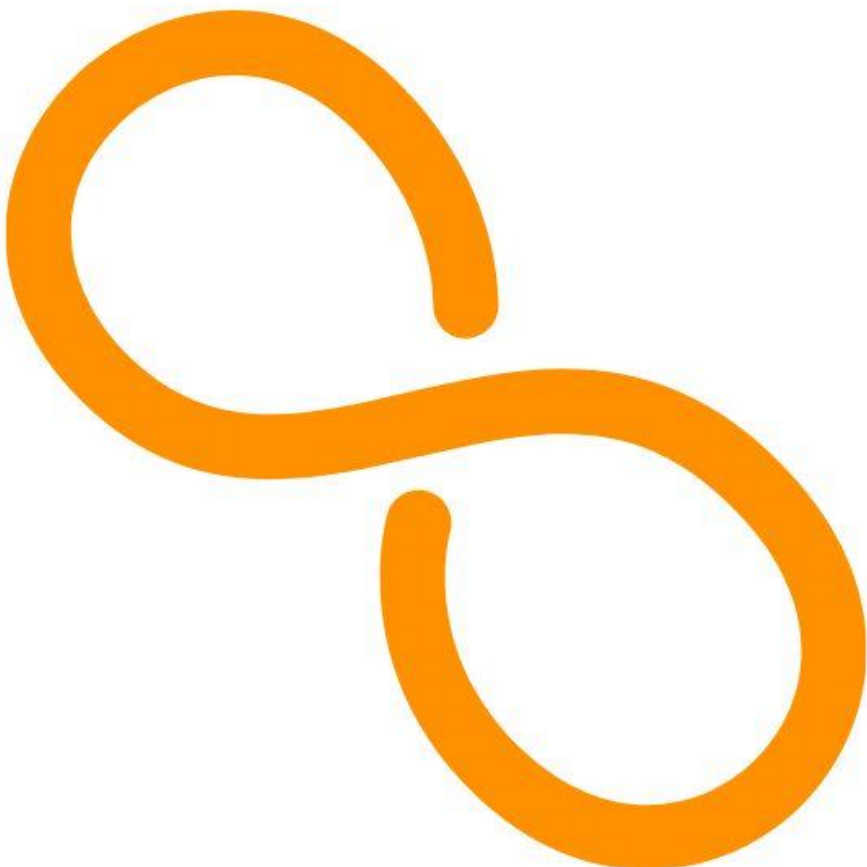


Evaluation of the South–West Permanence Project: Interim report

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Glossary

ADM	Agency Decision Maker
ASGSF	Adoption and Special Guardianship Support Fund
CPR	Child Permanence Report
CSC	Children's Social Care
DCYPS	Disabled Children and Young People's Service
EFF	Enhanced Family Finding
FASD	Foetal Alcohol Spectrum Disorder
FF	Family Finding
IRO	Independent Reviewing Officer
LA	Local Authority
RAA	Regional Adoption Agency
SLT	Senior Leadership Team
SW	Social Worker
SWPP	South-West Permanence Project
ToC	Theory of Change

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Acknowledgements

I am immensely grateful to the interviewees who created time in their busy schedules to make a valuable contribution to this evaluation by imparting their knowledge and experience with great candour and willingness.

I would also like to thank the project management team of the SWPP who offered challenge, support and guidance throughout this part of the evaluation process, in a warm and welcoming atmosphere with a shared understanding of the importance and timeliness of work in this field.

I could not have completed this evaluation without the excellent skills and patience of the project support team in the Rees Centre, previously Mady Buil, and more recently, Claire Murray and Sofia Hussain.

Thanks also to colleagues at The Rees Centre: Professor Julie Selwyn who reviewed an earlier draft of this report and provided astute advice and comments; and to Professor Leon Feinstein for supervision and guidance.

The content of the report remains the responsibility of the author.

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September 2025

Introduction

The South-West Permanence Project (SWPP) has been designed to improve existing practice in placing children with disabilities with adoptive families in the South-West region of England. A service evaluation was commissioned by the funding Regional Adoption Agencies (RAAs). This report aims to evaluate the project's implementation phase and current progress against the Theory of Change outcomes as of September 2025.

Background

Adoption improves the life chances of children who cannot live with their birth family, providing stability, upholding their rights to continuity of care and family life, facilitating recovery from adversity, and leading to a range of positive outcomes. However, whilst we know that children with disabilities are over-represented in the care system and are among the hardest to place with adopters, they rarely feature in adoption discourse, being largely ignored in adoption research, policy and practice initiatives. Indeed, there are no national records on the number of children with disabilities in care, those adopted from care or their impairment types.

We do know that children with a disability wait longer to be placed for adoption, and many are not found an adoptive family (Coram-i, 2023). Ivaldi's (2000) analysis of UK adoptions in 1998-1999 revealed that children with severe medical conditions wait twice as long as others. Boys tend to wait longer than girls, and children with a learning disability wait even longer. Young children, under 30 months, with developmental uncertainty also experience delay as prospective adopters shy away from a stated unknown, as opposed to an already diagnosed condition (e.g., Down's Syndrome, Cerebral Palsy).

Yet government policy, as described in The National Adoption Strategy (Department for Education (DfE), 2021a), presents a bold vision to deliver excellence in adoption services across England. The policy aim is to ensure that best practice becomes the norm so that every adopted child and their family can access the services and support they need wherever they live and maximise children's outcomes both in the short and long term. The goal is for all adoptive children to be placed in permanent loving families as quickly as possible, where they will be safe and secure; adopters are recruited from all communities so that there is a diverse range of approved parents who are able and well prepared to meet the needs of children waiting to be adopted, ensuring that children and families receive the support they need when they need it.

To address this gap, a collaboration between three RAAs in the South West of England secured funding from the National Adoption Team as part of the 2021 National Adoption Strategy to establish a pilot programme. The pilot programme aimed to improve practice in the placement of children with disabilities by exploring new practice models and promoting greater consistency across the region. To ensure the pilot was well-informed and evidence-based, the Rees Centre was first commissioned to conduct a comprehensive scoping review in this area. Three main areas of interest were identified and explored. These were:

- i. A review of UK and international research literature
- ii. A review of practice models identified in the literature review
- iii. A review of current practice and variation in the South West UK region

Overall, the scoping review (see [Placing Children with Disabilities with Adoptive Families | Adoption England](#) for the full report) identified persistent delays in permanence planning for children with disabilities, attributing these to systemic, procedural, and attitudinal barriers across the adoption process. The literature review highlighted the limited and inconsistent evidence base in this space, particularly about children with physical and developmental disabilities. It underscored the need to reframe disability to promote child-centred profiling and better available information when making planning decisions. Further barriers, including siloed team structures, inconsistent thresholds for disability services, and limited multi-agency understanding of adoption and disability, were identified. The findings of the scoping review also revealed that traditional approaches to family finding and risk-averse attitudes among prospective adopters continue to constrain recruitment strategies. At the same time, matching processes were often hindered by subjective assessments and inadequate presentation of the children's strengths and needs.

Practice insights from UK and international models indicated that child-specific recruitment, enhanced adopter preparation, and early, multi-agency support planning that outlined long-term provision were critical to improving outcomes. Where facilitators were identified, the importance of specialist knowledge about disability, realistic profiling of children's strengths and needs, and collaborative events that fostered meaningful connections between children and prospective adopters, was paramount. The report concluded that children with disabilities continue to experience delays in finding permanence. The findings from the scoping review suggest that strategies to address delays should encompass every stage of the adoption process, including assessment, recruitment,

matching, and support, with a greater emphasis on joint working between allied agencies.

The complexity of the intersection between adoption, disability, child development and family processes guards against a 'quick fix' solution. Therefore, an innovative and nuanced approach is likely necessary, one that responds to the local context, is adaptable to ongoing needs and is flexible enough to accommodate systemic changes.

Defining disability

'Disability' and 'Special Needs' are often used interchangeably, but definitions vary depending on geography and sociocultural attitudes. A plethora of terms are also used to describe similar groups of children. In US studies, for example, the definition of 'Special Needs' includes children of colour, older children, children exposed to alcohol in-utero, sibling groups and those with physical (often termed medically fragile) and/ or emotional needs.

