Kinship

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

For kinship families, with kinship families

Submission to the Department for Education's *'Adoption support that works for all'* consultation

May 2025

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Introduction

Our submission synthesises evidence and insights from our own research and experience working with kinship families, as well as evidence from other relevant sources, to set out:

- the context for kinship families;
- the context for the system;
- our response to the proposals; and
- key principles for designing future support.

Included in our submission is previously unpublished evidence from our 2025 annual survey of more than 1,900 kinship carers, presented throughout in an orange box for clarity. Further information about our 2025 annual survey and its methodology can be found in our *Handle With Care* report (October 2025).[1]

In addition, we also include below the results from an online poll completed by 1,036 kinship carers over April and May 2026. These results are presented in a purple box on page 8.

To support kinship carers in England to engage with the consultation and inform the government's response, in February we shared guidance with our Kinship Community which distilled the proposals made, suggested reflective questions for responding kinship carers to consider from their own experiences, and signposted to relevant advice and support.[2]

Following this, in April, we created a digital action which enabled kinship carers to respond directly to the consultation via email, responding to 2 key questions around what good mental health support for their kinship family looked like and why they felt it was important for support to be tailored to the needs and experiences of kinship children, most relevant to questions 9 to 11 and question 20 respectively in the consultation itself.

Where quotes are included below, they come from kinship carers' responses to either our 2025 annual survey or the digital action.

[1] Kinship (2025) Handle With Care: Annual survey of kinship carers 2025
[2] Kinship (2026) Share your views with the government on the adoption and special guardianship support fund (ASGSF) [February 2026]

Summary

The context for kinship families

Kinship children have high levels of mental health and therapeutic support needs, comparable to adopted children and those looked after. This should be the starting premise when considering effective therapeutic and emotional support for those in kinship care.

We also know that access to mental health support for kinship children is poor and inconsistent, often reflecting a complex hierarchy based not on need but on type of arrangement and the journey taken to get there. This also acts to exacerbate racial inequalities in support.

Unmet mental health needs are compounded by uniquely challenging circumstances for kinship families; they are more likely than other carers to face significant financial, practical and personal challenges which impact on family capacity to deal with the additional strain created by children's social, emotional and mental health needs.

Poor support to manage these needs and children's challenging – and sometimes violent – behaviour is increasing the risk of kinship family breakdown and sibling separation.

The context for the system

The landscape of support for kinship families – including therapeutic and emotional support – is fragile and underdeveloped. It is more vulnerable to shocks and lacks the resilience of systems with more robust funding arrangements and a better-developed regulatory framework and practice context.

Awareness of and access to the adoption and special guardianship support fund (ASGSF) amongst kinship families is poor, and there is considerable variation by area and type of arrangement. The experiences of kinship families with therapeutic support funded by the ASGSF is different to adoptive families, and they report continued disruption with lasting consequences following last year's changed to the ASGSF.

There is clear evidence that kinship families could benefit from a different approach which better reflects their unique needs, experiences and strengths. .

Our response to the proposals

We outline two cross-cutting considerations which we urge the government to take into account when designing a new system of support for kinship families.

1. **Models of support must align with the scale and type of need.** There will always be a considerable need for specialist, intensive therapeutic intervention, and any change which erodes the capacity of kinship families to access this risks children's experiences, outcomes and family stability.
2. **Support must be tailored, designed specifically with and for kinship families.** Just like adoptive families, kinship families deserve an approach which recognises their specific circumstances and needs so that support models and delivery mechanisms are as effective as possible.

Key principles for designing future support

There is an opportunity following the consultation for the government to rethink its approach and design a new system of mental health support for all kinship families, meaningfully informed by their views and experiences, and tailored to suit them. We offer 4 key principles which should be embedded in any new system of support:

1. **Specific consideration of family dynamics, relationships and identity.** Support should recognise the complexity and importance of these issues for children in kinship care, including challenges around contact and the value of life story work.
2. **Quicker, easier access to therapeutic support.** New delivery mechanisms could remove unnecessary barriers in the existing ASGSF which delay much-needed support and promote longer-term continuity to allow for trusted relationships to develop,
3. **Support which reaches the whole kinship family**. Kinship carers want to see whole-family support which considers both the shared and individual needs of all members of a kinship household, including kinship carers and other biological or step children.
4. **An approach which is inclusive of all kinship families.** Too many kinship families with very similar needs and experiences but with less formalised arrangements are unfairly locked out of the ASGSF given current eligibility criteria.

1. The context for kinship families

Children typically enter kinship care having experienced trauma, separation and loss, common with children who enter unrelated foster care or residential care and those who are adopted.

In Kinship's 2023 annual survey, 60% of those cared for under a special guardianship order (SGO) or child arrangements order (CAO) made following care proceedings entered kinship care as a result of familial substance misuse, 52% had experienced neglect, and 45% physical abuse.[3] By definition, this group of kinship children (i.e. those eligible for the adoption and special guardianship support fund) have previously been taken into the care of the local authority as a result of – or because they were deemed at risk of – significant harm.

The legacy of this childhood adversity and disrupted attachments can manifest as social, emotional and mental health (SEMH) needs which significantly impact on children's wellbeing, development and behaviour. The link between experiences of developmental trauma and future neurodevelopmental and mental health diagnoses which require appropriate treatment and support is well-evidenced.

Kinship children have high levels of mental health and therapeutic support needs, comparable to adopted children and those looked after.

The starting premise when considering effective therapeutic and emotional support for those in kinship care should be that they are likely to have needs and experiences comparable, and not lesser, to other social care groups, including but not limited to adopted children.

- The Family Routes study – commissioned by the Department for Education – found that adopted and special guardianship young people had experienced high rates of pre-birth and early childhood risk exposures, leading to lasting conditions such as Fetal Alcohol Spectrum Disorder (FASD) and ongoing behavioural, mental health, and relationship challenges – particularly into adolescence. Interview findings found a high prevalence of emotional, behavioural and neurological difficulties, with around two-thirds of adopted and special guardianship young people having at least one diagnosis.[4]

- Of 10,000 people born across the UK in 2000-02, nearly half (45%) of teenagers aged 17 who had lived in kinship care reported they had recently self-harmed, compared to a quarter (24%) with no out of home (OHC) care. They were also more likely to have high levels of depression (29%) compared to those with no OHC experience (16%). Mental health inequalities persisted into early adulthood too; 39% of those with experience of kinship care reported high levels of psychological distress compared to 23% with no OHC at age 20/21. 1 in 5 (21%) of teenagers with kinship care experience had tried to end their own life.[5]

