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Developing a Virtual School Kinship Care programme: an exploratory co- production study

Surrey Virtual School

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Executive Summary

Introduction

Kinship care refers to situations where a child is raised by relatives or friends rather than their parents. In England, approximately 141,000 children live in kinship care—double the number in foster care. Evidence suggests kinship care often provides stronger relational stability and trust compared to unrelated foster care. However, challenges can persist for children in kinship care, including bullying, overcrowded living conditions, and limited engagement with social workers. Educational support is frequently inadequate, with high levels of unmet special educational needs and mental health difficulties among this group.

Kinship Care and the role of the Virtual School

In 2024, following a commitment in the National Kinship Strategy, the Department for Education (DfE) extended the strategic role of virtual schools to include children in kinship care. This role focuses on raising visibility of kinship needs, promoting attendance and engagement, and narrowing achievement and attainment gaps. Virtual schools also provide advice and information to all kinship carers with a Special Guardianship Order or Child Arrangements Order regardless of care experience or social care support. Virtual Schools across the country have a strong collective track record of improving educational outcomes of looked after, previously looked after and children with a social worker.¹² The DfE is now making these duties statutory through the Children’s Wellbeing and Schools Bill. There is currently very little research focussing on educational experiences and outcomes of children in kinship care, therefore the Surrey Virtual School and Achieving for Children Virtual Schools identified this as their starting point, to ensure an evidence-based approach to delivering new statutory duties.

Methodology

The study adopted a co-production, iterative, mixed-methods approach across three phases (Dec 2024–July 2025). The study had four aims:

¹ [Evaluation of the Extension of Virtual School Heads’ Duties to Children with a Social Worker Final Report](#)

¹

² [Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2024 - Explore education statistics - GOV.UK](#)

1. To create a theory of change for the kinship care education programme to include Virtual School activities and the short-, medium- and long-term outcomes of the programme.
2. To identify initial progress against the short- and medium-term outcomes of the programme.
3. To explore the contribution of a 'cluster group' approach with education professionals to inform the development of the kinship programme and initial progress against the TOC outcomes.
4. To enable participating Virtual Schools to draw on an initial evidence base when planning their approach to delivering against DFE duties around improving educational outcomes of children in kinship care.

Data collection included interviews with kinship carers and teachers, surveys at two time points with teachers, a cluster group focus meeting, and a Ripple Effect Mapping workshop. Ethical approval was secured from St Mary's University, ensuring anonymity and confidentiality.

Findings

The study developed a theory of change to guide the kinship care education programme. This framework identified resources, activities, and outcomes across short-, medium-, and long-term horizons. Short-term outcomes focused on understanding barriers to identifying children in kinship care and defining inclusive practices. Medium-term outcomes aimed to increase visibility, expand advice provision, and strengthen partnerships. The long-term goal is for children in kinship care to thrive and achieve in education.

- Barriers to identifying children in kinship care

Participants described some of the challenges with there being no legal basis for local authorities to identify kinship arrangements at time of admission. Because of this lack of guidance from the Department of Education, schools and local authorities lack systematic processes to record kinship care status. Admissions forms and management information systems often omit this information, leaving identification dependent on informal knowledge. Carers themselves may not recognise their role as kinship carers, further complicating accurate recording.

- Challenges for kinship carers and children

Kinship carers in the study described how carers can face emotional strain, financial hardship, and systemic pressures. Many carers can take on caregiving unexpectedly, often sacrificing employment or pensions. Family dynamics can be disrupted, creating tension among relatives. Carers also reported the difficulties there can be in accessing relevant training and support from social workers, alongside administrative hurdles such as obtaining legal documents. Carers described how children frequently experience loss, stigma, and identity challenges, compounded by educational gaps and emotionally disruptive contact arrangements.

- Inclusive practice and gaps in provision

Professionals described how effective support relies on attachment and trauma -informed approaches, flexibility in school provision, and targeted interventions. Schools that offered breakfast clubs and extracurricular activities described how it helped to help foster stability and engagement with children and their kinship carers. However, gaps in provision remain including: a lack of visibility, absence of a centralised resource given that children living in kinship care include a broad range of contexts: inconsistent mental health support for children in kinship care, and limited respite opportunities for carers.

- Kinship Care Padlet

To address the need for a central resource, the Virtual School and St Mary's University developed the Kinship Care Education Padlet. This online tool consolidates guidance and signposts kinship carers and relevant professionals to national and local guidance and support. Feedback from teachers and carers highlighted its comprehensiveness and ease of sharing. Challenges included digital literacy among some carers, which could be mitigated by printable sections and face-to-face introductions. At the time of writing, there had been 401 views of the Padlet by 198 visitors. Since the end of the pilot, the Padlet has been continued to be shared with professionals, carers and the wider community. By December 2025 this had increased to 474 views from 228 visitors; this reflects the appetite for this resource.

- Strengthened partnerships

The Virtual School raised the profile of kinship care and the educational needs of children through multiple means including presentations, flyers, and in person engagement with local support groups. Through collaboration with the national charity Kinship the knowledge and

understanding of professionals increased and kinship carers heard more about the work and specific role of the Virtual School. Attendance at a national conference further promoted the Kinship Care Padlet as an innovative resource.