In the UK, under the Equality Act (Legislation.gov.uk, 2010), disability is defined as 'a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.' In many studies, the definition encompasses individuals with mental health problems. However, for the SWPP, and in this report, 'disability' refers to children with physical (e.g., Cerebral Palsy), cognitive (learning, e.g., Down's Syndrome), or developmental (e.g., Autism) disabilities, as mental health issues are usually diagnosed in late childhood or adolescence.

Foetal Alcohol Spectrum Disorder (FASD) is also included as a life-long neurodevelopmental condition, although this too is often not diagnosed at the point of placement. The possibility of a child having FASD should be recognised, however, as UK research studies have found that between 54% and 70% of mothers whose children were adopted from care misused drugs and/or alcohol during pregnancy. Gregory et al (2015) report on an audit by a medical doctor practising in Peterborough, that 75% of children referred for adoption medicals (pre-placement) had a history of prenatal alcohol exposure.

The South West Permanence Project (SWPP)

The SWPP covers three RAAs in the South-West of England, which serve a total of 13 LAs. Table 1 shows the local authorities served by each of the three South-West RAAs.

Table 1: South-West RAAs and the Local Authorities they serve

Regional Adoption Agency	Local Authority
Adoption West	Bath & North East Somerset
	Bristol
	Gloucestershire
	North Somerset
	South Gloucestershire
	Wiltshire
Adopt South-West	Cornwall and Isles of Scilly
	Devon
	Plymouth
	Somerset
	Torbay
Aspire	Bournemouth Christchurch and Poole
	Dorset County Council

The SWPP team

The operational personnel of the SWPP are as follows:

- Project Director (RAA Head of Service)
- Project Lead
- Project Family Finder
- Family Finding Support Worker (from September 2025)

These four roles also form the management group, along with:

- RAA Heads of Service (x2)
- RAA Family Finding Managers (x3)
- SWPP evaluator

The management group is responsible for overseeing the operational and strategic aspects of the project.

Principles and objectives

In summary, the SWPP prioritises the rights and well-being of children with disabilities in permanence planning. It seeks to improve outcomes in placing children with disabilities by ensuring that permanence planning focuses on each child's individual needs. Through promoting earlier placements and a better understanding of children's needs and support requirements, the SWPP aims to enhance placement stability and reduce the long-term impacts of trauma and loss. Through the integration of both traditional and Enhanced Family Finding (EFF) methods, the SWPP works to ensure that children are matched with families who are better prepared and can meet their needs throughout childhood and beyond. The principles and objectives are presented in full in Appendix I.

Referrals into the SWPP

Children were referred to the project by the Family Finding managers in the RAA teams once information governance had been secured. Due to delays across the 13 LAs in securing information governance, children were referred and subsequently enrolled at different times. Children were enrolled in the project if they met the eligibility criteria outlined in the SWPP policy document (Appendix II).

The SWPP Enhanced Family Finding Model

The Enhanced Family Finding model within the SWPP programme (see Appendix III for details) employs a structured, child-centred approach to identifying permanence options for children with disabilities, informed by findings from the scoping review and the professional experience of the management group. Once a child is accepted into the EFF stage, the Project Family Finder, or Project Lead, undertakes a comprehensive review of the child's history and relational networks by accessing local authority (LA) records, such as the Child Permanence Report (CPR) and health notes. A detailed ecomap is constructed that charts both current and historical connections, including birth families, foster carers, social workers and allied professionals. The child's details on LinkMaker are updated in accordance with the SWPP's revised criteria for child-centred profiles (Appendix IV).

Members of the child's network, identified from the ecomap work, are systematically contacted by the SWPP staff and form a key element of the EFF model. A range of communication channels is used, including phone, email, social media, and in-person visits, to recruit individuals who may be willing and able to support the child, or who may be able to suggest other contacts not already identified. To ensure transparency and continuity, a detailed chronology of all

family finding activity is created and shared with the child's LA. Monthly review meetings with the child's social worker and/or team manager are integral to the model, providing an opportunity to assess progress, update plans, and coordinate future actions.

Where potential permanence options emerge, anonymised CPRs are shared to facilitate further discussion and assessment. Network meetings are held to explore these options collaboratively. If a viable link is identified, the case is referred for formal assessment as an adoptive, special guardianship, or long-term fostering arrangement.

The EFF model also includes a review of approved adopters and those in stage two of adoption preparation, with liaison between project staff and adoption social workers to explore potential matches. Overall, the EFF model reflects a commitment to working in an intensely focused manner to identify previously unexplored permanence options and ultimately improve outcomes for children with disabilities.

Methodology

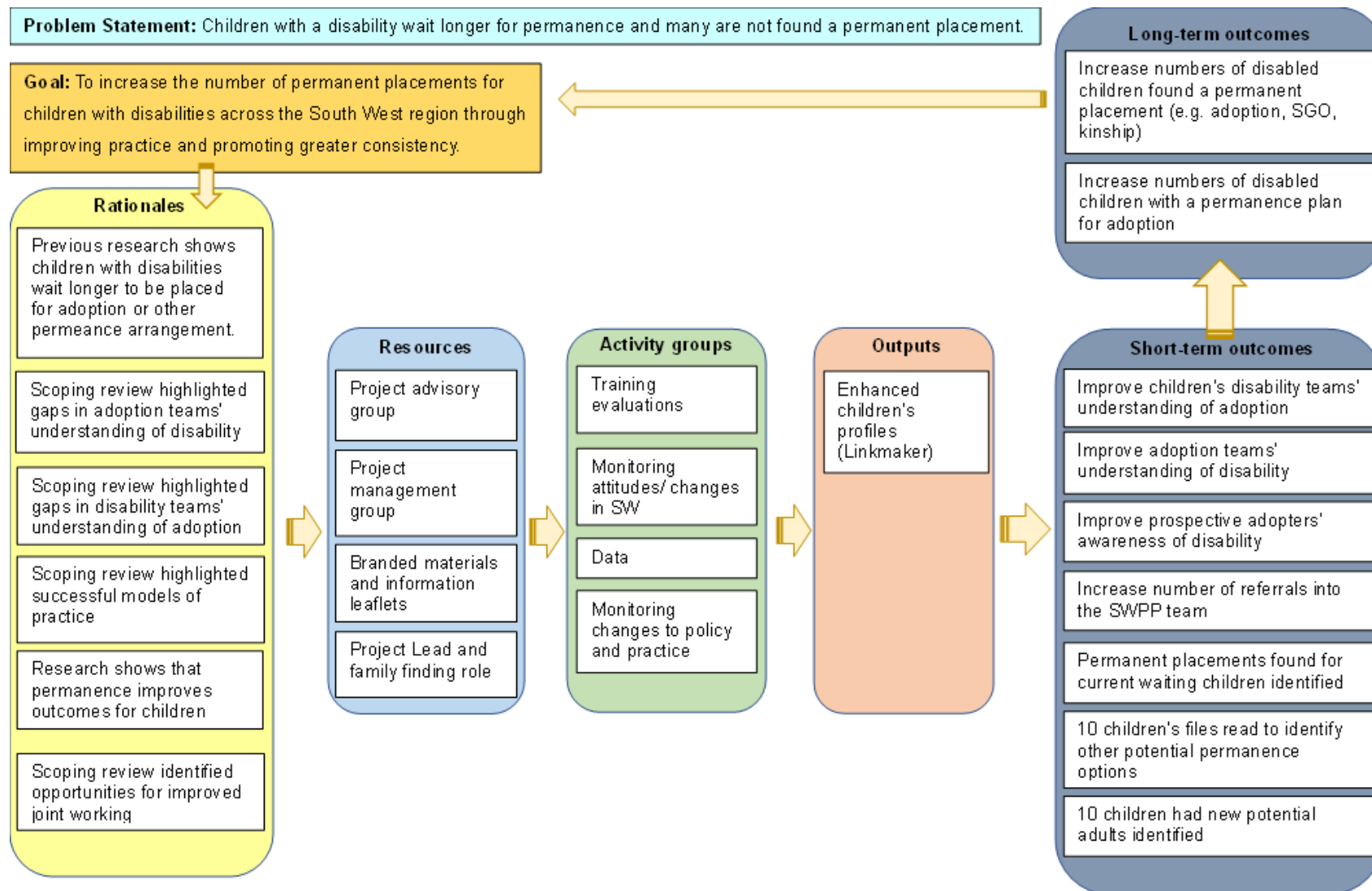
This interim report focuses on the implementation stage of the SWPP and uses a multi-method approach. Data collection methods included semi-structured interviews with SWPP operational staff and the project management group, alongside information from SWPP case-files (de-identified demographic data of the children enrolled in the project).

