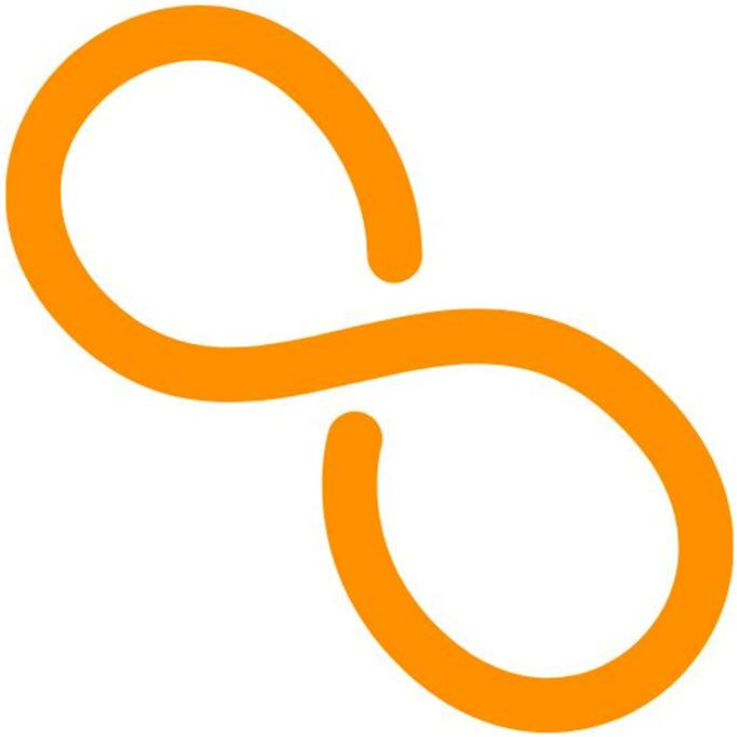
Evaluation of the South-West Permanence Project: Final report

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Glossary

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

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Acknowledgements

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

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

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

Thanks also to colleagues at The Rees Centre: Professor Julie Selwyn, who gave me the opportunity to be involved in this evaluation from the start, reviewed drafts of this report and provided astute advice, challenge, and comments whenever requested.

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

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September 2026

Executive Summary

The South-West Permanence Project (SWPP) was established to explore new approaches and promote greater consistency in permanence planning and family finding for children with disabilities across the South-West of England. The project brought together three Regional Adoption Agencies (RAAs), covering 13 Local Authorities (LAs), and was funded by Adoption England as part of the 2021 National Adoption Strategy. It was developed in response to evidence that children with disabilities are at particular risk of waiting longer for permanence and that improvement requires coordinated attention to family finding, prospective adopter preparation, matching and post-placement support.

The SWPP worked alongside traditional RAA family-finding activity. Its Enhanced Family Finding (EFF) approach provided more intensive work for identified children, including detailed file review, ecomapping of current and historical relationships, revised child-centred profiles, searches for prospective adopters and exploration of support and permanence options. The project also contributed to training for prospective adopters and social workers, sought greater access to specialist disability and clinical knowledge, and worked across agencies to strengthen permanence and support planning.

Evaluation

The evaluation used a multi-method service evaluation design to examine implementation, activities and outputs, progress towards child, practice and system-level outcomes, and the organisational and wider system conditions that enabled or constrained delivery. It did not seek to establish causal effectiveness through an experimental comparison. Evidence was drawn from project monitoring and child-level case data, ecomaps and 27 semi-structured interviews conducted across the interim and final stages of the evaluation. The findings should be interpreted in light of the small, purposively defined cohort, the absence of a comparison group, differences in the duration and intensity of children's involvement, variation in the completeness of operational data, and limited participation from children's social workers and foster carers.

Key findings

A total of 66 children had engaged with the SWPP: 25 were enrolled in EFF, and 41 had been placed on the tracking list. This was substantially more than originally anticipated and indicated both increased visibility of children with disabilities and a greater level of potential need for the project than expected. The children represented a complex group in relation to disability, age and sibling status, including children with rare conditions and sibling groups requiring placement together.

The evaluation found broad implementation of the core EFF components, alongside considerable adaptation as the project developed. The strongest evidence of contribution related to the quality and depth of family-finding practice. Detailed file review and ecomap activity enabled a more systematic exploration of children's current and historical networks than traditional family finding usually allowed. In 53% of the ecomaps available for analysis, at least one contact considered or offered a permanence option. Ecomaps also identified opportunities for short breaks, practical support and enduring relationships, indicating that their value extended beyond identifying an adoptive placement.

The ecomap work became more efficient as the project progressed. All identified contacts were explored, where contact information was available. Where possible, birth parents were met before wider family members were approached. These adaptations appeared to make network exploration more proportionate while retaining LA oversight of risk and information sharing. Though ecomap work was intensive and required substantial protected staff time and access to complete historical records, a viable permanence option for over two-thirds (68%) of children enrolled in the SWPP was found.

Child-centred profiling was one of the most consistently implemented and sustainable components. The project sought to present children through their personality, relationships, communication, interests and everyday lives alongside realistic information about disability and care needs. This work influenced changes to LinkMaker profiles and national guidance for children with disabilities, providing evidence of an impact extending beyond the immediate SWPP cohort.

Support planning emerged as a central issue. Interviewees regarded credible long-term support as important for both the feasibility of permanence and for enabling prospective adopters to make informed decisions. However, the evaluation found considerable variation between LAs in the timing, content and quality of plans, alongside uncertainty around responsibility and funding across health, education and social care. The SWPP sought to bring support discussions earlier into family finding and highlighted the potential value of involving children with disabilities services and other practitioners with relevant specialist knowledge.

By September 2026, project monitoring data indicated that some form of permanence had been identified for 17 of the 25 children enrolled in EFF (68%), compared with 23 of 41 children on the tracking list (56%). Permanence included adoption, long-term fostering and other permanence options. These findings are encouraging but do not demonstrate that the outcomes were caused by EFF alone. The evaluation also could not establish whether the project reduced time to permanence. Overall, the evidence was stronger for intermediate and practice-level outcomes than for the project's longer-term permanence outcomes because of the evaluation's length.

Implementation depended heavily on the wider system. Substantial barriers included delays in information governance and access to LA records, incomplete or outdated documentation, delays in permissions and support decisions, variable professional engagement and wider adopter sufficiency pressures. Delays accumulated across different stages rather than being attributable to a single organisation. Conversely, committed leadership, specialist disability and adoption expertise, participating RAA involvement in project design and operation, protected capacity of the SWPP team, regular case coordination and responsive LA practitioners were important implementation enablers.

Conclusion and recommendations

Overall, the SWPP's clearest contribution was to the conditions and practice surrounding permanence: increasing the visibility of children with disabilities, strengthening the depth of family finding, embedding more

holistic child-centred profiling, improving pan-regional collaboration and increasing attention to disability knowledge and support planning. Evidence for longer-term permanence outcomes was less conclusive. The findings suggest that the most realistic legacy is not replication of the SWPP in its entirety, but the continuation and further development of those SWPP elements that can be incorporated into routine practice, alongside targeted enhanced work where additional capacity is available.

The principal recommendations:

Adoption England reviews support planning for children with disabilities, including its timing, the professionals who should contribute and how current and possible future needs are addressed; and takes forward further work on the transferable elements of EFF, including targeted network exploration. Additional work with the courts to strengthen realistic understanding of the family-finding timescales that may be required for children with disabilities is also necessary.

Local Authorities strengthen collaboration between adoption/permanence, safeguarding and children with disabilities services; involve appropriate disability expertise in support planning; and establish timely access to records and information needed for family finding.

RAAs retain and develop child-centred profiling, disability-informed adopter preparation and consultation with specialist services, while considering proportionate use of ecomaps and enhanced network exploration for children whose conventional family finding has stalled or whose permanence plan is being reconsidered.

Social workers make purposeful use of children's existing networks, including speaking with birth parents where appropriate before wider family approaches; focus network exploration on meaningful relationships; maintain timely communication with family finders; and draw on specialist disability knowledge when profiling children, considering matches and contributing to support planning.

These recommendations largely seek to build on existing practice and resources where possible, while recognising that intensive network

exploration requires protected capacity. Longer-term follow-up would be required to establish whether the practice changes developed through the SWPP remain embedded and whether improved permanence experiences and outcomes for children with disabilities are sustained.

Introduction and brief background to the project

The South-West Permanence Project (SWPP) was established to explore new approaches and promote greater consistency in permanence planning and family finding for children with disabilities across the South-West of England. It is a collaboration between three Regional Adoption Agencies (RAAs: Adoption West, Adopt South-West and Aspire) that cover 13 Local Authorities in the region (Appendix 1). The project was funded by Adoption England as part of the 2021 National Adoption Strategy.

The SWPP rationale arose from a longstanding disparity in adoption outcomes. Adoption can provide children who cannot live with their birth families with stability, continuity of care and family life, and opportunities to recover from adversity[1]. However, children with disabilities are over-represented in the care system and among those who wait longest for permanence; some are not found an adoptive family at all[2]. At the national level, quantifying this disparity is challenging because there are no comprehensive records of the number of children with disabilities in care, the number adopted from care, or the types of their impairments. Children and young people with disabilities are also underrepresented in adoption research, policy and practice initiatives.

Before developing the pilot, the Rees Centre was commissioned to undertake a scoping review of the available evidence and practice on placing children with disabilities with adoptive families[3]. For the purposes of the SWPP, disability refers to physical, cognitive or developmental disabilities, including lifelong neurodevelopmental conditions such as

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[1] Palacios et al., (2019) Adoption in the service of child protection: An international interdisciplinary perspective. *Psychology, Public Policy, and Law, 25*(2), 57–72. https://doi.org/10.1037/law0000192

[2] Coram (2026) Adoption and Special Guardianship Quarterly Data Collection: Headline Measures: Q4 2025/26. London: Coram. Available at: www.coram.org.uk/wp-content/uploads/2026/08/ASG-Q4-2025-2026-Headline-Measures-1.pdf (Accessed: 17/09/26)

[3] Brown, A. & Selwyn J. (2023) *Placing Children with Disabilities with Adoptive Families*. Adoption England. Available from: https://tinyurl.com/bdd2ud53

FASD. A narrower working definition was used than some uses of the term 'special needs', to maintain a clear focus on children whose physical, learning or developmental needs may affect permanence planning, family finding and support requirements. The review examined three related strands: UK and international research literature; established and emerging practice models informed by consultation with service providers; and current practice and variation across the South-West region. It found a limited and inconsistent evidence base, particularly for children with physical and developmental disabilities, and little independent evaluation of the models used to recruit, match and support families.

The scoping review identified barriers across the adoption process including:

- deficit-based or incomplete descriptions of children;
- early and hypothetical decisions by prospective adopters about the children they might consider that became fixed;
- traditional family-finding methods that may be insufficient for children with complex needs;
- subjective matching processes;
- fragmented professional structures;
- inconsistent access to disability services;
- support plans that were not always sufficiently early, specific or secure.

It also highlighted the influence of professional and prospective adopters' attitudes, and the need for a stronger shared understanding of adoption and disability across children's social care, adoption, health, education and disability services.

The evidence did not point to a single solution. Instead, it suggested that improvement required coordinated change across assessment, recruitment, linking and matching, transition and post-placement support. The review concluded that an innovative, nuanced response, sensitive to local context, adaptable to children's changing needs and capable of responding to wider system conditions was required to improve permanence options for children and young people with disabilities.

The SWPP team translated these findings into practice principles and objectives that formed the basis of the project, which:

- placed children's rights, individual needs and timely permanence at the centre of decision-making;
- sought to reduce delays and improve placement stability;
- emphasised the importance of informed, tailored support packages.

The project was intended to work alongside, rather than replace, traditional[4] RAA family-finding activity, while offering more intensive work through an Enhanced Family Finding (EFF) approach developed specifically for this pilot project based on the evidence of what works from the scoping review, and drawing on the professional experience of the three RAAs.

After the scoping report was published in September 2023, the project entered an implementation phase, and the Rees Centre began a multi-method service evaluation. The pilot phase was due to finish at the end of September 2025, but Adoption England funded a 12-month extension to compensate for early delays due to governance issues and in recognition of the project gaining traction and the benefits of an extension for potential further progress.

The South West Permanence Project (SWPP)

The SWPP is a collaboration between three Regional Adoption Agencies (RAAs; Adoption West, Adopt South-West and Aspire) that cover 13 Local Authorities in the region. Appendix 1 describes the project team. The RAA family finding team managers from the three participating RAAs are members of the project management team and are therefore fully aware of the project's aims and eligibility criteria. It is also important to note differences between the participating RAAs in case-holding and family finding. In Adoption West and Adopt South-West, the RAA is responsible for all family-finding activities for all children with a placement order. The LAs in the Adoption West and Adopt South-West RAA retain case-holding

[4] Traditional family finding activity may include Internal (RAA) family finding meetings, circulation of child and adopter profiles, profiling events, exchange days, activity days, direct professional networking

responsibility (e.g., statutory visits, safeguarding issues, etc.). The LAs in the Aspire RAA have delegated case-holding responsibility to the RAA (although Dorset delegates only for children aged two and under). LAs do not widely delegate this responsibility to RAAs[5]. Therefore, a case-holding RAA in the SWPP may face different demands on staff capacity than other RAAs. The path to permanence via the SWPP aligns with statutory procedures in care proceedings and is summarised in Figure 1

