



Department
for Education

Adoption Support that Works for All

Equality impact assessment

February 2026

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Public Sector Equality Duty (PSED)

This Equality Impact Assessment (EIA) has been prepared to support Ministers in meeting their duties under section 149 of the Equality Act 2010.

The PSED requires the Minister to have due regard to the need to:

Limb 1: eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;

Limb 2: advance equality of opportunity between people who share a protected characteristic and those who do not; and

Limb 3: foster good relations between people who share a protected characteristic and those who do not.

These aims are known as the three limbs of the PSED. This document sets out a summary of the impact of each measure on these limbs. The protected characteristics in question are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Policy and programme context

The *Adoption support that works for all: reimagining adoption and kinship support making it fit for the future* consultation sets out the government's vision for holistic adoption support. The proposals respond to the concerns of adopted families who often wait too long for help, experience inconsistent quality, and navigate fragmented pathways across social care, health and education. The overarching aim is to create a system that is predictable, proactive, and joined-up, with support matched to need and grounded in evidence of impact.

The consultation sets out eight options to reform post-adoption and eligible kinship support, including the future operation of the Adoption and Special Guardianship Support Fund (ASGSF).

The list of measures set out in this document:

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

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

Proposal 3: Provide proactive support at key life stages, such as transitions to secondary school

Proposal 4: Enhance adoption support plans and supporting family-led plans for kinship care to better incorporate children's voices and set clear expectations via Practice Guides

Proposal 5: Standardise needs assessments for children and families and link social care, health, and education support commissioning to meet these needs to evidence-based provision

Proposal 6: Require clinical post-adoption support therapies to be compliant with standard evidence standards

Proposal 7: Devolve ASGSF funding and responsibility to local decision makers

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

Scope of this EIA

This document summarises the impact on protected characteristics of the *Adoption support that works for all* consultation document. The consultation is to support the development of the eight proposals underpinning the government's vision for long term support. Many of the details underpinning these proposals will be influenced by consultation returns. We will, therefore, publish a further EIA as part of our consultation response.

Equalities Analysis

Proposal 1:

Develop a Baseline Offer of Parenting Support and Training at the Point of Adoption and Kinship

This proposal supports the government's vision for a post-adoption and kinship support system that is predictable, proactive and joined-up. By introducing a nationally agreed, evidence-based baseline offer of parenting support at the point of adoption or placement, this option is intended to ensure families have early access to skills and knowledge to support children's emotional and behavioral needs. Overall, this proposal is assessed as having a positive impact on advancing equality of opportunity (PSED limb 2), by reducing reliance on personal resources or informal networks to access support.

Age: Early support benefits children at all developmental stages, including early attachment for younger children and age-appropriate guidance for carers of older children. No adverse impacts are identified.

Disability: Adopted and kinship children are more likely to have neurodevelopmental differences or disabilities linked to early life experiences, with 30% having SEN or EHC plans (see Annex). Trauma-informed and disability-aware parenting support is likely to improve carers' capacity to meet these needs. Accessibility risks will be mitigated through inclusive design, reasonable adjustments and flexible delivery formats (PSED limb1).

Gender reassignment: No adverse effect identified.

Marriage and civil partnership: No adverse effect identified.

Pregnancy and maternity: Flexible and digital delivery may particularly benefit carers during pregnancy or early maternity.

Race: A clear national offer improves transparency and consistency. Cultural competence and translation will be important mitigations.

Religion or belief: No adverse effect identified.

Sex: Flexible and digital delivery supports participation for primary carers, who are more likely to be women and may face time or health-related constraints.

Sexual orientation: No adverse effect identified.

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

This proposal seeks to reduce isolation and build resilience by expanding peer-led and community-based support for adopted and eligible kinship families. It aligns with the consultation's emphasis on prevention, community support and avoiding escalation to crisis. Overall, this option is assessed as having a positive impact on advancing equality of opportunity and fostering good relations (PSED limbs 2 and 3). Peer and community support can reduce isolation and connect families with practical strategies. Given that around 30% of ASGSF-supported children have SEN/EHC needs and approximately 14% are from minority ethnic backgrounds, inclusive outreach and accessible formats are important so that peer offers do not inadvertently exclude families facing disability-related or cultural/linguistic barriers (see Annex) (PSED limbs 2 and 3).

