applications. The aim was to ensure that children and families access support more quickly, that practitioners spend more time directly supporting families, and that agencies and regions are better equipped to strategically plan and commission services and control costs. Formal agreement to pilot a new approach was agreed in late April 2025. The pilots are due to commence on the 1<sup>st</sup> of July 2025, with an end in March 2026.

However, in the early part of the year, a lack of clarity from the government about the continuation of the ASGSF caused uncertainty for families and the sector. In March 2025, the government confirmed that an allocation of £50 million had been agreed for the year 2025/26. Subsequently, the government made changes to the Adoption and Special Guardianship Support Fund which reduced the Fair Access Limit (FAL) from £5,000 to £3,000 per child per year. The separate £2,500 allocation for specialist assessments was abolished. Assessments must now be funded within the £3,000 FAL, reducing flexibility for support. The match funding scheme (which previously supported high-cost therapy up to £30,000 with local authority contributions) was discontinued. What became clear was that the changes were made because of increasing demands on the budget following its widened reach, high levels of need, and a

---

<sup>5</sup> Kinship, December 2022, ["Adoption Support Fund evaluation shows need for bespoke support"](#)

<sup>6</sup> Institute of Public Care at Oxford Brookes University, July 2024, [Adoption England Commissioning Programme Interim Report](#), p.3

<sup>7</sup> Ofsted, March 2024, [Regional adoption agencies – thematic inspection report](#)

clear overspend on the allocated budget, which cannot continue given the pressures on the government around public finances.

These developments have prompted a renewed policy debate about the most appropriate model of delivery for therapeutic support, especially considering broader reforms in children's services. Hence, an appraisal of the different options open for consideration.

### **3. Strategic and policy context**

In addition to the regionalisation of adoption services, several key policy drivers within children's social care are highly relevant to this appraisal. The Independent Review of Children's Social Care, through its Stable Homes, Built on Love strategy, sets out a vision for shifting from fragmented local delivery to more coherent regional collaboration. This includes the development of Regional Care Cooperatives (RCCs) and Regional Fostering Recruitment Hubs, designed to streamline and enhance the provision of care. Complementing this, the National Kinship Care Strategy seeks to strengthen the kinship care agenda by establishing robust local offers that provide improved financial, practical, and emotional support to kinship families. These wider reforms including Family Help and SEND (Special Educational Needs and Disabilities) and their interface with the ASGSF and the RCC's is underdeveloped. There is a clear strategic opportunity to embed therapeutic support more intentionally within these broader system reforms and doing so would help align services, reduce duplication, and foster a more relational, holistic model of support—moving beyond transactional interventions toward sustained, integrated care for children and families.

The wider government's devolution policy aims to transfer powers and funding from central government to local and regional authorities, enabling them to make decisions closer to the communities they serve. As more combined authorities and devolved administrations gain powers over health, education, and social care, there is potential for greater alignment between children's services and other local priorities, such as housing, mental health, and early years support. This could lead to more holistic, place-based approaches to supporting vulnerable children and families on the longer term.

Alongside these policies are recent NHS changes, which while intending to empower local leaders also raise challenges which will impact children's services. These changes will have an operational impact in disruptions as Integrated Care Boards reduce their running costs by 50%; they will create uncertainty in service delivery as to how these changes will impact the availability and quality of services for children and young people, as well as financial constraints leading to longer waiting times. However, they also provide opportunities for closer integration with children's services in the longer term and may allow for innovation and transformation with a greater focus on preventative care. Nonetheless, in the short term there will be significant challenges in making progress to develop integrated multi-disciplinary approaches to supporting families who are looking after children with care experience, given the number of operational pressures and national initiatives that are in train.

Within the adoption sector, Adoption England's 3-year strategy aims to ensure that "adopted people and their families get tailored help and support when they need it." At their best, adoption support services are comprehensive, co-ordinated and preventative, designed around the needs of the child and family, aiming to support relationships, improve the wellbeing of the family members and the stability and quality of family life.

A comprehensive assessment of need early in the adoption journey – with enhanced psychological assessment for children with increased risk factors or where developmental concerns are identified – gives parents better information about the current and potential future

needs of their child. When needs are better understood, appropriate preventative early interventions and better co-ordinated targeted support can be put in place for recovery. Well integrated care across health, education and social care not only better addresses the needs of adopted children but also enables better utilisation of all available resources and it is important that early, well-planned support must be seen as an investment, not just a cost to contain.

#### 4. Analysis of need and demand

The Department for Education has commissioned several evaluations of the Fund since its conception. The evaluations have shown that both children and parents and carers value the therapeutic support and that they have benefitted from the support.<sup>8</sup> There are some anecdotal reports of criticism of parents making decisions on behalf of their children and young people of the need for therapy and children's and young people's voices not being heard.

There has been little analysis of the projection of likely demand on the Fund despite the availability of data on the historic level of placements. This analysis could include not only the pattern of access between kinship and adoption and the complexities of differential needs, but also examine if and how the demand may eventually change because of changes in the numbers of adoptions and kinship carers in the future.

The Adoption Support Fund evaluation reported that the wellbeing needs of 5- to 15-year-old children who received ASGSF-funded support were "significantly greater than those of the overall population of similarly aged children": 80% of those aged 1.5 to 5 years and 90% of those aged 6-18 years had needs in the clinical or borderline clinical range (Child Behaviour Checklist); 31% of children had a multi-disciplinary Education, Health and Care Plan (EHCP), approximately 10 times the rate compared with the general population of the same age. Additionally, the emotional health and wellbeing of parents and carers was significantly worse at the point of accessing ASGSF support than in the overall adult population.<sup>9</sup>

At the present time, the needs of adopted children under the age of 18 are expected to continue to grow rather than decline. Most adopted children have experienced early trauma, neglect, or abuse, which can lead to long-term challenges in mental health, emotional regulation, and attachment. There is a growing recognition of neurodiversity – including FASD (Foetal Alcohol Spectrum Disorder) and developmental trauma – which is prevalent in the adopted population and often underdiagnosed or missed diagnosed. Mental health needs, and requests for mental health support, are rising, with 23% of adopted children reported to have self-harmed or attempted to as described in the 2023 Adoption UK Barometer<sup>10</sup>. Many families report that access to CYPMHS ( children and young people's mental health services) and therapeutic support is limited, inconsistent, or delayed. Up to 50% of adopted and kinship children struggle with school attendance. The links between school and mental health are important, with only 1% of adoptive parents in England believing that statutory services fully understand the needs of care-experienced children. Families often face a "battle" to access support, with services described as reactive rather than preventative. Needs do not end at 18: many adopted young people face difficulties with independence, employment, and mental health. 29% of adopted