Theory of Change

To evaluate how, and to what extent, the SWPP has met its aims and objectives, a 'Theory of Change (ToC)' was co-developed with the project management team (Figure 1). A ToC forms part of the theory-driven suite of approaches that primarily establish how and why an intervention works when evaluating it. An intervention usually consists of a set of activities, underpinned by clear, evidence-based rationales supported by resources designed to reach specific, intended outcomes (Breuer et al, 2016).

The ToC for the SWPP focuses on mapping out what the project does (in terms of activities) and how these may contribute to its goals. The ToC will serve as a framework for evaluating the project's outcomes and forming the criteria for its success. The evaluation of the SWPP will also include surveys and content analysis of case files and records to assess both the short and long-term outcomes as appropriate.

Figure 1: SWPP Theory of Change v1



Participants

Intended respondents for the interviews were members of the SWPP management group ($n=9$) and the social workers of children ($n=11$) enrolled on to the project. The management group were recruited at a regular meeting by the evaluator. The intention was to recruit the children's social workers via email sent by the Project Lead acting as gatekeeper. It was hoped that established relationships would facilitate participation. However, despite multiple attempts via email and efforts to extend the data collection window to accommodate workload, interviews with children's social workers did not take place as part of this interim evaluation.

Interviews

Semi-structured interviews focused on respondents' experiences of implementing and participating in the SWPP. Interview schedules (see Appendix V for an example) were devised to explore the barriers and facilitators when working to place children with disabilities with adoptive families, within the parameters of the SWPP. All interviews took place online via Microsoft Teams and were conducted by the evaluator. Interviews were recorded, subsequently transcribed, and de-identified.

In total, eight interviews were held between 18/06/2025 and 16/07/2025.

Participants included: the SWPP director (also RAA Head of Service), one RAA Head of Service, the SWPP Project Lead, the current SWPP project worker, the former SWPP Project Worker and three RAA Family Finding Managers. One RAA Head of Service (Aspire) was no longer in post at the time of data collection.

Framework Analysis

The Framework Analysis approach (Ritchie & Spencer, 1994; Gale, Heath, Cameron, Rashid, & Redwood, 2013) was employed to analyse the qualitative data using NVivo (v1). Framework analysis combines data description and extraction within an organised and structured 'framework' to provide a cross-sectional analysis of qualitative data (Goldsmith, 2021). The overall aim of this approach is to 'identify, describe, and interpret key patterns within and across cases of, and themes within, the phenomenon of interest.' (ibid. p2061). In this evaluation, the cases refer to the individual children enrolled in the SWPP, and the themes encompass the activities, strategies, and views of the respondents related to the cases.

Ethics

Senior colleagues at The Rees Centre oversaw ethical approval. Participants were recruited via an email from the gatekeeper. A participation information sheet and consent form were attached (Appendix VI). Participants were asked to return a signed consent form before the interview. Informed consent was obtained before each interview and confirmed verbally at the outset of the interview.

Limitations

While this evaluation uses a comprehensive multi-method approach, several limitations should be kept in mind when interpreting the results. Most importantly, the lack of interviews with children's social workers, despite repeated efforts to secure participation, creates a significant gap in the data. Since social worker involvement is crucial to the SWPP's aims, particularly regarding ecomap sign-off, contact with birth parents, and permanence planning, the absence of their firsthand accounts restricts the evaluation's ability to offer a balanced perspective.

Furthermore, as the evaluation takes place within the interim phase of implementation, the capacity to assess long-term outcomes is currently limited. However, this is a temporary limitation that the next phase of the evaluation will hope to address. These limitations are further compounded by variability in local authority engagement, social worker turnover, and delays in information governance, all of which have affected the consistency of data collection and the evaluation of progress at the case level.

This interim evaluation relied on project case file analysis and management group interviews; although valuable, potential bias is introduced as respondents' views could not be objectively assessed against those of others outside the SWPP management group. The absence, at this stage, of triangulation with perspectives from adopters, birth families, or independent practitioners, limits the evaluation's capacity to capture divergent viewpoints. Again, this is a temporary limitation that will be addressed at the next phase of data collection.

Finally, this evaluation is conducted within a context of limited national data on children with disabilities in care and adoption. As highlighted in the scoping report, the absence of disaggregated statistics on impairment types, placement outcomes, and support trajectories presents a broader challenge to assessing the influence and potential for scaling up of the SWPP at both regional and national levels.

Findings

This section presents evidence gathered from analysing the qualitative interviews with the project management team first to summarise the children enrolled on the project and the ecomap work to date. An examination of the barriers to, and facilitators of, implementing the SWPP is followed by a discussion of how the general adoption landscape has influenced the project's progress. A presentation of progress towards the short-term outcomes identified in the ToC (Figure 1) concludes this section.

Children enrolled

At the time of reporting, eleven children had met the eligibility criteria and were enrolled in the SWPP. Table 2 presents demographic and diagnostic information for this group.

Table 2: Children enrolled on to SWPP

Name*	Age** (y:m)	Sex	Sibling group	Ethnicity	Diagnosis	RAA
Will	1:2	M	N	White-British	Genetic	ASW
Liam	6:3	M	N	White-British	Neurological	ASW
Kevin	3:4	M	N	White-British	Genetic	ASW
Simon	3:5	M	N	White-British	Sensory Impairment	ASW
Bethany	4:10	F	N	White-British	Neuro-developmental	ASW
Matthew	7:2	M	Y	White-British	Genetic	AW
Helen†	5:6	F	Y	White-British	None	AW
David	2:4	M	N	White-British	Neurological	Aspire
Charlotte	5:3	F	Y	White-British	Neuro-developmental	AW
Stuart	6:7	M	Y	White-British	Neuro-developmental	AW
Neil	2:3	M	Y	White-British	Genetic	AW

Note 1: *Pseudonym; **age at 31/07/2025 in years: months; ASW = Adopt South-West; AW = Adoption West; †Helen is the younger sibling of Matthew

All children were identified as White-British, and the mean age on 31/07/2025 was 4.37 years (range: 1 year, 2 months to 7 years, 2 months). There were seven males and four females, with five noted as being part of a sibling group (Matthew and Helen are siblings). Diagnoses span five categories: genetic ($n=4$), neuro-developmental ($n=3$), neurological ($n=2$), sensory impairment ($n=1$) and no diagnosis ($n=1$). In terms of distribution across RAAs, five are from Adopt South West (all non-sibling), and four are from Adoption West (four of whom are siblings). Notably, Aspire has only a single child enrolled on to the SWPP, this may be indicative of challenges related to engagement, and should be explored in the next phase of evaluation. The sample size was too small to reliably estimate clustering of demographic factors within RAAs (McNeish & Harring, 2017), meaning that conclusions cannot be reliably drawn about demographic patterns that might appear to be influential in this cohort of children.