- Our annual surveys of kinship carers have repeatedly evidenced significant mental health needs within kinship families. Almost half of kinship carers in 2023 told us their children's adverse experiences in childhood had negatively impacted on their ability to cope in education.[6]

[3] Kinship (2025) Designing a new right to paid leave for kinship carers
[4] Ecorys UK and Rees Centre, University of Oxford (2026) Family Routes: exploring needs, experiences and outcomes among young people growing up in adoption and special guardianship
[5] Parsons, S & Schoon, I (2026) Digging deeper: Further examination of the association between Out of Home Care experience and poor outcomes, focusing on mental health and wellbeing. UCL, Social Research Institute. Nuffield Foundation & Centre for Longitudinal Studies.
[6] Kinship (2024) Forgotten: Support for kinship children's education and mental health

- Studies have suggested that 24-35% of kinship children are likely to have emotional and behavioural difficulties, compared to 10% expected in the general population.[7] Our Growing Up in Kinship Care study found that 22% of young people with kinship care experience had a probable mental health disorder, similar to care leavers (25%).[8]
- Of those children cared for under SGOs and CAOs who were in receipt of ASGSF support, they were just as likely as adopted children to receive support costing between £3000 and £5000 in 2024/25, suggesting a comparable level of need and intensity.[9]
- Although not specific to mental health, analysis of Census 2021 data has found that 11.9% of children living in kinship care were disabled, compared to 6.6% of children living with at least one parent.[10]

Elevated levels of mental health needs are also reflected in evidence around the prevalence and type of kinship children's special educational needs (SEN). It is clear that social, emotional and mental health (SEMH) needs dominate amongst cohorts of kinship children, adopted children and those in other social care groups with SEN, with broadly comparable rates likely reflecting their shared experiences of childhood trauma, separation and loss.

- In 2024, our research found that nearly half (47%) of kinship children in England had a suspected or diagnosed special educational need or disability.[11]
- Similarly, for those children recorded in the January 2025 school census as previously looked after and cared for under an SGO or CAO, 45% had either SEN support status or an education, health and care (EHC) plan. [12] These rates are comparable to those amongst children in other social care groups such as those looked after and those on child protection plans.[13]
- Of the above school census cohort, more than 4 in 10 (42%) had SEMH needs recorded as their primary type of need.[14] 50% of children looked after for more than 12 months[15] and 40% of adopted children[16] with an EHC plan have SEMH recorded as their primary type of SEN. Comparably, for all pupils with an EHC plan, only 16% have SEMH as their primary type of SEN.

Access to mental health support for kinship children is poor and inconsistent.

High-quality therapeutic and emotional support can and does help many kinship children to heal and thrive. But too many families are denied the opportunity to access this.

In our 2025 annual survey, 1 in 8 (12%) kinship carers said that they were caring for a kinship child who was currently receiving support through Child and Adolescent Mental Health Services (CAMHS). In 2023-24, around 8% of children in England had an active referral to CAMHS, but only

[7] Hunt, J (2020) Two decades of UK research on kinship care: an overview. Family Rights Group,
[8] Wellard, S., Meakings, S., Farmer, E. & Hunt, J (2017) Growing Up in Kinship Care: Experiences as Adolescents and Outcomes in Young Adulthood. Paul Hamlyn Foundation.
[9] Department for Education (2025) Adoption and Special Guardianship Support Fund – Question for Department for Education: UIN 47692, tabled 24 April 2025 and answered on 19 May 2025
[10] Office for National Statistics (ONS) (2023) Kinship care in England and Wales: Census 2021 [26 September 2023
[11] Kinship (2024) Forgotten: Support for kinship children's education and mental health
[12] Department for Education (2025) Children in Care: Special Educational Needs – Question for Department for Education: UIN 93818, tabled on 24 November 2025 and answered on 2 December 2025
[13] Kinship (2024) Forgotten: Support for kinship children's education and mental health
[14] Department for Education (2025) Children in Care: Special Educational Needs
[15] Department for Education (2026) Outcomes for children in need, including children looked after by local authorities in England: Reporting year 2025
[16] Figures accessed via a Freedom of Information request, kindly shared by Adoption UK. Information on SEND for previously looked after children isn't routinely published by the Department for Education

36% began treatment in the same year.[17] This again indicates an increased prevalence of identified mental health difficulties amongst kinship children.

Nearly a quarter (24%) of kinship carers said a kinship child in their care received mental health or wellbeing support through their school or college, and 8% through another service – most commonly local independent providers commissioned by the local authority or paid for privately.

9% of kinship carers said at least one of their kinship children was on a waiting list for support, and 10% said a referral had been or was being made.

We know that too many kinship families struggle to access the support they need, with a complex hierarchy of eligibility unfairly locking those with particular types of kinship arrangements out of support. This exacerbates challenges for those from minoritised ethnic backgrounds as these families are more likely to provide informal care but are less often involved in formal kinship care.[18] Even when professional support is secured, this may not be effective as a result of short-term, transient delivery and a failure to consider the unique needs, strengths and experiences of kinship children.[19]

> *"[Local authority] promise you the earth to get you to go for SGO. I have phoned them 3 times for help with the girls mental health and their answer is go through the school. They are not interested, the local kinship social workers can't even tell you what support they are able to offer."*

6 in 10 kinship carers (60%) who completed our poll in April to May 2026 and whose children need mental health support say they aren't getting the specialist support they urgently need. Only 15% of respondents said they child or children didn't need mental health support.

- The Family Routes study found that, despite high levels of need, access to mental health support for adoptive and special guardianship families was often limited, noting that many families faced barriers accessing CAMHS and other support, including long waits, eligibility issues, and a lack of continuity in support[20].
- Similarly, researchers interviewing special guardians identified that *"one of the great frustrations… were to do with difficulties and delays in getting services from CAMHS"* and another study noted that *"despite children having similar levels of emotional or behavioural difficulties, children who were looked after away from home received far more support from CAMHS than children in kinship care"*.[21]
- In 2023, more than a quarter of kinship carers said their children had never received any emotional or therapeutic support but that this was , 65% of kinship carers whose kinship child received professional support for their mental health needs said this was either difficult or very difficult to access.[22]
- Difficulties securing support from the local authority or through CAMHS or elsewhere, compounded by urgent needs to prevent escalation of worsening mental health or behavioural issues, often pushes kinship carers to fund support privately. Around 1 in 8 (13%) kinship carers told us in 2023 they had used their own money to pay for therapeutic

[17] Children's Commissioner for England (2025) Children's mental health services 2023-24
[18] Tah, P & Selwyn, J. (2025) Raised by Relatives: the experiences of Black and Asian kinship carers. Kinship and the Rees Centre, University of Oxford
[19] Kinship (2024) Forgotten: Support for kinship children's education and mental health
[20] Ecorys UK and Rees Centre, University of Oxford (2026) Family Routes: exploring needs, experiences and outcomes among young people growing up in adoption and special guardianship
[21] Hunt, J (2020) Two decades of UK research on kinship care: an overview. Family Rights Group,
[22] Kinship (2022) The Cost of Loving: Annual survey of kinship carers 2022

support for their children, and a further 24% were actively considering doing so in the near future.[23]

Similar disparities in support extend to the SEN system too. Despite the comparable prevalence and type of special educational needs to other social care groups as noted above, kinship children are less likely than would be expected to be receiving formalised support through an education, health and care (EHC) plan.