Age: Peer support could benefit families with children of all ages, though structured approaches may be needed to ensure appropriate engagement for adolescents. Anecdotal evidence from VAA and RAA partners suggests that there is particular benefit to adoptees and young people.

Disability: Peer networks can support shared learning about disability and additional needs. The risks here relate to the accessibility of venues or digital platforms. This can be mitigated through minimum accessibility expectations. Peer and community support is likely to be especially impactful given that 30% of children supported through ASGSF have SEN/EHC needs (see Annex).

Gender reassignment: No adverse effect identified.

Marriage and civil partnership: No adverse effect identified.

Pregnancy and maternity: No adverse effect identified.

Race: Peer support has strong potential benefits where culturally representative networks exist. There is a risk of uneven geographical provision. This is mitigated through partnership with voluntary sector organisations and inclusive outreach. Further RAAs positioning as organisations made up of several Local Authorities mean that peers can be pooled from across a given region. The ethnic distribution of ASGSF-recipient children - 86% White and 14% from minority ethnic backgrounds - reinforces the need for culturally responsive planning and consistent mechanisms for capturing children's voices across diverse groups (see Annex).

Religion or belief: No adverse effect identified.

Sex: Lone carers and primary carers, who are more likely to be women, may particularly benefit from peer networks.

Sexual orientation: No adverse effect identified.

Proposal 3: Provide proactive support at key life stages, such as transitions to secondary school

This proposal introduces proactive support at predictable stress points, such as transitions to secondary school, to prevent escalation of need and improve placement stability. Overall, this option is assessed as having a positive impact on advancing equality of opportunity (PSED limb 2). At predictable stress points such as school transitions, the relatively high prevalence of SEN/EHC (about 1 in 3 recipients) suggests elevated vulnerability to discontinuity of support. Coordinated transition packages and school-facing tools are therefore warranted to sustain engagement and attainment (see Annex) (PSED limb 2).

Age: Targeting specific life stages directly addresses age-related risks, particularly during adolescence, supporting earlier intervention.

Disability: Children with additional needs may experience heightened difficulty during transitions, and 30% of children supported through ASGSF have SEN/EHC needs (see Annex). This proposal would, therefore, be expected to have a positive impact, as children who might struggle more with transitions would be more likely to get the support they need.

Gender reassignment: No adverse effect identified.

Marriage and civil partnership: No adverse effect identified.

Pregnancy and maternity: No adverse effect identified.

Race: No adverse effect identified.

Religion or belief: No adverse effect identified.

Sex: No adverse effect identified.

Sexual orientation: No adverse effect identified.

Proposal 4: Enhance adoption support plans and supporting family-led plans for kinship care to better incorporate children's voices and set clear expectations via Practice Guides

This proposal enhances clarity, consistency and accountability by strengthening adoption support plans and family-led plans for kinship care, ensuring better incorporation of children's voices and clearer expectations of support. Overall, this option is assessed as having a positive impact on advancing equality of opportunity. With children from minority ethnic backgrounds comprising roughly 14% of recipients and 30% presenting with additional needs, plans should consider accessibility adjustments as standard, recorded and reviewed (see Annex) (PSED limbs 1 and 2).

Age: Age-appropriate engagement mechanisms strengthen children's participation in planning and decision making.

Disability: Clearer plans improve identification of reasonable adjustments and coordination across services.

Gender reassignment: No adverse effect identified.

Marriage and civil partnership: No adverse effect identified.

Pregnancy and maternity: No adverse effect identified.

Race: Without national guidance, there is a risk of variable quality. This will be mitigated through updated practice guidance and workforce development.

There are no direct adverse impacts identified for other protected characteristics.

Religion or belief: No adverse effect identified.

Sex: No adverse effect identified.

Sexual orientation: No adverse effect identified.

Proposal 5: Standardised needs assessments and evidence-based commissioning

Policy context:

This option introduces a nationally consistent framework for assessing the needs of adopted children and children in eligible kinship care, delivered through multi-disciplinary assessment arrangements. The framework is intended to reduce variation between areas, improve the identification of needs, and ensure that assessment outcomes are more clearly linked to appropriate support and intervention.

