



Research into case holding responsibility in support of the National Adoption Strategy

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Introduction

Adoption England commissioned Coram to undertake research exploring case holding responsibility practice in Regional Adoption Agencies (RAAs) in England, in support of the National Adoption Strategy.

In children's social care, it is important to ensure that there are no unnecessary delays to placing children with suitable adoptive families. Once a plan of adoption is approved for a child there are several activities that will happen along the way to securing an adoptive placement for that child. The organisation that has the case holding responsibility for a child in care is the one that employs the social worker who is allocated to act as the primary person responsible for ensuring the child's safety and wellbeing.

In most cases, where case holding responsibility remains with a local authority (LA) that is part of a RAA, these activities will require good coordination between the LA and RAA staff. However, there are some LAs that have delegated case holding responsibility to their RAA for children with an approved adoption plan or a placement order (PO). For these LAs, many of the activities undertaken from a PO being granted through to a child being legally adopted no longer involve staff from the child's LA.

This research sought to gain a better understanding of the benefits and drawbacks of this arrangement, particularly in terms of:

1. Timescales to complete key activities
2. Impact on, and experiences of, staff at the RAA and LA, and of adopters
3. Quality of social work

Three RAAs currently have case holding responsibilities for some or all of the children they deal with. Other RAAs are interested in implementing this way of working, but without robust evidence of the model's efficacy they are not in a position to justify moving to a similar arrangement. If this research provides robust evidence that this arrangement provides benefits to children, adopters and professionals, then it could lead to a significant change to the general scope of RAAs' responsibilities. Not only could this improve the adoption system but it could also strengthen the long term standing of RAAs, assuming the additional responsibilities are underpinned by extra resources / funding from LAs.

The project started in June 2023 and this report sets out our findings.



Executive summary

Overall, we found some evidence that matching timescales and the quality of social work with respect to adoption were better where the case holding responsibility had transferred to the RAA. There is anecdotal evidence that such an arrangement also results in a more efficient use of resources, since fewer social workers are involved with a child with a PO and the child's social worker can prioritise adoption work. We did not have access to data that could indicate whether there was a difference in expenditure on family finding, caseloads or workforce stability.

However, implementing this arrangement could require a significant change programme if a LA does not already have a separate team of children's social workers who deal exclusively with adoption cases. This should include consultation with affected staff and clear communication throughout.

There would also need to be mitigations put in place to counteract any loss of adoption expertise among the LA's social workers. In particular, the loss of adoption expertise in LAs could have an impact on RAAs in the future as they typically recruit from LAs.

There should also be mitigations to ensure a suitable level of engagement with birth parents. RAA social workers should be trained in good practice and supported to do this engagement work.

Social workers that we spoke to in the control group had little knowledge about this model of working and this project was the first time they had heard that case holding responsibility could be transferred. It would be helpful for LA and RAA professionals to share this practice and discuss the ways in which the transfer of case holding responsibility could benefit children with an adoption plan.

Due to the project timescales and complexities of doing so, we did not include children who may be adopted or are adopted in this qualitative research. We think it would be beneficial to engage with children and young people who have been adopted to find out about their experience of the adoption system and how this may differ between regions that do and do not transfer case holding responsibility to the RAA.

Summary of findings from data analysis

LAs and RAAs were unable to provide data on timescales as the information required was not readily available for analysis. While dates for visits, life story books and later life letters were captured in case notes, this was in an unstructured form that meant it was not possible to automate the exporting of the data from the case management system. This suggests that RAAs and LAs are not monitoring performance for these parts of the process as a part of their general oversight, despite life story work timescales being specified in national minimum standards.

We were also unable to do any comparative analysis of staffing and expenditure data as we were not provided with any from the control group. Again, this was because the effort to provide the data was too great. While councils do collect data, the issue was the effort needed to isolate data for children with an adoption plan.

Analysis of the Adoption and Special Guardianship (ASG) data indicated that between 2019/20 Q4 and 2023/24 Q2 there had been more improvement in the PO to match timescale for LAs in the test group and that the most recent performance for this KPI was also better for the test LAs.

Summary of findings from quality audit

We found that the quality of records was better for cases that had transferred to the RAA, however we have concerns about case records being split across different systems as this can hinder information sharing and certainly makes the task of recording and retrieving information more complicated. Clear guidance would be needed to indicate where information should be stored so that it can be found easily.

Summary of findings from interviews with professionals

Professionals in the test group were positive about the benefits of transferring case holding responsibility to the RAA at the point of a child's PO and were less able to identify drawbacks. The benefits of the transfer of case holding included creating a more smooth and efficient process, ensuring high quality and specialist adoption work and being able to prioritise adoption rather than be consumed by child protection and court work, which was seen as more urgent. There was also a view that the model resulted in fewer unplanned changes in social worker for the children.

However, there were also concerns raised about reducing the level of adoption expertise in LA social work teams; a loss of knowledge of the child's journey at the point of handover; the introduction of a planned change in social worker (for some LAs) and less involvement of birth parents.

Summary of findings from interviews with adopters

The adopters were generally positive about their experience of the process of their adoption(s) overall, however there was no discernible difference in the experiences of adopters in the test and control groups.

There were a few places where the control group adopters had similar experiences to each other, however, with many of their experiences also being shared with the other adopters and only two in the control group, conclusions cannot be drawn on difference of experience between the two models.

The interviews did demonstrate a generally good and supported experience of adopters in the Test group, and certainly no worse than the adopters interviewed from the control group.

This research was broken down into three strands:

1. Data analysis
2. Audit of the quality of social work outputs
3. Capture of stakeholder views

We gathered information from four RAAs: Adoption Now, Aspire Adoption, Adopt South and Adopt South West. The first three had been delegated case holding responsibility for some of the children, while Adopt South West did not have any such responsibility. This gave us eight LAs in the test group and eight LAs in the control group.

Table 1: LAs covered by the research

LA	RAA	Group
Oldham	Adoption Now	Test
Tameside	Adoption Now	Test
Blackburn	Adoption Now	Test
Bury	Adoption Now	Test
Rochdale	Adoption Now	Control
Bolton	Adoption Now	Control
Portsmouth	Adopt South	Control
Southampton	Adopt South	Control
Hampshire	Adopt South	Test
Isle of Wight	Adopt South	Test
Bournemouth, Christchurch and Poole (BCP)	Aspire Adoption	Test
Dorset	Aspire Adoption	Test
Devon	Adopt South West	Control
Plymouth	Adopt South West	Control
Somerset	Adopt South West	Control
Torbay	Adopt South West	Control

The research aimed to address the following questions:

1. What does the transfer of case holding responsibility look like in each Regional Adoption Agency (RAA)?
2. How has the case holding model been implemented and what are the main differences and similarities between the sites?
3. At what point does the case holding responsibility get transferred to the RAA?
4. What is the effect of transferring case holding responsibility to the RAA on adoption timescales?
5. What are the perceived benefits and drawbacks of the transfer of case holding responsibility?
6. What are adoptive parents' experiences of the adoption service when case holding is transferred to the RAA?
7. Does the transference of case holding responsibilities have an effect on efficiencies and cost savings?
8. Does the transferring of case holding responsibility have an effect on the quality of social work outputs including: adoption support plans, contact plans, life story work and transition of case responsibility from the LA to the RAA?

For strand 1 we used data already collected by the Adoption and Special Guardianship (ASG) data collection for all four RAAs; and then requested additional data from Adoption Now, Aspire and Adopt South West pertaining to staff turnover, caseloads, staff vacancies and expenditure. Adopt South could not provide the additional data as it did not have a suitable agreement in place with its LAs to participate in this type of research. The analysis was done by Kevin Yong.

Strand 2 involved a case file audit, looking at:

- Life story books
- Later life letters
- Adoption support and contact plans
- Child permanence reports
- Adoption placement reports
- Case notes

This assessed the various factors including the accuracy, compliance, completeness and appropriateness of the reviewed items. This was completed by Jane Poore, an adoption consultant from CoramBAAF, and included criteria that was used to provide a consistent assessment (cf. Appendix A).

