

In response to the Department for Education consultation [Adoption support that works for all - consultation document - Feb 2026](#) BASW England consulted with members to submit the following response to the consultation, special thanks to those members who gave up their time to share their expert knowledge on this topic.

Question	Answer	Response
<p>9. What support do you think helps to maintain or improve children’s and young people’s mental health and wellbeing?</p>	<p>Qualitative Response</p>	<p>BASW believes that adoption and kinship care are lifelong journeys. Effective support must be needs-led, relational, and specialist. We advocate for a move beyond core support toward a system that provides:</p> <p>Adoption-Competent Therapy: Sustained access to specialist interventions (funded via ASGSF) is critical. As highlighted in Beyond the Adoption Order (2014), challenges often escalate long after legal orders are granted. Support must target developmental trauma, attachment disruption, Fetal Alcohol Spectrum Disorders, and identity work.</p> <p>Foundational support includes dyadic and parent-child therapies. Placements are most stable when carers feel supported and understood rather than judged, enabling them to co-regulate children’s complex emotions.</p> <p>Mental health is inextricably linked to educational stability. We need "emotionally safe" learning environments where schools view behaviour as communication rather than a cause for punitive measures, supported by Virtual Schools and robust EHCPs.</p>

		<p>Families benefit from a continuous relationship with a skilled, adoption-competent social worker who acts as a lead coordinator within integrated multidisciplinary teams.</p> <p>Crucially, the complex needs arising from early trauma and loss are often hidden. Without practitioners who have a strong grounding in trauma-informed practice, these needs are frequently misinterpreted as behavioural or parenting issues, leading to systemic failure.</p>
<p>10. Why does this support help?</p>	<p>Qualitative Response</p>	<p>This support is effective because it moves beyond generic, short-term responses to address the complex, lifelong impacts of early adversity and trauma. Specialist, adoption-competent interventions work by:</p> <ul style="list-style-type: none"> ● They recognise that “behaviours that challenge” are often symptoms of trauma, disrupted attachment, or neurodevelopmental needs. By treating the cause rather than the symptom, outcomes are more sustainable. ● They help children make sense of their history, directly reducing the shame, confusion, and internalised distress that often lead to mental health crises. ● By shifting the focus from managing behaviour to strengthening the parent-child relationship, carers can respond therapeutically rather than reactively, increasing family stability. <p>The Social Work Impact: From a professional perspective, the availability of specialist support (via the ASGSF) empowers social workers to exercise professional judgment and early intervention. It allows for:</p> <ul style="list-style-type: none"> ● Relational Practice: Social workers can advocate effectively and build trust when support is dependable rather than time-limited.

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		<ul style="list-style-type: none"> • Crisis Prevention: Early access to specialist help prevents families from reaching the point of placement breakdown. <p>Warning on Funding Instability: The efficacy of this support is fundamentally undermined by unstable, year-to-year funding. Short-term arrangements prevent social workers from building specialist skills and deprive families of the confidence that help will remain available as the child’s needs evolve. Relational work requires a steady, skilled workforce and long-term financial commitment.</p>
<p>11. What could be improved about this support?</p>	<p>Qualitative Response</p>	<p>While the evidence for what works is clear, sector development is currently being undermined by systemic fragmentation. BASW identifies several key areas for improvement:</p> <ul style="list-style-type: none"> • High-quality, adoption-competent support varies significantly by location and local commissioning priorities. This "postcode lottery" prevents social workers from delivering consistent, needs-led practice and results in disparate outcomes for families with similar needs. • CAMHS, schools, and family hubs often lack the training and capacity to support this cohort effectively. This leads to declined or poorly matched referrals, leaving adoption support social workers to compensate for systemic gaps rather than delivering the specialist interventions they are trained for. • Current offers often place the entire burden of change on parents and carers. Improvements must include a clear expectation that schools, health services, and local authorities adapt their own practice (e.g. trauma-informed education) rather than just "treating" the child.

