



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

# Kinship carer identification

Background briefing for adjournment debate on Monday 23  
February 2026, led by Tom Collins MP

## The problem

Understanding and recognition of kinship care amongst professionals is poor. This can have a significant impact on access to crucial, timely support for kinship carers and their children. 71% of kinship carers say most people do not understand what kinship care is.

When accessing health services, including through GPs and dentists, kinship carers tell us the lack of practice knowledge can lead to poor information sharing and communication, and ultimately delays in diagnosis and treatment. It is also emotionally and practically exhausting for kinship carers who may feel their vital role in a child's life constantly questioned and face having to explain difficult circumstances repeatedly to professionals.

## The impact of parental responsibility

The complexity of kinship care compounds this challenge. There are several different types of kinship arrangement and the rights, responsibilities and the type of support which kinship families can access often depends on this, the child's journey into that arrangement, and where they live. Informal kinship carers in particular will often face challenges due to an absence of 'proof' of their ongoing caring role.

The type of arrangement also defines who has parental responsibility (PR). Only kinship carers with a special guardianship order (SGO) or child arrangements order (CAO) have legal parental responsibility for the child they are caring for.

- For those with SGOs, this is to the exclusion of any other person with parental responsibility and so they can make most major decisions – including consent for medical treatment – without agreement from the child's parents.
- Those with a CAO have equal joint parental responsibility and so are normally expected to consult with parents over big decisions, although healthcare professionals only need 1 person to give consent.
- Kinship foster carers do not have parental responsibility; they can make basis day-to-day decisions about the child but would need to consult with the local authority over decisions on other medical treatment.
- Informal kinship carers also do not have parental responsibility; this remains entirely with the child's parents.

**In any emergency medical circumstance where treatment is vital to save life or prevent serious harm, and confirming parental responsibility for a child would delay this, there is no requirement to do so and treatment can proceed without consent.**

The Children Act 1989 s(3) 5 also specifies that anyone who does not have parental responsibility but “*has care of the child*” may “*do what is reasonable in all the circumstances of the case for the purpose of safeguarding and promoting the child's welfare*”. This also applies in non-kinship care circumstances (e.g. a grandparent looking after a child for a day or a teacher at a school).

## The solution

Depending on the type of kinship arrangement and whether or not this confers parental responsibility (and at what level), there may be circumstances where proof of parental responsibility is required to consent to non-emergency medical treatment. Although an ID card could help to support improved recognition of the value of kinship carers, it would not change this legal necessity nor act as formalised proof of parental responsibility in circumstances where this was required for consent to treatment.

To ensure that kinship carers – regardless of type of arrangement – get effective and timely support from health professionals, we recommend that:

- a written working protocol, policy or set of national guidelines are established and embedded across trusts and other NHS structures as relevant which outline clearly the operational arrangements, principles, good practice and definitions around working with kinship families, parental responsibility, and the evidence and consent required for medical treatment. Joint protocols may also be useful to establish working procedures with local authority children's services. Examples of similar protocols include the [joint working protocol for adults with learning disabilities and mental health problems](#) from the Tees, Esk and Wear Valleys NHS Foundation Trust and the [joint protocol for children's social care and adult mental health](#) from the East London NHS Foundation Trust and Hackney Council,
- specific training is delivered to health and other professionals on kinship care, including on the type of kinship arrangements and what they mean for parental responsibility and consent, and how to best support kinship families accessing healthcare services in a way which recognises their unique needs, experiences and strengths.
- the Department for Health and Social Care and Department for Education explore where [ongoing work to improve data sharing and alert systems](#) elsewhere across NHS and children's social care could extend to children in kinship care arrangements, particularly those where children are now cared for under a special guardianship or child arrangements order having been previously looked after.
- professionals working across local authority children's services and the family justice system ensure that all kinship carers who are granted a legal order conferring parental responsibility are aware of their rights and what is needed to demonstrate PR when requested by health services.

# Policy priorities for kinship care

For too long kinship care has been overlooked and undervalued. That's why our [#ValueOurLove campaign](#) is calling on politicians to increase emotional, practical and financial support for kinship families. We are grateful for any support you are able to offer in using the debate to push the responding Minister on the following issues.