Equalities impact analysis

Overall assessment: This option is assessed as having a positive impact across several protected characteristics, particularly under limb 2 of the PSED (advancing equality of opportunity). Any potential negative impacts are considered to be indirect and capable of mitigation through implementation and monitoring. A standardised needs framework aligns with the evidence that 30% of ASGSF-supported children present with additional needs. This strengthens the case for systematic identification (see Annex) (PSED limbs 1 and 2).

Age: A standardised, developmentally sensitive framework is expected to support earlier and more consistent identification across all age groups, reducing the risk of escalating need and improving equality of opportunity (PSED limb 2).

Disability: Disabled children and children with neurodevelopmental differences are over-represented in the adoption and kinship population but are not always identified consistently. This option is likely to have a positive impact by improving recognition of disability-related needs and clarifying pathways to support. There is a potential risk that inflexible application of assessment criteria could disadvantage children with complex or atypical presentations; this will be mitigated through guidance requiring reasonable adjustments, professional judgement and multi-agency input.

Gender reassignment: No adverse effect identified.

Marriage and civil partnership: No adverse effect identified.

Pregnancy and maternity: No adverse effect identified.

Race: Evidence indicates that children from some minority ethnic backgrounds experience disparities in access to timely assessment and appropriate support. Greater consistency and the use of structured assessment processes should help reduce these disparities and advance equality of opportunity (PSED limb 2). To mitigate the risk of cultural or linguistic bias, implementation will emphasise culturally competent practice, access to interpreters and ongoing monitoring of outcomes by ethnicity.

Religion or belief: No adverse effect identified.

Sex: Differences in presentation, including masking behaviours, can lead to under-identification of need, particularly for some girls. Standardised assessment processes incorporating information from multiple settings are expected to reduce bias and improve equity.

Sexual orientation: No adverse effect identified.

Mitigation and monitoring: National guidance, workforce training and routine monitoring of assessment outcomes by protected characteristic will be used to identify and address any emerging inequalities.

Proposal 6: Clinical interventions to meet evidence thresholds

Policy context:

This option focuses on aligning publicly funded clinical interventions with recognised evidence standards, while maintaining access to non-clinical and community-based support. It introduces clearer expectations around clinical effectiveness and safety, alongside proportionate arrangements for interventions where evidence is still emerging.

Equalities impact analysis

Overall assessment: This option is expected to have a broadly positive impact, particularly in supporting equitable access to effective clinical interventions (PSED limb 2). Some risk of differential impact exists where evidence bases are less developed for particular groups, which will require mitigation. Minimum evidence expectations for clinical interventions promote effectiveness and safety, with proportionate exceptions for small cohorts. For example, transgender recipients are a very small share (0.4% of funded recipients of the ASGSF), implying limited trial evidence; a monitored exceptions pathway with clear outcomes helps maintain access while building the evidence base (see Annex) (PSED Limb 2).

Age: Clearer clinical thresholds support earlier, more appropriate access to effective interventions. This is assessed as a positive impact under PSED limb 2.

Disability: Children with complex or rare needs may be more likely to require interventions where the evidence base is limited. While minimum evidence expectations promote safety and effectiveness, there is a potential negative impact if access were reduced for these groups. This will be mitigated through explicit exceptions processes, time-limited use with evaluation, a process to build the evidence base where possible, and continued access to non-clinical support.

Gender reassignment: No adverse effect identified.

Marriage and civil partnership: No adverse effect identified.

Pregnancy and maternity: No adverse effect identified.

Race: Risk of indirect impact due to under-representation in evidence bases; monitoring and evidence development mitigates this. The option includes commitments to monitor uptake and outcomes by protected characteristic and to encourage improvement in evidence generation, supporting advancement of equality of opportunity over time (PSED limb 2).

Religion or belief: No adverse effect identified.

Sex: Potential positive impact through more consistent access to evidence-based interventions (PSED limb 2).

Sexual orientation: No adverse effect identified.

Mitigation and monitoring: Phased implementation, evaluation of exception use, and routine equality monitoring will ensure that any unintended impacts are identified and addressed.

