



For family or friends who
step up to raise a child.

Kinship

**Submission to the Education Committee's
'Solving the SEND crisis' inquiry call for
evidence**

February 2025

Introduction

Kinship carers are family or friends who step up, often during an unexpected crisis, to care for a child when their parents aren't able to. This may be because the parent has died, is unwell, has gone to prison, is experiencing problems with drugs and alcohol, or are neglectful or abusive. Kinship carers are usually grandparents, aunts or uncles, brothers or sisters, a stepparent, stepbrother or stepsister, or someone who isn't related but knows the child well. Whatever their relationship to the child, in that moment a commitment is made. To bring love and hope to a child who has experienced trauma, no matter what.

It is estimated there are more than 141,000 children living in kinship care in England and Wales – three times the number in unrelated foster care.¹

Some kinship carers will have a legal order securing the family arrangement which provides them with parental responsibility, such as a special guardianship order or child arrangements order made following care proceedings or secured privately through the family court. Others will be kinship foster carers where the child is 'looked after' and has been placed with them by the local authority. However, the majority of kinship families are likely to have only informal arrangements in place made privately within the family.²

The written evidence submission below focuses on our evidence about the prevalence of and support for children in kinship care with special educational needs and disabilities (SEND) in England. For more information, please read [Forgotten: Support for kinship children's education and mental health](#) (August 2024).

¹ Office for National Statistics (ONS) (2023) [Kinship care in England and Wales: Census 2021](#) Released 26 September 2023, ONS website, article. For more information on the Census figures and what they can and can't tell us, visit: <https://kinship.org.uk/news/new-census-2021-analysis-of-kinship-households-published/>

² More information on the different types of kinship care can be found on our website at: <https://kinship.org.uk/what-is-kinship-care/>

Summary

- **Our evidence suggests that nearly half (47%) of kinship children have some kind of special educational need or disability, most commonly social, emotional and mental health needs (SEMH).** This is substantially higher than the proportion of all pupils with special educational needs in England, and broadly similar to other social care groups, including children looked after in local authority care.
- **Our *Forgotten* report shows that only around half of kinship children (54%) are getting the support they need in education.** Despite their elevated prevalence of SEND, kinship children are less likely to be receiving formalised support in school, including through an education, health and care (EHC) plan. This means the ongoing crisis in SEND is likely to be disproportionately impacting on children in kinship care.
- **We want to see the Government equalise educational support between children in kinship care and children in care,** recognising their similar experiences of trauma, separation and loss and the impact this has on their learning and education.

1. Special educational needs amongst kinship children in England

- 1.1. According to kinship carer respondents to Kinship's 2023 annual survey, nearly half (47%) of children in England had some kind of special educational need or disability.³ This is substantially higher than the proportion of all pupils with special educational needs in England (17.3%).⁴
- 1.2. This proportion is broadly aligned with prevalence of special educational needs found in other groups supported by children's social care, and reflects similar findings from wider research around the prevalence of SEND in kinship children.⁵ 58% of children looked after in care for more than 12 months, 45% of children looked after for less than 12 months, 50% of children in need, and 41% of children on child protection plans have identified SEN.⁶
- 1.3. The most commonly diagnosed types of SEND for children represented in our 2023 survey cohort were social, emotional and mental health needs (SEMH), autistic spectrum disorder (ASD) and learning difficulties, and the most commonly suspected but not yet diagnosed were attention deficit hyperactivity disorder (ADHD), SEMH and ASD. The table below outlines the ten most commonly diagnosed or suspected types of SEND for kinship children in England as a percentage of the total relevant cohort from our survey.⁷

