April 2026

STRATEGIC COMMISSIONING NEEDS ASSESSMENTS GUIDANCE

Regional and Pan-Regional Adoption/Special Guardian Order Support

Abstract:
This guidance provides a national framework for regional and pan-regional adoption/special guardianship Strategic Commissioning Needs Assessments (SCNA) at a time when consistency, comparability, cross-sector thinking and strategic commissioning are increasingly required to respond to needs more effectively. This guidance does not replace local operational procedures or pathways.

Adoption England

regional adoption agencies working together

Regional and Pan-Regional Adoption/Special Guardian Order Support

Strategic Commissioning Needs Assessments Guidance (April 2026)

Purpose

This guidance provides a national framework for regional and pan-regional adoption/special guardianship Strategic Commissioning Needs Assessments (SCNA) at a time when consistency, comparability, cross-sector thinking and strategic commissioning are increasingly required to respond to needs more effectively. This guidance does not replace local operational procedures or pathways.

The aim is to aggregate the findings of SCNA into a single pan-regional and an overall national commissioning strategy that informs joint commissioning and the future model of care for adoption support.

Each SCNA combines an analysis of data, quantitative evidence, professional insight, and lived experience to identify needs, risks, protective factors, and assets. The aim is to inform equitable, evidence-based commissioning of adoption and SGO support to strengthen permanence, prevent disruption, and support children and families to thrive.

A good SCNA should provide a credible, comparable evidence base; improve understanding of current and future need; identify assets, gaps and inequalities; and translate these into clear commissioning recommendations.

Principles → process → format → checklist → outputs → strategy → consensus → review

1. Principles

- **Consistency:** Every pan-region uses the same process, format, and content headings.
- **Plain English:** Minimise jargon and include a short summary of findings and priorities.
- **Comparability:** Collect core data and outcome measures to create a single evidence base that can be compared across pan-regions.
- **Scope:** Include adoption and SGO, children and young people aged 0–25, the provider landscape, and the health, education and social care interface.
- **Population/flows lens:** Plan for now and next by using current data and forward projections, including where children are being placed, their age/profile, likely future support needs, and the implications for support in 2, 5 and 10 years, as well as the average and highest costs of alternative placement options.
- **Mixed methods:** Blend quantitative data, trends, professional insight, and lived experience to build a pan-regional intelligence pack.
- **Triangulation:** Use quantitative findings alongside qualitative insights and professional intelligence to validate patterns, avoid over-reliance on single data sources, and explain where datasets align or contrast.
- **Proportionality:** Pan-regions vary in size and capacity; the same overall structure should be used, but with proportionate time and resources for completion.
- **Timeliness:** Ensure clear timeframes for delivery.

- **Equity:** Ensure reference to geography, ethnicity, deprivation, placement numbers and types, and the number, type and reach of providers.
- **Governance:** Each region should identify a Senior Responsible Officer (SRO) and establish a Steering Group to oversee the needs assessment process, address barriers, ensure quality, ownership, and assurance.

  Each pan-regional SCNA should identify existing assets, people, services, networks, and community support that protect and promote stability for adopted children and SGO families. Mapping these alongside unmet needs will help to avoid duplication, build strengths, highlight best practice, and target resources where most needed.

2. Process

- **Set-up:** Confirm scope, purpose and audience.
- **Secure IG/DPIA and data-sharing approvals:** Core dataset to be provided.
- **Data collection:** Quantitative (ASGSF applications, providers, costs/spend patterns, demographics of pan-region, presenting needs, waits, core-funded support, interventions accessed, outcomes, education links/data, health links/data). Qualitative (focus groups/interviews with adopters, guardians, young people; staff/provider interviews and surveys).
- **Co-produce:** Involve adoptive parents, SGO carers and young people, not just as participants, but as co-reviewers of findings to ensure authenticity and relevance.
- **Stakeholder involvement:** Ensure involvement from all constituent areas within the pan-region, with input from key operational, commissioning and strategic stakeholders across adoption, SGO, health, education and social care.
- **Learning from disruption:** Review local and national themes, including differential access or outcomes for children with neurodevelopmental, neurodivergent differences, disabilities, or complex health needs.
- **Analysis:** Identify needs, risks, protective factors, and tipping points.
- **Compare:** Adoption vs SGO needs (numbers, age of placement, overlap in needs versus distinct needs).
- **Map:** Adoption support providers, sizes, reach, gaps, waits, outcomes, and patterns of provider use across the pan-region.
- **Validation:** Regular sense-checking with the Steering Group.
- **Reporting:** Use the standard template. Reports should clearly state where information has come from, who has been involved, and how findings have been triangulated and validated. Aim for 30–40 pages excluding appendices.

