



Department
for Education

Adoption support that works for all

**Reimagining adoption and kinship
support: making it fit for the future**

Launch date 10 February 2026

Respond by 05 May 2026

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Introduction

The consultation relates to reforming the system of adoption and kinship support, including the operation of the Adoption and Special Guardianship Support Fund. This document:

- Invites evidence submissions about what works for children and families;
- Sets out the government's vision for a system of support which enables adopted and eligible kinship children and their families to thrive; and,
- Outlines a number of possible proposals for reform. You do not need to respond to every question, only those you wish to express a view on.

Who this is for

- Adopted and kinship care children (under Special Guardianship Orders or Child Arrangement Orders), carers, and their families who are eligible for the Adoption and Special Guardianship Support Fund;
- Any past, current, or prospective applicant to the Adoption and Special Guardianship Support Fund; and,
- Anyone with an interest in the adoption and kinship care support offer, including - but not limited to - the Adoption and Special Guardianship Support Fund.

Although, this consultation only applies to a limited number of kinship care children and families who are eligible for the Adoption and Special Guardianship Support Fund, this government will take into account all responses when considering how to improve the wider kinship support offer in the future.

Issue date

The consultation was issued on 10 February 2026.

Enquiries

If your enquiry is related to the policy content of the consultation you can contact the team:

Adoption-Support.CONULTATION@education.gov.uk

If your enquiry is related to the DfE e-consultation website or the consultation process in general, you can contact the DfE Ministerial and Public Communications Division by email: coordinator.consultations@education.gov.uk, telephone: 0370 000 2288 or via the [DfE Contact us page](#).

Additional copies

Additional copies are available electronically and can be downloaded from [GOV.UK DfE consultations](#).

The response

The results of the consultation and the department's response will be [published on GOV.UK](#) in 2026.

About this consultation

Many adopted and kinship children thrive thanks to the love and care they receive and most do so without any additional support. However, when extra help is needed, families are often left waiting too long for support that truly meets their needs. Without timely, targeted, and tailored interventions, normal challenges can escalate, putting the stability of families at risk. Then, the help that eventually arrives is too often inconsistent and lacking clear evidence of impact. Our reforms aim to change this by providing earlier, strengths-based support. This support should build children's wellbeing and resilience, while ensuring that high-quality clinical or intensive help is available when required.

For the past decade, adoption support has been dominated by the Adoption and Special Guardianship Support Fund. The Adoption and Special Guardianship Support Fund has helped over 57,000 children and families during some of their most challenging periods. However, we have also heard that sometimes this fund can be inflexible, and does not ensure sufficient integration between social care, health, and education to tailor provision for every child. Furthermore, commissioning practices frequently rely on inefficient methods. This can result in fragmented provision, minimal transparency, and missed opportunities to leverage economies of scale to invest in the most effective local services. **This government wants to change this system because we think that families deserve better.**

It is important that we stabilise the current system whilst we build a better one. That is why the Adoption and Special Guardianship Support Fund will be **extended until March 2028** (the end of the current Spending Review period) and that **the Budget will be increased by 10% to £55m for the next financial year.**

We will begin to change this system with immediate action being delivered alongside this consultation. This action includes:

- Trialling a new universal support offer for adopted and eligible kinship children transitioning from primary to secondary school, across England;
- The Department of Health and Social Care [recently announced a 3-year pilot](#) to improve mental health support for children in care and their families. The Department for Education will work in close partnership with the Department of

Health and Social Care to design this pilot so that it includes support for adoptive families starting in one geographic area. The aim is to test a fully integrated model of mental health support for all children and families involved with children's social care where they need it; and,

- Regional Adoption Agency multi-disciplinary teams bring together social care, health, and educational partners to deliver a holistic package of assessment and support to adopted children and families. The Department for Education is expanding its funding of these teams to drive forward this innovative way of working.

To support system change, this consultation features a call for evidence asking respondents to tell us what works for those children who need additional support. In particular, what works for maintaining and improving mental health and wellbeing as well as building the resilience of children who are adopted or in kinship care. We are keen to receive examples from across different services including family, social care, healthcare, education, and community settings to ensure the new system is joined up, proportionate, and appropriate.