## 1. Ensuring all kinship families have access to financial support.

Financial insecurity remains a core part of too many kinship families' lives. Kinship carers are more than twice as likely as other adults to be [using credit more than usual](#) to cope with the cost of living. Unlike foster carers, most kinship carers do not receive any financial support when they unexpectedly take on the care of a relative or friend's child. The current system [creates perverse incentives](#) which keeps children looked after in care and prevents families moving to the right kinship arrangement for them, with significant implications for children, families and the public purse.

**Current status:** We are imminently expecting further information about launch of the government's [long-awaited Kinship Allowance Pilot](#). Whilst this is a positive step forward, it risks paralysing progress towards equalising financial support more widely. We want to see the government work at pace to outline how the pilot could lead to a further rollout. The Department for Education should encourage – and challenge – non-participating local authorities to improve their financial support alongside the pilot.

## 2. Securing a new right to paid kinship care leave.

Nearly half of kinship carers in work [lose their jobs after taking on their caring role](#), and 8 in 10 never return to work. Unlike adoptive and other working parents, kinship carers have no right to paid leave from employment after taking on the care of babies and children. This unnecessarily forces them out of work and into poverty and the benefits system, and robs them of protected time to help settle their children.

**Current status:** We were successful in [securing the inclusion of kinship carers](#) within the scope of the government's parental leave review last year. But it's vital this leads to a new right to paid kinship care leave. On the day of the reception, we'll be publishing our proposals for a new statutory entitlement, developed alongside kinship carers and workplace leaders, and attending parliamentarians will have the chance to learn more from kinship carers and employers about why this is needed.

## 3. Improving educational and therapeutic support for kinship children.

Children growing up in kinship care have typically experienced trauma, separation and loss. As a result, they have levels of special educational needs comparable to children in care. But unlike their counterparts in the care system, most [don't have access to vital help](#) at school or with their mental health. For the 1 in 8 kinship carers [concerned about their ability to continue](#) in the next year, the most common reason is the lack of support for their children's [social, emotional and mental health difficulties](#).

**Current status:** Steps taken through the [Children's Wellbeing and Schools Bill](#) and elsewhere have been insufficient to support children in kinship care. Last year's [changes to the adoption and special guardianship support fund](#) (ASGSF) were chaotic and poorly considered. The [proposals made earlier this month](#) as part of the government's consultation on adoption and kinship support are confused, ill-considered and fail to recognise the unique needs, strengths and experiences of kinship families as different to those of adoptive families.

To learn more about current policy in kinship care, what's happening and our verdict and evidence, read our most recent [Handle With Care](#) report based on the findings from our 2025 annual survey of kinship carers, and visit our [kinship care policy tracker](#).



## About kinship care

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. The best estimate we have suggests there are **more than 141,000 children living in kinship care in England and Wales** – three times the number in unrelated foster care.

Grandparents are most commonly kinship carers, but they can also be older siblings, aunts and uncles, cousins and family friends. Kinship care can take many forms, and the rights, responsibilities and support available to kinship families depends largely on the type of arrangement they have.

Most children in kinship care have experienced trauma, adversity and loss. Children typically enter because the parent has died, is unwell, has gone to prison, is experiencing problems with drugs and alcohol, or are neglectful or abusive. A kinship carer provides a stable and loving home life where a child can grow and develop in a safe, positive environment. They also get to stay in their existing family network, which helps maintain their sense of identity and family relationships.

**It makes sense to invest in kinship care.** Evidence shows that it delivers good experiences and outcomes for children and families as well as cost savings for the public purse. For every 100 children looked after in well-supported kinship care rather than local authority care, the state saves £4 million per year and increases the lifetime earnings of those children by £2 million.

## About Kinship

Kinship is the leading kinship care charity in England and Wales. We're here to change lives and change the system. We provide advice and support to thousands of kinship families each year through our specialist advice service, network of more than 160 peer support groups, and free in-person and online events and workshops. Working closely with kinship carers, local authorities and other partners, we develop research, campaigns and policy solutions – creating positive change across society.

### 5 top links for MPs

1. Download our information pack for MPs for everything you need to know to support kinship families in your constituency and in Parliament.
2. Visit our kinship care policy tracker to stay updated kinship care policy in England, including what's happening now, our verdict, and what we think should happen next.
3. Read our collection of reports and briefings for further evidence and policy recommendations based on our unparalleled reach with kinship carers.
4. Learn more about the kinship families in your constituency and region at our kinship care constituency map.
5. Discover Kinship's support for kinship families in your constituency or local area by using our Kinship Compass tool.