- Based on the January 2025 school census, 16% of children cared for under an SGO and 13% cared for under a CAO have an EHC plan compared to 5% of all pupils in England. In addition, 31% of both groups receive SEN support, compared to 14% of all pupils.[24]
- In addition, based on responses to our 2023 annual survey of kinship carers looking after at least 2,146 kinship children (including those not previously looked after and those cared for informally) our *Forgotten* report identified that 15% of all kinship children had an EHC plan and a further quarter (24%) had SEN support status.
- However, in comparison, more than double the proportion of children looked after for more than 12 months have an EHC plan (34%), and a further 27% receive SEN support. 29% of children in need have an EHC plan.[25]

This gap between need and formalised support is significant for kinship children, and the ongoing crisis in SEN support is therefore likely to be disproportionately impacting on kinship families.

Unmet mental health needs are compounded by uniquely challenging circumstances for kinship families, creating a significant risk to family stability.

The wider context for kinship families – and the impact this has in intensifying the challenges arising from unmet mental health needs – cannot be understated.

The circumstances for kinship families are often very different than for others caring for children. Unlike adoptive parents , kinship carers step up – often without notice following a family emergency – to take on the care of a loved one's child. They typically do not have any period of training or preparation, and continue to navigate complex family relationships, poor awareness and information, and a fractured and hierarchical system of support alongside unexpectedly taking on a caring role.

- Kinship carers are more likely to be older, disabled, to report having poor health, to feel lonely and anxious, and to be providing unpaid care for adult family and friends alongside their caring responsibilities for their kinship children. They are also more likely than adoptive parents to be caring for a child alone without the support of a partner or spouse.[26]
- Kinship carers are more likely than parents to be economically inactive, particularly as a result of long-term sickness or disability, and kinship households are much more likely to live in deprived, overcrowded and social rented homes in areas of the country with the highest levels of poverty.[27]

[23] Kinship (2024) Forgotten: Support for kinship children's education and mental health
[24] Department for Education (2026) Outcomes for children in need, including children looked after by local authorities in England: Reporting year 2025
[25] Ibid
[26] Kinship (2024) Make or Break: Annual survey of kinship carers 2024
[27] Office for National Statistics (ONS) (2023) Kinship care in England and Wales: Census 2021 [26 September 2023]

- 1 in 5 kinship carers said a family member had slept in unsuitable conditions in the last year, 18% had a bill they couldn't afford to pay in the last month, and they were twice as likely as other adults to be using credit to cope with the cost of living.[28]

All of these factors limit the financial, practical and emotional capacity within that family to deal with the additional strain created by children's social, emotional and mental health difficulties and issues accessing appropriate support. As a result, there is clear evidence that such challenges are the leading risk to kinship family stability. It is not simply the prevalence of need which is stark, but the intensity of its impact on the experiences and outcomes for kinship children and their families.

Two-thirds (66%) of kinship carers who responded to our 2025 annual survey said their kinship children regularly display behaviours which they find challenging to manage. This is up considerably from 2022 when just over half (52%) of kinship carers said this was the case.

- In addition, more than 1 in 8 kinship carers (13%) said last year they were concerned about their ability to continue caring for their kinship children, with nearly three-quarters of this group (71%) highlighting challenges managing social, emotional and behavioural difficulties as a contributing factor – the most common reason given.[29]

- The Family Routes study found that the most common issue which special guardians and adoptive parents said had led them to consider whether to return their child(ren) to care was increasing aggression and violence towards them or siblings.[30] In 2022, our annual survey found that a quarter (25%) of kinship carers had experienced child-on-carer violence in the last year.[31]

- Foundations' exploration of local authority support for kinship families found, for support that was more likely to be extended to arrangements at risk of breaking down (beyond family and friends foster care), a common priority was providing emotional/therapeutic support through in-house mental health professionals, psychologists or external therapy, counselling or links with CAMHS centres.[32] This suggests therapeutic support was seen to be critical for kinship families at the point of crisis.

- In a 2014 study, two-thirds of children cared for under special guardianship whose placement disrupted before the age of 17 were rated by their special guardians to have serious emotional or behavioural difficulties[33], and wider research suggests the greatest challenge kinship carers face in relation to the child is coping with the emotional and behavioural difficulties present as a result of adverse life experiences.[34]

- Poor support for SEMH needs not only increases the likelihood of breakdown but can also act to prevent children living with their siblings in kinship care. Last year, nearly 1 in 5 (17%) kinship carers told us 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 as a reason for this.[35]

[28] Kinship (2025) Handle With Care: Annual survey of kinship carers 2025
[29] Kinship (2024) Make or Break: Annual survey of kinship carers 2024
[30] Hamilton, S & Blades, R (2025) Family Routes study: making decisions about their children's care. Ecorys. Department for Education.
[31] Kinship (2022) The Cost of Loving: Annual survey of kinship carers 2022
[32] Foundations (2023) Understanding the variation in support for kinship carers: a survey of local authorities in England
[33] Wade, J., Sinclar, I., Studdard, L., Simmonds, J (2014) Investigating Special Guardianship: experiences, challenges and outcomes. Social Policy Research Unit, University of York and British Association of Adoption and Fostering. Department for Education.
[34] Hunt, J (2020) Two decades of UK research on kinship care: an overview. Family Rights Group,
[35] Kinship (2025) Handle With Care: Annual survey of kinship carers 2025

Any change which might erode the capacity of kinship families to access therapeutic support carries with it a significant risk of increasing the rate of sibling separation and kinship family breakdown.

2. The context for the system

The landscape of support for kinship families, including therapeutic and emotional support, is fragile and underdeveloped.

There is significant variation in the support which kinship families receive, both across local authorities as well as different kinship arrangements.

