

Adoption England

**Response to the Department for
Education’s consultation “Adoption
support that works for all”**

Adoption England
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Introduction

Adoption England (AE) welcomes the ambition set out in the Department for Education’s consultation: “Adoption support that works for all.” The consultation has a clear intention to strengthen outcomes for adopted and kinship children and their families. This response sets out Adoption England’s position in relation to the eight proposals and highlights areas where further refinement, clarification and system level alignment are required to support effective implementation.

We believe the proposals will only achieve their intended impact if they sit within a clear, coherent national model of adoption support, setting clear direction, shared principles, and system-wide expectations. Adoption England is developing such a model through extensive engagement with Regional Adoption Agencies (RAAs), Voluntary Adoption Agencies (VAAs), local authorities, national adoption organisations, providers, people with lived experience, and partners across health and education.

The model responds directly to the system challenges identified in this consultation. It articulates what children and families need, how those needs should be met, and how the system will know whether support is making a difference. Its purpose is not only to strengthen adoption support, but also to influence and improve responses across the wider system, including health, education and social care. A strengthened national model will set clearer expectations for culturally sensitive and inclusive practice, alongside proactive outreach and monitoring of access and outcomes.

[Annex 1](#) to this paper sets out our emerging thinking on a national model of adoption support.

Proposal 1: Develop a baseline offer of parenting support and training at the point of adoption and kinship care

Summary of AE response: We welcome the intention of Proposal 1 and agree with the premise that good early support can improve outcomes for children. However families are increasingly asked to care for children with high and complex levels of need, and some will require specialist support from the outset. This must be accessible for those who need it, whenever they need it.

Adoption England welcomes the proposal to deliver a baseline offer of parenting support and training designed to better equip families to meet the needs of children as they move into their adoptive or kinship families. We support the intention to ensure greater consistency and equity in early support, while recognising the importance of retaining flexibility to respond to differing levels of need.

In considering this proposal, it is important to begin from a realistic and evidence-informed understanding of need. Research led by Professor Julie Selwyn and others has consistently shown that most adoptive families will require some form of support over time, particularly as children's needs emerge or change at predictable developmental stages. This challenges any assumption that support is exceptional within adoption and reinforces the principle that support should be normalised.

This reflects a broader shift in the social contract with adoptive families. Today, families are increasingly asked to care for children with higher and more complex levels of need, often linked to early adversity, loss, trauma, and neurodevelopmental vulnerability. In addition, adoptive parents are now more routinely expected to support children to maintain relationships with people who are important to them, including birth family members and others from earlier in their lives, where this is assessed to be in the child's best interests. Supporting safe, meaningful, and often emotionally complex relationships of this nature is a significant and ongoing parenting task that differs from historic models of adoption.

Taken together, these expectations represent a fundamental change in what adoption asks of families. In this context, adoption support should be understood as integral to adoption, not as a remedial response when difficulties arise. A baseline offer therefore has an important role in normalising support, building confidence and reducing stigma, but it cannot, and should not, be expected to meet the full range of needs on its own.

The Becoming a Family Framework (developed by Adoption England with pilot RAAs and VAAs) provides a strong foundation for early support, complementing and strengthening

pre-approval training and early parenting support, and is already in place across the country. Any baseline offer of parenting support and training must build on the learning from this work.

However, Adoption England's stakeholders emphasise that early support will not be sufficient for all children and families. Some children will require targeted or intensive support from the outset. It is essential that the baseline offer connects seamlessly to additional support wherever it is assessed to be needed.

Adopted people and birth parents consistently emphasise the importance of their lived experience informing the design and delivery of any baseline offer of support. Their perspectives are crucial to ensuring that children's needs relating to identity, life history and belonging are central to early support and addressed proactively from the beginning of family life, rather than emerging later as unmet need contributing to instability or escalation.

Clear national practice standards for early support should be established across the sector to articulate the outcomes that any baseline offer is expected to achieve. This will help ensure equity and consistency for families, regardless of where they live, while allowing appropriate flexibility in how support is delivered locally to reflect differing contexts and levels of need. Such standards should also clarify the relationship between the baseline offer and more targeted and intensive support, reinforcing clear pathways rather than creating unintended thresholds or delays.

Support and training should continue to be co-produced with parents and carers, ensuring that content is relevant, engaging, and useful for prospective and newly approved adoptive parents. Adoption England stakeholders have highlighted ongoing challenges in engaging new adopters at this early stage, and creative approaches will be required to maximise participation and impact. A blended model, with centrally commissioned digital resources complemented by regional and local delivery through RAAs and VAAs, offers the greatest opportunity to balance consistency, reach and local responsiveness.

Adoption England supports the role of Family Hubs in linking families to universal services; however, stakeholders have raised concerns about variability in adoption awareness, capacity and expertise across Family Hub provision. Family Hubs cannot replace specialist adoption support, and a clear and enduring government commitment to specialist provision is essential, particularly for families managing complex trauma-related or neurodevelopmental needs as well as the specific issues relating to identity, life history and belonging. Timely access to specialist infant and parent–infant mental health provision is essential and whilst Family Hubs may play a valuable role in

coordination and access, this must be underpinned by clear pathways into NHS-commissioned infant mental health services.

Further clarity is also needed around what is meant by an “evidence led” programme within the baseline offer. Adoption England would advocate for the use of the best available peer reviewed empirical evidence, alongside learning from practice and lived experience. Where new interventions are introduced, these should be accompanied by proportionate evaluation to strengthen the evidence base over time and inform future delivery.

Finally, while we recognise the ambition of the proposed timetable, stakeholders expressed concern that the timeline allows insufficient time for meaningful piloting, learning and workforce readiness. Adoption England recommends a phased approach to implementation, informed by testing and evaluation, with clarity about the conditions required for readiness prior to national roll-out.

Proposal 2: Strengthen peer and community support for adopted children and parents

Summary of AE response: Proposal 2 could drive an important shift towards a more child and family centred and a life-course approach to adoption support, provided it includes support for young people and adult adoptees and provided it complements, not replaces, statutory and specialist provision. We support the principle of central investment to enable set up and coordination across the country.

Adoption England supports the proposal to strengthen peer and community support for adopted children and their families and recognises the important role that peer networks, and wider community inclusion, can play in reducing isolation, building resilience, and improving outcomes across the life course. There is broad agreement across the sector that opportunities for adopters, adopted children and adopted adults to connect with others who share similar experiences can provide reassurance, understanding and informal support that complements more targeted and specialist provision.