---

<sup>8</sup> The Institute of Public Care at Oxford Brookes University, December 2022, [Evaluation of the Adoption Support Fund: qualitative study of family experiences](#)

<sup>9</sup> The Institute of Public Care at Oxford Brookes University, December 2022, [Evaluation of the Adoption Support Fund 2018 to 2022: summary](#)

<sup>10</sup> Adoption UK, May 2024, [The Adoption Barometer](#), p.18



young adults were not in education, employment, or training (NEET) at the end of 2023—more than double the national average<sup>11</sup>.

Adoption UK’s Ambassadors- young people with lived experience of adoption- described long waits for therapeutic support and services that often fail to understand the specific needs of adoptees. More than half of adoptees aged 16–25 have accessed or tried to access mental health services, according to Adoption UK’s Barometer 2023 report and they called for trauma-informed training for all mental health professionals, including those in schools and Youth Hubs.

Unless there is significant investment in early intervention, trauma-informed and inclusive education, and wraparound support, the needs of adopted children are likely to continue growing. This trend highlights the importance of regional collaboration of time, resources and understanding of the positive impact of tailored support plans, and long-term care pathways—all of which are central to current policy reforms.

The expansion of the support to kinship carers in the ASGSF marked an important step towards recognising the therapeutic needs of children under Special Guardianship Orders (SGO) and Child Arrangement Orders (CAO). This inclusive approach acknowledges that many children who have experienced care may require ongoing support, regardless of their legal permanence route. While some SG/CAO families face similar challenges to adoptive families, others may not require the same intensity or type of intervention. Children’s needs must drive support and not legal status alone; therapeutic support should be tailored, culturally competent, and responsive to the unique dynamics of kinship care as compared to those of adoptive families. Equity of access must be balanced with appropriateness of intervention to ensure the ASGSF delivers value and impact.

There is agreement amongst the sector that whilst many adopters and special guardian/child arrangement families benefit from the support and have positive outcomes, there are few interventions that are evidence-based. Further exploration is needed with health partners to understand the wider mental health needs of these children and ensure these are being addressed and responded to in a multi-disciplinary way, to prevent needs from being inappropriately pathologised and misunderstood.

The Adoption Support Fund evaluation found that both awareness levels and the extent to which the Fund was seen to have positively helped carers and their children were lower amongst special guardians than for adoptive parents.<sup>12</sup> The review of the Adoption Support Fund COVID-19 Scheme suggested that “SGO families may need a different approach, particularly to marketing support for them.”<sup>13</sup> The Forgotten report<sup>14</sup> found that, whilst some kinship carers have found the Fund very useful to support their children’s mental health, too many come across local authority professionals unable to or without the knowledge to support applications, and that “off the shelf” therapeutic support tailored towards the needs of adoptive families doesn’t suit them.

The National Kinship Care Strategy said that “anecdotal evidence suggests that applications for children in kinship care are more complex than those for adoptive families and that these

---

<sup>11</sup> *ibid*, p.29

<sup>12</sup> Department for Education, December 2022, [Evaluation of the adoption support fund 2018 to 2022](#)

<sup>13</sup> The Institute for Public Care at Oxford Brookes University, October 2021, [Review of the Adoption Support Fund COVID-19 Scheme](#), p.9

<sup>14</sup> Kinship, August 2024, [Forgotten: Support for kinship children’s education and mental health - Kinship](#)

children also have a different set of support needs”.<sup>15</sup> Whilst some needs overlap, some are distinct and SGO children and their families face a different set of risk factors.

There is also a need to develop more bespoke support for kinship carers, with more targeted commissioning based on their needs, improved data collection and evaluation to understand what works best for the different cohorts. If this approach is taken it will ensure that the ASGSF continues to be a vital, effective, and equitable resource that supports all families raising children from care, while recognising and respecting their diverse experiences.

#### 4. 1. Overarching principles

There are several key elements that any new delivery model should seek to support as part of the adoption support system as a whole and to minimise the impact of any change on families:

<b>Needs-led approach</b>	<b>Consistent, equitable and effective support</b>	<b>Value for money</b>
<ul style="list-style-type: none"> <li>- Working collaboratively with families to understand the individual needs of the children and their families.</li> <li>- Preventative, responsive and timely.</li> <li>- Tiered service delivery model that has the flexibility to appropriately respond to different levels of need.</li> <li>- Access to specialist multi-agency provision and pathways into universal services such as health.</li> </ul>	<ul style="list-style-type: none"> <li>- All children and families have access to right support at the right time.</li> <li>- The support is responsive to the differing demographic needs across adoption and SGO/CAO.</li> <li>- The workforce has the knowledge, skills and capacity to effectively support the families.</li> <li>- Improved understanding of what works, increasing evidence base.</li> </ul>	<ul style="list-style-type: none"> <li>- Long-term secure funding.</li> <li>- Collective understanding of need, risks and demand.</li> <li>- Planned, anticipatory and collaborative service.</li> <li>- A robust commissioning strategy to ensure a healthy mixed market of delivery that benefits from economies of scale.</li> <li>- Social return on investment in preventing breakdowns, school exclusions &amp; escalations to care</li> <li>- Accountability and decision making is held by those responsible for understanding and responding to the needs of families.</li> <li>- Improved utilisation of collective resource across the system (health, education, and care).</li> </ul>

#### 4. 2. On maintaining a unified ASGSF for eligible adopters and special guardians/CAO Families

Stakeholder consultation has revealed mixed views on whether the Adoption and Special Guardianship Support Fund should remain a single, joint fund – regardless of any changes that

<sup>15</sup> Department for Education, December 2023, [Championing Kinship Care: the National Kinship Care Strategy](#), p.28



may be made. This option considers the advantages and challenges of retaining a unified fund to support both adopters and special guardians/CAO families.