In the absence of a comprehensive set of statutory rights to support and a coherent legislative framework, there has been much-needed reliance on independent organisations such as Kinship and the wider voluntary and community sector to deliver support. As identified by the first ever National Kinship Care Strategy in 2023, *"for many years, the voluntary sector has held communities of kinship carers together through peer support groups"* and has provided *"a foundation of support to kinship carers".*[36]

This insufficient patchwork of support ultimately creates fragility in the kinship care system; it is more vulnerable to shocks and lacks the resilience of systems with more robust funding arrangements and a better-developed regulatory framework and practice context.. As such, even small changes can create significant – and often unintended – consequences for kinship families.

In particular, the ASGSF occupies a disproportionate role in the ecosystem of support for kinship families; the vast majority of kinship families will have nowhere else to turn to for funded, specialist therapeutic support.

This is illustrated clearly in statutory guidance for local authorities detailing what to include in their kinship local offers; the only content included within the 'therapeutic support' section is about signposting to the ASGSF.[37] The continued disruption to and reform of the Fund also comes at a time when the government's Children's Wellbeing and Schools Act has introduced a new legal duty on local authorities to include signposting to *"services relating to health and wellbeing"* in their kinship local offers.[38]

Over half (53%) of local authorities say they do not offer the same therapeutic or emotional support for children cared for under an SGO or CAO than is available to those in kinship foster care. The extent and type of support also varies considerably, and is typically not guaranteed but considered on a case-by-case basis and with conditions in place (e.g. requiring a child to have Child in Need status).[39] Importantly, the current ASGSF criteria explicitly include those cared for under a CAO, and we know these families are less likely than SGO families to be eligible for other therapeutic or emotional support.

In comparison, and although many adoptive families will themselves struggle to access appropriate therapeutic support, regional adoption agencies (RAAs) have *"developed specialist teams with a deep understanding of therapeutic needs"*. In addition to using the ASGSF for funding therapy, many RAAs will use their own funding (including via additional grants) to deliver in-house (or commission) therapeutic support, training or other specialist services for adoptive families. Whilst some local authorities may provide in-house or commission support for some groups of kinship children, this is not comparable with the level of investment from RAAs in establishing dedicated avenues for emotional and therapeutic support and specialist expertise around the needs of adoptive families.

[36] Department for Education (2023) Championing kinship care: national kinship care strategy
[37] Department for Education (2024) Kinship Care: Statutory guidance for local authorities
[38] UK Parliament (2026) Children's Wellbeing and Schools Act 2026 [Accessed 5 May 2026]
[39] Foundations (2023) Understanding the variation in support for kinship carers: a survey of local authorities in England

Awareness of and access to the ASGSF amongst kinship families is poor, and there is considerable variation by area and type of arrangement.

It is well-known that the number of applications to the ASGSF each year from kinship families is much lower than from adoptive families, despite more children leaving care to SGOs or CAOs than through adoption each year since 2019.[40]

21% of applications to the ASGSF in 2024/25 were from SGO or CAO families.[41] But if the proportion of applications from eligible cohorts aligned with the numbers of children who left care to the different arrangements last year, we would expect 63% of applications to be from this cohort.

In our 2025 annual survey, 22% of eligible kinship carers said that they had *ever* accessed ASGSF funding, and a further 5% had an application in progress at the time of the survey. Comparably, 50% of adoptive parents said they were currently receiving support via the ASF in 2023.[42]

Even if the proportion of eligible kinship families receiving support remains stubbornly low, it is positive to see signs of growing awareness and uptake. The proportion of applications to the ASGSF from SGO and CAO families is up from just 12% in 2020/21[43], and the percentage who said they had ever accessed the ASGSF in our 2025 annual survey is higher than the 1 in 7 (14.5%) of special guardians with an order made following care proceedings who told us they had accessed support funded by the ASGSF in 2023.

The Family Routes study found that many special guardians were not aware that they could access it or had only found out much later that it was available to them. The government in its National Kinship Care Strategy in December 2023 committed to changing the name of the then adoption support fund (ASF) to *"ensure more eligible kinship carers are aware of their ability to access"* the fund, and to *"support this by raising greater awareness of this fund amongst special guardians"*.[44]

However, although representing a step in the right direction, the renaming decision continued to omit eligible CAO families, despite their inclusion within the eligibility criteria since April 2022, risking those families and those supporting them being unaware they can apply. In our 2023 annual survey, eligible kinship carers with CAOs were more likely to say they *didn't think they were eligible* than to say they had received support or applied for the ASGSF. In 2024/25, only 61 applications to the ASGSF were made for eligible CAO children.[45]

There is also considerable regional variation in the proportion of applications to the ASGSF which come from SGO and CAO families compared to adoptive families, ranging from 21% in the South West and in Yorkshire and the Humber to only 12% in the West Midlands and 10% in the North East. This is not necessarily aligned with those areas more likely to have higher proportions of children who leave care to SGO or CAO; the 12 local authorities in the North East supported only 38 more applications to the ASGSF in 2023-24 than the 12 local authorities in inner London[46]

[40] Department for Education (2025) Children looked after in England including adoptions: Reporting year 2025
[41] Department for Education (2025) Equalities Impact Assessment for Adoption and Special Guardianship Support Fund (Budget Management Changes) [Deposited at Parliament.uk on 17 July 2025
[42] Adoption UK (2025) The Adoption Barometer: A stocktake of adoption in England
[43] Department for Education (2025) Equalities Impact Assessment for Adoption and Special Guardianship Support Fund (Budget Management Changes) [Deposited at Parliament.uk on 17 July 2025
[44] Department for Education (2023) Championing kinship care: national kinship care strategy
[45] Department for Education (2025) Equalities Impact Assessment for Adoption and Special Guardianship Support Fund (Budget Management Changes) [Deposited at Parliament.uk on 17 July 2025
[46] Mott Macdonald and Department for Education (2024) Adoption and Special Guardianship Support Fund (ASGSF) Annual Data Insights: September 2024

despite more than 3 times the number of children leaving the care system through an SGO or CAO in the North East (700) than in inner London (190)[47].

The vast majority of local authorities reported in 2023 that they support eligible SGO families to access the then ASF, with 81% indicating that they do this regularly and 15% sometimes.[48] But this figure is unnecessarily low given that SGO families have been eligible to access the fund alongside adoptive families since 2016.

We know from our advice and support work that many kinship carers struggle to get an application for the ASGSF submitted by their local authority due to misunderstandings about eligibility from practitioners or due to requirements that other therapeutic options have been exhausted prior to an application being made.