Community support should also be understood more broadly. Many adoptive families experience exclusion from ordinary community life because of a lack of understanding or unmet need. Peer and community-based provision can support belonging and social inclusion, contributing to stability and wellbeing.

This proposal reflects an important shift towards a more explicitly child- and family-centred, life-course approach to adoption support. Peer networks provide relational spaces in which adoptees' identities, histories and experiences can be explored over time, rather than being confined to time-limited interventions. It is also important to understand equity within peer and community provision, recognising that families' access to and experience of support can be shaped by protected characteristics and wider circumstances, including ethnicity, socioeconomic context, sexuality and family structure, such as same-sex and single carers. Peer support offers should therefore be inclusive, culturally responsive and designed to reduce barriers to participation, ensuring that all families are able to access support that feels relevant, safe and supportive of their experiences

However, stakeholders were clear that peer support must be positioned as part of a wider, needs-led system. Messaging must consistently reinforce that peer support is intended to complement, not replace, statutory and specialist provision delivered through RAAs, VAAs, local authorities and partners.

Evidence indicates that peer support is most effective when it is co-designed with adopters and adopted people, ensuring relevance, trust and responsiveness to lived experience. A range of models should be considered, including peer-led groups, mentoring schemes and community-based activities. Mentoring has shown particular value, offering structured relational support alongside more informal peer connections. Provision for children and young people has proved especially valuable and often strengthens parental networks at the same time.

The national model of support being developed by Adoption England emphasises the importance of support over the life course. Consistent with this principle, peer and community networks should explicitly include adopted adults, recognising key life events such as becoming adults, parents, and grandparents where connection, understanding and support may be particularly important. While this can feel challenging for services, it is essential if the system is to move beyond a time-limited view of adoption and avoid creating cliff edges in support.

Sustainability remains a critical issue. Peer and community networks require long-term funding, infrastructure, and development to remain effective and trusted. Adoption England supports the principle of central investment to enable establishment and national coordination, alongside local and regional ownership. Short-term or fragile funding arrangements risk undermining trust, continuity and impact.

Proposal 3: Provide proactive support for adopted and kinship children at key life stages

Summary of AE response: The intent of Proposal 3 to provide proactive, anticipatory support should be a principle of all adoption support, not just support for transition to secondary school. Effective support must include direct support for children, young people and the professionals around them as well as parents. Ultimately, the success of this proposal depends on addressing system-level issues within education, health and social care. Without this, the impact of Proposal 3 is likely to remain fragile and uneven.

Adoption England strongly supports the intent of Proposal 3 to provide proactive, anticipatory support for adopted and kinship children at predictable life stages. There is strong evidence that transitions such as school moves, adolescence and the transition to adulthood can significantly and disproportionately increase stress and risk for adopted people and their families. These periods are often associated with changes in expectations, relationships and external demands, as well as heightened questions of identity, all of which can interact with earlier trauma and loss. Planning for these predictable pressure points in advance is therefore central to prevention, stability and longer-term outcomes.

This proposal aligns closely with Adoption England’s strategy and our emerging national model of adoption support, which is designed around anticipating predictable patterns of need, enabling early intervention, supporting fluid movement across levels of support, and delivering coordinated, multidisciplinary responses when complexity increases. While early intervention is a core principle, stakeholders were clear that early support will not prevent all escalation, and the Adoption England model therefore combines proactive and anticipatory support wherever possible with timely, responsive intervention when needs intensify.

Feedback from stakeholders indicates that clearer articulation of the scope and ambition of this proposal would strengthen its impact. While initial delivery appears focused on school transitions, and particularly the entry to secondary school, this should be clearly positioned as a starting point within a broader life stage approach, rather than a time limited or education only initiative.

Stakeholders were clear that proactive support must be family-centred and that parental workshops alone are insufficient. Effective support must include children and young people directly, strengthen whole-family relationships, and address identity, belonging and peer relationships, particularly during adolescence and other periods of change. There is strong evidence that relational and identity-focused support is critical

to reducing escalation, sustaining stability and supporting emotional wellbeing over time.

Families consistently emphasise the importance of being worked with as equal partners and actively involved in decisions about their support, rather than experiences of support being done to them. Adoption England supports a flexible approach in which support is proactively offered but remains voluntary, responsive and shaped by lived experience. This reduces stigma, supports engagement and reflects Adoption England's values-led commitment to respectful, relational practice.

While Regional Adoption Agencies have an important coordinating role, schools were repeatedly identified as critical partners in supporting adopted and kinship children through key life-stage transitions, particularly in relation to transition planning, behaviour policies and everyday inclusion. Proactive transition support must therefore include explicit expectations for the role of schools, supported by training, guidance and alignment with education accountability frameworks. Without stronger and more consistent expectations within education, the effectiveness of proactive adoption support will remain constrained, with adoption services continuing to compensate for gaps elsewhere in the system.

A shared coordination approach is therefore required, with RAAs acting as convenors within a clearly defined multi-agency system. This should include explicit interfaces with Virtual School Heads, schools and further education providers, CAMHS and other health services, adult services and Family Hubs. Adoption-aware transition support must be understood and delivered as a whole-system responsibility, rather than one carried by adoption services alone.

Stakeholders were unequivocal that the success of this proposal depends on addressing system level issues within education, health and the wider workforce. Adoption aware practice across schools, CAMHS and social care remains extremely inconsistent and is often reliant on individual expertise rather than embedded expectation. Adoption England therefore recommends consideration of mandatory adoption and trauma informed training for teachers, mental health professionals and social workers, embedded within both initial professional education and ongoing continuing professional development. Without this, the impact of Proposal 3 is likely to remain fragile and uneven.

Concern was also raised about school behaviour policies, which families frequently identify as a key driver of exclusion, escalation and increased pressure on families. Proactive transition support must align with the Government's wider education reform agenda, including SEND and Alternative Provision reform, and support a shift toward differentiated, needs-led responses rather than behaviour-led approaches. Adoption

support practitioners report spending significant time advocating in education settings, highlighting the extent to which systemic gaps continue to undermine family stability and place additional pressure on adoption support services.

Adoption England recommends that proactive transitions support should be embedded within a coherent national framework and framed as spanning early years, childhood, adolescence and adulthood, and operating across education, health and social care, with an explicit second phase focus on transitions to adulthood, including post 16 education, training and employment. A lifelong approach to adoption support is a core principle of Adoption England's emerging national model and must be reflected consistently wherever anticipatory, proactive or transitional support is proposed.