		<ul style="list-style-type: none"> Relational practice is impossible without continuity. Short-term, year-to-year funding for therapeutic provision limits the ability to build sustainable practice, retain specialist expertise, and provide families with the confidence that support will endure as their needs change. <p>National policy must better reflect the realities of delivery on the ground, particularly for small specialist services, ensuring that the advocacy and coordinating role of the specialist social worker is properly resourced.</p>
<p>12. Proposal 1: Develop a baseline offer of parenting support and training at the point of adoption and kinship care. Do you agree with this proposal?</p>	<p>Somewhat Agree</p>	<p>BASW agrees in principle with the development of a baseline offer of parenting support and training, as consistency in early help is vital for family stability. However, this support is only helpful if it meets the following significant caveats:</p> <ul style="list-style-type: none"> The offer must be specifically tailored to adoption and kinship care, underpinned by a trauma-informed lens. It must be delivered by skilled practitioners with expertise in attachment and developmental trauma. Core parenting support is important but is not sufficient on its own for children with complex needs. It must be positioned as a foundational layer that is supplemented by clear, rapid routes into specialist therapeutic support. We want to see a supplement not substitute approach. While using universal services such as Family Hubs could improve accessibility, these services would require substantial upskilling to meet the unique needs of adopted and kinship families. They must not be positioned as a substitute for the specialist provision currently delivered by Regional Adoption Agencies (RAAs) and local authority teams.

		<ul style="list-style-type: none"> • The baseline offer must recognise the demographic and legal differences of kinship care, ensuring it is not merely an "adoption-lite" model but addresses the unique family dynamics inherent in kinship arrangements. <p>BASW cautions against a synchronised approach that treats adopters and kinship carers as a homogenous group. Adopters and kinship carers often come from fundamentally different demographic backgrounds and require different types of foundational support. A baseline offer must reflect these differences, for example, addressing the specific financial and health vulnerabilities often found in kinship arrangements, rather than offering an adoption-lite model for all</p>
<p>13. Proposal 2: Strengthen peer and community support for adoptive parents and children. Do you agree with this proposal?</p>	<p>Strongly Agree</p>	<p>BASW strongly supports the strengthening of peer and community support, particularly for children and young people. Peer support plays a vital role in reducing isolation, normalising experiences, and supporting emotional wellbeing. However, for this to be safe, effective, and sustainable, it must be well-facilitated and appropriately structured.</p> <p>BASW emphasises that effective peer support should:</p> <ul style="list-style-type: none"> • Be viewed as additional to, and not a replacement for, the specialist therapeutic interventions that many children and families continue to require. • Funding must be ring-fenced and nationally resourced to avoid "postcode lotteries" and ensure equitable access across all regions. • Provision must specifically include adult adoptees and children in kinship care - groups that remain significantly under-recognised. Ensure targeted outreach to minoritised and Global Majority communities to promote equity.

		<ul style="list-style-type: none"> • groups must be professionally facilitated within a clear framework that includes robust safeguarding boundaries and trauma-informed oversight. • The most effective peer spaces combine the authenticity of lived experience with skilled facilitation and professional expertise to ensure the environment remains therapeutic and safe for all participants.
<p>14. Proposal 3: Provide proactive support for adopted and kinship children at key life stages, such as transitions to secondary school. Do you agree with this proposal?</p>	<p>Strongly Agree</p>	<p>From a social work perspective, proactive support is essential; however, it must reflect the lifelong impacts of adoption and kinship care rather than being limited to isolated transitions.</p> <p>BASW’s position on this proposal includes the following points:</p> <ul style="list-style-type: none"> • While the move to secondary school (Year 6 to 7) is a critical milestone, predictable pressure points also include adolescence, identity development, the transition to adulthood, becoming a parent, and experiences of bereavement. Support must be available across this entire spectrum. • Proactive support prevents families from reaching a crisis point. For this to be effective, social workers require the capacity and continuity to practise preventatively and relationally, rather than being forced into a reactive role once difficulties have already escalated. • Support should be embedded within adoption and kinship support plans and regularly reviewed. This ensures that the responsibility for navigating these transitions is shared across schools, health services, and social care, rather than being placed solely on the families. • While targeting "standard milestones" is a positive step, the system must remain flexible enough to respond to "unpredictable" crises. A rigid focus on set life

