

A home for me?

A comparative review of the value of different forms of permanence for children – Adoption, SGOs and Fostering

A report for the Consortium of Voluntary Adoption Agencies

November 2022



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The report has been prepared, and the work underpinning it has been undertaken, in accordance with best practice standards for this type of research, and specifically in accordance with the GECES Standards for the measurement of impact as published by the European Commission.

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Foreword

The adoption system in the United Kingdom is not working well for children. There is some variation between the four nations, but despite the evidence of adoption providing lifelong benefits that exceed other permanence options, and even though the number of children in public care is close to an all-time high, the numbers of children being adopted from care are at an all-time low and continuing to fall. Whilst the reduction in the number of children being adopted can be attributed, in part, to the welcome rise in the use of kinship placements and a change in thinking about fostering, neither option is without its challenges and both require long term support which is currently underdeveloped.

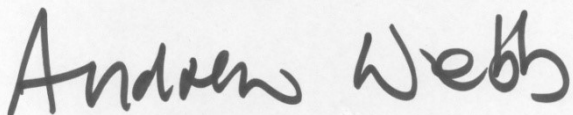
Additionally, the children who have traditionally waited longest to be adopted (sibling groups, children with a disability, older children, and those from ethnic minority or mixed ethnic backgrounds) are waiting longer than ever. There has also been a rise in the number of reversals of adoption plans. Consequently, significant numbers of children are being looked after in interim placements with a succession of foster families, rather than benefitting from the permanency and stability that adoptive families provide.

Adoption is not an appropriate permanence option for all children and is not perfect. Work is needed on the importance of maintaining significant early relationships and access to support for children and both birth and adoptive families; these provide the impetus to modernise adoption rather than to stop recommending it.

In the absence of an obvious, simple explanation for the changes in the public care system, the Consortium of Voluntary Adoption Agencies decided to commission this study on behalf of children who have had the toughest of starts in life; unable to live with their family of origin but apparently being denied the chance of adoption. We asked Sonnet to provide an analysis of permanence, in the round, to inform debate. The resulting report provides a comprehensive assessment of the value of permanency to children, families and to the wider community.

On behalf of the CVAA Board I would like to thank the very many people who contributed their time and expertise to making this piece of work so well informed, as well as the excellent team at Sonnet whose thoughtful analysis and robust calculations have produced such powerful messages to inform all of us who care about children's life chances.

We are committed to ensuring the best possible evidence is being used when considering the life-long needs of our most vulnerable children, and this evaluation provides it.



Andrew Webb
Chair CVAA



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Definitions of terms

The following definitions apply throughout this document, unless the context requires otherwise:

Term	Definition
ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
ASF	Adoption Support Fund
ASGLB	Adoption and Special Guardianship Leadership Board, previously the Adoption Leadership Board (ALB)
CAMHS	Children and Adolescent Mental Health Services
CLA	Children Looked-after
CPV	Child on Parent Violence
CVAA	Consortium of Voluntary Adoption Agencies, registered charity number 1108318
CYP	Child or Young Person
DfE	Department for Education
FASD	Foetal Alcohol Spectrum Disorder
FAS	Foetal Alcohol Syndrome
GP	General Practitioner
LA	Local Authority
LAC	Looked-after Children (also referred to as CLA)
NEET	Not in Education, Employment or Training
PACT	Parents and Children Together, the operating name and brand of the Oxford Diocesan Council for Social Work Incorporated, registered charity number 285214

RAA	Regional Adoption Agency. Throughout this report the term 'Statutory agency' is used to include RAAs and the equivalent statutory agencies in Wales and Scotland.
SG	Special Guardian
SGO	Special Guardianship Order
VAA	Voluntary Adoption Agency. Throughout this report VAAs are referred to as 'voluntary agencies'
VH	Virtual Head

Summary report

About the Consortium of Voluntary Adoption Agencies (CVAA)

This report has been commissioned by the CVAA, the body that represents Voluntary Adoption Agencies (VAAs). VAAs are not-for-profit bodies that find, prepare, train and approve families and guide the placement of children for adoption, supporting local authorities (LAs) and statutory agencies (including Regional Adoption Agencies (RAAs)) to find stable and permanent homes for children who cannot live with their birth families.

The CVAA's mission is to achieve excellence in the adoption system through harnessing the collective expertise, commitment and innovation of the voluntary adoption sector, working together for children, families and adopted adults. Through lobbying and advocacy, the CVAA upholds this central principle and works to amplify the voice and influence of voluntary agencies, using their collective wisdom and the integrity of their work to achieve positive change for children.

Background to this report

This report builds on, and updates, a report produced in 2010 by Jim Clifford that explores the social impact of aspects of PACT's work (PACT is a voluntary agency). The citation for this report is: Clifford, J. (2011) PACT Domestic Adoption and Fostering: SROI Evaluation. Reading. PACT. and London. Baker Tilly, known as 'The PACT Report'.

The PACT Report explored the value brought by therapeutic adoption and therapeutically-informed fostering from the perspectives of a range of stakeholders. It focused primarily on adoptions supported by PACT over a given year, but did not consider the value of all adoptions that were enabled by other voluntary agencies or other bodies over the same timeframe. Widely acclaimed at the time, and referenced in Sir Martin Narey's 2011 report,¹ it is now over ten years' old.

While The PACT Report is still being used by voluntary agencies in their discussions with LAs, it is necessary to update this work to reflect, among other things, changes in both policy landscape and in practice. It is also necessary to reflect the emergence of a new counterfactual in the form of Special Guardianship, as an alternative form of permanence to Long Term Fostering.



**PACT Domestic Adoption and Fostering
SROI Evaluation**



¹ Narey, M. (2011). A Blueprint for the Nation's Lost Children. Pub. The Times, July 5th 2011.

Scope of this report

This report, commissioned by the CVAA to update The PACT Report, explores the value created by adoption to those who are adopted, their families and the wider society. It is based on an analysis of the outcomes of children and young people who were adopted compared to a counterfactual in which they are in a different type of care or placement, be that fostering, Special Guardianship or residential care. The focus of the analysis is the value that is created, up to the age of 18 years, to a range of different stakeholders, with a small number of impacts, most notably employability and productivity, considered beyond this age.

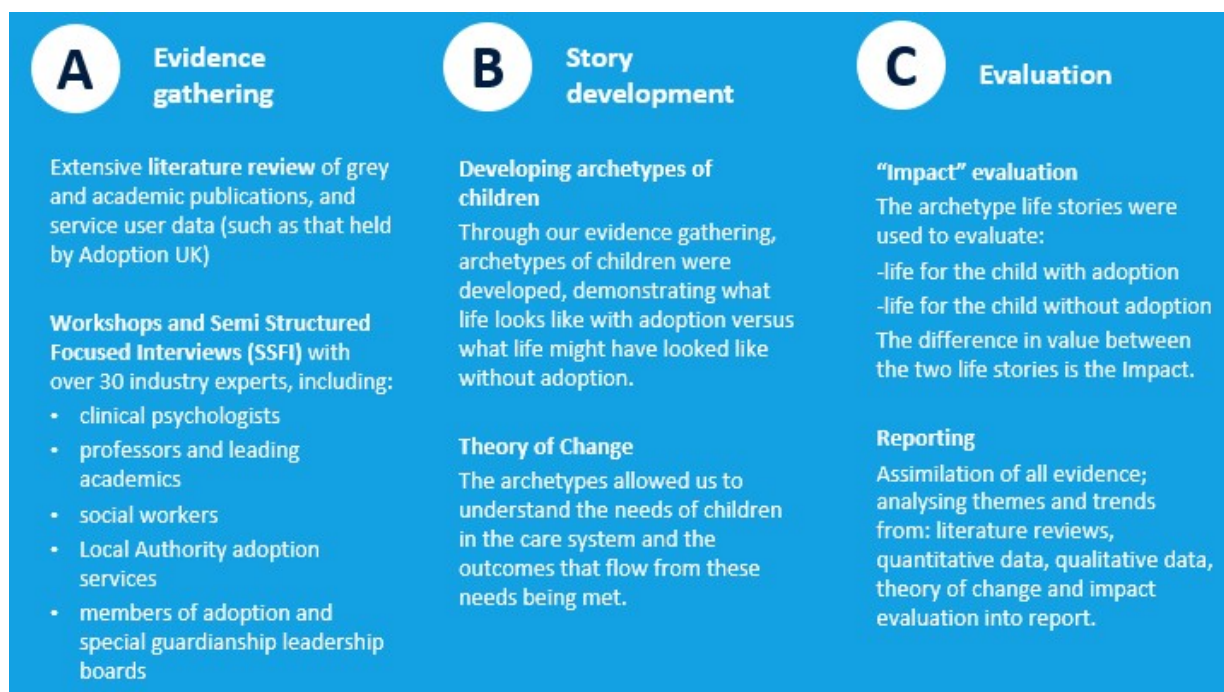
While this report was commissioned by the CVAA, the analysis explores all adoptions, not just those facilitated by voluntary agencies. Its scope is adoption in England, Scotland and Wales; however, it does not seek to disaggregate the benefits from adoption to each individual nation, or to explore, at this stage, the differences in approach across those nations.

In summary, the objectives for this work are to:

1. Articulate the value of adoption to a child, to their family and to the wider society
2. Articulate why adoption is the most suitable placement of choice for some children
3. Articulate and place relevant financial values upon the outcomes an adoption placement can achieve
4. Explore and explain what brings that value
5. Identify appropriate counterfactuals to adoption, and articulate the value that those alternatives bring

A summary of the methodology

A mixed methods approach has been used in the report; this underpins both the qualitative and quantitative elements of this work. This methodology is described in further detail in the diagram below (and appendix 1).



How adoption brings value

Workshops with experts across the breadth of the permanence pathways were used to understand how adoption creates value. Exploring adoption in its entirety meant that practitioners from both voluntary and statutory agencies were involved; from this, any potential nuances in the delivery, approach, and ultimately the outcomes achieved by the two types of agencies, could be drawn out. Figure 1 summarises the findings from this research and demonstrates how children’s lives can be changed for the better through adoption that is well supported.

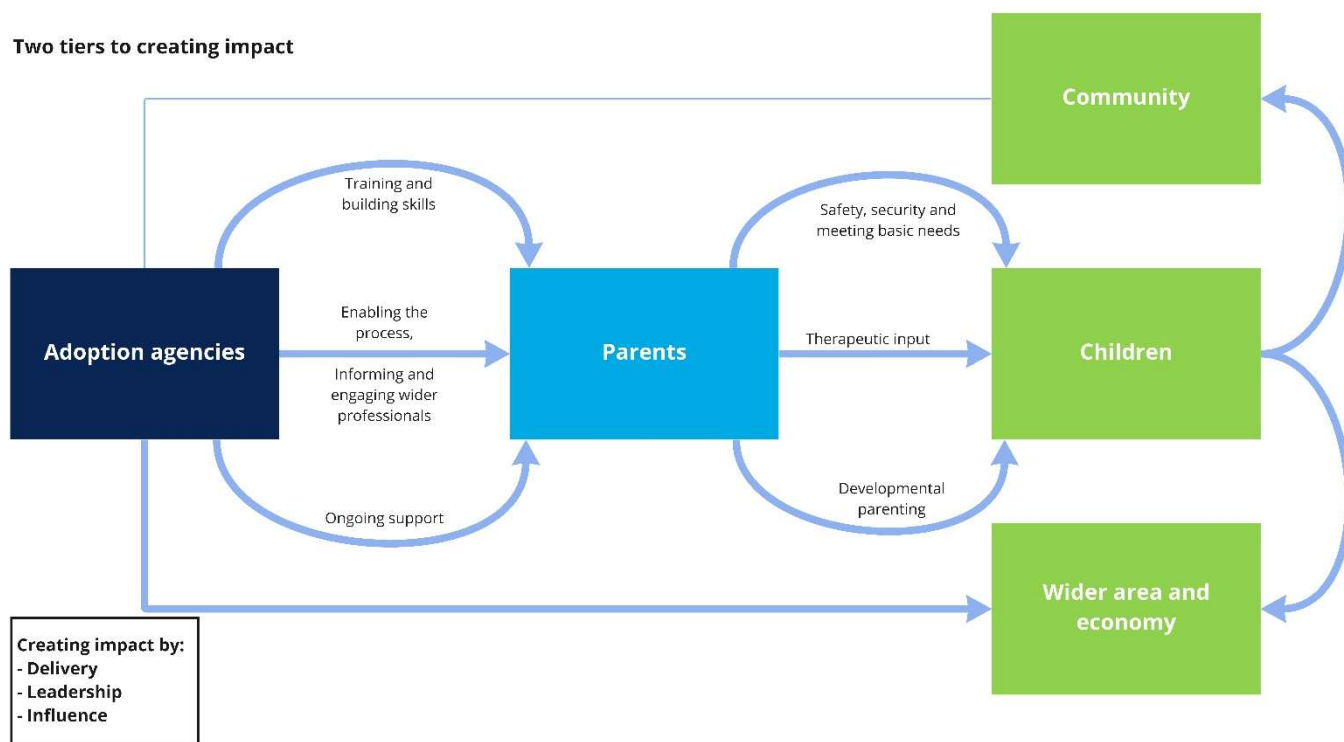


Figure 1: How adoption agencies support the impact of adoption on society

Adoption works well when an agency works with a child to understand the entire needs of that child, including; their basic needs, the emotional support required, their developmental experiences, their certainty and hope for the future, and, of course, their identity. The agency is then able to match the child to parents who are then supported to meet these needs. Adoptive parents need to be supported – by adoption agencies or otherwise – to raise their adopted child or children. Supported adoptive parents can create a stimulating and nurturing environment, free from the excessive danger that leads to trauma.

Many children, prior to becoming looked-after, have experienced some form of trauma in their birth families. The role of an adoptive or permanent foster parent may therefore also be to provide therapeutic parenting to support a child in recovery from those earlier traumas.

The goal of most adoptive parents is to raise their child to become an independent and healthy adult, both physically and mentally, who is then able to negotiate the key transitions in life, such as higher education, the workplace or marriage, while feeling equipped and supported to navigate through those changes. Our research,

and the research of others, shows that a child who lives with a family is more likely to experience positive outcomes than those living in care. This has implications for third parties - for example, the criminal justice system and the economy – as adopted children and young people are more likely to be in meaningful work and be less likely to become involved in criminal activity. These impacts are captured in this analysis.

Research shows that achievable outcomes for a child are affected by their ‘predispositions’ – these are factors, such as clinical conditions, that are permanent, genetic traits and biases that the child will carry with them throughout their life. These predispositions create limitations on the achievable outcomes for the child, and/or define which interventions are likely to be more or less effective. The parenting of the child needs to maintain ambition for the child whilst being tempered with realism as to what is realistically achievable; this approach needs to be informed by how to work towards the child’s needs, whilst working with the child's existing predispositions.

The research has looked at three situations in which permanence may be sought for the child. Each has its own benefits and achieves outcomes using different drivers of value. Figure 2 summarises the drivers of value created by adoption, as well as Special Guardianship Orders (SGOs) and fostering placements.



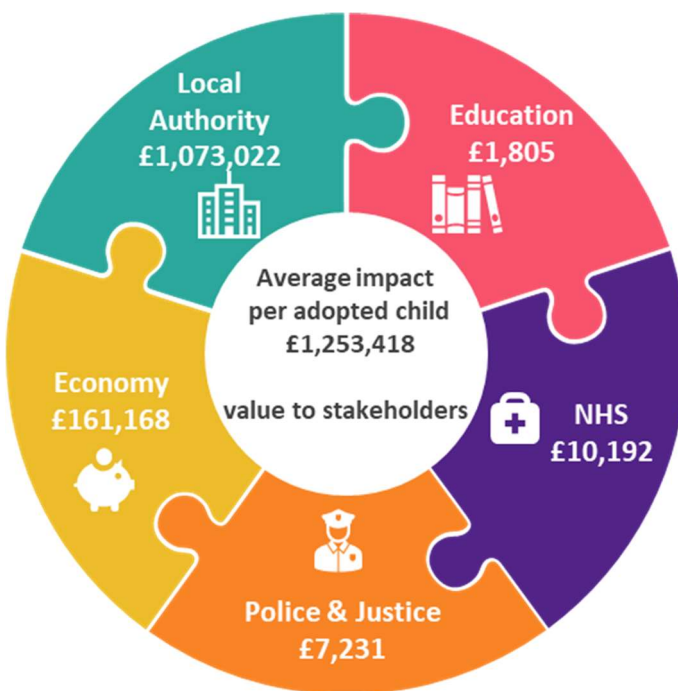
Figure 2: Value drivers in adoption, SGOs and fostering

This figure shows how the drivers of value in adoption and its counterfactuals differ, ultimately reflecting that these three routes offer different types of permanence for looked-after children. Drivers of value in this context mean the key features of adoption, SGOs and fostering that generate positive outcomes to their beneficiaries – i.e. the children and young people within them, and the wider society.

For example, one of the key value drivers of adoption is that it maintains a legal link to a parent beyond the age of 18 years; this supports a stable transition for the young person into adulthood. A key value driver in SGOs is that children and young people may remain within their birth family and the legal link to parents is maintained; this may help to preserve a child’s sense of identity. The potential for a child to return to their birth family is a key value driver in foster care.

Results from our analysis

This research evaluates the impact of adoption for a child in England, Scotland or Wales. Adoption yields *at least* £1.3m in net benefits to a child or young person, their families and other key stakeholders in society. Extrapolating this value to the total number of children adopted in 2021 yields a total value to society of *at least* £4,210.2m. This value represents the gain to society from children and young people living with adoptive parents, as opposed to being placed in an alternative form of permanence, such as long term foster care, residential care or in SGOs.



The stakeholders for whom adoption is the greatest potential value (notwithstanding children themselves), are LAs, which in this analysis accounts for *at least* £3,604.2m (being *at least* an average of £1.1m per child). This is largely driven by the lower long term burden to the public purse of supporting a child placed for adoption rather than in foster or residential care. While there is no universal payment to adoptive parents (adoption allowance is paid for in exceptional circumstances), LAs need to pay for the ongoing placement of children in foster and residential care.

The next largest value created is to the economy. The economy benefits from the higher productivity of adopted children and young people in adulthood – adopted children are more likely to gain meaningful employment and less likely to not be in either education, employment or training (NEET) than those

children who remain in care. This value is estimated to be *at least* £541.4m (being *at least* an average of £161.2k per child). The third largest value created is to the NHS. When compared to children who remain in care, adopted children are likely to have better physical and mental health across their lifetimes; this reduces the demand on the NHS, an impact of *at least* £34.2m (being *at least* an average of £10.2k per child).

Conclusions from this project

Adoption remains a key form of permanence for children and young people who cannot remain with their birth families, and this evaluation illustrates that it continues to generate significant value to society. Where appropriate to the needs of the child, adoption brings more value than either SGOs or fostering. The total scale of these benefits to society, however, may be declining year-on-year as the number of children being placed for adoption continues to fall.

It is imperative to understand what is driving the reduction in the number of adoptions. If it is because looked-after children are increasingly less suited to adoption and more suited to other types of permanence, then no further action is required. However, our research indicates that this is not always the case, and the need for an increased emphasis on child-centred decision-making is paramount to ensuring the best outcomes for these children.

SGOs were introduced in 2005 to allow for existing foster or kinship carers to become legal guardians to children or young people, thereby bringing some certainty to looked-after children; SGOs are now frequently used to place children and young people with family members with whom they had not been living previously.^{2,3} It is argued that the benefits of SGOs is that they are likely to preserve relationships with birth families and therefore provide stability to the child placed within them. However, where this form of permanence may fall short when compared with adoption, is that far less training is provided to Special Guardians. This shortcoming may lead to difficulties in balancing family relationships with birth parents, with limited financial support also being provided to Special Guardians. This may limit a Guardian's capacity to provide a stable and supportive environment for the child, particularly when they have had limited time to prepare for their arrival.

Given that the government's prime position is to support families to stay together, the importance placed upon maintaining links with a child's birth family when social workers develop plans for permanence, is understandable.^{4,5,6} However, it should be recognised that birth family contact can be preserved and facilitated within adoption. Our research, and that of others, recognises that the awareness of birth family contact within adoption helps to facilitate it, and ongoing support for it within adoption (and probably in SGOs) needs to be improved. Realistically, in this age of social media, children are able to locate birth family and vice versa; therefore, earlier strategies of separating children from their birth family are no longer realistic. If this issue were to be addressed and there was recognition that adoption could support birth family contact, this could increase the likelihood of social workers recommending children and young people for adoption.

Questions and recommendations for policy makers

The following is a list of the key questions and recommendations for policy makers across the nations that have been posed and formulated on the basis of our research findings. These are explored in greater depth throughout the report and in the conclusions section of the report.

1. **Re-visit the understanding and practice of birth family contact.** Acknowledge the benefits of creating a relationship between a child and their history that reflects the reality of adoption today. Remove the false idea that adoption must necessarily mean that a child is divorced from their origins, and from any birth family relationship. Not to do so is likely to lead to the permanence offered by adoption being ignored on

² Simmonds, J. et al. (2019), [NuffieldFJO-Special-Guardianship-190731-WEB-final.pdf](#)

³ DfE (2015), [Impact of the Family Justice Reforms on Front-line Practice Phase Two: Special Guardianship Orders \(publishing.service.gov.uk\)](#)

⁴ DfE (2022), [The Education Hub blog: How we're supporting families in need and keeping children safe](#)

⁵ Scottish Government (2021), [Keeping families together](#)

⁶ Social Care Wales (2021), [Safely reducing the need for children to enter care](#)


the basis of a misconception, rather than work being done to ensure that birth family contact is seen as a positive.

2. Consider what actions need to be taken to **ensure SGOs provide the support that other forms of permanence can provide**, for example by **providing training to Special Guardians** that is equivalent to the training received by adoptive or foster parents, as well as providing financial assistance where this is needed. This may, in a number of cases, require support for both the Guardian and the child in facilitating access to birth parents.
3. **Evaluate the long term outcomes of children in SGOs** in England and Wales, including a review of the longevity of the support and stability afforded to the child, how relationships with birth parents emerge and are supported, and what happens to children after the age of 18.
4. **Review and reframe how permanency decisions can be taken for children.** In decision-making meetings, consider insights regarding all available options (including adoption), ensuring that positive and informed views regarding identity (and how it can be reflected in permanencies) are recognised. In particular, experts in all forms of permanence should be in the room, and adoption experts should not be excluded solely because they are not Local Authority employees.
5. **Develop the insights of the Guardians ad Litem** regarding the relative appropriateness of the different forms of permanence and how they can meet the needs of children. Their role is consistent with the need to take an objective, child-centred view, and their influence on court decisions and practical processes is considerable.
6. **Continue to explore and develop collaborative working between voluntary and statutory services; remove misunderstandings regarding the underlying costs of in-house placements being more than inter-agency fees, which creates blockers**
7. **Explore what permanence really means for real children and so expand the understanding of permanence beyond statutory guidance**
 - Permanence is currently defined by theoretical timeline planning (social worker decisions) and the legal status of the child in relation to their family or corporate parent. However, in reality the nature of permanence is *the child's confidence in the consistency and sustainability of*: locations; parenting (and the identity of the individual parents involved); their expectations for their daily lifestyle; and their opportunities and hope for the future that arise in that situation, together with the family and other networks of support around them.
 - Long term fostering, whilst permanent in terms of planning, is unlikely to offer as many of the aspects of stability that a child needs for permanence compared with adoption or SGOs (indeed the indications are that many fostered children move quite quickly from one foster home to another⁷).
 - Further research into SGOs is required; whilst SGOs are appropriate for some children, there is little evidence available regarding how effective SGOs are. Further research will result in a clearer understanding of the benefits of SGOs, and how statutory services employ SGOs.

⁷ [Social Care Institute for Excellence: Foster care moves and breakdowns](#)



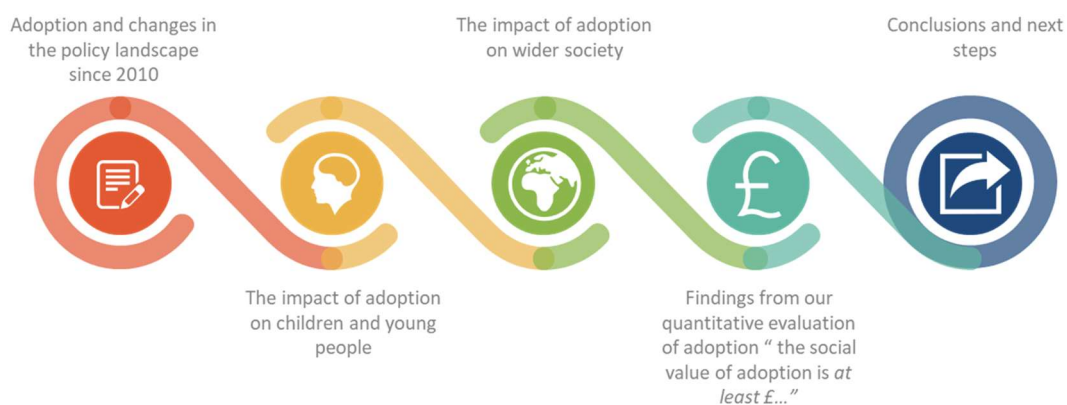
Further research and exploration required

- **Further exploration of outcomes for adopted children (particularly outcomes that are longer term, post 18 years)** is required to gain a more in-depth understanding of the different routes to permanence.
 - **An independent review to establish proper cost boundaries for statutory and voluntary agencies:** further research is required to understand the cost of adoption, and other forms of permanence, within LAs. It is concerning that these uninformed cost boundaries could mean that children who would otherwise be suitable for adoption may miss this opportunity because, based on a cost decision alone, the child is not referred to an appropriate (voluntary) agency.
 - There are some **suggestions that experienced social workers are leaving the system** (either through retirement, or through fatigue with the system and high caseloads). **Exploration of the risk of the loss of expertise and knowledge that this could pose is required:** Is there a future risk that insightful, child-centred decisions based on an individual social worker's expertise and their insight and ambition for children could be lost?
 - **Further research into SGOs is required:** whilst SGOs are appropriate for some children, there is little evidence available regarding how effective SGOs are. Further research will enable greater understanding of the benefits of SGOs, and how statutory services employ SGOs.
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Report structure

The report will cover the following areas, as shown in the diagram below:

A simplified version of the diagram is displayed at the top of each page, highlighting the section of the report to which each page relates.



The appendices cover detailed analysis relating to: the methodology which underpins this report; the key changes in adoption policy and practice since 2010; and the reasoning and research which underpins the impact model that calculates the value adoption brings to society.

A note on terms: Throughout this report the term 'statutory agency' is used when referring to a RAA in England (and statutory agencies in Wales and Scotland), and 'voluntary agency' when referring to VAAs. Whilst some might argue that, on a strict interpretation, RAAs are not statutory agencies, it is invariably a form of joint venture between statutory agencies, and for this report it has been referred to as such.

1. About adoption and changes in the policy landscape since 2010

Adoption and its alternatives

Adoption is a legal process through which a court determines that a child or a group of siblings who cannot be brought up within their birth family can become full members of a new family. It may be with⁸ or without the consent of the birth parents. After a child is adopted, he or she is no longer looked-after by the local authority and the adopter becomes fully legally responsible for the child. This report focuses on adoption after a child has been taken into care and becomes a child who is looked-after by the LA.

LAs have a statutory duty to safeguard and promote the welfare of children in care, also known as either looked-after children (LAC) or children looked-after (CLA). These are children who have been unable to remain with their birth families due to a variety of factors. Since 2010 LAs in England are required to develop a care plan for every looked-after child.⁹ A child's care plan is developed by a social worker and justifies where a child is living while being looked-after by a local authority (i.e. in a foster home, in residential care or another setting), setting out where the child should next be placed to achieve permanence. Social workers need to determine the best route to permanence for the looked-after children within their care.

According to the Department for Education (DfE), permanence means making a long-term plan for how a child will be cared for, which lasts throughout their childhood.¹⁰ This report challenges whether this reflects meaningful permanence for the child. Figure 12 and page 56 discuss value drivers in adoption and other forms of permanence.

Government guidance states that:

The objective of planning for permanence is therefore to ensure that children have a secure, stable and loving family to support them through childhood and beyond and to give them a sense of security, continuity, commitment, identity and belonging.¹¹

Permanence for a child may be achieved within or outside of the care system – i.e. it may be found in adoption, Special Guardianship and kinship care, or long term foster care, but it means different things in each. The appropriate route to permanence for a child or young person will depend upon their needs. See Table 1 for a high level summary and explanation of adoption and the other options for permanence.

⁸ It is possible to adopt a child not in the care of a LA, with the consent of the parent(s) - this is perhaps the most usual for adoption of a step child.

⁹ The Care Planning, Placement and Case Review (England) Regulations 2010

¹⁰ DfE (2016), [Knowledge and Skills Statement: Achieving permanence](#)

¹¹ DfE (2021), [The Children Act 1989 guidance and regulations, Volume 2: care planning, placement and case review](#)

Table 1: Summary of options for permanence

Type of permanence	Description
Adoption	<p>A legal process through which a court determines that a child or a group of siblings who cannot be brought up within their birth family can become full members of a new family.</p> <p>A child can be adopted with the consent of their birth parents, or after he or she is taken into care and becomes looked-after by the LA. An adopted child lives in the home of their adopted parents.</p> <p>LAs are responsible for placing children for adoption, and use statutory agencies (in England, RAAs), and voluntary agencies to facilitate this process by matching children to potential adoptive parents.</p>
Kinship care	<p>This occurs when birth parents cannot look after their child or children and a relative provides care for the child in the short, medium or long term. It can be arranged within families on an informal basis, or formalised in a legal order. Some children in kinship care are looked-after by the relevant LA, but the majority are not. This is a common form of care in Scotland.</p>
Special Guardianship Order (SGO)	<p>This is a type of kinship care and is a legal order through which a court appoints a carer (who is usually a family member or a close friend) and grants them parental responsibility for a child who cannot live with their birth parents. They are the child's "Special Guardian" until the child is 18 years' old. A child lives with their SGO. These orders are only available in England and Wales.</p>
Foster care	<p>Foster care is the placement of a child into a domestic setting with people who take children and young people into their homes and look after them on either a temporary or permanent basis, until the child is 18 years' old. Foster carers are generally paid for their work.</p>
Residential care	<p>This is the provision of care in a residential setting for a child or young person where care is provided by paid staff. The child generally lives in this residential setting – or others – until they are 18 years' old, although they may move back to domestic foster care.</p>

It is important to note that social care is a devolved matter; as such, the provision of services to support looked-after children, as well as permanence policies, are determined at national level in the UK, but interpreted and applied locally. Indeed, they are open to a considerable degree of local interpretation by LA's. In this report, the differences in permanence policy and practice between England, Scotland and Wales is not explored. Instead, the report seeks to produce an indicative total value created by adoption across the three nations, but in a form that allows the modelling to be adapted to local conditions and funding.