> *"We have tried to ask our local Children's Services to apply on our behalf (which is how it must happen) but they are steadfastly stonewalling, obfuscating or misinterpreting our enquiries. We were told finally, last winter, that someone would come and assess but have heard nothing since."*

> *"It took the local authority over 4 years to make the ASGSF application claiming that my kinship child should wait until she'd had her autism assessment that we'd been waiting for. During that time my kinship child required therapeutic support and I had to source this elsewhere in the absence of the ASGSF and any other support."*

Kinship families' experiences with ASGSF-funded support is different to adoptive families, and there is evidence they could benefit from a different approach.

Whilst many kinship carers do find support funded through the ASGSF to be very useful to support their children's mental health and develop their own skills and knowledge, this isn't universal.

Of those kinship carers responding to our 2025 annual survey who had received ASGSF-funded support for their family, 62% said this had made a positive difference. This is significantly lower than for adoptive parents, of which 85% said it had made a positive difference.[49]

Some report that inflexible and limited 'off the shelf' packages of therapeutic support procured by local authorities don't always meet the specific needs and experiences of kinship families; these may be delivered by professionals or organisations with experience in supporting adopted but not kinship children. Kinship carers also report that local authority professionals do not have the expertise and understanding of kinship care to deliver support tailored to the unique needs and circumstances of kinship families. [50]

> *"Their experiences are different from other children, so general support may not be enough. Specialist support helps them feel safe and understood.it can help them manage emotions and build trust. It supports healthy relationships with carers and family."*

Other evidence also suggests the ASGSF isn't working as effectively for kinship families as for adoptive families and they could benefit from a different approach which recognises their unique needs, strengths and experiences.

[47] Department for Education (2025) Children looked after in England including adoptions: Reporting year 2025
[48] Foundations (2023) Understanding the variation in support for kinship carers: a survey of local authorities in England
[49] Adoption UK (2025) The Adoption Barometer: A stocktake of adoption in England
[50] Kinship (2024) Forgotten: Support for kinship children's education and mental health

- The evaluation of the adoption support fund (ASF) 2018 to 2022 found that awareness levels, and the extent to which the fund was seen to have positively helped carers and their children, were both lower amongst special guardians than for adoptive parents.[51]
- Evaluation also found that both local authorities and providers considered the quality of SGO-related assessments to be inconsistent, including because social workers might only undertake them occasionally, and found poorer accessibility of services tailored to SGO families than for adoptive families. Some providers wondered whether the needs of SGO children and families were as well understood as those of adopted children.[52]
- The review of the adoption support fund COVID-19 scheme suggested that *"SGO families may need a different approach, particularly to marketing support for them"*.[53]
- Sarah Johal, National Adoption Strategic Lead, has acknowledged that *"we definitely need to do something more bespoke for that group [kinship carers]"*.[54] Adoption England's options appraisal published last year recommended that the ASGSF *"be formally split in due course, between adoption and special guardianship support"* to reflect the *"evolving needs of both cohorts and the importance of tailoring support models accordingly"*. It outlines that there is a need to *"develop more bespoke support for kinship carers, with more targeted commissioning based on their needs, improved data collection and evaluation to understand what works best for the different cohorts"* to *"ensure that the ASGSF continues to be a vital, effective, and equitable resource that supports all families raising children from care, while recognising and respecting their diverse experiences"*. [55]
- Foundations' exploration of variations in local authority support notes that *"a distinct strategy might be necessary to ensure the fund is tailored to the needs of kinship families and more accessible to them so that benefits are more equitable, including adjusting how it is marketed"*.[56]
- The different experiences, needs and strengths of kinship families have too been acknowledged by government. The 2023 National Kinship Care Strategy noted that *"anecdotal evidence suggests that applications [to the ASGSF] for children in kinship care are more complex than those for adoptive families and that these children also have a different set of support needs"*.[57]

Kinship families continue to experience significant disruption following last year's changes to the ASGSF, leading to lasting consequences for children's mental health and stability.

In April 2025, the government announced a set of changes to the ASGSF for 2025-26, including a reduction in the fair access limit for therapy from £5,000 to £3,000 per child per year, removal of the separate £2,500 limit per child per year for specialist assessments, and removal of additional match-funded support for exceptional cases.[58]

Of those kinship carers caring for a child currently receiving ASGSF-funded support or where an application was in progress at the time of our 2025 annual survey, 3 in 5 (60%) said the changes

[51] Department for Education (2022) Evaluation of the adoption support fund 2018 to 2022
[52] Department for Education (2022) Evaluation of the adoption support fund: local authority, regional adoption agencies and provider experiences
[53] Department for Education (2021) Review of the adoption support fund COVID-19 scheme
[54] Community Care (2025) DfE plans to test regional devolution of adoption support funding [Published 20 May 2025]
[55] Adoption England (2025) Securing the Future of the ASGSF: Strategic Options for Reform and Delivery – Adoption England's reflection
[56] Foundations (2023) Understanding the variation in support for kinship carers: a survey of local authorities in England
[57] Department for Education (2023) Championing kinship care: national kinship care strategy
[58] UK Parliament (2025) Adoption and Special Guardianship Support Fund: Written ministerial statement made on 22 April 2025

had impacted or would impact on their kinship family, and a further third (33%) said they didn't know; only 7% said the changes had not or would not impact them.

Kinship carers told us that the uncertainty around the future of the ASGSF last year, compounded by significant changes to the funding structure, led to unnecessary fear and anxiety. Some therapeutic interventions were delayed or stopped altogether, creating significant gaps in vital support for kinship children's mental health.

Many kinship carers told us they had been left with no other option than to self-fund to plug the gaps left by cuts to the fair access limit and retain consistency in support. Others were forced to choose between different types of therapeutic support with little understanding or guidance to help inform them about what would be most effective.

> *"Support didn't last the year before & now it's even shorter in length. The support would drop off a cliff and impact little one's behavior without school support and us self-funding - which stretches our budget to breaking point".*

> *"A referral was made but unsuccessful due to the government changes. Had to pay for therapy ourselves which put a strain on finances".*

The removal of the separate allowance for specialist assessments, deemed critical in understanding and targeting the right support for children, has left some kinship carers in a position where they are having to choose between having their child assessed or a therapeutic support option which may be less suitable or effective. The average cost of a specialist assessment in 2024-25 was £2,399, which under the new £3000 fair access limit would leave just £601 for actual therapeutic support in the same year's funding envelope.[59]

In addition, some respondents said that more expensive therapeutic options – even if deemed most suitable or effective following assessment – were being dismissed in favour of cheaper alternatives to squeeze within the new funding limits.