- Systemic approaches to identifying children in kinship care

Participants proposed three approaches to improve systemic identification of children in kinship care:

- I. Introducing identifiers in school MIS systems
- II. Amending school intake information forms
- III. Introducing a kinship code for the national school census to identify children in kinship care and target resources.

Each approach offers advantages but requires time and coordination to implement effectively.

- Cluster group impact

Overall, the findings showed that the cluster group approach had been a promising approach in contributing towards progress against the programme outcomes. Participants valued the opportunities for networking and peer learning provided by the cluster group. It provided a forum for sharing best practices and discussing common challenges with colleagues from other settings, those with lived experience and professionals from the LA and university.

Participants reported the following outcomes:

- I. enhanced understanding of the kinship care context for the children and for carers such as, for example, a clearer grasp of informal arrangements and the unique challenges faced by kinship carers and their children
- II. increased knowledge and understanding of the needs of children in kinship care and their carers
- III. increased confidence to improve inclusive practices such as, for example, explicitly including children in kinship care in a Vulnerable Groups spreadsheet which was regularly reviewed in Designated Safeguarding Lead update meetings
- IV. prioritising equity and emotional well-being for children in kinship care with, for example, improved communication between schools and kinship carers.

Summary and recommendations

The study demonstrates that co-production and collaborative approaches can accelerate progress in supporting children in kinship care within their education. The combined findings from the various data collection methods showed that the Virtual School was making good progress against the short-term outcomes programme outcomes and four of the five medium term programme outcomes. The following recommendations are made.

National:

- Department of Education to amend admissions legal requirements to include an option to identify kinship care
- In England (and Wales), kinship care is not currently a standard category in the School Census or in the National Pupil Database. DfE to consider adding an identifier to raise the visibility of children in kinship care
- Alongside this, DfE (with expert sector support) to consider creation of guidance for parents and carers explaining the benefits of making kinship care experience known to their child's school
- Ensure that Pupil Premium Plus Conditions of Grant makes clear reference to children in kinship care and explains their eligibility (or not) for PP+ funding. Consider expanding eligibility so that there is an equitable PP+ offer for all children in kinship care.

Local Authority/ Virtual School:

- Ensure equitable support for carers, including respite and emotional wellbeing services recognising the important role they play in children's education
- Develop and maintain a high-quality central resource to offer advice and guidance around improving the educational outcomes of children in kinship care
- Continue to share learning from the pilot with schools and education settings to enable sustainable change through training and targeted support
- Continue to support schools with attachment aware trauma informed training and resources to expand inclusive practices, increasing visibility of children in kinship care
- Ensure that the Virtual School's programme of advice and guidance is integrated into the LA's Local Offer around Kinship.

Schools:

- Amend school onboarding or admissions forms to enable the identification of kinship care within the school community
- Expand inclusive practices through trauma and attachment-informed training and resources
- Ensure curriculum resources reflect and include a positive and inclusive narrative about the experiences of children in kinship care families and avoid contributing to assumptions about traditional family structures
- Careful consideration about the intersectionality of children in kinship care, and the different ways in which they (and their families) may view different aspects of their identity
- Consider the specific needs of kinship carers (many of whom are 'returners' to education) when developing parent/carer engagement activities.

1. Introduction

1.1 Kinship care in England in 2025

The government defines kinship care as “any situation in which a child is being raised in the care of a friend or family member who is not their parent.” There are several types of kinship care arrangement, and the type of arrangement can affect the support available. We do not have robust data on the number of children living in kinship care, but the most recent estimate is around 141,000 children taken from the 2021 Census.³ This equates to 1.1% of all children and double the number of children in a foster care placement (56,390) as of 31st March 2024.⁴

Existing evidence suggests that kinship care can be a more positive experience for children than compared with children in unrelated foster⁵ For example, an analysis of the views and experiences of over 1,200 children and young people in kinship foster care in 38 local authorities about their wellbeing⁶ found that relationships with kinship carers were generally very positive, and that the majority trusted their carers ‘always or most of the time’. More young people in kinship care also reported talking frequently to their carers about things that mattered to them compared with those in unrelated care (71% compared to 64%). Young people in kinship care reported more positively that the things they did in life were worthwhile than those in unrelated foster care (74% compared to 67%).

However, over a quarter of children and young people in kinship care reported feeling afraid to go to school because of bullying (this was higher than children and young people in unrelated care). Significantly more of those in kinship care (8%) disliked their bedrooms including challenges such as overcrowding. Relationships with social workers were more complicated with fewer children and young people in kinship care knowing their social worker (87% compared to 92%).

