



Department  
for Education

# **Review of the Adoption Support Fund COVID-19 Scheme**

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Government  
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## Introduction

This report outlines key findings from a review of the Department for Education (DfE) funded Adoption Support Fund (ASF) COVID-19 Scheme<sup>1</sup>. The COVID-19 Scheme provided emergency funding to Regional Adoption Agencies (RAAs) and Local Authorities (LAs) to support children who had left care either through adoption or with a Special Guardianship Order (SGO), and their families, to meet needs arising from the pandemic. The COVID-19 Scheme operated between April and June 2020 with services having to be delivered by the end of December 2020. Whilst some children and families benefitting from the COVID-19 Scheme had already received or were receiving support through the core ASF, others were new to adoption or SGO-specific support.

The core ASF continued to operate as usual during this time, for child level applications within the scope of that Fund. The COVID-19 Scheme included funding for support that would be out of scope of the core ASF, such as virtual support through a helpline, virtual peer-to-peer support, paying for access to membership support services from voluntary sector organisations, or other urgent therapeutic support that was outside the scope of the core ASF, for example couples therapy or online training courses.

The findings in this report cover: the need for support during the pandemic; the impact of the COVID-19 Scheme on children and families; and the operation of and learning from the Scheme from the perspectives of RAAs, LAs and providers. The key findings are based on the analysis and triangulation of data from a range of sources including:

- DfE management data and spend confirmation returns provided by RAAs/LAs regarding the COVID-19 Scheme's operation and actual spend. This included: how much was spent or returned as 'unspent' to the core ASF; reasons for any lack of take up of the funding; the extent to which the services funded by the scheme had met the expected impact; and other supporting evidence or feedback from families about the COVID-19 Scheme.
- Interviews with RAA and LA representatives including 8 one-to-one semi-structured interviews and a focus group discussion with 14 RAA leaders. A focus group discussion with 9 provider organisations commissioned through the COVID-19 Scheme, either nationally or locally, including voluntary and private sector providers. Providers and RAAs/LAs were also able in these conversations to report on the feedback they had received direct from families through questionnaires or more anecdotally.

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<sup>1</sup> <https://coram-i.org.uk/resource/asf-covid-19-scheme-2/>

- 392 responses from a series of COVID-related questions included in the Wave II survey of adoptive parents and special guardians within the evaluation of the core ASF<sup>2</sup>. Responses were provided between August 2020 and February 2021.

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<sup>2</sup> From the survey responses it is not possible to establish whether families received support as part of the COVID-19 Scheme, but they offer some insight into the experiences of families during the relevant period.

# Findings

## 1. The need for support during the period of the pandemic

RAAs, LAs and providers all reported that there was a real need and high levels of demand for support for adoptive and SGO families during the period of the COVID-19 pandemic that is the focus of this study i.e., mainly during March – December 2020.

This review was not able to hear directly from adoptive parents or SGO carers who only received funded support through the emergency COVID-19 Scheme. However, as part of the evaluation of the core ASF, it was able to hear from parents and carers whose children were receiving core ASF support, possibly also COVID-19 Scheme support. These parents and carers frequently reported that they had struggled at some point during the pandemic, particularly when home schooling and/or juggling home schooling with home working and/or where their child had mental health issues arising or worsening during this period.

“Home schooling was an absolute nightmare. He would not tolerate the school timetable, guidance from me or school Microsoft teams calls. I liaised with school on this, insisting that we would focus only on core subjects in our own time but his ability to even do this was intermittent. My anxiety levels were pushed to breaking point”  
(Adoptive Parent)

“He did not attend, and we tried to home school. He did well for a short time, then we had a crisis with his behaviour and wellbeing. We felt unsafe continuing and asked for him to return to school. He went back full-time, and this was very necessary” (Adoptive Parent)

However, for some families (particularly those of primary-aged children), life had felt easier during the period of the first lockdown, offering an opportunity for parents / carers and children to bond and to spend time together without the pressures of school and social life.