#### *4. 2. 1. Advantages of a unified Fund*

- Maintains a coherent and equitable approach to therapeutic support for both adoptive and SGO/CAO families.
- Regional Adoption Agencies have developed specialist teams with a deep understanding of therapeutic needs, which could be leveraged to benefit a broader cohort, whereas local authority teams haven't had the necessary investment in skills and knowledge.
- Enables pan-regional planning and commissioning, offering economies of scale and improved value for money. This could support both block commissioning and in-house delivery models across RAAs/ local authorities with shared agreements, providing economies of scale
- Encourages collaborative working between local authorities and RAAs, fostering innovation and shared learning
- Leans into the direction of travel regarding regional approaches

#### *4. 2. 2. Challenges of a unified Fund*

- There is a risk that SGO/CAO families may not feel adequately supported by services primarily designed for adopters. Tailored support pathways and needs assessments would be essential and there is also a question about considering the needs of wider children in kinship care who are not currently eligible for this support.
- Most RAAs currently do not hold responsibility for SGO support services. Expanding their remit would require additional resources, training, and capacity and would take time to gain local agreements to this.
- A unified fund would necessitate complex governance structures to ensure transparency, fairness, and quality assurance across all family types.
- Regionalising this support may weaken links to local kinship care services, which are often more responsive to community-specific needs.

### *4. 3. Recommendation and implementation timeline*

Despite differing viewpoints across the sector and following consultation with RAA Leaders, Adoption England has considered the different advantages and challenges of keeping the Fund together and consider that the challenges, at the current time, outweigh the benefits. However, there is a concern that a similar level of analysis about the needs and possible delivery systems undertaken here for adoption has not been undertaken in relation to kinship care and it can be argued that until this work is completed it, the current Fund should be maintained to complete an appraisal around the approach for kinship carers before a final decision is made on this.

However, at the current time, Adoption England recommends that the ASGSF be formally split in due course, between adoption and special guardianship support. This reflects the evolving needs of both cohorts and the importance of tailoring support models accordingly.

If there is any change by the government from the current centralised model, it is proposed that the overarching centralised fund remains in place for now until the end of March 2027. This would allow time for a safe and smooth transition. It would allow time to do further pilots through 2026–27 to gather further evidence and have a step change learning how best to implement the change, particularly considering recent adjustments to the Fair Access Limit. Having pilots across adoption and special guardianship provision will help agencies understand

the impact of the FAL changes on demand and commissioning priorities and inform the development of differentiated support pathways. There will need to be some additional consideration about how these pilots will be supported through a national infrastructure, jointly with Adoption England to address support for special guardians, collectively or separately.

Any final change to the delivery model should be implemented from April 2027 onwards, allowing sufficient time for:

- Sector-wide preparation; including RAAs, VAAS and independent providers
- Engagement with experts by experience
- Development of the necessary infrastructure and governance
- A safe, controlled rollout of the new model

This phased approach balances the urgency of reform with the need for stability, ensuring that children and their families continue to receive the support they need without disruption.

## 5. Detailed analysis of the varying options for the future of the ASGSF

The following 4 options are considered in detail regarding the future of the ASGSF.

### 5.1. Current delivery model – national model

The current delivery model involves the ASGSF being held and managed at a national level by Mott MacDonald on behalf of the DfE. The funding is allocated for individual children, based on a set of eligibility criteria. Applications can only be made by local authorities and regional adoption agencies for therapeutic support for eligible adoptive, special guardianship order and child arrangement order families.

#### 5.1.1. Advantages

The existence of the ASGSF has helped to ensure that all adopted and SGO children have access to therapeutic support when they need it. The support has helped to improve the mental health of many children and has improved the quality of life for many families.

In their 2020 evaluation, The Institute of Public Care at Oxford Brookes University found that since the Fund's inception, there has been improved awareness and take up of the fund, particularly by adoptive families; a strongly held belief by providers that the Fund is leading to better access to therapeutic support and better outcomes for children and families; a consensus around the application of the Fair Access Limit having generated a more transparent and fairer system; a great diversity with the market, including an improvement of skills in this field; and consensus about the ongoing need for the Fund.<sup>16</sup>

Additional benefits can be summarised as:

- **Fair distribution and transparent process**

The FAL is a way of ensuring a fair distribution of funds. All children who meet the criteria are, in principle, able to have their therapeutic support paid for. However, the take up of the fund differs across the country and relies on social workers and eligible families across the country knowing about the fund and staff having the capacity, experience and knowledge to

---

<sup>16</sup> Institute of Public Care at Oxford Brookes University, March 2020, [Evaluation of the Adoption Support fund: local authority and provider experiences](#)

apply for the fund. Despite recent changes to the Fund, it technically remains demand led, although this is likely to change, given increasing costs and pressures on public spending.

- **National data set that can inform policy and planning**

Managing the funding centrally, including with the current application process, ensures there is a central repository of data. This provides the opportunity to gather information and use it for research, planning and strategic commissioning, although there has been limited sharing of information to the sector and learning to date.

Outcome measures were introduced in December 2023, and whilst return rates have been mixed, they may ultimately lead to ensuring a more consistent approach to measuring outcomes for children and families and the effectiveness of interventions but there has been limited learning to date.

New cost data added to the application process is already providing useful information for RAAs to analyse and understand costs for therapies and where there are opportunities to improve value for money. The potential to produce national, regional and local cost benchmarking data could be invaluable for strategic commissioning.

- **Proven system with independent and voluntary agency providers**

This is an established system, which works. Families and external providers understand it. When changes happen to the model, they are changes that RAAs can respond to relatively quickly (when compared to system-wide changes). Changes to any system can cause anxiety, confusion and bring unintended consequences and so should be incremental and well planned. Some voluntary adoption agencies (VAAs) have established multidisciplinary teams providing highly effective therapeutic service underpinned by research and there are a range of independent providers providing and developing services and support that are valued by families.

- **Potential for reform of the model to address its limitations, whilst retaining its strengths**

Within this national model there remains scope for policy and operational development. The eligibility criteria could be adjusted to allow for more flexibility in how it is used and/or the Fair Access Limit could be changed. Group applications could be made easier or there could be the devolution of some elements of the fund at a lower level of support, like group applications. This would retain overall central administration and oversight and a national data set but would give RAAs more room to innovate and be responsive to need.

