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adoption • fostering • kinship

Consultation

Adoption support that works for all consultation response

May 2026

Section 2: Proposals to reform the adoption and kinship support system.

12 Proposal 1: Develop a baseline offer of parenting support and training at the point of adoption and kinship care. Do you agree with this proposal?

Adoption:

It is important that prospective adopters receive training and preparation which realistically prepares them for the role they are taking on. This needs to be based on research and the evidence we have of the complex needs of children who are no longer able to live with their family. Research and experience tell us that as an adoptive family, it is highly likely that support will be needed at some point, and we should be preparing prospective adopters for this. Moving from the current reactive model of support to support which is proactive and long term is most likely to reduce escalation and preempt challenges. It is acknowledged that however much prospective adopters are informed of the likely challenges ahead there are those who will not be ready to hear the messaging at the preparation stage. Support needs to be flexible to be responsive at the point when needs are recognised. Post adoption support should be a partnership between the adoptive parents and those with a statutory responsibility to the child. Even if the adopters are unable to take on board the potential challenges that lie ahead at that time, we as professionals are aware and have a duty to the families we create to continue to offer support. However much early intervention or support is put in place through preparation, peer support or parent training groups, it will not replace the need for specialist therapeutic support for children who have complex trauma histories.

Legislation which creates a relationship 'as though they are born of' the adopters means that there is no obligation for them to have to remain in touch with the support agency. The only way to encourage this is to enable them to understand the likely challenges ahead and to establish and maintain a relationship with them, Other European countries have established a format of a one year, three year and then every five years 'check in'. There is evidence from recent research at the Institute of Public Care (Garstang, 2025) that adopters leave it exceptionally late to ask for support, almost to the point of family breakdown, before requesting help. This is largely driven through a perception that they will be thought of as having failed, but also as a result of their preparation which sets them up as a family 'unit', able to parent in isolation with a little help from their support network. Access to proactive,

trauma-informed support which is on-going would mean that challenges can be anticipated before they become entrenched.

Even if there is a baseline offer of support from the point of Adoption Order, this does not substitute for the specialist, individual, therapeutic support which is available through the current support fund.

Garstang, Dr. J et al (2025) Special Guardianship and Adoption Practice and outcomes for special guardianship and adoptive families with safeguarding issues: A mixed methods study.

Kinship:

The choice of words 'parenting support' does not reflect the kinship context and how kinship carers identify themselves. Whilst they may be fulfilling a parental role, in most families the children's parents will have an ongoing role in their lives. Many kinship carers are already experienced parents and therefore their needs are for therapeutic and reparative parenting support rather than a standardised baseline parenting support offer. Therapeutic parenting support must reflect the complex and changing nature of kinship family relationships. Nonetheless we agree with a baseline offer of support and training if it is bespoke for kinship carers and considers the needs of the children they are caring for through a therapeutic and trauma-informed lens.

Any baseline offer must be delivered by experienced practitioners and must take into account:

- Timing: kinship carers often assume the care of children in an emergency without the opportunity for preparation or training in advance, unlike adopters or mainstream foster carers. The start of their kinship journey can be fraught with stress, anxiety and crisis and may not be the most appropriate time for them to be expected to undertake training. Therefore, consideration as to timing and relevance of training is essential. There must be flexibility as to when kinship carers access this and no judgement if they are unable to or choose not to at the start of their journey.
- Suitability and relevance: kinship carers need different preparation and training and therefore any baseline offer must be bespoke and must reflect the unique context of kinship care.
- Accessibility: kinship carers' circumstances, including caring responsibilities and access to childcare, working commitments, digital poverty and previous experiences of learning, all need to be taken into account when planning and delivering preparation and training.
- Flexibility: given the context of kinship care, any training needs to be flexible in terms of delivery, including online, in person, 1:1, and fitting in around other commitments, for example already caring for the child in an emergency (i.e. potentially outside normal working hours).

Many of the points above are also highlighted in the following research: Safeguarding in the context of adoption and special guardianship (2025) Any provision of baseline therapeutic parenting support must be viewed as supplementary to therapeutic intervention and not as a substitute.