Strand 3 involved qualitative research and focused on answering four of the research questions in particular: 1, 2, 5 and 6. Two researchers in Coram's Impact & Evaluation team, Hannah Lawrence and Daniel Stern, completed the qualitative research, interviewing a sample of professionals and adoptive parents^[1] who are or have been involved in adoption across three regions in England. We interviewed:

- Nine professionals either working for a RAA or a referring local authority to the RAA
- Nine adoptive parents who had been supported by one of the RAAs

The interviews used a semi-structured approach to focus on the research questions but also allowed space for other important information participants wanted to raise.

The interview guides were submitted for ethical scrutiny by the Coram Research Ethics Committee, with approval granted in August 2023.

We developed our qualitative data from notes and transcripts of interview (audio/video) recordings and participants gave their consent. Transcriptions were either done in-house at Coram or using a third-party transcription service.

For the professional interviews, we analysed the transcripts using thematic analysis to identify patterns in the experiences and views of participants. The two researchers discussed analysis and the development of themes. We used Braun and Clarke's reflexive thematic analysis (Braun and Clarke, 2019) as a guide to analyse the interviews. For the adopter interviews, we summarised adoptive parents' experiences of the process of adoption according to each stage of the process. Where they existed, we developed some themes.

[1] We explored the possibility of interviewing children. We decided at the evaluation planning stage to not interview children, as most would have been aged four years and under.

Overview of the participating RAAs/LAs

For Adoption Now, the RAA had taken on case holding responsibility from three of its LA partners (Blackburn, Oldham and Tameside) from its creation in November 2017, and from Bury in 2021. The responsibility remained with Rochdale and Bolton.

For Aspire Adoption, the RAA had taken on case holding responsibility from both its LA partners (Bournemouth, Christchurch and Poole; and Dorset) from its creation in 2017, though for Dorset this has only been for children aged two and under – for older children Dorset have retained the responsibility.

For Adopt South, the RAA had taken on case holding responsibility from two of its LA partners (Hampshire and Isle of Wight) in September 2022, and planned to do so for Southampton in September 2023, while there were no plans for Portsmouth.

For Adopt South West, none of the four LAs (Devon, Plymouth, Somerset and Torbay) had handed over responsibility for case holding to the RAA.

Where the responsibility was delegated to the RAA, the case was transferred once the PO was granted in all cases. The RAA would decide on a suitable adoptive match and produce any life story work. If the PO was revoked, the case would return to the home LA.

For two LAs (Oldham, Tameside) the RAA had responsibility for producing the child's permanence report (CPR), while for the others the RAA just supported the CPR's production.

Only one LA has delegated the 'should be placed for adoption' (SHOPA) decision and matching decision to their RAA (Hampshire).

Strand 1: Data analysis

Overview

This strand of work looked at two different sets of the data and was conducted by Kevin Yong. The first was data requested from the RAAs and their LA partners on:

Expenditure - the costs of family finding, including staffing, events, fees, licenses (e.g. Link Maker)

- Staff
 - staff turnover rates for children's social workers
 - average caseload per child social worker
 - vacancy rates for children's social workers
 - agency usage for children's social workers
 - average number of social workers that a child with an adoption plan had
- Timescales - for conducting visits to potential families, taking a match to panel, handing over life story books and later life letters after the adoption order is granted and for revoking POs where the plan is changed from adoption

We intended to use this information to explore the whether transferring case holding responsibility to the RAA resulted in cost and time savings, as well as improved staffing outcomes.

The second was data available to us from the Adoption and Special Guardianship data collection up until 30 September 2023, and we used this to look at the timescales from PO to an adoptive match (PO to match) being approved. We considered also looking at the timescales for adoption best interest decisions but were advised by RAA leaders that the variation across LAs in their processes would likely mean we could not draw any significant conclusions for analysis of that part of the child's journey.

Main findings

LAs and RAAs were unable to provide data on timescales as the information required was not readily available for analysis. While dates for visits, life story books and later life letters were captured in case notes, this was in an unstructured form that meant it was not possible to automate the exporting of the data from the case management system. This suggests that RAAs and LAs are not monitoring performance for these parts of the process as a part of their general oversight, despite life story work timescales being specified in national minimum standards.

We were also unable to do any comparative analysis of staffing data as we were not provided with any from the control group. Again, this was because the effort to provide the data was too great, suggesting that councils are not regularly monitoring aspects that have a significant impact on the wellbeing of children.

Analysis of the ASG data indicated that between 2019/20 Q4 and 2023/24 Q2 there had been more improvement in the PO to match timescale for LAs in the test group and that the most recent performance for this KPI was also better for the test LAs.

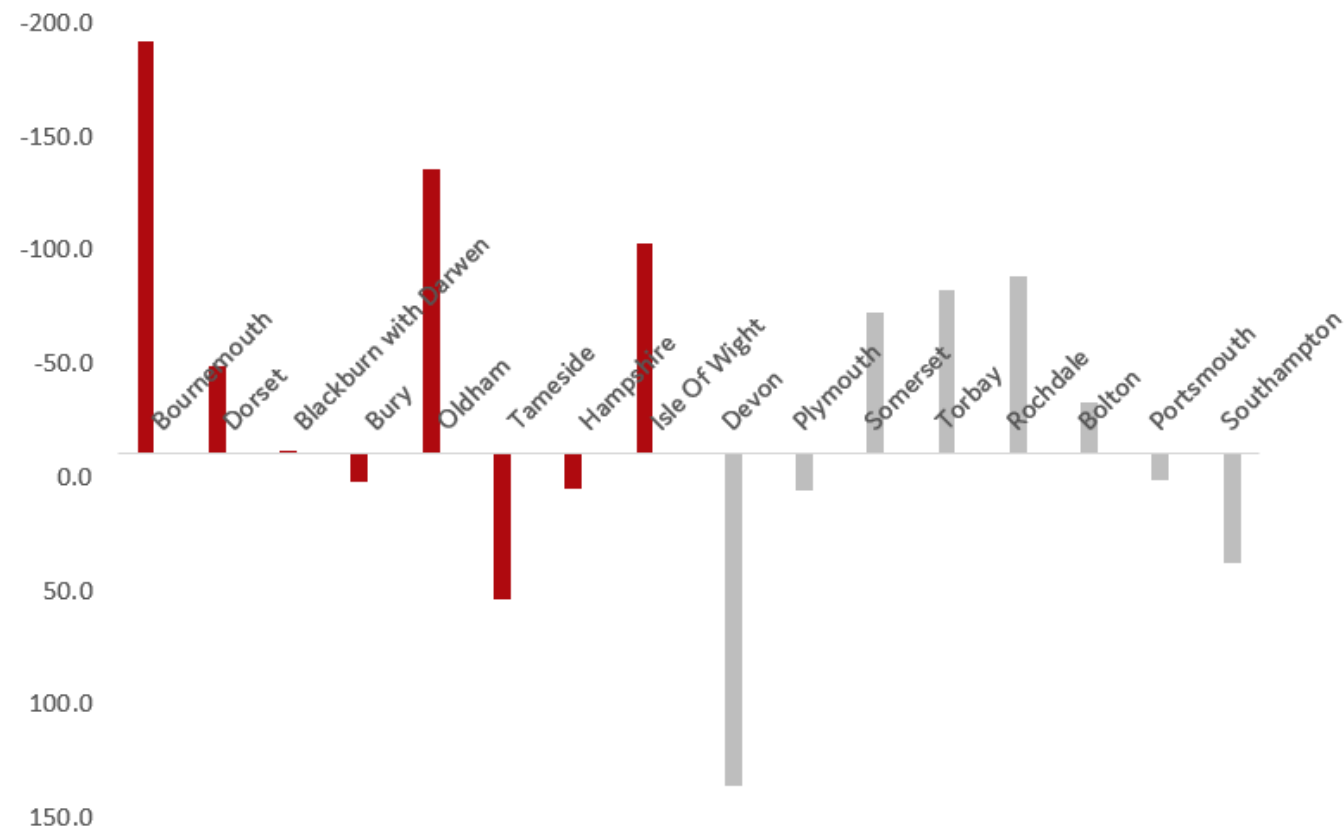


ASG data analysis

For this analysis we were able to include Adopt South and its LA partners. This meant that we could do a full comparison of the eight Test LAs against the eight Control LAs, as well as the national averages. We used data on matches from 1 April 2019 up until 30 September 2023.