Ecomaps

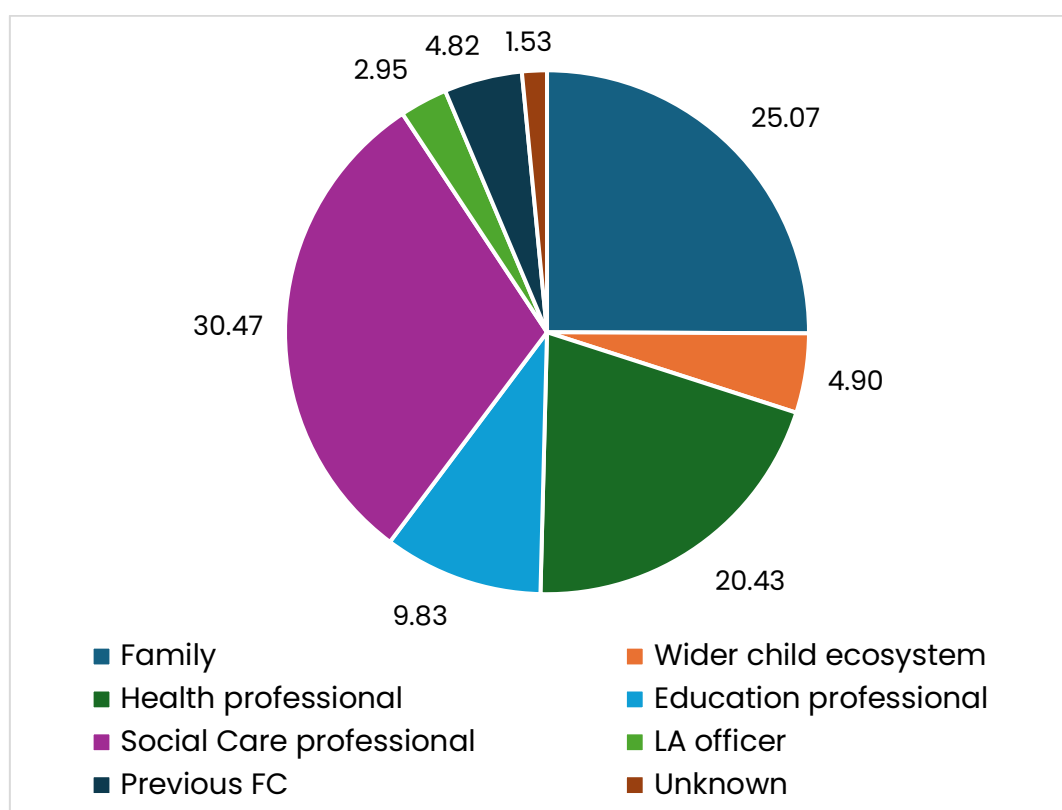
Ecomaps were created for each child enrolled in the project to identify lines of enquiry for EFF. At the time of reporting, six ecomaps were completed, two were on hold as placements with existing carers were being explored, one was a sibling of another enrolled child, one was in progress, and one was a new allocation to the project with ecomap work yet to begin. The project team identified contacts through a hand search of case files and then logged them on the ecomap. The evaluator coded each contact according to relationship type. A summary of each completed ecomap is presented in Table 3 and Figure 2.

Table 3: Ecomap contacts by relationship type

Name	Relationship type (%)								Total (n)
	Family	Wider child ecosystem	Health	Education	Social Care	LA officer	Previous FC	Unknown	
Stuart	20.4	14.2	18.6	15.0	22.1	7.1	2.7	0.0	113
Bethany	24.0	1.9	18.3	6.7	42.3	1.9	1.9	2.9	104
Liam	15.9	0.0	23.8	12.7	41.3	0.0	3.2	3.2	63
David	35.9	0.0	29.7	1.6	23.4	0.0	6.3	3.1	63
Matthew	28.6	8.2	14.3	20.4	20.4	6.1	2.0	0.0	49
Kevin	25.6	5.1	17.9	2.6	33.3	2.6	12.8	0.0	39
Mean	25.07	4.90	20.43	9.83	30.47	2.95	4.82	1.53	71.83

Over three-quarters (75.97%) of contacts were identified as family, social care or health professionals. The mean number of contacts was 71.83 per ecomap (range: 39–113). This highlights the breadth and complexity of a child’s network, but is in line with Family Finding work presented in the scoping review. Consequently, the size of the task falling to the project team, not only to complete each ecomap, but also to systematically explore each contact, should not be underestimated. The reduced caseload on the SWPP compared to traditional Family Finding approaches is fully justified.

Figure 2: Ecomap contacts by relationship type (%)



The source from which the contacts were identified was also coded to establish which processes yielded contacts (Table 4). The categories were CSC-related processes (e.g. from the CPR, strategy discussion notes, case notes), Health-related processes (e.g. medical letter, NHS report), Education-related processes (e.g. PEP review), or family. Over two-thirds (70.5%) were identified from CSC-related processes, and almost a quarter (24.18%) were unknown, likely due to omissions in recording. Taken together, the analysis of contacts in the ecomaps could identify fertile grounds for further exploration. For example, only 9.83% of contacts were education professionals. Given that children encounter a large number of such professionals in their educational career, expanding the search into this area may prove fruitful.

Table 4: Origin of ecomap contacts

Name	Origin of ecomap contact				
	CSC process	Health process	Education process	Family	Unknown
Stuart	99.1	0.0	0.0	0.0	0.9
Bethany	57.7	7.7	2.9	0.0	31.7
Liam	66.7	4.8	1.6	4.8	22.2
David	96.9	0.0	0.0	0.0	3.1
Matthew	89.8	0.0	2.0	8.5	0.0
Kevin	12.8	0.0	0.0	0.0	87.2
Mean	70.50	2.08	1.08	2.22	24.18

Facilitators

The early implementation of the SWPP has been supported by a variety of enabling factors, many of which go beyond the original ToC. The main enabling factor was the availability of ring-fenced funding, which allowed project staff to concentrate solely on EFF and other project-specific activities, without being overwhelmed by daily responsibilities. This enabled the RAAs to allocate staff and dedicate time to the project, providing drive and operational understanding in the initial stages.

Joint ownership and shared responsibility among the three RAAs could also be considered a key enabler. Regular online project management and advisory group meetings promoted sharing of learning and problem-solving in the SWPP team. More recently, face-to-face meetings have been especially valued for enhancing collaboration and addressing new challenges. These forums not only supported operational alignment but also cemented a shared ethos around the project's overall aims and objectives.

The presence of engaged and proactive Family Finding (FF) managers within the RAAs was repeatedly highlighted by respondents as crucial. Their established relationships and professional credibility often facilitated smoother communication with LA teams, expediting decision-making. In some cases, the strategic use of existing networks, especially among like-minded professionals, helped reduce delays. These individuals frequently acted as internal advocates

for the SWPP, using their influence across LA teams to encourage engagement with the project and help secure buy-in from the Senior Leadership Team (SLT).

SWPP staffing arrangements also enhanced project effectiveness. The job-share model used for the SWPP Project Lead/ Family Finder roles permitted complementary skills and reflective practice, with one staff member leading strategically (alongside EFF activity) and the other focusing on EFF delivery. This structure promoted peer support, critical dialogue, and adaptive problem-solving. Additionally, the project's leadership, characterised by individuals with considerable expertise in both adoption and disability, was widely recognised by many respondents as a source of credibility and motivation. The success of these roles has guided future recruitment practices, with an emphasis now on professional experience of disability, rather than traditional FF practice.

Early impacts such as the revision of LinkMaker profiles, therapeutic support funded by the ASGSF, and access to clinical assessment with the Maudsley Clinic further validated the project's aims and helped establish its presence within the region. These developments, although not explicitly planned in the initial design, have played a significant role in raising awareness and emphasising the programme's importance in LAs across the region and nationally.

Successes

The SWPP has shown several early successes that extend beyond its initial aims by influencing systemic change and guiding practice. One of the key accomplishments is the revision of children's profiles on LinkMaker. Drawing on SWPP staff's professional experience in disability practice and findings from the scoping report, profiles now focus on presenting children holistically, foregrounding their identities and strengths before detailing their diagnoses. This restructuring of profiles has now become the standard practice across the LinkMaker platform. This substantial change should allow prospective adopters to connect more deeply with children's stories, promoting a more inclusive and child-centred approach to family finding. Further evaluation of this impact is warranted.

The project has also made significant strides in improving access to therapeutic support for children with disabilities and adoptive families. Collaboration with regional therapy providers has led to a better understanding of disability-specific needs and the development of tailored interventions. These efforts have not only expanded the therapeutic offer but also encouraged providers to rethink how services are structured and delivered to this cohort. Securing support from the Maudsley Clinic, in partnership with the ASGSF, has further facilitated access to

detailed clinical assessments of children's needs, considering both disability and adoption-related factors, which form part of the post-adoption support package offered to prospective adopters in the SWPP.

Raising awareness of the project and the needs of children with disabilities could also be considered as a critical success factor, with SWPP staff actively engaging operational and strategic colleagues across LAs. Interview respondents note that these efforts have resulted in better identification of eligible children, earlier referrals, and increased consideration of adoption as a permanence option for children with disabilities. Respondents also observed that SWs and LA Family Finding managers are beginning to adopt more reflective practices in profile writing, video creation, and foster carer engagement, possibly signalling a cultural shift in how the circumstances of children with disabilities are perceived.