3. Format

- **Executive Summary** (headlines, top findings, and commissioning implications).
- **Easy Read Version.**
- **Glossary of Terms.**
- **Purpose, Scope, and Definitions** (terms, assumptions).
- **Methodology** (data sources, participation, limitations).

- **Demographics, Context and Trends** (population, deprivation, provider landscape). Describe geography, transport links, travel times, rural/urban access issues, and the benefits and limitations of virtual delivery, including where geography or infrastructure may affect access, equity and outcomes.
- **Sufficiency Statement** (adopters, adoption placement numbers, trends).
- **Placement flows** (children placed out of area/into area, inter-agency with RAAs/VAAs). State whether the pan-region is a net importer or exporter overall for the latest year, while explaining any local variation and why this matters for commissioning.
- **Health, education and social care interface** (key data, pathways, relationships, strengths, barriers, waits, and areas for development).
- **Local Assets** (infrastructure, people, workforce, relationships, places, networks, knowledge, expertise, informal community support).
- **Need Profile** (domains of need, tipping points such as being out of school or developmental stages, adoption vs SGO).
- **Current Provision and Outcomes** (interventions, geographical reach, waits, outcomes, inequities).
- **Market Analysis** (market shape – small/large providers, sufficiency, balance of investment, type, capacity, QA, pricing, price variation, waiting times, quality assurance, patterns of provider use across the pan-region, and any implications of procurement or policy changes for market behaviour, accessibility, contracting and value for money).
- **Commissioning Implications and Options** (impact/priorities).
- **Implementation Plan** (timelines, roles, monitoring).
- **Recommendations** (time-bound, measurable).
- **Appendices** (dataset, tools).

4. Checklist

- Confirm IG/data-sharing approvals.
- Appoint Senior Responsible Officer (SRO) and form a pan-regional Steering Group (including lived experience).
- Complete the core dataset (child, service, provider, qualitative).
- Collect both adoption and SGO data.
- Capture health and education interface data (national and local).
- Run at least one adopter, one SGO, and one young person focus group.
- Secure staff and provider interviews and surveys for each region.
- Ensure involvement from across all constituent areas within the pan-region.
- Draft the report using standard headings.
- Validate findings with the Steering Group/stakeholder group.
- Submit/present to the pan-regional Steering Group by the agreed deadline.

5. Outputs

- A 30–40 page report (plus appendices)
- Easy-read summary
- Validated dataset
- Agreed recommendations and commissioning implications
- A short presentation deck for sharing and governance

6. National Commissioning Strategy

- **Synthesis:** Collate regional reports into a single strategy.
- **Comparative Analysis:** Identify cross-cutting themes (e.g. mental health, neurodiversity, school stability, SGO access).
- **Prioritisation:** Use a simple impact vs feasibility matrix to agree top commissioning priorities.
- **Market Shaping:** Common specifications and due diligence checklist; provider minimum standards; price banding and access criteria.
- **Policy Context:** Describe policy shaping health and education, including ICB integration, MHST expansion, SEND reform signals, and any relevant procurement or policy changes that may affect market behaviour, accessibility, contracting and value for money.
- **Delivery Model:** Universal / Targeted / Specialist / Risk-based tiers, with consultation and liaison capacity built in.
- **Monitoring:** Require the core dataset and outcomes reporting from all funded providers; annual "what works" digest.
- **Annual review:** Dataset and shared learning through a "what works" forum will ensure continuous improvement and national alignment.

Pan-regions should report their top three commissioning priorities to feed into the national strategy, and each region should propose:

- What can be done regionally
- What is better done pan-regionally
- What requires national support

The commissioning strategy links to the development of a model of adoption support and the deliberate "front-loading" of early interventions (Becoming a Family Framework).

The aim is to shift investment toward proactive support as early as possible, using evidence and intelligence to predict needs and known tipping points, while maintaining a responsive offer for when families need it.

7. Consensus

- Adoption of the standard process and format
- Use of the core dataset and outcomes set
- Inclusion of adoption and SGO, and the health/education interface
- Provider minimum standards and shared specifications
- Time to complete (and costs)
- Governance arrangements: each region to confirm SRO and Steering Group

8. Theory of Change

Inputs → Activities → Outputs → Outcomes → Impact

- Consistent data and guidance
- Mixed-method SCNA
- Pan-regional and national synthesis
- Shared commissioning strategy
- Better insight, equity, and model of care
- Stable placements, reduced crisis, improved wellbeing
- Improved understanding of the purpose, effectiveness and impact of adoption support
- More children and families thrive

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