Proposal 4: Enhance plans to better meet children’s needs, setting clear expectations for families and services via Practice Guides

Summary of AE response: Proposal 4 has the potential to help provide greater equality in the provision of support across England. However, Practice Guides alone will not be sufficient to change practice unless they are reinforced through workforce development, statutory levers and system-wide culture change.

Adoption England welcomes the ambition set out in Proposal 4 to strengthen adoption support plans and family-led plans for kinship care through clearer expectations, improved transparency, and the development of national Practice Guides. We recognise the potential for this proposal to provide families with greater clarity about what support they can expect, while strengthening consistency and quality across the system and ensuring that children’s voices are central to planning.

While clearer expectations are welcome, Practice Guides alone will not be sufficient to change practice unless they are reinforced through workforce development, statutory levers and system-wide culture change. Stakeholders highlighted that without changes to guidance, regulation or inspection frameworks, good practice risks remaining optional rather than embedded. Mandatory training expectations, and consistent professional development pathways should therefore be integral to implementation.

Adoption England would emphasise that the effectiveness of support planning depends not only on what is set out in a plan, but on how the system works around the child and family. For many families, the behaviour of the system, through action, inaction, coordination or fragmentation, can itself become either a source of resilience or a source of increased vulnerability.

The Practice Guides must therefore promote clear ownership, effective coordination and reduced hand-offs across services, so that children and families are not left between agencies when needs are complex and interrelated. This is particularly important where needs escalate, and families come into contact with safeguarding, police or other acute services. At these points, there is a risk that responses become overly behaviour-led, especially where services know less about the child’s trauma history, relational context and adoption journey. Practice Guides should therefore promote coordination, continuity and timely access to the right expertise across agencies, particularly at the point of escalation.

A core principle of the Adoption England Strategy, consistent with wider government priorities on inclusion and early intervention, is that adoption support is a shared

system responsibility, not solely the responsibility of adoption agencies. In practice, however, multi-agency collaboration, particularly with health and education, remains one of the greatest barriers to delivering timely, joined up, and inclusive support. While Proposal 4 anticipates stronger engagement from these partners, RAAs or local authorities currently lack the authority to direct the actions of other statutory services. This creates a structural risk, whereby RAAs/LAs may be held accountable for outcomes that depend on services beyond their direct control.

A particular concern was raised about the complexity of working with health services, particularly Children and Young People's Mental Health Services (often referred to as Child and Adolescent Mental Health Services, or CAMHS, but this includes all commissioned mental health services for children and young people). Stakeholders described ongoing difficulties in securing timely, appropriate mental health support and the absence of clear accountability for Integrated Care Boards (ICBs) in their commissioning responsibilities for adopted and kinship children. Practice Guides must therefore clarify responsibilities within health systems and set clear expectations for ICB engagement, escalation routes and joint ownership of outcomes (including prioritised access) for adopted and kinship children. Stakeholders were clear that without explicit national expectations and accountability mechanisms for health partners, including ICBs, local progress will continue to depend on individual relationships rather than system responsibility, placing unsustainable pressure on adoption services and families. Strengthened guidance should therefore explicitly recognise infant and early years mental health as a core component of early support, with clear expectations for health partner engagement and accountability.

Greater clarity is also needed regarding the relationship between strengthened adoption support plans and existing statutory frameworks, particularly Education, Health, and Care Plans (EHCPs). In the context of the SEND consultation and reforms, it must be clear how adoption support plans are intended to interact with EHCPs, whether by informing them, complementing them, or sitting alongside them without duplication. Without explicit guidance, families risk facing parallel processes, conflicting recommendations and fragmented accountability.

To align this proposal with the national model of adoption support and the wider SEND and inclusion reform agenda, Adoption England recommends that Practice Guides set out the following:

- Defined roles and responsibility for each statutory partner, including education and health
- expected timescales for multi-agency contributions to assessment, planning, and review

- explicit accountability mechanisms, reinforced through national guidance and reflected, where appropriate in inspection and assurance frameworks

Without stronger national levers and clearer alignment to wider education and SEND reforms, local variation in multi-agency engagement is likely to undermine both the effectiveness of support plans and families' confidence in them.

Adoption England strongly support the proposal's focus on improving the quality of adoption support plans. Evidence consistently shows that the challenge lies less in the format of plans and more in how they are used in practice. Adoption support plans must be understood as dynamic, living documents, not static or one-off exercises. Plans should reflect the wider family context and the lifelong impact of adoption, and be reviewed at key transition points, such as starting or changing school, adolescence and preparation for adulthood, as well as at the request of the child, young person or family.

While national Practice Guides are welcome, stakeholders emphasised that guidance alone will not drive change. Consistent implementation will require workforce development, sufficient capacity and reinforcement through policy, regulation and inspection. Without this, there is a risk that enhanced expectations become procedural rather than meaningful.

Finally, workforce capacity was consistently identified as the primary barrier to effective planning and review. Without realistic assumptions about workload, resourcing and system capacity, strengthened expectations risk increasing pressure without improving outcomes. Any national guidance must therefore be accompanied by clear consideration of capacity and funding, to ensure plans remain purposeful, trusted and focused on improving children's lived experience.

Proposal 5: Standardise needs assessments for adopted and eligible kinship children, and commission social care, health, and education support based on identified needs.

Summary of AE response: We support the ambition to link high-quality assessment with more targeted, outcome-focused commissioning. Children with complex needs will require specialist assessment from the outset, bringing together social care, health, education and specialist clinical expertise. Needs evolve, so assessments need to be proactively reviewed during childhood. The ambition to increase consistency through standardisation of assessments is welcome, but any standardised approach must remain flexible, developmentally informed and rooted in the child’s life story, with space for professional judgement and the child and family’s voice.

Adoption England welcomes the intention of Proposal 5 to introduce a more consistent, evidence informed approach to assessing the needs of adopted and eligible kinship children and to strengthen the link between assessment and commissioning. This proposal aligns closely with Adoption England’s strategy and our emerging national model of adoption support, particularly its focus on reducing unwarranted regional variation, improving early identification of need, and ensuring that support is commissioned in response to children’s needs rather than service availability.

Adoption England emphasises that multidisciplinary adoption support should not be seen as an alternative to mainstream NHS and education pathways. Adopted and eligible kinship children should have equitable and timely access to universal and specialist services, including clinical and diagnostic pathways where indicated. Multi-disciplinary team assessment and planning should be understood as an enhanced, co-ordinating layer of support, designed to address the complexity and improve system coherence, rather than compensating for gaps in statutory provision.