However, without more fundamental change, the ability of RAAs to achieve better value for money – by building in-house capacity and creating long-term partnerships with voluntary, independent and statutory providers, and using strategic needs-led commissioning – would be significantly hindered. This would make it very challenging to move to a fixed rather than demand-led budget. It could therefore be argued that reform of the current model without fundamental, systemic change would not address the drivers for change sufficiently in the longer term.

### *5.1.2. Challenges*

Independent evaluations have demonstrated weaknesses and unintended consequences in how the Fund operates, including lack of flexibility in how the funding can be spent and the application of the Fair Access Limit; the process of having to apply for funded support year to year; a lack of strong evidence base for some of the therapies; specific gaps in the market; the

administrative burden on central adoption support teams and deskilling of local adoption teams.<sup>17</sup>

Similar and additional problems have been identified in subsequent evaluations, the national adoption commissioning programme and the Theories of Change work for the ASGSF pilots (coproduced with a wide range of stakeholders in February 2025). These are all summarised below.

- **Insufficient capacity to meet demand**

Despite many needs being predictable and common, each support episode requires an individual assessment, negotiation, documentation and approval. This consumes valuable time and resources, taking skilled staff away from direct work with children, young people and families. RAAs are effectively service brokers and staff report that this work is de-skilling<sup>18</sup>. Whilst some element of assessment is required, this can be lighter touch for low-risk needs. Decision making on funding is divorced from assessment activity and the time for application to approval is time that is effectively wasted.

RAAs do not have enough therapeutically trained staff or dedicated administrative staff to deal with the demand for therapeutic support funded by the ASGSF. This can impact on timeliness and access<sup>19</sup>. The RAAs are developing more specialist roles as part of the development of multi-disciplinary teams and recruiting and training therapeutic staff to address these issues but this is not consistent across the country.

- **Barrier to strategic service development and commissioning (including achieving best value)**

The current model, based on RAAs/LAs making individual applications for funding, hinders the development of needs-led services and strategic commissioning. The system is driven by the market rather than actual needs of children and families, leading to a mismatch in service availability, especially in non-urban areas. 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. 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. The current model does not place responsibility or accountability on regional or pan-regional arrangements as decisions on funding and therapies is with Mott McDonald.

If the fund is restructured, we can do more to predict need and commission guaranteed blocks of activity from providers or provider collaboratives, offering a more cost effective and predictable model with the option of spot purchasing for the most complex or exceptional needs.

- **Demand-led budget**

The demand for ASGSF funded support has increased and consequently the budget for the fund has increased year on year. The fair access limit for each child has created a perception of a specific budget for every relevant child. The Department for Education and

---

<sup>17</sup> Institute of Public at Care at Oxford Brookes University, March 2020, [Evaluation of the Adoption Support fund: local authority and provider experiences](#)

<sup>18</sup> The Institute of Public Care at Oxford Brookes University, December 2022, [Evaluation of the Adoption Support Fund 2018 to 2022](#), p.6

<sup>19</sup> The Institute of Public Care at Oxford Brookes University, December 2022, [Evaluation of the ASF: local authority, RAA and provider experiences](#), p.24

the agencies or local authorities applying for the funds have very little influence on the demand or the costs of the services provided. The independent providers dominate the market, which in some areas have pushed the prices up. The RAA and pan-regional teams believe they can provide interventions eligible for ASGSF funding more cost-effectively either by providing these interventions “in house”, or by managing the external provider market more strategically by veering away from spot purchasing models to block purchasing or other more controlled methods.<sup>20</sup>

- **Evidence base is limited**

There is little known about the evidence base, and effectiveness of the outcomes until the outcomes data is published. There is currently a randomised control trial underway for Dyadic Developmental Psychotherapy that aims to determine the effectiveness of DDP but will not report until the end of the year. In addition, the eligibility criteria prevent innovation to best meet needs: The current eligibility criteria for funding are restrictive and inflexible to the emerging and evolving needs of children and young people. Families accessing ASGSF funded interventions often do so in a crisis as there are gaps in early therapeutic interventions. This continues the cycle of crisis presentations as significant practitioner time is spent on supporting this type of demand. Individual funding decisions have skewed delivery away from group-based delivery which is particularly meaningful for early support. The added value of peer support has been lost.

- **One size does not fit all**

The current model of ASGSF with a single “fair” access limit for support for every child and no longer any scope for match funding does not consider the varying needs of the children. It can be argued that for most children, good and sufficient support can be provided even with the new lower fair access limit of £3,000. However, there is a significant minority of children whose needs are such that more funding is needed. In the current model it is very difficult for the adoption agencies to create different care pathways or to design individual care packages for these children, and continuity is not easy to achieve at the end of each year.

The Fund has in some cases created confusion about what adoption support is. Sometimes, only the ASGSF-funded therapy is valued. A review of a post adoption support plan is often confused with a therapy review. They are, in fact, two different things. A review of a child’s needs should be focussed upon their holistic adoption support needs, an element of which could be provided by therapy. The needs and the service are becoming mixed by many practitioners and adopters. Good reviewing is essential for targeted and focussed intervention.

The Fair Access Limit has created a sense of entitlement and expectation that has been unhelpful for both families and agencies and in some cases have created a dependency on therapeutic support. An unintended consequence of this is that there is lack of empowerment of adoptive families and professionals are over-intervening in family life. Adoptive parents are reporting that they frequently don’t have the confidence to manage without therapy, whilst children and young people are regularly reporting that they do not want to undertake any further therapy. The role of agencies is to bring families together yet there are times when the approach causes tension, particularly in adolescence.