How adoption, fostering and Special Guardianship differ

The key features of these different forms of care and permanence are set out in Table 2. This shows how each form of permanence differs according to key parameters, for example; the child's legal parents, the support available, and if and how contact with the birth family is facilitated.



For example, while adoption and SGOs share some similarities – for example, that a child’s carer becomes the legal parent and that there is some ongoing support available via the Adoption Support Fund (ASF) - there are some key differences. These differences include a limited offer of, or no consistent training for Special Guardians prior to them becoming the legal parent to the child or children, and that a SGO may maintain a child’s direct connection with the birth family, as opposed to that being secured by the actions of the adopter or foster carer.

There are also similarities between foster care and residential care in that the LA remains the corporate parent and the child remains looked-after. However, the key difference between these types of placement is that a child or young person in foster care may have a relationship with one or two foster parents, whereas in residential care it is a number of staff who look after the children.



Table 2: Summary of key features of adoption, foster care, SGO and residential care

Form of permanence	Legal parent	Post-18 relationship for child with carers	Ongoing financial support to carers	Training and pastoral support for carers	Mental health support	Contact with birth family
Adoption	Adoptive parents from date of order; jointly by the LA and birth parent prior to that.	Adoptive parents remain the child's parents for life.	A one-off or periodic adoption allowance may be agreed with the LA, but these are not widespread.	Initially supplied by the statutory or voluntary agency, and, thereafter on an ongoing basis by either the statutory or voluntary agency or funded by ASF if within certain categories of benefit for the child. Peer support and networks around the family may also be provided.	For parent Provided by the statutory agency/LA or voluntary agency to varying degrees; access to some forms of support through NHS Primary Care (GP). For child/young person By the voluntary or statutory agency (with limitations); by the NHS Children and Adolescent Mental Health Services (CAMHS) (subject to capacity and recognition of need); funding may be available through ASF.	Facilitated through letterbox contact managed by the statutory agency; there may be wider contact managed partly or wholly by the adoptive parents; no automatic prohibition on contact. Court may make contact orders under s.51A, Children and Families Act, 2014, but prefer to encourage adopters to arrange it.
SGO	Special Guardian from date of order; jointly by the LA and birth parent prior to that.	There may or may not be a strong commitment; the age of the SG and their other commitments may be a factor in this; formal order only lasts until the child is 18. SG mortality is a big factor as many SGs are not of working age.	An ongoing allowance may be agreed with the LA. Children subject to an SGO who were previously looked-after are eligible to apply to the ASF for funding. In reality, there is little awareness of this and the bureaucracy/ involvement with services is off-putting to many SGs.	Limited or none as a matter of course. Note that after an often adversarial court process, many SGs are anxious to limit the involvement of social services in the future.	For parent If identified, access to some forms of support through NHS Primary Care (GP). For child/young person Again, if identified, by CAMHS (subject to capacity and recognition of need); funding may be available through ASF.	Yes – child remains within birth family, although contact with parents is managed by SG and this can lead to difficulties (especially in families with e.g. domestic abuse, as the child can still be exposed to this). Likewise, placement may be with a remote family member that the child has never met before.





Form of permanence	Legal parent	Post-18 relationship for child with carers	Ongoing financial support to carers	Training and pastoral support for carers	Mental health support	Contact with birth family
Foster care	Local Authority	No, except informally because of personal commitment.	Foster parents are paid; placing authority supervises.	Yes, although some foster carers are less trained than an adopter. Policy and practice varies between LAs.	Provided through advocacy and funding by LA; access to CAMHS support.	Regular or irregular contact facilitated through the LA.
Residential care	Local Authority	No - in practice may start to tail off from 16 years of age, although some providers have transition arrangements between the ages of 16 to 18+ years.	Staff are paid.	Staff are trained but may not be trained in the appropriate therapeutic parenting styles for that child; approaches may not be tailored to child's therapeutic needs	Provided through advocacy and funding by LA; access to CAMHS support; for some providers advocacy for the child may be strong and well-informed, for others far less so.	Regular or irregular contact may be facilitated through the LA and the residential care workers.



Developments in adoption, fostering and special guardianship since 2010

Since The PACT Report was published in January 2011 there have been a number of policy developments and changes in practice when it comes to looked-after children, adoption and different forms of permanence. The changes in policy and practice have implications, not only regarding the likelihood that a child will be adopted, but also the affect on the scale of the societal benefits arising from adoption, and other approaches to permanence.

As noted above, policy regarding looked-after children is a devolved issue. However, there are key areas of commonality across the nations. For example, over the last decade, a key theme across all nations has been the recognition of the benefits of early permanence and this has been incorporated into policy and practice. Early permanence is the ambition to find looked-after children a stable home as early in their lives as possible and for them to stay there throughout their minority. It may require preventative intervention to support better outcomes.¹² Early placement and permanence is thought to benefit children because of the stability it offers.¹³

A summary of the key changes in policy and practice across the nations, for adoption, SGO and fostering follows.

Adoption

This continues to be recognised by government, particularly in England and Wales given the changes they have introduced in the last decade, as an important means of providing permanence to children who cannot remain with their birth families.

Over the last decade, there have been numerous government initiatives in England to speed up the time it takes for looked-after children to be adopted, including targets introduced for LAs. There have been changes in institutions to support adoption and its effectiveness. The ASF (2015) and RAAs (2016) were set up in England, whilst Wales launched a National Adoption Service. These institutional changes recognise the importance of therapeutic parenting and the support that is necessary to make an adoption supportive and successful in the medium- to long-term.

The ASF was launched in England in 2015 to address increasing concerns that adoptive families were not accessing the support they needed. The ASF provides funding for therapeutic interventions for families, with an access limit of £5,000 per year. LAs and statutory agencies apply to the ASF on behalf of families after assessing their support needs. Families first apply for an assessment of need for a therapeutic intervention and then, if successful, receive the funding via their local authority. Every local authority has access to the fund and, since 2016, the ASF has also been available for those on SGOs.

The ASF is not yet a permanent offer by government; funding for the scheme has, however, been confirmed until March 2025. The ASF has been subject to a number of evaluations, and data is gathered in Adoption UK's annual

¹² McGhee et al (2018), *ibid*

¹³ Coram-i, 'Early Permanence': Foster to Adopt Placements – the Approach and Benefits

Adoption Barometer.¹⁴ Evidence generally shows that access to funding via the ASF could be more timely, though recipients say that the support they received through the scheme has still made a difference to their child and their outcomes.¹⁵

The creation of RAAs has been a significant change to family-finding and placement support by the statutory sector in England (as opposed to voluntary-supported placements which are facilitated via voluntary agencies). This required LAs to join others in their region to become part of RAAs which then place children for adoption. This was proposed to streamline the channels through which the adoption process takes place and to “enable better matching, recruitment of parents and adoption support”. Like other LA departments in Scotland and Wales, RAAs are funded using the budgets allocated to children's' services. Whilst, in theory, the creation of RAAs did not change the role of voluntary agencies – indeed the original plans envisaged these partnering with statutory agencies in the RAA activity - in practice it has changed their role, with more of them becoming focused on securing adoptions for hard to place children; some RAAs regularly work with voluntary agencies to deliver services.

There is a broad church of RAAs and the services they offer; some RAAs are large with a lot of resources, innovative practices and expertise, whilst others are much smaller, stretched for resources, and focus on maintaining pre-RAA activity rather than developing services.

RAAs do not exist in the Celtic nations and therefore, for the avoidance of doubt, statutory and voluntary agencies are referred to throughout this report.

Throughout this report, ‘bespoke’ services and support offered by voluntary agencies are referred to; this is not to the exclusion of some statutory agencies that also offer these services/support in several instances. However, for the avoidance of doubt, this report prefers to solely refer to voluntary agencies, given the broad church of RAAs (and statutory agencies) as described above.

It is important to note that, in the very important and recent *Independent review of children's social care*¹⁶ in England in 2022, adoption was not a major area of focus. Instead, the review implicitly gave the Government's Adoption Strategy primacy regarding the future direction for adoption policy and practice. The review's only recommendation for adoption was to consider how to modernise birth family contact in the social media age. While contact with the birth family can be facilitated in adoption by the LA and social workers; for example, through the letterbox system, these systems are often circumvented by contact made on social media. While it is possible to maintain birth family contact in adoption, it has been recognised that, in order for this to be safe and successful, more support is required from LAs to facilitate this contact.¹⁷

With regard to birth family contact and older children, *if expertise in birth family contact, particularly in relation to older children, developed, would fewer children ‘age out of the system’?...*

¹⁴ Adoption UK (2022), [The Adoption Barometer: A stocktake of adoption in the UK, June 2022](#)

¹⁵ DfE (2022), [Collection: Evaluations of the adoption support fund \(ASF\)](#)

¹⁶ MacAlister J. (2022), [Independent review of children's social care](#)

¹⁷ Adoption UK (2022), [The Adoption Barometer: A stocktake of adoption in the UK, June 2022](#)



Whilst modernising birth family contact for all adopted children is important, birth family contact with older children is worth exploring further. An element particularly pertinent to care planning and adoption for older children is birth family contact. Older children benefit from increased contact with their birth families; if this can be developed and improved, more children who are currently placed in other care settings because prevailing practice deems adoption not to be suitable for them, could be considered for adoption.

Voluntary agencies are in a position to support this by recruiting different types of families who would be better suited to older children. Indeed, there is a general feeling amongst both statutory and voluntary agencies that age is a false boundary around the search for the right adoptive parents for a child, and this is something that both types of agency are committed to challenging (indeed an RAA that was involved in this report had been able to place 18 children aged 5yrs+ in 2021). If expertise around birth family contact for older children could be improved, this trend could develop further.

In spite of the policies supportive of adoption introduced over the last decade, the number of children adopted peaked in England in 2015 at 5,360 (falling to 2,870 in 2021).¹⁸ Numbers of adoptions also peaked in Wales in 2015 at 385 (falling to 265 in 2021),¹⁹ and in Scotland in 2017 at 543 (falling to 472 in 2019, the latest available data for a full year).²⁰ In England there may have been a combination of factors driving this reduction in adoptions.

Amongst other factors, changes to the Children and Families Act 2014 removed the need for LAs to give ‘due consideration’ to children’s racial, religious, cultural or linguistic background when matching them with adopters.²¹ This has had a significant impact on trajectories and well-being, particularly for children from black and minority backgrounds.

Legal precedents set by *Re B* (2013) and *Re BS* (2013) increased the evidential burden perceived to be required to recommend a looked-after child for adoption. They also served to compound the perception among social workers that adoption would break all ties with a child’s birth family and that this should only be pursued as an option of last resort.

In January 2013, the government published the document, “Further action on adoption: finding more loving homes,” which introduced adoption scorecards that facilitated a comparison among English LAs regarding delays in the placement of children, as well as performance thresholds setting the government’s expectations for the timeliness of adoption. These targets created a narrower window within which to complete the due process of assessing whether a child could return to their birth parents or a member of their birth family. The relevant performance targets for local authorities between 2013 and 2016 were:

- A 14 month average between a child entering care and moving in with their adoptive family for children who have been adopted.

¹⁸ DfE (2022), [Children looked-after in England \(including adoption\)](#)

¹⁹ Stats Wales, [Adoptions of looked-after children during year ending 31 March by age and gender](#)

²⁰ National Records Scotland (2020), [Vital Events Reference Tables, Section 2: Adoptions and re-registrations](#)

²¹ [Children Act 2014 - LA need to consider ethnicity and race repealed](#)

- 4 months for the average time between the LA receiving court authority to place a child and the LA deciding on a match to an adoptive family.

The need to build a stronger case for recommending adoption – which required longer assessment periods – combined with time-related performance targets for LAs, could have served to create a disincentive for social workers to place children for adoption.

The peak in the number of adoptions in 2015 reflects decisions that were made to place children for adoption up to three years prior.²² Data shows that the number of children for whom the decision has been made to place them for adoption by LAs, fell from a peak of 16,540 in 2014 (year ending March 31st) to 9,880 in 2021.²³ Indeed, in 2014 the Adoption Leadership Board, and others, reported a significant decline in the number of placements and decisions for adoption, at least in part in response to the interpretation of the decisions in Re B and Re BS by LAs and their social workers.

An increased use of alternatives to adoption could also have facilitated this decline. With other routes to permanence available with the introduction of SGOs in England and Wales, and the formalisation of long term fostering within guidance in England, social workers may have considered these preferable to adoption for some children. SGOs may seem to be a better option since the assessments are less onerous and offer a quicker route to permanency. They also maintain more obvious contact between the child and their birth family, as well as their community, albeit this could also be substantially achieved within an adoptive placement.

It is important to note that the same trend towards a reduction in adoption was seen in Scotland, albeit without the introduction of SGOs and with a different court system regarding family law. It is therefore worth investigating whether there are different drivers of this trend in Scotland when compared to England and Wales.

Alternative forms of permanence – SGOs and foster care

It is more likely that, over the last decade, children previously considered for adoption are being recommended for SGOs rather than long term foster care.

The share of looked-after children in foster care has fallen slightly over the last decade, from 73% in 2010 to 71% in 2021. By contrast,

Foster care <i>accounted for...</i>	73% of LAC in 2010	↓ 2%	71% of LAC in 2021
SGOs <i>number of children placed in SGO ...</i>	1,260 in 2010	↑ 200%*	3,800 in 2021
<i>*the increase in LAC in total in the same period was 25%</i>			

the number of children in SGOs in England has increased from 1,260

²² Decisions for adoption run up to 12 months ahead of placement whilst placement orders or placements run some two years ahead of those.

²³DfE (2022), Children looked-after in England (including adoption)



in 2010 to 3,800 in 2021 – an increase of 200%; this is much larger than the 25% increase in looked-after children over the same period. In 2021, SGOs accounted for 14% of care episodes that had ceased; the equivalent figure in 2010 was 5%.²⁴

SGOs

Introduced in 2005 and available in England and Wales, the use of SGOs has grown considerably in recent years. They were originally introduced to enable existing carers, for example the family members or foster carers with whom children and young people were already living, to become guardians. However, there is evidence that they are not being used as originally intended, with children being placed with family members with whom they have not previously lived or have not previously met.^{25,26}

The research also discovered that they are being used as an alternative to adoption. They are seen by social workers as a good form of permanence for children who cannot live with birth parents, as they can be placed with other members of their birth family, maintaining this important link that adoption is perceived to break.

Given their relative newness as a form of permanence, research into SGOs and their impact is still nascent. Further research into the longer term impact upon children and young people who are subject to these orders is therefore necessary. This is especially important given the increasing use of SGOs.

A key difference between a SGO and adoption is that the former is comparatively under-supported when compared to adoption, or indeed to foster care. For example, there is a much lower level of support for, and training around, trauma, even though children subject to these orders may have the same needs as children who are being adopted or fostered.

Furthermore, while adoptive parents and foster carers put themselves forward for their roles, SGOs are often approached by the courts at a time of crisis and may not have had the same time to prepare for their new caregiving duties. They “may have to leave or reduce employment and adjust to the additional cost of caring for children. [SGs] consistently identify financial issues as one of the greatest sources of strain on the placement”.²⁷

Foster care

Around three quarters of looked-after children are in foster care. While these placements have been used as a form of permanence since the 1980s, this was only recognised formally in 2015 with the DfE introducing the first regulations and guidance for long term foster care. The guidance provided a definition which considers that where

²⁴ DfE (2022), Children looked-after in England (including adoption)

²⁵ Simmonds, J. et al. (2019), [NuffieldFJO-Special-Guardianship-190731-WEB-final.pdf](#)

²⁶ DfE (2015), [Impact of the Family Justice Reforms on Front-line Practice Phase Two: Special Guardianship Orders \(publishing.service.gov.uk\)](#)

²⁷ Kinship, [Financial advice and Support](#)



foster care is the child's plan for permanence, the foster carer will be the child's foster parent until they are no longer looked-after. It also established a framework for good practice for long term foster care.

Whilst the permanence exists at one level (the role of LA as corporate parent may become settled in the longer term with court agreement) this can belie the reality for the child, with foster carers being changed at sometimes frequent intervals,^{28,29} as well as them taking periods of respite from their caring role which may not reflect a family-style long-term commitment to the child. The foster carer role and funding stops at the age of 18, so this placement could still offer less permanence than adoption or, perhaps a SGO. The government in England introduced the Staying Put³⁰ scheme in 2014 to support young people to continue to live with their former foster carers until the age of 21 when they are deemed ready for adulthood. The impact of the scheme may be limited, however, by inadequate funding compounded by wider financial constraints faced by LAs.³¹ Indeed, the idea of a looked-after child being ready for independent adulthood at 21 is, at best, open to challenge, and ignores the lifelong support that being in a truly permanent family often offers. The Staying Put scheme therefore, potentially continues to disadvantage those who grow up in care.

A further source of instability in foster placements is that foster carers can de-register and give up fostering. Indeed, a wider policy debate in foster care is whether there are enough registered foster care households to meet demand, and whether there are a sufficient number of carers from black and minority backgrounds to meet the needs of children from these backgrounds. Recruitment and retention was the focus of an August 2021 Social Market Foundation report³² which estimated that 63,000 new foster care families would need to be recruited by 2026 to meet the needs of children and to cover the number of foster care households deregistering. In 2021 there was a net increase in registered households, with 5,355 newly approved households and 4,870 who had deregistered. Statistics show that 30% of households that deregistered did so within 2 years of their approval.³³ Many foster carers are older people and are likely to retire within a similar timeframe; this poses another difficulty regarding the issue of sufficiency and the provision of long term stable placements³⁴.

While policy has sought to encourage longer foster placements, the most common durations in 2021 remained between six months and one year and one to two years, with each accounting for just under 20% of the placements that were coming to an end.³⁵ These rates have been steady since 2018. Furthermore, data from the DfE shows that the share of looked-after children whose placements lasted for longer than five years and ceased during the years 2018-2021, remained steady at 4%. Policy does not seem to have encouraged the greater use of foster care

²⁸ [Social Care Institute for Excellence: Foster care moves and breakdowns](#)

²⁹ DfE (2022), [Children looked-after in England \(including adoption\)](#)

³⁰ HM Government (May 2013), ["Staying Put": Arrangements for Care Leavers aged 18 and above to stay on with their former foster carers, DfE, DWP and HMRC Guidance](#)

³¹ Action for Children & CBRE (2020), [Giving care leavers the chance to stay: Staying put six years on](#)

³² Social Market Foundation (2021), [Fostering the future: Recruiting and retaining more foster carers](#)

³³ Ofsted (2021), [National statistics: Fostering in England 2020 to 2021: main findings](#)

³⁴ Evidence from workshop participants, interviewees and steering group members

³⁵ DfE (2022), [Children looked-after in England \(including adoption\)](#)



placements in general, with the share of looked-after children in foster care falling slightly over the last decade, from 73% in 2010 to 71% in 2021.³⁶

It is therefore unlikely that, in England, the reduction in the number of children being adopted is being driven by policy changes in fostering. It is still possible that this is the reason in Wales where the decline in the share of children and young people in foster care has fallen from 78% to 70% over the same period.³⁷

Evidence from the research underpinning this report, as well as that undertaken by others, indicates that it is likely that social workers consider different children for long term fostering compared to those being considered for adoption or SGOs, with older children tending, perhaps automatically, to be placed in foster care. This observation in academic research³⁸ is also supported by findings from interviews and workshops (carried out as part of the research for this report) that LAs might not recommend children older than four years for adoption.³⁹ This may be driven by misconceptions: that potential adoptive parents would not be interested in adopting older children and/or that older children may have stronger ties to their birth family and that these should be preserved as far as possible.

This is corroborated by research which indicates that children placed for adoption (and SGOs) tend to be, on average, younger than children placed in long term foster care.⁴⁰ This study also explored the predictors of a child being placed for long term fostering, the strongest of which was:

...whether a LA was a low, medium or high user of long term foster care codes...there were some modest indications that high use LAs were including a broader range of children, and that placement stability was slightly poorer.

This is as opposed to placing the child's needs at the centre of the decision-making process. Looked-after children in LAs that were high users of long term foster care were 38.5% more likely to be in long term foster care. This is a further indication that the needs of children may not be the only factor influencing a child's plans for permanency.

³⁶ DfE (2022), Children looked-after in England (including adoption)

³⁷ Stats Wales, [Adoptions of looked-after children during year ending 31 March by age and gender](#)

³⁸ Larsson, B., Schofield, G., Neil, E., Young, J., Morciano, M., and Lau, Y-S. (2021), [Planning and support permanence in long-term foster care: An investigation of the implementation in England of the first regulations and guidance for long-term foster care as a permanence option \(Department for Education, 2015\)](#). Nuffield Foundation.

³⁹ Brief evidence on outcomes from 20 out of 28 children who were adopted as part of the IAAM scheme, the majority of whom were over four years of age, shows a high degree of success with only four cases disrupted out of 20 over a two year period.

⁴⁰ Larsson, B., Schofield, G., Neil, E., Young, J., Morciano, M., and Lau, Y-S. (2021), [Planning and support permanence in long-term foster care: An investigation of the implementation in England of the first regulations and guidance for long-term foster care as a permanence option \(Department for Education, 2015\)](#). Nuffield Foundation. (page 49)



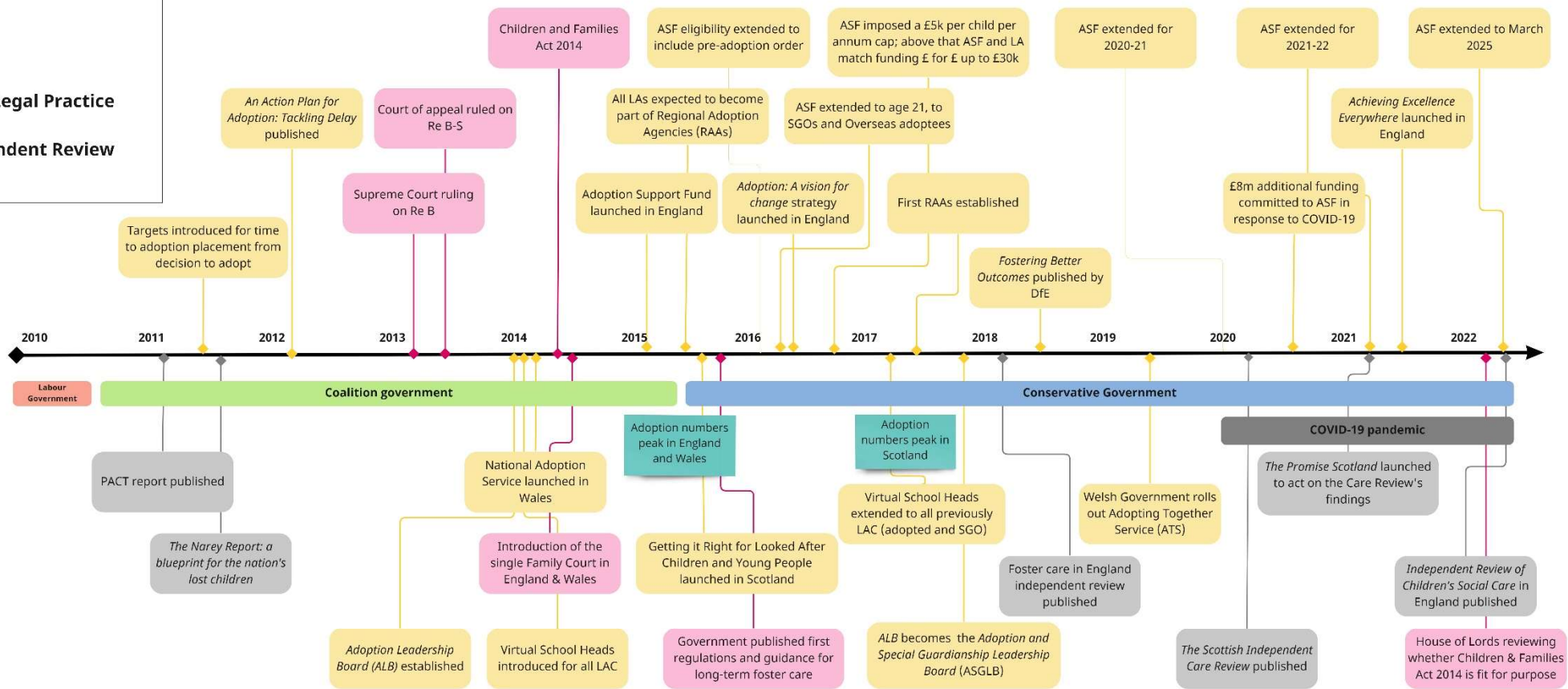
Timeline for key changes in policy and practice

In addition to the key changes outlined above, Figure 3 summarises the detailed changes explored more fully in appendix 2. This figure sets these changes in policy, legal practice and independent reviews over the last decade against the number of looked-after children in England, Wales and Scotland and the combined number of adoption placement orders. These show that adoption placement orders fell year on year a couple of years after the Re B and Re BS court rulings, and the creation of the single Family Court in England and Wales. In spite of various changes in institutions supporting adoption (e.g. the creation of RAAs and the ASF in England and the National Adoption Service in Wales), adoption placement orders have continued to fall in these countries, as well as in Scotland.



Key:

- Policy
- Law & Legal Practice
- Independent Review



Total number of...	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Looked after children	85,522	87,141	89,033	89,852	90,185	90,480	91,837	93,467	93,329	99,257	106,608	101,608
Adoption placement orders	3,039	3,167	3,417	4,098	4,076	4,139	3,676	3,172	2,956	2,917	2,700	2,661

Figure 3: Developments in adoption and permanence over the last decade



2. The impact of adoption on children and young people

This section explains the ways in which successful adoptive placements can lead to better life outcomes for adopted children, and how support from social workers, statutory agencies/LAs and voluntary agencies can do the same for adoptive parents. Whilst social workers and agencies (such as voluntary agencies) are vitally important in securing sound development and restorative experiences for children in the care system, it is adoptive parents and the family unit that are constantly supporting the child. Exploring how adoptive parents are empowered to do so is key to articulating the value that voluntary agencies and other professionals bring.

Exploring the needs of children and young people through archetypes

To understand the value created by adoption, a qualitative approach is used. This approach is story-based and person-centric, and was used to develop the profiles of four typical adopted children and young people ('archetypes'). These archetypes were designed to represent and capture the stories of a large proportion of the children who would be placed for adoption in Britain.

These archetypes have been built to reflect the different needs of looked-after children and the extent to which the different forms of permanence can meet these needs in different ways. In exploring how they meet these needs, the impact that can be achieved through adoption is drawn out – this is both the impact on adopted children and young people as well as on the wider society.

To develop the archetypes for this project, seven arenas of need that influence and impact the archetypes were considered (see Figure 4). These seven arenas were identified through research – this was not part of the working methodology at the outset of the project. It is worth noting that these needs are wider than those recognised by the government guidance on permanence, which states that children and young people need, "security, stability and a loving family to support them through childhood and beyond".⁴¹

⁴¹ DfE (2021), [The Children Act 1989 guidance and regulations, Volume 2: care planning, placement and case review](#)



Figure 4: Arenas that informed the archetypes

These seven arenas of need are explored in greater detail below:

1. **Adverse Childhood Experiences (“ACEs”)** – These are events that have happened in the child’s life prior to the permanence decision, or in utero (including foetal alcohol spectrum disorder), which compromise their resilience.
2. **Challenging and dysregulated behaviour** – As opposed to being able to seek help and regulate emotions. This includes dysregulated behaviour, involvement in criminal activity and self-harm, and occurs where children and young people may not be able to regulate their emotions or seek help to do so.
3. **Recent life events** – Many life events, such as the changing of contact arrangements or school moves can be unsettling and overwhelming.
4. **Relational wellbeing** – Every child needs an authentic relationship with an attuned carer who can recognise and address their needs.
5. **Clinical factors** – These children and young people may have physiological or mental health needs, which could include: learning disabilities, PTSD, developmental delay, traits of autism, anxiety, attention deficits, attachment difficulties, or a range of conditions such as cystic fibrosis and learning, sensory or mobility difficulties.
6. **Identity (race, religion, equality)** – Identity is central to a person’s sense of self - who they are and where they are from. Having a good sense of identity supports a sense of belonging. As a child grows older and becomes more aware of their surroundings, any uncertainty or conflict connected to this can cause great distress. A child's cultural and social background can also be a significant factor regarding whether they have access to the support they need.
7. **Sibling group** – Many of the children in the model will be part of a sibling group. When making a decision as to permanence, this will be an influential factor in deciding where a child should be placed.



In reality, the elements which sit within each arena are interwoven, resulting in it often being impossible to distinguish where one thread ends and another begins. A “tapestry of need” is formed, and is unique to each child.

Research shows that achievable outcomes for a child are affected by their ‘predispositions’ – these are factors such as clinical conditions that are permanent, genetic traits and biases that the child will carry with them throughout life. These predispositions create limitations on the outcomes achievable and define which interventions are likely to be more or less effective. Parenting of the child needs to maintain ambition for the child whilst being tempered with realism as to what is realistically achievable; this approach needs to be informed by how to work towards the child’s needs whilst working with the child's existing predispositions.

Archetypes were developed with the recognition that, at the core of every child and young person there is a naturally resilient person who has the potential to flourish and achieve, and it is these external factors which change their life stories.

An overview of the four archetypes

The profiles of the four archetypes and their life stories were based on evidence garnered from the literature review and from the experience and insights from workshop participants, interviewees and steering group experts. These archetypes and their life stories were tested further in subsequent workshops and steering group meetings to ensure that they were accurate and robust reflections of the profile of adopted children and circumstances seen in practice.

For each archetype, life paths in the short- and long-term were explored and developed in order to understand the impact that adoption had on the child. This journey pre- and post-adoption was set against a counterfactual in which there was no adoption in order to capture the difference in outcomes that adoption made to each child or young person, as well as to society.

The four archetypes (shown in Figure 5) are of different age groups in order to reflect how age, at the point of placement, can affect both the type of placement chosen and the impacts that can be achieved.



	Child 1	Child 2	Child 3	Child 4
How old are they?	0 – 18 months	18 months – 3 years	3 – 5 years	5 years +
What's their situation?	Removed into fostering at birth	Older of a sibling pair, to be adopted together	Have already had multiple care givers	Previously been in a long-term fostering situation
What have they experienced ?	Substance misuse of parent	Severe chaotic parenting	Instability, uncertainty and multiple episodes of upheaval	Trauma of struggling single parent home
Mental or physical health needs	Anticipated developmental delay	Speech and language delay	Therapeutic support – prone to physical and verbal outbursts	Physical disabilities

Figure 5: Overview of four archetypes

It is not the case that the situations in Figure 5 always correlate to these ages at the time of placement – merely that the archetypes have been developed to represent the diversity of experience and the life journey of the children.