The second part of this consultation document puts forward **eight** proposals that could underpin this new system. We want to understand which proposals would work for adopted and kinship children, young people, and their families. We also want to understand what benefits and risks you foresee of these proposals, as well as any alternative ideas you have **to help build a system of support that works for all.**

A summary of the government's proposals is as follows:

- Developing a baseline and evidence-based offer of support for parents and carers.
- Strengthening peer and community networks for adopted children and parents.
- Providing a programme of proactive, child-centred support at key life stages, starting with the transition from primary to secondary school.
- Enhancing adoption support plans for clarity and consistency as well as supporting family-led plans for kinship care. This includes ensuring these plans are regularly reviewed.

- Consistent needs assessments based on expert, evidence-based approaches with stronger integration between social care, health, and education services.
- Building the evidence base on what works for adopted children and their families, to ensure we are making the biggest difference. This includes aligning funded clinical therapies with National Institute for Health and Care Excellence guidelines.
- Devolving funding and decision-making to regional and/or local structures linked to evidence-based, strategic commissioning.
- Improving value for money to ensure every pound is being spent on children and families.

These proposals, along with feedback we receive from respondents, are intended to make the adoption and kinship system of support **better, fairer, and more efficient**. That is why this government wants to build this new system on evidence-based solutions because families need support they know works, not just more bureaucracy and delays.

The government response to this consultation will include a clear “user journey” to help families navigate the support available. When further support is needed this should first be **universal, stigma-free help through services like schools, the NHS, and BestStart Family Hubs**. For needs that are not met by universal services, the support offer escalates to **targeted, coordinated interventions at predictable stress points** (e.g., school transitions) delivered by multi-disciplinary teams. For the most complex needs, **specialist, evidence-based interventions** are provided after robust assessment and coordinated by Regional Adoption Agencies and local authorities with the NHS commissioning clinical services as required.

By scaling best practice and embedding strategic commissioning, **this government will reform adoption support, by 2028**. Thereby, enabling every adopted and eligible kinship child to get the right help at the right time. This consultation is the first step in that journey.

Respond online

To help us analyse the responses please use the online system wherever possible. Visit

[DfE consultations on GOV.UK](https://www.gov.uk/government/consultations) to submit your response.

Other ways to respond

If you are unable to use the online system, for example because you use specialist accessibility software that is not compatible with the system, you may request an alternative format of the form.

By email

Adoption-Support.CONSULTATION@education.gov.uk

By post

Gladys Mugugu – Head of Adoption,
Department for Education,
Sanctuary Buildings,
Great Smith Street,
London,
SW1P 3BT,
UK.

Deadline

The consultation closes on 05 May 2026.

Section 1: What works for children and families? A call for evidence

Background

Many adopted and kinship children thrive thanks to the love, stability and care they receive, but some - often because of difficult early life experiences - need additional support at key points in their childhood. We also know that some behaviours linked to early experiences or typical development can be temporary and do not require additional support. Where input is required, we want to ensure support remains proportionate and multidisciplinary, with specialist help available when it is needed. Adopted and kinship children and young people may interact with multiple services, and an increasing number are living with complex challenges. These challenges include the consequences of Foetal Alcohol Spectrum Disorder or neurodevelopmental conditions such as autism.

As we consider reforming adoption support including the Adoption and Special Guardianship Fund, this government wants to understand **what works**. Specifically, what helps to maintain and improve the mental health and wellbeing of adopted and kinship children and young people, building their resilience to help them thrive. Therefore, we are asking for best practice examples of where **family, social care, healthcare, education**, and **community** support or care has helped the adopted and kinship cohort of children.

Questions

Part 1: If you are or were an adopted or kinship care **child or young person**:

a. **What** support has helped you maintain or improve your mental health and wellbeing? This support could be:

- **Family.** This could be from a birth parent, adoptive parent, carer, relative, or similar.
- **Social care.** This could be from a social worker or similar.
- **Healthcare.** This could be from therapists, general practitioners, doctors, nurses, hospital staff, or similar.

- **Education.** This could be from teachers, lecturers, school staff, college staff, or similar.
- **Community.** This could be from youth workers, peer and community support groups, religious groups, sports and activity clubs, or similar.

b. **Why** has the support you received helped?

c. **What** could be improved about the support you received?