Identification, referral and enrolment

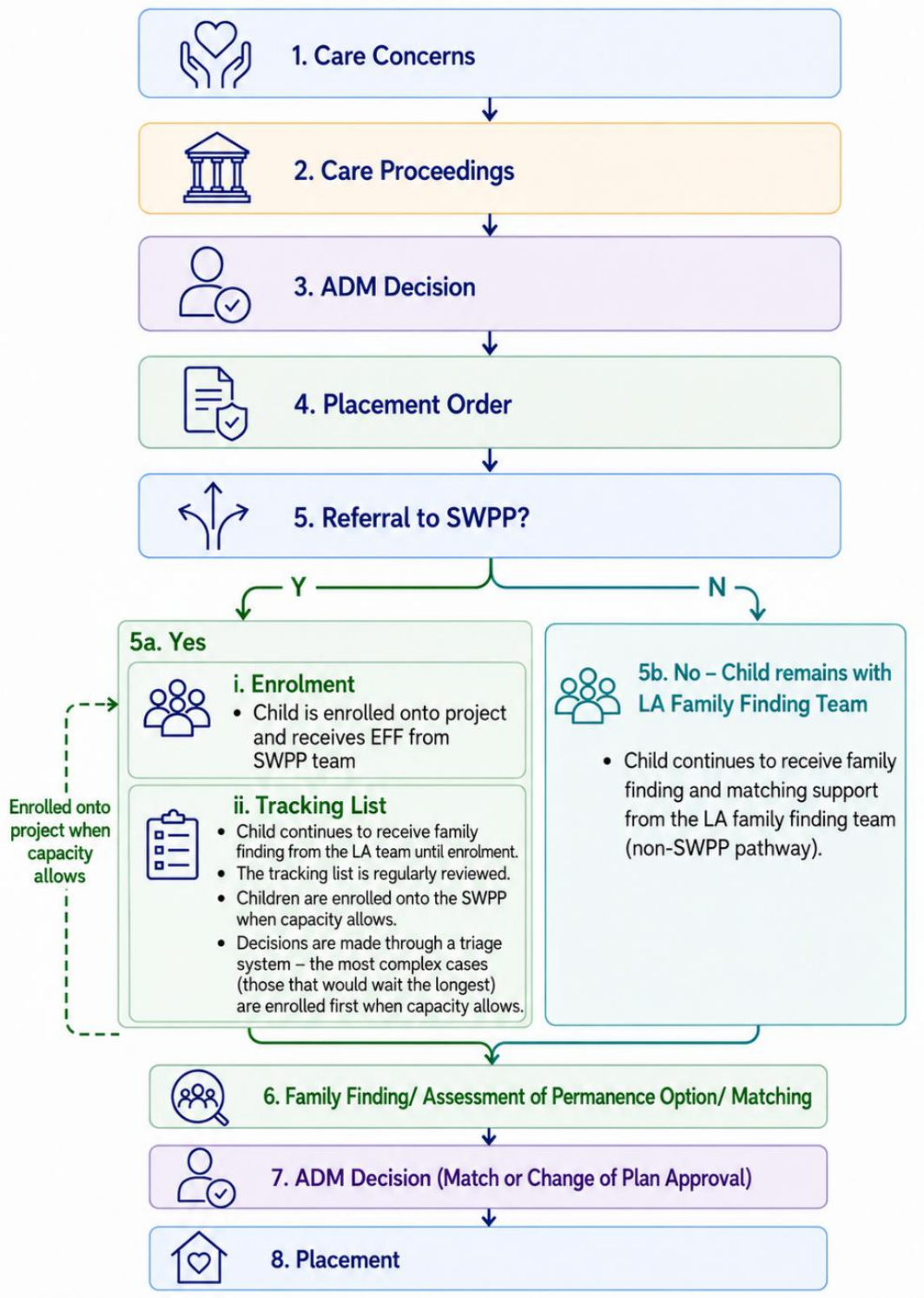
Children are identified for potential referral to the SWPP through LA permanence planning arrangements in collaboration with RAAs. A child should only be referred once an SBPFA/ADM decision has been made. The RAA Family Finding Manager may then refer the child where the eligibility criteria are met (the child has a diagnosed disability or confirmed genetic disorder and an adoption plan is in place). The SWPP policy also provides for relinquished children with panel agreement for adoption. An interagency search agreement must also be in place, and siblings (with or without a disability) may be included when the plan is to place them together. The child's LA social worker, RAA Family Finding Team Managers and Project Workers, then discuss eligible children with consideration given to the child's profile, relevant reports, preparation for adoption and contact needs.

Allocation to the SWPP does not in itself mean that the EFF has begun. While a child is allocated to the SWPP but is not yet in the EFF section, the Project Worker develops a detailed understanding of the child and their support needs, arranges a new profile video to be made, updates the child's LinkMaker profile and continues to work alongside the usual RAA family finding arrangements. For EFF to commence, the child must have a Placement Order (or, in the case of a relinquished child, signed Section 19 paperwork) and the project must have capacity.

[5] Yong, K., et al (2024) Research into case holding responsibility in support of the National Adoption Strategy. Coram. https://www.coram.org.uk/wp-content/uploads/2024/09/Case-Holding-Research-Report.pdf

If a child cannot be enrolled due to staff capacity, they remain on a tracking list, and the RAA Family Finding Team remains responsible for continuing family finding. While children are on the tracking list, SWPP workers remain available to provide advice and guidance if requested by the family finders working with the child.

Figure 1: Path to permanence via the SWPP



Should capacity become available, a needs-based triage system enables children to move from the tracking list to enrolment in EFF. Children perceived to have waited the longest due to the complexity of their needs are prioritised, i.e., those considered least likely to find permanence.

Enhanced Family Finding

Once a child is enrolled in the EFF section of the project, the Project Family Finder or Project Lead develops a detailed understanding of the child, including their history, needs and relationships. Local authority records, including the Child Permanence Report (CPR), adoption medical information and other relevant assessments, are reviewed. A comprehensive ecomap is then constructed to document current and historical family, social and professional relationships. Once completed, the child's social worker signs off the ecomap to confirm the suitability of the potential contacts. The ecomap identifies lines of enquiry that traditional family-finding may not have considered.

Potential connections identified through the ecomap work are contacted systematically, where contact information exists, to establish whether they can provide information, practical or relational support, or a potential route to permanence.

A detailed chronology of project activity is maintained and shared with the child's local authority. Monthly meetings with the child's SW are held to review progress, update information and agree on subsequent activity. The SW team manager is also required to attend, and the SWPP review meetings are held more frequently than usual review meetings (every 4 weeks, compared to 6-8 weeks) to expedite decision-making processes. In parallel, the child's LinkMaker profile is revised using child-centred guidance developed by the project (Appendix 2). Approved adopters are also reviewed to identify potential permanence options.

If a possible permanence option emerges the child's social worker, project staff, and managers, conduct further visits, assessments, and discussions. Details of the process are available in the SWPP policy document (Appendix 3). The project remains available through the assessment,

support planning and transition as an additional source of knowledge about the child.

An interim report completed in September 2025[6] found that the visibility of children with disabilities within children's social care and adoption services had increased. Reported achievements included:

- deeper case-file reviews,
- identification of previously overlooked relationships,
- improvements to Child Permanence Reports and LinkMaker profiles,
- awareness-raising activities,
- and access to specialist clinical assessment and therapeutic advice.

Ring-fenced funding to allow dedicated project staff to be seconded, strategic leadership and collaboration between the RAAs were important enabling conditions.

Early implementation was nevertheless shaped by structural and procedural barriers. Delays in information governance agreements and in accessing local authority records slowed referrals and the start of Enhanced Family Finding activity. Variable agency engagement, staff turnover, fragmented information systems, and inconsistent attendance at review meetings affected children's journeys. These challenges interacted with broader system-wide adoption challenges, including adopter sufficiency, economic pressures, and difficulty securing adequate support packages. The interim report therefore concluded that the main evaluation needed to address not only whether the specified activities were delivered, but also how inter-agency arrangements and the wider adoption context enabled or constrained progress.

[6]Brown, A. (2025) Evaluation of the South-West Permanence Project: Interim report. Available from: www.adoptionengland.co.uk/sites/default/files/2026-01/SWPP%20INTERIM%20REPORT%20FINAL.pdf

Methodology

The SWPP evaluation used a multi-method service evaluation design. It examined how the project and the EFF approach were implemented, the activities and outputs generated, progress towards intended outcomes, and the organisational and wider system conditions that enabled or constrained delivery. The evaluation did not seek to test causal effectiveness through an experimental comparison. Rather, it assessed the project's contribution by synthesising evidence on what was delivered, how practice developed, what changed for individual children and services, and whether the observed patterns were consistent with the project's Theory of Change (ToC).

Theory of Change

At the outset of the project, the project management group and the researcher co-developed a Theory of Change (ToC; Appendix 4) to map how project resources and activities were expected to reduce waiting times for children with disabilities and increase permanent placements. The interim evaluation found that the ToC did not fully capture the inter-organisational work required to deliver the project. The revised ToC (Appendix 5) expanded the problem statement to include systemic barriers in family finding, inter-agency coordination and adopter sufficiency. Its strategic goal was to accelerate and improve permanence outcomes by embedding evidence-informed family-finding practice across regional adoption systems and by strengthening collaboration between agencies.

The revised ToC introduced new strategic outcomes, including strengthened inter-agency collaboration, embedded inclusive profiling practices, and improved therapeutic access. It also highlighted sustainability, recognising the importance of embedding SWPP's successes within regional systems and informing national policy and practice beyond the project's life. The revised ToC draws on the project's early experiences, challenges, and successes and reflects its capacity to adapt and respond.

Evaluation questions

Several research questions therefore guided this evaluation:

1. To what extent, and in what ways, was the SWPP and the Enhanced Family Finding model implemented as intended?
    a. What adaptations were made during delivery?
2. What project activity and outputs were achieved?
3. What progress was made towards:
    a. child-level permanence outcomes
    b. changes in professional understanding, practice and inter-agency collaboration
    c. the timeliness and quality of family finding?
4. What factors enabled or constrained implementation and outcomes?
5. What do the findings indicate about sustainability, transferability and the future contribution of the SWPP approach?

Data Sources

The SWPP started in June 2023 and ended on 30/09/2026. To deliver the final evaluation report by the project end date, data collection began on 10/02/2026 and ended on 30/06/2026. Data from several sources were used:

1) **Project monitoring and child-level case-tracking data**: used to describe referrals, eligibility criteria, enrolment, allocation and case status; the distribution of referred children across RAAs and local authorities; and available demographic and diagnostic information, including age, sex, disability or diagnostic category, sibling status and ethnicity. Where dates were available, these records were also used to examine intervals between key project stages.
2) **Ecomaps:** provided information on the extent and composition of each child's current and historical relationships. The analysis considered whether ecomaps were completed, in progress or paused; the number and types of contacts identified; the contacts subsequently explored; and whether new adults, sources of support, or potential permanence options emerged. Ecomap counts were treated as indicators of the breadth of network exploration rather than as evidence of the likelihood

of a viable permanence option. In other words, identifying or exploring more contacts did not necessarily mean a greater chance of finding a permanence solution.

3) **Semi-structured interviews (*n*=27):** explored experiences of implementation, barriers and enablers, perceived outcomes and the sustainability of the approach. All interviews took place online via Microsoft Teams and were conducted by the evaluator (Table 1). Except for one RAA FF Team Manager, all interviews at the interim stage were repeated with the same person for the final report. Despite considerable effort from the evaluator and the project team (including escalation to senior level), only five of the possible 23 children's social workers accepted the invitation to be interviewed. Similarly, only three of the potential 20 foster carers agreed to be interviewed, despite similar efforts. Limitations of this shortfall are taken into account in the analysis.

Table 1: Interview participants by role and evaluation stage

Participant group	Interim report	Final report	Total
RAA Head of Service	2	2	4
RAA FF Team manager	3	2	5
SWPP operational staff	3	4	7
LA SW Team manager	-	1	1
LA social worker	-	5	5
IRO	-	1	1
Foster carer	-	3	3
Prospective adopter	-	1	1
Total	**8**	**19**	**27**

Analysis

Descriptive analysis using counts, proportions, and ranges summarised the characteristics and status of children and the volume of project activity; means were used where appropriate, and the underlying data were

sufficiently complete. Differences between the enrolled group and the tracking list were tested using appropriate inferential statistics.

Qualitative interview data were analysed using Framework Analysis[7], consistent with the approach used in the interim report. Framework Analysis combines systematic data reduction with a matrix-based comparison of cases and themes. The analytic framework was informed deductively from the revised ToC and the final evaluation questions, while allowing inductive themes to be added where participants or documentary evidence raised issues not fully captured by the approach. Interview transcripts and relevant documentary extracts were coded and charted to compare stakeholder-group experiences and the circumstances of individual children. The analysis was conducted in NVivo (v1).

The analysis distinguishes between project activity, changes in practice or understanding, and child-level permanence outcomes. It therefore considers the plausibility of the project's contribution while avoiding direct attribution of changes to the SWPP approach where alternative explanations (e.g., adopter sufficiency, shortfall of interview respondents) could not be ruled out.

Ethics

Senior colleagues at the Rees Centre oversaw ethical approval for the evaluation. The SWPP team acted as gatekeeper and approached professionals and carers involved with the project. Potential participants were sent a participant information sheet and consent form. Written informed consent was obtained before the interview and confirmed verbally at the start of the recorded discussion. Interviews were transcribed and de-identified before analysis. Anonymised child-level case information was analysed and pseudonyms or grouped descriptions were

[7] Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC medical research methodology*, *13*, 1-8. Available from: link.springer.com/article/10.1186/1471-2288-13-117
Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & R. Burgess (Eds.), *Analyzing qualitative data* (pp. 305–329). Routledge.

used in reporting to reduce the risk of identification. Quotations have been selected and presented in a manner intended to preserve participants' anonymity.

Limitations

Several limitations should be considered when interpreting the findings. First, this is a service evaluation of a small, purposively defined cohort without a comparison group. Children entered the project at different times and received differing periods and intensities of SWPP involvement. Some children may not have reached a point at which permanence or placement-stability outcomes could be observed by the end of the evaluation. Consequently, the evaluation can describe implementation, progress and plausible contribution, but cannot establish that observed outcomes were caused by the project or estimate what would have happened in its absence.

Second, much of the quantitative evidence was generated for operational rather than research purposes. Completeness and consistency may vary between children, RAAs and the 13 local authorities, particularly where information-governance arrangements, staff turnover or access to local authority systems delayed activity or recording.

Third, the breadth and balance of stakeholder evidence depended on their engagement with the evaluation. In the final report, there was a shortfall of interview participants from children's social workers and foster carers. Therefore, interpret the interview data with caution, as the available data did not fully represent all stakeholders involved in the pilot project.

Fourth the evaluation period may have been too short to capture longer-term cultural change in how children with disabilities are understood and considered within adoption and permanence practice. Whilst the evaluation identified signs of increased visibility, more child-centred practice and greater professional attention to disability, it cannot establish whether these changes will become embedded or translate directly into improved permanence opportunities over time.

Findings

Children's characteristics

At the end of the data collection for the evaluation, 66 children had been or were currently engaged with the SWPP; 25 children had been enrolled in the EFF section, and 41 children remained on the tracking list (Table 2).

Table 2: Characteristics of the children

		SWPP engagement		**Total**
		Enrolled n=25	Tracking list n=41	*n*=66
Sex: *n* (%)	Male	17 (68%)	26 (63%)	43 (65%)
	Female	8 (32%)	15 (37%)	23 (35%)
Mean age[a] at referral	Years (SD)	3.09 (2.3)	2.55[b] (1.9)	2.87 (2.2)
Min age	Years	0.42	0.08	0.08
Max age		9.0	5.92	9.0
Ethnicity: *n* (%)	BME	2 (8%)	4 (10%)	6 (9%)
	White	23 (92%)	37 (90%)	60 (91%)
RAA: *n* (%)	Adopt South West	12 (48%)	21 (51%)	33 (50%)
	Adoption West	12 (48%)	16 (39%)	28 (42%)
	Aspire	1 (4%)	4 (10%)	5 (8%)
Sibling group: *n* (%)	Yes	11 (44%)	21 (51%)	32 (48%)
	No	14 (56%)	15 (37%)	29 (44%)
Diagnosis: *n* (%)	Genetic	11 (44%)	11 (27%)	22 (33%)
	Neurological	4 (16%)	3 (7%)	7 (11%)
	Sensory Impairment	1 (4%)	2 (5%)	3 (5%)
	Neuro-developmental	5 (20%)	15 (37%)	20 (30%)
	Physical	-	1 (1%)	1 (1%)
	Congenital	-	5 (12%)	5 (8%)
	No diagnosis	4 (16%)	4 (10%)	8 (12%)

Note 1: [a]age at referral; [b]*n*=17; RAA=Regional Adoption Agency; Rounding means that totals do not always sum to 100.

The project had worked with substantially more males than females, and most (91%) children were of White ethnicity. Nearly half (48%) of the children were part of a sibling group who needed an adoptive placement. In three groups, siblings without disabilities were also enrolled, and a joint placement was being sought. For the remaining three children with siblings who were not enrolled, a single placement was being sought.