13 Proposal 2: Strengthen peer and community support for adoptive parents and children. Do you agree with this proposal?

Adoption:

Support networks originally identified at the time of assessment frequently 'disappear' as they do not understand the behaviours/needs of the child and feel unable to support. Whilst additional peer

support can sometimes be a useful resource for parents, it does not replace therapy, and it does not address any of the complexities of the child's needs. It merely offers support for those around them.

The All-Party Parliamentary Group on Adoption and Permanence "Adoptee voices" inquiry report published in 2026 highlights the isolation adopted young people feel, especially in school and education settings. Peer groups for young people are a potentially valuable support, and we know that where these have been set up they are valued by the young people who attend them. Funding for more peer groups for young people would therefore be welcome.

The 'mockingbird model' has had positive analysis for some foster families and could potentially be replicated for adoptive families.

Kinship:

CoramBAAF is struck by the absence of kinship in Proposal 2. We acknowledge the ongoing government funding of the national peer support programme provided by Kinship, in addition to many local authority-run peer support groups as well as by other organisations. In light of the government funding for adult-led peer support groups we would welcome additional funding for children and young people's peer support groups.

Peer support groups do provide valuable emotional and practical support, reduce isolation and increase knowledge for kinship carers. However, they do not replace therapeutic support for children and their kinship families.

14 Proposal 3: Provide proactive support for adopted and kinship children at key life stages, such as transitions to secondary school. Do you agree with this proposal?

Adoption:

Whilst additional support invested at the time of transition from primary to secondary school is welcome, it is far from the only transition point that adopted children require additional support with. Impacts of early childhood trauma mean that children are unable to adapt to transitions and changes on a daily basis – changes of teacher, changes of classroom, changes in routine, holidays, days out – all present challenges. These are in addition to other major milestones such as moving house.

There is also a significant transition to adult services.

Children are frequently home schooled before they get to the transition from primary to secondary education as they aren't able to cope in a school environment which is too challenging for hypervigilant children. Adopters have already frequently had to give up paid employment in order to facilitate this many years before the transition to secondary education. The Family Routes study (Selwyn & Gardiner, 2025) identifies that adoptive family breakdown occurs at a range of different points in childhood.

Lack of understanding in the education sector is repeatedly highlighted in the "Adoptee voices" APPGAP report with adoptees reporting particularly difficult times at school, partially due to the lack of understanding of adoption amongst professionals. Education systems are not set up for adoptees. 83% said adoptees need more help than their peers to manage feelings in school, yet support is inconsistent or absent (APPAG, 2026). This is echoed in research into adoption breakdowns where lack of understanding about the impacts of trauma and adoption by schools and other professionals is

repeatedly highlighted. The current consultation on SEND reforms is clearly significant and will undoubtedly have an impact on these children as a significant proportion will require additional support in order to help them access education in its widest sense.

APPGAP (2026) Adoptee Voices Inquiry Report

Selwyn J, Gardiner J (2025) Family Routes: children who returned to care after leaving for adoption or to live with a special guardian. Department for Education

Kinship:

Whilst we do not disagree with this proposal in principle, this additional support cannot be positioned as a replacement for therapeutic support. Transition to secondary school is important, but there are multiple other transition points that kinship children experience and will need to be supported with.

For example:

- For kinship children, they may well change schools when first moving to live with their kinship carer even if remaining living locally
- Moving house
- Being separated from family members, including siblings
- Adolescence
- Transition from nursery to primary school and any other school moves
- Bereavement
- Spending time with parents and other people important to them
- Transition to young adulthood, particularly post-18 support

We do agree with proactive support around all key transitions and hope focus will not be limited to the transition from primary to secondary school. Any support needs to be trauma-informed and consider the needs of kinship children within their unique context.

Eligibility for this support should be available to all kinship children, not only those eligible for ASGSF support. The data collected from the school census will indicate large numbers of children living in informal kinship arrangements who equally need access to this support. The everyday experience of being a kinship child in a school environment with access to support being governed by rigid eligibility would be intolerable and unfair.

15 Proposal 4: Enhance plans to better meet children's needs, setting clear expectations for families and services via Practice Guides. Do you agree with this proposal?

Adoption:

Currently care plans outline services and routes to escalation; there is no requirement to include health or education. The recently published Working Together guidance (Department for Education, 2026) highlights the need for a lead worker and co-ordination with greater input from health and education – however lack of resources and capacity frequently limit this.