Part 2: If you are a **family member or carer** of an adopted or kinship care child or young person, **or third party** with interest in this consultation:

a. **What** support helps to maintain or improve children's and young people's mental health and wellbeing? This support could be:

- **Family.** This could be from a birth parent, adoptive parent, carer, relative, or similar.
- **Social care.** This could be from a social worker, from training provided to applicant adoptive parents, or similar.
- **Healthcare.** This could be from therapists, general practitioners, doctors, nurses, hospital staff, or similar.
- **Education.** This could be from teachers, lecturers, school staff, college staff, or similar.
- **Community.** This could from youth workers, peer and community support groups, religious groups, sports and activity clubs, or similar.

b. **Why** does this support help?

c. **What** could be improved about this support?

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

Background

We want to create a new support system for adoptive and eligible kinship families, one that is predictable, proactive, and joined-up. Currently, support can be fragmented and slow, leaving families without help until needs escalate. When help does come its quality and impact is often unverified. That must change. Our vision is a coordinated system that sets clear expectations for families and offers them a consistent baseline of support which builds on every child's strengths. This reformed system should deliver timely evidence-based interventions targeted at a child's key life stages meeting each need in the most appropriate and tailored way.

For too long, support for families has focused on clinical interventions from health professionals. This can lead to unnecessary medicalisation. As a result, high-quality relational, community-based, and social care support can sometimes be overlooked. Health needs must still be identified and addressed in a timely way, that is why this government is championing a multi-disciplinary approach. This approach will ensure social workers, clinicians, educators, and parents work together to create support plans that are proportionate and appropriate to each family's circumstances.

The following **eight** proposals intend to contribute towards achieving this vision. They include: a baseline parenting support offer, strong peer and community networks, timely help at key life stages, clear and regularly reviewed support plans, and consistent needs assessments. Proposals also include embedding multi-disciplinary working, aligning interventions with robust standards of evidence, devolving funding regionally and/or locally, and improving value for money.

Specifying which proposal, to what extent do you agree with each proposal?

- **Strongly agree.**
- **Agree.**
- **Somewhat agree.**
- **Disagree.**
- **Strongly disagree.**
- **Don't know.**

Any comments you wish to give about any of the proposals listed.

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

Aim: To provide all adoptive and kinship families with a consistent foundation of skills and knowledge to build children's resilience and support their needs from the outset.

Description: This proposal builds on the positive pilots led by Regional Adoption Agencies, existing offers from Voluntary Adoption Agencies, and training to kinship carers through national partners. It relates to creating a nationally agreed baseline offer of parenting support, delivered at the point of adoption or eligible kinship arrangement. This could include training and workshops, online modules, and access to peer networks which recognise the diverse challenges parents and carers face depending on the age of the children and young people they care for. Support provided should be pitched at the stage a child or young person is at, helping parents and carers to support them along the way. Any support should also be based on an evidence-led programme and should be tailored to adoptive and eligible kinship families.

In line with our vision of support, this baseline offer could be coordinated by Regional Adoption Agencies and/or local authorities, working in partnership with local or national partners. We would also ensure that families are aware of the full range of support available to them and how they can benefit from that. This support could include BestStart Family Hubs and Family Help programmes. This would ensure adoptive and eligible kinship families are accessing the universal services available to them.

Delivery timescale: If this proposal was taken forward, this could mean further testing of the offer at a local level in **2026**. Subject to evidence evaluation, this could lead to full implementation of a baseline parenting support programme from **2027** onwards.

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

Aim: To reduce isolation and build resilience through accessible, ongoing peer and community networks for adopted children and their families.

Description: Every young person deserves a childhood defined by love, stability, and opportunity. Many adopted and kinship children and families thrive within strong communities and networks. However, some adopted and kinship children and families can feel isolated, out of place, and alone. For kinship families, we currently fund peer support groups through a national partnership. Some Voluntary and Regional Adoption Agencies also offer peer support and peer mentoring.

This proposal would seek to expand this, so that adopted children and families could also benefit from peer-led support groups, mentoring schemes, and community-based activities irrespective of where they live. To increase the number of people who could access this support - partnerships with voluntary organisations and digital platforms could be agreed for reach and inclusivity. This could help build valuable networks which can last a lifetime.