It is consistently shown in the research that it is extremely rare these days for a child to be placed for adoption after the age of four years. Findings indicated that this is driven by the expectations of social workers, rather than a reflection of a child's needs or the likelihood of success if an adoption placement was found. Taking this into account, in the archetype of Child 4, what may still be possible in a later placement has been tested and is something that is being delivered successfully by some agencies, both statutory and voluntary.

Illustrative life course timelines for each archetype

These four archetypes have been built into illustrative life course timelines which are designed to provide colour to these commonly seen archetypes. Each of them, and their situational contexts, have been checked with the expert steering group to confirm that they are realistic reflections of the lives of adoptees.

By exploring the stories of children and young people across their lives, the way in which points upon these timelines could be different if the child were in an alternative permanence setting, have also been explored.

In the life-course diagrams, there are two types of lines plotting the events in the life of each child and young person: the solid green line represents the period of the child's life which was discussed in great detail as part of this research; the dotted green line represents future events which cannot realistically be expected to be plotted





with accuracy on the timelines, but which give an idea of possible life courses given what has occurred in the child's life to date (during the period represented by the solid green line). Adoption UK's research has been used to evidence (to a limited extent) the later period in the child's life (dotted green line). There is a gap in research here, and the sector would benefit from further research specifically exploring the long-term outcomes for individual adopted children into their adult lives.

This research report finds that both statutory and voluntary agencies have the knowledge and capabilities to support the children and their families in these illustrative storylines. However, each of the storylines represented here has been placed with a particular agency (either voluntary or statutory) as this represents the situation that is most commonly supported by that particular type of agency.

In the remainder of this section the storylines of each archetype are explored in turn.





Child 1: 0-18 months' old with anticipated severe developmental delay (see Figure 6)

Pre-adoption situational context

This child has both pre- and post-natal exposure to their birth mother's drug and alcohol abuse. The pre-natal exposure in particular has meant that the child is born with Foetal Alcohol Syndrome (FAS). The child is experiencing issues with early cognitive development, which primarily presents as a lack of behaviour regulation.

The child's post-natal exposure is connected to their wider experience of the home environment during their early life. Their mother gave birth to them when she was 19 years' old and living in a controlling relationship, often experiencing domestic violence from the child's father. The mother was subjected to domestic violence whilst pregnant, which indirectly impeded the child's development in the womb.

Towards the end of the pregnancy, the LA became aware of the mother's situation and the chaotic home environment into which the child would be born. A decision was taken with the agreement of the mother to remove the child into care at birth and for a statutory agency to find an adoptive family for them.

What this story tells us

The key message from this child's story is that, despite the multitude of challenges a child may face, early intervention via an appropriate placement can support them toward a stable and flourishing adult life. The love, care and informed support that the adoptive family is able to provide are key to increasing the likelihood of positive impacts being achieved, notwithstanding the levels of compromise from which the child's recovery may be limited (notably the FAS).

For this child, mental trauma is triggered at points of transition and change in their life, for example, upon joining school. With the support of their therapeutically trained adoptive parents, they are able to find ways, firstly, to deal with, and secondly, to address their trauma. This enables them to be better equipped at later points of transition, such as when leaving school and starting work. The potential for confrontations is lessened and they develop positive relational experiences. These, importantly, increase the potential for them to build stable and meaningful relationships in their adult life, whether that be with colleagues, friends or their own family.

Having received therapeutic training, the adopters are better equipped to deal with the effects of the child's ACEs, and have benefitted from the fuller and more in-depth training that adoption agencies can offer. The approach of the statutory or voluntary agency may also be to draw in peer support, as well as support from specialists, to empower the adopters with skills and knowledge. The network of support provides a reassuring check-in space for them to speak informally with peers, sharing tips and alternative methods. The insight adoptive parents can gain from training and peer support can help them understand what their adopted child can achieve with their support, whilst their parenting is informed by a deeper examination of the child's needs.⁴²

⁴² Approach influenced by the pre-placement parenting plans in the CVAA's 'It's All About Me': the Adoption Bond (2012-14)



FAS, and other Foetal Alcohol Spectrum Disorders (FASDs), are commonly seen conditions among children for many of the practitioners and experts involved in this report. An adoption agency that is well-practised in dealing with children with FAS and its symptoms is able to work effectively with the child and their adopters to ensure that these have as limited an impact on the child as possible. In this way, FAS does not ultimately become something that prevents a child from achieving their ambitions and flourishing.

As the child grows older, they suffer with mental health issues, exacerbated by their FAS and their traumatic experiences. The child receives emotional support from their adoptive family during this time, in addition to the professional support that the child and its adoptive family can access (funded by ASF, the statutory agency and NHS/CAMHS). The security that they gain from their family network during these difficult times is both comforting and a huge source of strength to them. Adoption has provided the foundation for this and the support network will remain with them for the rest of their lives. A family unit is as true a form of permanence as can be possible, with the lifelong support of adoptive parents.

The loving and invested network of support that the child has in the form of their adoptive family, operates in tandem with the training and resources available to the family via the statutory agency. Together, the family and agency can work to identify and address points of concern before they have a lasting impact upon the child. In this child's story, an example of this is their truancy from school. When the child is truant, the family and the school are able to address the issue before it has a lasting impact upon their education, thus helping them to achieve GCSE results that enable them to move into further education, in the form of an apprenticeship.

Enrolling and subsequently completing an apprenticeship enables the child to flourish and build a life for themselves that can be fulfilling despite the residual FAS compromise; this also means that they are able to contribute to society, both as an active member and financially, via any tax contributions upon their future earnings. Gaining electrical qualifications, or similar, means that they are able to contribute as part of the workforce as well as there being the possibility that they could set up their own company and employ others. Through this they continue to draw on the support and encouragement of their adoptive parents and wider family, who remain present and consistent in their lives.



Child 1 w/RAA support Adopted at 0 - 18 months

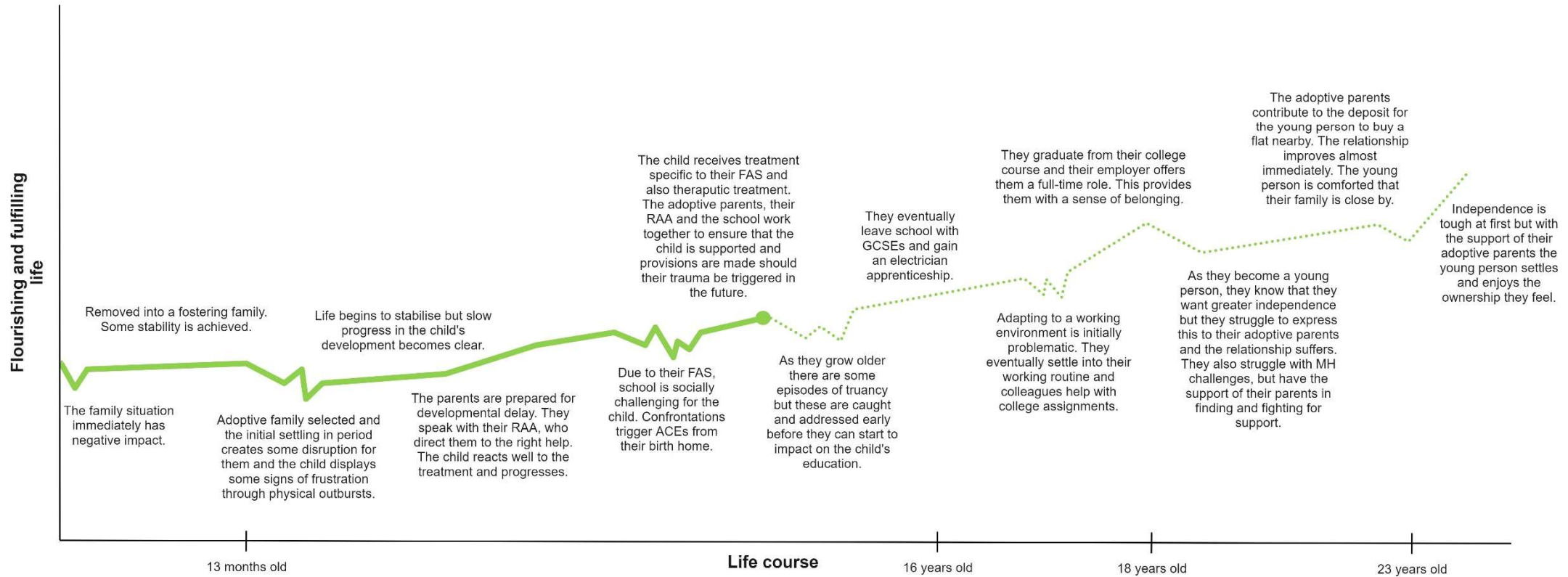


Figure 6: Child 1 life course





Child 2: 18 months – 3 years' old, the elder of a sibling pair to be adopted together (see Figure 7)

Pre-adoption situational context

This child is the middle child in a sibling group of three with the eldest child having previously been taken into care at birth.

The child's mother had an extremely challenging life. She was brought up in care, without a network of support around her. This left her vulnerable to grooming, exploitation and substance abuse throughout her early adult life. As a result, the mother's first child was placed in care.

Having had a child removed previously, the mother was deliberately distant from statutory services for fear that her next child would also be taken from her. Despite this, she was able to manage reasonably well until the third child was born, at which point she began to seriously struggle. The two remaining children were neglected for significant periods before both siblings were removed into care, leaving them with deeply embedded trauma.

At the point of removal from the birth mother, the impact of the traumatic experiences upon both children are as yet unknown, but severe developmental delay and the wider effects and conditions that flow from ACEs (the causative events) are anticipated.

What this story tells us

The additional complicating factor of a child being part of a sibling pair, ideally to be adopted together, highlights how the trauma of one child can be compounded and triggered by that of their sibling. Therefore, the adoptive parents need additional support, training and guidance to deal with this, as well as the ability to balance the different needs of each child. However, this story also shows the value of keeping siblings together into their permanent placement. To keep them together keeps and builds their bond throughout their early years and into adulthood and they are able to be each other's immediate network of support. Additionally, keeping them together preserves some connection with their birth family, giving them some sense of identity.

The protective instincts of the middle child toward their younger sibling are heightened by isolation together in their early lives. There are two instances on their timeline when they are personally affected by the condition and state of their sibling: the first is when the sibling's support needs become apparent, and the second is when one of the sibling pair moves out and they feel as though they are abandoning the other sibling. In both instances the adopters are able to support them through this, empowered by the training and extended network of the voluntary agency.

This voluntary agency's network demonstrates its value, being there to support the adopters when their focus is largely taken up by the younger sibling's needs and also when the relationship with the school is enhanced to enable the child to be better supported.



This story also serves to highlight that how contact occurs between a child and their birth parent(s) has a bearing on whether its impact is positive or negative. The chart shows, at the beginning of the dotted green line, that when contact is initiated online by the child in an unsupported way, there is a higher likelihood of this having a negative impact on the child. Without the alertness of their adoptive parents and the subsequent support from the voluntary agency, the downward trajectory could have been much steeper and for an extended period of time. Instead, despite initial disruption and uncertainty, the voluntary agency, with support from the adoptive parents, is able to facilitate a healthy relationship between the children and the birth mother which has a positive impact.

Supported access to the birth family can allow the child to reconcile and process feelings they may hold about their birth parent(s). They can do so in a safe space, and in a way that can lead to them having a clearer and more balanced reality for their future. Understanding and acceptance of their past increases their potential to flourish in the future. Some voluntary and statutory agencies can provide direct support for birth family contact; however many would seek external therapeutic professional help for the family that is often funded by the ASF in England. Adoption agency staff are well practised in navigating the ASF application process on behalf of families, advocating for them along the way and ensuring that they receive the support they need.

Assistance such as this from a voluntary or statutory agency can be crucial in ensuring that appropriate support is obtained at the appropriate time, as opposed to support coming too late and the problem being exacerbated in the meantime. The agency helps, firstly, by making families aware of the potential support available to them; secondly, by helping families understand what type of support they need to best meet their child's needs and; thirdly, by using their knowledge and expertise to guide families through their applications for support.

Well managed contact with birth parents can be instrumental in the child having a stronger sense of their own identity and story, particularly as they grow older. Life events, such as romantic relationships or having their own children, have the potential to raise questions about identity and belonging, questions that they may be better equipped to handle if there has been structured, managed and safe birth family contact during their childhood.



Child 2 w/VAA support Adopted at 18 months - 3 years

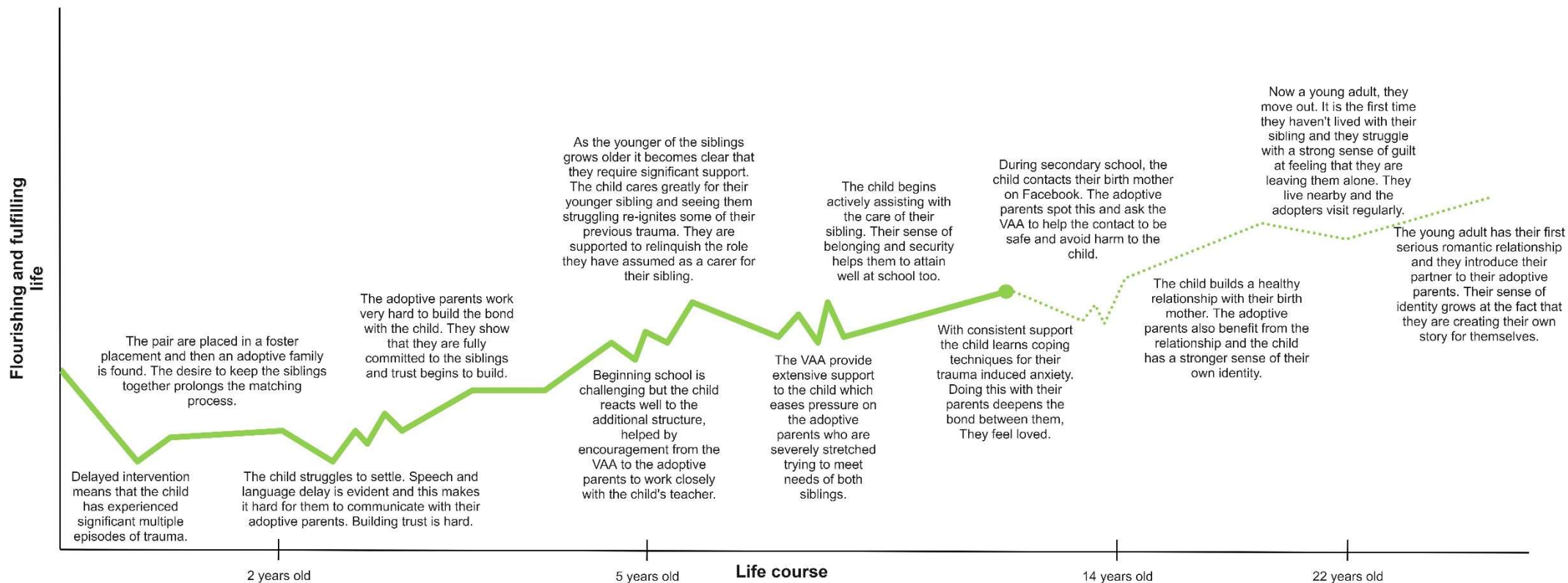


Figure 7: Child 2 life course





Child 3: 3-5 years' old and has already experienced multiple episodes of upheaval (see Figure 8)

Pre-adoption situational context

The child's early life has been without any form of stability. They have not had a secure home life and care has been provided by multiple people, both from within their family (mother, grandmother and aunt) and also two foster-care placements.

They have never had a strong and consistent parental figure with whom to build a relationship. As a result they struggle to build trust within any relationship and can become severely frustrated. Without someone they can communicate with and trust, the only way they know how to release their frustration is through both physical and verbal outbursts, with both people and belongings around them being exposed to these.

These violent outbursts have been significant factors in multiple episodes of upheaval. In particular, the child-on-carer violence, and the inability of carers to address it, has been the major catalyst in the number of carers that the child has had, each carer not considering themselves capable of continuing to look after them.

What this story tells us

This is a striking demonstration of the impact a stable family unit can have on a young person.

Instability had been a feature of the child's early life prior to their adoption. The main evidence of this instability was their violent outbursts, which led to their care-giver at the time concluding that they were not able to continue looking after the child. Each time this vicious cycle is repeated for a child, the negative impact is compounded.

Adoption makes a difference because the child's adoptive parents have been empowered with key skills and trained by their voluntary agency to be resilient in the face of these outbursts. The adoptive parents' demonstrable commitment to supporting the child to achieve self-understanding ultimately reduces the outbursts. The strength of this resilience will have been severely tested by the child-on-parent violence, particularly when the adopter's nose is broken. Therefore, being able to rely on the support of the voluntary agency for guidance on dealing with violence, and therapeutic training to address the underlying behaviours and trauma, is a significant help.

Being adopted and finally having the informed, loving and unrelenting support of a family unit has the gradual effect of halting the downward spiral within which the child was stuck. Even with this support network, their life course does not suddenly take an upward trajectory, but instead stabilises with the outbursts that still occur having less of an impact. Importantly, they do not result in the child again having to go through a change of placement. An adoptive placement is a permanent placement; they are now part of a family committed to their future, and they can always expect to be so.

It could be argued that without being adopted, the child would have far earlier, more frequent and more serious interactions with the police. This would not only result in a significantly higher cost to society but also lasting



consequences when the child becomes an adult. A criminal record can limit employment opportunities, and increase the likelihood of repeat offending as the child grows older. It also tends to develop a 'norm' of low aspiration, criminal victimhood and activity, self-loathing and loss of opportunity. The adoptive family, properly supported, provides an ever-present, ever-loving safety net, providing guidance to the young person as they go through a more-challenging-than-usual adolescence.

A further element of this life course is that, through the support of their voluntary agency, the adopters are able to support the child to maintain healthy contact with their birth family. For the child, this achieves two things; firstly, they have a strong sense of identity, addressing any confusion they may have previously felt; and secondly it provides further stability for them as they build their adult life.



Child 3 w/VAA support Adopted at 3 - 5 years

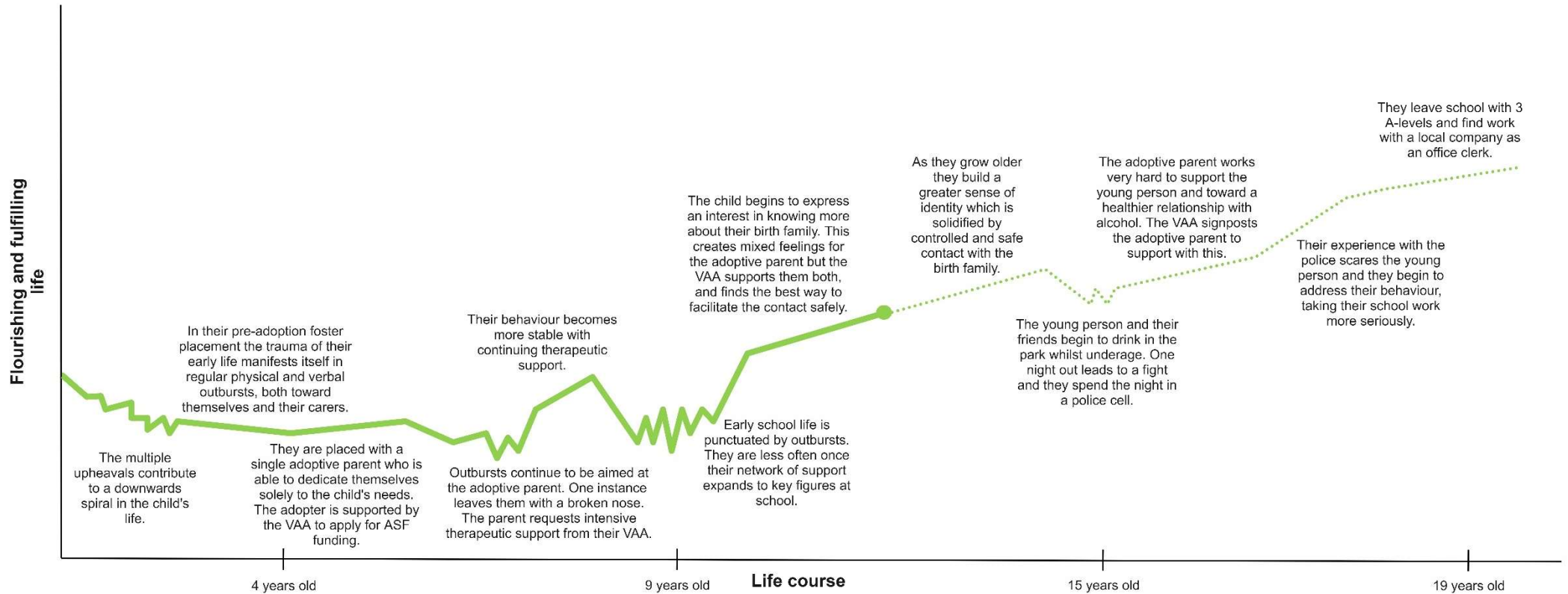


Figure 8: Child 3 life course





Child 4: 5 years' old onwards, child of a refugee who is unable to care for them (see Figure 9)

Pre-adoption situational context

The birth mother tried to care for the child as a single parent, whilst also doing her best to work in order to be able to support them. She has only been able to find infrequent, zero-hours work. The child also has multiple co-morbidities – including physical problems from poor nutrition, and behavioural problems from Autistic Spectrum Disorders - which make it even harder for the birth mother to adequately care for her child. The mother is a first generation migrant to the UK from Senegal, which means that she does not have any form of support network around her and does not know the types of support for which she could be eligible, and, crucially, how to access it.

The child is often left alone when their mother has to go to work and a friend is not available to look after them. This has exposed the child to bouts of extreme hunger and malnourishment, as well as isolation, under-stimulation and risk. Their mother's financial situation has also left the child without food due to her not being able to afford it and not having the opportunity to access food banks.

The mother is extremely proud of her heritage and where she has come from, something which the child is now old enough to have picked up upon and enjoy. They particularly like hearing stories of their family in Senegal and the traditional food that their mother has, at times, been able to make for them.

The initial decision is for the child to be removed and placed with a foster carer, primarily in the hope that their mother may be able to take back guardianship at some point. However, it becomes clear that this is not possible and the child struggles in their foster placement. They struggle to settle, partly due to the state of upheaval and, at least at the beginning, the possible return to their mother. Further struggle arises because the foster placement was quickly arranged and was not able to properly take into account the child's cultural heritage and needs. The child is of an age where they are more acutely aware of the cultural shift, which makes it far more difficult for them.

What this story tells us

This story largely highlights how a caring, supportive and informed family is able to afford the child greater opportunity to flourish and achieve in their lives. Additionally, this story demonstrates the value that can come from the support of a voluntary agency; a case such as this would typically go through a voluntary agency as opposed to a statutory agency due to the age of the child. Adversely, this story also highlights the significant gaps in support to the birth mother; be that employment support, help with childcare or welfare support, all of which could have helped her to provide a more stable foundation for the child to grow up with her.

The adoptive family is closely supported by the voluntary agency to manage the child's needs caused by their co-morbidities and to help them to preserve the child's cultural identity, despite no longer being with their birth mother.

The voluntary agency is able to guide the adoptive parents and help them to make sure that the child is in the most appropriate school environment that maximises their educational potential, setting them up to have the best chance of going on to earn money for themselves and live independently.

The adoptive family plays a key role in the child's independence as they move into adulthood, and are still there for the child despite not being needed as intensively as when the child was younger. This shows that the family unit is for life and is always there for the child should they need it, for example when it becomes clear that they need support managing their personal finances. In these circumstances, they do not need to continue to struggle or to seek formal, standardised help (e.g. from their bank) as their family is there for them to make sure that they are able to manage; crucially, they are able to do this in a way that they know the child will understand and be able to do for themselves.

As mentioned, the work of the voluntary agency can be fundamental to the child retaining their cultural identity and sense of self, despite no longer being with their birth mother (this is achieved through matching and post adoption support for adopters). *An example was given by a workshop participant of adoptive parents reaching out to a Jamaican birth family to ask for Jamaican music recommendations that they thought would be significant to the child's cultural identity.* The child is old enough to be self-aware and would therefore be able to recognise if they were placed somewhere that made them feel as though they were different, leading to feelings of isolation. The voluntary agency will have worked hard to recruit and train the right adoptive family for the child and to ensure that they do not grow up with that distinct sense of being different or having a conflicting sense of identity. This will have included ensuring that the adoptive parents are from the same or very similar cultural background and have a full awareness of the smaller details of the child's life that combine into what makes them who they are; an example of this would be making sure that they know which specific traditional foods the child enjoyed when their birth mother was able to cook for them. Despite being recruited on the basis of being a cultural match, the adopters worked very hard to completely understand the child's cultural heritage. This effort, aided by the voluntary agency, is central to the success of the placement.

The final point upon this timeline also serves to highlight one of the key differentiators between the provisions of voluntary and statutory agencies/LAs. The voluntary agency's support continues into adult life and it is, therefore, far easier for the adoptive family to access counselling support for the child when they need it. There is no uniformity to when trauma can be triggered so to have the support of the voluntary agency available, regardless of their age, is of significant benefit. A statutory agency/LA may still try to support the child and the family when they are past 18 years of age but often lack the consistent relationship with the family which makes it harder to access support, especially in a timely fashion.

If post adoption support was not accessible, the child would be forced to try to use mainstream NHS services, which are severely stretched with extensive waiting lists⁴³ that often serve to perpetuate the issue before addressing it. Using mainstream services would also mean that the child would have to go through the potentially traumatic experience of explaining their situation and circumstances to numerous people within the service before receiving the help they need. In contrast, a voluntary agency has active and extensive knowledge of the child's circumstances which means that this often painful experience is almost completely removed from the equation.

⁴³ Royal College of Psychiatrists (2020), [Two-fifths of patients waiting for mental health treatment forced to resort to emergency or crisis services \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)

Child 4 w/VAA support Adopted at 5 years +

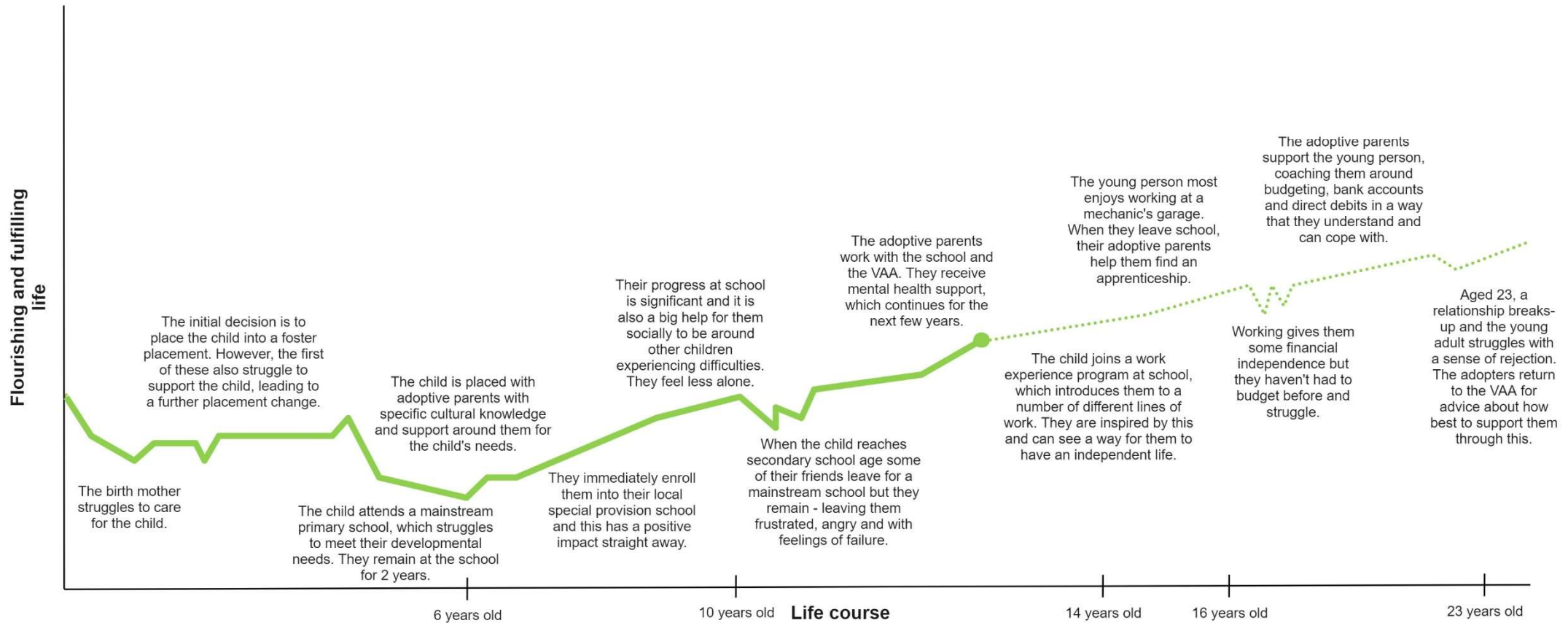


Figure 9: Child 4 life course



3. The impact of adoption on wider society

How a well-supported adoption can have society-wide impacts

This section explores how adoption, in meeting the needs of formerly looked-after children and young people as described in the previous section, can also generate a wider societal impact. This is reflected in Figure 10; adoptive parents, with the support social workers and adoption agencies provide, are equipped to support better outcomes for their child, which, in turn, have positive repercussions for their community and wider society.