Overall, Adoption England agree with the proposal and support the ambition to link high-quality assessment with more targeted, outcome-focused commissioning. However, stakeholders identified several areas requiring further clarification and strengthening.

Firstly, while social workers play a critical role in understanding a child’s lived experience, relational context and family functioning, the identification of neurodevelopmental conditions, mental health needs and trauma-related presentations requires timely input from appropriately qualified health and allied

professionals. A multidisciplinary assessment model, bringing together social care, health, education and specialist clinical expertise, is therefore essential to ensure assessments are sufficiently robust to inform effective planning and commissioning.

Secondly, stakeholders expressed concern that expectations of what early or baseline assessment can achieve may be overstated. While early identification is important, some children will require targeted or specialist assessment from the outset, particularly where complexity, developmental trauma or neurodevelopmental vulnerability is already evident. Any national framework must therefore be explicit that baseline approaches will not meet all needs and must be underpinned by clear, timely pathways into specialist assessment and support.

Third, screening tools were recognised as potentially helpful in supporting earlier identification of need. However, stakeholders were clear that such tools are not yet embedded consistently in practice and cannot be implemented safely or effectively without investment in training, supervision and clear system-level referral pathways. Any move towards standardised screening should therefore be accompanied by national guidance clarifying purpose, limitations and appropriate use within a multidisciplinary framework, rather than being treated as a stand-alone solution.

Adoption England supports the ambition to increase consistency through standardisation, recognising that current variability contributes to inequitable access, delay, and inconsistent recommendations. However, stakeholders cautioned that excessive standardisation risks oversimplifying the complexity of early trauma, attachment disruption, neurodevelopmental differences and co-occurring mental health needs. In line with the Adoption England Strategy, any standardised approach must remain flexible, developmentally informed and rooted in the child's life story, with space for professional judgement and the child and family's voice.

High-quality multidisciplinary assessment should begin early on in adoption planning wherever possible, with outcomes informing a coordinated, longer term support plan across the child's adoption journey. Assessment must also remain available across the life course, recognising that needs often emerge or become clearer over time, particularly in relation to conditions such as FASD and other neurodevelopmental presentations. Assessment frameworks must therefore support both early identification and re-assessment at key transition points.

Proposal 5 suggests that RAAs or local authorities could coordinate the assessment process. Adoption England welcomes the development of RAA led multidisciplinary team (MDT) models, which aligns strongly with our emerging national adoption support model and shows promise in improving coordination, timeliness, and family experience. However, roles and responsibilities must be clearly defined. RAAs should

not be expected to lead or deliver clinical assessment or decision making that sits within the statutory responsibilities of health or education services, unless appropriate clinical governance, workforce capacity and funding are in place.

In practical terms, this could be delivered through a national assessment framework with agreed domains, prompts and minimum expectations, rather than a single fixed tool. The framework could be used by RAAs locally, supported by MDT input, with clear routes into health, education and social care where specialist assessment is needed.

It would include early formulation, followed by more detailed multidisciplinary assessment where potential complexity is identified. The assessment should result in a clear plan, named coordinator, agreed actions, review points and an escalation route.

Standardisation can help reduce variation and improve consistency, but it should always be informed by professional judgement and the child's individual context.

Scaling MDT approaches nationally will require consistent commitment from NHS and education partners, clarity around accountability and decision-making, and sustainable funding models, potentially including pooled or joint budgets, to ensure equitable access across regions. MDT development should not be understood solely as creating new teams or new clinical capacity but also as improving coordination and commissioning of existing expertise so that provision operates more coherently around children and families.

Adoption England welcomes the proposal's focus on strengthening strategic commissioning of specialist support. Clearer alignment between assessment outcomes, commissioning decisions and longer-term service planning is essential to the effectiveness and sustainability of our emerging national adoption support model. This must sit alongside clear recognition of the responsibilities of health and education systems to deliver inclusive, needs responsive services. Without sufficient capacity and accountability across social care, health and education, there is a risk that assessment identifies needs that cannot be met in practice, increasing frustration for families and pressure on adoption services.

The proposed timetable, building on MDT pilots in 2026 and moving towards a national framework by 2028, was viewed by stakeholders as ambitious. Adoption England and RAA Leaders recommend early feasibility testing, phased implementation aligned with workforce development and system readiness, and national guidance that explicitly addresses regional variation in access to specialist assessment and services. Without this, there is a risk that implementation pace outstrips system capacity, undermining confidence and consistency.

Proposal 6: Require clinical adoption support therapies to be compliant with NHS evidence standards and ensure all interventions are well evidenced and assessed.

Summary of AE response: While we support the principle of well evidenced interventions, Proposal 6 does not reflect the complexity of adoption support, which does not fall neatly into clinical and non-clinical categories. Effective support often combines therapeutic, relational, developmental, educational and family-based interventions, delivered over time and adapted as needs evolve. Evidence should be understood as multi-dimensional, incorporating formal research, practice-based evidence, professional judgement and lived experience.

Adoption England agrees with the intent of this proposal, with important caveats. We support the principle that clinical interventions for adopted children and young people should be grounded in robust evidence and aligned with NICE and NHS evidence standards. This is essential to ensuring quality, safety and consistency in the delivery of clinical interventions. However, stakeholders emphasised that the proposal, as currently framed, does not sufficiently reflect the complexity of adoption support or the realities of access to health provision.

In particular, the proposal risks reinforcing a narrow clinical lens, which does not reflect how adoption support operates in practice. Adoption support does not fall neatly into clinical and non-clinical categories. Effective support often combines therapeutic, relational, developmental, educational and family based interventions, delivered over time and adapted as needs evolve. Artificial distinctions between “clinical” and “non-clinical” support risk fragmenting provision and undermining the coherent, child and family centred approach that underpin our developing national model of Adoption Support.

Adoption England is clear that responsibility for delivering universal and targeted clinical services sits with the health system. While adoption agencies and RAAs play a critical role in identifying need, coordinating support and advocating for children and families, they should not be held accountable for the availability, timeliness or delivery of NHS clinical services. Stakeholders consistently highlighted the systemic limitations in access to mental health and neurodevelopmental provision, particularly within Children and Young People’s Mental Health Services (CYPMHS), and the extent to which adoption support services are currently required to compensate for these gaps.

Where specialist mental health or neurodevelopmental treatment is required, Adoption England agrees that such interventions should meet NHS access and evidence standards and be delivered within appropriate clinical governance arrangements. This aligns with our developing national model of adoption support, which emphasises clear pathways between social care led adoption support and universal health provision. However, stakeholders stressed that evidence expectations must be accompanied by strengthened joint working between the Department for Education and the Department of Health and Social Care, clearer referral pathways from adoption support into NHS services, and explicit recognition of the health system's statutory responsibilities to adopted and kinship children, given their increased levels of need.