Findings from a 2024 national kinship carer survey found that many children and young people in kinship care were not getting the educational support they needed. There was a high prevalence

³ [Kinship care in England and Wales - Office for National Statistics](#)

⁴ [Statistics: England | CoramBAAF](#)

⁵ [Kinship carers in England - House of Commons Library](#)

⁶ [Coram Voice analysis finds that more children in kinship foster care rate their wellbeing as high compared with children in unrelated foster care - Coram](#)

of special educational needs (SEN) amongst the group with many reported as missing out on their needs being identified and therefore missing out on formalised support in school. More than half of kinship carers said their children had mental health difficulties. Finally, some children need additional support was an area of need to manage contact, navigate their family relationships and identity. ⁷

The most recent findings from a national survey of kinship carers showed that a significant minority (13%) were concerned about their ability to continue as a carer into the next year if their situation did not improve. The most common reason for this was difficulties managing their children's social, emotional and mental health (SEMH) needs (71%). Other common reasons reported included a lack of support from others to help provide care (47%), concerns about their age and/or health and wellbeing (47%), financial worries (46%), and challenges with family relationships and contact (43%).⁸

1.2 Kinship care and the role of the virtual school

Local authorities (LAs) are required to publish a visible, accessible and up-to-date information on support available to kinship carers and is detailed in a "kinship local offer". ⁹

In 2024, funding was provided to adapt the strategic role of the virtual school to include children in kinship care.¹⁰ The virtual school's strategic role is to:

- Raise the visibility of the distinct needs of children in different types of kinship care arrangements and the disadvantages that they can experience.
- Promote practice that supports attendance and engagement in education.
- Promote practice that improves children in kinship care's outcomes to narrow the attainment gap, so that every child has the opportunity to reach their full potential.

⁷ forgotten-report-2024.pdf

⁸ handle-with-care-report.pdf

⁹ [Kinship care: statutory guidance for local authorities](#)

¹⁰ [Promoting the education of children with a social worker and children in kinship care arrangements: virtual school head role extension - GOV.UK](#)

In addition to adapting the strategic role, as part of their non-statutory function, virtual school heads are required to expand the provision of advice and information, on request, to all kinship carers with special guardianship orders (SGOs) and child arrangement orders (CAO), regardless of whether their child was previously looked after by the local authority.

2. Methodology

2.1 Research aims and objectives

As kinship care is a new duty for all virtual schools, this exploratory study sought to investigate **how** Surrey Virtual School might approach developing their new programme for children in kinship care and their carers. This was achieved through adopting a co-production and iterative approach to programme development and review with kinship carers, education professionals in schools, LA partners, external partners and Dr Catherine Carroll from St Mary's University (SMU).¹¹ Dr Catherine Carroll acted as a learning partner and external researcher throughout the study. Surrey collaborated with Achieving for Children's Virtual School on the study, where a very similar methodology was adopted. The strength of such an approach allowed for an opportunity to learn from another virtual school context and experiences throughout the time of the project.

The study had four aims:

1. To create a theory of change for the kinship care programme to include Virtual School activities and the short-, medium- and long-term outcomes of the programme.
2. To identify initial progress against the short- and medium-term outcomes of the programme.
3. To explore the contribution of a 'cluster group' approach with education professionals to inform the development of the kinship programme and initial progress against the TOC outcomes.
4. To enable participating Virtual Schools to draw on an initial evidence base when planning their approach to delivering against DFE duties around improving educational outcomes of children in kinship care.

By reporting creating a TOC and identifying initial progress against programme outcomes, it is hoped that other virtual schools, LAs, researchers and policy makers, including the Department for Education will, for example, have a more nuanced understanding of the context and what

¹¹ Despite numerous efforts, we were unsuccessful at securing children in kinship care to the study.

actions might be needed, in the next two to three years, to ensure the successful implementation of the policy guidance at local and national levels.

2.2 Data collection

A co-production, iterative, mixed methods approach was adopted to carry out the exploratory study. There were three main phases of data collection, December 2024/January 2025 (Phase 1), February to May 2025 (Phase 2) and July 2025 (Phase 3). The data collected at each phase were analysed to inform the development of the programme activities and refine the TOC outcomes. Tables 1 and 2 present a summary of the participants, the data collected, how and when the data were collected.

Table 1: Participants and data collection

Participants	Description and data collected	Data collection method
Virtual School and SMU (N=4)	This team met regularly over the period of the study to create and develop the TOC, review findings from the different data collection phases and develop the resources.	Programme development sessions (N=4)
Kinship Carers (N=3)	Experiences and perspectives on (1) what was working well in school for their child and for them as a kinship carer (2) what was working not so well (3) how might their child be better supported with their education and (4) how might they be better supported as a kinship carer.	Mix of face to face and online interviews (20 – 40 mins)
Teachers (N= 3)	Experiences and perspectives on (1) strengths of current provision for children in kinship care and their carers (2) how the provision might be developed and (3) what support/activities from the Virtual School might be helpful to support children and carers	Mix of face to face or/online interviews (20 – 40 mins)
Teachers (8 at Time 1 and 4 at Time 2)	Views on (1) increased levels of knowledge and understanding of kinship care (2) development of kinship inclusive provision in their settings (3) contribution of the cluster group to improving inclusive practice for children and kinship carers and (4) next steps for the cluster groups	Online survey at two time points - at the start and the end of the academic year
Teachers, Virtual School	Contribution of the cluster group and FCP to improving inclusive practice for children and carers.	Online cluster focus group meeting

and SMU (N=5)	Next steps for the cluster groups	
Virtual School team and SMU (N=4)		Ripple Effect Mapping workshop ¹² face to face 1.5 hours
	User rates on accessing the Kinship Care Padlet	Website data analytics

Table 2: Data collection timetable

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Programme development sessions												
Teacher online survey												
Teacher interviews												
Kinship Carer interviews												
Cluster focus group												
Ripple Effect Mapping workshop												
Website data analytics												

2.3 Ethical approval

The ethics submission for the exploratory study was approved by the St Mary's University Research Committee. Participants were informed and assured at all time points, that all data would be collected by Dr Catherine Carroll (who was independent to the LA) and only she would have access to the raw data. In this way, no responses could be linked to an individual. Each interviewee was assigned a Pseudo ID known and the survey was completed anonymously.