Two tiers to creating impact

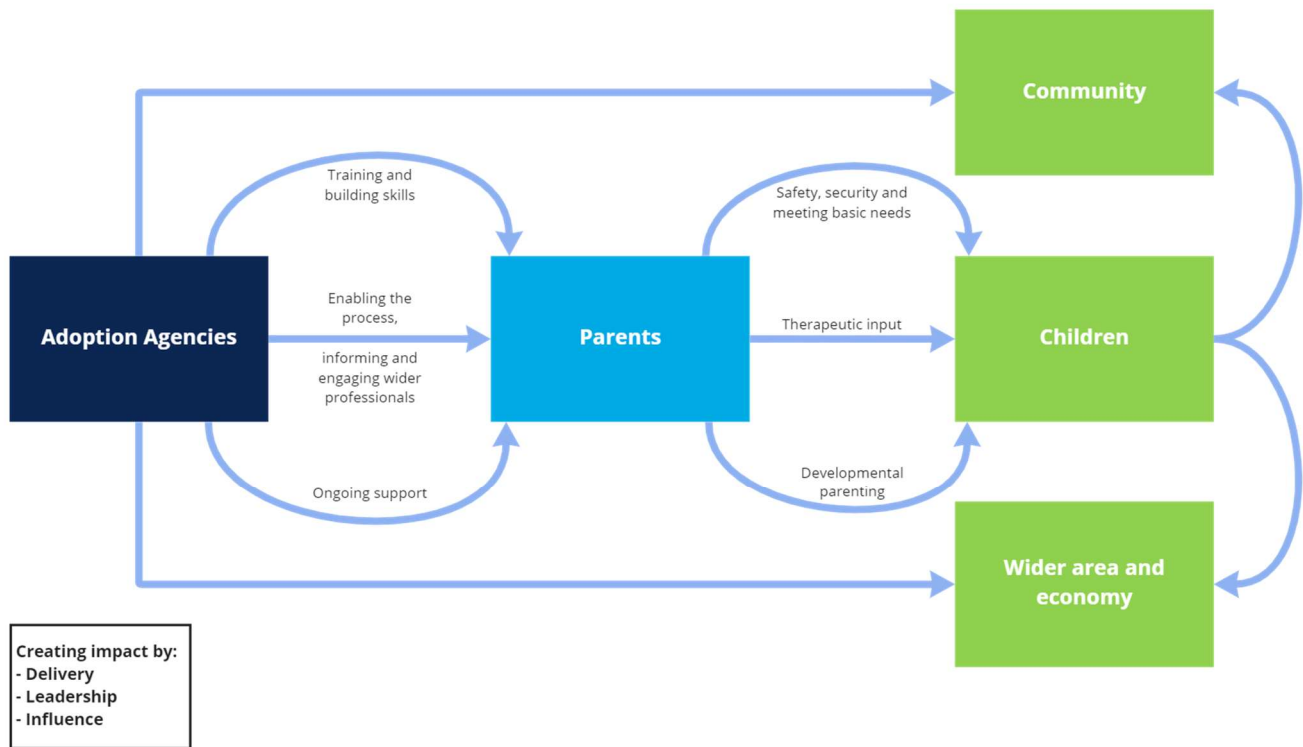


Figure 10: How adoption agencies support the impact of adoption on society

From adoption to outcomes and impact in a theory of change

A “theory of change” can capture how adoption brings about change for adopted children and young people, their families and their communities (as well as the wider systems that surround these children). A theory of change in this context illustrates how adoption sets out to make a difference to children. It traces a logical pathway between a child’s needs, the activities of matching a child with adoptive parents and building the child’s developmental and therapeutic experiences, and the changes (outcomes) that are achieved in children’s lives as a result.

A theory of change sets out the linking of an intervention to its impact across the following elements:



- **Needs** - Demonstrated by the children who are adopted, their adoptive parents and the carers and professionals who support the family, along with the wider system that surrounds the child - “the target group”.
- **Activities** - Determining adoption as a route to permanence, matching a child with their adopted parents who deliver therapeutically-informed support and wider lifelong stability.
- **Approaches** - Distinctive features of the methods or qualities of the approach that are particularly effective in bringing about change (positive outcomes).
- **Primary outcomes** - The short-term, direct changes for the target group that arise from the activities (typically these align to needs and take the form of those needs being met).
- **Secondary outcomes** -The longer-term and indirect changes in the lives of the target group; these outcomes arise from the activities (these may align to needs but may also show positive change beyond the needs initially identified). These also take into account the changes for others outside of the target group.
- **Impacts** - The result of the outcomes for the target group, and also for wider stakeholders. Impact can be both positive and negative. In Figure 10, the target group is the looked-after children who are adopted; whilst the wider stakeholders for whom impact can also be created are the community, the wider area and the economy.

The adoption theory of change

To develop this theory of change, and in seeking to understand how adoption creates value, workshops were conducted in addition to interviews with experts across the breadth of the pathways. Exploring adoption in its entirety meant that practitioners from both voluntary and statutory agencies/LAs were spoken with in order to ascertain any potential nuances in its delivery and, ultimately, the outcomes achieved.

The questioning and materials covered in these interviews and workshops were informed by CVAA expert knowledge, an in-depth literature review, and further input from care-sector experts. The interviews were focused around the journeys of children in care along the different pathways, namely: life before the permanence placement, the anticipated outcomes that can be achieved, and the key factors sought for a successful placement.

Workshops, bringing together practitioners and professionals from across the different pathways, were focused more specifically on understanding the outcomes for children.



The adoption theory of change (see Figure 11) summarises the findings from this research and demonstrates how children's lives can be changed for the better through adoption, whilst acknowledging the outcomes for other children. It explains how adoption meets the needs of certain children and young people who cannot stay with their birth parents, showing the key steps of:

- understanding the child's needs (including emotional and identity needs) and the parenting required;
- finding and training parents to deliver that for the child;
- supporting the parents professionally and within peer and community networks; and
- creating positive outcomes and making positive futures possible where they may not otherwise have happened.

Through adoption, children are given the opportunity to lead a fulfilling life. In the words of a steering group participant: *"...we should be ambitious with these adopted children. They can do anything."*



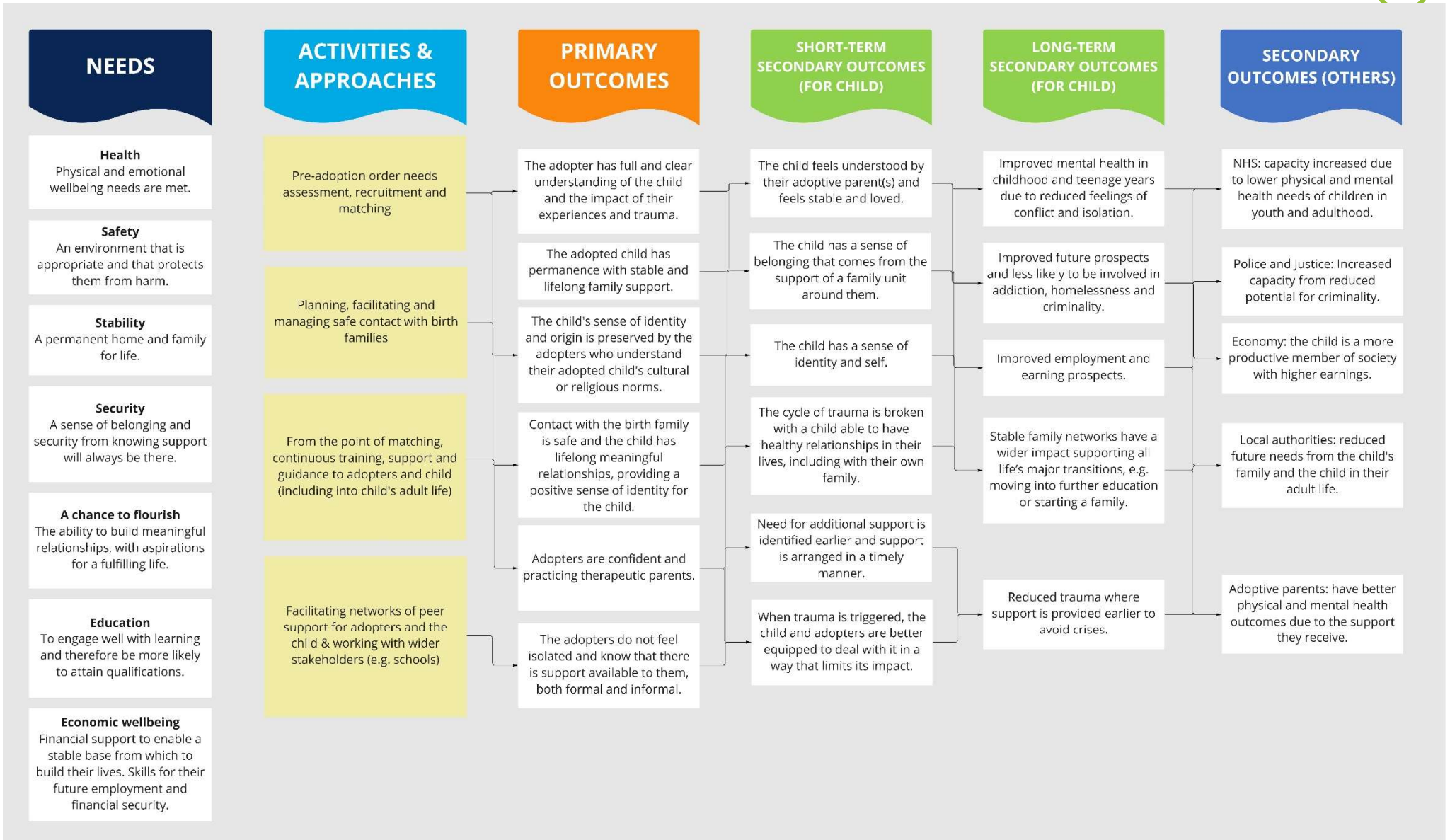


Figure 11: Adoption theory of change

Input to activities and approaches table

The activities in Table 3 are drawn from the yellow boxes in the *Activities & Approaches* of the theory of change (see Figure 11). Here these activities and approaches are explored in greater detail, considering what it is about how the activities are carried out (the approaches) and how they are received (the responses), that leads to the various outcomes for the child and others.

Table 3: Activities summary

Activities	Approaches	Responses (from the child and adopter)
<p><i>Pre-adoption order:</i></p> <ul style="list-style-type: none"> • <i>needs assessment</i> • <i>recruitment</i> • <i>matching</i> 	<p>Objective presentation; easy to understand; no surprises and deeply informed recruitment and training.</p> <p>Includes an open assessment <u>without</u> boundaries or preconceptions of how the child's needs and the requirement of permanence can best be met.</p> <p>Needs assessment is shared with adopter and used to inform parenting.</p>	<p>The child is fully understood and can be more open about their placement.</p> <p>The adopter feels prepared, assured and secure that they are the right parent for the child.</p>
<p>Planning, facilitating and managing safe contact with birth families</p>	<p>Developing a realistic, open and age-appropriate understanding of the child's history.</p> <p>Staying positive but being realistic about what is safe contact.</p> <p>Open dialogue and listening to the child's wishes and needs.</p> <p>Informing the adopters of the benefits of contact and developing their skills in how to facilitate it.</p>	<p>The child has an understanding of themselves and their birth parents.</p> <p>The adopters can understand more deeply the child, their birth heritage and why they are how they are.</p> <p>The opportunity is there for the relationship with the birth family to be sustained.</p>
<p>From the point of matching, continuous training, support and guidance to adopters and the child (including into the child's adult life)</p>	<p>Support the adopters as agents for good parenting; listen to and work with adopters; build their confidence and insight.</p> <p>If the going gets tough, continue to develop support.</p> <p>Keep support going beyond the age of 18.</p> <p>Be ambitious and positive about what is possible.</p>	<p>Adopters feel empowered with skills and resilience.</p> <p>Adopters are assured by the agency's support when they need it.</p> <p>The child knows that they have access to support as they grow older.</p>

Activities	Approaches	Responses (from the child and adopter)
Facilitating networks of peer support for adopters and the child & working with wider stakeholders (e.g. schools)	Create and enable networks. Help parents to understand and engage. Embrace diversity in networks, so that the child can find support from 'people like me'. Be practical and positive. Bring ideas and information.	Adopters are connected and can build their own network. The child has a "second-hand" network through their adoptive parents. Adopters and the child see others in a similar position and feel secure in that.

How voluntary and statutory agencies support value created by adoption - activities and approaches in detail

The theory of change (Figure 11) and the separate exploration of activities, approaches and responses, provide only a high level summary of the activities and approaches taken by adoption agencies that support the achievement of outcomes and impact. Below, we provide further detailed explanations and the context for the activities of agencies and the support they provide in creating outputs, outcomes and impact. These are the drivers of impact.

Pre adoption order needs assessment, recruitment and matching

Adoption agencies invest vast amounts of time and energy into matching children with the right adopter(s) for the child and their needs. The process takes place over a considerable period and starts with obtaining a clear understanding of the specific needs of the child to be adopted. Close collaboration and liaison with the child's social worker takes place in order for this to happen.

Only once this has been done do they begin to consider potential adopters. Although agencies will have waiting lists of potential adopters who have been formally approved, they do not match exclusively within this list. Due to the understanding the agencies have of the child's needs, they can actively recruit by seeking out potential adopters who can meet these needs.

Taking this tailored and specific approach to matching allows for all nuances of need to be covered. This extends beyond the need for a stable, safe and healthy home environment; agencies are able to make considerations based on any developmental, health, cultural, racial or religious need that may apply to the child. An understanding of these needs and how they can be met are essential for a child's sense of self and identity, especially as they grow older.

Planning, facilitating and managing safe contact with birth families

Where it is healthy, safe and in the best interests of the child to do so, agencies actively encourage contact with birth families. It can be essential to a child's sense of identity to know where they come from. Understanding a child's heritage, culture and religious customs are important, not just for the child but also for their adoptive



parents. Agencies actively seek to build-in a structured contact method from the outset of a child's adoptive placement. Doing so normalises contact for all parties: the birth family, the adoptive family and the child.

The agency facilitating and managing the contact, where needed, ensures that it is done in a safe way and without causing harm and further trauma. Without the agency's involvement, contact may be made in a way that is unexpected, unsolicited and unmanageable should anything go wrong. Contact can be initiated by the child or the birth family, but done in this way can ultimately be harmful, especially to the child. Social media is now a prominent part of most people's lives and has made it far more likely that the child or birth family could make contact through these platforms and intentionally, or otherwise, cause further trauma.

It is also essential that the adopter is able to develop a positive view of what can be achieved for the child, aided by contact with the birth family where possible. The agency can facilitate the use of the birth family to act as a resource for the adopters, providing an informed voice that can be listened to in deciding what is good for their child.

From the point of matching, agencies provide training, support and guidance to adopters and the child

Upon being matched with a child, the adoptive parents go through tailored training that will equip them with the tools and resources to be able to properly support the child around their specific needs. They are also trained in therapeutic parenting methods designed to help them understand, identify and deal with behaviour triggered by the child's traumatic experiences. This ultimately empowers the adopters with the skills and, importantly, the resilience to deal with and help the child to overcome their trauma. Beyond the imparting of knowledge, this training time allows the adopters to refine and develop their perceptions of what is possible and in the child's interests, for example, regarding birth family contact, so that they can approach the placement with the appropriate mindset.

Where the child is moving into the adoption placement from a foster care setting (which they are in the majority of cases), the agency will work to act as a conduit between the two placements and will try to ensure a transition that is as undistruptive as possible for the child. The transition period benefits significantly from the foster carer helping prepare both the child and the adoptive parents. Children can find security and stability from the smallest things; something seemingly simple like the continuity of their favourite brand of cereal can ease the process for them.

Throughout the placement, the agencies will also assist with applications for ASF support where the child is eligible. They are much more familiar with the application process and can take a lot of stress out of the process for the adopters, leaving them able to focus on supporting the child. Outside of ASF funded support, agencies also offer a wide range of support and training, although the exact support available does differ depending upon location.





Facilitating networks of peer support for adopters and the child & working with wider stakeholders (e.g. schools)

Alongside the support and training that is available through them and the ASF, adoption agencies also offer the facilitation of, and introduction to, peer support networks. Initially these are for the adopters, but they are also available to the child as they grow older and into adulthood, should they desire them. There are networks of support connected to specific issues that the adopters may be experiencing as well as events that have the primary objective of having fun and bringing people together. The aim of these events is to foster a sense of belonging and encourage people to not feel alone in their experience.

Peer advice and support often comes from outside of the facilitated activities once networks and relationships are established. Adopters often need simple reassurance from others in similar situations that they are doing the right thing and are making progress for their child. This also serves to create a culture of it being normal for adopters and adoptees to ask for help and support. They may not feel like something is a big enough issue to bring to the adoption agency but can instead speak to their peers, who may have had similar experiences and be able to advise them or confirm that they should speak with certain professionals if needed.

Another part of the network of support around an adoptive family can be the wider stakeholders in the life of the child. To use the example of the child's school, they can be a valuable resource and point of support for adopters. The agencies are well practiced in working with schools to ensure that they are, firstly, aware of the child's circumstances, and, secondly, able to work with the adopters to best support the child.

The difference between voluntary and statutory adoption agencies

There are variations in the offerings of adoption agencies, both geographically and between the voluntary provisions provided by voluntary agencies and the statutory provisions provided by statutory agencies/LAs. These are summarised below, and are based on insights gained from this research.

Continuity and accessibility

Continuity of staff, and accessibility to them, can play a significant role in helping adopters and adopted children to have the best possible experience. Voluntary agencies are better placed to be able to provide this; low staff turnover means that points of contact are consistent, relationships can be built, and staff can retain knowledge about an individual situation, thereby making it a far more personable experience.

Through the nature of their systems, voluntary agencies are able to be far more responsive than LAs with, for example, their record management, therefore enabling quick access to information. One example was given whereby an individual had approached their voluntary agency and requested their adoption papers so that they could have information about their birth family. The voluntary agency were able to provide him with the information from their records within 15 minutes; this same process would have taken far longer had the individual been dealing with an LA, who have far more complex systems and procedures.





Strong peer networks

The value of support drawn from peer networks can be a great source of assurance, as well as knowledge, for adopters. Through voluntary agencies there are numerous groups and networks for adopters to connect with; some are built around specific common needs and issues whilst others are intended purely to provide common ground to reduce the likelihood of adopters feeling isolated, and crucially, are a means of enjoyment. Statutory agencies also encourage the utilisation of peer networks for the families they support, with some providing activities and events very similar to those facilitated by voluntary agencies.

Independence of representation for the adopters

Adopters from some communities can be wary of state agencies and opening themselves up to them due to past negative experiences. Potential adopters from these communities, including those from the LGBTQI+ community, and minoritised ethnic/religious communities (noting that black and Muslim communities have been wary of social workers due to fears of racism and Islamophobia respectively) may therefore feel more comfortable dealing with a voluntary agency; voluntary agencies have, in the past, been better at understanding nuanced cultural differences.

Voluntary agencies are stand-alone agencies, which means that they are individually inspected. This means adopters can see the standards being met by each agency, unlike state agencies where there is no separate inspection or independent assessment of adoption services.

Long-term support for the family, past the child's 18th birthday

This is a key differentiator between voluntary and statutory adoption; a voluntary agency is able to provide greater continuity of support for a child and their family past the age of 18 years and into adulthood. For many voluntary agencies, an adopted child will remain part of their network for as long as they wish to be and are able to continue to access support and guidance, should they request it. This could mean that they do not engage with the voluntary agency for a number of years but may reach a point in their lives, e.g. having their own children, that triggers some of the trauma from their early life. At this point they are still able to receive counselling and support through their voluntary agency.

Support past the age of 18 via a statutory agency can often be a question of its capacity to be able to support the child when they are older. Like voluntary agencies, statutory agencies do endeavour to continue to support the children and young people they have placed, but a lack of capacity to do so in a reactive and timely manner can result in them having to follow mainstream routes for support instead, most likely through their GP.

Whilst it is important to recognise these variations, it is also extremely important to note that, as made clear in the Steering Groups for this research, voluntary and statutory agencies/LAs can, and do, work very hard, often alongside one another, uniting behind the goal of finding the best environments for children.

In the same way that voluntary agencies are able to flex their approach to best meet the needs of the children and their adopters, some statutory agencies are being truly pioneering in their approach and methods.



Value drivers in adoption and other forms of permanence

Value drivers are the elements of a permanence pathway that can lead to positive outcomes and, ultimately, the success of that placement for a child. Figure 12 captures the drivers of value created by adoption. It also does the same for SGOs and long term fostering placements, providing a helpful reference point for the analysis explored in the next section.

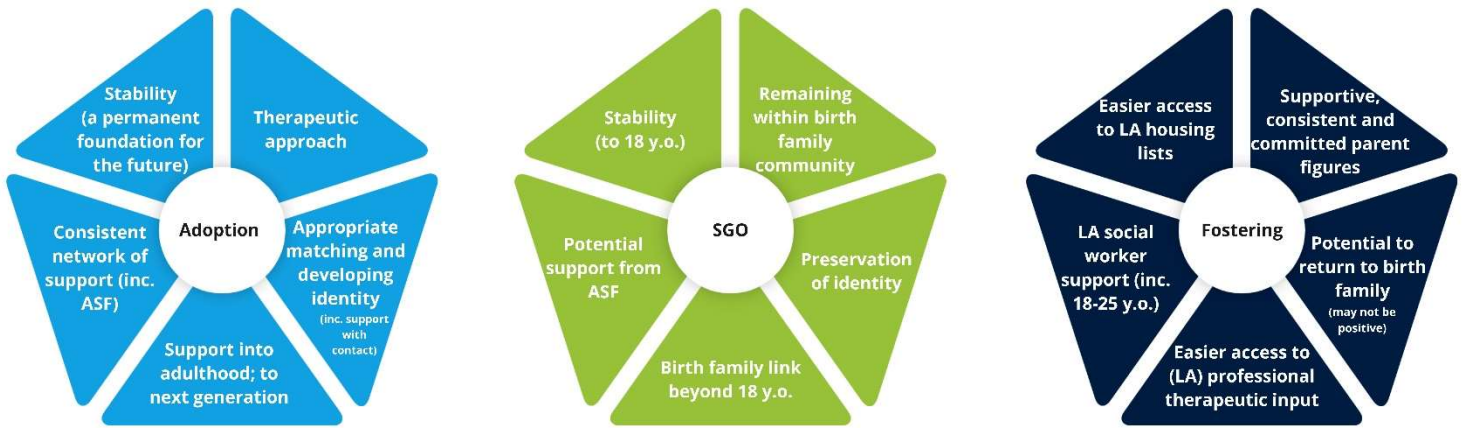


Figure 12: Value drivers in adoption, SGOs and fostering

This figure shows that the drivers of value in adoption and its counterfactuals differ, ultimately reflecting that these three routes offer different types of permanence for looked-after children. Drivers of value in this context mean the key features of adoption, SGOs and fostering that generate positive outcomes for their beneficiaries – i.e. the children and young people within them, and wider society.

For example, one of the key value drivers of adoption is that it maintains a legal link between the child and the parent beyond the age of 18 years; this supports a stable transition for the young person into adulthood. A key value driver in SGOs is that children and young people may remain within their birth family and the legal link to birth parents is maintained; this preserves a child's sense of identity. The potential for a child to return to the birth family is a key value driver in foster care.

The features listed in the diagrams show what social workers need to take into account and match to a child's needs when deciding the best route to permanence for a particular child.

4. Quantitative evaluation of adoption

Key evaluation findings

Drawing upon the outcomes identified, this section values and expresses, in monetary terms, the potential impact of adoption on children and young people, their families and wider society.

Drawing together the findings from workshops, interviews, and evidence from the literature review, a model that evaluates the impact of adoption was produced. The outcomes experienced by the archetypes outlined in Section 2 informed this analysis, with the theory of change outlined in section 3 guiding the impact quantified in this evaluation.

This modelling calculated the total potential value created on behalf of children and young people, their families and society by the adoption of children in England, Wales and Scotland in 2021. In 2021 there was a total of 3,359 adoptions: 2,870 in England,⁴⁴ 224 in Scotland⁴⁵ and 265 in Wales.⁴⁶



Average impact per adopted child
£1,253,418

According to this evaluation, the value created by the cohort of children adopted in 2021 is *at least* £4,210.2m – this captures the value created on behalf of the adopted children and society, primarily up to the age of 18 but with some limited recognition of gains thereafter.⁴⁷ The benefit per child adopted is evaluated to be *at least* £1.3m. These figures are discounted and take into account potential deadweight⁴⁸ and alternative attribution.⁴⁹

The value created largely captures improved outcomes for children who were adopted and the consequent lower costs to society as a result. For example, a child who is adopted and lives in a stable and loving environment is more

⁴⁴ DfE (2022), [Children looked-after in England \(including adoption\)](#)

⁴⁵ Coram BAAF, [Statistics: Scotland](#)

⁴⁶ Stats Wales, [Adoptions of looked-after children during year ending 31 March by age and gender](#)

⁴⁷ Benefits beyond the age of 18 are limited to: productivity gains associated with the increased likelihood of being in meaningful employment as an adult, and certain gains seen in physical and mental health, as well as gains seen in the Criminal Justice System.

⁴⁸ Deadweight is the term used to reflect the possibility that the benefits experienced by a child or young person in adoption may have arisen in any case, even if they had been placed in another form of permanence.

⁴⁹ Alternative attribution accounts for the likelihood that other factors may have contributed to realising the benefits estimated in our analysis.

likely to have improved outcomes in the long term; these include better employment prospects and better physical and mental health.⁵⁰ This generates gains, not just to the child themselves, but also to the public purse.

The analysis was produced with reference to gains to different stakeholders – see Figure 13 for a summary of this breakdown. Further detail on how this value was estimated, and what impact was analysed is provided below.

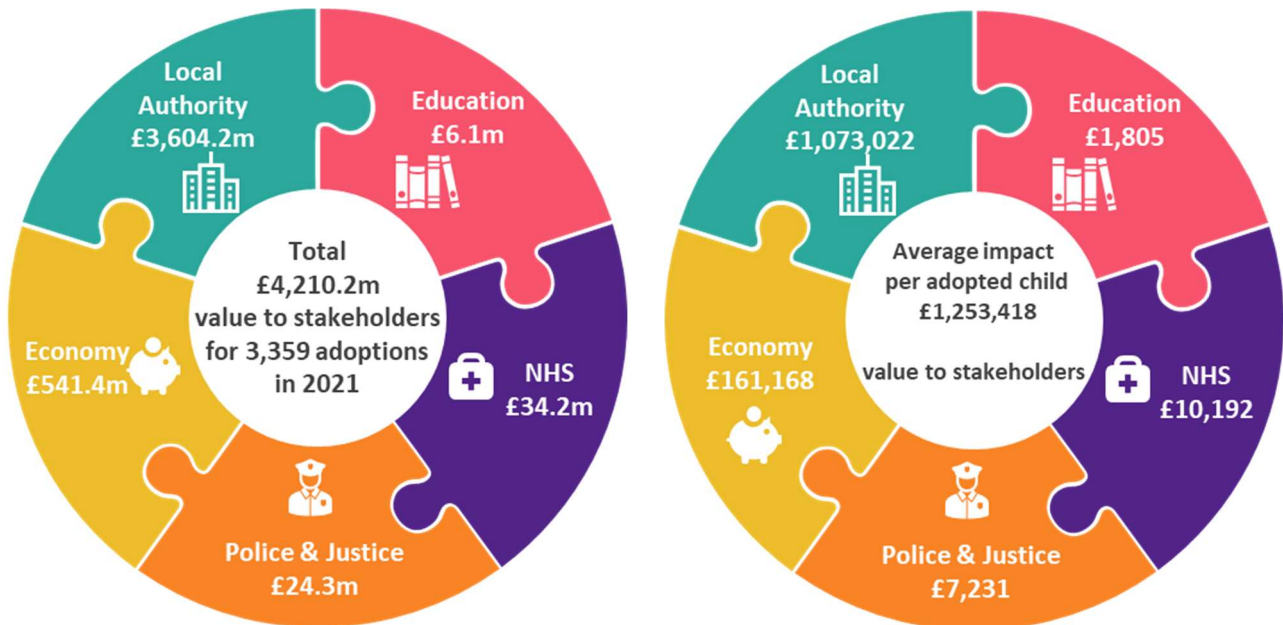


Figure 13: Breakdown of value by stakeholder (total and average per child)

An overview of the evaluation model

In order to value the impact of adoption, this modelling, informed by the life stories in Section 3, was based on a small number of profiles of adopted children with high, medium and low need, and their life paths over the short- and long-term.⁵¹ This journey pre- and post-adoption was set against counterfactuals in which it was assumed that adoption had not been available to them; this was done to capture the effect that adoption had on the outcomes in each profile. Eight counterfactual profiles were developed as part of this analysis, in which children were placed in SGOs, long term foster care, or residential care instead of adoption.

The impact for each profile (factual) and counterfactual profile were valued across seven themes of cost. These seven themes capture the value created by adoption to the child themselves and other stakeholders in society. The themes, as well as their estimated value, are outlined in Table 4.

⁵⁰ Ward, H. et al (2022). Outcomes of Open Adoption from Care: An Australian Contribution to an International Debate. Palgrave Macmillan/ Springer.

⁵¹ The outcomes from the four archetypes explored in the qualitative analysis were used to inform this modelling, but do not correspond to the profiles in this evaluation.

Table 4: Impact quantified in research and description

Cost theme & stakeholder(s)	Estimated value (£m)	Explanation
1. Costs of placement and the selected track to permanence Local Authority	3,604.1	Considers the cost of adoption (including ASF support and disruptions), SGOs (including disruptions), fostering (including breakdowns) and residential care. It also includes the one-off costs to obtain the permanence order (with differing costs for those placed in England compared to those placed in Wales and Scotland), these are mainly costs to the LA for legal proceedings, with some minimal costs to the NHS for GP checkups (adoption and SGO).
2. Educational attainment DfE and Economy	62.6	Looks at the likelihood that a child will be truant or excluded from school (indicators of poorer educational attainment) and the likelihood that a child will be NEET as an adult.
3. Physical health NHS	20.8	Encompasses factors such as drug use and abuse, alcohol dependency, A&E visits (used to represent wider health issues such as overdoses and self-harm).
4. Mental health NHS and Local Authority	11.3	Considers the likelihood of seeking therapy from the NHS and of health issues exacerbating and requiring a short inpatient hospital stay.
5. Employability Economy	484.8	Captures the additional productivity generated in the economy by adopted children and young people when they enter employment as an adult.
6. Criminal justice system Police and Ministry of Justice	24.3	Captures the potential for children to be involved in criminality, whether as a perpetrator or victim. This encompasses police call outs, prison time, the time of the youth offending team and probation, and the cost of court appearances.
7. Carer outcomes NHS (and Adoptive parents or Special Guardians)	2.3	Captures outcomes for adoptive parents, SGOs and foster carers in relation to their physical and mental health when the correct support is received.
Total	4,210.2	

The assumptions and figures underpinning the costs and outcomes experienced by children in each profile have been informed by academic and grey literature, as well as expert opinion gathered during this research, particularly from workshop participants, many of whom work directly with adopted children. For a detailed outline of how these impacts were quantified and the key assumptions, see appendix 3.

Aspects that we have not costed in this analysis include:

- The costs of the adoption allowance, settling in allowance and the Special Guardian allowance, due to a lack of information.
- Legal fees for the SGO court process, due to a lack of information and because this is not a requirement for SGOs.
- The cost of the pupil premium – this was excluded because all children who are adopted, who are subject to a SGO, or who are looked-after receive the pupil premium; this would not therefore create a cost difference and so would not be worth including in the evaluation.
- For the child, longer term outcomes are not fully explored; the model does not evaluate outcomes beyond 18 years except for:
 - Maintaining meaningful employment from the age of 18 years until retirement age
 - Mental health outcomes (evaluated up to 21 years of age but not beyond)
 - Police involvement and community rehabilitation (evaluated up to 19 and 21 years of age respectively).