At the same time, it is critical to recognise that a significant proportion of adoption support is not clinical in nature but remains essential to outcomes. Many effective interventions draw on practice-based evidence, professional expertise, relational work with families, parenting support, education-based interventions and community-based approaches. Applying clinical evidence standards too broadly risks narrowing the range of available interventions and marginalising approaches that families consistently identify as helpful and stabilising. Stakeholders also highlighted a growing disconnect between professional and family understandings of support, with many adopters equating support primarily with therapy, shaped in part by the design, criteria and messaging of the ASGSF.

Stakeholders also expressed strong concern about any implied “one-off treatment” model within this proposal, particularly where this is reinforced by capped funding or short-term commissioning arrangements. Adoption support is long-term and evolving in nature, reflecting the ongoing impact of early trauma, loss and identity development. This is more comparable to supporting lifelong or chronic conditions than delivering discrete episodes of treatment. Evidence and funding frameworks must therefore be designed to support continuity, review and adaptation over time.

Adoption England supports strengthening the overall evidence base for adoption support. However, stakeholders were clear that evidence should be understood as multi-dimensional, incorporating formal research, practice-based evidence, professional judgement and lived experience. There is a significant opportunity to improve systematic collection of practice-based evidence and outcome data across adoption support, ensuring learning from delivery informs future commissioning and evaluation. A national evidence framework must therefore support innovation and learning over time, rather than restricting access to support that is currently effective, with professional judgement, co-production with families and responsiveness to individual need remaining central to decision-making.

Proposal 7: Devolve Adoption and Special Guardianship Support Fund funding and responsibility to regional and/or local decision makers

Summary of AE response: We strongly support devolution of the ASGSF, which we believe could ensure the Fund is equitable and sustainable, while addressing weaknesses with the current centralised approach – provided the funds are ringfenced. However, we believe it is vital to maintain strong national oversight and stewardship to ensure equity and sufficiency. Without this, there is a risk of an increased postcode lottery, increased pressure on already stretched infrastructure and reduced confidence among families. Vitaly, any devolved funding approach must actively protect and strengthen partnerships with VAAs and the wider independent provider market.

Adoption England strongly supports the devolution of the Adoption and Special Guardianship Support Fund, as set out in *Securing the Future of the ASGSF: Strategic Options for Reform and Delivery – Adoption England’s Reflection* (June 2025). Extracts from this document are included in [Annex 2](#) for ease of reference.

For devolution to achieve its intended purpose, any funding transferred from the ASGSF must remain clearly ringfenced for adoption and special guardianship support; without this, there is a significant risk that funding could be absorbed into wider local pressures rather than used for the children and families for whom it is intended.

Adoption England and the stakeholders it engaged expressed reservations about Proposal 7 as currently framed, due to the limited range of devolution options presented. The proposal does not set out a clear role for Adoption England in overseeing the distribution and monitoring of devolved funding, or in supporting RAAs and local authorities to take on new responsibilities. Without clearly defined national leadership arrangements, devolution risks entrenching or increasing regional variation rather than reducing it, undermining equity of access and families’ confidence in the system.

Adoption England supports a preferred delivery model in which the Fund is held centrally by Adoption England and distributed to RAAs or pan regions as grants using an agreed funding formula. This preserves the original principle of the Fund—enabling agencies responsible for assessing need to respond directly and flexibly—while removing the requirement for individual child applications and maintaining shared accountability and risk.

Under this approach, RAAs would retain responsibility for assessing need and agreeing appropriate packages of support with families, delivered through a mixed market of in-house provision and services commissioned from voluntary and independent providers. Adoption England would play a central role in setting expectations for a coherent national adoption support offer, overseeing consistency, monitoring outcomes, supporting regional commissioning, and coordinating sector wide learning and evidence development.

This model offers clear benefits, including more timely access to support for families, reduced administrative burden, improved value for money and stronger strategic commissioning at regional and pan regional level. It also supports collective sector improvement by enabling Adoption England, as a collaboration of RAA leaders with partners including VAAs, to maintain national oversight, share learning about what works, support workforce development and mitigate risks to the voluntary and independent provider market.

Independent evaluations and sector feedback have identified several limitations in existing arrangements, including restricted flexibility in how funding can be used, the application of the Fair Access Limit, the requirement for annual reapplications, variable evidence underpinning some therapies, gaps in the provider market, and the administrative burden placed on both central and local teams. These factors can reduce capacity within the system and contribute to the deskilling of local adoption teams. If designed well, devolution provides an opportunity to address these issues by enabling more responsive, needs-led decision-making closer to families.

The proposal also leaves several important questions unresolved. Special guardians currently access the Fund at lower rates than adopters, though demand is expected to rise, and relatively few RAAs currently provide direct support to special guardians. Growth in applications for children subject to Special Guardianship Orders is therefore a critical consideration for future system design. A more flexible and rebalanced funding offer for SGO support, explicitly designed around assessed need rather than legal pathway, is essential to improve outcomes and increase appropriate uptake.

Greater clarity is also required on how funding allocations would operate within a devolved model, including the data used to inform the balance between adoption and special guardianship, how increased take-up following local stronger offers and changing patterns of demand would be anticipated over time, and how equity and impact would be monitored at a national level.

Voluntary Adoption Agencies were consistently identified as critical partners in the delivery of adoption support, innovation and long-standing relationships with families. Stakeholders stressed that any devolved funding model must actively protect and

strengthen partnerships with VAAs and the wider voluntary and independent provider market. Failure to do so risks further destabilising an already fragile sector and reducing diversity, innovation and choice for families.

Adopters and special guardians have strong views about the ASGSF, and RAAs are concerned about increased conflict where RAAs become direct fundholders and the perceived loss of access to individual therapeutic provision. These risks underline the need for careful transition planning, transparent communication with families and investment in engagement and relationship building to maintain trust during system change. This reinforces the importance of retaining some national oversight.

Stakeholders also raised concerns about the pace and nature of financial risk transfer. While greater responsiveness to need is welcomed, many families require support more than the current Fair Access Limit, and adoption support costs are heavily influenced by factors outside the control of RAAs and local authorities, including pressures in education, health, and the wider provider market. At present, the Fund is already operating within a context of year-on-year overspend, with limits applied to individual applications rather than to overall demand across the system. A devolved model must therefore retain elements of shared national and regional accountability and risk, rather than transferring full financial responsibility to regions too rapidly and constraining access for families with the most complex needs.