---

<sup>20</sup> The Institute of Public Care at Oxford Brookes University, December 2022, [Evaluation of the ASF: local authority, RAA and provider experiences](#), p.31

- **Specific barriers for multi-disciplinary approaches and specialist assessment**

Some adopted children have complex needs requiring specialist assessment and/or holistic formulation involving more than one professional – including, specifically, clinical psychologists. Some adopted children and families have individual or whole family needs that require a significant one-to-one (“tier 3”) therapeutic intervention. Most RAAs report that their local CAMHS are delivering less support to adopted families than previously as families are diverted into ASGSF-funded therapeutic support. Anecdotally, we are aware this may also occur with Special guardians as the pressure on CAMHS grows. Currently, many of these specialist assessments, formulations or interventions are provided by “specialist providers”, some of which can be costly. However, there are some voluntary adoption agencies who have established multidisciplinary teams providing highly effective therapeutic services underpinned by research. Some RAAs have created multi-disciplinary teams that are able to provide assessments, formulations and interventions, offering better continuity and integration with teams, leading more responsive services and aligned with local needs. The current ASGSF model means that the teams must apply funding up-front for each assessment or intervention. This takes time, creates delay and arguably wastes resources that could be spent on providing these services in a timelier way, through a mix of block purchasing and in house provision. The short-term funding hinders the development of the models, impedes recruitment of professionals and obstructs creation of partnerships between RAAs and other agencies.

## 5.2. (Pan-) Regional devolvment through Adoption England

This delivery model would involve the Fund being held centrally by Adoption England and distributed to RAAs or pan-regions as grants using an agreed funding formula. The details of the funding formula and the governance structure will need further exploration and discussion with the DfE and stakeholders. In this model the original principle of the fund would remain: the grants would give RAAs/LAs funding, as those responsible for the initial assessment of support needs for families, to help them to provide essential therapeutic support to adoptive families. There would, however, be no requirement for Adoption England or RAAs to process individual applications for children in the current way this operates through the central fund. The RAA would be responsible for the assessment of need and work with the family to agree the most appropriate intervention and package of support, in line with their current statutory duties.

The services would be delivered by a mixture of in-house teams and services commissioned from external providers, including voluntary and independent providers, with an aim to develop a healthy mix-delivery model. The expectation is that all RAAs will have the right clinical expertise in place and be responsible to deliver or procure multidisciplinary assessments in addition to a core, targeted and specialist offer of therapeutic adoption support. Having clinical expertise available from the beginning, in close collaboration and partnership with the social work team ensures that a psychological needs assessment is part of the holistic needs assessment for children with more complex needs. This will allow for targeted support aimed at intervening when and where the families need it. Ideally this would be very early on to prevent further difficulties at a later stage.

The suggested approaches may be more flexible than the current ASGSF eligibility criteria in response to feedback from families and RAAs about what works and the detail of this will need to be explored further with partners and key stakeholders. However, the RAA would not be able to use the grant to fund the provision of top-up training and general support/workshops. These may be described as a “tier 1” intervention and must be funded through the RAA’s core funding.



In this model, Adoption England assumes responsibility of ensuring that a tiered service provision is available, having an overview of consistency and working with the RAAs to ensure that local governance is in place to ensure that the needs of families are met and that outcomes are achieved within the budget available. The central team will require completion of a proposed delivery plan, cost proposals, and risk register to have an overview of the work of the across the country. Adoption England will hold the accountability on behalf of all RAAs, meeting regularly to review progress, with a supportive steering group composed of a wide range of key stakeholders. In addition, Adoption England would work with partners to seek to coordinate research of the approach and to gain a better understanding of services that work best.

Adoption England will provide pan-regions with project management and commissioning support to support the agencies to complete or review their regional needs assessment to form a commissioning strategy with a clear delivery plan. The model would build on the national commissioning work and the development of multi-disciplinary approaches, including incorporating the existing provision within VAAs and adoption support agencies and further developing in-house capacity. The direction of travel to regional delivery models presents an opportunity for learning and could inform a possible future delivery model for funding of therapeutic support for looked after and care experienced children through pan-regions of several RAAs coterminous with RCC areas.

This model would provide a level of national adoption sector stakeholders in the development (DfE, RAA Leaders, people with lived experience, ADCS, CVAA, CASA, Adoption UK, research, and health partners), to provide advice and a steer as needed, with monitoring and review to see if any change is needed.

### *5.2.1. Advantages*

- **Accountability closer to where the needs of children and families is best understood**

The decisions on how to use the fund is given to the RAAs who understand their children and families, their strengths and needs. The model enables adoption leaders, managers and practitioners to focus on the development and delivery of efficient and equitable high-quality services to meet the needs of adopted people and their families. Local governance arrangements are in place within RAAs, and they work in partnership with key stakeholders to develop services that target different levels of need, from low intensity early interventions to more intensive support and specialist services. Effective regional commissioning and partnership working would maximise the value for money.

- **More timely access to support for families**

With the removal of the administration required for the ASGSF and a fixed budget, RAAs would have more capacity to work with families and be able to plan services more effectively, as well as develop a comprehensive and consistent support offer equitably available across the country. Many support needs are predictable, requiring less time spent on assessments and more on delivery of support. Adoption support would transform from reactive crisis service to proactive and preventative support. The families would be able to trust that their adoption agency will provide help and support when it is needed.

- **Supports collective sector improvement**

Adoption England, as a collaboration of RAA Leaders, work in close partnership with the voluntary sector and experts by experience and have demonstrated that they have the ability and willingness to take collective responsibility for the performance and be a good custodian and interpreter of the data in the sector. Adoption England are the right “holder”

of national strategic planning and co-ordination of sector-led improvement around adoption and would enable the continuation of this work, providing a clearer mandate regarding data sharing by RAAs with Adoption England. Adoption England would continue the work to gather evidence of what works, share learning and good practice and support the development of the workforce to ensure adopted children and families get the support they need. Adoption England's involvement will support the sector working together and will mitigate against some of the concerns about the impact of devolution on the voluntary agencies and independent providers with clear expectations in the grant agreements about the involvement of voluntary agencies and providers in the strategic development of services and the delivery of support for families.

- **Supports strategic service development and commissioning**

Devolving the fund to the adoption agencies via Adoption England is a more secure way to develop a more consistent, equitable and effective delivery of high-quality adoption services nationwide. The national programmes, such as pan-regional commissioning, have helped the agencies in understanding what needs to change to improve the speed, quality and consistency of adoption support services. There is an increasing understanding and knowledge base about the benefits of this approach, with ongoing work in progress to develop a consistent approach across the country. The overarching aims of the national commissioning programme are to explore whether and to what extent national or pan-regional commissioning arrangements would provide better value for money and improve the speed (of access), quality and consistency of evidence-based adoption support services across the country and this work could continue. RAAs working together regionally to develop strategic commissioning needs assessments and testing new, innovative ways to commission adoption support has created the conditions for agencies to better meet the needs of families. Through this process, regions have identified how they could commission differently and creatively to respond to need based on robust evidence of what works. This presents the opportunity to coordinate and plan a comprehensive early support offer on a larger scale.