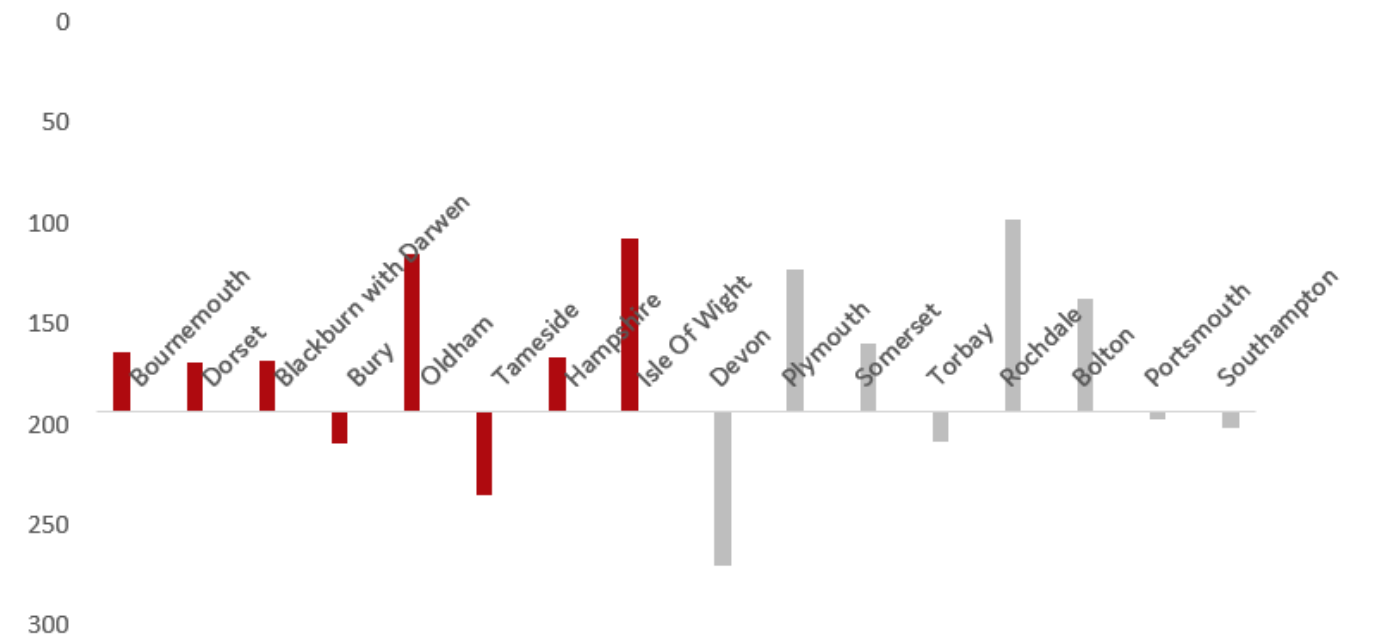
The first KPI we looked at was the change in matching timescales: for matches made between 1 April 2019 and 31 March 2020; and matches made between 1 October 2022 and 30 September 2023. We compared the difference of each LA's performance with the national average. The figure below shows the findings: the red bars represent the test group; the grey bars are the control group. The x-axis represents the change seen nationally (-10.5 days) and five LAs in the test group had achieved better improvement than that compared with four LAs in the control group.

Figure 1: Change in timescales for PO to match between 2019/20 Q4 and 2022/23 Q2



The second KPI was the overall timescales for matches approved between 1 October 2022 and 30 September 2023. Again, we compared the performance of each LA against the national average. The figure below illustrates the findings, presented using the same format as the figure above. For this KPI, six LAs in the test group performed better than the national average, compared with four of the control group.

Figure 2: timescales for PO to match between 1 October 2022 and 30 September 2023



Strand 2: Quality audit of social work

Overview

This work was completed by Jane Poore, adoption consultant at CoramBAAF, and conducted on site at the RAAs so that she had supervised access to the sample of case files. Three RAAs were visited:

1. North West England: the RAA Adoption Now which covers six areas in Greater Manchester and Lancashire – Blackburn with Darwen, Bolton, Bury, Rochdale, Tameside and Oldham
2. South West England: the RAA Aspire which covers the regions of Bournemouth, Christchurch and Poole, and Dorset
3. The south west peninsular of England: the RAA Adopt South West which covers the regions of Devon, Plymouth, Somerset and Torbay

The cases were randomly selected from those children who had an Adoption Order granted after April 2022 and were identified by number only. The site visits were undertaken between 10 November 2023 and 5 February 2024. Each RAA ensured they had the appropriate permission for the selected case files to be viewed for this research.

We selected ten cases from the test group and ten from the control group. For Aspire and Adoption Now, Jane was not informed which group each case fell into. For Adopt South West it was not possible to do this as all cases were in the control group.

A proforma (cf. Appendix A) was used to record the scores for each case, using a Likert scale of 1 to 5 (1 = very poor, 5 = excellent) against a number of different factors including:

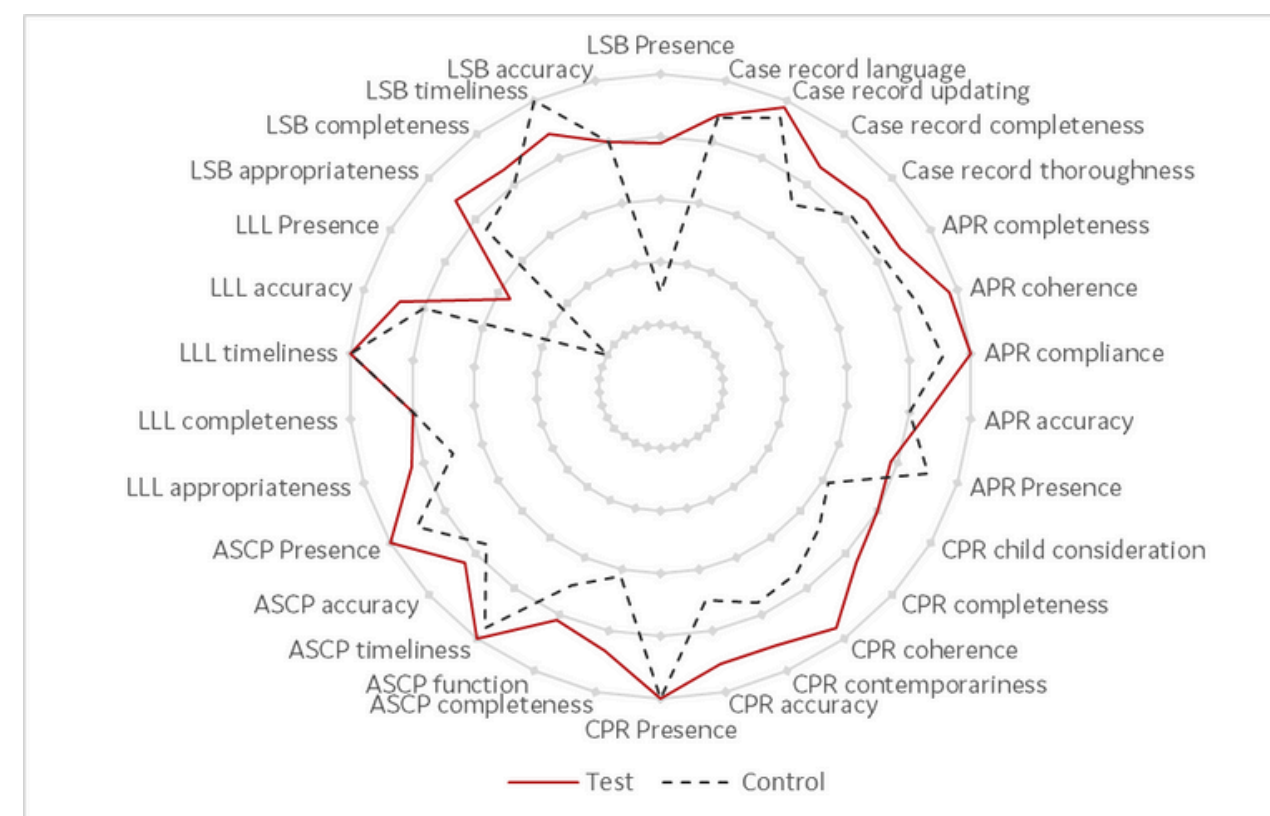
- Accuracy (of names, dates, information)
- Compliance (with Adoption agency regulations AAR2005)
- Completeness (of information)
- Presence (whether the information was in the file)
- Appropriateness (in terms of how the subject of the record would find its language etc. when accessing the record as an adult)
- Issues with IT and data sharing made accessing files difficult. In most cases the record was split across two systems (RAA, LA), even for those cases where case holding was transferred at an earlier stage, which could also mean needing to use different hardware to access each system