These omitted costs and outcomes are likely to be negligible in the context of this analysis, with many of them being one-off costs. Therefore, their omission from this analysis is not likely to have a material impact on the estimated value created by adoption.

The evidence underpinning the impact modelled

The evidence underpinning the impact of adoption relative to the counterfactuals captured in this modelling are outlined below and in greater detail in the methodological description in appendix 3.

1. Costs of placement and the selected track to permanence

There are one-off costs involved in an adoption, namely, inter-agency fees to statutory agencies/LAs or voluntary agencies for arranging the placement. In 2022-23 the cost of placing a child or young person for adoption has been set at £33,871 for voluntary agencies and £29,700 for statutory agencies.⁵² There is no universal ongoing financial support to adoptive parents. In exceptional circumstances there may be an adoption allowance paid to parents after an adoption order; however, this is means tested.⁵³

There are one-off costs for local authorities when placing children and young people in foster care, SGOs or residential homes. These include legal fees and the cost of the social worker's time; in the absence of data (for foster and residential care), these have been modelled at a flat rate of £3,402 per child placed and is the average cost of a Child in Need intervention. With regard to one-off costs for an SGO, more detailed information is available; costs modelled include: legal fees (LA), DBS checks (LA) and GP checkups (NHS). The ongoing annual cost to the local authority of placing a child or young person in residential and foster care is understood to be approximately £250,000 and £34,700 per child or young person respectively; in both cases, the supervision time by a social worker

⁵² Coram BAAF, [Inter-agency fees 2022/23](#)

⁵³ Per the [Adoption Support Services \(Local Authorities\) Regulations 2005](#)

and additional progress grants for the young person would need to be added (the latter has not been included in this model).

Given these cost profiles, in the long-term, adoption is a lower cost form of permanence to LAs. This is why, over the life course of this model, adoption generates such a large benefit to local authorities.

2. Educational attainment

Evidence from literature shows that children who are adopted, rather than placed in foster care, are more likely to perform better educationally, and hence have more potential in the job market (see point 5, below).^{54,55} This was supported by participants in the research who also indicated that, in their experience, adopted children would have better school attendance and would be less likely to be excluded.

We have proxied these educational attainment gains in the modelling by reducing the likelihood of the following factors being relevant to a child who has been adopted, compared to other forms of permanence:

- Reduced likelihood of truancy and being referred to a pupil referral unit (PRU).
- Reduced likelihood of becoming NEET upon leaving school; more likely to go on to Further Education and Higher Education.
- Increased likelihood of having an increased earning capacity in adult life.
- Reduced likelihood of requiring additional support in school.

Truancy and the provision of education in a PRU generates costs for the DfE whilst NEET generates a cost to the economy; therefore the reduction in these outcomes for children who have been adopted yields a net saving to the public purse.

3. Physical health

A seminal ONS longitudinal study demonstrated that children living in non-parental (residential) care report, on average, worse health later in life and have a higher risk of mortality than those who have grown up in parental homes.^{56,57} Since adoption provides children with a parental home it should be expected, on average, to support better health outcomes than residential or foster care.

In the modelling, we capture these health benefits by a reduction in the use of NHS health services in terms of a reduced likelihood of substance abuse (drug use and abuse as well as alcohol dependency), A&E visits and hospital stays as a result of overdoses. We have not valued the wider economic effects of longer term poor health, such as reduced productivity or pressure on social relationships.

⁵⁴ Walsh, C. et al. (2016), *ibid*

⁵⁵ Ward, H. et al (2022). *Outcomes of Open Adoption from Care: An Australian Contribution to an International Debate*. Palgrave Macmillan/ Springer.

⁵⁶ Murray, E.T. (2020), [Non-parental care in childhood and health up to 30 years later: ONS Longitudinal Study 1971–2011](#)

⁵⁷ Murray, E.T. (2020), [Association of childhood out-of-home care status with all-cause mortality up to 42-years later: Office of National Statistics Longitudinal Study](#)



This reduction in the use of healthcare for an adopted child therefore represents capacity gains in NHS services.

4. Mental health

Similar to physical health, being in a non-parental home is associated with a higher likelihood of poor mental health. The driver for this may be that children who are supported to overcome their trauma by supportive parents in a stable home are less likely to face severe mental health challenges.

Adoptive parents are more likely than SGOs and foster carers to have received training in therapeutic parenting (by voluntary or statutory agencies) and have the capacity to provide this support compared to foster parents and staff in residential care settings who are likely to have more children to support.

Furthermore, since 2015 the ASF has been available to adoptive parents (and, since 2016, some SGOs⁵⁸) to provide funding for essential therapeutic services in England. Evidence shows that uptake among adoptive families is high. While this represents an annual spend of approximately £45m to the DfE,⁵⁹ the support the ASF provides is generally recognised as supporting improved outcomes for adopted children and their adoptive parents.⁶⁰

In this model we have incorporated the costs of adoptive parents and SGOs accessing support via the ASF, as well as the benefits of improved mental health to adopted children and young people proxied by the reduced use of therapy, NHS mental health services, GP services and inpatient stays. *The longer term effects of poor mental health, such as substance use and abuse, overdoses and A&E visits from self-harming, are included in the physical health category.*

It is important to note that this aspect of the modelling generates a loss – i.e. the cost of supporting the use of the ASF more than offsets the reduced use of NHS mental health services (this is because the average value of an ASF application is approximately four times greater than the average cost of the NHS mental health intervention that is used in this model).

5. Employability

Consistent with the research indicating that children who are adopted are likely to perform better at school, evidence shows that they are also more likely to have better employment outcomes than those living in foster care.

⁵⁸ A Special Guardian can access the ASF when their child has been listed as a Previously Looked-After Child (PLAC). If this has been done then the child, and their legal guardians, are entitled to support from the Adoption Support Fund and further means of support, like preferential school placements. However if they are not listed as PLAC, they do not qualify for the support.

⁵⁹ UK Parliament (2021), [Adoption Support Fund: Question for DfE, UIN 15406, tabled on 14 June 2021](#)

⁶⁰ Adoption UK (2022), [The Adoption Barometer: A stocktake of adoption in the UK, June 2022](#)



For example, Ward et al (2022)⁶¹ found that 62% of adult adoptees were found to be engaged in full-time employment, education or training compared with 34% of adults who were raised in foster care.

This increased employability is captured in the model by a reduction in the likelihood of adopted children being NEET during the ages of 18 – 22 years, and more likely to be employed during the rest of their working lifetimes.

Those who attain at school are also more likely to have increased earning potential in the future; this means there is increased productivity and an overall gain to the economy. Productivity, as against a baseline GVA (set at the productivity generated by someone working 40 hours a week on the minimum wage) is calculated to show this gain to the economy. A premium, as against the baseline, is modelled for those who experience increased earning potential, whilst a discount, as against the baseline, is modelled for those who struggle to hold down employment or, for example, who work a zero-hours contract etc. (in this way, the risk of double counting with NEET is eliminated).

6. Criminal justice system

Research indicates that children and young people in a residential care setting are more likely to enter the youth justice system compared to their peers in foster care or adoption.^{62,63} The Youth Justice Board for England and Wales indicates that the drivers of this difference may include the following:

- There are inconsistencies in thresholds across residential care settings for engaging the police.
- Children placed in residential settings could have more complex needs and historic instability; they are therefore more likely to enter the criminal justice system.
- Children in care are more likely to be co-opted into gang activities.
- Police call outs are modelled to indicate that children and young people who are in residential care are more likely to be known to the police, or to incur police time on a regular basis.

This is captured in the model by children who are adopted being less likely to: be subject to police call outs, appear in court, be in prison, and need rehabilitation. This therefore generates a saving to the police and justice system – again in the form of increased capacity.

7. Carer costs and outcomes

Workshop and interview findings emphasised the importance of a support network for adoptive parents. They may need this support to cope with issues such as post-adoption depression,⁶⁴ or for advice on how to respond with

⁶¹ Ward, H. et al (2022), *ibid*

⁶² Dr Day A-M. (2021), [Experiences and pathways of children in care in the youth justice system](#)

⁶³ Youth Justice Board for England and Wales (2015), [Keeping children in care out of trouble: an independent review chaired by Lord Laming](#)

⁶⁴ Adoption UK, [Factsheet 14: Post-adoption depression](#)



child on parent violence (CPV).⁶⁵ The bodies within these networks that may provide support could include, but are not limited to; adoption agencies, schools, close and extended family, and peer to peer support.

Adoptive parents may need to draw on others for advice on how they can best support their child. Normalising regular engagement with supportive services, formal or otherwise, is something that agencies see as key to ensuring that children and their families decrease the chance of crises, which could ultimately lead to the breakdown of an adoption.

Whereas adoptive parents have a variety of support channels available to them via agencies and the ASF, carers in other forms of placement are likely to receive less support. Some SGOs may be able to draw on the ASF, but are less likely than adoptive parents to do so.⁶⁶ Many, but not all foster carers, may be part of the Mockingbird programme,⁶⁷ in which five to six foster families form a network and provide support to each other, akin to a wider birth family. This has not been included in this model as there was insufficient evidence to quantify the scale of its impact on outcomes.

Adoption in this model generates a net benefit to the NHS, both in terms of the reduced use of mental health services by adoptive parents and a reduction in GP visits, both due to the support available to them.

Contextual qualitative findings

While not explicitly included in this model, the following findings emerged from the research and also have a bearing on the benefits of adoption relative to other forms of permanence. These are summarised below.

Preserving a child's sense of identity and the need to recruit a more diverse pool of potential adoptive parents

Findings from the literature review, as well as the interview and workshop participants, indicated that, over the last decade, there has been increasing recognition of the importance to preserve a child's sense of identity in the adoption process, and how this sense of self can have a bearing on a child's long-term outcomes. Understanding a child's heritage, culture and religious customs are important, not just for the child but also their adoptive parents. As a result, statutory agencies/LAs are using cultural, religious and social background as a factor in matching children to adoptive parents and, as a result, are seeking to recruit a more diverse pool of adoptive parents.

Part of this initiative also involves changing perceptions of what being a "good" adoptive parent looks like; for example, the perception that a suitable adoptive family has two parents and sufficient financial means to be able to care for the child. Increasingly, agencies are trying to make it clear that money is not a deciding factor for them when looking for a potential placement. There are ways to support a family financially if this is needed (e.g. through

⁶⁵ PAC-UK, [Child to parent violence services](#)

⁶⁶⁶⁶ Coram BAAF, [Support for Special Guardians](#)

⁶⁷ The Fostering Network, [The Mockingbird programme](#)



an adoption allowance provided by the LA) and the parental capacity and attributes of families are far more important as these are the things which the child needs most.

Birth family contact and facilitating this in adoption

One aspect of preserving a child's sense of self is by maintaining birth family contact where possible – research participants emphasised the importance of this. This is supported by research that it can be beneficial^{68,69} and a determinant of long term stability.⁷⁰ It is also supported by policy which indicates that it should be maintained when it is beneficial to the child or young person.⁷¹

There is a perception, however, that adoption limits birth family contact and, indeed, severs all ties between the adopted child and the birth family, only being used when 'nothing else will do'.⁷² The severance point is, in practice, simply not true, but, because of the misconception, adoption is considered by many social workers as a last resort for looked-after children, despite its potential to offer a more secure, stable and long-term form of permanence.

Contact with a child's birth family can be facilitated in adoption by the LA and social workers, for example, through the letterbox system. However, this has been recognised as not fit for purpose in the social media age and was one of the few aspects of adoption considered by the *Independent review of children's care* in 2022.⁷³

Finding a more modern way to manage contact would also help change perceptions within the judicial system of adoption 'severing all ties with the birth family', thereby encouraging the use of adoption as a matter of course rather than it only being considered in exceptional circumstances. Indeed, research participants felt that "whilst this is a big change of concept for adoption, there is a wealth of knowledge and research available in relation to fostering; we [the sector as a whole] need to build on this, rather than try to invent something new (specifically for adoption)".

More evidence is needed about the impact and outcomes of placing children in SGOs

The increased use of SGOs may be driven in part by the recognition of the importance of maintaining contact between a child and their birth family. In workshops and interviews, examples of SGOs that had been extremely beneficial to children were discussed. In these cases, predominantly where there was a network of support in place, the advantage of preserving a child's sense of self, identity, origin and culture was enabled.

⁶⁸ Neil et al (2013), [Contact After Adoption: Stage 2](#)

⁶⁹ Coram BAAF, [Birth family relationships are promoted](#)

⁷⁰ All-Party Parliamentary Group for Adoption and Permanence (2021), [Strengthening Families. Improving Stability for Adopted Children](#)

⁷¹ DfE (2021), [Adoption strategy: Achieving excellence everywhere](#)

⁷² Judiciary of England and Wales (2016), [FLBA National Conference: Keynote Address by Lord Justice McFarlane – 'Nothing Else Will Do'](#)

⁷³ MacAlister J. (2022), [Independent review of children's social care](#)



The increase in the use of SGOs, apparently as an alternative to adoption, belies their originally-intended strength of being a low-interference form of permanency for looked-after children, and potentially denies children the post-18 permanence they may need.

As SGOs are a relatively new order, there is concern at the lack of systematic evidence in literature about their use and impact, especially in the long-term. Given their increasing use as a form of permanence for children and young people, it is important that this evidence gap is closed.

Factors mentioned by research participants that could limit the positive impact of SGOs included:

- There being no universal financial support for Special Guardians. Given that looked-after children are more likely to come from deprived backgrounds, and being from the same family, Special Guardians may not have the means to support the child in their care. An additional person to clothe and feed can be challenging for any family, especially when having to give up their work to care for the child is a realistic possibility. Indeed, a survey carried out by Kinship in 2022 found that “44% of [kinship] carers could not pay all their household bills” and “72% believed that their financial situations were having a negative effect on their physical and mental health”.⁷⁴
- Given the continued ties to their birth family, children subject to a SGO may come into frequent contact with a birth parent who has been judged to be unfit or unsafe for the child to remain with; this could lead to additional pressure on the Special Guardians caring for them.
- The age profile of the Special Guardians is something that was repeatedly mentioned as an issue. Placing a child with an elderly relative increases the likelihood of the child experiencing further ACEs if their Special Guardian becomes too frail to care for them or passes away; this results in further upheaval as another care-giver must then be found.
- There is a lack of professional assessment and support for Special Guardians. Many children are placed under an SGO within a relatively short timeframe (examples have been given of placements being made within 26 weeks)⁷⁵, and often following an adversarial court process which can leave SGs isolated from services. It is also worth noting that peer support is not available for SGs (unlike in fostering/adoption). Indeed, “70% of [kinship] carers felt they did not receive the support they needed from their LAs in 2021”.⁷⁶
- The orders only last until the age of 18 and can therefore create a further hiatus and lack of permanence at that point.

⁷⁴ [Kinship : Financial allowances survey 2022](#)

⁷⁵ Workshop and/or interview participants

⁷⁶ [Kinship - State of the Nation : Annual survey 2021](#)

5. Conclusions and next steps

Key findings

This research project, ten years after The PACT Report, confirms that adoption can still bring substantial value to society through the permanence, stability and support it can offer children who cannot live with their birth families. This research finds that the adoption of a child in England, Scotland or Wales could generate a value of *at least* £1.3m to the child and wider society over the child's lifetime. Extrapolating this value to the total number of adopted children in 2021 yields a total value to society of *at least* £4,209.9m.

This value is generated through two key channels:

1. The improved outcomes adoption offers relative to staying in care

Children who are adopted are more likely than children in SGOs or under LA care to be in better health (mental and physical), to achieve more in education and to have better employment prospects. These findings, well documented in academic research, were echoed by the 30+ participants in this research.

2. The lower financial cost to LAs of adoption compared to care placements

The parents of a child who is adopted does not automatically receive any financial support from the state – the same goes for SGOs. However, LAs will need to pay for the placements of children who remain looked-after in foster care and residential care.

The routes through which value is created by voluntary agencies may be slightly different than (and complementary to) statutory adoption. Voluntary agencies typically support adoption for more difficult to place children, who may benefit to a greater extent from the stability of a family home. Furthermore, being in the voluntary sector provides opportunities for innovation and organisational stability which can support children adopted via their services throughout their childhood and potentially into later life.

The societal value of adoption is likely to have been declining over the last few years as the numbers of children being adopted has fallen – since 2015 in England and Wales, and since 2017 in Scotland. This decrease is likely to have been driven by changes to wider practice within LAs and the courts responding to the introduction and recognition of more types of permanence, most notably the introduction of SGOs and other forms of kinship care.

While participants in this research recognised the significant potential benefits of adoption, these had to be balanced against the large potential costs of breaking ties with children's birth families. While participants recognised that birth family contact could still be accommodated in adoption, they did not think it was fit for purpose in the age of social media. This perceived trade-off is likely to have been reinforced by the rulings in *Re B* and *Re BS* in 2013, which were, perhaps wrongly, interpreted as characterising adoption as the last resort for a child given its implications for a child's ties to their birth family. Updating and improving how birth family contact is developed and undertaken in adoption, as well as helping adopters to develop a positive understanding of it, are

the obvious solutions, rather than it being assumed that this element makes adoption less valuable to children needing permanence.

The following factors combined may have served to create an uneven playing field for social workers when it comes to recommending where a child should be placed for permanence:

- Elevated evidential burden required to place children for adoption.
- The perception that family ties cannot be preserved in adoption.
- Performance targets for a set average number of months between a child entering care and moving in with their adoptive family.
- The perception that adoptive parents do not want to adopt children older than four years of age.
- The one-off Inter Agency Fee placement cost for LAs that is a disincentive to pursue adoption given the constraints on budgets.

These factors may have served to increase the difficulties associated with recommending a child for adoption. Now that there are further routes to permanence, these may be considered in preference to adoption; however, they may not deliver as full a permanence or as great a benefit to some children.

The broadened definition of permanence to accommodate SGOs and long term foster care, at least in England, coupled with more rigorous assessments for adoption placements and orders could, together, have driven this reduction in adoptions.

Over the last decade, it is more likely that children previously considered for adoption are being recommended for SGOs rather than long term foster care: the share of looked-after children in foster care fell slightly over the last decade from 73% in 2010 to 71% in 2021. By contrast, the number of children in SGOs in England has grown from 1,260 in 2010 to 3,800 in 2021, representing an increase of 200%; this is much larger than the 25% growth in looked-after children over the same period. In 2021, SGOs accounted for 14% of care episodes that had ceased; the equivalent figure in 2010 was 5%.⁷⁷

We have heard that LAs may prefer to place a child in a SGO as it directly preserves the birth family connection, allowing for the easier return of a child to their birth family. The legal process to obtain the order is also much shorter with a less intense assessment. However, where SGOs may fall short when compared with adoption, is that far less training and limited financial support is provided to Special Guardians when the need for this might actually be higher. This may limit a Guardian's capacity to provide a stable and supportive environment for the child, particularly when Guardians have had limited time to prepare for their arrival. While there is well established and demonstrable evidence about the long-term benefits of adoption, we know a lot less about the outcomes for children in SGOs given that they are relatively new.

⁷⁷ DfE (2022), Children looked-after in England (including adoption)



Given the significant potential for adoption to have great benefits, as demonstrated by this research, it would be a missed opportunity for looked-after children, and society, if children who would benefit from adoption are being placed in SGOs which are less effective due to a lack of support and training for Guardians.

Key recommendations and questions for investigation for policy makers

This research and its findings raise the following questions that should be considered by those in policy-making roles within government:

- 1. Re-visit the understanding and practice of birth family contact**, acknowledging the benefits of creating a relationship between a child and their history that reflects the reality of C21 adoption from care, and remove the false idea that adoption must necessarily mean that a child is divorced from their origins and from any birth family relationship. Explore what improvements need to be made to facilitate better birth family contact in adoption and dedicate adequate resources to these activities.
 - Decisions on the appropriate form of permanence for a child seem to be based, to a substantial degree, on the misconception that adoption needs to result in a severing of the child from its birth family and origins. Positive birth family contact and a recognition of the child's origins can be developed in adoption – indeed that may bring many positives to the adoption. A new presumption needs to emerge that adoption will entail positive, informed and well-supported access for the child to their birth family with a view to them developing an appropriate relationship with them and an understanding of their origins.
 - However, birth family contact, its dynamics and benefits, needs to be understood by all involved with adoptive parents needing to be trained to support it; this training and any professional support needs to be properly resourced.
 - Interestingly, the biggest fear for adopters is not the birth family contact itself, but rather whether they will have the support they need to prepare the child and manage the consequences (whether positive or negative) following contact.
 - This support is not currently covered by the ASF as it is not deemed to be therapeutic. PACT, as an example, currently uses elements of their peer-to-peer groups to inform and support parents in this area; this may be a good route to managing the professional support required.
- 2. Consider what actions need to be taken to ensure SGOs provide the support that other forms of permanence can provide**, for example by **providing training to Special Guardians** that is equivalent to the training received by adoptive or foster parents, as well as providing financial assistance where this is needed. This may, in a number of cases, require support for the Guardian and child in their access to birth parents.
- 3. Evaluate the long term outcomes of children in SGOs** in England and Wales, including a view of the longevity of the support and stability afforded to the child, how relationships with birth parents emerge and are supported, and what happens to children after the age of 18.
- 4. Review and reframe how permanency decisions can be taken for children**, bringing insight regarding all the options (including adoption) to the table and ensuring that positive and informed views about identity,

and how it can be reflected in permanencies, are recognised. In particular, experts in all forms of permanence should be in the room, and adoption experts should not be excluded solely because they are not Local Authority employees.

A multi-agency view to decide permanency decisions for children would ensure that the right knowledge and expertise is employed in care planning. Currently it seems that external suppliers (both statutory and voluntary agencies) with expert knowledge and insight regarding adoption are rarely, if ever, involved in care planning decisions. Adoption experts are only brought in once the decision to place the child for adoption has been made. Indeed, for some children, their (adoption) care plan is reversed because adopters cannot be found; however, voluntary agencies are not involved and believe they could, in many instances, have found suitable adopters for children in this situation.

- This is not in the best interests of the child. Experts in adoption, and in the services that voluntary agencies can provide, should be involved in the decisions being made on behalf of the child.
 - Statutory agencies also recognise this dynamic: Hampshire County Council are running an innovative pilot, starting in late 2022, to take care planning decisions in-house. The lessons learned from this will be important in order to influence how care planning decisions are made across the sector.
5. **Develop the insights of the Guardians ad Litem** regarding the relative appropriateness of the different forms of permanence, and how they can meet the needs of the children. Their role is consistent with the need to take an objective but child-centred view, and their influence on court decisions and practical processes is considerable.
6. **Continue to explore and develop collaborative working between voluntary and statutory services; remove misunderstandings regarding the underlying costs of in-house placements being more than inter-agency fees, which creates blockers**
- Statutory agencies tend to seek placements of 'their' children with parents they have recruited and trained. This may give a good, or even the best, outcome for the child, but:
 - i. By definition it restricts the pool of parents to be considered before a choice is made, and
 - ii. Inevitably leads to children being placed close to their area of origin, which may not be ideal if there are risks to the child and to the stability of the placement.
 - Statutory agencies may approach voluntary agencies to find parents for 'harder to place' children, and this should be seen as a positive. However, the decision of whether to involve voluntary agencies seems to frequently be coloured by the consideration of whether the inter-agency fee is more than the cost of finding and training parents in-house, a consideration that appears to be either unfounded or wrong.
 - Voluntary agencies tend to offer more bespoke services and support for families and children. They do not face some of the restrictions, and the complexity of obligations, that statutory agencies face and can therefore be quicker to adapt to change and innovation. Charitable fundraising can be used to obtain additional resources. Generally, voluntary agencies work with children with more



complex needs, although it is recognised that the number of children with complex needs coming through the system has generally increased.

- For the system to function effectively, there needs to be an equal relationship between statutory and voluntary agencies, and a level playing field for seeking families for children, which allows a real and informed ambition for children to emerge.

7. Explore what permanence really means for real children and so expand the understanding of permanence beyond statutory guidance

- Permanence is currently defined by theoretical timeline planning (social worker decisions) and the legal status of the child in relation to their family or corporate parent. However, in reality the nature of permanence is *the child's confidence in the consistency and sustainability of*: locations; parenting (and the identity of the individual parents involved); their expectations for their daily lifestyle; and their opportunities and hope for the future that arise in that situation, together with the family and other networks of support around them.
- This suggests that our present framework for considering permanence and how it can be delivered for children misses the point. We need to *review and reframe this to be child-centred* (rather than using non child-centred frameworks).
- Long term fostering, whilst permanent in terms of planning, is unlikely to offer as many aspects of stability that a child needs for permanence when compared with adoption or a SGO (indeed the indications are that many fostered children move quite quickly from one foster home to another⁷⁸); foster carers often change at regular intervals, have holidays and other periods without the child, and offer no certainty of commitment to the child from year to year, let alone beyond the age of 18. This does not make fostering not valuable, but the boundaries on what it delivers in terms of permanence need to be openly acknowledged.
- Further research into SGOs is required: whilst SGOs are right for some children, there is little evidence available regarding how effective SGOs are; this will enable a further understanding of their benefits, and how statutory services employ SGOs.

Further research and exploration required

- **Further exploration of outcomes for adopted children (particularly outcomes that are longer term, post 18yrs)** is required to gain a more in depth understanding of the different routes to permanence.
 - o DfE have recently commissioned a longitudinal study looking at children aged between 13 - 18 years and tracking them across their lives. The pilot begins in autumn 2022 with a view to being rolled out nationwide from March 2023. This data will be invaluable.
 - o Although the DfE longitudinal study will provide invaluable evidence of the outcomes for adopted children, this will take many years to come through. A more immediate approach to run at the same time might take the form of a detailed analysis of A-UK data sets, or using the A-UK database to do some story building work with adults post adoption.

⁷⁸ [Social Care Institute for Excellence: Foster care moves and breakdowns](#)



- **An independent review to establish proper cost boundaries for statutory and voluntary agencies:** further research is required to understand the cost of adoption, and other forms of permanence, within Local Authorities. It is concerning that these uninformed cost boundaries may mean that children who would otherwise be suitable for adoption may miss this opportunity because the child is not referred to an appropriate (voluntary) agency, based on a cost decision alone.
 - o It appears that the only research that is currently available regarding this is Julie Selwyn's work⁷⁹ which indicated that the only difference in the cost of adoption between a RAA and a VAA is the inter-agency fee⁸⁰.
 - o Clarity around these fee structures will enable the most appropriate agencies to be in a position to offer adoption to children who might otherwise be overlooked in the current system.
- There are some **suggestions that experienced social workers are leaving the system** (either through retirement, or through fatigue with the system and high caseloads). **Exploration of the risk of loss of expertise and knowledge that this could pose is required:** Is there a future risk that insightful, child-centred decisions based on an individual social worker's expertise and their insight and ambition for children could be lost? This knowledge needs to be institutionalised in order to prevent this.
- **Further research into SGOs is required:** whilst SGOs are right for some children, there is little evidence available regarding how effective they are; this will enable further understanding of the benefits of SGOs, and how statutory services employ SGOs.

⁷⁹ [Adoption and the Inter-agency fee : Selwyn](#)

⁸⁰ The inter-agency fee is based on a calculation from 2011 carried out by The Association of Directors of Children's Services (ADCS) and is increased by inflation each year. It is a flat fee regardless of the need or age of the child and therefore, is of limited reliability.

Appendix 1: Methodology

This research was commissioned by CVAA to demonstrate the value of adoption and long term fostering in light of the Care Review. Furthermore it updates previous work by Jim Clifford OBE for PACT on the value they brought by placing children for adoption in the voluntary sector.

Story-based and person centric approach using archetypes

We explored the value created by adoption and long term fostering using a story-based and person-centric (qualitative) approach by developing profile of four typical children who would be adopted (we call these 'archetypes'). These archetypes were designed to capture a large proportion of the children who would be placed for adoption in the UK.

For each archetype we explored and developed their life paths in the short- and long-term to understand the impact of adoption to them.

Model-based quantitative evaluation

Informed by the outcomes for the archetypes, we developed an Excel model which captured outcomes to a range of children placed for adoption. In the model we compared their journey pre- and post-adoption against a counterfactual in which there was no adoption, to capture the difference in outcomes that adoption has made to each child who was adopted. This analysis has been used to demonstrate net value that adoption creates for society.

Mixed methods used to develop the archetype impact analysis

We used mixed methods to develop these archetypes and to inform this evaluation. The project encompassed a literature review, semi-structured focused (SSFI) interviews and workshops. The work was guided by a Steering Group – a panel of experts in adoption and other forms of placement. All of the workshops, interviews and Steering Group meetings were conducted remotely.

The methodology involved the following activities, which included research and strategic interpretation and reporting, as summarised in Table 5.

Table 5: Summary of project methodology

Activity	Description and purpose
<p>1. Rapid evidence review</p>	<ul style="list-style-type: none"> • Traced, gathered and reviewed relevant literature – academic and grey – and statistics over the last decade (for an overview of the material reviewed see the bibliography in appendix 5) • Topics explored included: developments in policy in adoption and other placements; outcomes to children; and trends in placement and practice • The purpose of this review was to develop and document the context and policy against which adoptions currently take place and this informed the conclusions and recommendations found in this report
<p>2. Workshops and interviews</p>	<ul style="list-style-type: none"> • Two workshops and 8 interviews with professionals and provider communities. For a list of participants see appendix 4 • The purpose of the workshops and interviews was to: <ul style="list-style-type: none"> ○ Develop archetypes and to identify their perceived needs and outcomes ○ Understand how adoptions lead to the outcomes discussed (value drivers) ○ Develop the counterfactual, exploring for each archetype outcomes under non-adoptive placements ○ Seek further information from experts around policy and practice, for example the difference in adoptions placement between voluntary and statutory agencies.
<p>3. Developed the adoption theory of change and life paths for each archetype</p>	<ul style="list-style-type: none"> • Combined evidence gathered from the literature review and the interviews and workshops to develop and inform: <ul style="list-style-type: none"> ○ An overarching theory of change setting out the value created by adoption ○ An assessment of the stakeholder gains as a result of each of the identified outcomes from adoption under each archetype
<p>4. Built a model of the outcomes for adopted children and young people against appropriate counterfactuals</p>	<ul style="list-style-type: none"> • Produced an economic evaluation of the outcomes for a small number of profiles of adopted children with low, medium and high need (the factuals), and specified the counterfactuals for each factual • Evaluated costs and gains to all relevant stakeholders where quantification was feasible

The expert Steering Group met twice during the course of the project, and provided guidance outside of these meetings. Their role was to review and challenge:

- The literature review for completeness of the sources reviewed and conclusions
- Model assumptions regarding outcomes
- Conclusions from this analysis regarding the benefits of adoption to stakeholders relative to the counterfactual of no adoption
- The final report

Limitations

The central research here is gathering of experiences from a range of professionals and experts, enabling us to draw out their collective understanding of current cases. In practice, it is therefore not an examination of a time-boundary population and whilst it can reasonably be used for drawing conclusions about the number of adoptions in 2021, it does not constitute a stratified survey of children adopted in that year. The valuations are there for illustrative of a range of cases and not specific to individual cases in 2021.