- **Better value for money**

There may be financial savings through cost avoidance in the administration of the fund. The adoption agencies would not need to apply for fund separately for each child, which would mean savings in both social work and business support time. However, a dedicated resource and infrastructure would be needed to effectively administer the fund in the regions and within the small central team of Adoption England. This would need to be further understood and costed. Devolved, long term funding would enable RAAs to plan strategically and deliver needs-led support at scale and within budget, helping to secure quality services and potential financial value and reduce more costly, complex interventions at a later stage.

There may be future, longer term, opportunities to link RAAs with Regional Care Cooperatives with a joined-up approach for commissioning therapeutic support for looked after children and those who have left care through adoption or Special guardianship. This would bring greater economies of scale and reduce the multiple commissioning arrangements that currently exist in any region.

### *5.2.2. Challenges*

As with any significant system change there are a range of risks and unintended consequences that need to be considered and mitigated. Any change would need to be carefully managed to ensure the benefits of the current funding model are not negated.

- **Potential/perceived lack of fairness and consistency**

There is currently a postcode lottery in terms of adoption support provision but in this model, interventions may differ as RAAs have greater control over how it is spent. If the adoption support offers of individual RAAs differ significantly, there could be a perceived lack of fairness, even if families are offered services, which the RAA believes will best meet their assessed needs. This issue would be mitigated through the established collaborative working of Adoption England to improve practice and develop a consistent core offer of early adoption support and ultimately agreeing National Standards for Adoption Support as central oversight would be provided with support and challenge available to the RAAs.

- **Reduced diversity and skills in the voluntary and independent provider market**

Devolving the Fund in this way would support RAAs and pan-RAAs to develop their in-house capacity to deliver and commission specialist assessments and therapeutic interventions. There is a risk this will reduce the funding available for voluntary and independent providers to maintain and develop their services, which may further deplete the voluntary sector and contradicts government wide efforts to work closely with this sector. Erosion of the voluntary sector may risk reducing the value they add to adoption support services via charitable fundraising. The market is already fragile due to the short-term and uncertain nature of funding, with some providers choosing to stop offering adoption support. There is no doubt that some re-balancing is needed but this needs to be well planned, utilising a robust strategic commissioning approach to ensure there is a diverse and effective mixed market of delivery. Engaging with and supporting providers to shape their offers in line with clear regional commissioning strategies would be essential.

This can be mitigated through the continuation of approaches developed during the national commissioning programme, with RAAs working together pan-regionally to develop a collective understanding of needs and deliver or procure services. It is important to have a central governance body, such as Adoption England, to maintain the focus on the sector-led improvement and ensure the involvement of the voluntary sector and having a health mix delivery of adoption support. Adoption England would provide support for adoption agencies to continue their own improvement journey, access key resources, forums for learning and sharing of practice and contribute to the improvement of the whole adoption sector.

- **Increased number of complaints from families**

Any change is likely to lead to increased complaints from families, who may feel that they have lost the financial entitlement to individual therapy. Time is required to effectively engage with families and work collaboratively to plan the way forward in transitioning to a different model. This is an issue for any alternative delivery model to the national delivery model.

- **“Out of sight, out of mind”**

Risk that the needs for adoption support may become less visible to the central government, as DfE is no-longer responsible for the decision making. In this model, Adoption England will be able to collect national data which helps to provide a better understanding of national need and through quarterly monitoring of implementation of the grants would have an oversight of work being undertaken and the provision of therapeutic support across the country.

- **Degree and pace of the change**

This is a complex system, and the pace and scale of change will require strong leadership and a cultural shift in practice. Given the variation of RAA models, the developmental stages of RAAs and the current changes in leadership within several RAAs, support will be needed for RAAs, staff and families to adjust to the different way of working and this approach would provide additional support to adapt to this change. Time is also needed to further develop and embed pan-regional strategic commissioning approaches to ensure the needs of families can be effectively met and value for money is maximised within a fixed budget. The transition to a new model of delivery will need time to engage with staff and work with providers and Mott McDonald to transfer key data collection tools over to a new delivery model, to prevent reinventing the wheel on data collection. Time will be needed to ensure the governance and infrastructure is in place to administer any new funding approach agreed.

### 5.3. Regional devolvment directly to Regional Adoption Agencies

This model involves the funding being devolved to the Regional Adoption Agencies without any administration or oversight by Adoption England.

#### 5.3.1. Advantages

This option would have some of the same benefits as option 2, particularly if Adoption England continued to provide and articulate national practice standards and a national offer of support to mitigate local variation. However, this would be voluntary for RAAs to participate. The grant agreement from the department for education to the RAAs would need to be clear about the funding and what this is to be spend on and any reporting requirements.

- **Accountability closer to where the needs of children and families is best understood**

The decisions on how to use the fund is given to the RAAs who understand their children and families, their strengths and needs. The model enables adoption leaders with their managers to focus on the development and delivery of efficient and equitable high-quality services to meet the needs of adopted people and their families. The agencies would be able work with key stakeholders to develop services that target different levels of need, from low intensity early interventions to more intensive support and specialist services. It will provide a voluntary opportunity for RAAs to develop regional commissioning and partnership working to maximise the value for money. However, the current changeover in leadership within some RAAs and the time needed to embed this approach may present risks to the effective delivery of the services at this stage.

- **More timely access to support for families**

With the removal of the administration required for the ASGSF and a guaranteed budget, RAAs would have more capacity to work with families and able to plan services more effectively and develop a comprehensive and consistent support offer equitably available across the country. Adoption support would transform from reactive crisis service to proactive and preventative support. The families would be able to trust that their adoption agency will provide help and support when it is needed. Given the different stages of development of RAAs, the changeover in leadership within some RAAs and the pace and scale of change, this may compromise the delivery of timely and appropriate support.