There is also significant variation in the maturity, delivery models, and infrastructure of RAAs. While all RAAs strive towards offering a core universal service alongside commissioned specialist provision, their current capacity to do so consistently varies. Some have more developed workforce, commissioning arrangements, and partnerships that enable them to deliver both universal support and timely access to specialist therapeutic interventions for children and families with complex needs. Others are still developing the systems, workforce, or commissioning leverage required to achieve the same breadth or depth of provision.

An allocation formula that is fixed or insufficiently responsive to variation in complexity and demand risks widening regional disparities, unless it fully reflects differences in need, capacity, and starting point.

Readiness and capacity for devolution remain key issues. Evidence from ASGSF pilots in 2025/26 shows that embedding the necessary infrastructure, commissioning capability and cultural change takes time and sustained support. Stakeholders consistently advised that the proposed timeline is too rapid to allow for effective transition, engagement with providers and families, development of robust regional commissioning strategies, and mitigation of financial and delivery risk. Adoption England therefore recommends reviewing the timeline.

Consideration should also be given to replacing the current flat-rate Fair Access Limit with a more needs-led approach, so that funding more accurately reflects differing levels of complexity rather than applying a uniform threshold to all children. A reformed model will also need to guard against inappropriate cost-shifting from health, education, or wider social care systems into the Fund, where needs should properly be met through universal or statutory provision. This could include extending ASGSF style pilot arrangements across all RAAs or pan RAAs in 2027/28, with progression to full devolution informed by evaluation and learning.

Proposal 8: Improving value for money to ensure every pound is being spent efficiently, sustainably, and on families

Summary of AE response: While we strongly support the principle of improving value for money in adoption support, Proposal 8 risks an overly narrow interpretation, focused on short-term costs rather than long-term outcomes. The proposal places disproportionate emphasis on spend related to the ASGSF, and not enough on the significant support provided directly by RAAs and VAAs. This work is central to delivering value for money through prevention and reduced escalation.

Adoption England supports the principle of improving value for money within adoption support and agrees that public funding must be used efficiently, transparently and in ways that deliver demonstrable benefit for children and families. Ensuring value for money is integral to the Adoption England Strategy and the development of a sustainable national model of adoption support. However, stakeholders expressed concern that Proposal 8 risks an overly narrow interpretation of value for money, focused on short-term cost containment rather than long-term outcomes, prevention and system sustainability.

Value for money in adoption support must be understood in the context of long-term effectiveness and cost avoidance across the wider system, including reduced escalation, improved family stability, better educational inclusion and reduced use of crisis-driven interventions. Value for money must therefore be understood in terms of long-term effectiveness, cost avoidance and improved outcomes, rather than short-term reductions in spend on individual interventions.

Adoption England has been working closely with RAAs through its Pan-Regional Innovation Fund to strengthen strategic commissioning and needs assessment. This work supports the development of the national model of adoption support and has enabled RAAs to develop a clearer understanding of the current and future needs of adoptive families, the quality, outcomes and cost effectiveness of available services, and the shape, capacity, and sustainability of the provider market. As a result, many RAAs are increasingly able to make informed decisions about the balance between in-house provision and partnerships with external providers, supporting a mixed economy of provision rooted in collaboration rather than competition.

The use of national, regional, and local benchmarking data is valuable and supports Adoption England's ambition to reduce unjustified variation in adoption support quality,

access, and cost. The overall direction of travel towards greater consistency is therefore welcome. However, market conditions, workforce capacity and service availability vary significantly across regions. Any national approach must retain scope for local and regional negotiation, flexibility in pricing where market conditions differ, and innovation in response to emerging or unmet need. Without this flexibility, there is a risk that a narrow interpretation of value for money could undermine the responsiveness and effectiveness of support for families. Value for money frameworks should therefore recognise that the benefits of investment are often realised over different timescales, across multiple services and through interim gains in stability, safety, and family functioning, rather than only through immediately measurable cashable savings.

Adoption England is also concerned that Proposal 8 places disproportionate emphasis on spend through providers funded by the Adoption and Special Guardianship Support Fund (ASGSF). While the Fund has played a critical role in expanding access to support, it represents only one part of a much wider adoption support ecosystem. RAAs and VAAs themselves deliver a significant proportion of support, including early intervention and preventative services, peer support and community-based provision, and advice, navigation, and relational support for families. These elements are foundational to the national adoption support model and central to delivering value for money through prevention and reduced escalation.

The operation of the ASGSF, including the introduction of the Fair Access Limit and application-based model, has shaped the provider market by influencing service models, priced and patterns of demand. This market distortion must be explicitly acknowledged when using ASGSF related data to assess value for money to avoid drawing misleading conclusions or incentivising commissioning behaviour that prioritises short-term affordability over appropriateness and effectiveness.

Achieving better value for money will require a cultural shift away from reactive, fund-driven approaches towards more strategic, planned and outcomes focused commissioning. Preventative investment may not always generate immediate savings but can significantly reduce longer-term costs associated with family breakdowns, exclusion and crisis intervention. This transition aligns strongly with the Adoption England Strategy's emphasis on sustainability and continuous improvement but will require time, national leadership, clear guidance, and shared learning. It cannot be achieved through short-term cost containment measures alone.

Value for money must consider how effectively teams and systems work together around families, not only the cost of individual interventions. Evidence from across public services indicates that effective leadership, workforce capability and strong

cross-boundary working are associated with better outcomes and more efficient use of resources. Value for money frameworks should therefore assess system effectiveness as well as individual expenditure.

Finally, Proposal 8 under-recognises the full cost of internal delivery by RAAs, including staffing, supervision, training, governance and infrastructure. These costs are essential to sustaining early and preventative support, and failure to recognise them risks undermining provision that prevents escalation and delivers long-term savings. Value for money should therefore be understood not simply as cost reduction, but as sustainable investment in better outcomes over the life course.

Further comments for consideration

Adoption England is concerned that the consultation does not address a number of critical areas that are central to modern adoption practice and to family and system stability:

1. There is no reference to keeping in touch with people who are important to a child. National practice standards and the Public Law Working Group on adoption recognise that maintaining safe and meaningful relationships is now a core feature of adoption. Supporting children and adoptive families to manage complex, evolving contact arrangements requires skilled, sustained support over time. The absence of any focus on staying in touch risks overlooking a significant source of pressure for families and adoptees and misses an opportunity to normalise and strengthen support in this area.