> "*We are having a specialist assessment, we know it will recommend some therapies that my child desperately needs, but there will be no funds left for it".*

> *"My child has complex needs. He is awaiting neurodiversity assessments. We applied for funding and was approved and while on the waiting list for assessment the change was implemented. I could only afford to have assessment OR therapy. We decided to wait until after ASD and ADHD assessment and then reapply".*

> *"We have managed to obtain funding for play therapy via ASGSF, however this is insufficient due to cuts to funding and costs of therapy. Our child needs life story work as well but we cannot fund this, we would have to drop play therapy. If it wasn't for the ASGSF we would have nothing, and the government cuts have affected us greatly. We are worried if ASGSF is reduced further or stopped altogether that we will not be able to access the support we need."*

As a result of the uncertainty and changes, and the accompanying disruption to therapeutic support plans, some kinship carers described sharp declines in their children's mental health, as well as increasing incidences of self-harm, suicidal ideation, violent behaviour in the home, and a loss of trust in professionals and other adult relationships.

> *"[Kinship child 1] and [Kinship child 2] were getting play therapy, but they have pulled the funding, and Ruby has started harming herself again".*

[59] Department for Education (2025) Adoption and Special Guardianship Support Fund – Question for Department for Education: UIN 58203, tabled 9 June 2025 and answered on 18 June 2025

Similar experiences of deteriorations in mental health and challenges securing appropriate assessments and support within the new fair access limit were also highlighted within a survey of nearly 500 adoptive parents and kinship carers in April last year.[60]

[60] Action Against ASGSF Changes (2025) Adoption and Special Guardianship Support Fund (ASGSF) Parent/Carer Survey – Assessing the impact on families following April 2025 Changes to the Fund

3. Our response to the proposals

There are two cross-cutting considerations, of relevance across the consultation's approach and several of its proposals, which we urge the government to take note of in designing a new system.

1. Models of support must align with the scale and type of need.

A key assumption underpinning the proposals made is that *"many adopted and kinship children thrive thanks to the love and care they receive and most do so without any additional support"*, and that a focus on clinical intervention has led to *"unnecessary medicalisation"* has overlooked *"relational, community-based and social care support".* This does not reflect our experience as the largest provider of advice and support services for kinship carers, nor the wider evidence on kinship families' experiences and needs. The need for – and benefits of – tailored and timely support for kinship families is common and not the exception.

As explored in section 1, the scale and severity of mental health needs of children who enter kinship care is well-documented, and there is considerable evidence highlighting the lifelong impact on adversity and trauma in childhood. It is important such experiences and their impacts are not minimised or dismissed in efforts to rightly consider the roles which universal services and targeted interventions could play.

Relational or community-based forms of support are indeed crucial to better supporting families, and we have long championed such approaches in our programmes and national services, but they are designed to complement – not replace – access to high-quality clinical support. There will always be a considerable need for specialist, intensive therapeutic intervention for children in kinship care.

Any change which might erode the capacity for kinship families to access therapeutic support risks increasing the rate of kinship family breakdown. As such, we would caution strongly against any plans which might disincentivise or diffuse the likelihood of kinship children accessing therapy given the positive impact we know this can have on family experiences and children's outcomes.

2. Support must be tailored, designed specifically with and for kinship families.

Kinship families deserve an approach which recognises their specific circumstances and needs different to that of other families, including consideration of their often complex family dynamics, practical and financial security prior to taking on the care of a child, and the very different levels of awareness and support kinship children experience in school, amongst other things.

This is a key principle in Foundations' Practice Guide: it suggests that *"support should be responsive and tailored to the specific and diverse needs and strengths of kinship carers"*, recognising they are *"more likely than other carers to be older, socio-economically disadvantaged, living with long-term health conditions, and be from some minoritised ethnic backgrounds"*.[61]

It is welcome that the government's proposals recognise the benefits to those kinship carers who participate in training opportunities delivered through the national training and support service, funded by the Department for Education and delivered by Kinship since April 2024. This includes

[61] Foundations (2024) Practice Guide: Kinship Care

a menu of in-person and online training workshops and learning events (Roadshows) supporting kinship carers to navigate their kinship journey.[62]

However, crucially, this tailored training and support service has been built with kinship carers and the content and delivery method is designed for their specific needs. Although there are likely to be elements of any 'baseline offer of parenting support and training' or 'proactive support… at key life stages' relevant to both adoptive and kinship families, our more than 2 decades of experience delivering advice and support services specifically for kinship families tells us that they benefit from training content and delivery which acknowledges their unique needs, experiences and strengths right from the start, and which provides opportunities for understanding and support from peers who understand their specific experiences.

It isn't appropriate, nor effective, to consider the delivery of support for adoptive families as inherently suitable for kinship families too. The starting point should always be what works for each cohort. Throughout the consultation, most starkly illustrated by its title, kinship families are too commonly considered as an afterthought with proposals, case studies and activity included almost entirely based on adoptive families. Conversely, the Foundations Practice Guide recommends that kinship carers should be offered *"specialist support to learn about, navigate and access the support that they are entitled to"*.[63]

In addition, we outline below other considerations for kinship families relevant to specific proposals. These are not exhaustive.

Proposal 1: Develop a baseline offer of parenting support and training at the point of adoption and kinship care

It is concerning that Proposal 1 fails to acknowledge how support *"delivered at the point of… eligible kinship arrangement"* is very different to support delivered *"at the point of adoption"*. Unlike adoptive parents, many kinship care arrangements first begin after a crisis, with children moving to live with family or friends in unplanned and unexpected circumstances.

In 2019, more than half of kinship carers (53%) told us they were given no notice and took on their kinship child in a crisis situation.[64] In 2022, only 1 in 5 kinship carers (21%) told us they had received any preparation support around being a kinship carer either before or shortly after their child moved in.[65] This is a considerably different position and context in which to deliver any offer of 'parenting support'.

Given the time taken to secure a legal order, it is very likely that eligible kinship carers would have been caring for their children for a considerable amount of time before the point of "eligible kinship arrangement" is reached (i.e. when a kinship carer secures an SGO or CAO following care proceedings); this would act to significantly dilute the impact of such potential support. The average duration of the final period of care for children leaving to special guardianship was 1 year and 9 months last year[66], and our 2024 *Out of Order* paper revealed that the final period in care for those leaving from kinship foster care had increased by 24% in the preceding 5 years to become an average of 1 year and 10 months.[67]

Proposal 2: Strengthen peer and community support for adopted children and parents

Although this proposal focuses on extending peer and community support to adoptive families, it is vital the government continues to invest in specialist national services which build peer

[62] For more information please visit our website.
[63] Foundations (2024) Practice Guide: Kinship Care
[64] Grandparents Plus (2019) Kinship Care: State of the Nation Survey 2019
[65] Kinship (2022) The Cost of Loving: Annual survey of kinship carers 2022.
[66] Department for Education (2025) Children looked after in England including adoptions: Reporting year 2025
[67] Kinship (2024) Out of Order: The case for boosting financial support for kinship arrangements outside the care system

community and support for kinship carers, and explores the value of and considerations for similar services for children and young people in kinship care.