Families frequently experience multiple assessments which should be cross referenced. There needs to be some recognition of the assessment that has already taken place.

The Adoption Support Plan and accompanying guidance for social workers, Independent Reviewing Officers (IROs) and adopters have been developed by CoramBAAF, building on work completed by Adoption England. Through our advice line, sector partners, and practice forums we receive feedback about how the Plan is working in practice which we can share with the Department for Education.

Department for Education (2026) Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. London: Department for Education. Available at: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Kinship:

The consultation references family-led plans for kinship families and draws a false equivalence with adoption support plans. Family group decision-making leading to family-led plans are essential but have a different purpose and remit to an adoption support plan. CoramBAAF strongly recommends kinship support plans which can be informed by family-led plans but must articulate what support will be provided, by whom and when. Kinship support plans must hold services to account and be collaboratively written with kinship families. Kinship support plans must be regularly reviewed and be part of a kinship family's continuing journey, taking into account children's changing needs and changing family dynamics and relationships.

Guidance for professionals has recently been completed following a University of Exeter research project - El-Hoss T, Thomas F, Hughes S, Raja A, Horne A and Seth C (2026) Making a Support Plan: A Kinship Care Companion. University of Exeter, Kinship and CoramBAAF. This will inform publication of CoramBAAF Form KS (Kinship assessment of support need and support plan) and the detailed form guidance that will accompany it.

This is also an opportunity to consider where a government created 'plan' would fit into a system with many other plans that a kinship child could become subject to, for example child protection plan, child in need plan, family-led plan, early help plan. Clarity on this would be helpful to help avoid families having multiple plans. What sense does a kinship family make of multiple plans that may be contradictory and overseen by different professionals? The inevitable hierarchy and status of plans needs to be addressed in a joined up, family-friendly way. CoramBAAF will be exploring this in the development of Form KS (Kinship assessment of support need and support plan) but ultimately there may be a need for statutory guidance to clearly set out the hierarchy of plans and their purpose.

16 Proposal 5: Standardise needs assessments for adopted and eligible kinship children, and commission social care, health and education support based on their needs. Do you agree with this proposal?

Adoption:

Any therapeutic intervention plan should be based on assessment. Recent cuts to the FAL have meant that often a choice is having to be made between a proper assessment or the therapy. As a result, there is an assessment with no funding for therapy or the risk of therapeutic intervention without assessment.

Baseline assessments can be useful, especially to establish an equitable starting point and reduce regional variation. However, it must be recognised that some children and their families will require specialist therapeutic input very early in their lives which cannot be met through universal services. This must be recognised and the need met – not delayed. Plans must be flexible enough, and individual enough to allow specialist help where we recognise it is going to be needed. It also needs to be available at different times throughout the life course as needed, as ability to engage with therapeutic input is not always continuous and needs often emerge or develop over time.

Social workers and those around the child frequently play an important role in support and are often aware through experience and knowledge of the impacts of trauma when children are likely to be going to need additional therapeutic support over and above that offered by universal services. This should be recognised and integrated into any plans.

Kinship:

Currently the MDT model is only being tested in RAAs and therefore there needs to be a pilot equivalent in local authority kinship teams for there to be the reliable evidence needed to extend this model into different team structures and a different caring context.

The consultation lacks clarity on whether the standardised model would be across both adoption and kinship or whether there would be separate standardised assessments. Whilst we recognise that there are similarities between the needs of adopted children and those living with kinship families, the unique context of kinship care should be considered separately and a needs assessment developed accordingly.

Kinship carers have shared concerns about their input into an MDT model, how their information would be shared, who would have lead responsibility for the assessment, and how this would fit with a relationship-based model of working with kinship families.

17 Proposal 6: Require clinical adoption support therapies to be compliant with NHS evidence standards. Ensure all interventions are well evidenced and assessed. Do you agree with this proposal?

Adoption:

We support the basis that any clinical intervention for children and young people needs to be grounded in robust evidence. However, the proposals do not acknowledge or recognise the current limitations available in mental health and neurodevelopmental support within universal NHS provision. There is also a significant proportion of adoption support that is not clinical but is effective and critical. It is important that this provision is recognised and retained. Frequently, these interventions prevent families from breaking apart.