SEND type	Diagnosed	Suspected	Diagnosed or suspected
Social, emotional and mental health needs (SEMH)	13%	18%	31%
Autistic spectrum disorder (ASD)	11%	18%	28%
Attachment disorder or difficulties	9%	17%	27%
Attention deficit hyperactivity disorder (ADHD)	7%	18%	26%
Learning difficulties	11%	11%	22%
Sensory needs (i.e. vision, hearing or multi-sensory impairment)	8%	8%	16%
Speech, language and communications needs (SLCN)	10%	5%	15%
CPTSD or PTSD	2%	9%	11%
Foetal alcohol spectrum disorder (FASD)	2%	7%	9%
Physical disability	3%	1%	4%

- 1.4. Nearly one third of kinship children in England had diagnosed or suspected social, emotional and mental health needs (SEMH). That social, emotional and mental health needs are the most commonly diagnosed or suspected type of SEND amongst kinship children is unsurprising given their likely experiences of trauma, separation and loss before entering kinship care. This also aligns with what we know about the primary type of special educational need for other social care groups such as children looked after for more than 12

³ Kinship (2024) [Forgotten: Support for kinship children's education and mental health](#)

⁴ Department for Education (2024) [Outcomes for children in need, including children looked after by local authorities in England](#)

⁵ Hunt, J (2020) [Two decades of UK research on kinship care: an overview](#)

⁶ Department for Education (2024) [Outcomes for children in need, including children looked after by local authorities in England](#)

⁷ Kinship (2024) [Forgotten: Support for kinship children's education and mental health](#)

months and children in need, where SEMH represents the primary identified need for over half and over one third respectively of those with SEN.⁸

- 1.5. Although the level of children's social, emotional and mental health needs can vary, the childhood adversity faced by the majority of kinship children before coming to live with their kinship carer and ongoing challenges managing the impact of early life trauma when in kinship care, compounded by a lack of appropriate and available support, can leave many kinship families at breaking point. In 2022, over half of kinship carers told us their child(ren) had behaviours which were difficult to manage, and a quarter had experienced child-on-carer violence.⁹
- 1.6. In our 2024 annual survey, 13% of kinship carers told us they were concerned about their ability to continue caring for their children in the next year. The most common reason given for this concern was managing kinship child(ren)'s social, emotional and/or mental health difficulties (72%). Nearly 1 in 5 (17%) of kinship carers said they had been unable to take on the care of a brother or sister to a kinship child in their care, and nearly half (49%) of this group noted challenges managing social, emotional and/or mental health difficulties (49%) as a reason for this.¹⁰
- 1.7. Autistic spectrum disorder is also very common amongst this cohort: kinship children in England represented in our survey were around 10 times as likely to have a diagnosis of ASD when compared to 5-19 year olds in England¹¹, a similar prevalence to adopted children¹². The vast majority (89%) of kinship children in England with declared SEND had two or more diagnosed or suspected difficulties. This reflects what we commonly hear from kinship carers about the multiple challenges their children face in education owing to the complexity of their identified needs and the lack of appropriately tailored support.
- 1.8. The vast majority of children in kinship care have experienced trauma, separation and loss. The circumstances which lead to a child entering a kinship care arrangement are often very similar to the reasons why a child might enter the local authority care system – in many cases, they are the very same children. In our 2022 annual survey, 54% of kinship carers said their kinship children had experienced abuse or neglect¹³, this is comparable with primary needs identified for other social care groups, including looked after children¹⁴.
- 1.9. This isn't true just for those children in formalised arrangements supported intensively by the child welfare system: wider research has explored how experiences of abuse and neglect, drug and alcohol abuse and parental mental illness are common too for informal kinship families and those secured by a legal order made in private law proceedings.¹⁵
- 1.10. Experiences of childhood adversity before coming into kinship care have a substantial impact on children's development. This can lead to significant ongoing challenges for their social, emotional and physical wellbeing – and both the ability of their kinship carers to manage and support this in the home environment and for teachers and other support staff to do so in a school or other education environment. Almost half (48%) of kinship carers told us in 2023 that their children's adverse experiences in childhood had negatively impacted