Main findings

Overall we found that the quality of records was better for cases that had transferred to the RAA, however we have concerns about case records being split across different systems, as this can hinder information sharing and certainly makes the task of recording and retrieving information more complicated. Clear guidance is needed to indicate where information should be stored so that it can be found easily.

The figure below shows the average scores for the test and control group for each element and factor considered in this audit.

The figure below shows the average scores for the test and control group for each element and factor considered in this audit.



The test group had higher average scores for all but four aspects, with equal scores for timeliness of later life letters and CPR presence; and worse scores for APR presence and life story book timeliness.

We will now provide more detail on our findings for each element.

Life story work

Of all the samples looked at, the life story work and later life letters were the most variable or absent completely, with the lowest scores for presence.

Table 2: Life story book scores

	Test	Control
Presence	3.9	1.5
Accuracy	4.0	4.0
Timeliness	4.4	5.0
Completeness	4.3	4.0
Appropriateness	4.4	4.0

Table 3: Later life letter scores

	Test	Control
Presence	2.8	1.0
Accuracy	4.4	4.0
Timeliness	5.0	5.0
Completeness	4.0	4.0
Appropriateness	4.2	3.5

In some cases it was evident from the case record that the work had been completed (referenced in reviews/case notes for example) but there was no document filed. In other cases there was no reference at all as to whether it was complete.

Where life story books and later life letters were complete there was evidence of thorough, child-sensitive and creative work. We also saw evidence of committed social workers who had the tenacity to ensure life story work was completed on time.

Child Permanence Reports

For the child permanence report as well as whether it was present in the file and its accuracy and completeness, we also considered how up to date the information in it was (contemporariness), whether it provided a coherent narrative and how well it considered the adopted person who would be reading it as an adult. We did not consider timeliness as the CPR is written before the PO is granted and hence before the case would transfer to the RAA in the Test group.

Consideration of the adopted person scored the lowest in both the test and control groups – this was usually due to use of complex/unexplained language or descriptions of individuals. Perhaps unsurprisingly, there were no issues with finding the CPR for any of the cases sampled.

Table 4: CPR scores

	Test	Control
Presence	5.0	5.0
Accuracy	4.6	3.5
Contemporariness	4.6	3.8
Coherence	4.8	3.7
Completeness	4.2	3.4
Child consideration	4.0	3.1

Adoption support and contact plans

For Adoption support and contact plans (ASCPs) we looked at the function of the plan – i.e. how effective we thought it would be in delivering the support and contact needed by the child. The most common reason for a lower score in this aspect was a lack of method of review being included and generic details given for support contacts.

Table 5: ASCP scores

	Test	Control
Presence	5.0	4.5
Accuracy	4.2	3.8
Timeliness	5.0	4.8
Function	4.1	3.5
Completeness	4.3	3.1

Case records

For these we only looked at work that related to adoption. We did not need to review the presence, since the case files all existed, so instead we looked at the thoroughness of the recording. In place of timeliness we looked at how up to date the records were; and we also looked at the language, similar to the appropriateness scores.

Table 6: Case recording scores

	Test	Control
Thoroughness	4.4	4.1
Completeness	4.3	3.6
Updating	4.9	4.7
Language	4.4	4.4

Additional comments

The approach to openness in adoption and Staying in touch plans has changed rapidly in the last 18 months. It would be easy to criticise some of these plans under current ways of thinking, where there is now a higher expectation of making direct contact work and, for example, including grandparents and wider family in the plans.

The plans reviewed in this sample were written when letterbox exchange was a much more accepted plan and so they have been evaluated under the accepted thinking of the time (albeit only two years ago). There was already evidence of the newer approaches in some, particularly where there were complex family scenarios with multiple children across different placement types. There were also clear examples of situations where on-going direct contact would not have been appropriate at the time of placement, but long term review may find differently, i.e. 10 years from time the plan was written.

Strand 3: Stakeholder views

Interviews with professionals

Between 29 November 2023 and 16 February 2024, two researchers, Hannah Lawrence and Daniel Stern, interviewed nine social care professionals across three regions in England. The three regions were:

1. North West England: the RAA Adoption Now which covers six areas in Greater Manchester and Lancashire – Blackburn with Darwen, Bolton, Bury, Rochdale, Tameside and Oldham
2. South West England: the RAA Aspire which covers the regions of Bournemouth, Christchurch and Poole, and Dorset
3. The south west peninsular of England: the RAA Adopt South West which covers the regions of Devon, Plymouth, Somerset and Torbay

RAAs 1 and 2 (Adoption Now and Aspire) take on case holding responsibility for a child at the point of PO. RAA 3 (Adopt South West) does not take on the case holding responsibility of the child – this remains with the child’s local authority.

We purposively aimed to speak with agencies that do and do not transfer case holding responsibility to understand differences in approach, experience and practice.

Table 2: Sample frame for interview with professionals

Region	Sample size	Participants	Case holding responsibility
Adoption Now (North West England)	5	2 x RAA family finding social workers 3 x local authority team managers Covering 4 different LAs	The RAA takes case holding responsibility from Placement Order
Aspire (South West England)	1	1 x local authority social worker Covering 1 LA	The RAA takes case holding responsibility from Placement Order
Adopt South West (South West peninsular of England)	3	1 x RAA family finding social worker 2 x local authority team managers Covering 2 LAs	Case holding responsibility remains with the local authority
Total	9		

All interviews with professionals took place on MS Teams and were one-to-one. The interviews ranged from 17 to 57 minutes in length, with an average time of 40 minutes.

We used convenience sampling: we were provided with the names of 12 professionals across the three regions, who were all contacted, and three did not take up the offer of an interview. We provided an information sheet and a consent form to all professionals ahead of their interviews. All professionals who took part in interviews gave consent either in writing before or verbally at the interview.

Main findings

All professionals we interviewed were positive about the benefits of transferring case holding responsibility to the RAA at the point of a child’s PO. Professionals who were part of RAAs or local authorities that did not use this type of case holding approach could still identify the potential benefits of this way of working.

All participants were part of local authorities or RAAs that had always used their current case holding approach so they had little experience of managing cases in a different way. Some participants were also unaware that case management was done differently in other areas. For one participant, this research introduced the concept that case responsibility could be transferred to a RAA.

What does the transfer of case holding responsibility look like in each RAA?

Where cases were transferred to the RAA (test LAs), all cases were transferred at the point of PO. RAA workers also tracked cases pre-PO, typically from when the Agency Decision Maker had decided the child should be placed for adoption.

How has case holding been implemented?