We have used similar methodologies for deriving illustrative evaluations of adoption, fostering and SGO. However, SGO research is early stage, so there may be gaps in this report's understanding of its cost profile and residential settings for looked-after children have not been fully explored. This may mean certain omissions have been made: most likely under costings of the true level of cost for looked-after children or Special Guardians.

The lifetime impacts that were included in the modelling were limited to productivity gains associated with the increased likelihood of being in meaningful employment as an adult, certain gains seen in physical and mental health, and gains seen in the Criminal Justice System due to reduced criminality. This was due to the limited time we had in workshops and interviews to explore longer term outcomes. This analysis could therefore be extended to further impacts given further time to research these potential further outcomes in adoption and the counterfactuals.

We have not sought to disaggregate the benefits per adopted child in each of Scotland, Wales and England. While experts and those working in these different countries were engaged in this research, there was not time to explore how outcomes for children in these countries might differ and what the drivers for this might be. For example, as a simplification in this model it is assumed that SGOs are available to all children and families; however in a more refined model, SGOs not being available in Scotland would be accounted for. Since Scotland accounts for a relatively small share of total SGOs in this model, this simplification is not likely to have a material impact on the overall value produced in this work.

Furthermore there are some impacts which have not been included in this analysis due to a lack of time to gather evidence, or because the impact of their inclusion would be zero. In the case of the former, these costs are likely to be negligible in the context of this analysis, with many of them being one-off costs. So their omission from this analysis is not likely to have a material impact on the estimated value created by adoption.

The impacts omitted from this analysis include:

- The costs of adoption allowance, settling in allowance and special guardian allowance due to a lack of information
- Legal fees for the SGO court process due to a lack of information, and because this is not a requirement for SGO
- The cost of the pupil premium – this was excluded because all children who are adopted, who are subject to a SGO or who are looked-after receive the pupil premium, therefore this would not create a cost difference and would not be worth including in the evaluation
- For the child, longer term outcomes are not fully explored; the model does not evaluate outcomes beyond 18 years except for:
 - Maintaining meaningful employment from age 18yrs up to retirement age
 - Mental health outcomes (evaluated up to 21yrs of age and not beyond)


Police involvement and community rehabilitation (evaluated up to 19 and 21 years of age respectively).

Next steps

With further time and resource it may be possible to extend this analysis to encompass the following:

- A Review of the longer-term outcomes for adoption, based on an exploration with past adopters of what has happened since the children were 18. Whilst there is a DfE-funded longitudinal study in this area, it will take a considerable time to yield results, and may not embrace enough situational context as it might, to enable a refining of evaluations such as this one.
- A more detailed and more strongly evidenced analysis of the difference between adoption and the principal counterfactual pathways – predominantly foster care. We could undertake more research through workshops and interviews about the outcomes of children in foster care, as well as SGOs and residential care. This would enable us to produce a more detailed view of the outcomes in these forms of permanence as a counterfactual to adoption.
- In general there needs to be a stronger evidence base about the outcomes for children placed in SGOs; closing this gap should be a priority for policy makers, who should consider providing funding for academic research into this topic.
- The cost of adoptive placement and family finding by RAAs needs to be better understood. Selwyn's report suggests that it is not materially different from the interagency fee, yet statutory agencies are still talking about placing without voluntary agency support as it is cheaper⁸¹.

⁸¹ [Julie Selwyn: Adoption and the Inter-agency fee](#)

- To refine these estimates of the value created by adoption and alternative forms of permanence in a next stage of research we could interview adopters, foster carers and parents. The impact of fostering for adoption could be explored further, including the impact of the uncertain outcomes from the assessment process on prospective adopters.
 - Where foster-to-adopt placements are being used, the longer-term impact on the parents of the uncertainty of process from foster placement into adoption or not would bear exploration, in order to understand its impacts and true cost-benefit.
 - There may be differences in the outcomes achieved by children placed by statutory agencies as opposed to voluntary agencies. In further research we could produce a more detailed and more strongly evidenced analysis of the distinctions between voluntary agency provision and that of statutory agencies.
 - We could also seek to disaggregate the benefits further by country – England, Scotland and Wales. This more detailed analysis would reflect the different forms of permanence available (e.g. there is no SGO in Scotland) and the different support available to adoptive parents and their children, and could capture what difference this makes to outcomes across the countries.
 - We could also recommend further exploration of longer term outcomes for adopted children as well as those subject to foster care, SGO and residential care to capture the benefits of adoption in the long term beyond lifetime gains associated with a lower chance of being NEET.
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Appendix 2: A summary of key changes in adoption policy and practice since 2010

Key changes in adoption policy and practice

Since The PACT Report was published in January 2011 there have been a number of policy developments and changes in practice when it comes to looked-after children and placements in England, Wales and Scotland. An overview of these is provided in this section. The changes in policy and practice have implications not only for the likelihood that a child will be adopted, but can also affect the scale of the societal benefits arising from adoption.

Measures to promote use of adoption and to tackle barriers to adoption

Where possible the government wants to support families to stay together to help minimise the numbers of children entering care.⁸² However, where this is not possible, adoption should be “pursued determinedly when it is the right option for a child”.⁸³

This seems to be a position common across the UK nations with various policies, strategies and institutional changes promoting adoption, possibly underpinned by the recognition that adoption placements can offer stability and therefore support better outcomes for children.^{84,85}

In England, the Conservative and Liberal Democrat coalition government from 2010-15 had the express ambition to “encourage more people to adopt and make sure children are placed swiftly with a family where this is in their best interests”.⁸⁶ Then followed a number of plans and legislation changes to bring this ambition to life. Governments in England sought to tackle a perceived key barrier to adoption: delays.

In 2012 DfE published the report “An action plan for adoption tackling delay”.⁸⁷ Its central premise was that adoption took too long. This was not a new concern, however; it had been an issue recognised in 2000 by the then Labour government.⁸⁸ This introduced reforms which sought to increase the number of adopters and to reduce timescales in care proceedings by eliminating any unnecessary delays. This plan also set out the government's intention to introduce a “fast-track” process for foster carers wanting to adopt a child in their care – and has become known as Fostering to Adoption. This was followed by the 2014 Children and Families Act, which introduced the rule that care proceedings should not exceed 26 weeks.

⁸² Department for Education (June 2021), Strengthening families, protecting children (SFPC) programme - Guidance

⁸³ DfE (2016), ‘Adoption: A Vision for Change’

⁸⁴ McGhee et al (2018), *ibid*

⁸⁵ Coram-i, ‘Early Permanence’: Foster to Adopt Placements – the Approach and Benefits

⁸⁶ Department for Education (May 2015), [Policy paper: 2010 to 2015 government policy: looked-after children and adoption](#)

⁸⁷ DfE (2012), [An Action Plan for Adoption: Tackling Delay](#)

⁸⁸ Department of Health (December 2000), [Adoption: a new approach](#)

Another significant change in England to support adoption was the DfE announcement in 2015 of its goal for all local authorities to become part of a RAAs. This was proposed to streamline the channels through which the adoption process takes place and to enable better matching, recruitment of parents and adoption support.⁸⁹ RAAs regularly work with voluntary agencies to deliver services.

Early permanence has been promoted as the chief route to stability for children and is recognised as key across all the nations. The Scottish Government published the strategy “Getting it Right for Looked-after Children and Young People” in 2015. This focused on three strategic priorities: early engagement, early permanence and improving the quality of care.⁹⁰ The Welsh Government has placed a general duty on local authorities to provide or arrange preventive services.⁹¹

Measures to increase the provision of therapeutic support to adoptive parents

There has been increasing recognition among the nations of the importance of providing tailored, specialist support services to families, with governments taking measures to ensure they have the support they need to deliver therapeutic parenting.

The Adoption Support Fund (ASF) was launched in England in 2015, to address increasing concerns that families were not accessing the support that they needed. The ASF provides families with financial support for therapeutic interventions, with an access limit of £5,000 per year. LAs undertake an initial assessment of need for therapeutic intervention for a family; the LA then applies to the ASF on behalf of the family. Every local authority has access to the fund. As of 2016, the ASF is also available for those on SGOs. The ASF has been recognised as providing the right support to deliver better outcomes for children and their adoptive families, but not in a timely way.⁹²

In 2016 the DfE launched its “Adoption: A Vision for Change”, in which they revealed their plans to continue to transform the adoption system over the following four years. This included promises to provide every adoptive family with an ongoing package of specialist needs assessment and support, reduce bureaucratic systems on matching children with families, train social workers on running complex assessments and extend funding for the ASF to 2020.

More recent changes include DfE offering emergency support via the ASF to adoptive families in the form of £8m in light of the COVID-19 pandemic in 2020, and the DfE launch of its latest adoption strategy, titled “Achieving Excellent Everywhere”. The report promised to deliver high quality adoption support for all families, to maximise the children’s outcomes and ensure the stability of placements. Following this, the government committed to provide a funding total of £48.1 million in 2021-22, £46 million of which was intended to be invested in the ASF.

There have been some significant changes in Wales too with the launch of the National Adoption Service (NAS) in 2014, the announcement of £2.3m investment in adoption services in June 2019, and the Adopting Together

⁸⁹ DfE and Edward Timpson CBE QC MP (2015), [Speech: Our mission to give vulnerable children a better start in life](#)

⁹⁰ Care Inspectorate The Hub, [Looked-After and Accommodated Children](#)

⁹¹ McGhee et al (2018), *ibid*

⁹² DfE (2022), [Collection: Evaluations of the adoption support fund \(ASF\)](#)

Service (ATS) which was rolled out to provide specialist support in areas including adopter recruitment, training and therapeutic support for families.⁹³

Potential new barriers to adoption

While new measures had been taken to promote the use of adoption, and to provide more support to adoptive parents, some developments may have been destabilising to these efforts.

Two key judicial rulings have been cited as causing uncertainty and delays in planning for children in England.⁹⁴ The Re B case in 2013 has created a perception that adoption should only be considered where “nothing else would do”, and as a last resort option when all other avenues of being cared for by the birth family have been exhausted.⁹⁵ The Re BS case in the Supreme Court, also in 2013, subsequently highlighted the lack of systematic analysis of options for the placement of a child and impacts on their welfare by the local authority or Children’s Guardian. This case set the expectation that a social worker needs to demonstrate that the benefits of adoption for a child will exceed the benefits of other forms of placement, perhaps with an implied assumption that adoption, in terminating birth parents’ parenting responsibilities, automatically removes or blocks contact between a child and their birth family.

It had been observed previously that social workers were reluctant to remove children from birth families, as documented in The Narey Report in 2011;⁹⁶ these rulings could have served to embed further these practices. Indeed, participants in workshops indicated that the combined impact of these rulings was to increase the burden of evidence required for adoption orders.

A further corollary of these rulings might have been a more rigorous assessment process for only adoption. This may have created an uneven playing field, in which much more evidence needs to be presented to support an adoption compared to a SGO. The impact of this on the likelihood of social workers pursuing adoption is a question that warrants further investigation.

This increased burden of evidence required to demonstrate why adoption is in the best interests of a child is perceived to have increased delays to adoption. This was something the Government in England sought to tackle by introducing performance targets for LAs. In January 2013 the Government published “Further action on adoption: finding more loving homes” which set out a number of proposals to attract adopters and to improve the support available to adoptive families.⁹⁷ This plan introduced adoption scorecards that facilitated comparison among LAs on delays for placement of children, as well as performance thresholds setting the government’s expectations for timeliness of adoption. Key performance targets in 2013 to 2016 were:⁹⁸

⁹³ Adoption UK, 2021

⁹⁴ Doughty (2015), Where nothing else will do’: judicial approaches to adoption in England and Wales, <https://doi.org/10.1177/0308575915586298>

⁹⁵ McGhee et al (2018), *ibid*

⁹⁶ Narey, M. (2011). A Blueprint for the Nation’s Lost Children. Pub. The Times, July 5th 2011

⁹⁷ Department for Education (May 2015), [Policy paper: 2010 to 2015 government policy: looked-after children and adoption](#)

⁹⁸ Department for Education (January 2014), [News story: Adoption scorecards and thresholds published](#)

- A 14 month average between a child entering care and moving in with its adoptive family for children who have been adopted
- A target of 4 months for the average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family.

A further question that therefore warrants research is whether this combination of increased burden of evidence required to recommend a child for adoption and the introduction of performance targets reduced the potential for social workers to place children and young people for adoption.

Key statistics on adoptions in England, Wales and Scotland in the last decade

In spite of supportive policy, rates of adoption have fallen

In spite of the legislative changes and policy positions across the nations supporting adoption, rates of adoption in England and Scotland from 2018 onwards are lower than in 2010 (see Figure 14). By contrast adoption rates have been higher than their 2010 levels in Wales since 2012, though these have also been falling since 2015.

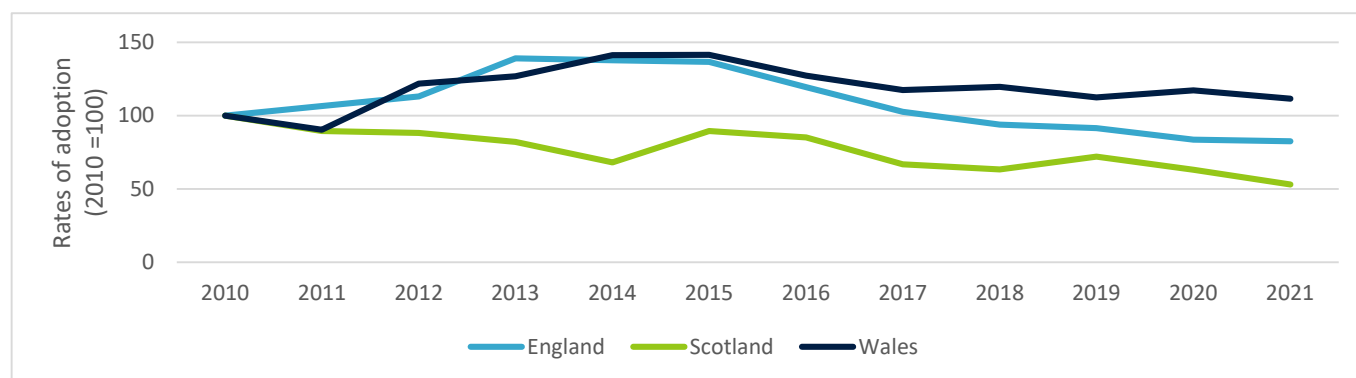


Figure 14: Change in adoption rates per 10,000 since 2010 (2010 = 100), Great Britain 2011 - 2021⁹⁹

Figure 15 shows that in absolute terms in the number of children who were adopted increased to 2015 in England but has declined since, with a higher than trend marked reduction in 2021. This was likely to be driven in part by the Covid-19 pandemic, which added further delays in approvals, matching and preparing children and prospective adopters for placement.¹⁰⁰

⁹⁹ DfE (2022), Children looked-after in England including adoptions

¹⁰⁰ Adoption UK (2021), [Adoption Barometer 2021](#)

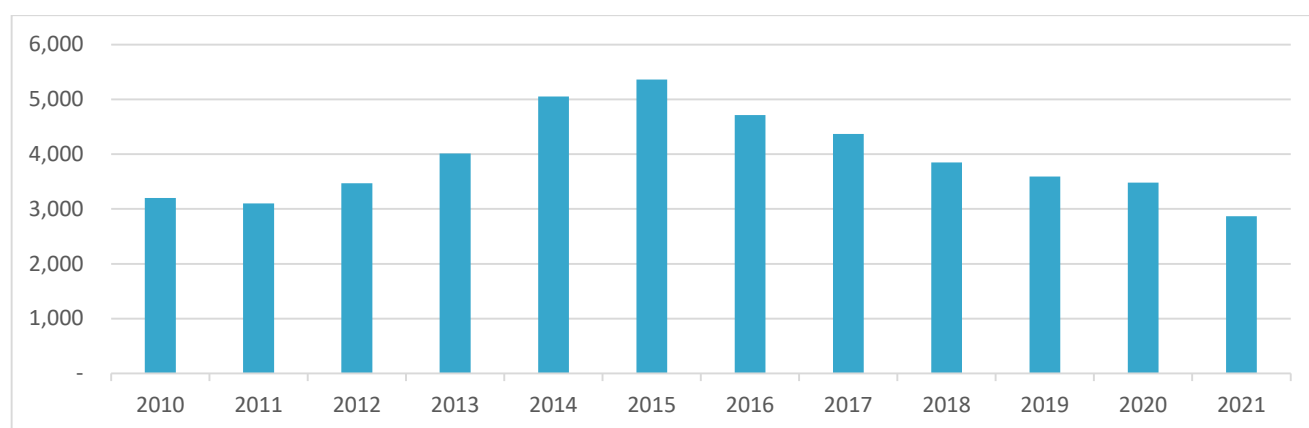


Figure 15: Looked-after children who were adopted during the year in England¹⁰¹

The decline in the share placed for adoption across the nations is likely to be driven by a number of factors, including wider placement practices and trends in the demographics of looked-after children that are challenging the Government's ambition to increase adoption.

The peak in the number of adoptions in 2015 reflects decisions made to place children for adoption up to three years prior.¹⁰² Data show that the number of children for whom the decision has been made to be placed for adoption by LAs fell from a peak in 2014 (year ending March 31st) of 16,540 to 9,880 in 2021.¹⁰³ Indeed in 2014 the Adoption Leadership Board and others were reporting significant declines in numbers of placements and decisions for adoption, at least in part in response to LAs' and their social workers' interpretations of the decisions in Re B and Re BS.

Another factor could have been a lack of suitable adoptive parents: however we understand that falling placement numbers mean that is no longer the case. On 31 March 2021 in England there were 3,600 children with an adoption best interest decision but were not yet placed at 31 March 2021, and 2,180 children had a placement order but were not yet placed at 31 March 2021.¹⁰⁴ In September 2021 there were 2,370 families approved for adoption.¹⁰⁵ With more families approved for adoption than children waiting to be placed, it raises the question as to whether the pool of adopters are suitable and able to meet the needs of the children approved for adoption.

Key changes in other forms of permanence

The changes in the number of children adopted may have been driven by the introduction and recognition of other forms of permanence – notably SGOs and long term fostering. These are explored below.

¹⁰¹ DfE (2021), Children looked-after in England including adoptions

¹⁰² Decisions for adoption run up to 12 months ahead of placement and placement orders or placements run some two years ahead of those.

¹⁰³ DfE (2022), Children looked-after in England including adoptions

¹⁰⁴ Coram BAAF, [Statistics: England](#)

¹⁰⁵ DfE (2022), [Press release: Multi-million pound boost for new families as adoptions increase](#)

The rise in use of SGOs

SGOs were introduced in 2005 in England and Wales to address a gap in the range of permanency options available for looked-after children – for their existing carers to become their guardians, for example family members or foster carers they were already living with. It was not introduced as an alternative form of permanence to adoption. Scotland does not use SGOs but does use kinship care as a prime means of care for children and young people who have not been able to stay with their birth parents.

Much evidence shows that children are now being placed in SGOs with family members they had not been living with previously, or had never even met before.^{106,107} Perhaps importantly, unlike adoption orders a SGO does not sever the legal link between the child and their birth parents. However the support provided to Guardians is much less than in adoption with little formal training, and no universal financial support for their additional child-caring responsibilities.

It is quite possible that children who previously might have been considered for adoption are being considered for SGOs now. The number of children in SGOs in England has grown from 1,260 in 2010 to 3,800 in 2021 – representing an increase of 200% which is much larger than the growth in looked-after children over the same period of 25%. In 2021 SGOs accounted for 14% of care episodes ceased; the equivalent figure in 2010 was 5%.¹⁰⁸

Changes in foster care

Around three quarters of looked-after children are in foster care. While longer-term foster care placements have been used as a form of permanence since the 1980s, this was only recognised formally in 2015 with the DfE introducing the first regulations and guidance for long term foster care. The guidance provided a definition of long term foster care which explicitly states that: where foster care is the child's plan for permanence, the foster carer will be the child's foster parent until they are no longer looked-after. It also established a framework for good practice for long term foster care. In 2018, the DfE published *Fostering Better Outcomes*, which reaffirmed the government's commitment to ensuring the success of long term fostering.

In 2021 the Nuffield Foundation published their findings from an investigation of the implementation of these long term foster care as permanence regulations.¹⁰⁹ Among their findings were that:

- In spite of the changes in regulations there was a steady decline nationally in the number and proportion of foster children classified as in long term foster care. This fell from 48.5% in March 2015 to 39.7% in March 2018.
- They found that the strongest predictor of whether a child was placed for long term foster care was a tendency of a LA to use this route to permanency, rather than the needs of the child primarily. Looked-

¹⁰⁶ Simmonds, J. et al (2019), [NuffieldFJO-Special-Guardianship-190731-WEB-final.pdf](#)

¹⁰⁷ DfE (2015), [Impact of the Family Justice Reforms on Front-line Practice Phase Two: Special Guardianship Orders \(publishing.service.gov.uk\)](#)

¹⁰⁸ DfE (2022), Children looked-after in England (including adoption)

¹⁰⁹ Larsson, B., Schofield, G., Neil, E., Young, J., Morciano, M., and Lau, Y-S. (2021), [Planning and support permanence in long-term foster care: An investigation of the implementation in England of the first regulations and guidance for long-term foster care as a permanence option \(Department for Education, 2015\)](#). Nuffield Foundation.

after children in LAs that were high users of long term foster care were 38.5% more likely to be in long term foster care even when controlling for other factors.

- There was a huge variation in percentage of children classified as being in long term foster care across LAs. This ranged from 10% to 80%. This difference pre-dated the publication of the regulations, and continued beyond 2015 too.
- Among the LAs which were low users of long term foster care there was a sense that it would not offer permanence and a preference towards adoption, special guardianship and reunification.
- The characteristics of children placed in long term fostering were broadly similar to the characteristics of those being adopted or in SGOs. These similarities were in reasons for care entry, gender and ethnicity. However, there were differences in age from the adopted children and those in SGOs, with the share of very young children (0-5 years) being much lower in long term foster care. This indicates that this permanency route is predominantly used for children aged 6-16 years.

A further route to permanency via foster care is that a number of voluntary agencies have sought to innovate by introducing foster to adopt schemes. These are designed to reduce disruption for children, and to offer earlier permanency as voluntary agencies seek to place children with foster parents who then can go on to adopt the children.¹¹⁰ However, the assessment process can be challenging for the foster parents as they may not be able to adopt the child. Finally it can lead to uncertainty and a rollercoaster of emotions for these prospective adopters.

While policy and practice has sought to encourage longer foster placements, the most common duration of foster placements are still between six months and one year and one to two years which each account for up just under 20% of placements finishing.¹¹¹ These shares have been steady since 2018. Furthermore, in spite of the ambition for foster care to provide permanence, data from DfE show that the share of looked-after children whose placements lasted for longer than five years and ceased during the years 2018-2021 stayed steady at 4%.

It is more likely that children previously considered for adoption are being recommended for SGOs rather than long term foster care over the last decade: the share of looked-after children in foster care falling slightly over the last decade from 73% in 2010 to 71% in 2021.

Finally, there are some concerns about the sustainability of the current trajectory of the foster care market. Recruitment and retention was the focus of a August 2021 Social Market Foundation report¹¹² which estimated that 63,000 new foster care families would need to be recruited to 2026 to meet the needs of children and to cover the foster care households deregistering. In 2021 there was a net increase in registered households, however, with 5,355 newly approved households and 4,870 deregistered. Statistics show that 30% of households that deregistered did so within 2 years of their approval.¹¹³

¹¹⁰ CVAA, [Why adopt with a VAA](#)

¹¹¹ DfE (2022), [Children looked-after in England \(including adoption\)](#)

¹¹² Social Market Foundation (2021), [Fostering the future: Recruiting and retaining more foster carers](#)

¹¹³ Ofsted (2021), [National statistics: Fostering in England 2020 to 2021: main findings](#)

Appendix 3: “What value does adoption bring to society?”: the impact model

Model overview

Figure 16 maps how the impact model has been built. Building on the archetypes discussed in section 2 of this report, a number of different profiles of children have been built:

- **Factuals:** These four profiles (1-4) are made up of **adopted children**. We used the themes developed in the archetype life stories of children (section 2 of this report) to split these children into four groups with needs ranging from low to high (this is described further on the following pages).
- **Counterfactuals:** These eight profiles (5-12) look at where these children (in the factuals) would be *if they lived in a world where adoption didn't exist*. Children are placed therefore, in a SGO, Long Term Fostering, or residential care.

Whilst modelled individually, to get an annual total value, the model sets the impact of these factuals against the counterfactuals to estimate the impact of adoption. In order to remain true to the children and their stories, factual profiles are compared to counterfactual profiles that would be representative of that child's life course in a world where adoption didn't exist (see Figure 16). In this way, the model captures realistic outcomes for each adopted child if adoption was not available to them.

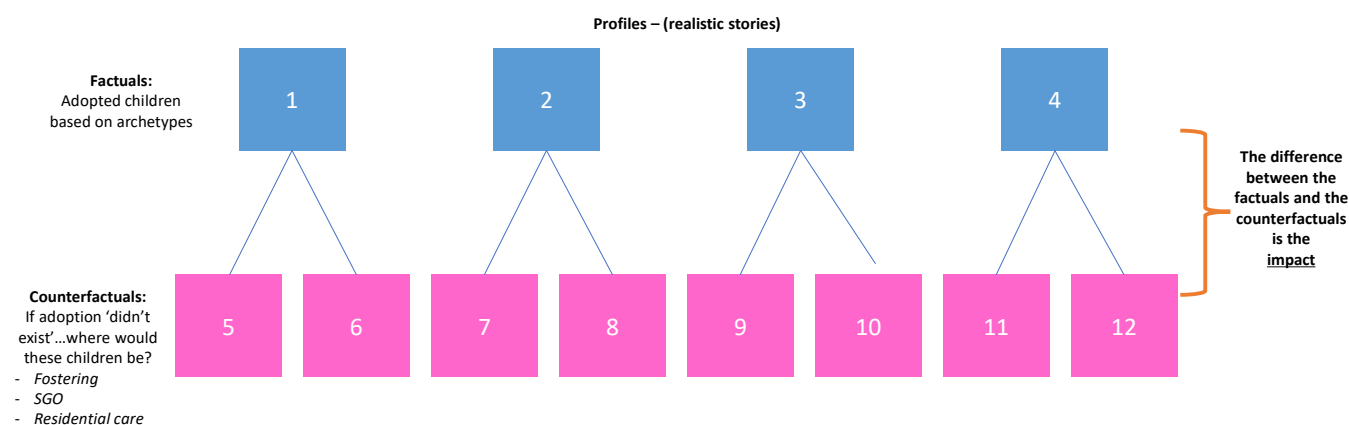


Figure 16: Illustration of the impact model

The children in the model

The model looks at the total number of children who were adopted in 2021 (2,870 England¹¹⁴, 224 Scotland¹¹⁵, 265 Wales¹¹⁶ = 3,359) and splits them into the four factuals profiles “**adopted children**”. The model then splits the same number of children in to the eight counterfactual profiles.

¹¹⁴ DfE (2022), [Children looked-after in England \(including adoption\)](#)

¹¹⁵ Coram BAAF, [Statistics: Scotland](#)

¹¹⁶ Stats Wales, [Adoptions of looked-after children during year ending 31 March by age and gender](#)

For a summary of the factual and counterfactual profiles, and their mapping see Figure 18.

The archetypes in Section 2 relate to typical children, and their stories, explaining how various outcomes arise in real life situations. They are illustrative points within a range of situations for children and young people. They show age and complexity, and type of need as the main variables. The age ranges in the archetypes are used in the modelling, but with a range of needs from low to high. (See *Figure 18*).

The average age of a child at adoption is 3 years and 3 months¹¹⁷; the ages used in the model have this as a mid-point and range from 9 months to 5 years (see *Figure 18*). It should be noted that age alone does not determine the outcomes that a child will experience. However, as we are considering the lifetime impact of adoption, the age is necessary for modelling purposes so that we can calculate the period over which outcomes will run.

The profile descriptions in *Figure 18* consider the extent to which a child in each profile will demonstrate needs in each of the seven arenas of need as discussed in Section 2).



Figure 17: Arenas that informed the archetypes

¹¹⁷[Home for Good](#)

Factuals			Counterfactuals			# children	Description of child	Age of child (for purposes of model)
Profile no.	% of children allocated to this profile	Profile title	Factual profile maps to the following counterfactual profile:	% of children allocated to this profile	Profile title			
1	10%	adopted children - low level need	5	1%	SGO low need	336	<ul style="list-style-type: none"> - fewer adverse childhood experiences (ACEs), - minimal health conditions - able to regulate emotions - ability to cope with life events - can form positive relationships and attachments - in line with national average for UK general population 	0-18 mths
			6	9%	foster care low need			
2	30%	adopted children - below medium level need	7	2%	SGO medium need	1,008	<ul style="list-style-type: none"> - some experience of trauma and ACEs, or - a health condition including clinical factors such as FADS leading to developmental delay - displays challenging and dysregulated behaviour - has difficulty coping with life events - part of sibling group 	18mths - 3yrs
			8	28%	Foster care medium need			
3	40%	adopted children - above medium level of need	9	33%	foster care high need	1,344	<ul style="list-style-type: none"> - has experienced ACEs - possibly ethnic minority child placed with white adoptive parents - part of sibling group, - multiple foster carers before being placed for adoption - health condition and / or clinical factors such as PTSD, autism traits etc... - struggles to form positive relationships - finds life events overwhelming 	3 - 5yrs
			10	7%	residential care low need			
4	20%	adopted children high level of need	11	10%	residential care medium need	672	<ul style="list-style-type: none"> - multiple adverse childhood and in utero experiences, - potentially racial identity (and religion) in conflict with adoptive placement, - severely challenging and dysregulated behaviour - multiple / severe health condition(s), - part of larger sibling group - unable to cope with life events - cannot maintain positive relationships 	5yrs +
			12	10%	residential care high need			

Figure 18: Summary of factuals, counterfactuals and mapping

Costs used in the model

To calculate the value of adoption, we used a cost-based and economic approach which looks primarily at the costs incurred or avoided by stakeholders in each of the factual and counterfactual profiles and focuses on certain (but not all possible) headings of economic effect. In this way, we also looked at productivity gains through employment, or more effective employment, as well as a reduction in likelihood of becoming NEET for those children in adopted profiles.