⁸ Department for Education (2024) [Outcomes for children in need, including children looked after by local authorities in England](#)

⁹ Kinship (2022) [The Cost of Loving: Annual survey of kinship carers 2022](#)

¹⁰ Kinship (2024) [Make or Break: Annual survey of kinship carers 2024](#)

¹¹ NHS Digital (2017) [Mental Health of Children and Young People in England, 2017: Autism spectrum, eating and other less common disorders](#)

¹² Adoption UK (2023) [The Adoption Barometer: A stocktake of adoption in the UK](#)

¹³ Kinship (2022) [The Cost of Loving: Annual survey of kinship carers 2022](#)

¹⁴ Department for Education (2024) [Children looked after in England including adoptions](#)

¹⁵ Selwyn et al (2013) [The Poor Relations? Children and Informal Kinship Carers Speak Out](#)

on their ability to cope in education.¹⁶ The higher prevalence of special educational needs and disabilities amongst children in kinship care reflects the legacy that childhood trauma has on a child's ability to cope well in school and beyond.

1.11. Our 2023 annual survey of kinship carers also suggests a higher proportion of kinship children are studying in special schools, likely reflecting the much greater prevalence of special educational or additional learning needs – just over 7% of kinship children were in a special school compared to only 1.7% of all pupils in England.¹⁷ As such, kinship children were around five times more likely to be learning in a special school than all pupils in England and Wales.

1.12. **Case study: Sarah (from our *Forgotten* report)¹⁸**

Sarah, 39, and her partner Matt, 42, from Woking in Surrey, took over the care of her two-year-old nephew, Craig*, in 2019 when his parents were no longer able to look after him.

"We had an initial honeymoon period which led us into a false sense of security, as he became aggressive, kicking, punching and biting me. The damage could be quite severe. He would be happily playing with his wooden train set one minute and throwing pieces at me the next minute. He would grab our pets and pull their tails. I had never seen this kind of behaviour before.

Our lives changed instantly when Craig came into our lives. He wouldn't sleep and constantly screamed and slammed doors. I loved him but I struggled with his behaviours and felt that I couldn't cope. I was up until the early hours most nights trying to find out as much as I could and joining support groups because no-one was helping us. I didn't want Craig* to grow up thinking these behaviours were ok and felt I had to do something because his behaviours would be so much worse when he was 15.*

I learnt about adverse childhood experiences and thought 'that's what this is' and realised he needed to learn healthy ways to manage his feelings. The local authority finally organised for him to see an occupational therapist. But we were stunned when she thought he would become violent and advised us to think about placing him in a secure specialist unit. I cried my eyes out. This wasn't support!

For three years we struggled to get any proper help from the local authority and in the meantime, we had to deal with his aggressive behaviours every day. I got to the stage where I had to leave the family home for a couple of days and stay with my mum. She encouraged me to see my GP, who diagnosed compassion fatigue and burn out.

I remember being so upset, and angry. I felt I'd done my best but couldn't go on, so I called the local authority and said, 'you need to get someone here now and pick him up because I can't do this anymore'. They put me through to a lovely lady who reassured me that they would have support for us within two weeks and that's when Lisa, our project worker from Kinship came round and changed my life overnight. I remember, she said to me 'you don't have to feel alone anymore, I'm going to help you,' and she did."

With Kinship's support over the last two years, Craig* has accessed a diagnosis for autism and ADHD and has been accessing the right therapeutic and emotional support. Lisa has also ensured that the family were receiving financial help and bursaries to access further support for Craig*, such as after school clubs and sensory items.