“...we settled into a peaceful routine of plenty of play, walks, work and home learning. It was like having the pre-school time that we had never really had - she had only been with us 1 year before she started school and that time was marked by massive grieving/transition/loss etc.” (Adoptive Parent)

Adoptive parents and SGO carers involved in the survey during the pandemic reported challenges that might have affected all families to a certain extent as well as challenges

that could be said to be more specific to their needs as an adoptive or SGO family. These included: child to parent violence; isolation; child and parent emotional health and wellbeing issues, particularly anxiety; teenagers challenging COVID-19 restrictions; children making significant transitions, for example into or back to school during the period; apprenticeships and other opportunities being put on hold; lack of contact with birth family members; struggles with home schooling; lack of opportunities to get out and to socialise; financial worries; and lack of a support network or 'a break' from caring for a child with significant additional needs.

Life was often reported to have felt easier where children had continued to be 'in' school or where they had returned to school after a period of home-schooling during periods of lockdown. Of those families in the survey, 15% of the children had continued to attend school regularly during the periods of lockdown. 22% had attended on a reduced timetable; and 31% were not entitled to attend during these times. In 32% cases, the child had been entitled to attend but the parent(s) or carer(s) had decided for a range of reasons to keep them at home.

## 2. The operation of and learning from the COVID-19 Scheme from RAA, LA and provider perspectives

Up to £8m was set aside for the COVID-19 Scheme from the core ASF. The scheme approved around 450 applications from 47 RAAs and LAs totalling just over £6.5 million. £5.6 million was spent within the delivery timeframe. The unused funds were returned to the core ASF. Eleven of the 47 areas utilised their funding in full (a mix of RAAs and LAs). Others had spent almost all of it or part only, mainly because of the restricted timeframe for identifying and delivering the services.

Approved applications under the COVID-19 Scheme covered a combination of:

- **large-scale block purchases** on behalf of all adoptive and SGO families (such as subscriptions to specialist organisations such as the National Association of Therapeutic Parenting (NATP) or Grandparents Plus, often incorporating a range of resources, webinars, online peer support and helpline support).
- **smaller-scale block purchases** for groups of families (for example for online brief therapeutic interventions, training courses, psychologist consultations, or 1:1 peer support); and
- **some 1:1 intensive, mostly crisis support** for families under immediate significant pressures.

This could be described as a 'tiered approach' to providing support using the funding.

RAAs considered that block purchasing in this way had brought about tangible efficiencies in the use of public funding directed towards adoptive and SGO families and had resulted in greater innovation and collaboration between commissioners and providers.

“Block commissioning of provisions has helped us to plan more effectively. This has allowed us to provide a wider range of provisions, which have been more easily accessible to our families. This is evidenced by feedback from families... adoption and SGO support practitioners and managers, and providers. We delivered 84% of packages...and the feedback from interventions has been generally positive” (RAA/LA)

“...enabled a new partnership with the VAA sector and a pilot of brief therapies” (RAA/LA)

RAAs and LAs reported that over 23,000 families were supported during the relevant period. 63% of the support was received by adoptive and 37% by SGO families. RAA and LA commissioners had also seen this as a fresh opportunity to support families with emerging additional needs not yet receiving core ASF funded support as well as those who might be approaching or in a crisis during the pandemic. Many providers considered that the COVID-19 Scheme had opened up thinking in the sector about the value of early help (for families before they reach a crisis) and that this was a very positive thing:

“This scheme has opened the door to more appropriate support, for example peer support, advice line first, then therapy” (Provider)

RAAs and LAs considered that it had been extremely challenging at times to speedily identify what services to commission as part of the COVID-19 Scheme, develop mostly online ‘solutions’, and market or provide these services. Providers described how the COVID-19 Scheme had made a considerable impact on their business and, for some (particularly small to medium sized businesses), it had ‘taken over’ their work during mid to late 2020.

Despite these pressures, a universal reflection was that it had been ‘worth it’ in terms of very swift and flexible support provided for adoptive and SGO families, which they felt had been greatly valued.

“The scheme was very well received and enabled many families to access support without having to wait. The range of the scheme was beneficial in allowing families to access a very wide range of support, meaning they had a 'menu' of options available” (RAA/LA)

The virtual nature of the support has meant added flexibility and availability for services. Consultations and appointments have been offered within very short timescales and families have greatly appreciated this... There has been an increasing need for early support for new adoptive families. The support offered by the service has been able to respond quickly to prevent crisis and potential; breakdown in the early weeks and months of placement” (RAA/LA)

Many RAAs, LAs and providers reflected on the relatively ‘light touch’ administration of the COVID-19 Scheme, which was thought to have enabled more resources to be directed towards frontline delivery during a time of emergency.