Lastly, the project has fostered meaningful dialogue with LA DCYPS teams, challenging assumptions that long-term fostering should be the default route to permanence for children with disabilities. Collaborative efforts, including participation in team meetings and strategic presentations by the SWPP team, have led to a re-evaluation of adoption as a viable option and, in some cases, enhanced communication between teams. These developments suggest that SWPP is not only influencing outcomes at the individual child level but also driving broader, system-wide changes in attitudes and practices related to disability and permanence planning.

Barriers

Though the early implementation of the SWPP was facilitated by several factors, other issues were highlighted in the interviews that may be considered barriers to project implementation. These have been categorised into two broad themes: Delays and Issues related to Communication and Engagement.

Delays

The early rollout of the SWPP was marked by a series of delays that can be broadly categorised as structural, procedural, and cultural. Significant delays arose from the lengthy process of obtaining information governance approvals across participating LAs. Although regional agreements between RAAs and their constituent LAs were in place, uncertainty about whether these agreements covered the specific functions of SWPP, as many respondents reported, led to inconsistent interpretations and hindered progress. In practice, this required repeated clarification and, in some cases, renegotiation of data-sharing protocols, despite the project's alignment with existing statutory guidelines.

Efforts to expedite agreements were led by the SWPP project team, who initially worked closely with one LA to confirm that the existing governance framework was sufficient. This rationale was then circulated to other LAs for endorsement. However, confirmation was slow to materialise, with one LA still outstanding at the time of reporting. Respondents described the need to repeatedly 'resell' the project to newly appointed SLTs and information governance leads, highlighting the impact of staff turnover and competing priorities on implementation timelines. These delays were not attributed to resistance to the project's aims necessarily, but rather to workload pressures and the absence of clear expectations around response times.

I was quite taken aback...about how prolonged and protracted the initial bit was in terms of getting the local authority to sign off those data sharing agreements. It just felt that such a critical amount of time on the project was used trying to do that part of the business, which felt really sad in terms of being able to get on with bits we wanted to be able to do so, I suppose I was really. That's been a challenge that I would say delayed us being able to get into it. [RAA FF manager]

Procedural delays were also evident in communication and ecomap work. Inconsistent engagement from children's SWs, along with outdated case file information and slow responses to signing off ecomaps, hindered their timely development and the subsequent start of EFF activities. These issues were worsened by cultural factors, including different interpretations of the project's remit. In several cases, changes to children's permanence plans occurred without informing SWPP staff, leading to misaligned efforts and further delays.

These findings collectively emphasise the importance of appropriate governance structures, proactive stakeholder engagement, and clear procedural guidance to support the timely implementation of the SWPP. Although many delays were eventually resolved through intervention by senior managers, they highlight the need for greater coherence and flexibility in inter-agency collaboration, especially when piloting unfamiliar approaches, such as the SWPP, within broader complex systems.

Ecomap work

The ecomap component of the SWPP has faced several implementation challenges, many of which arise from systemic delays, inconsistent professional involvement, and issues with case file accuracy. SWPP staff reported extended timelines in obtaining completed ecomaps from children's SWs, with delays often caused by difficulties in identifying and reaching out to key professionals and securing the necessary approval. In several cases, reluctance from SWs to allow

contact with individuals in the child's network led to stalled investigative work and disrupted EFF activity.

We've not been able to transfer children over [to the EFF stage], because what we need hasn't been provided, or we've had cases where the local authority haven't done the work they need to do, i.e. so, [SWPP project lead] does the eco-map by reading the children's files and then asks the local authority to go through that and review it and make sure that they comment if they shouldn't approach somebody or add some further detail. So, we've had a couple of cases where that has been sat on for quite a significant period of time. So, there's been some delays in terms of the local authorities' part. [FF manager]

The accuracy and completeness of children's case files (e.g. the CPR) were noted by respondents as concerning. SWPP staff frequently identified discrepancies or outdated information in children's files during the ecomap process, including mis-recorded heritage details and obsolete health diagnoses. These inaccuracies had direct implications for the development of LinkMaker profiles and the broader activities involved in identifying suitable adoptive placements. The project's emphasis on thoroughness (e.g. reading every document and contact note within a child's file) was driven by findings in the scoping report, ethical considerations and the practical need to avoid overlooking potentially significant connections. However, this intensive approach required substantial time investment from SWPP staff before initiating outreach:

The enhanced family finding involves reading, really in depth, to get a really good understanding of the children allocated to me on the project. So, we read all, every note, every contact, every document that's on that child's file, within their local authority records. We get a really good understanding of their history, their journey, their needs. And then it's about creating that eco-map of everyone within their network. Which stemming right from the beginning, that could be people that have only met them a few times and people that have more heavy involvement. [SWPP project worker]

Further complications arose from changes in allocated SWs, which may have contributed to the variability in record-keeping practices and levels of detail. This inconsistency necessitated additional verification steps by SWPP staff, particularly when distinguishing between contacts relevant to the child and those concerning siblings. The process of contacting persons identified through ecomaps was also hindered by low response rates and limited professional curiosity, prompting the use of alternative communication channels such as social media.

Despite these challenges, the ecomap work was recognised as valuable beyond its immediate use in Family Finding. Several respondents noted that even when ecomaps do not result in an immediate permanence solution, the depth of

information collected contributes substantially to the child's life story and may improve future support. Nonetheless, the findings emphasise the need for better inter-agency collaboration, timely information sharing, and clearer protocols for ecomap approval, to ensure that the EFF process can proceed without unnecessary delays.

Gaining permissions/ access to LA IT systems

Respondents also reported barriers to project implementation related to accessing LA IT systems. Project workers frequently encountered delays in obtaining permissions and routine access to case management platforms (technical incompatibilities between systems used by different LAs further compounded these challenges), particularly when operating across RAAs. In some instances, longstanding tensions between certain LAs and RAAs contributed to restricted or denied access, undermining the program's capacity to gather data from children's case files and begin ecomap work. Even when formal permissions were granted, project staff reported ongoing issues accessing core software, resulting in further delays. These access restrictions were not only logistical but also structural, possibly highlighting broader systemic issues in inter-authority collaboration when sharing information. For example, although inter-authority agreements specified read-only access, this was inconsistently enforced: some LAs provided full access, while others offered intermittent or no access at all:

Within our inter-authority agreement, we had an agreement right back in 2018, which we reviewed in 2022/23 for the onboarding of [new LA], where it clearly states we should have at [least] read-only access to the children's records within the system, to assist us in our family finding – we don't have read-only access. We have read-only access, good read-only access, for two local authorities; the other three, we either don't have it at all, or we have it and it's intermittent and it's not meeting the needs and that has impacted on the project. [FF manager]

The impact of these barriers went beyond operational delays. In several instances, modifications to children's care plans were discussed within the LA without informing SWPP staff, citing a lack of visible progress from the SWPP (possibly unreasonable expectations). This progress was itself delayed by restricted access to case files. These findings underscore the need for clearer protocols, enhanced collaboration, and improved inter-agency communication to enable the SWPP to achieve its objectives.

Social Worker activity

Social worker engagement appears to be a key factor affecting the speed and thoroughness of implementing the SWPP. While some SWs have shown dedication to the project's goals, others have been hesitant to participate in essential components, especially those involving contact with birth parents or ecomap sign-off. A recurrent issue was the hesitancy among some SWs to initiate or facilitate contact with birth families. Respondents attributed this reluctance to several factors, including strained relationships between SWs and birth parents, concerns about the emotional impact on birth parents, and a perceived lack of project relevance once birth parents had been ruled out as permanence options. Despite efforts by SWPP staff to clarify the rationale for engaging birth parents, particularly in relation to mapping the child's network and safeguarding concerns, some SWs remained resistant, contributing to the delays in ecomap approval and therefore missed opportunities for EFF activity:

There's definitely been a theme that [we] picked up about a reluctance to engage with birth parents about the project and that has caused some delay as well because there's, there's either a fear that birth parents are going to is going to affect their mental well-being negatively, bringing up the fact that this this is going on. Or it seems that it feels like they've because they've ruled out the birth parents, that they don't understand why you would want to speak to them, and even putting that across and being really clear about the reasons behind that. It feels like they can sometimes still be a level of reluctance to share information about the project [SWPP project lead]

Attendance by SWs at scheduled project review meetings also proved inconsistent. Although monthly meetings were agreed upon with CSC teams, non-attendance by SWs, often due to staff turnover or competing caseload demands, was frequently reported. In some cases, SWs appeared disengaged when perceiving a lack of project activity, particularly during the slower phases of ecomap work. This misperception overlooked the intensive work being undertaken by SWPP staff in the background, including detailed file reviews and contacting people identified in the ecomaps. SWPP staff were keen to respond with a measured approach, e.g. rescheduling meetings and maintaining open lines of communication, to preserve collaborative relationships.