¹⁶ Kinship (2024) [Forgotten: Support for kinship children's education and mental health](#)

¹⁷ Department for Education (2023) [Schools, pupils and their characteristics: Academic year 2022/23](#)

¹⁸ Kinship (2024) [Forgotten: Support for kinship children's education and mental health](#)

"Thanks to Lisa, Craig no longer has any aggressive outbursts, and we feel like our lives have been transformed. She has helped us in so many different ways. I am so thankful. Without the support from Kinship, Craig* would be back in the system, and I would have felt as though I'd let him down. Our placement almost broke down but now we're a happy family.*

We had our last session with Lisa last week and we feel ready to face the world. Before Lisa, it felt as though we were trudging through murky water but now it's like we're having a lovely swim in clear blue water. When I wake up in the morning, I don't fear or dread the day, I look forward to it."

2. Support for kinship children's special educational needs

- 2.1. In our 2022 annual survey, we found that, whilst provision for kinship children's additional needs at school or college was generally more commonplace than support for physical or mental health needs, there were very few children growing up in kinship care with learning needs who didn't require some kind of additional professional support in education.¹⁹
- 2.2. As seen in the table in 2.3 above, for most types of SEND, many more kinship children were suspected to have needs than had received a diagnosis. This suggests that many kinship carers are struggling to ensure their children get an assessment and diagnosis; kinship carers tell us these are crucial to better understanding their children's needs and how best to support them, and to accessing relevant help from the local authority, school, health services or other provider.
- 2.3. Kinship children represented in our 2023 annual survey cohort for England were over three times more likely to have an Education, Health and Care (EHC) plan (15%) than all pupils (4%). A further quarter (24%) had SEN support status – this is again significantly higher than for all pupils in England (13%)²⁰ – and a further fifth (21%) did not have either an EHC plan or SEN support status but had reported that support was needed and/or that an assessment for an EHC plan had been requested.
- 2.4. However, unlike the comparable prevalence of special educational needs to other social care groups, the proportion of kinship children with SEND who have an EHC plan or SEN support status is much lower. 30% of children looked after for more than 12 months have an EHC plan – double the proportion of children in kinship care – and a similar level is seen in children in need (28%). Although, kinship children are around as likely to have either an EHC plan or SEN support status (39%) as children with a child protection plan (41%).²¹
- 2.5. The SEND code of practice recognises the importance of addressing special educational needs in the stability of looked after children's lives and says that local authorities "*should be particularly aware of the need to avoid any delays for looked after children and carry out the EHC needs assessment in the shortest possible timescale*", but this is only relevant for children in kinship foster care.²²
- 2.6. The ongoing crisis in SEND support is therefore likely to be disproportionately disadvantaging children in kinship care and too their carers who continue to battle for the support they need. We hear from a number of kinship carers who find the process of getting a diagnosis and/or support through an EHC plan to be immensely difficult, often having exhausted any and all available support available from the school or elsewhere before this

¹⁹ Kinship (2022) [The Cost of Loving: Annual survey of kinship carers 2022](#)

²⁰ Department for Education (2023) [Special educational needs in England](#)

²¹ Department for Education (2024) [Outcomes for children in need, including children looked after by local authorities in England](#)

²² Department for Education and Department of Health and Social Care (2015) [Special educational needs and disability code of practice: 0 to 25 years](#)

point, with multiple agencies, actors and processes acting as barriers to securing the help they felt their children needed.

2.7. Case study: Jo (from our *Forgotten* report)²³

Jo, 63, is a special guardian who lives in Huddersfield with her 68-year-old husband. They took over the care of a relative's newborn baby when the parent was unable to look after her.

"Social services said they would take the baby into care if no-one stepped up for her, so obviously we did. The first signs of trauma started to show when she started school. She would worry terribly all the time that we wouldn't pick her up. But her main worries have always been that we are going to abandon her, or we are going to die. She catastrophises and is in a heightened state all the time.

It's been an uphill struggle to convince the authorities that she needs support. She can't concentrate and relax into learning at school because she has all these anxieties, so she's missed out on a lot. She also has very poor self-esteem. She thinks 'if my mum doesn't like me, how can anyone else?'