When supported well, staying in touch can strengthen identity, help children make sense of what has happened to them and help support stability; when unsupported, it can become a significant source of confusion, relational strain and escalation for children and families.

2. While there is strong emphasis on prevention, the proposals do not adequately address crisis support and escalation. Crises will continue to occur, and families consistently report uncertainty about how safeguarding, children in need processes and adoption support interact when risk escalates. At this critical point, the way the system responds can either reduce vulnerability and restore stability or add further fragmentation and exacerbate stress. The national model of adoption support explicitly designs for escalation, with clear pathways to intensive support. Without clarity on roles, eligibility criteria, and coordination at points of crisis, families are left navigating fragmented responses at the most critical moments.

3. Stakeholders also highlighted the importance of clarifying how adoption mental health pilots, MDT teams, RAAs and local systems interface, including links to Health and Wellbeing Boards, neighbourhood plans and wider place-based arrangements. Clear articulation of these interfaces would strengthen system coherence, accountability and reduce duplication and drift.

4. There is overwhelming evidence that early childhood trauma and the loss of birth family have lifelong impacts, and yet there is no reference to adult adoptees in the DfE consultation. It is vital that adoption support reform brings a step change in support for adults, for example in the provision of nation-wide peer support (Proposal 2) and support at key moments (Proposal 3) such as becoming a parent and reunion with birth relatives.

Annex 1 - Building a coherent national model of adoption support – April 2026

Introduction

Built on extensive and ongoing discussions across the adoption, health, and education sectors, with experts by experience and profession, this emerging model seeks to offer a strategic, coherent national approach to adoption support. It reflects tested common ground across the sector about what works and focuses attention on tackling the greatest difficulties the system presents for adoptees and their families.

It is grounded in lived experience, professional expertise and the best available evidence, including evidence about early adversity, pre-natal exposure, developmental trauma, neurodevelopmental need and the way these interact with family, school and wider system responses over time.

The model will provide a clear vision, shared principles, and system-wide expectations, setting out what families need, how those needs should be met, and how we will know whether the support is working. The purpose of the model is not only to strengthen adoption support itself, but to influence and improve the response of the wider system, including health, education, and social care.

In developing this model, we aim to provide greater clarity, confidence, and legitimacy in what the system is seeking to deliver and why; strengthening the case over time for a shift from reactive arrangements towards proactive, planned, responsive and sustainable commissioning and coordinated provision aligned to need.

Current adoption support landscape

Over the past decade, adoption support has developed significant strengths across RAAs, VAAs and the wider provider market. This has generated much improvement in support for adoptees and their families. This mixed market needs to be protected.

However, while the ASGSF has transformed many lives, it has also created vulnerability for commissioners, providers, and families, with its emphasis on individual applications and therapeutic episodes. Partly as a result, adoptive families are experiencing deep inequalities in the quality and availability of support.

The sustainability of the voluntary sector is an important consideration. VAAs have operated for over a decade without central government funding streams available to statutory agencies, and a significant proportion have closed in recent years.

Recent engagement with RAA leaders has highlighted that confidence is strongest in early support in the period following placement, but confidence reduces significantly when needs intensify and responsibility shifts beyond adoption support's direct control.

When complexity increases, families frequently report having to navigate multiple services without a lead professional, and without a shared analysis of needs or a defined pathway of support. Many families experience sustained and complex challenges. Support often comes too late, when families have already hit crisis, and at this point adoption professionals can often be sidelined when they are needed most.

We know the impacts of early trauma and loss are lifelong yet support for adult adoptees is too often hard to find or non-existent. We cannot continue to neglect the needs of adopted adults.

Adopted children and families should be able to access mainstream universal and specialist services on an equitable basis. Adoption support should not replace health, education or social care responsibilities, but should enhance children's experience of those services by bringing adoption-aware, trauma-informed and neurodevelopmentally informed understanding to assessment, planning and intervention.

Evidence

There is strong neurodevelopmental evidence that early adversity affects emotional regulation, executive functioning, and stress responses, and that these impacts often intensify at predictable developmental transitions such as adolescence.

The model must also recognise that some needs carry greater "weight" in shaping functioning, stability and response to intervention. For example, children affected by FASD or other neurodevelopmental conditions may require different or adapted approaches and may not benefit sufficiently from interventions designed primarily around attachment or therapeutic parenting alone. Without early recognition and tailored support, families may receive repeated interventions that are well-intentioned but insufficiently matched to the child's needs.

Evidence also increasingly demonstrates that supporting parental regulation and relational capacity is central to supporting children who have experienced early trauma. Alongside this, research consistently shows that coordinated, formulation-led, multidisciplinary responses are effective in addressing the breadth of needs, reducing crisis, and improving stability. We are also becoming better able to identify patterns and clusters of need which represent a higher risk of escalation.

The model will be explicit about its relationship with research and the academic community, while also valuing practice-based evidence and lived experience. It will help build a stronger understanding of what works, for whom, in what circumstances, and at what point in the adoption journey.

The model

Support over the life-course

The model will consider the whole life of a child and the adult they will become, not just the way they present at placement. It brings together what we know about the child's early life, including pre-natal adversity and exposure, trauma, loss, neurodevelopmental profile, relationships, identity and family context.

It also recognises patterns of need and escalation over time, and the factors that support resilience. Adoption is lifelong, and support needs may emerge or change across childhood, adolescence and adulthood, including around identity, relationships, parenting, bereavement, changing contact arrangements and renewed questions about family history and belonging.

Multidisciplinary approaches

The model will involve working collaboratively across social care, health, education and community systems. It provides clarity about the constitution and role of multidisciplinary teams, strengthens day-to-day ways of working across systems, and supports shared formulation, decision-making and planning. MDT approaches should help identify the interplay between trauma, pre-natal adversity, neurodevelopmental need, family context, education and environment, so that support is tailored rather than generic.

Multidisciplinary teams should not replace mainstream NHS or education pathways but should improve how children and families access and experience them. They should help avoid both over-reliance on diagnosis as a gateway to support and the under-recognition or misrecognition of conditions, such as FASD, where diagnostic clarity can be essential to understanding need and tailoring intervention.

A rhythm of support

The model will assume that most adopted children and families are likely to need support at some point across the life course. This normalises support as part of adoption, rather than treating it as exceptional or as evidence of failure. The rhythm of support should match the rhythm of need, with families moving fluidly between universal, targeted and intensive support according to changing need and risk. This represents a significant shift away from rigid tiers and thresholds.