Peer support is valued immensely by kinship carers, particularly given that 15% of kinship carers report feeling lonely often or always, and more than a third (36%) of kinship carers are caring for their kinship children on their own.[68] Kinship's national peer support service, funded by the Department for Education, has helped to establish more than 180 peer support groups of kinship carers across England, reducing isolation and supporting positive outcomes for kinship carers and their children.[69]

Foundations' Practice Guide also recommends that services are made available for kinship carers to *"facilitate peer support groups to improve kinship carers' wellbeing"*, recognising that *"peer support can improve carers' emotional health and wellbeing and is consistently found to be popular among kinship carers"* with kinship carers reporting that *"access to a network of peers can improve ongoing engagement with other forms of support".*[70]

Proposal 4: Enhance plans to better meet children's needs, setting clear expectations for families and services via Practice Guides

This proposal is almost entirely focused on enhancing support plans for adoptive families. When addressing kinship care, it is not clear how the Department's own reform programme for family network support, including the use of family group decision making (FGDM) and family network support packages (FNSPs), links with support for kinship families as relevant to the eligible cohort within this consultation.

It mistakenly suggests equivalence between adoption support plans and family-led plans made following FGDM. It incorrectly suggests that a *"Family Network Support Plan… sets out the specific support the local authority will provide in support of a kinship arrangement".* Given the eligible cohort, special guardianship support plans (or child arrangements order support plans) are instead the most appropriate comparison. These inaccuracies raise concerns about whether proposals have been considered adequately for kinship care.

Proposal 7: Devolve Adoption and Special Guardianship Support Fund funding and responsibility to regional and/or local decision makers

The system architecture, delivery routes and practice context are different for kinship care than for adoption. So too are the strength and function of the relationships which kinship families typically have on an ongoing basis with the state. Consideration of devolution of the ASGSF to RAAs for adoptive families is simply not the same consideration of devolution of the ASGSF to local authorities for kinship families.

Ratings of local authority support, information and trust amongst kinship families remain low, and lower than amongst adopters in relation to their agencies. Last year, 38% of kinship carers rated the support they had received from their local authority as poor or very poor, 46% rated the information they had received as poor or very poor, and 42% said they did not trust their local authority at all.[71]

Foundations' Practice Guide recognises that kinship carers are likely to *"have had negative experiences of statutory services in the past"*[72] which, compounded by experiences of

[68] Kinship (2025) Handle With Care: Annual survey of kinship carers 2025
[69] For more information please visit our website.
[70] Foundations (2024) Practice Guide: Kinship Care
[71] Kinship (2024) Make or Break: Annual survey of kinship carers 2024
[72] Foundations (2024) Practice Guide: Kinship Care

discrimination and structural racism identified in research with Black and Asian kinship carers[73], means that close links between statutory services and the voluntary sector are vital..

The operating conditions and relationships between kinship families and statutory services is in a markedly different place than for adoptive families. As such, any devolution of the fund for kinship families comes with a risk of further fracturing already fragile dynamics. Without improved awareness and action within local authorities, continued poor and inconsistent practice risks denying more kinship carers and their children the vital help they need and deserve.

Within kinship care, there is no equivalent national body to Adoption England supporting a regionalised delivery model. The service structure for kinship care within local authorities, and their relationship with the relevant RAA, is mixed. Although most local authorities (88%) report having a designated kinship care team or worker, these may sit within fostering teams, permanency teams or elsewhere. Most local authorities (75%) report not using an RAA for SGO assessments and support, but of those who do (12%), working arrangements range considerably and range from designated, separate teams delivering both assessment and support services to lighter-touch coordination of regional training officers[74], and we have seen greater movement of special guardianship services back into the local authority since as more departments establish bespoke kinship care teams. Evaluation of RCCs also found that almost all local authorities managed eligible kinship family applications to the (then) adoption support fund.[75]

The primary delivery route for and convenor of support to kinship families remains the local authority (alongside the voluntary sector). This has only been reaffirmed by a new requirement to publish a kinship local offer within the Children's Wellbeing and Schools Act 2026, sitting against other trends in adoption and children's social care more widely for greater regionalisation. But as noted in section 2, RAAs have developed infrastructure, expertise, commissioning arrangements and delivery experience in therapeutic support which isn't present in the same way within local authorities. Any devolution of the ASGSF to local authorities would inevitably mean devolving into a very different and less well-developed practice environment, and should be accompanied by substantial investment to build equitable capacity to specifically support kinship families.

There are overwhelming budgetary pressures facing local authority children's services at the same time as a continued emphasis from government on delivering practice reform and innovation (including through an updated Families First Partnership programme and the Kinship Zones). Abruptly removing ring-fenced funding and/or incorporating this into wider grant funding without firm expectations or conditions around its spend risks this being used less effectively and with greater inconsistency in other areas of the system where there are urgent funding needs.

There may be scope to utilise the Kinship Zones programme to test what devolved versions of the ASGSF could look like for kinship families. Attention is also needed regarding how delivery mechanisms might best reach and engage minoritised kinship families given research which has identified how fear, stigma and feelings of shame interact with poor experiences of statutory support to impact on their visibility and willingness to engage with local authority services.[76]

[73] Tah, P & Selwyn, J. (2025) Raised by Relatives: the experiences of Black and Asian kinship carers. Kinship and the Rees Centre, University of Oxford
[74] Foundations (2023) Understanding the variation in support for kinship carers: a survey of local authorities in England
[75] Department for Education (2022) Evaluation of regional adoption agencies: final report
[76] Tah, P & Selwyn, J. (2025) Raised by Relatives: the experiences of Black and Asian kinship carers. Kinship and the Rees Centre, University of Oxford

4. Key principles for designing future support

It is vital that any proposed reforms to the ASGSF and wider mental health and emotional support for kinship families values the views and experiences of kinship carers and their children. Any new system should be designed alongside them to recognise their unique needs, strengths and experiences, and we urge the Department to take further steps to meaningfully engage with kinship families in doing so.

Below are some of the key principles kinship carers told us they wanted to see a future system designed around. We plan to explore and develop these further to understand what a future model for funded therapeutic support for kinship families could look like.