She often says things like 'I don't want to be in this world anymore', 'I wish I had never been born', 'I wish I would die'. It's heart-breaking. She has had long periods out of school when she has been in crisis, and I have struggled to get help from CAMHS. Basically, she's fallen between the cracks.

I did manage to get eight weeks of counselling for her two years ago when she was out of school for six months but only because I went to the local mental health trust and sat in the director of nursing's office and refused to leave. I was desperate but eight weeks wasn't anywhere near enough. She needs sustained proper specialist therapy to help her process her emotions."

After years of battling, Jo managed to get an education, health and care (EHC) plan, which means her kinship child will finally get classroom support for a couple of hours every day.

"However, there's still nothing for her out of school hours, or in the school holidays when she struggles the most. And I fear things will get worse with secondary school approaching and hormones kicking in. We absolutely love her and would not want our lives to be any different but it's really hard. The constant fighting to get support is exhausting. She should get the help she needs."

3. **Recommendations**

- 3.1. The UK government should look to harmonise the existing patchwork of support for kinship children in England based on the type of kinship arrangement and previous experience in local authority care. New legislation should be introduced which guarantees equalised levels of support between children in all forms of kinship care and children looked after in local authority care, recognising the shared impact of childhood adversity on learning whilst respecting the unique needs, experiences and strengths of each cohort. This should involve coordinating duties and remits across the triangle of support available through the Virtual School, Pupil Premium Plus and the designated teacher, providing a clear, cohesive and comprehensive offer which considers how each element works to support the others.

²³ Kinship (2024) [Forgotten: Support for kinship children's education and mental health](#)

- 3.2. Future SEND reform in England, including a revised SEND Code of Practice, should consider an automatic entitlement to an EHC needs assessment for children in kinship care. This and future iterations of statutory guidance on kinship care should encourage local authorities to recognise the elevated prevalence of SEND amongst kinship children similar to looked after children and ensure there are no delays to EHC needs or other assessments.
- 3.3. Teachers and education professionals (e.g. SENCOs, teaching assistants, education welfare officers etc) should receive initial and ongoing training as relevant on the needs, strengths and experiences of children in kinship care and the key circumstances and challenges for kinship families. This should include information about the impact of trauma and childhood adversity on children's development, learning and behaviour, and the elevated presence of SEND and particularly social, emotional and mental health needs for this group.
- 3.4. Statutory and wider data collection and analysis should be improved. The data-linking project between the Department for Education and Ministry of Justice outlined in the National Kinship Care Strategy for England should include not only the children looked after data return (SSDA903) but other sources, including the National Pupil Database. The government should also consider utilising other methods of data collection, including the School Census, to build an improved picture of the number, characteristics and educational outcomes of children in all forms of kinship care, and undertake analysis of existing data to understand the settings in which different groups of kinship children are learning and their prevalence of SEND.
- 3.5. As part of a new legal requirement to deliver a kinship local offer as outlined in the Children's Wellbeing and Schools Bill and kinship care statutory guidance, local authorities should ensure that kinship families are signposted to appropriate advice, training and support around SEND, including that provided by Kinship such as our [online advice guide on SEND](#) and our free online and in-person workshops on 'navigating the SEND and EHCP process' and 'supporting your kinship child at school'.²⁴

²⁴ See <https://kinship.org.uk/support-and-advice/training-and-events/> for more information.

About Kinship

We are Kinship. The leading kinship care charity in England and Wales. We're here for kinship carers – friends or family who step up to raise a child when their parents aren't able to.

We are made by and for our community of kinship carers. For too long they have been isolated without the help they need.

Our purpose is to change lives, and change the system.

We support, advise and inform kinship carers. Connecting them so they feel empowered.

Because a child needs the love and warmth of a thriving family.

We develop research, campaigns and policy solutions. Creating positive change across society.

Because for kinship families, love alone is not enough.

And as we see momentum building for change, we keep working with our community and making impact.

Join us. Together, let's commit to change for kinship families.

Contact

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