These findings highlight the importance of sustained SW engagement and clear communication throughout the project lifecycle. While the SWPP team has demonstrated adaptability and persistence in managing these challenges, the variability in SW responsiveness remains a limiting factor. Reinforcing shared

understanding of the project's aims, clarifying expectations around communication, and establishing routine review mechanisms may help reduce these barriers and improve the effectiveness of future EFF activities.

Issues related to Communication and Engagement

The quality and frequency of communication between SWPP staff and CSC teams varied considerably. Escalation to managerial levels and the recent involvement of Independent Reviewing Officers (IROs) were necessary to address communication gaps, although these measures could be seen as reactive rather than systemic. Effective communication often depended on pre-existing relationships and prior collaborative experience, suggesting that institutional familiarity played a key role in facilitating engagement.

Misunderstandings about the project's aims also appeared during early implementation. For example, respondents reported that some LA colleagues initially believed the SWPP had a hidden pool of potential adopters, which may have led to unrealistic expectations and mismatched planning. SWPP staff responded by using established networks to clarify the program's aims and objectives, aiming to foster a more comprehensive understanding of disability and permanence planning in the SWPP. These efforts included raising awareness of specific diagnoses and the related support needs:

There was a perception [by the LAs], perhaps initially, where we had this secret bank of adopters who we could just put forward. So, it was trying to really work hard to use the relationships we already have to try and support people to understand what this is and understand what we need from them. And get them to think much more holistically about children with disability and what their needs are and how they might best care plan for them and think about their permanence. [FF manager]

Since the project's inception, one RAA (Aspire) has experienced two changes of senior leadership. Instability at this level, over the course of the project, is likely to have had an unfavourable impact on consistency of message about the aims and objectives of the SWPP. It is possible that meaningful engagement at both the strategic and operational level may have been affected. Further exploration of RAA and LA level engagement is necessary at the next phase of evaluation to fully understand the mechanisms and drivers involved.

At a strategic level, some LA leadership teams and DCYPS teams were hesitant to fully engage with SWPP staff, which further delayed progress, especially when trying to secure information governance. Though these doubts were partly addressed through interventions by RAA senior leadership, the legacy of past communication issues between certain LAs and their RAA continued to be a

limiting factor. In contrast, communication within the SWPP team and among Family Finding managers across RAAs was consistently effective, supported by regular meetings and established collaborative practices.

General adoption landscape

The current adoption landscape in the UK presents a complex and increasingly strained context for implementing initiatives such as the SWPP. Many respondents highlighted a widening gap between the number of approved adopters and children waiting for placement, a trend that grew even within the relatively short data collection period. This gap was attributed to a combination of societal and systemic factors, including economic pressures, changing attitudes towards birth family contact, and judicial scepticism about adoption as a permanent solution, especially where adopter sufficiency could not be easily demonstrated.

The pressures of economic constraints were seen as twofold: prospective adopters face rising costs of living, while LAs struggle to secure funding for post-adoption support, especially for children with disabilities. Some respondents reflected on earlier times when LAs were more willing (and able) to provide funding for additional support needs, compared to the current situation characterised by a scarcity of resources, possibly due to reluctance at approval panels. This has likely directly affected the feasibility of placing children with complex needs, with adoption teams reporting increased difficulty in obtaining approval for essential support packages:

When I have placed children with disabilities in the past, local authorities have been quite willing to provide funding for whatever cannot be funded by the necessary channels, if that makes sense. More recently, people were just not able to get things through panel, and we had to do a lot of negotiation in order to get any kind of support going forward. [SWPP Family Finder]

Recruitment and sufficiency of adopters remains a persistent challenge nationwide, especially for children with disabilities. While one RAA involved in the SWPP reported a slight increase in the number of children waiting, others observed little to no change, suggesting regional differences within the adoption landscape. Data from LinkMaker, as reported by respondents, highlighted the scale of the issue: at one point, 203 approved adopter profiles were available compared to 1,088 child profiles, clearly showing the limited pool of potential matches for children in general, and even more so for those with disabilities:

I think the numbers of adopters are declining and they're much lower than we would have seen a few years back. So, I think we're doing the enhanced family finding in terms of the eco-map and exploring the wider networks, but that's alongside the more traditional family finding of link maker searches,

etc., but where there's such a limited number of adopters available nationally, I think that that's having an impact as well. [SWPP Family Finder]

Respondents also observed that prospective adopters are increasingly 'risk-averse', especially when faced with specific diagnoses or complex care needs. Although understanding of children's needs has improved for many diagnoses, this hesitancy has reduced willingness to consider children with additional needs. Respondents noted that, in practice, successful permanency has often been achieved when existing foster carers transition into adoptive roles, rather than through external recruitment. These findings indicate that while SWPP's EFF and ecomap strategies create new opportunities for pathways to permanence, the project operates within a landscape characterised by structural limitations and evolving cultural attitudes towards adoption.

Theory of Change

Progress towards short-term outcomes

Improve children's disability teams' understanding of adoption.

- Joint working with DCYPS teams has prompted reconsideration of adoption as a viable permanence route, challenging assumptions that long-term fostering is usually the default.
- Strategic presentations and attendance at team meetings have raised awareness and opened dialogue across multiple LAs.

Improve adoption teams' understanding of disability.

- National reforms to LinkMaker profiling have shifted focus to child-centred narratives, improving how children with disabilities are presented to adopters.
- Project staff have raised awareness of specific diagnoses and support needs, influencing profile writing; work is underway regarding adopter preparation.

Improve prospective adopters' awareness of disability.

- Revised LinkMaker profiles and outreach efforts have helped prospective adopters see the child behind the disability.

Increase the number of referrals to the SWPP team.

- Respondents report that the awareness of SWPP has grown across LAs, with earlier and more frequent discussions about child eligibility.
- RAA FF managers are proactively identifying children for referral, supported by improved tracking mechanisms.
- Eleven children enrolled on the program, with an additional 25 on the waiting list

Permanent placements found for current children identified

- In progress – no children placed at this time.
- Some children have progressed *towards* permanence, including through discussions with foster carers.
- Access to therapy, clinical assessments, and support planning has enhanced placement viability.
- Discussions are being held for those children where ecomaps have been exhausted

Ten children's files were read to identify other potential permanence options

- 11 children enrolled in the project – most files read, some work in progress due to recent enrolment.
- SWPP staff have conducted deep file reviews for most enrolled children.
- These reviews have highlighted inaccuracies and gaps, prompting updates to CPRs.

Ten children had new potential adults identified.

- Of the 11 children on the project, 6 have ecomaps completed, identifying on average 71 contacts per child. The remaining 5 are either in progress due to recent enrolment, a sibling of another enrolled child or on hold due to alternative placement discussions.
- Ecomaps have identified extensive networks (range 39–113 contacts)
- Outreach has been conducted via phone, email, and social media.

Conclusion

The SWPP has raised the profile of children with disabilities within Children's Social Care and the broader field of adoption services. It may also guide other Regional Adoption Agencies and Local Authorities to implement initiatives that encourage the placement of children with disabilities with adoptive families in their local area. This interim evaluation has revealed a complex landscape of structural, procedural, and cultural factors that have influenced the early implementation of the SWPP. While the programme has made commendable advances in refining practice and shaping strategic dialogue, its progress has been affected by both facilitating conditions and ongoing barriers.

Barriers to implementation were most apparent in areas needing inter-agency coordination and statutory alignment. Delays in obtaining information governance approvals and IT access, as well as inconsistent communication with LA teams, collectively hindered the timely delivery of core activities, such as EFF and ecomap work. These issues were further compounded by unforeseen challenges in the national adoption landscape, including the availability of adopters, economic constraints, and shifting cultural attitudes towards disability and permanence. Nevertheless, the project's strategies, including EFF, revision of LinkMaker profiles, and targeted awareness-raising efforts, may have begun to reshape the professional environment in which it operates.