- **Could enable strategic service development and commissioning**

The RAAs could opt into the national programmes, such as pan-regional commissioning, which help the agencies in understanding what needs to change to improve the speed, quality and consistency of adoption support services. RAAs could, individually or collaboratively with other RAAs, develop strategic commissioning needs assessments and testing new, innovative ways to commission adoption support but this would not be required.

- **Better value for money**

There may be financial savings through cost avoidance in the administration of the fund. The adoption agencies would not need to apply for fund separately for each child, which would mean savings in both social work and business support time, however, some infrastructure and resource would be needed for RAAs effectively administer the fund which would need to be costed. Devolved, long term funding would enable RAAs to plan strategically and deliver needs-led support at scale and within budget, helping to secure quality services and potential financial value and reduce more costly, complex interventions at a later stage. Given the different development stages of RAAs and different models with changes in leadership this may take longer to achieve without some additional support.

There may be opportunities in the future to link RAAs with Regional Care Cooperatives with a joined-up approach for commissioning therapeutic services for looked after children and those who have left care through adoption or Special guardianship. This would bring greater economies of scale and reduced the multiple commissioning arrangements that current exist in any region.

### *5.3.2. Challenges*

- **Potential/perceived lack of fairness and consistency**

The interventions children and their families would have access may differ more if the Fund is decentralised directly to RAAs. If the adoption support offers of individual RAAs differ significantly there could be a perceived lack of fairness, even if families are offered services, which the RAA believes will best meet their assessed needs. This scenario could exacerbate the issue of families facing a postcode lottery. This issue may be mitigated if the RAAs work collectively to improve practice and develop a consistent core offer of early adoption support and ultimately agreeing National Standards for Adoption Support in due course, but this will take time to achieve.

- **Reduced diversity and skills in the voluntary and independent provider market**

Devolving the Fund in this way would support RAAs to develop their in-house capacity to deliver and commission specialist assessments and therapeutic interventions. There is a risk this will reduce the funding available for voluntary and independent providers to maintain and develop their services. The market is already fragile due to the short-term and uncertain nature of funding, with some providers choosing to stop offering adoption support. There is no doubt that some re-balancing is needed but this needs to be well planned, utilising a robust strategic commissioning approach to ensure there is a diverse and effective mixed market of delivery. The different development stages of RAAs, current changes in RAA leadership and lack of access to commissioning support pose an increased risk of RAAs ability and capacity to support providers to shape their offers in line with clear regional commissioning strategies.

- **The fund could be absorbed in the RAA overall funding**

If the fund is devolved directly to the RAAs, there is a risk that local authorities may reduce the overall funding of the RAAs, especially during tight financial times. This funding option may increase the local differences in the availability of services provided and the availability of high-quality adoption services nationwide would be compromised. This risk may be mitigated by government posing strict conditions on the use of this grant and reporting requirements should this be a preferred approach by the government.

- **Adoption support services to Voluntary Agency Families**

There is a risk that RAAs may not pro-actively involve VAAs regarding the strategic service development and individual support to families to ensure equitable access services. Having Adoption England providing oversight of the grants and an expectation of the involvement of voluntary agencies would mitigate against this concern, but this would be voluntary under this option, rather than a requirement.

- **Increased geographical variation**

Due to differences in the “maturity” of RAAs and levels of adoption support provision, with no central oversight of plans and provision. The RAAs have different resources available to provide adoption support services currently, some have developed multidisciplinary teams with DfE grant funding. Those agencies may be more able to start taking full advantage of the changes in the funding and start delivering services to children and families. Others will struggle and will need additional support to plan and develop their approaches.

- **Reduces the opportunity to explore pan-regional and national commissioning approaches**

The benefits of the national commissioning programme may not be realised, such as understanding need and demand, increased commissioning knowledge and skills, economies of scale and value for money.

- **Increased number of complaints from families**

The change of the delivery model may lead to increased complaints from families, who may feel that they have lost off financial entitlement to individual support. Any change in delivery model may increase complaints from families. Time is required to effectively engage with families and work collaboratively to plan the way forward in transitioning to a different model of delivery.

- **“Out of sight, out of mind”**

Risk that the needs for adoption support may become less visible to the central government, as DfE is no-longer responsible for the decision making. This may be mitigated by Ofsted inspections on adoption support in due course. There is a risk that data sharing agreements with Adoption England will be more difficult to progress, which poses a risk to collection of a national dataset and makes it more difficult to provide a better understanding of national need and what works.

- **Degree and pace of the change**

This is a complex system, and the pace and scale of change will require strong leadership and a cultural shift in practice. Given the variation of RAA models, the developmental stages of RAAs and the current changes in leadership within several RAAs, the risks are increased unless support is available for RAAs, staff and families to adjust to the different way of



working. Infrastructure and governance will need to be in place, and this may be difficult to achieve without additional support.

#### 5. 4. Local devolvement to local authorities

This model involves the funding being devolved to local authorities, such as through the Children and families grant.

##### 5. 4. 1. Advantages

- **Links to local offers**

Given the changes in children's services with the reform programme, early help, and the development of local kinship offers, this approach may provide a more equitable approach for special guardians/child arrangement orders who do not always benefit from the restrictive nature of the current ASGSF arrangements. There are only a minority of RAAs responsible for the support for special guardians and in these cases, the local authorities would have an opportunity to link this work to the local offer and work in collaboration with special guardians/CAO and the RAA to agree how the provision will be delivered. For those who are not currently responsible for SGs, there may be some provision that might be more cost effective and provide economies of scale over a regional footprint. This will be important for LAs to consider. For those regional agencies that follow a partnership model, they may feel this is a more straightforward approach and easier to implement for adopters as well as special guardians. There would also be an opportunity for adopters to be linked more to the local family help provision moving forward, but at the present time the lived experience of adopters is that accessing services from children and family services can be problematic<sup>21</sup>.

- **Better value for money**

There will be financial savings through cost avoidance in the administration of the fund. The local authorities/ RAAs would not need to apply for fund separately for each child, which would mean savings in both social work and business support time, however, some infrastructure and resource would be needed to effectively administer the provision so this would need to be costed. Devolved, long-term funding would enable LAs to plan strategically and deliver needs-led support within budget as part of their local offer for children and families.