All professionals talked about the current method of case holding being the way it had always been in their region. Therefore, they were less able to comment on how it had been implemented as a new or different way of working. However, in the test LAs both RAA professionals and LA professionals (who transfer cases) talked about the model being an embedded part of practice. Interviewees in these regions described how the RAA and local authority teams co-worked alongside each other. Staff from the RAAs were integrated into key care planning meetings for the child.

“the adoption managers, they’re involved in all the internal meetings ... so they’re involved all the way down the line really ... I think the managers that are in place [in the RAA] that work with us, work with us really well.”

Professional 4 [local authority, transferring to the RAA]

Professionals from LAs described the transfer of the case at PO as a smooth process. Part of the reason for this was that the RAA team had already been working alongside the local authority team and had gotten to know each case and child well.

“...as soon as you get your Placement Order when the proceedings are finalised, it’s just a case of making sure the file’s updated and then we send a transfer across to the managers in [the RAA] and they pick it up pretty quickly.”

Professional 4 [local authority, transferring to the RAA]

What are the differences and similarities between sites?

In all regions where RAAs had case responsibility the child's case was transferred at the point of PO. There were variations across the sites (and within regions) about who took responsibility for writing key statutory documents, specifically the child permanence report, life story books and later life letters. In one region we spoke with representatives from three different local authorities that transferred cases at PO to the RAA. One of these local authorities took responsibility for writing the child permanence report. For the other two this was the responsibility of the RAA. For life story work, two of the local authorities completed life story books for the child (although for one this was delegated to contact centre workers) and transferred these with the case, and for one local authority this was delegated to the RAA. One local authority delegated the responsibility of later life letters to the RAA and two completed them in-house. This is described in Table 3 below:

Table 3: Division of responsibilities in one region where case holding is transferred to the RAA

	Responsibility for Child Permanence Report	Responsibility for life storybook	Responsibility for later life letter
Local authority 1 (Oldham)	No – transferred to RAA	Yes - but delegated to contact centre	Yes
Local authority 2 (Blackburn)	Yes	Yes	Yes
Local authority 3 (Tameside)	No – transferred to RAA	No – transferred to RAA	No – transferred to RAA

What are the perceived benefits of the transfer of case holding responsibility?

As mentioned, professionals mostly talked about the benefits of case holding, and even if they did not use the transfer of case holding model they could recognise many potential benefits of this method of working. We developed three themes to describe the main benefits of the transfer of case holding responsibility to the RAA. These were:

1. A smooth and efficient process
2. Higher quality work with access to more specialist knowledge
3. A more child-centred approach

A smooth and efficient process

Professionals who were involved in the transfer of case holding to the RAA believed that the process was smooth and created a more efficient process. Professionals interviewed who did not currently use this model of case responsibility transfer also acknowledged this as a possible benefit. One reason for this was that if the family finding social worker was also the child's social worker (meaning they held case responsibility), this meant that there was just one person in control of pushing forward with the adoption.

It also meant that they did not need to go back and forth with the LA's social workers (although did do so if necessary), could focus on proactively family finding, and ultimately felt more in control of care planning decision making. In addition, the practical ease of having one case management system and "all info in the same place and not needing to exchange information" (Professional 1 [RAA worker with case holding responsibility]) was believed to make it easier to progress the adoption. These elements of their role happened while directly supporting and getting to know the child. This allowed for them to family find more effectively because they knew the child better due to the direct work they were doing with the child, which would not be the case if they were not case holding.

"I think it really enables you to build a relationship with that child and be able, especially for the older children, ... to kind of do a really good piece of work with them in terms of moving them on and you becoming kind of like their key person."
Professional 2 [RAA worker with case holding responsibility]

Interviewees talked about the high rates of staff turnover in LA children in care teams. As a result, this meant that by comparison the RAA (with relatively lower turnover) could provide more stability for the child when supporting them on the journey to adoption compared with a local team.

One participant noted, however, that if the children in care team was more stable (in terms of lower turnover) than the non-case holding model could work effectively:

"I think that if you had social work as a really healthy and stable workforce up and down the country, I think it [not transferring the case to the RAA] would work really, really well."
Professional 2 [RAA worker with case holding responsibility]

Higher quality work with more access to more specialist knowledge

Interviewees talked about the transfer of case holding responsibility resulting in adoption work that was higher quality. There were two main reasons for this:

1. The RAA teams had better knowledge and experience of adoption
2. The RAA teams could prioritise the case.

Members of staff from LA teams (who both did and did not case hold) acknowledged how adoption was specialist and members of their team (and themselves in some cases) did not necessarily have the right level of skills and experience to effectively progress adoption for the child. Professionals in the LAs appreciated the advice and support that they received from RAA colleagues both in regions that did and did not case hold. Members of the RAAs talked about this too. They felt that because they had a better understanding of the importance of some key pieces of adoption work, such as life story books, and they were able to produce work that was better quality, more up-to-date and more appropriate for the child and adoptive family.

“they've [the child] just got that one stable person to manage kind of from the adoption point all the way through that has that adoption expertise ... and knows what to do with those reports and the paperwork and the life story to get it to a good standard.”

Professional 2 [RAA worker with case holding responsibility]

In terms of prioritisation, many interviewees had experienced or acknowledged that within LA teams, children who had a PO for adoption were often deprioritised due to other immediate and higher risk safeguarding cases. Statutory responsibilities and court attendances were also discussed as reasons for why adoption cases became less urgent to move forward with.

“I think if ... the case continued to be held by [the local authority] and by the child social worker, then things would get missed. I think because we've got so many other things that we're dealing with.”

Professional 3 [local authority staff, transferring to the RAA]

Consequently, the LA social workers we spoke with (who did transfer cases to the RAA) were appreciative of the transfer of case holding model. It meant they were freed up to focus on safeguarding and higher risk cases. Handing the responsibility of writing the child permanence report to the RAA team was particularly welcomed by one local authority team manager:

“the CPR itself ... it's quite detailed piece of work, and when you're doing other pieces of work ... in terms of evidence, parenting assessments, needs assessments and potential connected carer assessments, to have that extra piece of work as well it feels a lot. So here at [LA name] to not have that feels like we're really, really lucky.”

Professional 8 [local authority staff, transferring to the RAA]

A more child-centred approach

Participants from RAAs that case held or local authorities that transferred cases felt that case holding in the RAA led to a more child-centred approach, with benefits for adopters too. This was because the RAA worker could focus solely on getting to know the child and family finding rather than other statutory responsibilities. It was also perceived that the adopter and child would have a better experience because they had one consistent key person (in the RAA) throughout the adoption process. One participant said:

“... it's less complicated because they [the child / adoptive parents] have one social worker to manage or to deal with, whereas in the non-case holding [areas] they have two, they have a [child's] social worker and a family finder and then they also have their [own] social worker. So in essence, sometimes you've got three social workers in your home, whereas if you've got a case holding authority, you only have two.”

Professional 2 [RAA worker with case holding responsibility]

Local authority social workers also commented that their involvement with the birth parents and the birth family took up a lot of their time, which would stop them from being able to focus on the child's adoption.

Lastly, RAA workers who case held also talked about the direct work with children as a result of case holding, leading to higher job satisfaction:

“I don't think I'd have wanted to do the job if I didn't have case holding responsibility ... my interests maybe lie more within the care planning side of things and I wouldn't want to do just the family finding role.”

Professional 1 [RAA worker with case hold responsibility]

In the same way, a participant from a RAA who did not have case holding responsibility talked about how the team's role became paperwork-focused and lacking direct work with children:

“...we're [the RAA family finding team] a lot more removed and there is that responsibility on the local authority to undertake that preparation, work, advice and support ... we've definitely over the years we've lost staff because they feel that that [direct work with the child] has been removed.”

Professional 6 [RAA worker, no case holding responsibility]

What are the perceived drawbacks of the transfer of case holding responsibility?