The presence of facilitators, rooted in strategic leadership, secured funding and fostering of positive collaborations, allowed the project to overcome early challenges, raise awareness of its aims, and build credibility. Successes in improving Linkmaker profiles, adapting therapeutic support, and providing access to specialist clinical assessments highlight the programme's potential to drive change on a broader scale. These achievements occurred not only at operational levels but also challenged existing beliefs about the viability of adoption as a route to permanence for children with disabilities.

At its inception, the SWPP was guided by a Theory of Change, informed by the scoping review and professional experience of the SWPP team, and reflected the project's aims and objectives: to improve permanence outcomes for children with disabilities. The project aimed to achieve this by addressing existing barriers in adoption practice and the professional understanding of adoption and disability. The original framework outlined a series of interim outcomes aimed at raising awareness, enhancing professional knowledge, and identifying new pathways to permanence through EFF and ecomap work.

As the project progressed, however, it became clear that implementation would require more than what was included in the original ToC. The realities of navigating information governance requirements, fragmented IT systems and variable engagement across LAs quickly became apparent. It is therefore proposed that the ToC be revised in light of these experiences and findings from the initial stages of the evaluation. Appendix VII presents a draft revision of the ToC for the final 12 months of the project, for discussion and development at future project management meetings.

Collectively, the findings presented in this report suggest that the SWPP is challenging current practice while offering a potential roadmap for more inclusive, responsive, and evidence-informed pathways to permanence. As the SWPP progresses, its capacity to influence national policy and inform permanence planning for children with disabilities will be crucial to its long-term impact.

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Appendix I

The principles and objectives of the SWPP, as outlined in the SWPP policy document as devised by the project management group, are summarised below:

Principles

- Children have the right to grow up in a loving family that can meet their needs during their childhood and beyond.
- Where possible, this should be within their birth family; however, when this is not viable, alternative options should be given sincere consideration for each child.
- The aim is to provide the best possible permanency opportunity. Permanence is defined in the statutory guidance that accompanies the Children Act 1989 as providing children with: a sense of security, continuity, commitment and identity ... a secure, stable and loving family to support them through childhood and beyond (DfE, 2021b).
- Delays in permanence can have a severe impact on the health and development of children and should be avoided wherever possible.
- The child's ethnic origin, cultural background, religion, language, gender identity, and sexuality will be fully acknowledged, positively regarded, and supported when decisions are made.
- The particular needs of disabled children will be fully recognised and considered when decisions are made.

Objectives

- For children to find permanence without delay, with a loving family who can meet their needs throughout their childhood and beyond.
- To minimise delay in family finding, always paying attention to the needs of the child.
- To provide greater placement stability through earlier placement and better understanding of children's support needs. Earlier attachments reduce the impacts of trauma and loss and improve life outcomes.
- To maintain and support sibling relationships either by placing children together or through robust contact plans.
- To provide greater placement stability through tailored, informed support packages secured at the point of placement.

- Families should be more aware of children's needs and better prepared to meet them.
- To provide advice and consultation to the local authority when considering permanence plans for a child.
- To continue to explore traditional family finding methods alongside enhanced family finding.

[SWPP policy v2.3, pp1-2]

Appendix II

SWPP eligibility criteria:

'A child will only be eligible for referral to the project once they have an SBPFA/ADM decision. The LA SW should follow their LA processes for this. The family finding manager will refer to the project if the following criteria are met:

- Child has a diagnosed disability or confirmed genetic disorder.*

AND

- [Child has a] Best interest decision for adoption.*
- Relinquished child, with agreement from panel to be placed for adoption.*
- With an interagency search agreement in place.*
- Siblings can join the project if the plan is to place them together.'*

Children who met these criteria will be discussed between the child's LA SW, RAA Family Finding Team Managers and Project Workers.

This discussion will include:

- The content of the child's profile and accompanying documents – CPR (Child's Permanence Report) with a redacted CPR available for the project worker; Adoption Medical; Carers Report; Sibling Assessment; LA Chronology; any other documents/reports completed during Care Proceedings.*
- The child's preparation for adoption and understanding of their life story.*
- Assessment of contact needs.'*

[SWPP policy v2.3, p3]

Appendix III

The EFF model:

When a child has been accepted onto the Enhanced Family Finding section of the project, the Project Family Finder will:

- Access local authority files to complete an understanding of the child's history and networks.
- Work where possible with birth families as well as foster carers and social workers to create a detailed ecomap showing the child's current and historical networks of support. These include members of family, social and professional networks. Connected people already assessed through the local authority will not be reconsidered through this process.
- Locate and contact people within the network through phone calls, emails, social media, visits, etc., to find those who have an interest in supporting the child.
- Identify who would potentially be able to meet the child's needs and how permanence would present for the child within the family. Including checks and references being commenced, and the development of a support plan.
- If potential links are found, the anonymised CPR will be shared. This will be used to have further discussions and visit potential families.
- Network meetings to be set up by Project Workers. The CPR will be anonymised by the child's SW by this date. Agreed information to be shared with the network.
- Review all RAA-approved adopters and, if no suitable family is found, review those in stage 2 of the adoption process and liaise with their social workers to identify potential links for the child.
- The project worker will maintain a detailed chronology of all project activity in relation to family finding and provide a copy of this to the child's local authority in the monthly meetings to be saved onto the child's record.
- If a link is agreed, refer to the adoption team or local authority for a full assessment of the family as adopters/special guardians or long-term foster carers if a potential family is identified.

The child's social worker and the project family finder should keep regular contact throughout the project family finding process, and it is crucial that each informs

the other of any updates regarding the child or progress with the project family finding. As part of this, a meeting should be held every four weeks to review the project's progress with the relevant LA social worker and/or SW manager. This meeting will assess progress and agree on future activities for the project family-finding, including attendance at activity days and the development of individual profiles.

[SWPP Policy pp4–5]

Appendix IV

Link Maker Profile Guidance for Children with a Disability

Profile availability

- Seek an external search as early as possible for children with additional needs or disabilities, including if their needs are uncertain. This is to prevent delays with the family finding process.

Photos and Videos

- Include **8** photos of the child/ren.
- Photos should be refreshed **3 monthly**.
- Photos should show the child's face clearly and not be at a distance or with a distracting background.
- Only include photos of siblings if they are to be placed together.
- Use clip art or anonymous photo of back of child/feet of child rather than the stock dog/bear photo for anonymous profiles.
- A video of the child helps highlight a child's progress in care and their personality.
- Produced videos look best. Slideshow videos also show the child well.

About Me

- Use first person/the child's voice/the child's point of view throughout the entire profile.
- Provide a description of the child's personality. This should not include a description of the child's physical features.

A Day in the Life

- Describe what the child has done, the things they enjoyed the most in their day and comment on if they needed extra help, and if so, what this looked like for them.
- A daily routine for the child is helpful to include, but not essential.
- Please use the form attached at the end of this document. This information can cut and paste into this section.

Being Me

- Use brief descriptions to share what the child likes and enjoys.
- Please use the form attached at the end of this document. This information can cut and paste into this section.

Child Wishes

- Include the child's wishes.
- Detail why pets/no pets.

Contact/Maintaining Relationships

- Be clear on proposed pre and post adoption birth family contact.
- Be clear on the quality of the relationship the child has with each key member of their birth family.

Background Information

- Provide an update on the changes since the child arrived in care, clearly showing any progress the child has made.
- Include a brief description on any support that the child receives in school and ensure that it is indicated if the child has a formal plan, and what this means for the child.

Health and Development

- Detail a child's current needs; when last assessed and when next review/tests will be taking place, in health and development section with the details under each relevant section, **not** in 'about me' section.
- Specify in 'health and development' section how the child's condition and experiences impact them and how they experience their condition.
- Ensure information is specific and accurate to the child in the profile. Only select 'yes' for a **diagnosed** condition + include date of diagnosis. If in process of diagnosis select 'increased chance' and specify in more information box.
- In 'health and development' section, explain or include web-links for medical conditions, only if they are an accurate reflection of the child's needs. If they are not, state that reading information online helps general information but wouldn't help a family understand what the diagnosis means for the child.

Adoption Support

- Clearly share whether there is a support package available for the child and the details of this, included whether this is means or non-means tested.

Family Sought

- Detail matching criteria, clearly stating why: couples only; youngest child/no other children.
- Keep in mind to have specific family characteristics stated rules out possible links.