Each of the twelve profiles is modelled using exactly the same calculations, so we are comparing like with like. What varies across the profiles are the assumptions, for example, how often something might happen / how many people are likely to experience an outcome which incurs a cost.

Costs in the model are a blend of:

- Costs avoided
- Costs reduced or economic value created
- Improved efficiency, seen in a more efficient use of resources, leading to greater income or value added.

Note that we have always modelled cost incurred to stakeholders for each profile. *The economic value created and the cost of mental health services that are avoided when carers receive appropriate support* are the only calculations which are modelled as gains.

Table 6 summarises the costs modelled in this work, broken down into the seven cost themes. A more detailed summary of individual cost assumptions is available on request.

Table 6 : High level summary of costs modelled

Cost theme	Costs/impacts modelled (and stakeholder)	Brief description	Length of cost impact
One-off costs of the permanence decision	One-off costs for adoption		One-off cost (in yr1)
	Adoption voluntary agency and statutory agency fees (LA)	These fees are paid by the Local Authority (LA) and are the costs incurred in the preparation, approval and matching of prospective adopters, as well as the support provided during the first 12 months of a placement. The RAA and VAA inter-agency fee has been employed for adoptions in England, whereas the placement fee (CVAA agreed fee) has been employed for adoptions in Scotland.	
	Fees paid by the NHS	GP checks for prospective adopters	
	One-off costs for SGOs		
	Fees paid by the NHS	GP checks for prospective Special Guardians	
	Fees paid by the LA	LA pays for DBS checks for Special Guardians	
	One-off costs for fostering and residential care		
Child in Need intervention (LA)	This is an indicative cost to calculate the one-off costs to the Local Authority for placing a child for adoption or in residential care.		
Cost of the selected track to permanence	Social worker hours (LA)	LA costs paid for social worker time spent with children in fostering and residential care	From age of placement until leave care at 18yrs
	Residential care home (LA)	LA expenditure on residential care home placement	
	Foster care (LA)	LA expenditure on a foster care placement (includes boarding out allowances, administration and support staff time)	
	Adoption Support Fund therapeutic intervention (LA)	Average value of an application for therapeutic support to the adoption support fund. Only applied to families in England (and not Wales / Scotland)	From age of placement until 16yrs
	Adoption breakdown into foster or residential care (LA)	See above (LA expenditure on fostering / residential placement from the date of breakdown)	Adoption breakdown assumed at 3.5 years post placement, cost then from age of breakdown until leave care at 18yrs

Cost theme	Costs/impacts modelled (and stakeholder)	Brief description	Length of cost impact
Educational attainment	Truancy (DfE)	Cost of persistent truancy – providing alternative education	From age of placement until leave care at 18yrs
	Pupil Referral Unit (DfE)	Average cost of a full time placement in a PRU	From age 16yrs until child leaves care at 18yrs
	NEET (Economy)	A combined cost that someone who is NEET will incur in terms of benefits, productivity lost and a lifetime earning penalty – if an individual finds employment in their lifetime, they will still experience a lower rate of pay)	Lifetime cost
Physical health	Drugs use and abuse (NHS)	Average cost of structured community drug treatment programme	Delayed until child is 18yrs
	Alcohol dependency (NHS)	Cost to the NHS of alcohol dependency per year per dependent person	
	A&E visits (NHS)	Cost for A&E attendance (for any reason)	From age of placement until leave care at 18yrs
	Overdose (NHS)	Combined cost to include ambulance call out, A&E visit, inpatient hospital stay (for short period)	Delayed until child reaches 16yrs
Mental health	Therapy (NHS)	Average cost per mental health intervention – covering anxiety, depression, counselling...	Delayed until child reaches 16yrs
	Mental health services (NHS)	Average cost of service provision for adults suffering from any type of mental health disorder	Delayed until child is 18yrs
	GP visits (NHS)	This is the combined cost of a consultation with the GP and a prescription	From age of placement until leave care at 18yrs
	Hospital stay (NHS)	Hospital inpatient, average cost per episode	
Employability	Productivity (Economy)	Baseline productivity based on GVA per capita and adjusted to reflect the productivity of someone employed at the national minimum wage, working 40hrs per week (Plus a 10% uplift to allow for productivity exceeding wages)	Delayed until child is 18yrs

Cost theme	Costs/impacts modelled (and stakeholder)	Brief description	Length of cost impact
Involvement with the Criminal Justice System	Prison (Police & Justice)	The average cost of providing a prison place pa.	Delayed until child is 18yrs
	Police call outs (Police & Justice)	The cost of a police call out for anti-social behaviour requiring further action (cost of dealing with the incident)	Delayed until child reaches 16yrs
	Probation and community rehabilitation (Police & Justice)	This includes the cost of national probation services and the cost of community rehabilitation per offender	Delayed until child is 18yrs
	Court appearances (Police & Justice)	Includes the cost of court appearances and average cost of police time for dealing with incident	Delayed until child reaches 16yrs
	Youth Offending Team (Police & Justice)	Cost of Youth Offending Team time working with young offender, per offence	
Carer outcomes - when correct support received	GP visit (NHS)	This is the combined cost of a consultation with the GP and a prescription	Applied only to carers who receive effective support
	Mental health services (NHS)	Average cost of service provision for adults suffering from any type of mental health disorder	

Assumptions

A note on data triangulation

In line with best practice research data and findings are triangulated against data from other sources. Literature and secondary data from other studies have been compared to the findings arising from primary research; the approach to the workshops and interviews means that these challenge and triangulate each other; and the steering group for this research and contextual reviews give further scope for this.

Materiality (“Proportionality”) as defined in the GECES standards

The principal question being answered in this report is ‘What is the value of adoption to society?’. We expect a reader’s appreciation of that value to be based on the aggregated value of all its constituent elements, when assessing the materiality of any one assumption in the modelling, it is considered whether the reader’s mind or opinion would be changed if that individual assumption were significantly different. It is worth noting, however, that in the case of adoption, the elements generating the biggest and most material effects on stakeholders are also those that have been built upon the most material assumptions – these being the positive effects on Local Authorities and gains to the economy through increased productivity.

The principles used here follow those laid out in Chapter 8 of the GECES standards.¹¹⁸

Assumptions that remain constant across all profiles

The table overleaf lists the inputs which remain constant across all profiles in the model along with their corresponding research sources.

¹¹⁸ Clifford, J., Hehenberger, L. and Fantini, M. (2014). Proposed Approaches to Social Impact Measurement in European Commission legislation and in practice relating to: EuSEFs and the EaSI - GECES Sub-group on Impact Measurement. *GECES*.

Input that remains constant across all profiles	input	Note	Source where available
0. Cost of adoption			
Share of children placed by RAA	80%	Children placed for adoption within and outside of council boundary	ONS, CLA on 31 March by placement provider, placement type and locality - NATIONAL' from 'Children looked after in England including adoptions
Share of children placed by VAA	20%		https://explore-education-statistics.service.gov.uk/data-tables/permalink/c9837526-a0eb-4ef7-b828-593a992be9b5
Average number of adoptive parents per adopted child	1.85	85% of respondents had adopted as part of a couple, and 15% as a single person	https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=ebb3a36d-cc0d-45dd-aca9-7dd1d5dbbd23
International adoptions p.a.	60	Estimate based on IAC information and judgement	Interview with Satwinder and IAC website stating IAC responsible for 90% of England overseas adoptions. Judgement applied to scale to UK figure
Number of children placed in SGO in total (2019)	21000		https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/05/NuffieldFJO-Special-Guardianship-190731-WEB-final.pdf
Number of applications for ASF received from SGOs (2019)	3619		https://corambaaf.org.uk/fostering-adoption/kinship-care-and-special-guardianship/special-guardianship/support-special
Share of SGOs applying for ASF	17%	Sonnet calculation based on previous two figures	Sonnet calculation
Number of times that these families will receive ASF funding until child is 16yrs	3	Assume same as for adoption - see below	
a. YP: Cost of the selected track to permanence - "setting"			
Number of years post adoption order that breakdown will occur (into foster care)	3.5	Julie Selwyn Beyond the adoption order (2014, page 18) lists average of 7 years for later placed children, this has been halved to 3.5 to take into account the range of adopted children profiles in this model ranging from being the 409 of 2452 A-UK respondents (across the UK) who received ASF funding in 2020	- Selwyn J., Wijedasa D., and Meakings S. (2015). <i>Beyond the Adoption Order: challenges, interventions and adoption disruption</i> . London: Department for Education.
Number of years post adoption order that breakdown will occur (into resi care)	3.5		Adoption Barometer 2021 page 87
% of families who will receive ASF funding	17%	Assume receive in yr 1 of placement, yr 3 and once more before the child is 16yrs. (no funding post 16yrs given A-UK data that 68% of respondents moved to self-funded therapy post 16yrs)	Adoption Barometer 2021 page 15
Number of times that these families will receive ASF funding until child is 16yrs	3		
b. YP: Educational attainment			
Number of years that child will require Pupil Referral Unit	2	Assume enter PRU at age 16 and remain until age 18yrs.	ofsted: https://www.gov.uk/government/publications/the-education-of-children-living-in-childrens-homes/the-education-of-children-living-in-childrens-homes
c. YP: Health : physical			
Number of years that child will experience drug issues	7	run this cost from 18 - 25yrs (being 7yrs)	- workshop / steering group / interview evidence,
Number of years that child will experience alcohol issues	3	run this cost from 18 - 21yrs (being 3 yrs)	- workshop / steering group / interview evidence,
Assumed number of overdose episodes pa	0.3	0.3 = 1 episode per year over a 3yr period	children particularly those in residential care, this is particularly prudent
number of years that child will experience overdose issues	3	run this cost from 16-19yrs (being 3yrs)	- workshop / steering group / interview evidence,

d. YP: Health : mental				
Number of years that child will experience mental health issues	3	run this cost from 18-21yrs (being 3yrs)		- workshop / steering group / interview evidence, - workshop / steering group / interview evidence, suggests for some children particularly those in residential care, this is particularly prudent and a child may require hospital intervention in excess of once pa. This uplift is accounted for in the variable assumption: number of children likely to require a hospital stay
Assumed number of hospital stay episodes pa	1	one hospital episode pa assumed		
e. YP: Employability				
Number of years that child will be in meaningful employment as an adult	42.3	age from 18yrs to retirement, and then removing the 4 additional years accounted for by the NEET calculation		https://www.unbiased.co.uk/life/pensions-retirement/when-can-i-retire-calculate-your-best-retirement-age#:~:text=What%20is%20the%20average%20retirement,67.2%20and%2063.9%20in%201950.
f. YP: Criminal Justice System				
Assumed prison sentence length	0.3	3mth prison stay evry year for 3yrs (short amount of time to take into account that people may be in and out of prison, or may be in prison for a total of up to 9mths across the 3yrs)		- workshop / steering group / interview evidence,
Number of years over which offending will occur (prison)	3	run this cost from 18-21yrs (being 3yrs)		- workshop / steering group / interview evidence,
Number of years that child will incur police costs (as adult)	3	run this cost from 16-19yrs (being 3yrs)		- workshop / steering group / interview evidence,
Number of years that child will require probation (as adult)	3	run this cost from 18-21yrs (being 3yrs)		- workshop / steering group / interview evidence,
Number of court attendances pa (starting as teenager)	1.5	1.5 attendances pa is prudent for some children in these higher need profiles		- workshop / steering group / interview evidence,
Number of years that they will incur court attendances (starting as teenager)	3	run this cost from 16-19yrs (being 3yrs)		
Number of years that they will require Youth Offending Team (starting as teenager)	2	run this cost from 16-18yrs (being 2yrs)		
g. carer (adoptive parents) outcomes - when correct support received				
Percentage of families seeking support from the ASF	51%	Respondents from England who had an eligible child living at home made, or attempted to make, an application to the ASF		Adoption Barometer 2022
<i>of which, % for whom support was beneficial</i>	81%	81% figure is "agreed that ASF funded supported had a significant positive impact on their child"		Adoption Barometer 2022
Share of SGOs applying for ASF	17%	Sonnet calculation see above		Sonnet calculation https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1056954/Evaluation_of_ASF_first_follow_up_survey.pdf
<i>of which, % for whom support was beneficial</i>	73%	73% of SGO carers "agreed that ASF funded supported had a significant positive impact on their child"		https://www.bma.org.uk/-/media/files/pdfs/.../press%20briefings/general-practice.pdf
Number of avoided gp visits pa for parents in this profile	3	this is visits that are avoided (that would have otherwise been incurred over and above the national average of 6.0 visits pa)		
% of parents in this profile that avoid a mental health issue	5%	Avoided mental health interventions (gain to the NHS) pa through parents receiving the correct support		- workshop / steering group / interview evidence,



Assumptions that vary for each profile

The assumptions that are varied for each profile consider how many times a cost is incurred by a child or how likely it is that a child in each profile will experience different outcomes.

The table overleaf lists all assumptions that are varied for each profile. The higher assumptions are listed in red text, the middle of the range assumptions are listed in orange text, and the lower assumptions are listed in green text.

Variable inputs	Factuals				Counterfactuals							
	1	2	3	4	5	6	7	8	9	10	11	12
Description	adopted children - low level need	adopted children - below medium level need	adopted children - above medium level of need	adopted children high level of need	SGO low level of need	foster care low need	SGO medium need	Foster care medium need	foster care high need	residential care low need	residential care medium need	residential care high need
a. YP: Cost of the selected track to permanence - "setting"												
One-off costs for permanence decision												
One-off cost of adoption and SGO	<i>see separate one-off costs workings for adoption and SGO</i>											
Child in Need (indicative cost for one-off costs for fostering and residential care)	0%	0%	0%	0%	0%	100%	0%	100%	100%	100%	100%	100%
Ongoing costs for permanence decision												
Number of social worker hours incurred in 52 week period	1	1.5	2	2.5	0	52	0	52	52	104	104	104
% of this profile in residential care	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	100%
% of this profile in foster care	0%	0%	0%	0%	0%	100%	0%	100%	100%	0%	0%	0%
% likelihood that families IN ENGLAND apply and receive ASF support (not wales / Scotland)	3%	4%	4%	5%	3%	0%	4%	0%	0%	0%	0%	0%
% risk adoption / SGO breaks down and child goes into fostering	0.0%	0.5%	0.5%	0.0%	0.5%	0%	0.5%	0%	0%	0%	0%	0%
% risk adoption / SGO / fostering breaks down and child goes into residential care	0.0%	0.5%	1.5%	2%	0.5%	0.5%	1.5%	13%	25%	0%	0%	0%
b. YP: Educational attainment												
% likelihood that children in this profile experience truancy issues	3%	5%	7%	8%	5%	5%	7%	6%	8%	5%	10%	20%
% likelihood that children in this profile require a Pupil Referral Unit	0.06%	1.0%	3.0%	4.7%	3.5%	4.0%	6.0%	6%	10%	12.0%	18%	20%
% likelihood that children in this profile will become NEET	5%	10%	15%	20%	15%	20%	20%	25%	30%	30%	35%	40%
c. YP: Health : physical												
% likelihood that children in this profile experience drug issues	5%	7%	9%	11%	8%	7%	11%	9%	12%	9%	11%	13%
% likelihood that children in this profile experience alcohol issues	4%	7%	9%	11%	8%	7%	11%	9%	12%	9%	11%	13%
Assumed number of excess A&E visits pa	0	1	2	4	0	1	2	3	6	8	10	12
% likelihood that children in this profile overdose and require NHS support	10%	12%	14%	16%	14%	14%	16%	16%	18%	16%	18%	20%
d. YP: Health : mental												
% likelihood that children in this profile receive therapy in any given yr	40%	40%	50%	65%	23%	60%	33%	65%	65%	70%	80%	90%
% likelihood that children in this profile receive mental health support as adults	20%	20%	25%	33%	12%	30%	17%	33%	33%	35%	40%	45%
Assumed number of excess gp visits pa	4	6	8	10	4	7	7	8	8	8	10	12
% likelihood that children in this profile require a hospital stay	5%	5%	5%	7%	8%	5%	10%	5%	5%	7%	7%	7%
e. YP: Employability												
% premium / (discount) compared to baseline - <i>gain</i>	90%	80%	70%	45%	60%	40%	20%	10%	0%	-5%	-10%	-20%
f. YP: Criminal Justice System												
% likelihood that children in this profile will go to prison	1%	5%	10%	25%	2%	5%	5%	30%	35%	28%	30%	35%
% likelihood that children in this profile will incur police call outs	30%	33%	37%	40%	37%	37%	40%	40%	43%	38%	40%	45%
Number of police call outs incurred in one year	6	8	10	15	10	10	15	15	17	15	17	30
% likelihood that children in this profile will require probation and community rehabilitation	10%	10%	13%	15%	13%	13%	15%	15%	18%	15%	18%	20%
% likelihood that children in this profile will attend court	10%	10%	13%	15%	13%	13%	15%	15%	18%	15%	18%	20%
% likelihood that children in this profile will require Youth Offending Team	10%	10%	13%	15%	13%	13%	15%	15%	18%	15%	18%	20%
g. carer (adoptive parents) outcomes - when correct support received												
Proportion of carers in this profile who receive fully effective support - <i>gain</i>	41.3%	41.3%	41.3%	41.3%	13%	30%	13%	25%	20%	0%	0%	0%

Excerpts from the model - assumptions that vary for each profile

The following pages display excerpts from the model; the assumptions that are varied for each profile are shown alongside an explanation as to the reasoning behind varying the assumptions in this way (and, where available, sources which underpin this reasoning). *At the top left corner of each page is a diagram which shows the cost theme to which each assumption relates.*

Variable inputs	Factuals				Counterfactuals							
	1	2	3	4	5	6	7	8	9	10	11	12
Description	adopted children - low level need	adopted children - below medium level need	adopted children - above medium level of need	adopted children high level of need	SGO low level of need	foster care low need	SGO medium need	Foster care medium need	foster care high need	residential care low need	residential care medium need	residential care high need
a. YP: Cost of the selected track to permanence - "setting"												
One-off costs for permanence decision												
One-off cost of adoption and SGO	see separate one-off costs workings for adoption and SGO											
Child in Need (indicative cost for one-off costs for fostering and residential care)	0%	0%	0%	0%	0%	100%	0%	100%	100%	100%	100%	100%
Ongoing costs for permanence decision												
Number of social worker hours incurred in 52 week period	1	1.5	2	2.5	0	52	0	52	52	104	104	104
% of this profile in residential care	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	100%
% of this profile in foster care	0%	0%	0%	0%	0%	100%	0%	100%	100%	0%	0%	0%
% likelihood that families IN ENGLAND apply and receive ASF support (not wales / Scotland)	3%	4%	4%	5%	3%	0%	4%	0%	0%	0%	0%	0%
% risk adoption / SGO breaks down and child goes into fostering	0.0%	0.5%	0.5%	0.0%	0.5%	0%	0.5%	0%	0%	0%	0%	0%
% risk adoption / SGO / fostering breaks down and child goes into residential care	0.0%	0.5%	1.5%	2%	0.5%	0.5%	1.5%	13%	25%	0%	0%	0%

Social worker hours

- Adopted children:** Workshop and interview evidence considered that social workers are deallocated from the child once they are adopted. Note: this is purely considering social worker hours and does not take into account additional statutory / voluntary agency support and time; neither does it take into account ASF funded support time (e.g. peer to peer support groups etc). To remain prudent, a very basic level of social worker time has been included here for adopted children to account for e.g. letterbox contact once pa.



- **Special Guardianship Orders (“SGOs”):** Akin to adoption, these children will not incur social worker hours once placed. Workshop and interview evidence also considered that often Special Guardians (“SGs”) are scared of social services given the intrusive court processes they have experienced and so try to keep social workers away from their family.
- **Foster care:** assume one hour per week (this includes time incurred by social workers in travelling to an out of region placement; this is a big cost in many instances). Given evidence from workshop, interviews and steering groups which suggested this number of hours could be considerably higher (particularly given the travel time), this is a prudent assumption.
- **Residential care:** In residential care, workshop, interview and steering group evidence considered that a child will see a social worker every 1-6 weeks for 1-2 hours + social worker review time - here a prudent assumption 2 hours per week has been included to take account of the larger number of children in the middle range of need.

% of profile in residential / foster care

This cost only applies to those children in residential or foster care and so is ‘turned on’ (100%) for these profiles whilst all other profiles remain at 0%.

% likelihood that children / families apply and receive ASF support in England (not applied to children in Wales and Scotland)

As noted previously in the report, the ASF is available to adopted children and SGO children. The ASF is available for children and young people up to and including the age of 21, or 25 with an education, health and care plan, who: are living (placed) with a family in England, or were adopted from local authority care in England, Wales, Scotland or Northern Ireland and live in England.

Adoption:

- A-UK’s adoption barometer in 2021 noted that 409 of the 2,452 families that were surveyed (across the UK) received ASF funding in 2020 being 17%¹¹⁹
- Workshop / interview / A-UK qualitative data talks about how the ASF isn’t well advertised and is perceived by adoptive parents as a bureaucratic process – and, whilst hugely important, the support takes time to come through (many received support within 6 months, but other respondents waited over a year for support).
- 68% of adoptive families self-fund therapy after the child is 16yrs¹²⁰
- Adopted families are likely to apply when a child is in crisis rather than apply annually for support (workshop and interview evidence)

Therefore, the model assumes that 17% of adoptive families receive ASF support, funds are received in year one of placement, year three, and once more before the child is 16. ASF support is not received post 16yrs.

¹¹⁹ [Adoption UK: The Adoption Barometer 2021 page 87](#)

¹²⁰ [Adoption UK: The Adoption Barometer 2021 page 15](#)

The assumptions in the table above average these assumptions over the period until the child is 16yrs...(i.e. profile 1: 17% multiplied by 3, divided by the number of years until child reaches 16yrs – here 15.25yrs).

Note: this is also roughly the equivalent of just over 50% of the total cohort of adoptive families receiving ASF funding once before the child reaches 16yrs.

SGO uses the same calculations as per adoption (above):

- The latest data for the number of SGOs (2019) is 21,000¹²¹ (noting that although there are a large number of kinship care placements, these are not eligible for ASF support)
- The number of applications for ASF received from SGOs in 2019 is 3,619¹²² *being 17% of the total number of SGOs.*

As for adoption, it is assumed that the model assumes that the 17% of SGO families receive ASF support, funds are received in year one of placement, year three, and once more before the child is 16. ASF support is not received post 16yrs.

% risk adoption / SGO breaks down and goes into fostering and/ or % risk adoption / SGO / fostering breaks down and goes into residential care

- **Adopted children:** Julie Selwyn's Beyond the Adoption Order research report (2014)¹²³ states: "In Britain, it has been estimated that 4% of children return to care every year after an Adoption Order is granted (Triseliotis 2002). In a study of late placed children all of whom had many behavioural difficulties, 6% of adoptions had ended on average seven years after the making of the order (Selwyn et al., 2006)".
 - **Breakdown rate:** The model assumes a **total of 5% of adopted children will experience adoption breakdown**. This is the midpoint between the two figures in Selwyn's report because this model looks at children who are placed in their adoptive families before they reach 5 years. The model also considers children with a range of low to high needs and behavioural difficulties. 5% is therefore, prudent given a more recent source (16 Aug 2020) quotes a 3% adoption breakdown rate¹²⁴.
 - **Age of breakdown:** Given the young age of children in this model (between 9 months to 5 years), an **age of between 4.25yrs - 8.5yrs** has been chosen to represent the range of ages in which breakdown may occur (for each profile this is 3.5yrs after the permanence decision). This is lower than Selwyn's average of seven years post Adoption Order (see above).
 - Given Selwyn's research, with higher breakdown rates for children with increased needs, the highest breakdown rate is assumed for children with higher needs and this rate lowers along with their needs.
- **Special Guardianship Orders** have a Low Rate of Breakdown¹²⁵ Therefore, SGO profiles have been mapped to similar adopted profiles (SGO 5 to adopted 2 and 7 to adopted 3).

¹²¹ [Nuffield report: number of SGOs in the UK](#)

¹²² [SGOs applying for ASF support - Corambaaf](#)

¹²³ Selwyn, J. (2014). Beyond the Adoption Order: challenges, interventions and adoption disruption.

¹²⁴ [Adoption breakdown: The guilt of giving a child back – YOU Magazine](#)

¹²⁵ [Special Guardianship Orders have a Low Rate of Breakdown | Broudie Jackson Canter \(jacksonlees.co.uk\)](#)

- **Foster care:** workshop / steering group / interview evidence highlighted the risk of foster care breakdowns (after multiple placement moves / breakdowns, a child will move to residential care). There is research on how placement moves create huge instability for the child and outcomes are significantly reduced.¹²⁶ When the child is younger these often come under 'planned moves' (generally between 1 and 3 moves within the first year of placement)¹²⁷. "The breakdown of teenage placements is high and is a major cause of placement instability. It is estimated that around half of teenage placements break down before the young person reaches 18"¹²⁸. Higher assumptions (when compared to adoption) as to breakdown rates have been included for medium and high need foster placements to reflect this. However, figures are considerably lower than the research suggests, and also to note, these foster care figures relate to older children (so assumptions have been halved in the model to take into account the age difference).
- **Breakdown into foster care versus breakdown into residential care:** The higher the level of need in the profile, the more likely it is that the breakdown will require residential care (as opposed to foster care) in order to meet the child's needs. Assumptions in the model move in line with this trend, with a general overall split of 75% of breakdowns moving to residential care and 25% of breakdowns moving into foster care.

¹²⁶ [Social Care Institute for Excellence : Fostering - placement stability](#)

¹²⁷ Sinclair, I., Baker, C., Wilson, K., and Gibbs, I. (2003) What happens to foster children? Report Three, York: University of York

¹²⁸ Ratter, J., Rowe, J., Sapsford, D., and Thoburn, J. (1991) Permanent family placement: A decade of experience, London: BAAF.

Variable inputs	Factuals				Counterfactuals							
	1	2	3	4	5	6	7	8	9	10	11	12
Description	adopted children - low level need	adopted children - below medium level need	adopted children - above medium level of need	adopted children high level of need	SGO low level of need	foster care low need	SGO medium need	Foster care medium need	foster care high need	residential care low need	residential care medium need	residential care high need
b. YP: Educational attainment												
% likelihood that children in this profile experience truancy issues	3%	5%	7%	8%	5%	5%	7%	6%	8%	5%	10%	20%
% likelihood that children in this profile require a Pupil Referral Unit	0.06%	1.0%	3.0%	4.7%	3.5%	4.0%	6.0%	6%	10%	12.0%	18%	20%
% likelihood that children in this profile will become NEET	5%	10%	15%	20%	15%	20%	20%	25%	30%	30%	35%	40%

Educational attainment

The Looked-after Children persistent truancy base rate is 5.5%¹²⁹ - this figure has been modelled for adopted children below medium level of need, SGO low level of need and foster care low level of need. It is considered that these profiles would be in line with the base rate. All rates across all profiles will be higher than the national average as all children will present with social, emotional and mental health difficulties. Indeed, 45% of adopted children represented in the A-UK survey have social, emotional and mental health needs (SEMH) as their primary area of need compared to 16% for all SEND pupils in England¹³⁰. Note that truancy in all likelihood for these children will also include exclusions and permanent exclusions - at the behest of the school.

¹²⁹ Outcomes for children in need, including children looked-after by local authorities in England, Reporting Year 2020 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

¹³⁰ DfE



- **Adopted children:** Workshop and interview evidence along with Adoption UK data recognised that adopted parents would often move to home schooling children to ensure their child's needs were met: indeed in A-UK 2017 report on education highlighted that 12% of children had been home educated because their needs were not being met in school.¹³¹ It was considered that this resulted in reduced truancy rates overall because children were engaged in their educational setting. Workshop experiences also spoke of truancy rates being lower for adopted children as adopted parents are anxious about taking their children out of school (worried they will be prosecuted). Therefore, when compared to other settings lower truancy rates are modelled save for those adopted children with a high level of need (who are modelled in line with foster care high need).
- **Special Guardianship Orders ("SGOs"):** Akin to adoption, but with slightly higher truancy rates – workshop and interview evidence spoke of the social class and social mobility of many SGs and the aspirations this created for their children were not, in all cases, conducive to educational attainment and therefore, truancy rates are modelled very slightly higher than for the relative adoption profiles.
- **Foster care:** assume in line with adopted children, although slightly stepped up (e.g. low need foster care maps to below medium need adoption) to take into account the more chaotic nature of these children's lives given a potential lack of placement stability leading to multiple school moves.
- **Residential care:** The base rate has been doubled for medium need and then doubled again for high need to take into account the additional needs of these children.

% likelihood that children in this profile require a Pupil Referral Unit ("PRU")

- **Adopted children:** Nationally, the number of permanent exclusions as a proportion of the overall school population in the 2019/20 academic year is 0.06%¹³². *Adopted children, low need* is in line with this national average. Ofsted considers that¹³³:
 - "4.7% of adopted children represented had been permanently excluded. The children in our survey were permanently excluded at a rate just over 20 times that of the general pupil population. Adopted children are more likely to be excluded at younger ages. At Key Stage 1 (years R-2) an adopted child is 16 times more likely to receive a fixed period exclusion. There is a peak of fixed period exclusions of adopted children during the first three years of secondary school – this does not follow the national trend". Therefore, to remain prudent, and in line with the national trend, this model considers that a referral to a PRU will be made at 16yrs and last until the child leaves care at 18yrs.
- **Residential care and fostering:** Again, Ofsted data: "Children living in children's homes were 18 times more likely to be attending a pupil referral unit (PRU) than all pupils attending state-funded provision nationally...the figure was 18% in our sample". This 18% has been used to represent children in *foster care, high need and residential care, medium need*. Whilst, *residential care, high need* has been inflated to 20% to reflect the increased difficulties that this profile experiences. Long Term Fostering and

¹³¹ [Adoption UK Schools & Exclusions Report November 2017](#)

¹³² [DfE : Permanent exclusions and suspensions in England 2019/2020](#)

¹³³ [Ofsted : The education of children living in children's homes 2021](#)

residential care children will experience multiple school moves which means a reduced placement stability overall.

- **SGOs:** In the absence of other data, all other profiles have assumptions which are set between this baseline of 0.06% and the 18% likelihood of those in higher needs profiles. It is noted that medium and higher needs children are more likely to have some level of learning difficulty which may lead to difficulties at school, so this has been incorporated into the assumptions.

NEET

Looked-after children have a NEET base rate of 18%¹³⁴. Other data sources indicate people leaving care (i.e. foster care and residential care) may have a closer to 40% chance of being NEET¹³⁵, government data from 2021 indicates that 41% of 19-21 year old care leavers were NEET, compared to 12% of all other young people in the same age group (Department for Education, 2021b)¹³⁶.