Participants were less able to identify the disadvantages of transferring case holding responsibility to the RAA. The main drawbacks identified were:

- 1.Reduced engagement with birth parents
- 2.Transfer of case holding resulting in less consistency and a loss of knowledge in the local authority
- 3.De-skilling local authority social work teams
- 4.Changing from non-case holding to case holding is a big and complex change for local authority and RAA children's social care staff

Reduced engagement with birth parents

Some professionals felt that the transfer of case holding to the RAA meant that birth parents could be side-lined because of the inevitable focus on adopters. This was coupled with the RAA worker not having an established relationship with the birth parent/family in the same way the local authority social worker would. When the case transfers to the RAA social workers talked about their work with the birth family stopping completely. In some cases this led to:

“...the [birth] parents feel that they've sort of been forgotten because all through proceedings I've been giving them quite a lot of support and sort of telling them what's going on ...”

Professional 3 [local authority staff, transferring to the RAA]

This participant also talked about how RAA workers may not have the capacity to facilitate direct contact with the birth parent and as a result letterbox contact would be put into place which is “quite old fashioned now” [Professional 3].

Transferring case holding leads to inconsistency and loss of knowledge

Although many participants talked about the consistency that case transferring provided, some believed that the non-case holding approach provided more consistency for the child when they did not change social worker at the point of PO. However, these interviewees also acknowledged that if the child's case did stay in the responsibility of the local authority social worker that in reality "people don't stay in their roles that long" [Professional 3] as the rate of staff turnover in local authorities was perceived to be higher. Due to this, it was believed that the child would be likely to experience an inconsistency of support anyway:

"... a 5 year old, I had a very good relationship with her. Then we got the Placement Order and it was transferred over to [the RAA] ... she struggled with passing over to a new social worker, that she didn't have me anymore ... that was quite difficult."
Professional 3 [local authority staff, transferring to the RAA]

Furthermore, there was an acknowledgement by some participants that when the case is transferred to the RAA then there is a loss of knowledge which has been built up over time by the child social worker who has worked with the child and family over some time:

"... you lose all that wealth of information of the history by changing social workers." Professional 2 [RAA worker with case holding responsibility]

De-skilling local authority teams and increased pressure on RAA teams

The transferring of case holding to the RAA meant that local authority social workers could delegate adoption work to the RAA. Local authority social workers were therefore less exposed to adoption work.

This delegation was welcomed by local authority teams overall but it did mean that local authority social workers had less opportunity to learn the skills and knowledge relating to adoption social work and processes. For instance, one local authority team manager talked about new members of the local authority team not having heard of a child permanence report.

"... because you're not as involved and you're not doing that work and you're doing it alongside a team, I think workers become quite complacent in terms of, "Well, I don't need to know that. I've got somebody to ask."
Professional 4 [local authority staff, transferring to the RAA]

We spoke with one RAA worker whose team did not case hold. For this professional they had apprehension about the increased workload, responsibility and pressure on the RAA family finding team in their region. They also said that their team would be reticent to take on case holding responsibility because of the added statutory and court work, which would have a detrimental effect on the RAA team's ability to focus on family finding:

"at the moment the family finders do have that dedicated time to sit to do good searching. They're really creative in terms of how they're doing the searching."
Professional 6 [RAA worker, no case holding responsibility]

However, there were no reports from the case holding RAA workers to indicate that they had less time to family find or impact on their creativity to do this. Case holding was only reported as a positive and supportive factor to family finding, as they felt they got to know the child better and feel better informed to find the right adoptive family. This interviewee, from a non-case holding RAA, also talked about the transfer of case holding

potentially creating unclear lines with their work with the birth parents. In their view, they felt the RAA workers were not the bearers of the bad news that the child needed to be removed to adoption. This meant they felt they could have a fresh start when working with the birth parents as someone new in their lives. They anticipated this could cause some tension between the local authority social worker and the birth parent:

"... I think for us [in the RAA] we provide birth parents support, so we do a lot of work with birth families ... I think there is some nervousness in terms of their actually if we're the ones in court saying actually we support that the child isn't returning to the birth family, is there going to be a conflict around that?"
Professional 6 [RAA worker, no case holding responsibility]

Some local authority professionals noted how the transfer of case holding the RAA meant that social workers experienced less of the positive part of their role, which was a downside to the model for them:

"... we lose all that [seeing the child through to adoption] ... as soon as the care proceedings end, we lose it."
Professional 4 [local authority staff, transferring to the RAA]

Changing from non-case holding to case holding is a big and complex change

Professionals from children's social care that we spoke to who did not use the RAA case holding model anticipated apprehension among their team about change, if RAA case holding were to be implemented. Although these professionals and their team members could identify and see the potential benefits of case holding in this way, they were nervous about such a big change and the implications on their job roles and capacity levels.

If the change to case holding in the RAA is made then it should be treated as a significant change process for the local authority teams and the RAA teams.



Interviews with adoptive parents

Between 27 November 2023 and 30 February 2024, we interviewed nine adopters from three RAAs in England. Two of the RAAs were case holding, Adoption Now and Aspire, and the other, Adopt South West, was not. The interviews were around 60 minutes in length. Two of the interviews were with adopters whose RAAs were not involved in early case holding. The research was advertised to adopters by the RAAs.

Table 4: Adopter RAA, local authority, and whether case holding or not

	RAA	Local authority	Test or Control
Adopter 1	Adoption Now	Bury	Test
Adopter 2	Adoption Now	Tameside	Test
Adopter 3	Adoption Now	Blackburn	Test
Adopter 4	Adoption Now	Oldham	Test
Adopter 5	Adoption Now	Blackburn	Test
Adopter 6	Adopt South West	Somerset	Control
Adopter 7	Adopt South West	Somerset	Control
Adopter 8	Aspire	BCP	Test
Adopter 9	Aspire	Dorset	Test

Adoption Now and Adopt South West adopters contacted the research team to express their interest in participating in an interview, and were selected to provide a range according to when their child(ren) moved in them, when they received their Adoption Order (or not), and local authority. The details of adopters willing to be interviewed were provided by Aspire, and interviewees were selected those who were willing and able to be.

Main findings

Overall we did not find major differences between the experiences of adopters in the Test group versus those in the control group.

Many of the adopters found the rapport and trust they formed with their adoption social workers, and the support they received from them, as crucial in seeing through the whole adoption process. None of the adopters had difficulties in the preparation and assessment phase, and this was largely attributed to the preparation from their adoption social workers. The behaviour of foster carers played a big role in either helping the adopters or providing a challenge.

Not all adopters had received life story books for their children and there was often room for improvement identified in their composition, content and accuracy. All adopters saw life story books as important and intended to use them. There was a desire for more support in the use of life story books and or a refresher in training to use them. Life story books, later life letters and the ability of children to access their records were seen by most adopters as important resources for their children, and by some, a useful source of information alongside themselves that would not leave a void to be filled by alternative information via the internet and social media. All adopters were confident in accessing post-adoption support.

Preparation and assessment

All the adoptive parents we interviewed felt their social worker prepared them well and got them through the assessment. The adopters from the test group mentioned feeling understood by their social workers and that they would advocate for them. They also felt prepared for each stage, kept informed and were drip-fed information, which helped them not become overwhelmed. One adopter (Adopter 9) mentioned that it was obvious their RAA was overstretched at the time, and they appreciated the clarity and transparency when they were told that they needed to wait for a social worker to have capacity to take them on.

The adopters from the control group both mentioned the value they gained from speaking to professionals and social workers other than their own. Many of the adopters highly praised their adoption social workers, mentioning how they led them through the process and were hyper-available, with multiple accounts of questions being answered outside of working hours and almost immediately.

The adopters identified areas where they could/should be more supported in the preparation and assessment. Two adopters (one test, one control), who experienced fostering to adopt, did not feel that the training brought home the reality of the emotional rollercoaster and challenge of the possibilities of the child(ren) entering their care, or not, or entering their care and potentially being removed from their care at a moment's notice and/or not resulting in adoption. Adopter 9 recognised the desire not to put people off, but would have preferred to be more prepared for the challenges they were likely to face. One adopter suggested that adopters should receive counselling before an assessment because of its intrusive and high-stakes nature, and another suggested that there could be something in the training about post-adoption depression.