The wider system around the child and their family is important and, as identified, not all effective interventions are clinical. A bio/psycho/social approach is much more appropriate with more effective triaging at the assessment stage. Any assessment needs to take account of prenatal exposure, early stress, prematurity, and medical complications which are not consistently integrated into assessments (PATCH, 2026). They also need to reflect impacts of intergenerational adversity on stress regulation and development. Without full consideration and understanding of the cumulative biological, social and

psychological impacts across generations, assessments and interventions risk addressing surface level behaviours rather than underlying and neurological need.

Trauma, harm and internal injury need to be fully understood and recognised to avoid misinterpretation of behaviours and avoid care plans which exacerbate and contribute to on-going distress and instability.

There is no formula identified by which non-clinical interventions are to be measured. There is already a shortage of appropriately qualified therapists with understanding of adoption. Every time there is a restructure/review of the ASGSF there are more therapists leaving the profession. The delay in announcing the continuation of the fund in early 2025 caused many to have to make the decision to no longer practice. The reduction of FAL has had further impacts on availability. This information is based on case examples given to us in consultation with our members. The APPGAP “Adoptees voices” report illustrates the need for more professionals with understanding of adoption. It is highly likely that as the resources are reduced there will be still further reductions in numbers of appropriately qualified therapists.

PATCH (2026) A review of systemic failings in UK Adoption

Kinship:

It is unclear whether this proposal is aimed at kinship families but we presume that it is. We agree with the premise that all therapeutic provision should be evidence-based, however, reliance on NICE guidelines alone risks excluding specialist therapeutic interventions that may benefit some kinship families who require a level of flexibility and creativity about what works for them.

Efficacy and impact of therapeutic support can be measured relationally, for example ensuring the stability of a kinship arrangement even if there is no discernible ‘clinical improvement’. For example, therapeutic life story work, as developed by Richard Rose, is not explicitly referenced in NICE guidelines. However, it is very likely to contribute to a child’s sense of identity, stability of the kinship arrangement and improved family relationships, including between the child and their parent. It may be detrimental to kinship families to be unable to access a non-NICE approved therapy. This is just one example of therapeutic support that is highly valued by kinship children and their families.

There would need to be an improved definition of evidence requirements that could be relied upon to inform commissioning decisions as lived experience and practice knowledge is also essential as part of evidence gathering exercises.

Therapeutic services need to be right for a child when the time is right for them and not delivered according to what services are available as per rigid NICE guidelines. A non-clinical therapeutic intervention may prepare a child to be ready for a clinical therapeutic intervention in the future.

We acknowledge the intended increase in universal mental health provision, either through schools, wellbeing or CAMHS, but until such time as these services have the required capacity, kinship children and families are likely to experience significant waiting lists leading to the increased risk of disruption while they wait for necessary support. Arguably there is a risk that universal mental health provision may not have the time or capacity to develop the necessary therapeutic expertise to meet the needs of kinship children and their unique circumstances.

18 Proposal 7: Devolve Adoption and Special Guardianship Support Fund funding and responsibility to regional and/or local decision makers. Do you agree with this proposal?

Disagree

Adoption:

Devolving of funds to RAAs is likely to exacerbate the geographical variation in availability of funding. There is a wide range of models of RAAs with different functions carried out by them. Some include SG/kinship, some include statutory responsibility for the case from point of Placement Order, some include multidisciplinary teams set up for post adoption support. Some RAAs are already very efficient in accessing funding and have infrastructure in place which allows them to do so. However, other RAAs are much more recently established and would require significant investment in administrative development and support in order to administer the fund. Scotland serves as an example of devolved funding and the shortcomings are highlighted in the Adoption UK Barometer report each year as limited funding means that there is only funding for assessment and not the therapeutic intervention required. We are also aware of local authorities moving between RAAs and RAAs themselves changing structure which would lead to challenges and complexities if funding were devolved to them.

There is no formula given for how the fund will split between kinship/SG families and adoption. Nor is there any suggestion of how this would be reviewed in the future to accommodate changes in numbers of those eligible to access the fund.

Funding devolved to local authorities without being ring-fenced, and in the context of local authority constrained budgets, risks funding not being used for its intended purpose of providing therapeutic support and instead being redirected to other areas of need within wider children's services. This could further exacerbate regional variation in available support dependent on local funding constraints.