CASE STUDY – from Adoption UK’s “[Adoptee Voices, Inquiry Report](#)” (January 2026)

“One [peer support] project, ‘The Bridge’, has been set up as an initiative by Adoption UK. It provides essential support for adopted young people, equipping them with employability and life skills while building meaningful relationships and explore future education and work options. The pilot program aims to reduce the risk of adopted young people becoming NEET (Not in Education, Employment, or Training). Since its launch in January 2023, The Bridge has created an inclusive space where young people can connect [with each other], overcome challenges, and gain confidence in shaping their futures. The programme focuses on developing key soft skills, communication, teamwork, resilience, and self-advocacy, which are essential for employability and personal growth.”

In line with our vision of support, Regional Adoption Agencies and or local authorities could sponsor the development of a peer and community support service. Initial funding

could be provided by central government for its establishment and ongoing costs met by devolved funding arrangements (such as proposal 7).

Delivery timescale: If this proposal was taken forward, it could have phased implementation **from 2027**, starting with local and regional phased launch and scaling up nationally **by 2028**.

Proposal 3: Provide proactive support for adopted and kinship children at key life stages

Aim: To anticipate and address challenges during critical life stages, reducing risk of placement breakdown and emotional distress.

Description: Evidence tells us that adopted and kinship children can face particular challenges at certain life stages, such as school transitions, adolescence, and transition to adulthood. These predictable needs lead to an increase in the support accessed through the Adoption and Special Guardianship Support Fund.

To address this, this proposal could introduce a programme of targeted interventions at predictable stress points, such as those detailed above. These interventions could be proactively offered to families in advance of these key moments to offer relevant support. This could include workshops for parents, carers, and children. This could also include specialist educational advice and toolkits on how to approach working with schools on transitions. Initial evidence also suggests that when this support is offered in advance, it can make a child's transition more successful and avoid their needs escalating.

CASE STUDY

Since 2023, Regional Adoption Agencies have been using Department for Education innovation grant funding to strengthen how they work together - sharing intelligence more effectively, improving outcomes for children, and delivering better value for money.

One significant area of collaboration has been the development and testing of early, proactive support services. These services are designed to help families before difficulties escalate, reducing the risk of crisis and lowering the need for specialist therapeutic interventions. This preventative and targeted approach aligns with the Department for Education's focus on supporting children during key transition stages. Thereby, ensuring they receive timely, tailored help that strengthens their resilience, supports family stability, and promotes stronger long-term outcomes as children's needs evolve.

Regional Adoption Agencies have also used innovation grant funding to build the skills of their staff teams; including, training them to deliver therapeutic support with appropriate clinical supervision. Alongside this, pan-regions of Regional Adoption Agencies are working more closely with external providers to understand need and develop a balanced and diverse market of support services. Together, these efforts contribute to the Department for Education's aim of ensuring that children and families receive the right support at the right time, delivered by confident and well-equipped professionals within a system that is responsive, consistent, and able to intervene before challenges become crises.

In line with our vision, this support offer could be coordinated by Regional Adoption Agencies and/or local authorities, linking in with support offered by Virtual School Heads and BestStart Family Hubs.

Delivery timescale: We have committed to working with local authorities, Adoption England, Regional Adoption Agencies, and Voluntary Adoption Agencies to design and deliver a parenting support offer for families where their children are due to transition into secondary school **from September 2026, across England**. This is not subject to or dependent on the outcome of this consultation.

This proposal, however, relates to developing a programme of targeted interventions at predictable stress points. If this proposal was taken forward, enhancing the support offer already committed to from September 2026 onwards, the Department for Education could expand this offer in phases from **2027 onwards**. That expansion could include developing guidance in coordination with Virtual School Heads and other education leaders on working together to support these transition points.

By 2028, further scaling activity could then result in a national programme of support which learns from and is co-designed with families, Regional Adoption Agencies, local authorities, education settings and authorities.

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

Aim: To ensure adoption support plans and family-led plans for kinship care are regularly reviewed, comprehensive, transparent, and aligned with best practice. Thereby, giving families clarity on what support they can expect and children the chance to have their voice properly heard.