		<p>stages must not preclude families from accessing help when unexpected challenges arise.</p> <p>By formalising these "stress point" interventions, the system can better recognise that adoption and kinship care are not one-off events but evolving journeys that require ongoing, adoption-competent oversight.</p>
<p>15. Proposal 4: Enhance plans to better meet children’s needs, setting clear expectations for families and services via Practice Guides. Do you agree with this proposal?</p>	<p>Agree</p>	<p>BASW strongly welcomes the focus on enhancing support plans, particularly the emphasis on multi-agency coordination. Setting clear expectations for families and services is a positive step toward transparency - however, we hold several critical professional concerns regarding the implementation of this proposal:</p> <ul style="list-style-type: none"> • We are concerned that there is currently no statutory duty to deliver the specific support identified within these enhanced plans. Without such a duty, plans risk becoming purely aspirational documents rather than enforceable commitments that families can rely on. • While practice guides can offer helpful clarity, they must not be allowed to devolve into rigid, tick-box exercises. It is essential that these guides do not override professional social work judgment or the ability to respond to the unique, nuanced needs of a specific family. • For multi-agency plans to be effective, there must be a named coordinator with genuine authority across health, education, and social care systems. Without a lead professional empowered to hold all agencies to account, families will continue to face fragmented services.

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		<ul style="list-style-type: none"> • While enhancing long-term plans is important, this proposal appears to leave the issue of crisis provision largely unaddressed. Plans must be robust enough to include "emergency" pathways so that families are not left unsupported when stability is suddenly threatened. <p>In summary, for these enhanced plans to represent a meaningful change, they must be backed by the resources and the authority required to ensure that every agency around the table delivers on its promises.</p>
<p>16. Proposal 5: Standardise needs assessments for adopted and eligible kinship children, and commission social care, health and education support based on their needs. Do you agree with this proposal?</p>	<p>Disagree</p>	<p>BASW supports this proposal in principle, as social workers strongly advocate for improving the consistency and quality of needs assessments. High-quality assessment is critical to understanding the complex, interrelated impacts of trauma, disrupted attachment, neurodevelopmental difference, and loss. However, this support is subject to several essential conditions:</p> <ul style="list-style-type: none"> • Avoiding Over-simplification and Rigidity: Standardisation must not lead to a tick-box model that results in false equivalents between adoption and kinship care. Social workers require professional discretion to remain professionally curious focusing on individual identity and the unique, complex family dynamics of each case. • As Julie Selwyn’s research indicates, adoption-related needs are often episodic and emerge at predictable life stages. Therefore, assessments must not be static or one-off events; they must be dynamic and revisited as the child develops. • For assessments to be effective, they must be undertaken by appropriately trained, adoption-competent practitioners who can look beyond visible behaviours to identify underlying trauma.

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		<ul style="list-style-type: none"> • Assessments should involve integrated input from health, education, and mental health services. Most importantly, there must be a corresponding duty to provide the support identified. Without this, there is a significant risk that assessment improves on paper while families continue to struggle in practice due to local resource constraints. • The high-quality, relational assessment carried out by social workers at the front end gives families confidence and clarity. Standardised tools should support, rather than replace, this relational work, which is proven to strengthen engagement with subsequent therapeutic interventions.
<p>17. Proposal 6: Require clinical adoption support therapies to be compliant with NHS evidence standards. Ensure all interventions are well evidenced and assessed. Do you agree with this proposal?</p>	<p>Disagree</p>	<p>BASW partially supports the drive for effective and safe interventions but holds significant professional concerns regarding this proposal. While social workers advocate for high-quality, safe support, a narrow application of clinical "evidence-based" standards risks destabilising the current support landscape.</p> <p>BASW's position includes the following critical points:</p> <ul style="list-style-type: none"> • Relying primarily on clinical frameworks (such as NICE) risks excluding specialist, relational, and trauma-informed therapies. Professor Julie Selwyn's research highlights that adopted children often present with complex, overlapping needs that do not respond to diagnosis-driven interventions alone. Social workers require a diverse "toolkit" of therapies selected through professional judgement and assessed need. • Many local specialist providers offer highly personalised, relational support that may not exist at a clinical trial scale but is proven effective through practice and