Voluntary adoption agencies currently account for finding families for just under a third of those adopted. These are frequently children with some of the most complex needs who require significant on-going support and therapeutic intervention. Yet the VAAs are unable to directly apply to the Fund themselves. Instead, they are required to apply via the LA or the RAA (or both) which adds additional administrative burden and delays in accessing funding. Whatever the model established in the future, it is imperative that VAAs either have funding devolved to them directly or can apply themselves to the fund on behalf of the families they support.

Kinship:

Although collaborative regional practice around kinship care does exist it is not formalised or structured. Regionalisation is not the policy direction for kinship care and in any event, regionalisation is at odds with the Families First model and development of the kinship local offer. Therefore, devolution could/should only be at local level.

Concerns raised by our members include:

- Risk of funding not being ring-fenced and in the context of local authority constrained budgets, that funding would be not used for its intended purpose of providing therapeutic support and would be redirected to other areas of need within wider children's services.

- If funding is not ring-fenced, there is significant risk that access to therapeutic support for kinship families would become discretionary, not an entitlement.
- If access to therapeutic support became discretionary, it would inevitably result in inequitable access and would further exacerbate the existing 'postcode lottery'.
- To ensure equity and avoid a postcode lottery, arguably there would need to be such a level of defined framework for access and delivery that it is hard to see what local delivery would actually achieve.
- Lack of clarity about which LA would be responsible for funding if the placing local authority is different to the residing local authority. Concern that delay in agreeing financial responsibility will lead to delay in providing therapeutic support.
- Risk of lack of sustainable services if there is not strategic planning across local providers, including CAMHS, NHS etc.
- Concern about management of a devolved fund and where responsibility would sit in each local authority, due to different structures and priorities.
- Concern about the impact of continuity of service provision if funding is not continuous, as experienced in the last couple of years with significant cuts to the ASGSF fund. This has included sudden ending of therapeutic support or significant gaps in provision which has negatively impacted on children's wellbeing and outcomes.

CoramBAAF's view is that whilst imperfect, the national model is ultimately preferrable. Therefore, we would suggest a model that includes:

- Increased flexibility for local authorities to make group applications to the ASGSF (e.g. therapeutic parenting group/NVR group). This would enable local decision makers to commission group services based on local need and knowledge but ensures that the funding is still ring-fenced for its intended purpose.
- Eligibility is extended to all kinship children who would 'otherwise have been in care' regardless of previous care status which is in line with the government's definition of eligibility within the Kinship Zones financial allowance pilot. This would also align with the government's aim of reducing the number of children in kinship arrangements needing to be 'looked after' but who have the same needs as children who are looked after. We acknowledge the Law Commission Review remit, however waiting for either their recommendations and/or primary legislation to make eligibility changes would result in intolerable delay for those families who are not currently eligible. We strongly recommend change to eligibility is addressed as part of this consultation.
- Currently around 20% of the fund is used for eligible kinship children but this does not reflect need. There are likely multiple reasons for this that need to be better understood before changes to the fund can be considered. These may include:
- Lack of awareness amongst eligible kinship families
- Local authority kinship services have not received investment to develop their structures, services and their workforce and therefore knowledge and understanding around ASGSF is patchy and there is not yet system wide knowledge about the therapeutic interventions available and how these could meet children's needs
- Lack of local authority structures, time and knowledge to make applications
- There needs to be a better understanding of the reasons behind this disparity before any decisions are made about funding formulas and split.

The requirement to publish a local offer will likely stimulate thinking in local authorities about their local kinship populations, their needs, how these can best be met and their overall approach to kinship

care. This should therefore stimulate and encourage thinking around how to make best use of the ASGSF for those families who are eligible. It is important that local authorities are given the time and support to make these changes given the demands on budgets and the pressures on the workforce before any decisions are made about the future of the ASGSF.

19 Proposal 8: Improving value for money to ensure every pound spent is used efficiently, sustainably and on families. Do you agree with this proposal?