In terms of disability, children's primary diagnoses[8] spanned six broad categories: Genetic (e.g., Down's Syndrome, developmental delay, cystic fibrosis, conditions caused by chromosomal deletion); Congenital (e.g., lung disease, patent ductus arteriosus); Neuro-developmental (e.g., Autistic Spectrum Disorder, ADHD, FASD); Neurological (e.g., cerebral palsy, acquired brain injury, cerebral visual impairment); Sensory (e.g., visual impairment); Physical (e.g., bilateral talipes). Eight children did not have a diagnosis but were siblings of children with a disability and were being placed together.

Primary diagnoses were used to categorise the children to describe the cohort of children involved with the SWPP. Given the range and complexity of diagnoses (almost a quarter (*n*=16, 24%) with a rare condition), the high prevalence of sibling groups and their age, these children as a whole represent the most complex hard to place (HTP) children waiting for permanence. During the data capture by the project team, diagnoses were taken from what was recorded in the children's social care files. It was out of scope of the project to verify the completeness of the diagnosis with health professionals. It is also likely that children may have conditions and associated needs that spanned two or more categories, that were not necessarily recorded. For example, children diagnosed with cerebral palsy (a neurological condition) may well have had physical and sensory needs resulting from the primary diagnosed condition.

[8] Of the 66 children enrolled or on the tracking list, 16 (24%) were diagnosed with a rare condition. These conditions have not been named to preserve anonymity.

At the end of the data collection period, the proportions of sex[9], age at referral[10], ethnicity[11], RAA[12], belonging to a sibling group[13] or diagnostic category[14] in the enrolled and the tracking list groups did not differ statistically, suggesting no apparent demographic bias in the triage process, i.e. these factors did not appear to influence the decision to move children from the tracking list to enrolment.

Children referred, eligible and enrolled

At the outset, the project planned to work with 10-15 children on the Enhanced Family Finding (EFF) section of the SWPP. This figure was an informed estimate based on findings from the scoping review and the considerable professional experience of the RAA heads of service, RAA family finding team managers and the SWPP project staff (experienced adoption social workers seconded on to the project from family finding teams within the RAAs). The project management team did not envisage more than 5 children to be on the tracking list at any one time.

At the time data collection ended, 66 children in total had been referred to the SWPP over the course of the project. Of these, 25 were enrolled on to the EFF section of the project; children remained enrolled until permanence was found, the EFF activity had exhausted all possible contacts or their circumstance changed. By the time data collection closed, 41 children had been placed on to the tracking list and remained there until they were either enrolled to the EFF section of the SWPP or removed from the project due to changes in circumstance (see Final status by engagement type, Table 5).

In the early stages of the project, children were placed on to the tracking list until governance with the child's LA was approved. Though the original intention was that children should meet all the eligibility criteria *before* referral to the SWPP, in reality, some children were referred to the project in

[9] Chi square: $\chi^2_{(1)}=0.144$; $p=0.7$

[10] t-test: $t_{40}=-0.782$; $p=0.4$

[11] Fisher's Exact Test: $p=1.0$, $n=66$

[12] Fisher-Freeman-Halton Exact Test: $\chi^2=0.904$; $p=0.7$

[13] Chi square: $\chi^2_{(1)}=1.215$; $p=0.3$

[14] Fisher-Freeman-Halton Exact Test: $\chi^2=7.976$; $p=0.2$

anticipation of a PO being granted, or confirmation of a diagnosis. This adaptation to the referral procedure reflected the moral values and purpose of those involved and to inform the enrolment triage process, rather than a lack of understanding, or deliberate bypassing, of the procedure.

It is important to note that children on the tracking list were peripheral to the SWPP, meaning that data were incomplete and challenging to obtain. The tracking list was fluid in nature in that it reflected the dynamic circumstances of the children involved. The accuracy of data relied on regular updates from the children's social workers regarding changes in circumstance including status of plan. It was out of scope of the project to pro-actively pursue updates for children on the tracking list.

By the time data collection closed, the considerably larger than expected number of children who had, at some point, been placed onto the tracking list indicated greater visibility and need for the project than was originally thought. Dates were missing for none of the enrolled children but were missing for between five and 24 of the children on the tracking list, depending on the key time. However, other key timings were calculated (Table 3).

Table 3: Children's age and key timings by SWPP engagement

	Enrolled (*n*=25)	**Tracking list**	
		n	
Birth to ADM (days)	899	36	1028
Age at ADM (years)	2.4	38	2.8
ADM to PO (days)	88	33	91
Age at PO (years)	2.7	33	2.7
PO to Enrolment (days)	299	n/a	n/a
Age at Enrolment (years)	3.5	n/a	n/a
Age at referral to SWPP	3.09	17	2.55
Referral to enrolment[a] (days)	140	17	n/a

Note 2: [a]range 18-499; ADM=Agency decision made; PO=Placement Order;

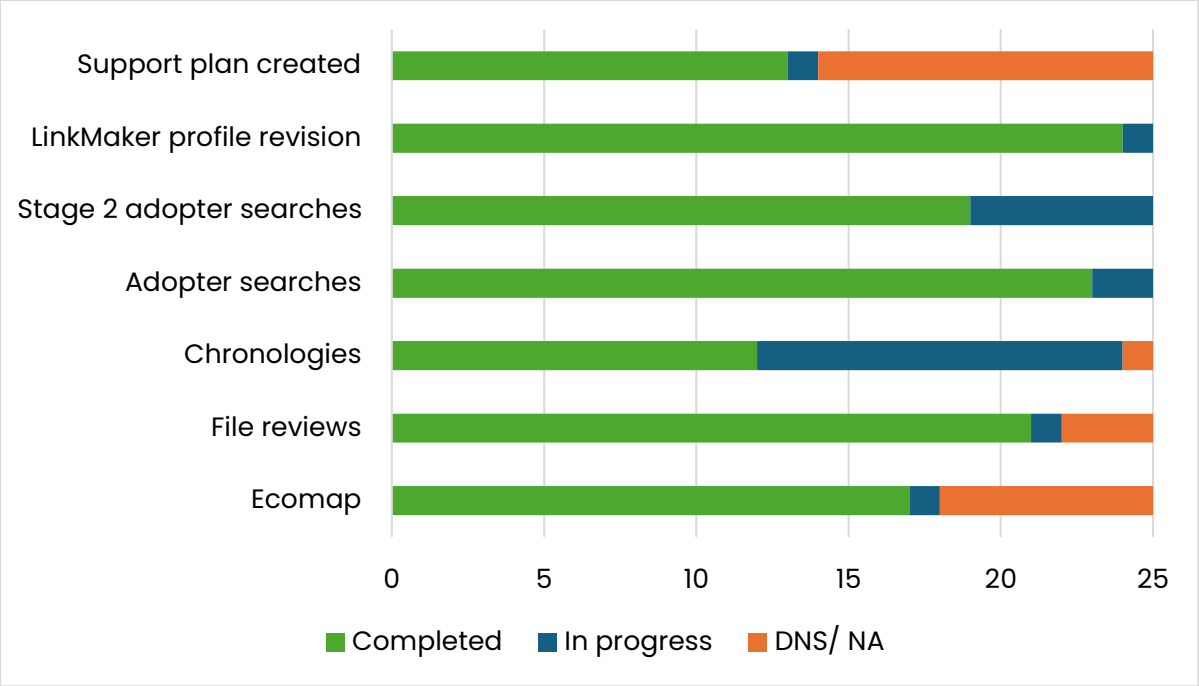
For enrolled children, the mean interval between the PO and SWPP enrolment was 299 days, and mean age at enrolment was 3.5 years. The

enrolled and tracking list group did not differ on age at ADM[15], age at PO[16] and ADM to PO[17].

Activities

Among the enrolled cohort, most core search and profiling activities were either completed or were in progress at the end of the evaluation. The more intensive components of the EFF approach, particularly chronologies, support planning and work dependent on local authority records or approvals, were less consistently completed (Figure 2). Activity was not necessarily linear: interviewees described traditional adopter searches, ecomap work, and, in at least one complex case, bespoke family-finding activity, all operating in parallel.

Figure 2: SWPP activity completion status at the end of data collection



Note 3: DNS/ NA=Did not start or not applicable

Differences in activity completion reflected the EEF approach's dependence on access to information and decision-making, as well as the varying time required for each task. For example, up-to-date Child

[15] t-test: t_{61}=-0.736; p=0.3
[16] t-test: t_{56}=-0.053; p=0.08
[17] t-test: t_{57}=-0.132; p=0.8

Permanence Reports (CPRs), redacted information, access to LA case-management systems and timely review and sign-off by children's social workers could determine whether the project could move from file review to active outreach. In the project's later stages, staff increasingly treated access to essential information as a precondition for allocation, as their earlier experience showed that missing documents delayed progress.

Ecomap activity

Ecomap work is a central component of EFF, aimed at identifying people who might contribute to the child's future. The process involves reviewing children's records to reconstruct their current and historical family, social and professional networks, before working with the child's social worker and, where appropriate, foster carers and birth family members.

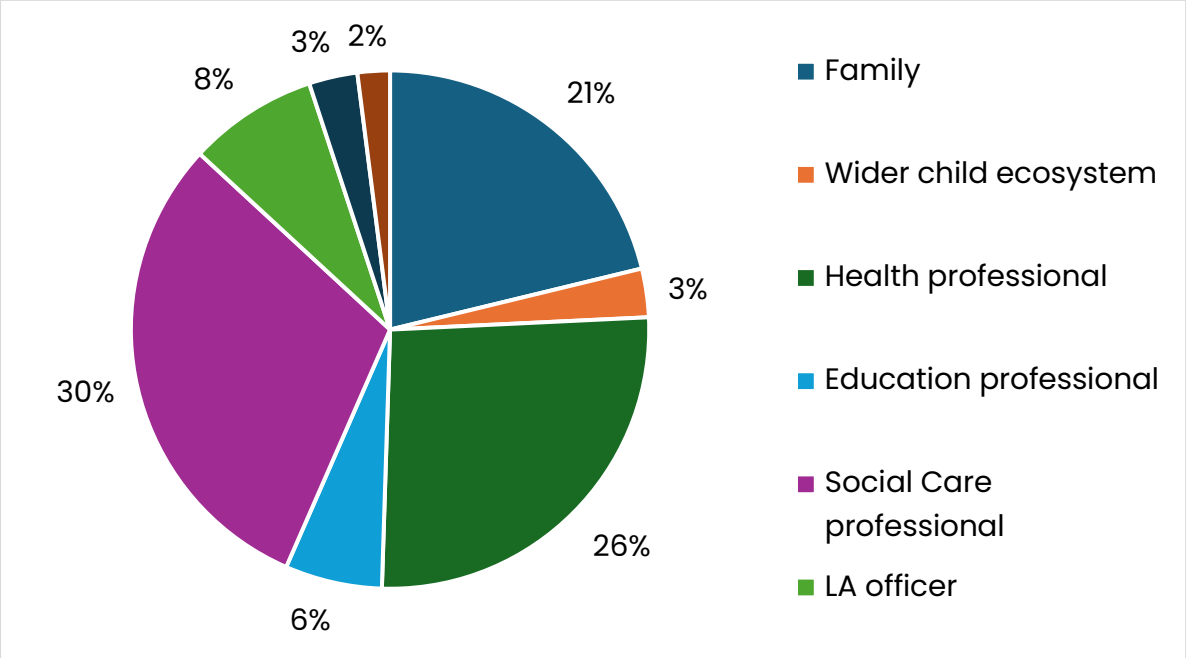
Of the 25 children enrolled in the SWPP, 17 ecomaps were viable for analysis. For sibling groups, a combined ecomap was created: common contacts were entered into the ecomap in the usual way, and the sibling's name was allocated to a contact if it was unique to that child. For example, one sibling may have attended a nursery that the other siblings did not. Three other children could not be included in the ecomap analysis because they had only recently been enrolled into the EFF section of the project and ecomap work had not yet started, or access to the relevant LA records system could not be established, despite ongoing efforts of the SWPP team to do so.

Interviewees generally valued the ecomap as a more systematic and intensive exploration of a child's current and historical network than routine casework usually allows. Children's social workers particularly valued the project's capacity to review files in detail and approach people individually.

> *[The SWPP SW] has been going through all of the [children's] files and going through person by person and approaching them to see if they would ever consider putting themselves forward. So that's a lot. It has been really helpful knowing that [SWPP SW] has been able to go through the [children's] files and has been really able to do that ecomap and track back to so many different people in their past that I would just not have capacity to do.* [Child's SW]

Social care contacts formed the largest share (30%), followed by health (26%) and family (21%). The distribution reflected the volume of people recorded in children's case histories rather than the relative value of each category for family finding. Qualitative responses from interviewees suggested that the most useful contacts were those who had developed a meaningful relationship with the child, regardless of professional category or number of contacts on the ecomap as a whole.

Figure 3: Ecomap contacts by relationship type (%)



Note 4: 'Wider child ecosystem' refers to extended family and friends that were not involved professionally; LA officer refers to professionals working for the local authority in a capacity other than social care, education or health.

The perceived value of the ecomap extended beyond identifying a full-time adoptive placement. The discussion explored other forms of support with contacts identified through the ecomap process. For example, short breaks, practical support, or an enduring relationship. These options had not been considered at the start of the project. In over half of the ecomaps (53%), at least one identified contact considered or offered a permanence option (Table 4). Partipants viewed ecomaps as both a family-finding tool and a way to strengthen the child's longer-term relational network.

Table 4: Outcome of ecomap contacts

Outcome	n	%
No further action: the contacts declined to engage in discussion immediately or did not respond	4	23.5
No further action: contacts declined after information given	1	5.9
Considering permanence	3	17.7
Respite offered	3	17.7
Permanence offered	3	17.7
Still being completed at 30/06/2026	3	17.7
Total	**17**	**100**

The most substantial operational barriers to ecomap work were access to complete LA records, the amount of protected time required to read extensive files, and the need for the child's social worker or manager to review proposed contacts before outreach. Two children were removed from the EFF section of the project because neither remote nor office-based access was made available by the LA. Project staff also described instances in which postponed meetings or changes of social worker delayed sign-off for several months, and social workers described difficulty responding at the requested pace because of workload.

Conversely, a change to a more responsive social worker was reported to transform communication and progress within the same local authority. Whilst sign-off was deemed necessary for ethical contact, the absence of an agreed review mechanism may have created a substantial bottleneck. Where birth parents or relatives had recently participated in care proceedings or were experiencing circumstances that made renewed contact potentially distressing, ethical and emotional considerations were required on a case-by-case basis.

The clearest enablers for efficient ecomap completion were dedicated SWPP staff with protected time for file review, and pre-existing access routes to LA systems. Over time, the ecomap process became more focused and efficient. In the later stages, for example, the SWPP team entered contacts directly into the ecomap form while reviewing the file

rather than creating separate notes, and standardised email approaches for professional contacts were developed.

From the outset, family members were approached sensitively, with the project seeking to meet birth parents before wider family members where possible. These adaptations appear to have made the ecomap process more proportionate and efficient while retaining local authority oversight of risk and information sharing.

Overall, the ecomap work was perceived as valuable in identifying adults within a child's existing network who might be willing to consider involvement. Professional assumptions about the availability of long-term options were challenged, and wider relational resources had been explored before changes to permanence plans were made. However, the findings also highlighted important limitations, as ecomap activity alone did not consistently yield viable permanence options and contacts explored were often said to be constrained by their existing family, employment, or other commitments.