¹² A REM is a participatory and qualitative data collection method that requires the active input of those involved in implementing complex programmes, system changes and often across multiple settings. It produces a visual output (i.e., a map) of the programme activities and their impact, which are mapped along a timeline to better understand the chronological dimension of the system changes.

3. Findings

3.1 Kinship programme theory of change (Aim 1)

As the study adopted an iterative process the TOC presented in Table 3 was developed over many timepoints and as data was gained over the length of the project. A first draft was created in October 2024. The emphasis at this stage was to consider the short-, medium- and long-term outcomes for the programme. These were heavily informed by the DfE guidance on the strategic role for virtual schools in relation to kinship care. After the analysis of the Phase 1 data collection, it was possible to add more to the activities section based on the contributions of carers and school leaders/teachers about the type of activities that might best support the education of children in kinship care and provide support for their carers. At this point, work began on the Kinship Carer Padlet as a cornerstone resource for the programme.

Table 3: Kinship programme theory of change

Resources	Activities	Short term outcomes (Jan 25)	Medium term outcomes (Sept 25 – Dec 25)	Long term outcomes (2026/2027)
Appointment of Kinship Care lead roles	Recruited a group of Surrey schools keen to support the research to create a cluster group.	Greater understanding of the barriers with identifying children in kinship care	Pilot strategies agreed with some schools on ways to identify children in kinship care in their settings	Children and young people in kinship care thrive and achieve in education
Virtual School Senior Leadership support	Termly training in cluster group meetings for schools.	Early signs of increased understanding of the challenges faced of the cohort	Increased visibility of the distinct needs of children in different types of kinship care and the disadvantages that they can experience	
	Development of Kinship Care Padlet	Greater understanding of what inclusive practice might look like for children in kinship care and their carers	Expanded provision of advice and information for kinship carers	
	Input into Surreys Kinship Local Offer	Greater understanding of gaps in	Increased inclusive practice in pilot schools to support attendance and engagement	
	Presentations to internal Surrey LA partners including the Virtual School Senior Leadership Team and Corporate Parenting Board. This was extended to include staff supporting families at a family centre.			
	Presentations for Surrey foster and kinship carers.			

	<p>Identification of kinship arrangements prevalence within the scope of the virtual school. This is used to highlight the population as well as review the shared characteristics of this group alongside their attendance and inclusion patterns.</p> <p>Visits to local kinship carer support groups</p> <p>Kinship leaflets to highlight virtual school role for schools and carers as well as social care colleagues.</p> <p>Creation of Kinship education consultations for social care colleagues.</p> <p>Purchased and Shared Story Explorers¹³ resources with 20 early years settings.</p> <p>Meetings with external partners (Kinship, Regional Adoption Agency, St Mary's University)</p> <p>Added kinship identifier to the Personal Education Plans(PEP) for children in kinship care</p> <p>Analysis of carer input into PEPs.</p> <p>Sharing of Kinship Care Padlet at the Coram</p>	<p>inclusive practice in schools</p>	<p>Strengthened partnerships between the Virtual School and internal and external groups</p>	
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¹³ [Story Explorers support and resources | BookTrust](#)

	Kinship Care Conference October 2025			
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3.2 Initial progress against the short- and medium-term outcomes of the kinship programme (Aim 2)

The findings show that Surrey Virtual School was making good progress against all of the short-term programme outcomes and there was emerging evidence of success for four of the five medium term outcomes. This section describes the activities that were deigned and delivered and the evidence of progress gathered against each outcome.

3.2.1 Greater understanding of the barriers with identifying children in kinship care

As described in Section 1, school census data does not yet annually capture those children in various kinship arrangements. Currently, the onus is on LAs and schools to identify and record children in kinship care. Less than half of Time 1 survey respondents (N=3/8) reported that their school’s management information system (MIS) recorded kinship care status. Six of the eight Time 1 survey respondents reported that they were confident that they knew who the children in kinship care were in their settings. However, the survey data and some of the qualitative data showed that this was more the case for nursery/primary settings. In this context, there was more daily contact with families which was not the case for secondary schools.

The findings showed three main barriers to identifying children in kinship care. First, at a LA level, participants described how the school admissions form did not include an opportunity for kinship carers to ‘tick the relevant box’ about the status of their child. Second, it was not always the case that kinship care status was included on parental/carer information forms about their child. Third, it was described by another carer that many family members who take on the care of child from their immediate or extended family, are not always aware that they are kinship carer, due to a lack of knowledge about kinship care. Therefore, the kinship care status of a child could remain unknown to a school.

3.2.2 Challenges faced by children in kinship care and their carers

Findings from the interviews with kinship carers showed that they and their children experienced challenge at three levels: as individuals; for the wider family and with external agencies. Kinship

carers often faced numerous challenges at the individual level. The carers spoke about finding themselves in an unexpected role, which could be demanding in various ways. For example, grandparents who take on caregiving responsibilities often encountered unique difficulties, such as planning for the child's long-term future, managing the complexities of caring for teenagers, and adapting to changes in school environments that differ significantly from what they once knew. They described feeling like the "odd one out" at the school gate, which could contribute to feelings of isolation and loneliness. In addition to emotional strain, kinship carers frequently reported the impact for them financially.