Description: This proposal would build on the positive work of Adoption England and CoramBAAF, as well as working with Foundations to further develop the evidence base about effective support planning. The Department for Education could work towards a full Practice Guide on adoption support plans. These would be in addition to the [Parenting Practice Guides](#) already published by Foundations.

For kinship families, we are already building on our work to offer Family Group Decision Making to all families, with a commitment to support the family-led plans developed to support new kinship arrangements. This commitment could include the provision of a Family Network Support Plan, which sets out the specific support the local authority will provide in support of a kinship arrangement.

Plans could outline available services, eligibility criteria, and escalation routes - this would build on the universal offer set out in Proposals 1-3 and tailor support to individual needs. This could reduce inconsistency as well as better incorporate children's and families' voices. It could also improve accountability by establishing not just who the lead worker is, but what will be required of social care, health, and education practitioners to support the child.

In line with our vision of support, enhanced plans could be coordinated by Regional Adoption Agencies and/or local authorities with greater input from the NHS and schools. This could include providing named practitioners and committing to specified services (where appropriate).

Delivery timescale: If this proposal was taken forward, from **2026**, the Department for Education could work with Adoption England to review how the new adoption support plan is improving practice. The Department could also ensure that newly updated guidance (by CoramBAAF) is driving Regional Adoption Agencies to deliver. The

Department for Education could also work with Foundations, Adoption England, Voluntary Adoption Agencies, and others in the sector to further build the evidence base to enable the development of a full Practice Guide on adoption support plans. For kinship families, **from Summer 2026**, there will be a legal requirement that all families are offered the opportunity to participate in a Family Group Decision Making process to develop a family-led plan, supported by local authorities.

Proposal 5: Standardise needs assessments for adopted and eligible kinship children. Commission social care, health, and education support based on their needs.

Aim: To create a higher quality and more equitable approach to assessing the needs of adoptive and eligible kinship families. Ensuring that commissioned specialist support is based on robust evidence, improving outcomes and reducing variability in practice.

Description: Even with a proactive offer available to all families, more specialist care is - at times - needed to meet the most complex needs of children. This proposal relates to an agreed, standardised, evidence-based method of assessment and where needs are assessed and link into clear outcomes-based pathways for specialist care.

Currently, needs assessments for adoption and eligible kinship support are not always backed by robust evidence bases and their delivery can vary significantly. This leads to inconsistency within assessment processes and, therefore, the support recommended. Assessments also do not always appropriately consider the impacts of, for example, neurodevelopmental conditions (such as autism) or Foetal Alcohol Spectrum Disorder (which disproportionately affects the adopted and kinship cohort of children).

Parents and carers have raised that assessments do not always consistently address behavioural conditions which are the result of difficult early life experiences. When these challenging behaviours manifest, they can be viewed as a child just “acting out” but should be considered as an indication of unmet or undiagnosed need.

Multi-disciplinary teams could carry out assessments to identify the right evidence-based interventions. The teams could use recognised clinical and research standards - such as National Institute for Health and Care Excellence guidelines and Foundations Practice Guides - to ensure funded services deliver measurable impact. This proposal would, therefore, link improved needs assessments with commissioning evidence-based provision.

CASE STUDY

[Analysis](#) published by the Nuffield Family Justice Observatory, examining 208 local authority applications made in July and August 2022 for children to be deprived of their liberty, provides a powerful illustration of why the system must change. In the period leading up to these applications, 19 children experienced the breakdown of adoption or special guardianship arrangements, most often because carers were struggling to manage increasingly complex behaviour. These findings reinforce what practitioners and families consistently tell us: deprivation of liberty is not an isolated event, but the end point of unmet need, accumulated pressure, and systems that intervene too late.

In response, the Department for Education and NHS England are working in partnership on a joint programme focused on children who are at risk of, or already subject to, deprivation of liberty. This programme recognises that lasting change will only be achieved through earlier, coordinated and genuinely cross-system intervention.