1. Specific consideration of family dynamics, relationships and identity

Kinship care often helps children to retain important links with their family network, but contact and family relationships can also be a source of intense stress and conflict. Many children in kinship care have to navigate complex family dynamics linked to their experiences of trauma and loss.

In our 2023 annual survey, 3 in 5 kinship carers said their children experienced difficulties with the emotional impact of contact.[77] Of those young people in the Growing Up In Kinship Care study cohort, 46% and 61% of those who had contact with mothers and fathers respectively described this as difficult, and more than half of kinship carers said they were concerned about the harmful effects of contact with parents for their kinship children.[78]

As explored in section 1, not all support funded via the ASGSF currently meets the needs of kinship families. In particular, kinship families want access to specialist interventions which help children to navigate family relationships and identity, such as therapeutic life story work. Therapeutic and identity-focused support for children and their carers is also highlighted as a core element for any whole-family kinship offer by the National Kinship Care Ambassador.[79]

> *"My child needs life story work, but the ASGSF does not cover the full costs for this. He has received play therapy in the past but requires more specific therapy."*

> *"The children placed in our care have to deal with the shame of not living with birth parents always comparing themselves with what they imagine to be a perfect family of living with mum and dad. Then when they meet mum and dad at the contact, it's only girl a short time, then they have to go through the emotions of separation form parents before and after the contact. They hear conversation from their friends at school, talking about mum and dad. While the children we look after are talking about auntie or Nan. Plus so many other daily complications. Therefore, it is important that each child gets specific support tied to their specific needs at different stages in their life."*

2. Quicker, easier access to therapeutic support

There is room to improve delivery of the ASGSF so that it can secure funded assessments and therapeutic support for families much faster, without the need for delays created by unnecessary local authority 'gatekeeping', bureaucratic commissioning, and so that it promotes longer-term continuity in support which allows children to develop trusted relationships with practitioners. Suggestions included

[77] Kinship (2024) Forgotten: Support for kinship children's education and mental health
[78] Wellard, S., Meakings, S., Farmer, E. & Hunt, J (2017) Growing Up in Kinship Care: Experiences as Adolescents and Outcomes in Young Adulthood. Paul Hamlyn Foundation.
[79] Department for Education (2026) Improving the kinship local offer and approach to kinship care

"One of our grandchildren has had an assessment and is now receiving specialist therapeutic support through the ASGSF. But it took over 2 years and 3 separate requests to the LA before it happened. We seemed to know more about the ASGSF than the social workers that were allocated to our request."

"Managed to secure ASGSF quickly for Therapeutic Life Story work but the actual life story work has taken 9 months to start. It's not just the money they need to look at, but providers, SLA's and contract terms as the providers seem to just go along as they please, with no communication or deadlines enforced."

"Therapeutic support should be set up and in place to start as soon as an SGO order is granted. The application process should be happening alongside the court process. There should be a time goal to have things concluded within a certain amount of time of the SGO being granted. The emotional impact to the wider family when therapeutic support is not in place can be devastating."

"Tailored and timely support for the kinship child and their carers at the point of need - long-term provision if required. No re-application required. Once the child is in the system, provision would be ongoing and in line with the child's changing needs as they grow up."

3. Support which reaches the whole family

Kinship care impacts not just on the children who enter kinship care, but everyone in the household and wider members of the family network. 13% of kinship carers who responded to our 2024 annual survey were also caring for biological or step children[80], and in 2023, 75% of this cohort said they worried about the impact that becoming a kinship carer had had on them.[81]

Whole-family support which considers the shared and individual needs of members of a kinship household was seen as particularly important, but mostly absent from existing support. Kinship carers noted that other biological or step children would display significant behavioural changes due to challenges that come with a sudden shift in family dynamics. Alongside feelings of confusion and jealousy as daily routines change, these children may also struggle with a change in relationships with the kinship child and their parents.

"Birth children should have breaks, counselling, and help because it's traumatic for them too having another child with complex mental health and also being their now brother or sister and not their cousin etc, can be very confusing and also cause resentment."

"It's important to the whole family, as we have all been suffering, including his autistic sister, and there is just no help."

"Support for the whole family, kinship care has an impact on everyone."

4. An approach which is inclusive of all kinship families

The ASGSF – and therefore the consultation – considers a particular cohort of eligible kinship families: those secured by a special guardianship or child arrangements order where the child was previously looked after. However, evidence suggests children in informal kinship care arrangements and those in formalised arrangements but who were not previously looked after have often had very similar experiences of childhood adversity and trauma to those who have been supported by the local authority.[82]

[80] Kinship (2024) Make or Break: Annual survey of kinship carers 2024
[81] Kinship (2023) Breaking Point: Annual survey of kinship carers 2023
[82] Selwyn, J., Farmer, E., Meakings, S. & Vaisey, P (2013) The Poor Relations? Children and Informal Kinship Carers Speak Out: A Summary Research Report. School for Policy Studies, University of Bristol. Buttle UK and Big Lottery.

For those children cared for under a legal order secured in private proceedings or in an informal arrangement, kinship carers in 2023 said local authority care would have been the alternative for 75% of them, and they didn't know for a further 16%.[83] Nuffield Family Justice Observatory research has also identified significant overlap between private law applications involving children entering likely kinship arrangements and those dealt with in public law, with potential child protection concerns being commonplace in the former despite a very different system of scrutiny and support.[84]

Kinship carers told us they wanted to see this unfairness ended, with support designed to meet the common needs and experiences of all kinship families. Kinship care statutory guidance is clear that *"it is essential that services are not allocated solely on the basis of the child's legal status"*, but support – including that proposed in this consultation – continues to carve kinship families into discrete cohorts, establishing a hierarchy based on a lottery of circumstance rather than need. This also risks exacerbating racial inequity in kinship family support given the increased prevalence of children from minoritised ethnic backgrounds in informal kinship care arrangements.[85]

> *"All children in kinship placements have experienced trauma, neglect and/or loss. Therapeutic support is essential to help them heal and give them an opportunity to break family cycles. A child should not be disadvantaged because their family stepped up."*

[83] Kinship (2023) Breaking Point: Annual survey of kinship carers 2023
[84] Nuffield Family Justice Observatory (2023) Uncovering private family law: Exploring applications that involve non-parents ('the other 10%')
[85] Tah, P & Selwyn, J. (2025) Raised by Relatives: the experiences of Black and Asian kinship carers. Kinship and the Rees Centre, University of Oxford

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

Sam Turner, Associate Director of Policy and Public Affairs
sam.turner@kinship.org.uk