As an often-unexpected responsibility, becoming a kinship carer could create significant implications for wider family members. When a relative assumed the role of primary caregiver, this decision could disrupt established family dynamics, particularly affecting relationships between the carer and their own children, irrespective of their age. Existing family members, including siblings, grandchildren, aunts, and uncles, had to adapt to the presence of a new child, which could lead to tension and adjustment challenges. For example, grandparents who became kinship carers of a child could find their time and attention divided and potentially reducing opportunities to engage with other grandchildren.

Kinship carers often encountered significant challenges when interacting with external agencies. Some carers reported feeling pressured to attend all available training sessions and events, even when these were irrelevant to their context. For example, the training might have focused on a different age group because all the other carers in the room had secondary aged children. Additionally, carers faced logistical and emotional difficulties in organising contact visits. Support from social workers was often cited as hard to access once the child had been placed with them, leaving carers with limited guidance. Furthermore, administrative barriers, such as obtaining birth certificates and passports, added considerable stress and workload; in some cases, these delays had even forced families to cancel planned holidays.

Finally, kinship carers were asked to describe some of the main challenges experienced by their children. The findings show that children in kinship care often encountered a range of challenges that could affect their emotional and educational development. Carers described a sense of loss experienced by their children as they navigated the absence of their primary caregivers. Educational settings could exacerbate these feelings, particularly when school curricula included

activities or texts that assumed traditional family structures, such as Mother's Day celebrations or certain fictional narratives. Additionally, all the carers spoke about their child having some form of additional learning and/or emotional need which required tailored support and resources which were not always available. Finally, contact arrangements with birth parents, while intended to maintain familial connections, could be emotionally disruptive and logistically challenging, further complicating the child's sense of stability and well-being.

3.2.3 Greater understanding of what inclusive practice might look like for children in kinship care and their carers and gaps in inclusive practice in schools

Carers and teachers were asked to describe what was working well in their settings to support the education of children in kinship care. Although, the language and terminology might have differed there were similarities in the responses from both groups of participants. First, effective support for children in kinship care and their carers relied on practices that prioritised relational and attachment informed practices. Carers described the difference it made to them and their child when a setting was flexible in their provision. This included adjustments, for example, uniform requirements, facilitating scheduled breaks for their child, access to snacks, and allowing carers to accompany children into school when necessary. Both groups of participants described how such actions helped to reduce stress and promote inclusion for the child and the carer.

Second, targeted funding, that was directed toward interventions that fostered resilience and coping strategies, such as the Emotional Literacy Support Assistants (ELSA) programme, were highly valued. If required, additional therapeutic services complemented these efforts by addressing a child's deeper psychological needs. Finally, schools that offered breakfast clubs and extracurricular opportunities, were described as further enhancing social engagement and provided consistent routines that benefited both children and carers. One school had been successful at securing £9000 in charitable funding that had been ring fenced to support the needs of children in kinship care.

Effective support for kinship carers was underpinned by several key practices. Central to this was knowing the families well which helped to foster trust and enabled tailored support. Regular and open communication with schools ensured that carers remained informed and engaged in the child's educational journey. Staff who possessed a robust understanding of SEND and the kinship care context were experienced by carers as being able to provide more responsive and inclusive support. Individualised planning, such as Individual Education Plans, helped to promote a

consistent approach across home and school for the child's development. Additionally, the use of digital tools, such as apps that shared videos and progress updates, enhanced collaboration between families and educational settings. Practical measures, including transportation assistance like taxis for children and grandparents were highly valued by families, as was access to specialist provision placements if appropriate for the child.

3.2.4 Greater understanding of gaps in inclusive practice in schools

For children in kinship care, carers and teachers described how addressing gaps in provision required a multi-faceted approach that prioritised visibility, 'normalisation', and consistent support. First, accurate recording of a child's kinship care status within school databases and application forms was seen as essential to ensure that their unique needs were recognised and met. Second, normalising kinship care within educational settings was identified as a gap in provision. Specifically, teachers and carers described the lack of a central source of information for schools and carers that could be used on a regular basis for experienced and new to kinship carers and professionals was lacking. Furthermore, promoting awareness of kinship care across all services, including multi-agency safeguarding hubs and health visitors, alongside community-based initiatives like clubs for kinship families, would help to normalise kinship care. Third, a standardised offer of services for children in kinship care from the outset, encompassing therapeutic and mental health support was identified as another gap. This would include creating a Life Story Book for the child ideally prior to care entry, in collaboration with social workers, to help preserve the identity and continuity of provision for the child. Finally, assigning a dedicated key worker within schools, particularly at the secondary level, would help to ensure ongoing advocacy and tailored educational support for children in kinship care.