Matching

Overall, adopters had a range of experiences in matching. Within the case holding RAAs, there was only one adopter who was aware that their children's social worker and family finding social worker was combined, and they did not identify any differences.

A couple of the adopters had found the profiles of their children via Link Maker. None of the adopters were enthused about Link Maker – being uneasy about 'shopping for children' and seeing children who were in a difficult situation and in need of a home – but they accepted it. One adopter was very disillusioned with Link Maker until they saw the profiles of the children they were interested in adopting. Another adopter did not feel that their RAA was being active enough.

Many adopters had had a few failed linking attempts to children before they were successfully matched. For many adopters, it was the social workers that were key to matching. This was either their adoption social worker putting profiles of children in front of them or the children's social worker finding the adopters' profiles and contacting them about their children. A few of the adopters spoke of the role their adoption social workers played in this, how well they knew them and understood what they were looking for and able to handle.

The timescales varied in the adopters' matching irrespective of the RAA, case holding and not. For Adopter 1's first child, the PO was contested, whereas for their second, there were two months between PO and the child moving in. For Adopter 2 and 4, delays occurred via a high turnover of the child's and the fostering social workers, leading to court dates to be rearranged.

Adopter 3 did not want to be linked with multiple children simultaneously, so accepted that this meant this part of the process would take longer, but they had a meeting about their child on the same day as their approval panel and things moved quickly from there. Adopter 8 was contacted about a mother relinquishing a baby one week before birth, and had an early permanence placement. This adopter thought that the RAA supported the birth mother well. The RAA supported the adopter to meet the birth mother, and the training they had received had convinced them of the importance of meeting the birth family.

One adopter said they were made aware that there were no matches in their local authority, and so could draw from a wider regional pool, and reported that other adopters they knew were not aware of this possibility and experienced much slower matching.

Introductions, foster carers and transitions

Some of the adopters had 'bump-intos' (an arranged meeting, 'happening' to be in the same place as the child to informally meet them). One adopter had a 'blind bump-into' (the adopters were in the same place as the child, but did not interact, and the child was not aware of their presence). This was impacted by Covid19 and there was no discernible difference between test and control group adopters, nor their experience of and support with them.

There was mix of timescales in introductions. For Adopter 6, it was very quick – the child's social worker got in touch with them and two weeks later they did a bump-into, and then started introductions. For Adopter 7, they found the discussions and organising of introductions bureaucratic and meetings lacking in agendas; but once decisions had been made, things moved quickly. Adopter 7 made the suggestion that a mid-way call could have been sooner, because things were going well and then the child could have moved in sooner.

Of those in the test group, Adopter 3 also seemed to experience bureaucratic delays as social worker struggled to reconcile their schedules for a month. Idiosyncratically, they then experienced a longer delay as the process was belatedly suspended due to the birth family's application to revoke the Placement Order. The local authority then fast-tracked introductions when they were finally able to proceed. For Adopter 2, their bump-into occurred in October 2022, they met foster carers in November 2022, were formally matched in February 2023, and met child 'really' in March 2023 – "it did seem like a long process". For the adopter who adopted a relinquished baby via early permanence, introduction to the birth mother and the child moving in with them occurred within a week.

The children's foster carers had a big impact for adopters, sometimes providing difficulty and sometimes being a huge help, even resulting in friendships for the adopters. For Adopters 1 and 2, the issue was with the foster carers not relinquishing parental responsibility, which was exacerbated by being in the foster carer's home for one adopter.

Meeting the child in the foster carer's space was also a challenge for Adopter 4 with their first child, as it made them feel like it was someone else's child. Learning the child's routines and what they liked was identified as key learning for the adopters to obtain from the foster carers by a few adopters. For Adopter 7, this was brought home as the foster carer of their first child was very attached to the child, struggled to let things progress, engage with the adopters, and didn't teach them the child's routines. They attributed the child having a traumatic early period with them as they were not able to build upon the foster carer's parenting. For their second child, however, the foster carer was very supportive and took them through everything. Adopters 4, 6 and 7 spoke of having good relationships with their second child's foster carer.

Adopter 9 found their child's foster carer to be experienced and helpful at every turn, continuing into introductions. Adopter 6's foster carer invited them to dinner outside of normal procedures, and they think this helped the child get to know them. They feel the foster carer should be listened to "because they know way more than the social workers" – the child's social worker did not know the child and had not met the child. Adopter 7 suggested that adopters should meet foster carers before the bump-into.

Adopters generally reported that the support they received from the RAAs and their social workers during introductions was good.

Early days of the placement

The early days of the placement were a challenging time for most adopters, but the majority felt well supported, with their adoption social workers always available on the end of the phone, checking-in on them rather than up, and coordinating visits between them so the adopters were not overwhelmed. Adopter 4 reported seeing the children's social worker as for the children's welfare and their social worker for their own, and that they helped them access financial assistance – they felt that they 'had their back'. For Adopter 8, the weekly visits helped separate the stress of adoption from the stress of being a new parent.

"I felt like again someone had my back" Adopter 4

"the support was excellent" Adopter 1

The adopters in the Control group (6 and 7) had different experiences of contact with birth family. Adopter 7 met with the birth mother, which they wanted and felt was important. Adopter 6, however, reported that they did not feel like they were properly told what the contact arrangements for the birth parents were, nor given any notice for when it was happening. They did not feel adequately supported in maintaining their anonymity from the birth parents, and described a situation of the child being distressed at the contact centre.

Adopter 6 suggested that the contact centres should be given more authority, so that what they say about how contact is going is properly listened to and that the child's social worker should be more involved in the contact sessions to see how it affects the child.

Life story books and later life letters

Some of the adopters had received life storybooks for their children, some had not. Those who had received life story books, or had seen drafts, reported mixed quality. Adopter 4 said they had seen drafts and "they look good, they look great", and Adopter 6 said theirs was nicely put together. Adopter 8 was pleased with the speed with which the RAA got the life story book to them and that they managed to get information from the birth parents. Conversely, information was missing with birth parents not forthcoming for Adopter 6, however, the child's foster carer had put together a good photo album.

Along with delays in receiving the life story book and missing information, some of the adopters also said that the information that was included was inaccurate and amendments were needed. Adopter 7 also noted that the life story book is written for children and is static: it does not grow with them. They also feel "it doesn't show any kind of linear journey" answering questions of why they were taken into care.

All of the adopters but one said they had received some training on life story books, with some reporting they had received one of two parts and that training received so far was “basic” and/or a long time ago. Adopter 4 expected to receive more training on how to use it, while Adopter 3 had asked for the second part of the training and would like to refresh their learning. The control group adopters highlighted that the training was not specific to their children. Adopter 7 described how they had the opportunity to speak to a social worker about it, however they were not a life story work expert nor possessed the expertise for the needs of their child. They suggested wider training needs to be created and made available for adopters.

All the adopters planned to (further) use the life story book with their children. Some planned to use them immediately upon receipt, while others were holding off for now because their child was young (a baby) or currently unsettled, or their child did not want to look at it presently. The adopters thought it would be useful in helping to explain things to the child and answer their questions when they have them. One adopter thought that it would be dangerous not to have it, as that would create space that could be filled with incorrect information via social media.

Having an official source of information, or voice other than the adopters’, was identified as useful by a few of the adopters in relation to the later life letters. They thought it would be helpful to “have something from the local authority that says this is what’s happened” (Adopter 3), or a letter from the social worker reinforcing what they’re saying (Adopter 6), and good to have an outside voice (Adopter 8).

“someone else explaining the situation, because obviously, sometimes parents and children don’t always have the best relationships”
Adopter 8

Only some of the adopters had received their later life letters and there were mixed views on how useful they would be. Adopter 7, whose life story book and later life letter for their first child took a lot of chasing, had received neither for their second child, and thought it was difficult to get people do things once the adoption had happened.