Proposal 7: Devolve ASGSF funding and responsibility to local decision makers

This proposal seeks to devolve funding and decision-making to local or regional structures, enabling more strategic commissioning aligned with local need and wider children's services reforms. The equality impact is assessed as mixed overall and contingent on implementation. Devolving funding and decisions can enable better local fit but increases the importance of equity monitoring. Given the volumes involved in the government's current adoption support offer ASGSF (over 20,085 recipients in FY24/25), even a one-percentage-point local shortfall could translate into support gaps for hundreds of children. Publishing core equity metrics (e.g., uptake and waiting times by SEN/EHC and ethnicity) will help manage postcode variation (see Annex) (PSED limb 2).

Age: Potentially mixed impact depending on local capacity and commissioning decisions.

Disability: Local flexibility may benefit children with complex needs, though risks of postcode variation remain.

Gender reassignment: No adverse effect identified.

Marriage and civil partnership: No adverse effect identified.

Pregnancy and maternity: No adverse effect identified.

Race: Risk of differential local outcomes mitigated through national oversight and monitoring.

Religion or belief: No adverse effect identified.

Sex: No adverse effect identified.

Sexual orientation: No adverse effect identified.

Proposal 8: Improving value for money via benchmarking

Policy context:

This option introduces the use of benchmarking guides to support commissioners in understanding expected cost ranges for therapeutic services. The intent is to improve transparency, consistency and value for money while retaining flexibility to respond to local needs and levels of complexity.

Equalities impact analysis

Overall assessment: This option is assessed as largely neutral with potential indirect positive impacts if savings are reinvested to improve access to support (PSED limb 2). There is a recognised risk of indirect negative impact if benchmarking is applied inflexibly. We will need to consider how best to design a system to mitigate these impacts (PSED limbs 1 and 2).

Age: No adverse effect identified.

Disability: Provision for children with complex disabilities or needs can legitimately cost more than average. Some types of benchmarking could risk reducing availability of specialist support.

Gender reassignment: No adverse effect identified.

Marriage and civil partnership: No adverse effect identified.

Pregnancy and maternity: No adverse effect identified.

Race: Providers serving minority ethnic communities may face additional costs, for example relating to interpretation or culturally specific support. Monitoring by ethnicity will be used to assess impact and inform adjustments.

Religion or belief: No adverse effect identified.

Sex: No adverse effect identified.

Sexual orientation: No adverse effect identified.

PSED conclusion for decision-makers

Overall, we have identified several potentially positive impacts associated with the model of support outlined in the proposals. No option is assessed as giving rise to unlawful discrimination, and the analysis provides a defensible basis for proceeding to consultation, with further detailed assessment to follow post-consultation as designs are finalised.

Essential to any follow up equalities advice will be the inclusion of delivery mechanisms, the allocation of resources and incentives from central government.

For example, a decision to move forward with a centrally held ASGSF style fund would generate different externalities to a fund redistributed across services.

Further equalities impact analyses of ASGSF reform will benefit from the outcomes measurement data that is currently being analysed.

Table 1: Ethnicity

FY 24/25	Total
All Children	20,085
White Children	17,331 (86%)
Mixed/ Multiple Ethnic Group	513 (3%)
Asian/ Asian British	637 (3%)
Black/African/Caribbean/ Black British	1,583 (8%)
Other Ethnic Group	306 (2%)

*To note: applications can contain multiple funded recipients; therefore the total number exceeds the number of approved applications

Table 2: Gender

The number of approved ASGSF applications split by gender (53% of applications include a male recipient, 52% a female recipient and 0.4% a transgender recipient).

FY 24/25	Total
All Children	20,085
Male	10,437 (52%)
Female	10,614 (53%)
Transgender	86 (0.4%)

Table 3: Disability

The proportion of ASGSF applications with children with either an Education Health and Care Plan (EHCP) or a Special Educational Need (SEN) included account for **28%** of total ASGSF applications (there may be more than one child per application, hence the slight differences in numbers).

FY 24/25	Total
All Children	20,085
SEN/EHC/Disabled – Yes	5,940 (30%)
SEN/EHC – No	14,568 (73%)



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