For carers, specific gaps in provision identified four main themes. One pressing need was described as equitable access to support services that mirrored those offered to adoptive families, ensuring parity in resources and assistance. Second, respite opportunities were described as lacking, especially for carers of children with special educational needs. These respite opportunities included inclusive and kinship-friendly residential trips that helped to alleviate the demands on carers. Third, emotional and therapeutic support for carers, delivered independently of statutory services, was identified as a gap in provision. This was described as having the potential to further enhance carer resilience and well-being. This could include experienced kinship carers acting as mentors, offering guidance and practical advice to new

carers navigating complex responsibilities. Finally, ensuring that children were placed with all necessary legal documentation was fundamental to carers being able to facilitate smooth access to services as well as regular family activities such as holidays.

3.2.5 Kinship Care Padlet - expanded provision of advice and information for kinship carers

In response to kinship carers and school leaders/teachers identifying a central source of information for schools and carers as a major gap in provision, the Virtual School and SMU created a Kinship Care Padlet¹⁴ in the spring term of 2025. The online resource drew on information and support from several relevant websites. In addition, it was personalised to the Surrey context with signposting to local sources of support for children and kinship carers. The Padlet was shared with the members of the cluster group, who were asked to start to begin to investigate how it might be used with staff and carers in the summer term 2025. Initial feedback was sought from cluster group members at the end of the summer term through a focus group meeting, the Time 2 teacher survey and the REM workshop.

At the time of writing, there had been 401 views of the Padlet by 198 visitors. Findings from the Time 2 online teacher survey, showed that all four respondents had seen the Padlet and two had started to use it with colleagues and/or carers. Feedback from the focus group and REM workshop identified three main benefits of the resource. First, the Padlet was described as comprehensive, covering the key themes and did serve as the 'one stop shop' that had been identified as a gap in provision. Second, it had the potential for supporting a shared understanding of kinship care and therefore more potentially consistent and collaborative practice across schools, families and LA partners. For example, one school had shared it with key members of staff including the safeguarding leads and the ELSA lead. Another school had shared specific sections, especially those with an emphasis on how to support developmentally appropriate behaviour. Another member of the cluster group had shared it with the Business Manager of the school to illustrate the number and needs of children in kinship care and how support for the group should be similar to those children looked after. The Home Link Worker was another professional in the school who was important in knowing about the Padlet and

¹⁴ A Padlet acts as a digital bulletin board for which allows users to collect and share a wide variety of online content like text, images, links, and videos on a shared board.

how to use it with kinship families. Third, as a Padlet, it had not been a costly resource to make, could be easily shared and updated.

The main challenge identified with using the Padlet was for those kinship carers who were not confident with using online resources due to their unfamiliarity with the required information technology skills. Here, school leaders/teachers reported that it was better to introduce the tool in a face-to-face meeting and talk carers through relevant sections of the Padlet. In addition, the Padlet's facility to print off sections meant that technology issues could be overcome completely if necessary.

3.2.6 Strengthened partnerships between the Virtual School and internal and external groups

The role of the virtual school in relation to Kinship Care is essentially a strategic responsibility and one that emphasises the adaptation of current practices. To achieve this, there is an onus on virtual schools to work with and through all relevant partners and where possible existing structures and practices. To this end, findings from the REM workshop identified three distinct approaches by the Virtual School to strengthening partnerships that were in addition to the cluster group initiative.

First, was raising the profile of kinship care, primarily through presentations and the creation of a kinship brochure and flyer to relevant groups in Surrey such as schools, social workers and colleagues with responsibility for designing and publishing Surrey's Local Kinship Care Offer. Second, was to hear in more depth from kinship carers about their experiences and perspectives, primarily through attending kinship support group meetings in the area. Third, was to establish new working collaborations with professionals outside of Surrey, namely Kinship¹⁵ - a kinship care national charity and the Regional Adoption Agency. The partnership helped to strengthen practice, as a professional and carer from Kinship came to present to one of the cluster group meetings and the Virtual School and Kinship began to collaborate on the kinship peer support groups that existed. Finally, the leads for kinship in the Virtual School, with her colleagues from the collaborating Virtual School attended a national conference on kinship practice in LAs and together they were able to show the Kinship Care Padlet.

¹⁵ [Kinship: Home | The Kinship care charity | England and Wales](#)

3.2.7 Suggestions for pilot strategies to identify children in kinship care

The findings from the different data collection methods highlighted five possible approaches to introducing more systemic approaches to identifying children in kinship care.

There was agreement across all types of participants for more formal ways for children and kinship carers to be identified. Even if a national identifier is introduced for the annual school census data in the future, LAs and schools will still need to have approaches in place in to allocate a child any national identifier. Table 4 presents the approaches suggested by participants with a brief account of the advantages and challenges with each approach.

Table 4: Examples of systemic approaches to identifying children in kinship care

	Approach	Advantages	Challenges
LA level	Use the 2021 national census data that contains kinship care data	Already explored by the virtual school. It was possible to identify areas across the three LAs where there were greater numbers of children in kinship care which could be used to target resources.	The data will not be current. A virtual school would need support from a data team to access.
	LA school admissions form (primary & secondary) - include a box for a carer to tick that their child is in kinship care and the specific arrangement	A straightforward change which would capture data at key times of transition and with in-year admissions (increased likelihood for children in kinship care).	Time needed to gain agreement at the LA level and change the form. The form may need to explain the possible kinship care contexts.
	Virtual school pilots the use of an agreed identifier for a school's management information system	Pilot schools and virtual school could begin to gather more robust data overtime and use the identifier to begin to track attendance and engagement.	Time needed to explore the feasibility and agree one or more identifiers.
School level	Amend pupil information forms to include a section for children in kinship care	Most straightforward change as it could be introduced very quickly.	None identified.
	Conduct a one-off survey to invite kinship carers to let	This might be more attractive for secondary schools where	Time to prepare and administer the survey.

	the school know of context	parents/carers are not at the school gate each day.	Some kinship carers may choose not to disclose their status.
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3.3 Contribution of a cluster group approach with education professionals to inform the development of the kinship programme and initial progress against the programme outcomes (Aim 3)

3.3.1 Impact of the cluster group

The cluster group approach was one of the key initiatives to support the increased visibility of kinship care and more inclusive practice in schools.