Other

- Be aware of the words/phrases you are using. Use clear, simple language throughout the profile – no medical or social work jargon, or sensitive information that could potentially embarrass anyone involved.
- Spell check profile.
- Grammar check profile.
- Birth parents or family members medical information does not need to be included.
- Do not use acronyms. They can be confusing for people who do not regularly use them.
- Ensure the profile is always kept up to date, reviewing the information contained within the sections monthly.

Appendix V

SWPP Evaluation – example interview schedule – [RAA Head of Service]

Ethics reminder:

- You have received an information sheet explaining the ethical dimensions of this interview and confirmed in advance that you are giving your voluntary informed consent to participate.
- I would like to take this opportunity to remind you that the interview is being audio recorded, but that your identity will remain confidential and nothing you say today will be ascribed to you in any reports or other outputs from the study.
- I would like to confirm at the outset that you are happy to proceed and to ask whether there are any questions you would like to ask.
- I will confirm again at the end of the interview that you remain happy for your data to be used.

Preamble:

- The South-West Permanence Project (SWPP) has been designed to bring about change to existing practice in placing children with disabilities with adoptive families in the South-West region of England.
- The purpose of this study is to explore how these changes are being implemented and how these are impacting, if at all, your work and the children with whom you work/ care for.

Introductory questions:

1. Please tell me your first name, and a brief outline of your current role(s) and setting
2. Please tell me more about your role in relation to the SWPP, particularly in its inception and early implementation.
3. Please outline the successes/ impact of the project to date.
 - a. What has facilitated the project so far?
4. Please describe the main challenges the project has faced so far.
 - a. How have they been addressed?
 - b. Do they remain?
 - c. How has the current landscape in adoption generally impacted on the progress of the project?
 - d. What systemic issues have acted as barriers to implementing the project?
 - i. Are there issues with caseholding? Scope for changing?
5. Is the project now functioning as you envisaged it would be at the outset?
6. At present, children enrolled on the project have yet to be placed – what is your understanding of the reasons for this?
 - a. What is needed to expedite this process?
7. Explore issues around governance with LAs

- a. Thinking of governance from the 13 LAs; what were the barriers to swift completion of this stage?
 - b. How could it be improved?
8. In your view, how has work relating to project set-up and implementation impacted the EFF process?
9. What is your perception of how the project is understood across the LAs?
 - a. How were the FF managers made aware of the project?
10. How would you describe the relationship between the project and the LAs?
 - a. In terms of communication/ awareness
11. How well did the project facilitate collaboration between local authorities, RAAs, and project workers?
12. Is the project managed effectively, including capacity planning and waiting list management?

General questions

1. What feedback about the project have you received from professionals/ funders?
2. If embarking on this project again from the start, what would you change/ keep the same?
3. The project comes to an end in September 2026. What do you envisage its legacy to be?
 - a. How could the project be sustained, rolled out nationally?
 - b. Do you have any other wider comments/thoughts that you would like to provide feedback on?

Conclusion:

That is the end of the interview, and I will shortly stop the recording. The final point is to check that you are happy with how the session has gone and that you agree for the data that you have provided through your answers to be used. In that case, I would like to thank you very much for your time today.

Additional questions

1. Were there any issues in the referral process (e.g., a greater number of ineligible children referred, were some LAs more forthcoming with referrals, etc)
2. Explore Linkmaker – how was this identified as an area for development? Describe the changes that have been made to profiles on Linkmaker
3. Children to come off the project once ecomap is explored
4. How has awareness of adoption/ disability been improved? – in DCYPS and adoption teams, respectively
5. Explore possible issues in obtaining court agreement and parental consent for inclusion within the EFF part of the project.

Appendix VI

Consent to take part in the Evaluation of the South–West Permanence Project (SWPP)

Purpose of Study: The Rees Centre, at the University of Oxford, is evaluating the South–West Permanence Project to find out how an Enhanced Family Finding model might improve permanency options for children with disabilities. This evaluation is designed to explore the facilitators and barriers to implementing this programme effectively and to evaluate the programme’s outcomes. You are involved in this programme and we would like to hear your views.

Please initial each box if you agree with the statement.

I confirm that I have read and understand the information sheet for the above evaluation. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that taking part is voluntary and that I can stop the interview at any time or not answer some questions. I can also withdraw the information I provide in the interview before the findings have been reported.

I understand who will have access to the data I provide as part of this evaluation, how it will be stored and what will happen to it at the end of the study.

I understand that this evaluation will be written up and published.

I understand what to do if I want to complain or raise a concern about the evaluation.

I understand that the researcher will have to tell other people if they have concerns that I, or someone else might not be safe.

I agree to being recorded using a recording device, or via online call functions to record.

I give permission to be quoted directly in the research publication anonymously.

I agree to take part in this evaluation.

Name of participant

Date

Signature

Name of person taking
consent

Date

Signature

Appendix VII

Revised Theory of Change: Final 12 Months of SWPP (draft)

Introduction

A revised Theory of Change for the final 12 months of the program is presented below, one that retains the original intention but expands its scope to reflect findings from the analysis of the interview data. The revised ToC introduces new strategic outcomes, including strengthened inter-agency collaboration, embedded inclusive profiling practices, and improved therapeutic access. It also highlights sustainability, recognising the importance of embedding SWPP's successes within regional systems and informing national policy and practice beyond the life of the project.

This revised ToC should not be viewed as a separate project that undermines the work completed thus far. Instead, it is informed by the experiences, challenges and successes of the first stages of the project. It reflects the program's capacity to adapt and respond to these challenges and successes.

For funders and strategic partners, this iteration indicates that the SWPP is not only delivering on its original intentions (within the constraints of the context within which it operates) but also substantially contributing to the discourse for improving the conditions for long-term, system-level change in how adoption is understood and enacted for children with disabilities.

Revised Problem Statement

Children with disabilities continue to face disproportionate delays in achieving permanence, compounded by systemic barriers in family finding, inter-agency coordination, and adopter sufficiency. Despite policy commitments, practice inconsistencies and structural limitations hinder the timely implementation of permanence planning.

Strategic Goal

To accelerate and improve permanence outcomes for children with disabilities by embedding evidence-informed family finding practices across regional adoption systems and strengthening inter-agency collaboration.

Updated Rationales

- Children with disabilities wait longer for permanence due to systemic, cultural, and economic factors.

- Traditional family finding methods are insufficient for this cohort; enhanced approaches are needed.
- Ecomap and EFF work reveal overlooked networks and deepen understanding of children's needs.
- Improved LinkMaker profiling and access to therapeutic support and clinical assessment, increasing the likelihood of successful matches.
- Raising awareness among professionals and prospective adopters shifts attitudes and maximises opportunities.
- Strategic leadership and ring-fenced funding enable innovation and pan-regional learning.

Core Activities

- Complete and refine ecomaps for all children enrolled, ensuring accuracy and safeguarding oversight.
- Continue EFF work, including outreach to network contacts and exploration of non-traditional permanence routes.
- Maintain monthly review meetings with LA social workers to track progress and update plans.
- Enhance adopter profiling and matching via LinkMaker, with disability-informed presentation of children.
- Deliver targeted awareness-raising sessions to LA teams, DCYPS, and adopter networks.
- Facilitate access to Maudsley Clinic and therapeutic assessments to inform support planning.
- Strengthen governance protocols and streamline IT access across RAAs and LAs.
- Document and disseminate learning through strategic briefings, evaluation outputs, and stakeholder engagement.
- [Adopter training and recruitment of those in assessment – scope to add something here]

Revised Outputs

- Completed ecomaps for all enrolled children
- Chronologies of EFF activity integrated into children's case records
- Updated CPRs and permanence plans reflecting disability-informed insights
- Refined adopter profiles and matches via LinkMaker

- Strategic presentations delivered to LA and RAA leadership teams
- Documented improvements in therapeutic access and support planning
- Evaluation data capturing changes in professional attitudes and practice

Short-Term Outcomes

- Increased professional understanding of disability and permanence planning
- Improved inter-agency communication and responsiveness
- Greater visibility of children with disabilities in adopter networks
- Enhanced quality and timeliness of family finding activity

Long-Term Outcomes

- Increased number of children with disabilities placed with adoptive families
- Reduced time to permanence for children with complex needs
- Embedded inclusive profiling and EFF practices across regional systems
- Sustained cross-agency collaboration and shared ownership of disability-inclusive adoption planning
- Informed national policy and practice through evidence generated by SWPP