- Universal, high-quality early support helps build trust, confidence, belonging and resilience. It should include preparation, peer connection, school inclusion advice and practical support that helps families understand likely pressure points and seek help earlier, before difficulties escalate into crisis.
- Targeted support provides multidisciplinary assessment, formulation and planning to address needs which are present at placement, emerge during childhood, or can be anticipated. It should include tailored intervention where needs are more complex or weighted, including neurodevelopmental needs such as FASD, sensory needs, learning needs, child-to-parent violence, school distress or identity-related difficulties.
- Intensive support stabilises high-risk situations and helps prevent family breakdown. It should be rapid, coordinated and relational, retaining adoption expertise when wider safeguarding, police, education, mental health or social care systems become involved. The model will assume that most adopted children are likely to need support at some point across the life course. This is a safe assumption, based on many academic studies, backed up by extensive lived experience studies. The model includes a continuum of support, from universal through to more targeted and intensive help, with families moving fluidly according to changing need. This represents a significant shift away from rigid tiers and thresholds.

Planning for escalation is a core feature of the model. Families should know what will happen if needs increase, who will coordinate the response, and how adoption expertise will be retained when wider systems become involved.

The model should include a specific escalation pathway, to prevent and respond proactively to emerging challenges. Escalation is often predictable but can also happen in response to “tipping points,” where a small change, or an accumulation of changes, can cause a significant impact leading to a dramatic and sudden shift in stability. This can sometimes lead to an irreversible set of events.

Under pressure, cognitive and relational capacity narrows. The model therefore must ensure rapid, coordinated, non-judgemental and relational responses, rather than threshold-driven referrals and “hand-offs,” between services with no clear professional lead.

This is particularly important because escalation is often the point at which families experience the greatest shame, blame and fragmentation. A mature system should respond to escalation with curiosity, formulation and coordinated support, rather than relying on crisis thresholds or behaviour-led responses.

Outcomes framework

The model will define a coherent set of outcomes for adoption support, covering both clinical and non-clinical interventions. It will distinguish between clinical interventions, which should align with appropriate NHS/NICE evidence standards and clinical governance, and wider relational, parenting, peer, school-based and community support, which should also be evidence-informed but evaluated proportionately through practice-based evidence, lived experience, outcomes data and learning from implementation.

In complex relational systems such as adoption support, outcomes are rarely linear or attributable to a single intervention. The model should therefore take a proportionate approach to evaluation, focusing on milestones achieved, contribution towards outcomes, stability, family experience and the quality of system response. This should include child and family indicators, such as emotional regulation, school attendance or tolerance, family functioning, belonging and reduced frequency or intensity of crisis, alongside system indicators such as timeliness, continuity, reduced hand-offs, named coordination, and whether support was proactive rather than triggered by crisis.

Practice-based evidence, including case-level learning, professional judgement and lived experience, will be essential in understanding effectiveness where controlled measurement is not always feasible.

This is important because requiring unrealistic levels of “proof” before investing risks accepting the “do nothing” reality of avoidable escalation, high-cost placements and poorer long-term outcomes.

Next steps

The first phase of our engagement involved testing principles and concepts. There is strong support for the overall direction of the emerging model and broad consensus around its core principles: lifelong support; multidisciplinary approaches; a rhythm of support which anticipates needs and is designed to respond to escalation. The next phase will involve testing questions of system design, authority, and implementation.

We need to answer questions about the status of the model, how directive it should be, and how it will work in practical terms. We want to do this in alignment with the DfE consultation.

Families have told us that, to build confidence and trust in the model, we will need to clearly demonstrate how it will bring about improvements in early support, but more importantly, how it will respond when problems escalate. We will use case studies to test the model, including examples involving complex escalation, system-generated harm, child-to-parent violence, school breakdown, undiagnosed or misunderstood neurodevelopmental need, and FASD. This will help test whether the model can identify weighted needs earlier, tailor interventions more effectively, and improve coordination across health, education and social care.

Continued engagement with adoptees, adoptive families, adopted adults, birth relatives, practitioners, providers and system partners will be essential to ensuring the model remains grounded in lived experience and capable of working in practice.

Annex 2 – Extract from “Securing the Future of the ASGSF: Strategic Options for Reform and Delivery Adoption England’s reflection’ (Adoption England, June 2025)

Relevant extracts in relation to Proposal 7 (full paper can be found here [ASGSF Options Appraisal.pdf](#)):

The devolvement of the Fund would help ensure it remains effective, equitable, and sustainable in meeting the needs of a diverse group of children and their families. The current centralised system has been shown by independent evaluations to have weaknesses and unintended consequences, 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.

The preferred 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. Importantly, this model ensures some degree of shared accountability and risk rather than shifting it entirely to regions.

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 access to the right clinical expertise and are supported to deliver or procure multidisciplinary assessments through a planned mix of in-house provision, partnership working and commissioned services, with clear governance, workforce planning, and sustainable funding. 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. 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.

In this model, Adoption England assumes responsibility of ensuring that a coherent model of adoption support 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 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 would 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 multidisciplinary 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.

The advantages of this model are:

- **Accountability closer to where the needs of children and families are best understood:** The decisions on how to use the fund are 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 differing 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, works 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:** Devolving the Fund could improve the use of resources by reducing the administrative burden associated with individual applications, freeing up social work and business support capacity to focus more directly on assessment, planning, and delivery of support. However, a dedicated resource and infrastructure would still be needed to administer the Fund effectively within regions and within the small central team of Adoption England, and this would need to be fully understood and costed. Devolved, longer-term funding could enable RAAs to plan more strategically, make more balanced investment decisions across early, targeted and specialist support, and respond to need earlier and more effectively at a time of increasing demand. This has the potential to improve outcomes, strengthen stability and avoid or reduce reliance on more costly and complex interventions at a later stage.

The value of this cost avoidance should not be underestimated, particularly when considered alongside the risks of doing nothing and continuing with a model that is more reactive, administratively burdensome, and less able to respond to changing patterns of need. The extent to which these benefits can be realised will depend on the overall level and trajectory of demand, the design of the funding model and the assumptions made about financial risk. There may also be longer-term opportunities to link RAAs with Regional Care Cooperatives through a more joined-up approach to commissioning therapeutic support for looked after children and those who have left care through adoption or Special Guardianship. This could create greater coherence, support economies of scale and reduce the multiple commissioning arrangements that currently exist within regions.

This model would also help mitigate the risks and unintended consequences of such a fundamental change to the funding model:

- **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 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 access 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. 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.