“It’s great, it’s pragmatic, it reduces bureaucracy and families need this. Some were really struggling. It was a very welcome announcement and it’s proven to be very welcome” (Provider)

“The scheme worked well, the application form for the funding was easy to complete and the decisions were made very quickly. There were no delays, very straightforward. This in turn enabled families who were struggling especially during COVID to have access to support” (RAA/LA)

“Therapists offering 20-30% more actual therapy we estimate through not having the bureaucracy of the ASF- better value for money” (Provider)

As a result of this positive experience, RAAs and LAs reflected that it would be good to continue to provide relatively swift access for families to support in this way. Some mentioned that they would like to see a ‘top slicing’ of the core ASF for similarly block-commissioned early targeted help for adoptive and SGO families in the future.

Many RAAs and LAs also reflected that it had been easier to communicate the availability of COVID-19 Scheme support to families where they had pre-existing, regular means of communication with parents and carers, for example through a mailing list. They considered that this had been more challenging in relation to SGO carers who were thought to be at greater arms’ length from statutory support and who also might be more wary of it.

Key learning from the COVID-19 Scheme going forward from the perspective of RAAs, LAs and providers included that:

1. **There is potential value in further developing and tailoring a regional ‘core offer’** to families and to be driven less by ASF applications. Social workers have additionally found it to be ‘up-skilling’ to be involved in the core offer.

“We are trying to create universal support and more of a community, a network for them as they embark on their adoption journey. This is probably one of the biggest by-products of the COVID Fund”  
(RAA/LA)

“Before, a large part of what social workers was doing was assessing. We spend a lot of time doing direct work now. Some really reconnected and rediscovered what the impact of therapeutic social work is. At times it’s not seen as good as therapy but actually a really good social worker can do amazing work with families”  
(RAA/LA)

2. **Advance block purchasing can be more efficient and effective than spot purchasing of support.**

“We know what our core offer should look like now. We can purchase it in advance rather than waiting months” (RAA/LA)

“Some of that ability to block contract and plan efficiently, this was really helpful. It’s been difficult to do that with the (core) ASF – this different way of doing things was very welcome news. We could plan and allocate effectively” (Provider)

3. **Support directed towards adoptive parents and SGO carers rather than always direct to the child can be important to generate the right environment for children to thrive.** 1:1 peer support training, counselling, and consultation sessions for parents and carers were identified by RAAs and LAs as key elements of their targeted and holistic support offer for families. Providers also welcomed the ability to utilise the COVID-19 Fund to support parents and carers.

“We’re realising that investing in the adopters is important and the missing piece” (RAA/LA)

“We really welcomed the widening criteria. The (core) ASF focuses more on therapeutic support. But we’ve been interested in platforms for all those around a child, not fundable by ASF. We were very glad when more Tier 1 types of support could be included (in the COVID-19 Scheme)” (Provider)

4. **SGO families may need a different approach, particularly to marketing support for them.** Improved communications between LAs and RAAs are likely to help considerably with this.

“Therapy focus has (in the past) prevented SGO carers from accessing the mainstream fund. We’re learning to re-package how we speak about this” (Provider)

“It was a challenge that we’re not responsible for SGOs. There was resistance to encouraging families to use it. (The Scheme has) changed the rhetoric. Families were struggling and didn’t know what support might help. We had to ‘market’ it, but I think we’ve turned a corner. We have learned that SGO families need a different approach, they really like peer support” (RAA/LA)

5. **Some forms of support can and are likely to be more cost-effectively provided online**, for example: group work for parents and carers; peer support. However, RAAs, LAs and providers all pointed out that there needs to be some caution in assuming everyone can access online supports, as some families continue to have Wi-Fi or broader IT challenges.

“The whole online thing went a lot better than we thought. Access can be difficult for families getting to therapy after school and so on. This was much more convenient overall” (RAA/LA)

6. **Support provided relatively quickly and without fuss can be of great benefit to parents, carers, and families.**

“A big learning is that we’ve been able to cut the time frame for waiting for (therapeutic) support from 3-6 months to 3-5 days” (Provider)

“...a rapid emergency response service including an assessment element and 3 follow up calls including signposting to volunteer peer support service and virtual peer supports online. Parents found this lifesaving” (Provider)

### **3. The quality and reported impact of the COVID-19 Scheme on children and families**

RAAs, LAs and providers all considered that the ASF COVID-19 Scheme had been ‘extremely useful’ to children and families.