Enhanced Family Finding activity

Profile, matching and support-planning activity

Two main strands of work drove this part of the EFF approach: development of children's profiles on LinkMaker and establishing clinical and therapeutic support post-placement.

Child-centred profiling was one of the most consistently delivered components of the project. Importantly, the SWPP has substantially influenced how profiles for *all* children are presented nationally via the LinkMaker platform. As part of the child profile development work, the SWPP developed tools for capturing a holistic picture of each child ('Being Me' - Appendix 6; and 'Day in the Life' – Appendix 7) so that the child's personality and realistic description of their needs were prioritised over details of medical information. Foster carers and project staff described the revised materials as a way to present children's personalities, routines, relationships, communication, and interests alongside their health and care needs. Videos were particularly valued because they could help a prospective family understand what daily life with the child might look like.

Whilst interviewees perceived a positive effect of the revised profiles with greater engagement from prospective adopters, there was no direct evidence that they had made the difference. Some children received little or no interest despite intensive profile work. Improved presentation of the whole child therefore appears necessary but not sufficient in a context where the number of suitable adopters is limited.

LinkMaker

Importantly, the SWPP has substantially influenced how profiles for *all* children with disabilities are presented nationally via the LinkMaker platform. Discussions between the project management team, Adoption England and LinkMaker, led to changes to the LinkMaker profiles from July 2024 and updated national guidance for *all* children with disabilities was created in September 2024.

> *So [using the revised template] is one of the things that's just embedded in everyone's practice now. It's not an option because it's there in the forms that people have to complete. So as long as they're completing LinkMaker in the way that it's designed to be completed, that information's now out there.* [SWPP team]

Interviewees identified other important constraints in how the LinkMaker platform operated. RAA staff reported that family finders could view only a relatively small proportion of approved families at any one time. Other profiles could be hidden because a family was pursuing a link, making outgoing enquiries, or had been restricted by its agency to an internal or local search. Participants accepted that some restrictions were appropriate, particularly when a family was already in active discussion about a child. However, the lack of a clear distinction between families who were unavailable and those who remained open to approaches was said to obscure the true size and composition of the adopter pool. This lack of transparency can be particularly problematic, for example, if a judge asks a social worker to report the number of potential adopters available for a child for whom a placement order is being sought.

Participants considered these system-wide difficulties to be especially marked for children with disabilities. For example, when an already limited number of prospective adopters are presented with many children's profiles, a child whose future development, independence or support needs remained uncertain due to disability, could be overlooked, because

of an inadequate profile, in favour of a child perceived to have fewer unknowns.

Involvement of health professionals

Direct engagement with health professionals was also seen as a key factor in influencing prospective adopters' decisions. One prospective adopter described meeting the child's medical adviser, saying it was:

> *such an important part of the process because it gave us the opportunity to ask the questions that perhaps we wouldn't have felt brave enough to ask somebody else* [prospective adopter]

The unexpected closure of the Child and Adolescent National Adoption and Fostering Service at the South London and Maudsley NHS Foundation Trust in August 2025 prevented the specialist clinic from offering an assessment. After the service closed, the project worked with practitioners who had moved to another provider, revised the referral paperwork, and sought to retain an assessment pathway accessible through existing Adoption and Special Guardianship Support Fund arrangements. This was described as an attempt to preserve the required specialist expertise while designing the offer around an established funding route. The interviews indicate that the revised service had launched, but no clinical or therapeutic assessments were recorded as accessed by the end of the evaluation because placements were too recent.

Child-level outcomes

Project monitoring data provided the most reliable account available of children's placement outcomes by the end of the data collection period (Table 5). The interviews added context about the pathways leading to those outcomes and the changes that participants considered important. Taken together, they describe a complex and nuanced narrative of the children's pathway to permanence.

The pattern of outcomes in Table 5 shows the broader concept of permanence that developed during the project. Adoption remained an important objective, but long-term fostering with existing carers and other stable family arrangements accounted for a substantial share of

Table 5: Final status by engagement type (September 2026)

Final Status	SWPP engagement *n* (%)	
	Enrolled	Tracking list
Placed for adoption	3 (12%)	9 (22%)
Long-term fostering agreed	7 (28%)	-
Long-term fostering agreed – staying with FC	2 (8%)	7 (17%)
Linked with permanence option (adoption, SGO or LTF)	5 (20%)	7 (17%)
Permanence subtotal	**17 (68%)**	**23 (56%)**
Family Finding ongoing	n/a	8 (32%)
Enhanced Family Finding ongoing	4 (16%)	n/a
Adoption plan changed	-	2 (5%)
Reunification to the birth family	-	4 (10%)
Sibling separation	2 (8%)	1 (2%)
Health needs did not meet criteria for project	-	2 (5%)
Other	2 (8%)	1 (2%)
Total	**25 (100%)**	**41 (100%)**

outcomes at the end of the evaluation. Interviewees generally viewed this widening as appropriate where it reflected the child's relationships, needs and realistic support options rather than a premature retreat from adoption.

Whilst the vast majority of the 66 children who engaged with the project could be considered HTP, those that were enrolled to the EFF section of the project represented the most complex of these children as they had passed through the needs-based triage system. Despite this, over two-thirds (68%) of children enrolled on to the EFF section of the SWPP had some form of permanence identified, compared with just over half (56%) of the children on the tracking list. Enrolment onto the EFF section of the

project points towards an important contribution to securing a permanence pathway.

For the 41 children on the tracking list, 11 (27%) of their workers received advice and guidance from the SWPP team to support their search for permanency outcomes. Examples of this work included meeting with the child's LA to discuss support plans, reviewing health documents to consider eligibility and providing further details about the project. Some children were referred to the project before a diagnosis was confirmed or PO granted. Although not strictly in line with the SWPP policy, these referrals were accepted to support SWPP planning and to track children who may be enrolled later.

Family finding was also ongoing for 12 children (four in the enrolled group, and eight on the tracking list) at the end of the data collection period, but the project continued working to the end of funding three months later. For enrolled children whose EFF remained ongoing, project monitoring data identified progress in support and permanence planning, child profiles, understanding of the child's needs and exploration of previously unknown networks.

The interviews provide examples of intermediate outcomes that support this pattern. Ecomap work identified adults who might offer short breaks or practical support, family members who could provide an enduring identity connection, and people who initially considered a limited role but later explored longer-term care. Project workers also described conversations with existing foster carers that considered whether they could maintain the placement under current arrangements and what support would make a long-term commitment viable.

Post-placement support

The interviews identified planning for post-placement support as a consistent theme. All those interviewed agreed that credible long-term support plans were essential not only to a placement's feasibility, but also to ensure prospective adopters were fully informed when making decisions about offering permanence. Generally, support plans for all children with a placement order remain the responsibility of the LA/ RAA and are usually

drawn up by safeguarding teams, or by the child's social worker, who may not necessarily have an in-depth understanding of the needs of children with disabilities, or knowledge of the potential sources of appropriate support.

Adoption support plans stay in place as agreed by local authority and RAA's, but uncertainty and delay regarding accessing local services can arise if a child is due to be placed out of area. A child moving to a new area requires an assessment of need by the receiving authority if, for example, support through children's disability services is sought. In recognising the importance of appropriate support plans, the SWPP pro-actively engaged with the LAs to contribute to plans that were sufficient for the child's current and possible future needs. As one SWPP team member reflected:

> *[the SWPP] brought formal support planning earlier than in typical Family Finding… the conversation of support with the LA right from the start, but not necessarily a finalised plan [at that stage]* [SWPP team]

In 2025, a new template for adoption support plans was introduced by CoramBAAF[18] to address concerns from most adopters who reported no knowledge of the plan, or that it did not meet the needs of children and their families. Despite this the SWPP team identified systemic issues with support planning, reporting variation in plan quality across LAs, lack of guidance or opportunities to bring in knowledgeable others (e.g. DCYPS teams), and issues of funding accountability between health, social care and education. One senior SWPP team member spoke of the risks of insufficient plans:

> *Whilst some pathways to support are clear, there is a danger of missing them if the right people were not writing those plans. How we make connections when setting up services and teams should be a priority in planning. The questions are, 'where does the safeguarding and disability lens change?' and 'who needs to be involved to write support plans for children with disabilities?'* [RAA Head of Service]

[18] CoramBAAF (2025) Adoption Support Plan: a new comprehensive tool to support children and their families. Available from: Adoption Support Plan (2025): a new comprehensive tool to support children and their families | CoramBAAF

By the time the data collection period ended, project monitoring records indicated 13 support plans had been adapted, with SWPP involvement, for the children with a disability enrolled on to the EFF section of the project (in addition to three siblings without a disability being placed together). One plan was still in development. Eight had not been adapted or created with the SWPP team. The interview responses indicated why the existence of a support plan alone was an incomplete indicator of successful completion of support plans because practice varied markedly between local authorities:

- some support plans agreed financial and practical provision at the Agency Decision Maker stage, as this extended quote describes:

> *In other local authorities that I work with, at the point of ADM, if we know that child has a disability, significant additional needs, maybe complexity in terms of it may be a high level of family time arrangements…what they do is they give consideration to that at the point of ADM. So, they're saying for this child, 'I know there's going to be a lot of health appointments, there's going to be a lot of 'X, Y and Z'. What we're going to agree to this point is a non-means tested allowance up until the child starts school'. It's agreed; it's done in terms of that.*
> *So then when that child comes over to our service, we're able to say, okay, that's been agreed already. What do we need to think about in terms of other aspects? Where are we going to get the risk? Is there something from the OT team in terms of X,Y and Z? It isn't all about finance. Sometimes it's practical bits or adaptation. How do we get all of that?* [RAA FF Team manager]

- other support plans took months to clarify support or produced plans that the professionals considered inadequate, for example:

> *For some of our children, like the first child, we are just uphill all the way. It is months, going back and forth trying to get things agreed or clarified. And for me, every child should have an agreed adoption support plan at the point of ADM, and it's reviewed.* [RAA FF Team manager]

- in one instance, a LA SW team manager withdrew agreed elements after they had been discussed with prospective adopters:

> *The LA were asked to put something together, they put something through, [it] included a whole package of things including an adoption allowance etc. We identified a family [the plan] was shared with the family and then the LA retracted it saying 'this was things that we would have liked to consider but we've never actually had any agreement around this and for this child there is an adoption support plan [in place]'.* [RAA FF Team manager]

Interview participants described the various forms of support explored, including adoption allowances, salary replacement or support with changes to employment, short breaks, housing adaptations, therapy, equipment, and access to disability services. Cross-boundary placements created additional uncertainty when placing and receiving LAs held different responsibilities:

> *We've got a child at the moment, so they're living in one LA. We've got prospective family wanting to adopt him. But as part of that and due to his very complex level of needs, as part of the support plan, we are trying to get in the short breaks carers, because he's moving between LAs as well, the incoming LA won't do their assessment of need because the other LA has responsibility. And it's the real complexity then in terms of responsibility, duty, trying to work with the LAs within that. And it can be really, really complex* [RAA FF Team manager]

Practice and system-level outcomes

Key system-level themes included increased visibility of children with disabilities, stronger collaboration between the three RAAs, more child-centred profiling, and greater emphasis on specialist disability knowledge and support planning. The scoping work had highlighted that EFF could not be sustained in isolation from the systems surrounding assessment, information-sharing, support planning and permanence decision-making.

At a strategic level, interviewees were positive about the relationships developed between the three RAAs. Creative staffing arrangements, including staff working across project and substantive roles, were also presented as evidence of collaboration.

> *I think pan-regional working relationships between the RAAs really been fostered through this project. And we're doing more things together now in terms of other aspects of adoption support. And it*

> *does coincide with Adoption England having a push for more pan-regional working. But I think this project has really helped us come together*. [SWPP team]

However, the project's visibility across wider LA teams was not uniform. Interview respondents considered that RAAs often had to drive attention to the work because adoption represented only a small part of each local authority's wider children's social care responsibilities.

Variation in governance and information-sharing arrangements across local authorities remained a prominent systemic barrier. Information governance approvals took considerable time to secure, even when the underlying issues were relatively straightforward once the appropriate senior managers and information governance staff were involved. SWPP staff suggested that earlier access to senior management forums, with relevant information governance representatives present, might have shortened these delays. More generally, the region's scale and differences between RAA and local authority governance arrangements made consistent implementation challenging.

These effects varied across LAs. The project team described variation in record access, response times, redaction processes, support-plan quality and management engagement. Within the same LA, a change of social worker or manager could materially alter the pace of progress, suggesting that implementation depended on both organisational arrangements and individual practitioner capacity. The final interviews therefore reinforce the interim conclusion that inter-agency collaboration was both an intended outcome of the SWPP and a prerequisite for delivery.

The project was also thought to have increased the visibility of children with diagnosed disabilities. Senior participants were surprised by the number identified and referred to the project, while acknowledging that the project may have revealed an existing population rather than increased referrals. Nevertheless, the unexpectedly high number of referrals indicates increased visibility of children with disabilities across the region.

Finally, participants viewed the project's relational approach as important. Some social workers may have perceived re-examining a child's network as an implicit criticism of previous work, particularly after plans had

already received court and management scrutiny. Participants said project staff generally managed this sensitivity well but identified it as an inherent implementation challenge for future projects in this space.

Training

Training for prospective adopters

The project team highlighted prospective adopter training as an important component of the whole-system approach to permanence for children with disabilities. The project's initial emphasis on enhanced family finding broadened over time to include training and preparation of prospective adopters. This reflected a growing recognition that increasing permanence opportunities was not solely a matter of identifying more families, but also of ensuring that prospective adopters were sufficiently informed and confident to consider children with disabilities and complex health needs.

The importance of embedding disability and health awareness within mainstream adopter preparation was seen by the SWPP as essential to provide prospective adopters with:

> *some really basic information about what standard services are for health … for children and then why it would be different for a child with a disability* [SWPP team]

Aspire's adopter preparation course included a module addressing health and development. The project invited agency medical advisors to review and develop this module with a view to rolling it out across the three RAAs in the SWPP. The module was delivered (in-person) to prospective adopters in two RAAs (Aspire and AW) as part of their Stage 2 training. At the end of data collection, the module is being revised and adapted for online delivery to fit with ASW's training model. It is envisaged that the revised training module will be further enhanced through input from experienced adopters of children with disabilities providing a lived experience perspective.