There may be opportunities in the future to link LAs/RAAs with Regional Care Cooperatives with a joined-up approach for commissioning therapeutic services for looked after children and those who have left care through adoption or special guardianship. This would bring greater economies of scale and reduce the multiple commissioning arrangements that current exist in any region.

##### 5. 4. 2. Challenges

- **Contradictory to direction of travel for regionalisation**

The adoption sector has been leading the regionalisation of children's services in England. The government has recently set up Regional Care Cooperatives (RCCs) to test the wider regional partnership working, aiming to reform the children's social care system. The RAAs and the RCCs have many common aims. They both want to ensure sufficiency in the system, gain better value for money, ensure services are available for all children (including

---

<sup>21</sup> Adoption UK, 2024, [Adoption Barometer](#)

those with the greatest needs), and encourage cross sector collaboration. Should all the ASGSF be devolved to local authorities this could present a risk to the regional adoption agencies, which would be a backwards step for the regionalisation of adoption and go against the direction of travel in the wider children's social care sector.

- **Availability, quality and timeliness of adoption support may be reduced**

If the fund for adopters is devolved to the local authorities, it is likely that many LAs would pass on the total amount of the funds to their RAAs. However, in the current economic climate there are risks that it may not be fully utilised for the group of children this fund is intended for. Financially stretched local authorities may use the fund to cover gaps in other services, such as placement costs. Local authorities have many competing priorities with financial pressures around SEND, placement issues and changes around the reform agenda, the care system, devolution and getting LAs to focus on adoption at this juncture seems an added pressure.

- **Decision making**

The RAAs leaders may have to enter further negotiations with partners across the region and rely on the decisions of the local authorities as to what they do with the funds, potentially hindering their ability to develop and deliver holistic high-quality services. The majority of LAs are not as close to the decision making around adoption support provision and this approach may cause issues around funding decisions and may increase the local differences in the availability and timeliness of services provided. The 2017-18 adoption agency regionalisation was predicated on reducing the number of decision-makers and variance in quality of delivery. Should the fund be devolved directly to the LAs, this might increase the number of decision makers and risks creating delay and variance in the quality of adoption support.

- **Uncertainty for families and providers**

Such a change to funding may cause anxiety for adoptive families and providers, particularly if the funding is not passed on to the RAA who are responsible for support. The lived experience of adopters in accessing services from children and family services is mixed across the country, and access to trauma-informed services that meet need of adopted families is problematic, as evidenced by PATCH. The unique experience of adopted families is not recognised or understood in the provision of more generic services supporting families in the community. As such, there is a risk that adoptive families' needs will not be addressed effectively.

## **6. Conclusion and recommendations**

The future of the Adoption and Special Guardianship Support Fund presents an opportunity to enhance therapeutic support for children and families across adoption and special guardianship arrangements. The options explored in this appraisal reflect a shared commitment to improving outcomes, ensuring equity, and delivering value for money. However, they also highlight the complexity of balancing national consistency with local flexibility, and the need to tailor support to the diverse needs of families.

The current national model has delivered significant benefits, such as raising awareness, stimulating the provider market, and ensuring access to therapeutic support. Yet, it also presents limitations in flexibility, strategic commissioning, and administrative efficiency. Stakeholder feedback and evidence suggest that a more devolved model – particularly through Adoption England – could unlock greater innovation, responsiveness, and integration with local

and regional services, provided that robust governance and accountability mechanisms are in place.

The expansion of the ASGSF to include Special Guardianship and Child Arrangement Order families is a positive step, but the needs and demand for therapeutic support across a larger cohort of families is growing; this does not look set to change. The appraisal also highlights the need for differentiated pathways and commissioning approaches that reflect the unique needs of kinship care. A phased transition is essential to mitigate risks, maintain service continuity, and build the necessary infrastructure and capacity.

## 6.1. Recommendations

### **a) Confirm continuation of funding beyond March 2026**

The government should provide early clarity on the continuation of ASGSF funding beyond March 2026. This should be accompanied by consultation with stakeholders to explore whether the funding model should change and if so, the preferred model/s and timescales. A dedicated kinship sector consultation and design-led prototyping of support pathways for special guardians should be undertaken.

### **b) Adopt a phased transition to a split-fund model**

Formally separate the ASGSF into distinct adoption and special guardianship components, recognising the differing needs and approaches required for each cohort. Further exploration will be needed to determine funding mechanisms, governance, and infrastructure.

### **c) Strengthen governance and accountability**

Establish clear governance frameworks to oversee fund use, to ensure equitable access, and monitor outcomes. Define roles for RAAs, local authorities, and central coordinating bodies such as Adoption England.

### **d) Extend and expand pilots through 2026–27**

Continue and broaden the ASGSF pilot programmes to test differentiated delivery models across adoption and SGO families and assess the impact of recent changes, including the revised Fair Access Limit. This could explore split budgets and joint commissioning arrangements where needs overlap between the cohorts. Pilots should explore fixed-budget approaches for RAAs and local authorities to support strategic planning and commissioning. Explore how the planned evaluation of the pilots could expand and will be shared to ensure that learning leads to fair, scalable reform.

### **e) Implement the new model from April 2027**

Use pilot findings to inform a safe and controlled rollout of the new funding model from April 2027. This should include engagement with families, providers, and staff, and allow time for infrastructure development and capacity building.

### **f) Invest in strategic commissioning and workforce development**

Support RAAs and local authorities to build commissioning capacity, develop in-house therapeutic expertise, and maintain a diverse provider market. Strengthen links with NHS services to develop pathways and integrated approaches. Build social work capacity to reduce over-reliance on commissioned clinical services.

Develop a national workforce strategy for therapeutic support, especially across social work, psychology, and specialist education roles. Adoption England would be willing to lead a

coalition of interested parties (such as with Research in Practice, UK Trauma Council, Anna Freud, Foundations, Coram-BAAF and others).

**g) Ensure data-driven decision making**

Enhance data collection, sharing, and analysis to inform policy, commissioning, and practice. This includes outcome tracking, cost benchmarking, and understanding what works for different cohorts of families.

**h) Maintain a national learning and improvement framework**

Continue to support sector-led improvement through Adoption England or a similar body. Ensure that learning from pilots, research, and lived experience informs continuous improvement and supports a consistent national approach.