“The (COVID-19) Fund has worked brilliantly, it’s really helped”  
(RAA/LA)

Based on local information and intelligence from professionals and families, and reported through the spend confirmation returns, 88% LAs and RAAs described how the impact of the COVID-19 Scheme had been either ‘more’, or ‘much more’ than they had expected. 12% described the impact as being ‘less than’ or ‘much less than’ expected in relation to some of the funded support. Where the COVID-19 Scheme was considered to have had a positive impact. RAA and LA leaders described how it had been of real help to families who were either in or approaching a crisis, and also how it had also enabled significant innovations in support for families who were beginning to struggle.

Where core ASF funded support had been adapted during the period of the pandemic to work ‘through the parents or carers’, this was often valued (by the parents or carers). In a small number of cases, parents and carers had knowingly accessed COVID-19 Scheme support(s) in addition to the core funded support, and the majority were satisfied or very satisfied with how the funded support had been adapted to their family’s needs.

The 5 COVID-19 Scheme interventions most commonly reported to have had ‘more’ or ‘much more’ than expected impact in the spend confirmation returns were:

1. **Psychologist or therapist-led ‘drop in’ consultations** for parents or carers to discuss any concerns they had, including an initial surgery-style appointment, plus written or oral follow up(s) and, sometimes, a written report for ongoing reference. This area produced the most comments regarding positive impact from the funded support.

“Families have said that they understand and can respond more effectively to their child. An added value has been the simplicity and speed (of set up) which has reduced the pressure and stresses on them. The flexible approach used by the psychologist to use either phone or a virtual platform and to offer some evening consultations has added to the positive feedback” (RAA/LA)

2. **Online webinars and workshops** provided sometimes for individual adopter or SGO carer groups and sometimes for mixed groups. These interventions were often but not always linked with annual memberships and subscriptions. The subject matter varied and related to ‘normal time’ as well as pandemic-specific challenges, for example: therapeutic parenting, mindfulness, sensory attachment. For parents and carers who could not attend the webinars, there were often linked resources available for them to view or listen to in their own time and, in some cases, online communities of interest were created in the wake of the webinar(s).

“Thank you so much for all you’ve done, it’s made my transition as a SG that little bit easier and not so alone. I think the last session opened the eyes of other family members to show them how I’m being supported and not just that it’s because baby is with me” (SGO carer feedback, directly reported by LA/RAA)

“We’ve responded by providing webinars at popular times of the day – we’ve found 8pm is mostly it” (Provider)

“I watched a number of the webinar sessions which I found very useful and helped me to get things back in perspective in my own mind and gave me some insight into the difficulties my son and I were encountering. It was very useful to be able to watch the recorded sessions in my own time and when I was able to find the time, being a key worker and a Mum” (adoptive parent feedback, directly reported by LA/RAA)

“Webinars were hugely over-subscribed...popular idea of training and hearing from a professional ... they want to learn and hear from experts” (Provider)

### 3. **Therapeutic parenting courses including non-violent resistance (NVR)** adapted for online delivery.

“NVR workshops worked brilliantly. The take up was excellent and we want to provide much more going forward” (RAA/LA)

“Families have felt able to speak openly about child to parent violence. The families have noted that they have felt able to feel supported to see their child's behaviour from a different perspective” (RAA/LA)

“A (special) guardian felt this changed her approach on parenting and felt empowered by the support. Immediately after the training, there was a reduction in the volatile behaviours they experienced in the house and described how it felt more positive” (RAA/LA)

### 4. **Online brief therapeutic interventions provided 1:1.** including to support parents and carers (particularly SGO carers) to apply therapeutic parenting techniques, to support life story conversations, to engage in therapeutic play, or to deal with a crisis. These brief interventions were often newly piloted from the start of the pandemic,

essentially innovations in therapeutic support either because delivered online or because they involved the use of new materials.