The updated training was intended to address health and development broadly rather than simply provide information about particular diagnoses. Feedback from trainers who delivered the new module surprised the SWPP team, as they reported:

> *how limited people's knowledge is about health for children, not necessarily for children with disabilities and complex health needs* [SWPP team]

Feedback from prospective adopters attending the updated training indicate that it was well-received and informative, without being overly medical. Prospective adopters valued the opportunity to discuss health issues directly with a medical professional:

> *while the messages were consistent with the rest of the training, it felt grounding and helpful to have them reiterated by the medical adviser* [prospective adopter]

Project staff believed that increasing understanding in disability and child health was a key mechanism for prospective adopters having the confidence to consider children with disabilities. One family finding team manager argued that:

> *to support and enable families to consider children more proactively with disability, they need to feel confident, they need to have that understanding, and that comes from the training* [FF team manager]

Having the opportunity to develop confidence in this area, in a safe and supportive environment was echoed in the feedback, as one prospective adopter noted:

> *It gave so much more confidence in the process and that the information being provided about the children, their health and any medical conditions was as knowledgeable and informative as possible by the agency. I definitely think that having this information available and the opportunity to ask questions is a good addition to the training.*

Training for social workers

It was not only adoptive parents who lacked information on disability. The SWPP team recognised that children's and assessing social workers also needed more information on disability. During the adopter assessment process, there are pivotal moments when assessing social workers and prospective adopters might consider children with disabilities. An opportunity for recruitment and assessment social workers to receive training was provided by the SWPP in May 2026. It was attended by 36

professionals from across the region. The aims of the session were twofold: to increase understanding and awareness of disability in general; and also, for the social workers to gain familiarity with the new training module for prospective adopters. It was hoped that by raising awareness and becoming familiar with the materials used in adopter preparation, they would become more confident exploring assumptions about disability during the assessment process:

> *lots of people don't have a knowledge and background of working with children with disabilities, which could make it difficult for professionals to challenge prospective adopters' views about children they would and wouldn't consider [SWPP team]*

Foster carers also said that adopter preparation should include realistic and transparent information about the child. One argued that "complete transparency is really important", particularly because incomplete information could contribute to inappropriate matches and subsequent placement breakdown.

Overall, the interviews supported additional prospective adopter training on disability issues, as a potentially important project legacy, particularly to improve understanding, confidence, and access to authoritative health information. However, because the training was introduced late in the project's lifetime, there is not yet evidence that it explicitly increased the number of adopters considering children with disabilities or generated additional placements.

Implementation of the EFF approach

The interviews and data indicated broad fidelity to the core components of EFF as described in the SWPP policy. However, there were also substantial adaptations.

Fidelity and adaptations since the interim report

The aims and activities of the EFF model are outlined in the SWPP policy document (Appendix 3). This section compares actual activity and practice, drawn from project monitoring data and stakeholder interviews, with the intended programme of activity. Interviewees considered that the principal components of the model were delivered. Children's files were

reviewed to construct ecomaps and identify current and historical relationships; contacts within those networks were approached where appropriate; and the project sought potential permanence and support options not already fully explored during care proceedings. Traditional family-finding methods continued alongside this enhanced activity, including LinkMaker searches, profiling events, national exchanges, and discussion of children's profiles with prospective adopters in stage two. SWPP staff also reported that the project continued to apply the agreed eligibility requirements, despite a higher-than-anticipated number of children referred.

Interview responses indicated that fidelity was strongest when enhanced and traditional activities were coordinated rather than treated as competing approaches. For example, in one highly complex sibling case, staff undertook a bespoke family-finding approach alongside ecomap exploration and routine adopter searches. This bespoke approach involved the commissioning of an external organisation, funded by the LA, to help advertise and share the children's profiles through its extensive, established networks. Project staff described this as clear evidence that the approaches could operate concurrently and that participation in the SWPP did not need to delay or constrain other family-finding routes.

The use of redacted information was also described as consistent with the intended model: initial contact with potential people in the child's network could be supported by the redacted CPRs, with more detailed information shared only where a person wished to explore the possibility of permanence further.

Delivery, however, was not experienced uniformly. SWPP staff considered referrals and visibility less consistent in the Aspire region than in the two RAAs from which project staff were seconded, where project supervision and tracking activity were more closely embedded. Substantial senior-level changes and structural reorganisation within Aspire explained the challenges this RAA faced in engaging with the project as intended; these were systemic factors outside the project's or Aspire's control.

Some foster carers described only limited or irregular contact with the project, while some children's social workers remained uncertain about the

sequence or purpose of particular tasks. By contrast, SWPP project workers reported that the regular monthly review meetings were generally in place during the later phase. Important to note that review meetings in the project (every 4 weeks) were more frequent than review meetings in traditional FF processes (every 6-8 weeks) and that the project required the SW team manager to attend to expedite decision making. SWPP described these meetings as a 'lifeline', as they enabled the project to obtain updates, seek outstanding permissions, report activity and keep the child's permanence plan visible to the wider team.

The data suggest broad fidelity to the approach's core activities, but variability in the intensity, pace, and clarity of delivery at case and regional level was observed.

Participants also described a series of adaptations intended to increase pace, sharpen the focus of ecomap work and make project activity more sustainable. Operational adaptations included:

- introducing an additional dedicated full-time SWPP SW to focus on ecomap and network follow-up;
- entering contacts directly into the ecomap during file review and focusing more selectively on people with a meaningful relationship to the child;
- developing and refining standard email templates for professional and network contacts;
- combining enhanced, traditional and bespoke family-finding activity rather than treating them as separate sequences;
- tightening expectations about the availability of essential documents before allocation; and
- re-establishing the proposed specialist assessment pathway through a different provider after the original NHS service closed.

Interviewees regarded these changes as necessary adaptations and improvements rather than model drift.

Implementation barriers

Interviewees identified reliance on efficient collaboration, local authority governance requirements, variable engagement from and within LAs, and

challenges in the wider adoption landscape as prominent implementation barriers.

A recurring theme was the project's dependence on timely responses by other professionals to keep EFF processes moving. A key step in the ecomap process was confirmation of information and authorisation to share it by social workers and managers. Whilst these safeguards were understood to be necessary, delays in obtaining responses could substantially slow EFF.

Information governance and access to local authority case records were a second major barrier. As at the time of the interim report, establishing legal and technical arrangements across multiple local authorities took considerable time and effort. Difficulties sometimes persisted at case level after strategic agreements had been reached. For example, one foster carer described an access problem that continued for 'at least nine months', during which the project could not meaningfully progress the child's case. The foster carer felt this wait was unnecessary because they could provide much of the relevant historical information.

In another case, SWPP staff reported that a child had been involved with the project for over a year, but EFF could not be undertaken because of a seemingly straightforward IT access issue that remained unresolved.

Delays also arose from obtaining and updating LA case documentation required for EFF. SWPP staff reported delays lasting months. For example, children were enrolled on the project with the understanding that CPRs were being updated in line with guidance, but redacted CPRs were still outstanding several months after initial requests. Out-of-date CPRs and delays in agreeing support plans also limited what could safely and accurately be shared with prospective families. However, practice varied considerably between local authorities: in some areas administrative staff undertook redaction, while in others, documents were referred to legal teams. Instances where authorities took 'several months' to decide how to complete the task were not uncommon.

These procedural delays intersected with wider questions about professional engagement and understanding of the approach. Re-

examining a child's historical network through the ecomap process could be perceived by children's social workers as duplication or as questioning decisions already taken during care proceedings. In one interview, a SW described needing time to understand whether revisiting people in the child's network was genuinely "in [the child's] best interest." Where the purpose and likely timescale of EFF were not sufficiently clear, or not fully understood, delays could also generate uncertainty for social workers and foster carers.

Importantly, delays were not confined to project processes. Eligibility requirements, cross-boundary responsibilities and decisions about support also affected permanence timescales. For example, one social worker described delays in agreeing what financial and therapeutic support could be offered where children might move between local authorities, including uncertainty over whether an adopter's lost salary could be replaced or would be subject to means testing. These issues affected EFF timescales because prospective carers would need clear information about the support that would be offered.

The project also operated within a national adopter sufficiency crisis, particularly for older children, sibling groups and children with substantial or uncertain future needs. This limited what an intensive family-finding approach could achieve and risked reinforcing the view that this cohort of children with a disability were unlikely to be placed for adoption.

Overall, the evidence suggested that EFF delays were cumulative rather than attributable to a single stage or organisation. They arose from record access, document preparation, permissions, ecomap review, professional engagement and agreement about the content of support plans. The interviews therefore distinguished between the time needed for careful, complex family finding and avoidable delays caused by fragmented systems and protracted decision-making. The latter could reduce the practical benefit of an intervention specifically intended to widen permanence opportunities for children already at risk of waiting longer for a family.

Implementation enablers

Factors enabling implementation included committed leadership, specialist expertise, organisational support, and protected capacity. SWPP staff consistently emphasised the importance of leadership that could sustain momentum through delays, maintain relationships across organisations, and identify alternative routes when planned approaches were blocked. The Project Lead's combined knowledge of disability and adoption was regarded as particularly important, both in challenging overly deterministic interpretations of children's diagnoses and in maintaining optimism about permanence for children whose prospects were sometimes viewed pessimistically. Senior SWPP staff also noted that this level of specialist knowledge cannot easily be developed within the lifespan of a short-term project, suggesting that access to established disability expertise was an important condition for implementation.

RAA ownership of the project provided an important organisational foundation. SWPP staff were seconded from participating RAAs and embedded within family-finding teams, helping the SWPP to remain connected to existing searches, profiling activity and management arrangements, rather than operating as a separate external service. Senior SWPP staff also described a degree of openness across the RAAs to testing different approaches and to opportunities to bring together family finders and medical advisers across the region. Engagement was reported to be more consistent at RAA level than across participating local authorities, but this regional organisation nevertheless provided the authority and relationships needed to establish and sustain the project.

Dedicated capacity was another important enabler. EFF required time-intensive activities, namely, detailed file review, construction of ecomaps, repeated contact with people in children's networks and follow-up with professionals. The later addition of a dedicated full-time support role increased the project's ability to protect time for this work and to pursue outstanding actions more consistently. This was particularly important because implementation depended not only on undertaking initial searches but also on persistence when responses were delayed, or leads required repeated follow-up, as they often were.

Regular case coordination also helped sustain progress. Monthly meetings with project staff, children's social workers and managers provided a regular forum for resolving outstanding questions, reviewing progress and keeping the child's permanence plan visible. These meetings were particularly useful when email requests went unanswered. More generally, the SWPP team identified responsive local authority practitioners as an important enabler: when social workers responded promptly to potential expressions of interest or were willing to meet outside the usual review cycles, family-finding activity could move forward much more quickly.

Foster carers, family members and others who knew children well also contributed valuable knowledge. They provided photographs, videos, descriptions of children's routines and accounts of everyday life, which supported more individualised profiles and helped the project understand children beyond their diagnosis. Their involvement therefore contributed to both the quality of information available for family finding and the identification of potentially relevant people within children's existing networks.

A further enabler was the project's capacity to adapt to emerging learning. Senior participants described a management environment in which the SWPP was permitted to modify processes, combine family-finding approaches and broaden its focus to include adopter preparation, post-placement support and specialist assessment where experience suggested these were necessary:

> [This capacity to adapt] *has given that permissive, 'let's do it differently'. How can we do it differently?* [SWPP senior staff]

Overall, implementation was strongest where specialist expertise, protected staff capacity, responsive professional relationships and organisational permission to adapt were present simultaneously. These conditions did not resolve structural problems such as adopter sufficiency or wider pressures within children's social care. However, they did increase the project's ability to sustain intensive work, respond to individual children's circumstances and translate learning from previous experience into wider developments in permanence practice.

Court timescales for family finding

Interviewees described the courts as an important influence on whether and how adoption was pursued for children with disabilities. The most consistent theme in the interviews concerned the time courts allowed for family finding. Project staff and children's social workers described individual courts requiring periods ranging from three months to a year. Several participants considered the shorter time periods insufficient for children with disabilities, particularly when the EFF approach required detailed file review, ecomap construction, contact with historical networks, wider adopter searches and the development of informed support plans. Project staff reported that a small number of children could not be accepted onto the project because the remaining court timetable did not allow sufficient time for the project to work effectively. A children's social worker similarly reflected that, had a one-year limit applied in a particular case, the care plan might have changed before adopters were identified and the opportunity would have been lost.

> *These children wait longer normally. So actually, if you have a shorter time frame than normal, it almost feels like a ticking-box exercise of: we've looked, there's nobody, let's move on.* [SWPP staff]

However, interviewees did not propose indefinite searches. Participants called for child-specific and reviewable timescales informed by the child's age, disability and support needs, sibling relationships, placement stability, and the work required to undertake a search within a reasonable timeframe.

Participants also described courts requesting evidence about the current availability of adopters. Some interviewees were concerned that a snapshot of searchable LinkMaker families (as often used in evidence) could be treated as equivalent to the child's ultimate prospect of adoption, without accounting for targeted recruitment or ecomap work.

Families enter and leave the pool of approved adopters, and available figures on LinkMaker may not accurately reflect the total number of families available as agencies may limit families' visibility whilst initial searches are performed locally. EFF, however, extends beyond a database search by examining the child's relational network, revisiting previously

known adults and undertaking more intensive, child-specific activity. SWPP staff and social workers therefore considered that court statements about adopter sufficiency should explain the date and source of any figures, the limits of a national database snapshot, the searches already undertaken and the additional methods that remained available. This was seen as particularly important for children with disabilities, for whom the pool of immediately available adopters was described as small and the time needed to identify and prepare a suitable family as less predictable.

Overall, court involvement was not presented as a barrier by itself, but as part of the wider system through which permanence plans are tested, authorised and reviewed. Interviewees valued judicial scrutiny and the emphasis on avoiding delay but were concerned that fixed or insufficiently contextualised timescales could prematurely close an adoption search for children whose needs made family finding more complex.

Earlier communication between LA teams, RAAs, the SWPP, and the courts; clear explanation of the strengths and limitations of adopter-availability evidence; and planned review points that allow progress, emerging options, and the child's circumstances to be reconsidered could reduce delays to permanence. Such an approach would seek to avoid both drift and the premature conclusion that an adoptive family cannot be found.

Experiences of key stakeholders

The final interview phase broadened the evidence base beyond the participants represented at the interim stage. This section brings together experiences of the SWPP team, children's social workers, foster carers and prospective adopters.

SWPP team perspectives (*n*=8)

SWPP staff described the project as an intensive and strongly child-centred approach to permanence planning for children with disabilities. They valued having the time and specialist capacity to develop a detailed understanding of individual children through case-file review, ecomapping, contact with carers and family members, videos, improved profiles and persistent exploration of wider networks. For project staff, a defining feature of the model was not only the opportunity to search more

thoroughly than routine practice might allow, but also to adapt and adjust according to the uniqueness of each case. Reflecting on a sibling group with multiple complex needs (i.e. rare diagnosis, sibling group), one SWPP staff member describes this approach:

> *…because we were the project and we could experiment a bit, we decided to look at how we could do 'bespoke family finding' [with an external third-party organisation] alongside 'enhanced family finding' alongside 'traditional family finding' and throw it all in and see how it works. And the answer is it can! It can work together and it can work together well. So, I think one of the bits of learning from that was about not worrying that the project would create any barriers for looking at other types of family finding alongside what we were doing.*
>
> *I think the reason the [sibling group] were chosen to look at like that is because I think everyone was very concerned about the possibilities of us finding a home for them because of their [multiple and complex] needs, and they are a sibling group. So put the two things together, and they're part of a larger sibling group as well. So, putting all of that together, I think there was a concern about making sure that we had, as a group of people around the children, had done absolutely everything we could and left no stone unturned to make sure we were looking for the right thing for them.*

Over time, SWPP staff reported that their understanding of the project scope broadened. Although the original ambition was strongly associated with finding adoptive families for children with diagnosed disabilities, the team increasingly saw the SWPP as an opportunity for wider permanence and system-change. As one senior SWPP staff member reflected:

> *…there is a need for a whole system approach [including] training, preparation of adopters, messaging at the front door for adopters, adoption support alongside enhanced family finding. [We] developed a broader remit than we probably had anticipated…permanence as opposed to just adoption*. [SWPP senior staff]

This broader view shaped how staff defined success. Adoption remained important, but participants increasingly emphasised the quality and durability of children's relationships rather than legal status alone. As one SWPP staff member argued:

> *it's about living with the right family…supporting a child into young adulthood and beyond [through] a permanent role in the child's life.* [SWPP staff]

Network exploration through ecomaps was therefore valued even where it did not directly produce an adoptive placement. Staff described relatives, former carers and professionals becoming possible sources of respite, support or enduring connection, and at the same time valuing the reassurance that all possible avenues were explored.