During 2025–26, we are testing a cross sector approach to assess and meet need. Building on what we learn, we are expanding this work through funded place-based trials from 2026–27 to 2028–29. These trials will bring together multi-disciplinary assessment, shared formulation, and pooled funding across children’s social care, health, education, and justice. The ambition is simple but transformative: to respond to children’s needs in the round, reduce unnecessary escalation, and support families to stay together wherever it is safe and possible. Crucially, this includes a clear focus on adopted children and those in special guardianship arrangements, ensuring that early support is available before pressures reach crisis point. By working differently across systems, we aim to improve outcomes for children, strengthen permanence, and reduce the need for deprivation of liberty altogether.

In line with the government’s vision of support, this proposal for standardised assessment could be coordinated by Regional Adoption Agencies and/or local authorities. They could triangulate input from social care, health, and education practitioners to ensure every child who needs it gets the right support. Initially, Regional Adoption Agency multi-disciplinary teams could exemplify how to join up services which

deliver this support. These teams bring together partners to deliver a holistic package of assessment and support. Over time, consideration is needed on how this proposal would be embedded within a broader care pathway.

Delivery timescale: If this proposal was taken forward, in **2026**, the Department for Education could build on the work of the Adoption England and Regional Adoption Agency-led multi-disciplinary team pilots. The Department for Education could also work with multi-disciplinary teams to facilitate more strategic procurement. This procurement could be based on these needs assessments to deliver more efficient and cost-effective provision of the most frequently needed support. The aim would be to agree a framework of assessment which could be rolled out nationally by **2028**, which could enable more strategic commissioning of support that gives more certainty to children, families, and the sector.

Proposal 6: Require clinical adoption support therapies to be compliant with NHS evidence standards. Ensure all interventions are well evidenced and assessed.

Aim: to ensure the clinical support being provided to adopted and eligible kinship children and young people meets clinical evidence standards. To also ensure other (non-clinical) interventions met different, but similarly rigorous, standards.

Description: Not every intervention which supports adopted children is a clinical intervention provided by health services. Social work, educational, and community interventions play a similarly important role in improving the wellbeing of children and young people. These interventions should also be held to an alternative but still high standard of evidence appropriate for the type of support being provided. We also recognise that the availability and timeliness of interventions often plays a role in what type of intervention (clinical or non-clinical) is sought.

Currently, the Department for Education estimates that c.40% of interventions (both clinical and non-clinical) funded by the Adoption and Special Guardianship Support Fund have a randomised control trial completed or underway. This figure should be interpreted carefully as some of these interventions won't necessarily require randomised control trial-level evidence. However, a review of the available randomised control trials shows that not all of them have yielded positive results for the efficacy of interventions. Some have found no statistically significant impact on the mental health and wellbeing of children and young people. More careful analysis is, therefore, required.

This proposal could require a clinical intervention to be recommended by the National Institute for Health and Care Excellence guidelines to be eligible for central or local government funding. As part of this option, the Department for Education could look to work with the Department of Health and Social Care and clinical experts to evaluate whether the range of clinical treatments offered meet the broad range of health needs of this cohort of children and young people.

Local areas could still choose to deliver non-clinical, evidence-based interventions through Regional Adoption Agencies, local authorities, schools, and other bodies. The Department of Education will explore what the best outcomes measurement metrics are

for these non-clinical interventions. The Department for Education will also consider how these outcome measurement metrics could be implemented alongside improving the robustness of evidence-bases for clinical interventions.

This proposal would be focused on the clinical interventions for the most complex needs which are not met by the universal and targeted offers coordinated by Regional Adoption Agencies and/or local authorities. Whilst also exploring what further work is required for the evidence-base for non-clinical interventions.

Delivery timescale: If this proposal was taken forward, **in 2026**, the Department for Education could work with the Department of Health and Social Care as well as clinical experts to evaluate whether the range of clinical interventions offered meets the needs of this cohort. This would identify whether and where there is a case for further clinical trials or alternative evidence building. Access to interventions currently undergoing randomised control trials would not be restricted. The Department for Education could also explore whether the range of non-clinical interventions offered meets the needs of this cohort. This would similarly identify whether and where there is a case for further evidence building and outcome assessment.

By 2028, if this proposal had been fully implemented, we would expect clinical interventions being provided to meet clinical evidence standards and non-clinical interventions to meet other evidence standards. These other evidence standards would be no less rigorous - such as an assessment of efficacy from Foundations, or to be in the process of seeking to demonstrate this evidence. This would strike a balance between ensuring that clinical interventions are impactful and will make a difference to young people, without unnecessarily disrupting support that is currently benefiting young people. The end goal, however, should be that specialist, evidence-based interventions are only provided after robust assessments with continuing evaluation of the impact.