Using knowledge of existing kinship data within schools via schools' census return, currently looked after children's register as well as local authority data, schools that may have a kinship population were identified. Over 200 settings were contacted and asked to complete an initial survey of kinship in their school and consider if engaging in the pilot would be of interest. Of these, twenty-one completed the survey and thirteen responded confirming interest in the pilot. The Surrey kinship cluster group included primary, secondary and specialist education settings.

The information shared with schools outlined that integral to this research a group of schools would be key to unpick the characteristics of this cohort further, work together to explore how to create a kinship friendly culture as well as practice that works to reduce the educational barriers faced by this group.

The aims of this cluster group were:

- Deepen the knowledge of the group through collecting and analysing available data, e.g. attainment, attendance
- Understand the shared characteristics of kinship care and the needs of this unique group of children and families in Surrey
- Implement or engage with training, interventions or strategies that focus on kinship care
- Provide opportunities for Kinship Carers to receive support and collaborate with each other

- Identify what would benefit families and feeding that back to the virtual school and St Mary's research partners
- Understand the views of children in kinship care.

An initial meeting followed by termly training sessions and updates formed the basis for the cluster approach. Examples of the content of these sessions included:

- Sharing resources created that could be utilised in training within the school
- Provided introduction to kinship care training including a summary of DfE guidance and our role
- Hearing from a kinship carer about their experience in education, the challenges and factors that helped reduce barriers
- Information from local and national partners on the support for kinship carers including the kinship charity
- Updates on the learning and progress of the research pilot.

Overall, the findings showed that the cluster group approach had been a promising approach in contributing towards progress against the programme outcomes. This section brings together findings from the surveys, focus groups and REM workshop. The themes highlight the impact of training, resource sharing, and networking on school practices and the support offered to kinship families.

One outcome of the cluster group, evident from findings across the data collection methods, was the enhanced understanding of kinship care for the children and for carers. Only four teachers took part in the Time 2 survey, half the number at Time 1. However, we have included the findings for information, but the findings that compare Time 1 to Time 2 should be read with caution. As shown in Figure 1, two of the four survey respondents either agreed or strongly agreed that being a member of the cluster group had increased their knowledge and understanding of the needs of children in kinship care and their carers. One survey respondent described that:

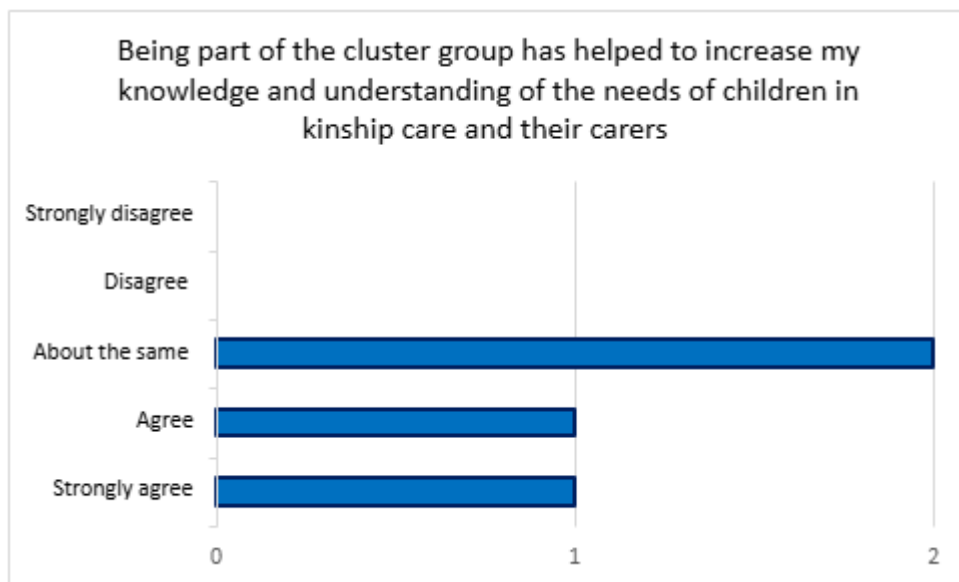
Through the work we (SLT) have looked more systematically at unmet needs and 'hidden' trauma, particularly around how uncertainty about their situation can affect the young person's behaviour and academic progress.

Another survey respondent described that:

Hearing the perspective of kinship carers was eye-opening; it made me consider what wider strategies and support we needed to offer to families to support the children in kinship.