Project staff also saw the project as challenging the common view that children with complex needs should be understood primarily through diagnosis, risk and care demands. Videos, revised LinkMaker profiles and materials describing children's personalities and everyday lives were valued for helping to prioritise children who might otherwise be overlooked. This was not to say that participants advocated minimising disability – the scoping review highlighted that prospective families required a holistic picture of the child, including current and possible future needs. Specialist disability knowledge within the SWPP team was regarded as central to achieving this balance, enabling staff to interpret information, challenge assumptions and communicate credibly with prospective families and professionals alike.

Nevertheless, interviewees made clear that EFF was *highly* resource intensive. Reviewing long case histories, constructing ecomaps, securing permissions, contacting networks and following up responses required substantial time. Staff refined the model through experience to reduce burden. These experiences suggest that EFF is specialist, high-intensity work requiring protected time, rather than an activity that could be absorbed within the usual family-finding caseloads.

The team's principal frustrations related less to the underlying model itself than to the systems surrounding it and to delays in accessing local-authority records, obtaining updated documentation, securing permissions, arranging meetings and agreeing support. They generally located these difficulties within wider pressures on children's social care. One SWPP staff member observed that children on the project were usually '*safe in their homes and so not an urgent priority, we're [the SWPP] just not*

a top priority' [SWPP staff]. This reflected a wider tension between immediate safeguarding urgency and longer-term permanence urgency: children could be safe in their current placement, while still being disadvantaged by seemingly avoidable delays.

Overall, SWPP staff identified wider benefits in profiling, disability awareness, collaboration and professional practice. Their experience therefore shifted the focus from simply finding more adopters, towards creating the wider conditions in which other permanence options could be identified and sustained.

Children's social worker perspectives (*n*=6)

Children's allocated social workers were generally positive about the rationale for the SWPP, particularly its capacity to deliver a level of intensive family finding that could not readily be undertaken alongside ordinary case-holding responsibilities. One SW characterised the project as an opportunity to "go that extra mile to find a forever family or growing up family." This aspiration was nevertheless moderated by considerable realism about the challenges this cohort of children face: primarily the scarcity of families willing or able to care for children with significant, multiple or uncertain future needs.

The additional capacity provided by EFF was particularly valued. Some social workers recognised that systematically reviewing children's histories and extensively exploring networks required substantially more time than they could normally provide. One SW described it as:

> *really helpful to review children's files, construct the ecomap and track back to so many different people in their past that I would just not have capacity to do* [Child's SW]

Another SW described an ecomap of approximately 120 people, illustrating the scale of the work involved. Most social workers interviewed tended to regard the SWPP as widening children's opportunities rather than guaranteeing a placement but could not overcome the adopter sufficiency issue.

Social workers were particularly interested in the potential of people who already knew the child or had experience of disability, describing it as a

child's best chance at finding a family. One SW felt that approaching people already connected to the child offered a better opportunity because they often had some prior awareness of the child rather than encountering them entirely through written information. Videos and personalised information were also valued because they could 'bring the children to life', enabling prospective families to encounter recognisable children rather than primarily lists of diagnoses and care requirements.

However, the SWPP experience was not uniformly straightforward. Awareness and understanding of the model varied, particularly where social workers inherited cases after project involvement had begun. Some initially questioned why previously assessed relatives or apparently peripheral people were appearing on ecomaps. Others described uncertainty about the sequence and duration of project activity. One SW reflected that information gathering "*felt quite slow with the project for quite a while*," and another suggested that clearer expectations around the duration of project stages would be beneficial. Another SW felt that ecomap exploration in one case was unnecessarily delayed while the project waited for fluctuating birth-parent engagement, suggesting other activity could have progressed in parallel.

These concerns appear to sit within wider tensions around time and awareness. Social workers wanted sufficiently intensive searches to ensure children had a meaningful opportunity to achieve adoption, while recognising that children could not wait indefinitely as they became older and more settled in existing placements. Other social workers questioned the eligibility criteria and its impact on referrals. However, these may be explained, at least in part, by awareness of the SWPP's aims and processes.

Overall, children's social workers valued the SWPP principally for giving individual children a more intensive opportunity to achieve permanence. Their accounts were less focused on wider system change than on the immediate permanence trajectory, i.e. whether additional searching could identify somebody, whether enough time remained to continue searching, and when an alternative plan needed to be secured. Their experiences suggest that enhanced family finding can widen possibilities for children with disabilities, but its value depends on timely implementation, clear

communication and realistic recognition of the limits imposed by adopter scarcity, complexity of need and the child's own permanence timetable.

Prospective adopter and foster carer perspectives (*n*=4)

Foster carers and the prospective adopter who were interviewed broadly supported the SWPP's emphasis on understanding children as individuals and looking beyond traditional family finding routes. Their responses focused less on the mechanics of identifying a placement and more on the requirements of sustainable family life. Across the interviews, carers described children whose identified needs might appear daunting on paper, but who were also engaging, affectionate and enjoyable to care for, strengthening the case for holistic profiling.

Carers therefore viewed the videos and revised LinkMaker profiles positively because they made children's personalities more visible. A prospective adopter described the difference between just seeing a photograph and watching the child behaving naturally: 'you really can't get a picture of him in a picture'. This prospective adopter had sage advice for others about adopting a child with a disability:

> *Don't rule it out. You look at Linkmaker…when you see that tiny little thumbnail picture, don't be put off by the child that's got a feeding tube or a child that has been in hospital. There was a little one that had been in hospital for 21 months of their life, you know, that's just a tiny part of their story at the beginning. And they have got so much more ahead of them. And to be able to be part of that part of their story would be incredible. So don't rule it out.*

This account illustrates the potential value of enabling families to encounter the child beyond diagnostic information. However, carers strongly emphasised that positive presentation must be accompanied by complete and realistic information. The underlying message was not simply to present children more positively, but to combine strengths-based profiling with sufficient honesty and realism about what caring for the child involves. The tools the SWPP team developed to inform the LinkMaker profiles are a good example of this in practice. Foster carers saw this as important to avoid matches made on unrealistic expectations.

Foster carers also positioned themselves as an important source of expertise within enhanced family finding. One carer argued that

> *the foster carer who's looking after the child at the time is your biggest resource because they know the child's daily life and may also know nursery staff, therapists, health professionals and others who have formed relationships with them* [Foster carer]

This emphasises the importance of a relational approach; involving current carers substantively in ecomap work and family finding, rather than relying principally on case files and records.

Experiences of communication with the SWPP were more mixed, however. One foster carer reported little regular contact with the project and uncertainty about whether the local authority and the project were 'on the same page' about the child's permanence plan. This foster carer was positive about individual project workers but said: 'We didn't really know much about the project. And to be honest, I still don't know about the project.' This suggests that positive relationships with workers did not always translate into clear understanding of the project's wider aims and processes.

Finally, these interviews emphasised that decisions about permanence were relational, emotional and prone to change over time. When considering whether they could offer permanence, foster carers explored the implications for existing children, employment, respite, future care needs and the wider household rather than making a single, fixed decision about whether they could offer permanence. Only three foster carers were able to be interviewed and taken together with the prospective adopter's interview, valuable insight into their experiences has been gained. Further exploration is required to ensure a complete and robust account of carer experiences.

Overall, the distinctive contribution of the carer perspectives is that successful family finding depends not simply on identifying somebody willing to come forward, but on ensuring that families know the child realistically, feel included in decision-making and have sufficient support to sustain the commitment over the long term.

Summary of stakeholder views

There was broad convergence across stakeholder groups on several points:

- children with disabilities benefit from being presented as whole individuals rather than primarily through diagnosis, risk and care tasks;
- detailed network exploration can add value but requires dedicated time and access to historical records;
- support planning is integral to the viability and stability of permanence, particularly where future needs are uncertain;
- regular, two-way communication between the RAA/project and the child's LA is essential to maintain pace;
- specialist disability and medical knowledge can improve the quality of family-finding and support discussions; and
- the project's meaningful contribution should not be judged only by the number of adoptive placements.

However, areas of divergence were also evident:

- project staff tended to place greater emphasis on relational and intermediate outcomes, while some managers and social workers remained more focused on the number of formal permanence placements achieved;
- the diagnosis requirement was seen as a necessary capacity boundary by some participants but as an avoidable barrier for children with evident long-term needs by others;
- revisiting a child's network was viewed by project staff as essential to EFF, but could initially be experienced by LA practitioners as duplication or implicit criticism of previous work;
- views differed on how early documents, especially a redacted CPR, needed to be made available, suggesting that document requirements could be specified more clearly by stage; and
- foster-carer experiences of communication ranged from helpful coordination across stakeholders to uncertainty and a sense that the information had not been cascaded to carers.

Theory of Change

Overall, the findings provided stronger evidence of progress towards the short-term and practice-level outcomes in the revised Theory of Change (ToC) than towards the longer-term permanence outcomes. The original ToC anticipated improved professional understanding, greater awareness among prospective adopters, increased referrals, identification of new permanence options and, ultimately, more permanent placements for children with disabilities. The revised ToC retained these ambitions but placed greater emphasis on inter-agency collaboration, inclusive profiling, therapeutic access and the quality and timeliness of family-finding activity.

A detailed examination of evidence of progress towards the ToC outcomes can be found in Appendix 8. In summary, the project made its strongest contribution by improving the visibility of children with disabilities and strengthening the quality and depth of family-finding activity. More children were considered, ecomaps and file reviews helped identify wider networks and possible permanence options, and child profiles became more individualised and strengths based. The project also appears to have influenced professional practice through training, closer attention to disability, improved regional collaboration, and changes to LinkMaker guidance and profiling practice.

However, the evidence is less conclusive for the project's intended longer-term outcomes. Inter-agency working and support planning were inconsistent, with delays in governance, access permissions, and support decisions continuing to constrain progress. Though only a small number of enrolled children had been placed or linked for *adoption,* many more had alternative permanence plans established by the end of data collection. One of the long-term outcomes on the ToC was that children enrolled on the SWPP would experience 'reduced time to permanence for children with complex needs.' The time between PO and placement would serve as a reliable measure of progress towards this outcome. However, this analysis could not be undertaken due to the small numbers of children placed and missing placement dates.

Overall, the clearest impact was on the conditions and practice surrounding permanence, including more holistic profiling, improved pan-regional collaboration and greater professional awareness.

Sustainability and transferability

Interviewees generally understood the SWPP's potential legacy as broader than continuing a discrete enhanced family-finding project. They placed strongest emphasis on identifying transferable elements that could be embedded in routine adoption and permanence practice, both within the South-West and potentially in other RAAs. These included child-centred profiling, adopter and practitioner training, earlier and more robust support planning, specialist assessment, better use of disability expertise and, where feasible, more intensive exploration of children's existing networks.

Some changes appeared more readily sustainable than others. Specifically, the project's contribution to child-centred profiling on LinkMaker. SWPP staff reported that changes to the information collected about children's personalities, interests and everyday lives had become embedded within the LinkMaker forms, suggesting this aspect of practice would continue beyond the project itself, stating

> *that's one of the things that's just embedded in everyone's practice now. It's not an option because it's there in the forms that people have to complete* [SWPP staff]

Senior participants similarly regarded the profiling changes as a tangible project contribution with potential benefits extending beyond the immediate SWPP cohort, as one senior SWPP staff member reflected on the LinkMaker changes as:

> *a significant change for all adopters that wouldn't have happened without the project*. [SWPP senior staff member]

Adopter preparation and improved professional understanding of disability were also identified as important potential legacies, although their longer-term effects were unknown. The project staff wanted health and development to have a stronger place in adopter preparation, alongside improved knowledge among assessing and family-finding social workers. They also emphasised the importance of drawing on

specialist disability expertise when interpreting information about children and planning support.

The specialist clinical assessment offer developed through the project represented another potentially sustainable element. Funding routes had been identified for adoption and special guardianship, with the possibility of local-authority funding for the children in long-term foster care. At the time of reporting, however, referrals had not yet begun; its longer-term use and impact remain to be demonstrated.

The sustainability of enhanced network family finding was less certain. Project staff continued to value eco-mapping, particularly where conventional family finding had stalled, or a child's permanence plan was being reconsidered. One SWPP staff member felt that the opportunity to continue eco-mapping would remain available "in an ideal world" and suggested retaining some form of pan-regional focused family finding for children with disabilities. Concerns were raised, however, that the approach was not yet sufficiently developed to be "prioritised and sustained" alongside competing service pressures.

Resource requirements were central to this concern. Intensive eco-mapping was described as relatively straightforward in principle but highly demanding in staff time. In the project, this strand of work depended on additional project resources, and questions arose about whether staff could realistically maintain the same intensity within usual family-finding caseloads. One project worker proposed a flexible approach in which RAAs could adopt components that matched their resources and capacity, rather than treating complete replication of the SWPP as the only form of sustainability.

Participants also identified specialist disability knowledge as an important legacy requirement. Rather than assuming every RAA could reproduce the specialist expertise concentrated within the SWPP team, interviewees proposed stronger connections between adoption, safeguarding and children's disability services. Improved access to consultation from practitioners with appropriate disability expertise was considered a comparatively achievable way to improve profiles, support planning, and permanence decision-making. The project was also reported to have

strengthened pan-regional relationships and encouraged greater willingness to experiment with different family-finding approaches.

Overall, the interviews suggest that the SWPP's most realistic legacy is a package of embedded practice changes rather than replicating the project in its entirety. Child-centred profiling appears most clearly embedded, while training, specialist assessment, disability consultation and stronger support planning offer further opportunities for sustainability. Intensive network family finding through the eco-map work remains valued but requires protected capacity and may need to be targeted at selected children. Longer-term follow-up will be necessary to establish whether these changes remain in routine practice and ultimately improve permanence opportunities and support for children with disabilities.

Conclusion

The SWPP was established to improve permanence planning and family finding for children with disabilities, a group who are known as being at risk of waiting longer for permanence. This evaluation indicates that the project broadly implemented the core components of the Enhanced Family Finding (EFF) approach, while adapting the model in response to operational experience and the wider conditions in which family finding took place. The substantially greater number of children referred to the SWPP than originally anticipated also highlighted the scale of need across the region. By the end of data collection, 66 children had engaged with the project, of whom 25 had been enrolled in EFF and 41 had been placed on a tracking list.

The strongest evidence of the SWPP's contribution relates to the quality and depth of family-finding practice and to wider practice and system-level change. Comprehensive file review and ecomap activity enabled children's current and historical networks to be explored more systematically than would usually be possible within traditional family-finding activity. In over half of the ecomaps analysed, at least one identified contact considered or offered a permanence option, and the work also identified opportunities for respite, practical support and enduring relationships. Importantly, the value of this activity extended

beyond whether an ecomap directly generated an adoptive placement. It broadened the range of people and relationships considered in permanence planning and challenged assumptions about who might be able to contribute to a child's future.