“We were initially unsure as to the difference that could be made with such a brief intervention. However, reports of significant improvements in family life and behaviour exceeded expectations” (RAA/LA)

“Special guardians have had more access (this way). The scheme has been instrumental at keeping families together. Therapeutic crisis intervention was delivered to our most vulnerable children, and we are pleased that we did not have breakdowns during this period” (RAA/LA)

#### **5. 1:1 peer support (particularly for SGO carers).**

“This (1:1 peer support) has been hugely successful and has been a struggle to meet the demand, feedback is excellent and so it is something we will need to think about going forward as an ongoing need for our families with successful outcomes” (RAA/LA)

Subscriptions and memberships to organisations such as the National Association of Therapeutic Parents (NATP), Grandparents Plus, Adoption UK and others were also perceived by RAAs and LAs to have been valued by families, particularly where they included some elements listed above and for SGO carers, but it was difficult for some RAAs/LAs to market them effectively and/or to quantify their value with accuracy.

“SGO carers have benefitted from and valued having membership of Grandparents Plus during COVID as they have felt isolated and now feel there is an additional organisation who can provide advice, and support to them through this difficult period” (RAA/LA)

“...as a single adopter the (NAPT) membership was really valuable, the delivery style and accessibility really suited my needs” (Adoptive Parent, reported by RAA/LA)

Some of the providers participating in this review reported that the number of subscribers had increased considerably during the early period of the pandemic.

All these interventions were directed to and through parents and carers rather than direct to children, and some stakeholders expressed surprise at how impactful this form of indirect support for children had been. Some RAAs and LAs talked about ‘keeping going’

with some of these interventions and innovations, to incorporate them into their core offer for families.

“Consultations ...were a therapeutic space for the adult themselves to reflect on their own emotional well-being needs, the impact of caring for a traumatised child and their own trauma histories...[this] suggests that a widening of the scope to include perhaps time-limited therapeutic consultations for adults ...would be beneficial. It is evident that when a carer feels emotionally contained and can self-regulate, their capacity to co-regulate and contain a traumatised and dysregulated child will be increased” (RAA/LA)

“We would like to develop relationships with Grandparents Plus further or develop a more localised support service for SGO carers as SGO carers seem to prefer independent support” (RAA/LA)

Core ASF-funded parents and carers in their survey responses thought that it was mostly older children with a pre-existing connection with a therapist who had been able to ‘manage’ online therapy. Younger children or those who would have received a more physical therapy, such as sensory integration therapy, had been less well able to engage with online support.

Where the impact of funded support had been less than anticipated by RAAs and LAs, this was mainly in relation to: intensive 1:1 support; general helplines; and group work with young people. However, it is difficult to generalise, as some RAAs, LAs and providers did have success with these supports.

Some RAAs, LAs and providers expressed concern that the main pressures for families had ‘come later’ in the pandemic, after the delivery period for the COVID-19 Scheme ended in December 2020, and that families’ resilience was beginning to wear a little thin as the pandemic continued into 2021. Some had even seen an increase in safeguarding referrals relating to adoptive or SGO families towards the end of 2020 and beginning of 2021. Frustration was expressed by some RAA and LAs that they had not been able to change the nature of delivery after receiving feedback from parents and carers, or to respond to the changing landscape of needs over time.

## 4. Conclusion

The most common reflection about the COVID-19 Scheme from RAA, LA and provider perspectives was that it had enabled very swift, flexible, and often innovative support for adoptive and SGO families, which was greatly valued by families.

Commissioning and organising support for SGO families sometimes for the first time via RAAs was frequently described as 'challenging', although 'a good opportunity'.

Other key reflections on the COVID-19 Scheme include that:

- Online support can work well for some forms of one-to-one and group support and for some parents and carers, but not all.
- Block commissioning seems like a good way forward for organising support for families who do not need a very specialist or tailored commission.
- Greater collaboration including between RAAs and providers as well as RAAs and LAs can stimulate innovation and cost-effective solutions to the needs of families and should be encouraged.
- Agencies are recognising the value of more preventative forms of support for families, particularly that which can be delivered 'through' parents and carers.
- RAAs and LAs can also see the value in further developing or tailoring their 'core offer' for families, rather than being focused on the core ASF for families with the most complex needs.
- SGO families may need a slightly different offer and approach to that for adoptive families, including to the marketing of support for them.



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