In addition, the cluster group had helped to developing a clearer grasp of the complexities, such as informal arrangements and the unique challenges faced by kinship carers and their children (as described in more detail in Section 3.2.2). For those participants who reported that their knowledge had stayed about the same, respondents described how they had not been able to attend many of the cluster group meetings or they felt well informed about kinship care before joining the group.

Figure 1: Teacher/senior leader views on the impact of the cluster group



There was evidence that this increased knowledge and understanding was beginning to lead to changes in some of the cluster school settings such as increased knowledge and understanding of kinship care and more inclusive practices. Figures 2 and 3 show the increased levels of confidence about knowledge, understanding and practice in their settings from Time 1 to Time 2.

One school had started to explicitly include children in kinship care in their Vulnerable Groups spreadsheet which was regularly reviewed in DSL update meetings. Another survey respondent reported that:

We did go to great lengths to identify which students may not have been flagged as kinship care and collated a list to track progress and support.

The integration of inclusive and attachment-informed practices was a key theme with schools prioritising equity and emotional well-being for children in kinship care. Improved communication between schools and kinship carers was a common development. One school had created an 'EPPLAC' (Education Plan for previously looked after children) type form that is discussed and shared with families and is shared with relevant staff in the way an individual support plan is used. Surrey Virtual School has developed an Education Plan for schools to use with children in the scope of their remit who do not have a statutory Personal Education Plan.

3.3.2 How had the cluster group approach supported increased inclusive practice in cluster schools

The various informal and formal training opportunities and resources played an important role in contributing to changes to increased awareness and inclusive practice on behalf of some of the cluster group members. They valued the opportunities for networking and peer learning provided by the cluster group. It provided a forum for sharing best practices and discussing common challenges with colleagues from other settings, those with lived experience and professionals from the LA and university. One member described now having her own network of DTs for support and another was more aware of who to contact if they require more professional guidance and support. This is an important consideration at this point in time in the context of kinship care, where educators, carers and children may have felt isolated and unsupported due to the lack of visibility and co-ordination around the educational needs of this group of children prior to its inclusion in the remit of Virtual Schools.

Summary and recommendations

The research adopted a co-production, iterative, mixed-methods design across three phases (Dec 2024–July 2025). Data sources included interviews with carers and teachers, surveys, cluster group meetings, and a Ripple Effect Mapping workshop. Ethical approval was secured from St Mary's University.

Key Findings

- Surrey Virtual School had made good progress towards **achieving all short-term programme outcomes and four of five medium-term programme outcomes**, including increased visibility, expanded advice provision, and strengthened partnerships.
- **Identification barriers:** Schools and LAs lack systematic processes to record kinship care status. Admissions forms and MIS systems do not consistently include kinship identifiers, and carers may not recognise their role.
- **Challenges for kinship carers and children:** Carers face emotional strain, financial hardship, and systemic pressures. Children experience loss, stigma, identity issues, and unmet educational needs.
- **Inclusive practice:** Attachment-informed approaches, flexibility in provision, and targeted interventions (e.g., ELSA) are perceived as effective. Gaps include lack of visibility, mental health support for children, and respite opportunities for carers.
- **Kinship Care Padlet:** Developed as a central resource for guidance and local support. Feedback was positive, but there are digital literacy challenges for some carers.
- **Partnerships:** Collaboration with the national charity Kinship and the Regional Adoption Agency and local support groups strengthened practice and raised awareness.
- **Systemic identification approaches:** Suggested strategies include adding tick-boxes to admissions forms, MIS identifiers, amending pupil forms, surveys, and using census data.
- **Cluster group impact:** this contributed to Increasing educators' understanding of kinship care, improved confidence, and promoted inclusive practices.

Recommendations

National:

- Department of Education to amend admissions legal requirements to include an option to identify kinship care
- In England (and Wales), kinship care is not currently a standard category in the School Census or in the National Pupil Database. DfE to consider adding an identifier to raise the visibility of children in kinship care
- Alongside this, DfE (with expert sector support) to consider creation of guidance for parents and carers explaining the benefits of making kinship care experience known to their child's school
- Ensure that Pupil Premium Plus Conditions of Grant makes clear reference to children in kinship care and explains their eligibility (or not) for PP+ funding. Consider expanding eligibility so that there is an equitable PP+ offer for all children in kinship care.

Local Authority/ Virtual School:

- Ensure equitable support for carers, including respite and emotional wellbeing services recognising the important role they play in children's education
- Develop and maintain a high-quality central resource to offer advice and guidance around improving the educational outcomes of children in kinship care
- Continue to share learning from the pilot with schools and education settings to enable sustainable change through training and targeted support
- Continue to support schools with attachment aware trauma informed training and resources in order to expand inclusive practices, increasing visibility of children in kinship care
- Ensure that the Virtual School's programme of advice and guidance is integrated into the LA's Local Offer around Kinship.

Schools:

- Amend school onboarding or admissions forms to enable the identification of kinship care within the school community
- Expand inclusive practices through trauma and attachment-informed training and resources

- Ensure curriculum resources reflect and include a positive and inclusive narrative about the experiences of children in kinship care families and avoid contributing to assumptions about traditional family structures
- Careful consideration about the intersectionality of children in kinship care, and the different ways in which they (and their families) may view different aspects of their identity
- Consider the specific needs of kinship carers (many of whom are 'returners' to education) when developing parent/carer engagement activities.