Child-centred profiling was another particularly strong area of project activity. Professionals and carers consistently valued the emphasis on presenting children with disabilities as individuals, including their personalities, routines, interests, relationships and communication alongside their health and care needs. This work also influenced more than the children directly involved with the SWPP through changes to LinkMaker profiles and national guidance for children with disabilities. Alongside profiling, the project increased attention to disability knowledge, prospective adopter preparation, specialist health input and the importance of sufficiently early and credible support planning. Pan-regional relationships between the three participating RAAs were also strengthened, although collaboration and engagement across the participating LAs remained more variable.

Evidence on child-level permanence outcomes was more mixed and needs to be interpreted cautiously. A substantial proportion of children enrolled in EFF had some form of permanence identified by the end of the project, including adoption, long-term fostering and other identified permanence options. However, the evaluation design does not allow these outcomes to be attributed *directly* to the SWPP. Children entered the project at different stages, received different durations and intensities of involvement, and some children had not reached a point at which final outcomes could be observed. Given the duration and scope of the project, there was insufficient evidence to establish whether the project reduced the time children waited for permanence. The findings therefore provide stronger evidence of progress towards short-term and practice-level outcomes than towards the project's longer-term objectives of increasing adoptive placements and reducing time to permanence.

The evaluation also illustrates the extent to which the effectiveness of intensive family finding depends on the wider system in which it operates. Delays in access to local authority records, information governance,

updated documentation, permissions, professional responses and agreement of support plans accumulated across children's journeys. These difficulties were compounded by wider adopter sufficiency challenges, particularly for children with significant, multiple or uncertain future needs. Court timescales could create further tension between the need to avoid drift and the time required to undertake sufficiently thorough family finding for children with complex circumstances. EFF could widen the available options, but it could not in itself resolve these wider structural constraints.

Conversely, implementation was strongest where several enabling conditions were present together: committed leadership, specialist knowledge of disability and adoption, protected staff capacity, responsive relationships between RAAs and local authorities, regular case coordination and sufficient flexibility to adapt activity to individual children. The SWPP experience indicates that the intensive elements of EFF require dedicated capacity. Detailed review of lengthy case histories, construction and exploration of ecomaps, repeated contact with children's networks and follow-up of potential options are unlikely to be absorbed routinely within existing family-finding caseloads without some prioritisation or additional resource.

The findings consequently suggest that the most sustainable legacy of the SWPP may not be replicating of the project in its entirety, but continuing specific principles and practices developed through it. Child-centred profiling appears most clearly embedded, while strengthened adopter preparation, disability-informed practice, access to specialist expertise, earlier support planning and closer regional collaboration provide further areas in which learning from the project can be sustained. More intensive network exploration also appears to have value, particularly for children where conventional family finding has stalled or permanence plans are being reconsidered, but its continuation would require protected capacity and clear arrangements for access to information and inter-agency decision-making.

Overall, the SWPP has provided evidence that a more intensive, relational and disability-informed approach can deepen family finding and widen

the consideration of permanence and support options for children with complex needs. Its clearest contribution has been to the conditions and practice surrounding permanence rather than to evidence a direct effect on the number or timeliness of adoptive placements. The project has also shown that improved family finding cannot be separated from the quality of inter-agency working, support planning, specialist knowledge and the wider availability of prospective families. Longer-term follow-up would be required to establish whether the practice changes developed through the SWPP remain embedded and whether improved permanence experiences and outcomes for children with disabilities are sustained.

Recommendations

The recommendations below are grounded in areas where the evaluation identified transferable practice, ongoing system barriers, and opportunities to build on the SWPP without assuming that the project should be replicated in full. In particular, the findings support further attention to support planning, specialist disability input, inter-agency collaboration, child-centred profiling and proportionate network exploration.

For Adoption England

Review support planning for children with disabilities who have a plan for adoption, drawing on the learning from the SWPP. This should consider when planning begins, who contributes, and how current and possible future needs are addressed. Particular attention should be given to disability expertise and variation between local authorities.

Take forward further work on the transferable elements of Enhanced Family Finding, rather than assuming that the SWPP model should be replicated in full. This should include child-centred profiling, disability-informed adopter preparation, specialist consultation and more intensive exploration of children's networks.

Explore the further development and evaluation of network exploration and ecomap approaches in family finding. The SWPP findings support a proportionate and targeted approach, particularly where conventional family finding has stalled or a permanence plan is being reconsidered.

Continue to promote disability-informed practice within mainstream adoption activity, including adopter preparation and practitioner development. This should build understanding of disability, health and development while recognising that the evaluation could not establish an effect on placement numbers.

Work more closely with the courts to strengthen understanding of the family-finding timescales that may be required for children with disabilities. This should support child-specific, reviewable timescales and clearer understanding of the additional family-finding activity that may remain available, while continuing to avoid unnecessary delay. Adoption England should also support clearer communication about the limitations of adopter-availability snapshots.

Consider how learning from the SWPP can be shared beyond the South-West, particularly the project's experience of child-centred profiling, pan-regional collaboration and the integration of disability expertise into family finding and permanence planning. The changes to LinkMaker demonstrate how some elements can be embedded within existing national systems.

For Local Authority teams

Strengthen routine collaboration between adoption/permanence services, safeguarding teams and children with disabilities services. Existing disability expertise should be drawn into permanence planning, family finding and support planning at an early stage.

Involve children with disabilities teams and other relevant specialist services in support planning wherever appropriate. This should include consideration of current and possible future needs and the support required to make permanence sustainable.

Facilitate timely access to the records and information required for family finding. Information-access arrangements, document requirements and responsibility for reviewing proposed contacts should be clarified at the outset.

Maintain regular two-way communication with RAAs and family finders throughout family finding. Clear communication and timely decision-making can reduce avoidable delays and maintain momentum.

Where additional resources for intensive family finding are not available, identify children for whom enhanced network exploration is most likely to add value. This may include children where conventional family finding has stalled or a change of permanence plan is being considered.

For Regional Adoption Agencies

Retain and further develop the successful elements of the SWPP within routine family-finding practice, including child-centred profiling, disability-informed adopter preparation, systematic consideration of children's existing networks and access to specialist disability knowledge. These elements may be more sustainable than replicating the full project model.

Develop a proportionate approach to ecomap and network exploration. Intensive ecomap activity should be considered particularly for children where traditional family-finding activity has not identified, or is unlikely to identify, a viable permanence option.

Build stronger operational links with children with disabilities services and other sources of specialist expertise. Where specialist expertise cannot be retained within the RAA, existing disability services could provide consultation to support profiles, matching and support planning.

Continue child-centred profiling as standard family-finding practice. Profiles should present the child's personality, relationships, communication, interests and everyday life alongside realistic information about health and care needs.

Continue to develop adopter preparation on disability, health and development, drawing where possible on medical advisers, disability expertise and the experience of families caring for children with disabilities. This should form part of mainstream adopter preparation rather than being restricted to families already considering a child with a disability.

Maintain and build on pan-regional collaboration developed through the SWPP. Within current resources, RAAs could continue shared learning, training and specialist consultation across organisational boundaries.

For Family Finding Social Workers

Use systematic network exploration as part of family finding where it is proportionate to the child's circumstances. Consider not only potential permanence options but also people who may provide enduring relationships, respite or practical support.

Speak with birth parents about the child's network, where this is appropriate and can be undertaken sensitively and safely, before approaching wider family members wherever feasible. This can help identify significant relationships while recognising the ethical and emotional implications of renewed contact following care proceedings.

Identify people who have had a meaningful relationship with the child rather than relying solely on the number or formal category of contacts recorded in the child's history. This provides a more focused approach to network exploration where time and capacity are limited.

Provide timely review and sign-off of proposed network contacts and maintain regular communication with family finders. Agreeing priorities and timescales may help reduce avoidable delays in progressing family-finding activity.

Draw on disability expertise when preparing information about children, considering potential matches and contributing to support plans. Existing expertise within disability, health and other specialist services should be used where appropriate.

Continue to present children as whole individuals within family-finding materials and discussions. Information about diagnosis and care requirements should be balanced with the child's personality, relationships, communication, interests and everyday experiences.

Appendix 1

Table 6: South-West RAAs and the Local Authorities they serve

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

The SWPP team

The operational personnel of the SWPP are as follows:

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

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

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

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

Appendix 2

Link Maker Profile Guidance for Children with a Disability

Profile availability

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

Photos and Videos

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

About Me

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

A Day in the Life

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

Being Me

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

Child Wishes

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

Contact/Maintaining Relationships

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

Background Information

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

Health and Development

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

Adoption Support

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

Family Sought

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

Appendix 3

South West Permanence Project

Family Finding Policy

1. **Project Family Finding Practice Principles**

- Children are entitled to grow up as part of a loving family who can meet their needs throughout their childhood and beyond.
- Where possible this should be within their birth family, however when this is not viable, alternative options should be given sincere consideration for each child.
- The aim is to provide the best possible permanency opportunity. Permanence is defined in the statutory guidance that accompanies the Children Act 1989 as providing children with: 'a sense of security, continuity, commitment and identity … a secure, stable and loving family to support them through childhood and beyond' (DCSF, 2010).
- Delays in permanence can have a severe impact on the health and development of children and should be avoided wherever possible.
- The child's ethnic origin, cultural background, religion, language, gender identity and sexuality will be fully recognised, positively valued and promoted when decisions are made.
- The particular needs of disabled children will be fully recognised and considered when decisions are made.

2. **Objectives**

- For children to find permanence without delay, with a loving family who can meet their needs throughout their childhood and beyond.
- To minimise delay in family finding, always paying attention to the needs of the children.
- To provide greater placement stability through earlier placement and better understanding of children's support needs. Earlier attachments, reducing impacts of trauma and loss and improving life outcomes.
- To maintain and support sibling relationships either by placing children together or through robust contact plans.
- To provide greater placement stability from tailored, informed support packages secured at the point of placement.
- Families to be more aware of the needs of children and better prepared to meet them.
- To provide advice and consultation to the local authority when considering permanence plans for a child.
- To continue to explore traditional family finding methods alongside enhanced family finding.

3. Project Development Work

Work undertaken by the project will include, but not be limited to:

- Reviewing training to adopters, developing material for training if required.
- Encouraging diversity of childcare experience while preparing to adopt.
- Reducing early decision making about children with disabilities by adopters.
- Developing an enhanced family finding model.
- Creating best practice guidance for Link Maker.
- Liaising with Link Maker In about further information being added for children with disabilities onto the system.
- All children on the project to have a video for their profiles.
- Individualised information on a child's disability to be provided.
- Network meetings prior to placement to ensure support for the family.
- Ensuring Children with Disabilities Team to contribute their knowledge toward support plans.

- Support planning to include adoption support services and disability services and consider future needs.
- Buddy system to be explored with families who have adopted children with disabilities.
- EHCP's to be applied for earlier and explore potential link with support plans.

4. Local Authority Permanence Planning

Each of the local authorities, currently have their individual permanency planning procedures and processes. The RAAs will work alongside the local authorities to identify which children may be suitable for referral to the project.

All children with a SBPFA/ ADM (Agency Decision Maker) decision are tracked by their Regional Adoption Agency.

5. Eligibility for Project Workers to be Allocated

A child will only be eligible for referral to the project once they have a SBPFA/ADM decision. The LA (Local Authority) SW should follow their LA processes for this.

The family finding manager will refer to the project if the following criteria are met:

- Child has a diagnosed disability or confirmed genetic disorder.

AND

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

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

This discussion will include:

- The content of the child's profile and accompanying documents – CPR (Childs Permanence Report) with a redacted CPR available for the project worker; Adoption Medical; Carers Report; Sibling

Assessment; LA Chronology; any other documents/reports completed during Care Proceedings.
- The child's preparation for adoption and understanding of their life story.
- Assessment of contact needs.

While the child is allocated to the project worker, but has not moved to enhanced family finding, the project worker will:

- Develop in-depth understanding of the child, and their support needs, through face-to-face visit to child and carer.
- Apply for a video to be completed.
- Update the child's profile on Link Maker, and then review minimum of two monthly.
- The project worker will follow the usual adoption family finding policy for the RAA (Regional Adoption Agencies) until a child is accepted onto the enhanced family finding area of the project.

The Adoption Adviser will already have given some advice about amendments to the CPR during the SBPFA/ ADM process and the child's social worker should update the CPRs (Childs Permanence Report) 3 monthly ready to be shared with project workers and adopters when family finding.

6. **Eligibility for Enhanced Family Finding**

For Enhanced Family Finding to commence the child will require in addition to the above criteria.

- A Placement Order or be a relinquished child with signed Section 19 paperwork.

OR

- Court agreement and consent from parents who hold parental responsibility for inclusion within this area of the project.

7. **Child Not Accepted onto the Project**

If the child is not accepted onto the project due to capacity of project workers, they will join a waiting list for entry to the project when space becomes available. The child will remain the responsibility of the RAA family finding team who will continue to family find for the child during this time. The project workers will be available to provide advice and guidance

if requested from the family finders working with the child while they remain on the waiting list.

If the local authority believe a child should have been accepted onto the project who has not been, and this isn't able to be resolved within a discussed between the child's LA SW, LA SW manager, RAA Family Finding Team Managers and Project Workers then a request for the child to be discussed at the next Project Management Group Meeting can be made.

8. **Enhanced Family Finding Process**

If the child has been accepted onto the enhanced family finding section of the project, the Project Family Finder will:

- Access local authority files to complete understanding of child's history and networks.
- Work where possible with birth families as well as foster carers and social workers to create a detailed ecomap showing the child's current and historical networks of support. (Projects show ecomaps can need to include between 30-100 identified people before successful permeance options can be identified.) These include members of family, social and professional networks. Connected people already assessed through the local authority will not be reconsidered through this process.
- Locate and contact people within the network through phone calls, emails, social media, visits etc. to find those who have an interest in supporting the child.
- Discussions to identify who would potentially be able to meet the child's needs and how permanence would present for the child within the family. Including checks and references being commenced and development of a support plan.
- If potential links are found the anonymised CPR will be shared. This will be used to have further discussions and visit potential families.
- Network meetings to be set up by Project Workers. The CPR will be anonymised by the child's SW by this date. Agreed information to be shared with the network.
- Review all RAA approved adopters and, if no suitable family is found, review those in stage 2 of the adoption process and liaise with their social workers, to identify potential links for the child.

- The project worker will maintain a detailed chronology of all project activity in relation to family finding and provide a copy of this to the child's local authority in the monthly meetings to be saved onto the child's record.
- If a link is agreed, refer to adoption team or local authority for full assessment of family as adopters/special guardians or long-term foster carers if potential family identified.

The child's social worker and the project family finder should keep regular contact whilst project family finding, and it will be important that each inform the other about any updates about the child or progress with project family finding. As part of this, there should be a meeting to review project family finding progress every four weeks with the relevant LA social worker and/or SW manager. This meeting will review progress and agree future project family finding activity, including attendance at activities days, individual profiles.

9. Linking with Approved Adopters or Foster Carers

Any prospective adopters found through traditional methods will be considered. The child's social worker and project family finder should read PARs for any prospective adopters as soon as possible and no longer than five days after receipt, to prevent delay and reduce the risk of the adopters no longer being available. The local RAA's current policy for linking and matching will be followed for approved adopters.

Any approved foster carers who wish to be considered must be supported to express their interest and commence consideration for the link, by following the practice guidance for adoption by foster carers within their local RAA.

Existing approved foster carers can go through a "fast track" reassessment and adoption approval process. Their assessment will be in respect of their suitability as adopters generally and if they are approved, their suitability to adopt a specific child or children will be addressed separately as part of the matching process".