For Adopter 6, while noting its usefulness as providing an outside voice, thought it was very generic and it was left up to the parents to explain everything to their child. Adopter 7 went further and did not feel like their later life letter provided any information they themselves did not already have and would provide to their child – “it’s just a piece of paper regurgitating facts from the CPR that we already have”. However, Adopter 3 thought that the later life letter would be useful because things can be forgotten with time, and found theirs to be well put together, structured, and going through everything. Similarly, Adopter 8 thought it provided another piece of the puzzle, and another tool to explain the situation; and for Adopter 1 it was part of the process in helping the children deal with trauma.

It was the training that Adopter 1 received that brought home the usefulness of life story books and later life letters. Support on later life letters was mixed. Some adopters did not feel they needed it, while one adopter said they did not feel supported using the later life letter – “it was just something we got given”. Adopter 4 said they had discussed with their social worker what age it might be appropriate to use it.

None of the adopters expressed any issues about how their children might access records and data when they are older and wanted to.

Post adoption support

One only adopter interviewed had a post-adoption-support (PAS) plan or were aware of one. This adopter said the plan was created when the introductions were happening. All of the adopters knew how to access support, even if some had not needed to yet. Those who had accessed support were impressed. Two adopters mentioned regular home visits from supportive workers who were readily available. The general experience was of support being there when it was needed, and being both easy to obtain, and impressing the adopters with the speed it was put in place. However, two adopters mentioned seeking extra support for their children and being told that they would have to wait due to the children not having been with them long enough. For one of the adopters in the control group their social worker had ‘called in a favour’ to provide a work-around, while two others were left feeling dismissed as ‘just new parents’.

Limitations of this work

There are methodological limitations to this piece of qualitative research which explored professionals and adoptive parents’ views on the transfer of case holding responsibility to RAAs. While quantitative research requires random sampling, qualitative studies aim to achieve depth of understanding from people who can provide detailed information of the phenomena of study (Abrams, 2010). We therefore did not intend for this study’s sample to be representative and no generalisations from the findings have been or can be made.

This study used convenience sampling. This means that the RAA provided the names of potential interviewees to the study team. Professionals and adoptive parents may have been the people who were committed to the transferring of case holding, or respectively, had positive experiences of adoption through the RAA.

Furthermore there was a limited sample from Aspire Adoption due to low take up of interviews in this region. In future research, it would be beneficial to have more (and a more even) representation across the different regions.

Steps could be taken to reach adoptive parents who are less represented in research and to diversify the sample to hear about a wider range of experiences. For instance, while we heard from cis-gendered heterosexual adopters and gay male adopters, we did not appear to hear from adopters from different ethnic backgrounds, with the voice of Black and global majority adopters absent (although these groups are less prevalent in adoption generally).

Adoptive parents were not able to reflect on the differences between case holding and non-case holding as they had not experienced anything different.

The research did not include children. Future research should include the voice of the adopted child (or adult who was adopted as a child) to understand more about their experiences of the adoption process. This would be particularly helpful to understand the child’s experience of consistency of support when transferring from the local authority social worker to the RAA worker.

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Appendix A: Case holding research project: Quality audit checklist

Cover sheet

This quality audit checklist has been designed for the case holding research project led by Coram. It was designed by Jane Poore, Emily Blackshaw and Hannah Lawrence to assess the quality of five different parts of the child's adoption case file.

RAA name		Name of auditor	
LA name		Date(s) of audit	
Child identifier		Location of audit	

Aspects of the case reviewed in this document:

- 1. Life story work
 - a. Life story book
 - b. Later life letter
- 2. Adoption support and contact plans
- 3. Child permanence report (CPR)
- 4. Case recording
- 5. Adoption placement report (APR)

1. Life story work

1a. Life story book							
	Scoring category	Very poor (1)	Poor (2)	OK (3)	Good (4)	Excellent (5)	Notes about score
1a. i	Accuracy of information <i>For example, accuracy of name of child's siblings and birth family, dates of key events</i>						
1a. ii	Timeliness <i>Was it provided within 10 days of the Adoption Order?</i>	No (1)		Yes (5)			
1a. iii	Completeness of information <i>Does the life story book feel complete? Are there any gaps in information?</i>						
1a. iv	Appropriateness <i>This includes the use of language, presentation of the book, inclusion of different voices in the child's life, use of objects/photographs to support the LSB, is it age appropriate? Can it be updated? Is there a backup copy for the family?</i>						
General notes from reviewer:							

1b. Later life letter							
	Scoring category	Very poor (1)	Poor (2)	OK (3)	Good (4)	Excellent (5)	Notes about score
1a. i	Accuracy of information <i>For example, accuracy of name of child's siblings and birth family, dates of key events</i>						
1a. ii	Timeliness <i>Was it provided within 10 days of the Adoption Order (with the LSB)?</i>	No (1)		Yes (5)			
1a. iii	Completeness of information <i>Does the letter seem complete? Are there any gaps in information?</i>						
1a. iv	Appropriateness <i>This includes the use of language, presentation of the letter, inclusion of different voices in the child's life, is it age appropriate (for <u>an</u> c.18 year old)? Is there a backup copy for the family?</i>						
General notes from the reviewer:							

2. Adoption support and contact plans

Adoption support and contact plans							
	Scoring category	Very poor (1)	Poor (2)	OK (3)	Good (4)	Excellent (5)	Notes about the score
2.i	Accuracy of information <i>For example, accuracy of family names like child's siblings and birth family, dates of key events</i>						
2.ii	Timeliness <i>Were the plans given to the adoptive family early enough?</i>						
2.iii	Function of the plans <i>How feasible are the plans? Will it work in the real world? Who will monitor arrangements? How will it be supported?</i>						
2.iv	Completeness <i>Do the plans seem complete? Are there any gaps in information?</i>						
General notes from the reviewer:							

3. Child permanence report

3. Child permanence report (CPR)							
	Scoring category	Very poor	Poor	OK	Good	Excellent	Notes
3.i	Accuracy of information <i>For example, accuracy of family names like child's siblings and birth family, dates of key events in the child's life</i>						
3.ii	Contemporariness <i>Is it up-to-date? Is the report a live and working document that is being updated as the child, family and proceedings progress?</i>						
3.iii	Coherence <i>Is there a coherent narrative which explains why the decisions that have been made, have been made? What were the other options considered and why were these ruled out?</i>						
3.iv	Completeness <i>Do the plans seem complete? Are there any gaps in information?</i>						
3.v	Consideration of the adopted child <i>Is the voice of the child represented? Is the use of language appropriate for the adopted child to read when they are an adult?</i>						
General notes from the reviewer:							

4. Adoption placement report

4. Adoption placement report (APR)							
	Scoring category	Very poor (1)	Poor (2)	OK (3)	Good (4)	Excellent (5)	Notes
4.i	Accuracy of information <i>For example, accuracy of family names like child's siblings and birth family, dates of key events in the child's life</i>						
4.ii	Compliance <i>The APR meets relevant regulations</i>						
4.iii	Coherence <i>Is there a coherent narrative which explains why the decisions that have been made, have been made? What were the other options considered and why were these ruled out?</i>						
4.iv	Completeness <i>Do the plans seem complete? Are there any gaps in information?</i>						
General notes from the reviewer:							

5. Case recording

5. Case recording							
	Scoring category	Very poor	Poor	OK	Good	Excellent	Notes
5.i	Thoroughness						
5.ii	Completeness <i>Do the plans seem complete? Are there any gaps in information?</i>						
5.iii	Updated regularly <i>Are the case notes suitably up-to-date? Have they been updated recently (within last month)?</i>						
5.iv	Use of language <i>Is the language used appropriate? Would it be suitable for the adopted child to read when an adopted adult? Is it sensitive to the challenges and complexities of the birth family and their needs?</i>						
General notes from the reviewer:							

6. General notes about the audit

General notes about the whole audit from the reviewer:



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