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		<p>longitudinal outcomes. Narrow definitions of evidence risk marginalising the very services families and professionals identify as most life-changing.</p> <ul style="list-style-type: none"> • While BASW supports social workers developing enhanced therapeutic skills via clear professional pathways with clinical supervision, we strongly oppose any move to use social workers as a lower-cost substitute for qualified clinicians. The role of the social worker in holistic assessment and advocacy is distinct from, and complementary to, that of the therapist. • We are concerned that strictly clinical standards could lead to the withdrawal of interventions that currently prevent placement breakdown and reduce long-term costs. Bespoke, relational provision is often more cost-effective than standardised clinical care in the context of adoption and kinship permanence. <p>BASW Calls for:</p> <ol style="list-style-type: none"> 1. A broader definition of evidence that includes practice-based evidence, lived experience, and longitudinal stability outcomes. 2. Meaningful involvement of social workers, therapeutic practitioners, and adoptees in defining these standards. 3. Robust safeguards to ensure that effective, established interventions are not withdrawn due to overly restrictive clinical requirements.
<p>18. Proposal 7: Devolve Adoption and Special Guardianship Support Fund funding and responsibility to regional and/or local decision makers. Do you agree with this proposal?</p>	<p>Disagree</p>	<p>BASW does not support this proposal in its current form. While the current Adoption and Special Guardianship Support Fund (ASGSF) model is imperfect, it is widely valued by the profession and has a demonstrated, life-changing impact on families. Based on practice experience, we believe devolution poses the following serious risks:</p>

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		<ul style="list-style-type: none"> ● Devolving responsibility to regional or local decision-makers creates a significant risk that funding will lose its specialist, ring-fenced status. In a climate of severe local authority budget pressures, there is a danger that these vital funds will be redirected to meet other statutory crises, leaving therapeutic provision discretionary rather than guaranteed. ● The current model provides a level of national consistency. Devolution is likely to exacerbate the "postcode lottery," where the quality and availability of support are determined by local commissioning priorities rather than the assessed needs of the child. ● The current model has allowed a diverse landscape of local specialist providers to develop deep, adoption-specific expertise. Fragmented commissioning and funding insecurity would make it difficult for these small, highly valued providers to survive. This would reduce parental choice and limit access to the bespoke, relational interventions that are central to positive outcomes. ● Families currently have a degree of confidence that therapeutic support is an accessible right. Moving to a devolved, discretionary model risks breaking the trust of adoptive and kinship families, who may feel abandoned by a fragmented system. <p>BASW asserts that there is no evidence presented within this consultation to suggest that devolution would improve outcomes for children. We advocate for the retention of a nationally consistent, ring-fenced fund that protects specialist therapeutic pathways.</p>
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<p>19. Proposal 8: Improving value for money to ensure every pound spent is used efficiently, sustainably and on families. Do you agree with this proposal?</p>	<p>Disagree</p>	<p>BASW supports the principle of efficiency, but we strongly contest any definition of "value" that prioritises short-term cost-saving over the long-term wellbeing of children and families. This proposal is only acceptable if quality and outcomes are given equal weight to financial cost.</p> <p>Our position is based on the following professional principles:</p> <ul style="list-style-type: none"> ● Efficiency must be measured across a child’s life journey. True value for money is found in interventions that secure long-term placement stability and prevent future crises. Short-term cost control is a "false economy" if it leads to placement breakdowns, which carry a devastating human cost and a significantly higher financial burden for the state. ● Investing in high-quality, specialist adoption and kinship support reduces later demand on the education, health, and criminal justice systems. Value-for-money assessments must take these "downstream" savings into account rather than looking at social care budgets in isolation. ● Any review of unit costs or benchmarking of services must be independently led. Crucially, it must be co-designed with frontline practitioners and people with lived experience (adoptees and carers) to ensure that "efficiency" does not inadvertently result in a reduction of service quality or the loss of bespoke, relational interventions. ● We caution against using "value for money" as a driver to move support into universal services that lack the necessary adoption-competent expertise. Specialist expertise is a high-value asset - diluting it may appear cheaper in the short term but will lead to poorer outcomes and higher costs in the future.
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