This range of 12% to 40% has been represented across all profiles and increases in line with need. Noting that: *adopted, low need* and *adopted below medium need* are slightly lower than this 12% as this group is at the outer limit of the bell curve and so it is reasonable to assume that NEET rates for these children will fall below the 12% baseline. *SGO, low need* is set at 15% to take into account the nature of SGO families as provided by workshop and interview participants which suggests that aspirations for SGO children may be lower than for those who are adopted.

Educational attainment costs not currently included in this model

This model does not include calculations for the following costs which sit within the educational attainment theme. Evidence from literature as well as from workshop participants, interviewees and steering group experts emphasises that these costs will certainly be relevant to this group of children, however, currently there is limited evidence as to the extent that these costs differ between adoptive children and children in the counterfactual profiles. Therefore, these costs are not currently included in the model:

- Pupil premium (DfE funding to improve education outcomes for disadvantaged pupils in schools in England. £2,410 for children who have been adopted from care or who are looked after by the LA)¹³⁷.
- Virtual Schools (acting as a local authority champion to promote the progress and educational attainment of children and young people who are or who have been in care so that they achieve educational outcomes comparable to their peers).
- Specialist Teaching Assistant support.
- Disruption in the classroom, including the need for any compensatory adjustments to the curriculum.
- Temporary exclusions.

¹³⁴ [Gov.uk : Outcomes for Children in Need 2020](#)

¹³⁵ [Care leavers' transition into the labour market in England April 2022](#)

¹³⁶ [The Care Review 2022](#) page 164

¹³⁷ [DfE : pupil premium](#)

Variable inputs	Factuals				Counterfactuals							
	1	2	3	4	5	6	7	8	9	10	11	12
Description	adopted children - low level need	adopted children - below medium level need	adopted children - above medium level of need	adopted children high level of need	SGO low level of need	foster care low need	SGO medium need	Foster care medium need	foster care high need	residential care low need	residential care medium need	residential care high need
c. YP: Health : physical												
% likelihood that children in this profile experience drug issues	5%	7%	9%	11%	8%	7%	11%	9%	12%	9%	11%	13%
% likelihood that children in this profile experience alcohol issues	4%	7%	9%	11%	8%	7%	11%	9%	12%	9%	11%	13%
Assumed number of excess A&E visits pa	0	1	2	4	0	1	2	3	6	8	10	12
% likelihood that children in this profile overdose and require NHS support	10%	12%	14%	16%	14%	14%	16%	16%	18%	16%	18%	20%

A note on physical and mental health:

Academics in the ESRC International Centre for Lifecourse Studies at UCL, Sacker 2011¹³⁸ analysed data from 350,000 people to explore whether looked-after children fared better or worse if they spent time in residential care compared with living in foster care, or with relatives. The study shows adults who grew up in any type of care setting had worse self-rated health – an indicator of physical and mental health problems – 10, 20 and 30 years later than those who lived with their parents. Adults who lived in residential care during childhood had a 40% chance of reporting poor health 10 years later. This rose to an 85% chance over the following two decades. The chances were much lower for those who grew up with a relative, with the probability ranging from 21% to 43% over the 30-year period. By contrast, adults who grew up with their parents only had a 13% chance of reporting poor health after 10 years, rising to 21% at the later checkpoints. **All assumptions in the physical and mental health cost themes reflect these general trends that children with adoptive parents will experience better overall health outcomes when compared to those in SGOs, and notably, those in foster and residential care.**

¹³⁸ Sacker A., Murray, E., Lacey R., Maughan B. : Non-parental care in childhood and health up to 30 years later ONS Longitudinal Study 1971–2011.



Drug issues:

For all children in the model, this is looking at the period from 18yrs - 25yrs. The national average drug dependency base rate 3.1%¹³⁹. Evidence from Julie Selwyn,. *Beyond the Adoption Order, 2014* lists that 6% of adopted children (at home) experience drug misuse compared to 23% who have left home (and likely gone into foster / residential care)¹⁴⁰. The range of assumptions used in the model is in line with these percentages, however, slightly lower to take into account that the model runs this cost over 7 years which means that some children may receive treatment and no longer experience drug issues, with additional others requiring drug misuse interventions over the period, whilst some may dip in and out of treatment over the period.

In with the trend notes in Sacker's 2011 report (see above), the percentage assumptions have been increased according to both the level of need and the placement setting (with higher percentages in foster and residential care, and SGOs tracking very slightly higher than their adopted children counterparts). The range of assumptions used in the model is 5 – 13%.

Alcohol issues:

Modelled in line with drug issues (see above), the range of assumptions used in the model is 4 – 13%. The national average alcohol dependency base rate 4%¹⁴¹ and so *adoption, low need* is brought in line with this. Alongside workshop, interview and steering group evidence, data that underpins these assumptions is as follows: Julie Selwyn,. *Beyond the Adoption Order, 2014* lists that 14% of adopted children (at home) experience alcohol misuse compared to 23% who have left home (and likely gone into foster / residential care)¹⁴². Again, assumptions in the model are slightly lower to take into account that the model runs this cost over 3 years which means that some children may receive treatment and no longer experience alcohol issues, with additional others requiring alcohol misuse interventions over the period, whilst some may dip in and out of treatment over the period.

¹³⁹ [Drug misuse in England and Wales : 2020](#)

¹⁴⁰ Selwyn J., Wijedasa D., and Meakings S. (2014). *Beyond the Adoption Order: challenges, interventions and adoption disruption*. London: Department for Education. Table 11-1, page 147

¹⁴¹ Saied-Tessier, A. (2014). *Estimating the Costs of Child Sexual Abuse in the UK*.

¹⁴² Selwyn J., Wijedasa D., and Meakings S. (2014). *Beyond the Adoption Order: challenges, interventions and adoption disruption*. London: Department for Education. Table 11-1, page 147

A&E visits:

The national average number of A&E visits per person is 0.4¹⁴³. People with mental ill health use more emergency care than people without mental ill health. In 2013/14, they had 3.2 times more A&E attendances and 4.9 times more emergency inpatient admissions.¹⁴⁴ Self-harm is a big concern for children in this model; a BERRI study (a clinical evaluation tool for identifying, tracking and improving the outcomes of children with complex needs) found that of 14,000 children, 1 in 4 self-harm¹⁴⁵. A&E visits for these children will therefore, be in excess of the national average.

Workshop / steering group / interview evidence:

- considered that around 50% of children in **residential care** will attend A&E quite regularly for periods of time when they are presenting in crisis. This was considered to average around 12 times per annum for children in residential care (with the highest needs); noting that these children will go through crisis periods in response to certain events where A&E attendances exceed this. It was noted that residential care has a Looked-after Children health service; if it is not an emergency, visits are arranged here (without this service, in all likelihood A&E visits would be much higher than listed here for these profiles).
- It was also considered that **adopted children** will often have complex health needs so will attend A&E more regularly than the general population as they can't access this support anywhere else. However, excess visits will be limited when compared to other profiles over time as appropriate support and care is identified. Indeed, adopted children with low needs have been kept in line with the national average (with zero excess A&E visits), according to increasing need, excess A&E visits have been scaled up from here.
- **Foster care** is more in line with the general population / adopted population in this model, however, foster carers will attend A&E to get children checked because of their status. They will also report to the supervising social worker if there is an incident, so slightly higher excess A&E visits are modelled here.
- **SGO** placements will not want the scrutiny and so will not present at A&E, therefore the assumptions have been kept lower (or in line with adoption for higher needs SGO placements) for these profiles.

Overdose:

Dysregulated behaviour and inability to cope with emotions due to life experiences often cause depressive episodes. Workshop and interview evidence spoke of the risk of overdose. Over the longer term, ACEs (including developmental trauma) have been associated with increased risk of physical and mental health

¹⁴³ [British Medical Association : A&E visits](#)

¹⁴⁴ [Nuffield Trust : people with mental ill health and hospital use](#)

¹⁴⁵ [BERRI \(a clinical evaluation tool for identifying, tracking and improving the outcomes of children with complex needs\)](#)

conditions, including heart and lung disease and maternal and child health problems as well as depression (Scottish Government, 2020).

In the absence of more specific data, 20% was taken as an assumption for those in residential care with very high needs, this is based on assumptions in other impact models backed up by evidence from frontline practitioners. All other assumptions have been reduced in line with the needs of the children, and the trends referenced in Sacker 2011 as noted above (page 95).

Variable inputs	Factuals				Counterfactuals							
	1	2	3	4	5	6	7	8	9	10	11	12
Description	adopted children - low level need	adopted children - below medium level need	adopted children - above medium level of need	adopted children high level of need	SGO low level of need	foster care low need	SGO medium need	Foster care medium need	foster care high need	residential care low need	residential care medium need	residential care high need
d. YP: Health : mental												
% likelihood that children in this profile receive therapy in any given yr	40%	40%	50%	65%	23%	60%	33%	65%	65%	70%	80%	90%
% likelihood that children in this profile receive mental health support as adults	20%	20%	25%	33%	12%	30%	17%	33%	33%	35%	40%	45%
Assumed number of excess gp visits pa	4	6	8	10	4	7	7	8	8	8	10	12
% likelihood that children in this profile require a hospital stay	5%	5%	5%	7%	8%	5%	10%	5%	5%	7%	7%	7%

Therapy as a child and mental health support as adults:

These assumptions are prudent because the model looks solely at therapy (NHS counselling services) offered to these children. The assumptions include children who will receive a CAMHS referral (which will be at a higher cost than the cost employed in this model e.g. a CAMHS response to depression might cost in the region of £20,000). However, it is noted that the threshold for NHS mental health interventions is very high and therefore assumptions modelled here might seem slightly lower than might be expected for these profiles to take into account that fewer children would have met the threshold for this service - 25% of people who have mental health issues have access to treatment¹⁴⁶.

¹⁴⁶ [Mental Health Foundation. \(2015\) Fundamental Facts About Mental Health. Foreword \(p 2\)](#)



1 in 4 (25%) people nationally will experience a mental health problem each year¹⁴⁷. Given the complex needs of this group of children, all assumptions are in excess of this national average.

Workshop / steering group data provided to us listed: 40% of looked-after children have a CAMHS mental health condition (e.g. ADHD, depression); this rises to 68% - 70% for those in residential care. Furthermore, Selwyn's 2014 study lists 40% of adopted children experiencing depression, low mood rising by 28% to 51% of children in other settings (foster / residential). The ONS longitudinal study indicates better outcomes for those living with family. Therefore, 40% for adopted children with low need has been taken as the lowest assumption for this cost line.

The highest assumption is 90% for those with high need in residential care; this is based on assumptions in other impact models backed up by evidence from frontline practitioners (residential care home staff). Indeed it was considered that in reality 100% of these children would receive some form of mental health support, but 90% has been taken to remain prudent. These assumptions have been brought down according to the needs of the children and their placement setting – in line with the trends referenced in Sacker 2011 as noted above (page 95).

As adults, workshop / steering group / interview evidence considered that mental health issues can improve over time (particularly where appropriate support is received throughout a child's formative years). The first published reference to counter-ACEs is from Crandall et al (2019) in which the researchers found that positive childhood experiences lessened the physical and mental health impacts of ACEs on adults¹⁴⁸. Mental health support received as adults is therefore, set at half the assumption % rates for children across all profiles.

GP visits:

These costs are run from the age the child is at the point of the permanence decision until they are 18 and leave care (in all likelihood, the trends modelled in this cost line will stretch into adulthood, but to remain consistent across the model 18yrs has been taken as the cut-off point). The national average number of GP visits pa per person is 6 visits¹⁴⁹. This cost line only considers GP visits in excess of this number. GP visits is used in the model as a proxy to indicate the wider mental health needs including medication cost that this group of children will experience.

¹⁴⁷ [Mind: Mental health facts and statistics](#)

¹⁴⁸ Crandall, A. et al., 2019. ACEs and counter-ACEs: How positive and negative childhood experiences influence adult health. *Child Abuse & Neglect*, 96(104089).

¹⁴⁹ [British Medical Association : GP visits](#)



According to the Adoption UK survey, 54%¹⁵⁰ of adopted adults visited a health professional because of concerns about mental health between the ages of 16 – 25yrs. For all profiles, therefore, visits to the GP in excess of the national average have been modelled.

The range of assumptions in the model is from: 4 excess visits pa (i.e. 1 per quarter) for *adopted child, low need* moving through to 12 excess visits pa (i.e. one per month) for *residential, high need*. These assumptions are in line with the research for mental health and physical health as described above.

Hospital stays:

These costs are run from the age the child is at the point of the permanence decision until they are 18 and leave care (in all likelihood, the trends modelled in this cost line will stretch into adulthood, but to remain consistent across the model 18yrs has been taken as the cut-off point). One hospital stay pa is assumed for this period (for the children for whom there is a risk of a hospital stay – see analysis below).

Workshop and steering group evidence referred to children in foster care and residential care particularly (but also relevant to other profiles, but to a lesser extent) presenting in crisis at hospital, the hospital doesn't know what to do with these children and so they end up staying in the hospital for 6-8 weeks whilst measures are implemented for the children; this is not an irregular occurrence. Evidence was also given of self-harm requiring a hospital stay for many children in residential care.

It was also considered that SGO children will likely experience a slightly higher risk of hospital stays because evidence given in workshops / interviews / steering groups spoke of the setting in which the child would likely live in these circumstances would not be ideal and so more likely chance of injury (this was a generalisation, but felt to hold true for a large number of children). *SGO, medium need* therefore, has the highest number of children experiencing hospital stays at 10%, reducing slightly to 7% for those in residential care, *adoption, high need* and falling in line with need across foster, and adoption.

¹⁵⁰ [Adoption UK Barometer 2021](#) page 15

Variable inputs	Factuals				Counterfactuals							
	1	2	3	4	5	6	7	8	9	10	11	12
Description	adopted children - low level need	adopted children - below medium level need	adopted children - above medium level of need	adopted children high level of need	SGO low level of need	foster care low need	SGO medium need	Foster care medium need	foster care high need	residential care low need	residential care medium need	residential care high need
e. YP: Employability												
% premium / (discount) compared to baseline - <i>gain</i>	90%	80%	70%	45%	60%	40%	20%	10%	0%	-5%	-10%	-20%

Employability:

GVA per capita has been adjusted to create a baseline (for someone working full time at the minimum wage). The variable % assumptions in the model apply a premium to this e.g. a higher % if, as an adult, the child moves to high quality employment with higher earnings, or a lower % to represent employment that is nearer the baseline (lower quality employment). A deduction to baseline is made (i.e. a negative %) if someone is in employment but it is on a e.g. (part time) 20hrs contract on minimum wage or a zero hours contract.

This approach has been taken to ensure that there is no risk of double counting the risk of NEET for each profile: the NEET outcome assumes a child in the model will be completely out of work throughout their adult life, (it includes an earnings penalty and productivity loss which is roughly in line with the baseline GVA); however, this productivity calculation looks at the quality of a child’s earnings in later life – will they be able to maintain meaningful employment. NEET and employability assumptions have also been sense checked in the round to avoid the risk of double counting.



Looked-after child NEET base rate is 18%¹⁵¹. This has been used as a guide when considering the premium / discount to apply to the baseline here; the greater the risk of NEET, the increased likelihood of lower quality employment.

Workshop / steering group / interview evidence: **Adopted children** have role models who can support them, there is a positivity towards them within their family which enables transitions to be made. (e.g. work experience, family contacts...expectations and aspirations as to jobs / higher education). This network of support has a longevity to it which benefits the child throughout their life, and certainly beyond the 18 years when other children are leaving care settings (e.g. helping to fund a deposit to buy a house). It was noted that the **SGO** runs until 18 years and then there is a hiatus between the pull of the guardian, versus the birth family, versus other sources (the child is vulnerable at this point). Another factor is the mortality of the Special Guardian (meaning a traumatic time potentially for the child when transitioning to adulthood, and hence potentially reduced employment aspirations). Therefore, SGO premiums are lower than for adopted children to reflect these different paths that these children will be faced with.

When considering aspirations for children, the difference between surrounding yourself with people who have aspirations for you, versus people with no aspirations for you as a child was discussed. It was felt that as a result of this, children living in **residential care** (and **foster care**, but to a lesser extent) are more vulnerable, and therefore are exposed to people who will exploit this vulnerability - they are more likely to become involved in crime, County Lines, sexual exploitation etc.)

Steering group evidence spoke of: "Our aspirations are so often set by what we can see as possible. We gain these at least in part from our experience and setting. So if we place a child in:

- A socially and educationally ambitious family where the parents and wider family seek to be doctors, opticians, lawyers or accountants, that may well be the aspiration most visible to the child
- A family with self-employed skilled tradespeople as the majority group might set aspirations around entrepreneurial skill and growing your own business
- A family who have a number of siblings unemployed, and others in lower-paid roles may set that as their ambition and aspiration.

We aspire to be like those around us, or to exceed where they have done, but with them as our reference point".

¹⁵¹ [Outcomes for children in need, including children looked after by Local Authorities in England : 2020 - 2021](#)



In the model, premiums are therefore applied to those children in stable homes with attuned care givers and authentic relationships whilst discounts to the baseline are applied to those children who are sadly void of these positive relationships and aspirations.

A note on social class

Adopters have to have a certain level of resource in order to be accepted as adopters. Special Guardians do not in most cases benefit from the same level of resource. Poverty is therefore, a major contributory issue to many of the outcomes modelled for these children (and conversely, the wealth of adoptive families is a factor in generating positive outcomes e.g. home schooling the child, paying privately for additional therapeutic support - 68% had funded their own counselling, therapy, self-help, or other support after turning 16 and 88% of adopted young people aged 16-25 regarded their adoptive parents as their main source of support¹⁵²). Indeed, workshop / interview / steering group examples referred to the impressive resilience of Special Guardians in times of hardship, with children going to bed in the living room because of housing issues, a reliance on food banks, etc.

Wealth and social mobility determines longer term outcomes for every member of society; this (along with other contributory factors) is inherent to every assumption in this model.

¹⁵² [Adoption UK: The Adoption Barometer 2021](#)

Variable inputs	Factuals				Counterfactuals							
	1	2	3	4	5	6	7	8	9	10	11	12
Description	adopted children - low level need	adopted children - below medium level need	adopted children - above medium level of need	adopted children high level of need	SGO low level of need	foster care low need	SGO medium need	Foster care medium need	foster care high need	residential care low need	residential care medium need	residential care high need
f. YP: Criminal Justice System												
% likelihood that children in this profile will go to prison	1%	5%	10%	25%	2%	5%	5%	30%	35%	28%	30%	35%
% likelihood that children in this profile will incur police call outs	30%	33%	37%	40%	37%	37%	40%	40%	43%	38%	40%	45%
Number of police call outs incurred in one year	6	8	10	15	10	10	15	15	17	15	17	30
% likelihood that children in this profile will require probation and community rehabilitation	10%	10%	13%	15%	13%	13%	15%	15%	18%	15%	18%	20%
% likelihood that children in this profile will attend court	10%	10%	13%	15%	13%	13%	15%	15%	18%	15%	18%	20%
% likelihood that children in this profile will require Youth Offending Team	10%	10%	13%	15%	13%	13%	15%	15%	18%	15%	18%	20%

Criminal Justice System:

Taking all of the assumptions for the Criminal Justice System cost theme, the trend is a higher risk of involvement with the CJS in residential care, reducing for foster care, and further reducing for SGOs (also reducing in line with reducing needs across the profiles). *Adopted children, high need* sit in line with *foster care, medium need* given the data that is available and this then reduces as need reduces across the adopted profiles.

Qualitative evidence from participants:

- Children in residential care (and foster care) are more likely to be vulnerable and are therefore, at a greater risk of being involved in crime – whether as a perpetrator, or as a victim. Examples were provided by participants of involvement with County Lines, trafficking, nuisance, drunk and disorderly etc., all of which will incur police time.



- Police call outs is used as a proxy to indicate that a child may be known to the police, or incur police time – this also includes those vulnerable children who are more likely of becoming a victim of crime. Police call outs also includes those children who “spill out everywhere” (workshop participant), who ring the police repeatedly, indeed an example was given of a teenager in crisis who rang the police over 10 times a week as they didn’t know where else to go.
- Workshop / steering group / interview evidence also spoke to race as an element for many children – ethnic minorities have a higher risk that their activity will be criminalised and will be subject to stop and search.

Data underpinning these assumptions includes:

- as an adult, 30% of child prison population had previously been in care¹⁵³.
- According to Adoption UK 2020, around 20% of adopted children have been involved in crime, (hence the slightly higher figures for adoption when compared to SGOs, this is because in the absence of data to the contrary, to remain prudent, SGOs have been modelled with low assumptions).

¹⁵³ [Prison Reform Trust - children in care](#)



Variable inputs	Factuals				Counterfactuals							
	1	2	3	4	5	6	7	8	9	10	11	12
Description	adopted children - low level need	adopted children - below medium level need	adopted children - above medium level of need	adopted children high level of need	SGO low level of need	foster care low need	SGO medium need	Foster care medium need	foster care high need	residential care low need	residential care medium need	residential care high need
g.carer (adoptive parents) outcomes - when correct support received												
Proportion of carers in this profile who receive fully effective support - <i>gain</i>	41.3%	41.3%	41.3%	41.3%	13%	30%	13%	25%	20%	0%	0%	0%

Carer outcomes when the correct support is received:

The assumptions listed here calculate a gain for carers when the correct support is received. It is considered that, through effective, timely support, carers will experience mental health benefits – a reduction in anxiety, better able to sleep etc., examples were given of supported carers who could return to work full time. The gain to mental health services alone is modelled here as there is not enough data available to model the gain to the economy for carers who can return to work.



Participants referred to compassion fatigue - a preoccupation with absorbing trauma and emotional stresses of others, and this creates a secondary traumatic stress in the helper/carer. Among other symptoms the sufferer of compassion fatigue will experience chronic physical and emotional exhaustion and feelings of ambivalence toward the therapeutic or caregiver relationship.¹⁵⁴ Appropriate support can reduce the longer term effects of this on a carer's mental health.

This calculations consider avoided GP visits and avoided mental health interventions (both NHS costs).

Data underpinning these assumptions:

- A-UK's Adoption Barometer 2022 found that: 51% of respondents from England who had an eligible child living at home made, or attempted to make, an application to the ASF¹⁵⁵. And, of these people, 81% "agreed that ASF funded support had a significant positive impact on their child"¹⁵⁶, this is an increase on 2021 where 60% were happy with the support they received¹⁵⁷. This is effectively 41.3% of adopters that received fully effective support in 2022.
- Workshop / steering group / interview evidence spoke to how support is very dependent on the recipient - are they ready to benefit from the support, have they had other key training that allows them to benefit from the support? Given the focus of statutory and voluntary agencies on therapeutic parenting, it was considered that many adopters are better placed to receive training (compared to carers in other settings).
- SGOs are eligible for support from the Adoption Support Fund, but it was considered that many are unaware of this / don't know how to apply / are anxious about service intervention in their lives. Many Special Guardians go 'under the radar' and do not receive any support, hence the lower assumptions for these profiles.
- A high turnover of staff in residential care homes was noted as a factor of discontent and poorer mental health outcomes for these carers. As a result, no benefit is modelled for these carers.
- Foster carers benefit from support: many foster carers are part of the Mockingbird programme "...an evidence-based model structured around the support and relationships an extended family provides. The model nurtures the relationships between children, young people and foster families supporting them to build a resilient and caring community"¹⁵⁸. In the model, 5-6 foster families form a network with a foster carer who is not responsible for the children sitting in the middle, a grandparent figure who children visit for play dates etc. The foster children then build a 'cousinly' relationship with the other foster children in the network. Some voluntary agencies also use this model to form support networks for adopted parents and peer to peer support. Hence, a benefit to foster carers is modelled that is in line with the benefits seen by adopted parents.

¹⁵⁴ [Clifford, J., Barnes, K., Theobald, C., Tharani, A. and Kemp, J. \(2021\). Safe Families: Everyone deserves to belong – how Safe Families' approach changes lives. London. Sonnet Impact.\(page 55\)](#)

¹⁵⁵ [Adoption barometer : 2022](#)

¹⁵⁶ [Adoption barometer : 2022](#)

¹⁵⁷ [Adoption UK : Adoption barometer 2021](#) Page 45 and page 46

¹⁵⁸ [The Fostering Network : The Mockingbird programme](#)

Final model adjustments

The costs and benefits calculated in this model take reasonable account of the key areas of deduction required in impact evaluations – they adjust for deadweight, alternative attribution and social time preference. For a summary of these adjustments see Table 7. Further detailed explanation is also provided on the following pages.

Table 7: Key model adjustments

Adjustment	Description	Key assumptions / source
Deadweight	Best practice ¹⁵⁹ requires any evaluation of outcomes to be adjusted to exclude ‘deadweight’ - the extent to which those outcomes could have arisen without the intervention.	We assume 5% deadweight loss
Alternative attribution	This accounts for positive outcomes that are reasonably attributable to a partner or third party. Adoption is about the structure of the ‘family unit’ that supports the child and includes statutory and voluntary agency support for adopted children and the agency they provide to schooling and other support services etc. Alternative attribution is limited to those other agencies that are supporting the parents and children not seen in this model, and in the case of an adoptive family, there will be very few (if any) other agencies.	We assume a relatively low 10% alternative attribution
Discounting cash flows	This analysis takes into account, where necessary, the premise that the value of money changes over time.	We adjust future cash flows by 3.5% per HM Treasury Green Book convention ¹⁶⁰

Deadweight and alternative Attribution

The benefits calculated in this model take reasonable account of the key areas of deduction required in impact evaluations. The model takes the total measurable outcomes, discounted to present value where the benefits occur in the future or are recurring over a period of time and deducts:

- **Deadweight** - Best practice¹⁶¹ requires any such evaluation of outcomes to be adjusted to exclude ‘deadweight’: the extent to which those outcomes could have arisen without the intervention (in this case the adoption).

¹⁵⁹ Clifford, J., Hehenberger, L. and Fantini, M. (2014). Proposed Approaches to Social Impact Measurement in European Commission legislation and in practice relating to: EuSEFs and the EaSI

¹⁶⁰ HM Treasury (2022), [The Green Book: Central Government Guidance on Appraisal and Evaluation](#)

¹⁶¹ Clifford, J., Hehenberger, L. and Fantini, M. (2014). Proposed Approaches to Social Impact Measurement in European Commission legislation and in practice relating to: EuSEFs and the EaSI

- **Alternative attribution** - where part of the gain is more reasonably attributable to a partner or third party.

Deadweight: with the permanence decision as the key differentiator between the outcomes not in adoption and the outcomes in adoption (by definition), the deadweight must be very low. Variability of that outcome is, of course, included in the averages and percentages used in the calculations of the values themselves. However, it is hard to argue that these could never, under any circumstances, have happened but for the adoption. We have therefore used **5% deadweight** as illustrative of this position.

Alternative Attribution: This model compares life courses of children who are adopted as opposed to those who are not, it is about the structure of the ‘family unit’ that supports the child and includes RAA and VAA support for adopted children and the agency they provide to schooling and other support services etc.... Alternative attribution is limited to those other agencies that are supporting the parents and children not seen in this model, and in the case of an adoptive family, there will be very few (if any) other agencies. **Alternative Attribution is therefore, very low – set at 10% in the model.**

Discounted Cash Flow methodology

Our analysis takes into account, where necessary, the premise that the value of money changes over time. The value of future cash flows is subject to the risk that those cash flows will not in fact occur for any number of reasons.

For the purposes of this report, assumptions provided by triangulating data from research (including our literature review), workshop and interview evidence as well as input from experts on our steering group have been taken to be reflective of any risks associated with the likelihood of benefits actually flowing to the stakeholder concerned. This leaves the risk that the value of the benefit will fluctuate due to economic factors that are beyond the control of each stakeholder. This can be measured using a long term average rate of inflation. Where necessary a discount rate of 3.5% has been used, which equates to the average rate of inflation in the UK measured over the past twenty years, per the Bank of England. It is also consistent with the discount rate typically used by the UK Government for project appraisal (for projects lasting for between 0 and 30 years)¹⁶²

For benefits only during the year in which they are funded no discounting is used as both the funding and the benefit are released during the year and the timings are therefore already matched.

Where a benefit occurs in a future year, the value of the benefit is multiplied by a discount factor to allow comparison with the cost of funding. The discount factor is calculated using the formula below:

$$DF = \left(\frac{1}{1 + r} \right)^t$$

Where:

- ▶ ‘DF’ is the discount factor by which a future benefit is multiplied to restate it in current terms;
- ▶ ‘r’ is the discount rate used; and

¹⁶² Lowe, J., 2008, Intergenerational wealth transfers and social discounting: Supplementary Green Book guidance, London, HM Treasury



- ▶ 't' is the time, stated in years, between the date at which value is measured and the date at which the benefit is achieved.

To measure benefits that occur at a fixed value over a period of time, those people involved in refining assumptions in the model (CVAA) were asked to assume that any future benefits occur in the form of a constant annuity over a fixed period. The expected annual cash flow is then multiplied by an annuity factor to give the value in present day terms of the benefit. The annuity factor is calculated using a modified discount formula, as shown below:

$$AF = \left(\frac{1}{r}\right) \times \left[1 - \left(\frac{1}{1+r}\right)^t\right]$$

Where:

- ▶ 'AF' is the factor by which a constant annuity is multiplied in order to obtain the present value of that annuity over a given period of time;
- ▶ 'r' is the discount rate used; and
- ▶ 't' is the number of years the annuity is expected to occur over.

Where an annuity is to be deferred for a number of years (e.g. the decision regarding a child's permanence has occurred now but the savings will not be realised for several years), an annuity factor is used to calculate the present value of the incremental benefits in the future which is then multiplied by a discount factor to restate it in present day terms.

Appendix 4: Research participants

The list of more than thirty research participants included:

- Jason Baker, Deputy Director, St David's Children's Society
- Rebecca Brooks, Education Policy Advisor, Adoption UK
- Dr Sariya Cheruvallil-Contractor, Associate Professor Research, Centre for Trust, Peace and Social Relations, Coventry University
- Bryan Edmands, Strategic Lead – Children in Care and Care Leavers, Royal Borough of Greenwich
- Mike Hancock, National Strategic Lead, PAC-UK
- Chris Holmquist, Adoption Support Development Manager, National Adoption Service for Wales
- Dr Matt Woolgar, Consultant Clinical Psychologist, National Adoption & Fostering Service, SLAM NHS Trust & IoPPN, KCL.
- Satwinder Sandhu, Chief Executive, IAC – The Centre for Adoption
- Professor Julie Selwyn, Rees Centre, Department of Education, University of Oxford
- Alice Talbot, Head of Policy and Member Services, CVAA

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