Adoption:

CoramBAAF would not disagree with the principle of value for money, but there is no clear formula for how this would be measured or proven. Some therapies may have higher unit costs but are effective and may yield greater saving over time by supporting young people to stay in education or work for example. Devolving the fund will further challenge the ability to monitor and measure this. Devolving the fund could potentially dilute the effectiveness and increase the administrative burden over the current model as there will need to be investment in each RAA/VAA to facilitate the administration of the fund.

What is clear is that there appears to be disconnect between what the adoption community is telling us and the proposed support. The phrases 'putting a bandage around major wounds', '(proposals) don't even begin to touch the issues', and 'no way reflect the realities of the needs of these families' have all been said to us in the course of our conversations with our members over the past few weeks.

What is needed is a model of support that is available to all children who have experienced early life trauma, regardless of their geographical location or legal order. In respect of adoption, no family is able to deliver what we are asking of them in caring for these children without support. We know that the need is individual, time variable, and lifelong. There is an increasing anxiety around the future of adoption embedded in the recognition that families will need support but concern about availability which is impacting recruitment of prospective adopters. This has been highlighted by Adoption UK, Adoption England and campaign groups and is reflected in the recent quarterly data.

If block commissioning is undertaken, it may result in some lesser-used but effective therapeutic interventions being unavailable.

Kinship:

CoramBAAF does agree with the principle of financial efficiency. However, the definition of value for money should not be limited to financial savings and needs to consider impact on children and families, both in the short and long-term.

Recent cuts to the ASGSF have resulted in kinship carers reporting negative impacts on them and the children they care for, with uncertainty about ongoing therapeutic support and anxiety about whether they can continue to meet the needs of the child. Short-term savings can lead to higher long-term costs when kinship arrangements are not supported or where safeguarding interventions are required which may lead to the disruption of the arrangement.

20 Do you have any further comments?

Whilst the ASGSF does need reform, it was the one area of post adoption support that was consistently reported to be effective. It is our opinion that modifying and improving the current system is preferable to reorganisation without basing it on complete and thorough evidence and research.

Underestimating the need will likely result in a system which is unable to recognise the level and depth of what is required. Many of these proposals can be implemented as part of a much-needed expansion to the support offer; they are not replacements or alternatives to therapeutic interventions.

Our response is informed by our knowledge of research, practice, and the lived experiences of children and families. We have consulted closely with our members and the wider sector through our Kinship Practice Forum, Adoption Practice Forum, Adoption Panel Chairs, and Agency Advisers groups. We have also listened to our Adoption Advisory Committee and Kinship Care Advisory Committee, both of which include members with lived experience of adoption and kinship care. We have worked with other key stakeholders and organsiations in formulating our response.

We have also drawn on learning from our advice line, which receives regular enquiries from practitioners and provides insight into the challenges faced in accessing timely and effective support for children and families. In addition, we have engaged with sector partners through ongoing discussion to consider the potential practical impact of these proposed reforms on children, families, and services.

Children in adoptive and kinship families have often experienced the most challenging starts to their lives and will often need sustained support throughout childhood. Adequate, long-term investment is therefore essential to meet the needs of adopted children and children in kinship care. Without this, pressure is placed directly on families who have already stepped forward to care for some of the most vulnerable children.

It is unfortunate that this consultation is proceeding largely in isolation from wider and highly relevant reforms. There is a national consultation on the future of special educational needs and disabilities (SEND) provision currently underway alongside a major reorganisation of the NHS. The children and families impacted by this adoption and kinship support consultation are often the same children who rely on the SEND system or may rely on services provided by health partners. The absence of clear alignment between these policy strands risks fragmentation and missed opportunities to create a coherent, joined-up system of support across services.

The lack of clear articulation of how support and funding might be balanced between adoption and kinship care, nor how future arrangements will remain responsive to changes in the SEND system or any other structural changes, is of particular concern. Whilst we welcome the intention to improve support, it is imperative that any changes are made within, and are reflective of, the wider context which impacts the same cohort of children and families.

It is extremely challenging to even begin to consider the future of support for kinship families without also considering changing eligibility to the ASGSF. There is an immediate opportunity to adopt the definition within the Kinship Zones financial allowance pilot of ‘would otherwise have been in care’. This would increase access to support for many kinship children in need of therapeutic support who are currently significantly disadvantaged by their family’s stepping in to care for them and avoiding their need to become looked after.

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