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

Aim: Ensure funding is held and administered by those closest to the children and families it affects, while reflecting the distinct responsibilities for adoption and kinship care across devolved structures.

Description: The current Adoption and Special Guardianship Support Fund is administered centrally by the Department for Education through a third-party partner, putting oversight and decisions at arm's length from those it affects. In practice, this makes it very difficult to have a clear understanding of children's variable needs. It also limits continuous improvement, reduces effective oversight of providers, and makes it harder to build and link into the development of a coherent local provision. This proposal would move responsibility for services closer to those who deliver them putting more power in the hands of those who are closest to improving a child's life. BestStart Family Hubs, neighbourhood health services, and Families First Partnership programme are a good examples of the ambition for joined-up local services.

Similarly, Regional Adoption Agencies are piloting multi-disciplinary teams in eight regions to develop cross-cutting responses to a child's needs. Adoption England are trialling pan-regional strategic commissioning of adoption support. Local authorities are also moving towards greater co-ordination at local and regional level, including with health services. These approaches endeavour to develop joined-up coherent systems that meet the needs of children, including those with the most complex needs.

Devolving funds to a regional and/or local level could build on this and enable more strategic commissioning of services based on a better understanding of needs. This could include developing co-ordinated, in-house services to meet the needs of young people in a more efficient and responsive way. We would also want to ensure the delivery of these services are flexible to emerging models like Regional Care Co-operatives and other local government reorganisations.

To deliver this, we would need to consider how best to devolve funds. Option 1 is to fund Regional Adoption Agencies to deliver support for adopted children and young people. Option 2 would be to fund local authorities instead via the Children, Families,

and Youth grant. These options could offer the flexibility to adapt to future changes in the children's social care landscape. We would expect close working at local and regional levels to develop a joint understanding of need and how best to commission services locally. The Department for Education would work closely with the Ministry for Housing, Communities, and Local Government to design an equitable formula for distributing funds across these entities via the Children, Families, and Youth grant or similar.

In line with our vision of support, central government would set expectations for support, in conversation with local government and others. Regional and/or local areas would then receive the funding and responsibility to deliver services. They would then coordinate with health and education leaders in the area to provide timely, targeted, and tailored support for adopted and kinship children and families.

Delivery timescale: If this proposal was taken forward, after consulting in **2026**, the Department for Education would seek to identify the drivers of significant variation in spend across regions and identify the most effective approaches. While also working with local authorities and Regional Adoption Agencies to explore efficient commissioning practices. It is anticipated that local government would work closely with NHS services in their area on improving commissioning practices.

From **2027**, the Department for Education could then agree the equitable formula and share indicative funding amounts with Regional Adoption Agencies and/or local authorities. Thereafter working with them to ensure they have the capacity to stand up services to ensure children and families don't lose out on support - learning from best practice along the way.

Then, by **2028**, if this proposal had been fully implemented, the Department for Education could devolve funding and responsibility to Regional Adoption Agencies and/or local authorities. This would allow time to work across all tiers of government on design and implementation, while avoiding unnecessary disruption to current support.

Proposal 8: Improving value for money to ensure every pound is being spent efficiently, sustainably, and on families

Aim: To ensure Adoption and Special Guardianship Support Fund and other programme resources are used efficiently and equitably, so families continue to receive high-quality support while we transition to the new system of adoption support and eligible kinship support in 2028.

Description: Costs for therapeutic services can vary widely. If this proposal was taken forward, the Department for Education would first undertake a systemic review of the unit costs of each intervention funded by the Adoption and Special Guardianship Support Fund. This could then be used to inform benchmarking guidance for the cost of therapeutic services. This proposal could then introduce measures that bring greater consistency and fairness to therapy pricing, ensuring funding is spent where it makes the biggest difference for families.

Delivery timescale: If this proposal were taken forward, following consultation in **2026**, guidance could be published in **2027** and any additional measures implemented alongside it. A new system could then be delivered in **2028**, if this proposal was fully implemented.



Department
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