The foster carers will start the adoption process in Stage 2 and the RAA should complete the assessment of the adopters within 4 months of receipt of the registration of interest.

To prevent delay, the suitability of the foster carers to adopt and the match of the child with the prospective adopters will be presented to Adoption Panel on the same day, which should be within 4 months of starting the assessment.

10. Identification of Families Who Are Not Approved Adopters or Foster Carers

Potential families identified through exploration of the child's past and current networks will be visited by a project worker. These visits will be used as an opportunity to discuss the child's needs in depth, how they present over time and the parenting approach and family life that would enable the child to develop. A family who is identified as potentially being able to meet these needs and is wanting to be considered for the child will be assessed by the project worker using the Family Consideration Analysis form. This form will then be shared with the child's social worker. If they are in agreement for the family to be considered further, a joint visit will be prepared and planned by the project family finder and the child's social worker.

The child's redacted CPR and other relevant redacted documents, e.g., the adoption medical, should be shared with the family prior to the visit to enable them to fully consider the child's history and needs.

The Family Consideration Analysis, child's CPR and other relevant documents identifying the child's needs should be used by the project worker and child's social worker to develop questions that will be the basis of discussion with the family and thereby help to identify if the family can meet the child's needs.

The joint visit will be completed by:

- Child's social worker/author of the CPR. Someone who knows the child well and understands the sort of family that may meet their needs.
- The project family finder. Someone who has met the child and the family previously. This person will advise the social worker and contribute informed objectivity.

If more than one family is identified as a potential family, the project family finder and the child's social worker will meet to consider which families should be visited by discussing the family consideration analysis and child's needs.

To ensure a prompt response for the child and families being considered:

- Dates for visits to identified potential families where possible should take place as close as possible to each other.
- A linking meeting should be planned prior to the visits and take place within five working days of the last family visit.

Following the visits, the social workers for the child and the project family finder will update the Family Consideration Analysis.

11. The Linking Meeting/Discussion

The process for deciding upon a link should include the social worker and the project family finder involved in the home visit, the social work manager and a senior practitioner/manager linked to the project who will chair the meeting.

The decision for the potential match rests with the local authority and the project worker will provide a consultation role. However, in the spirit of partnership working this should include an equal voice and all parties should be able to provide critical challenge when it is in the child's interest.

Currently the process for agreeing the link between the child and family is different in different local authorities and the process for the child's local authority will be followed.

The meeting must include:

- Use of the PAR/Viability Assessment/Family Consideration Analysis to analyse the information from the family finding visits.
- Agree if a family can best meet the needs of the child, or if more than one which can meet their needs best.
- Consider the child and the family support needs that will form the basis of a support plan.
- Plan a network meeting, including who will attend from the child network, family network and current and future professional

network, what information will be shared, and aims from the network meeting.
- Agree tasks and responsibilities in the preparation for the network meeting.
- Confirm the type of proposed match that is being considered, adoption, special guardianship or long-term fostering.

Within 5 working days of the linking meeting and to prevent delay any agreed upon referral for a family considered viable will be completed to the specific local authority or regional adoption agency for adoption, special guardianship or fostering assessment. The correct policy in the local authority or regional adoption agency will need to be followed for assessment to be undertaken.

12. The Network Meeting

This meeting will be coordinated by the project family finder. The purpose of this meetings is to bring together individuals who have significant knowledge and experience of the child, with the purpose of sharing this with the family and their support network. Those to attend or supply information for the meeting should include:

- the family agreed upon in the linking meeting
- the family's social support network
- child's social worker
- child's medical advisor
- any relevant medical specialist
- the education provider
- the children with disabilities team for the area where the family live
- the adopter/ special guardianship carer/ future carer for the child
- foster carer
- birth family if appropriate
- other key people identified by the social worker and project family finder

The meeting should bring together the factual and emotional chronology of the child's life and identification of areas that may require support going forward. The meeting will discuss actual and potential support available in the short and long term for the child and the family.

The meeting will be held for all children in the project and be chaired by the project family finder. The draft support plan will be sent to the family and those included within the plan following the meeting. The child's social worker should save a copy on the child's file and gain signed management agreement for elements requiring authorisation from the local authority within the support plan.

Following authorisation from the local authority in relation to the support plan, a meeting will then be held within a week between the child's social worker and the project family finder to finalise feedback to the family. Feedback will be completed to the family by the project family finder or child's social worker and will be shared with any working completing adoption/special guardianship/fostering assessment for their knowledge and information.

13. Moving Forward

To prevent delay for the child, assessment and support planning for the family will occur concurrently. The correct policy in the local authority or regional adoption agency will be followed, after linking and approval/matching of the family and child have occurred.

The project family finder will remain actively involved with all the children until after the child has moved, attending meetings and providing advice and guidance on the child's needs and supporting any transition to their identified family.

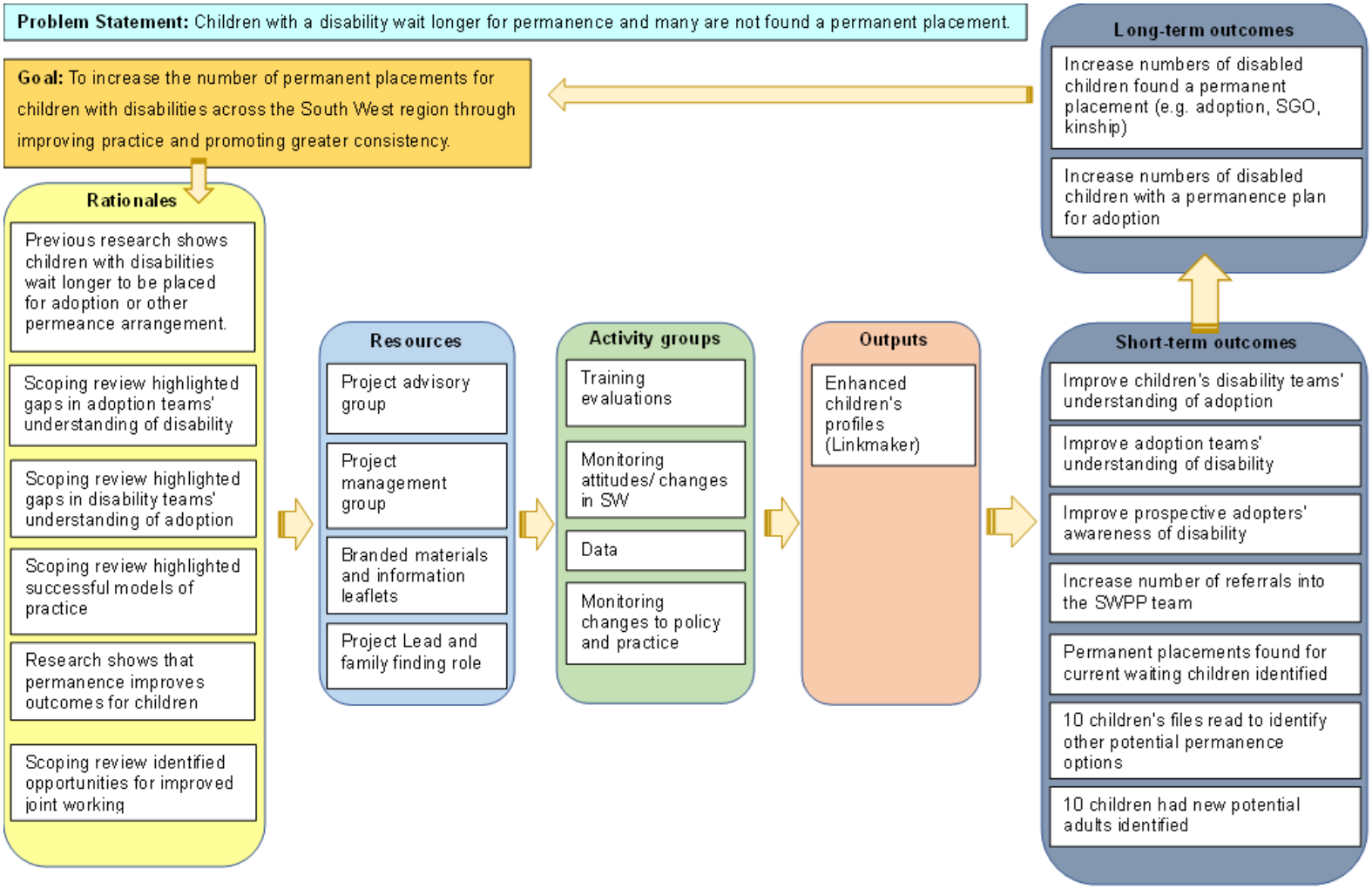
14. Recording

Records of family finding activity will be held on the case management system in use by Adoption West for all children allocated to the project. Monthly updates will be provided for the child's social work records.

15. Working Policy

This policy is a working document as the project develops new ways of working. The policy will be updated and amended as the working practices of the project develop, this will be done in consultation and with agreement from the Project Management Group.

Appendix 4


Problem Statement: Children with a disability wait longer for permanence and many are not found a permanent placement.
Goal: To increase the number of permanent placements for children with disabilities across the South West region through improving practice and promoting greater consistency.
Rationales
Previous research shows children with disabilities wait longer to be placed for adoption or other permeance arrangement.
Scoping review highlighted gaps in adoption teams' understanding of disability
Scoping review highlighted gaps in disability teams' understanding of adoption
Scoping review highlighted successful models of practice
Research shows that permanence improves outcomes for children
Scoping review identified opportunities for improved joint working
Resources
Project advisory group
Project management group
Branded materials and information leaflets
Project Lead and family finding role
Activity groups
Training evaluations
Monitoring attitudes/ changes in SW
Data
Monitoring changes to policy and practice
Outputs
Enhanced children's profiles (Linkmaker)
Short-term outcomes
Improve children's disability teams' understanding of adoption
Improve adoption teams' understanding of disability
Improve prospective adopters' awareness of disability
Increase number of referrals into the SWPP team
Permanent placements found for current waiting children identified
10 children's files read to identify other potential permanence options
10 children had new potential adults identified
Long-term outcomes
Increase numbers of disabled children found a permanent placement (e.g. adoption, SGO, kinship)
Increase numbers of disabled children with a permanence plan for adoption

Appendix 5

Revised Theory of Change: Final 12 Months of SWPP

Revised Problem Statement

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

Strategic Goal

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

Updated Rationale

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

Core Activities

- Complete and refine ecomaps for all children enrolled, ensuring accuracy and safeguarding oversight.
- Continue EFF work, including outreach to network contacts and exploration of non-traditional permanence routes.
- Maintain monthly review meetings with LA social workers to track progress and update plans.

- Enhance adopter profiling and matching via LinkMaker, with disability-informed presentation of children.
- Deliver targeted awareness-raising sessions to LA teams, DCYPS, and adopter networks.
- Facilitate access to Maudsley Clinic and therapeutic assessments to inform support planning.
- Strengthen governance protocols and streamline IT access across RAAs and LAs.
- Document and disseminate learning through strategic briefings, evaluation outputs, and stakeholder engagement.
- Prospective adopter training

Revised Outputs

- Completed ecomaps for all enrolled children
- Chronologies of EFF activity integrated into children's case records
- Updated CPRs and permanence plans reflecting disability-informed insights
- Refined adopter profiles and matches via LinkMaker
- Strategic presentations delivered to LA and RAA leadership teams
- Documented improvements in therapeutic access and support planning
- Evaluation data capturing changes in professional attitudes and practice

Short-Term Outcomes

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

Long-Term Outcomes

- Increased number of children with disabilities placed with adoptive families

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

Appendix 6

Being Me sheet



Appendix 7

A Day in the Life of _____ Date _____

	What I did today	What were my best bits?	Did I need extra help?
Morning			
Afternoon			
Evening			
Night			

Appendix 8

ToC outcome	Evidence	Assessment of progress
Increased visibility of children with disabilities and increased referrals	66 children were engaged with the SWPP: 25 enrolled in EFF and 41 on the tracking list. Senior participants considered the unexpectedly high number of referrals to indicate increased visibility, although the project may have revealed an existing population rather than caused the increase.	Evidence of progress, although the extent to which increased referrals were caused by SWPP cannot be established.
Identification of additional permanence options and wider relational resources	Ecomaps provided substantially more intensive exploration of children's networks. Seventeen ecomaps on 22 children identified an average of 107 contacts, with 41 explored. In 53% of ecomaps, at least one identified contact considered or offered a permanence option. Ecomaps also identified possible respite, practical support and enduring relationships.	Clear evidence of progress in identifying options, but these did not consistently translate into permanent placements.
Improved professional understanding of disability and permanence planning / greater prospective-adopter awareness	Interviews indicated greater attention to disability knowledge and to challenging assumptions about children's needs. Prospective-adopter training was developed, and 45 professionals attended training for recruitment and assessment social workers. However, there was not yet evidence that this training increased the number of adopters considering children with disabilities.	Evidence of progress in professional understanding and preparation, but insufficient evidence of subsequent changes in adopter behaviour.

ToC outcome	Evidence	Assessment of progress
Greater visibility in adopter networks and embedded inclusive profiling	Twenty-four of the 25 enrolled children had a revised LinkMaker profile, and the remaining profile was in progress. SWPP-developed approaches informed changes to LinkMaker profiles and updated national guidance, with continued consultation with the project on disability.	Strong evidence of progress, particularly in child-centred profiling, with influence extending beyond individual SWPP children.
Improved inter-agency communication, collaboration and shared ownership	Interviewees described stronger relationships and pan-regional working between the three RAAs. Monthly reviews helped maintain communication and case progress. However, engagement, responsiveness, information-sharing and governance arrangements remained inconsistent across local authorities.	Partial progress. Collaboration strengthened at RAA level but was not consistently embedded across the wider system.
Improved therapeutic access and support planning	Thirteen support plans had been completed, and one was in progress, but practice varied substantially between local authorities. The specialist assessment pathway was re-established after the original service closed, although no clinical or therapeutic assessments had been accessed by the reporting date.	Partial progress, with mechanisms developed but inconsistent implementation and limited evidence of actual therapeutic access.
Enhanced quality and timeliness of family finding	Core EFF activities were broadly delivered, including detailed file review, ecomapping, network exploration, adopter searches and revised profiles. However, record access, permissions, documentation, support	Clear evidence of enhanced quality and depth, but mixed evidence on timeliness.

ToC outcome	Evidence	Assessment of progress
	decisions and professional responsiveness generated cumulative delays.	
Increased permanent/adoptive placements for children with disabilities	Among the 25 enrolled children, two were placed for adoption, one linked with prospective adopters and ten had long-term fostering agreed. Ten remained in family-finding. No statistically significant difference in final status was found between enrolled and referral-list children.	Limited evidence against the specific long-term adoption outcome.
Reduced time to permanence	The report identifies continuing and sometimes substantial delays associated with access to records, updated CPRs, permissions, support planning and wider system processes.	Insufficient evidence of achievement; systemic delay remained a significant constraint.
Embedding practice and informing wider/national policy and practice	Child-centred profiling influenced national LinkMaker changes and guidance, while the project strengthened regional collaboration and generated learning around EFF, adopter preparation and disability-informed permanence practice.	Evidence of wider influence, particularly in profiling; the longer-term sustainability and embedding of EFF and cross-agency arrangements cannot yet be established.