

# Adoption support that works for all consultation: CVAA response

## Introduction

This document sets out CVAA's response to the Government consultation, '[Adoption support that works for all](#)' (10 February – 5 May 2026), submitted on behalf of our 13 voluntary adoption agency (VAA) members in England. It presents our views on each consultation proposal, alongside the core principles we believe should underpin effective adoption support and which run throughout this response:

- 1) Adoption support should be baked into the adoption journey from an early stage
- 2) The right support at the right time
- 3) Flexible multidisciplinary models
- 4) No delay
- 5) Consistent support from a consistent worker
- 6) Regular adoption support reviews
- 7) Lifelong support

Our response seeks to balance ambition with pragmatism. We recognise the financial constraints facing both central and local government, a reality that continues to shape policy and decision-making within adoption and beyond, and which is reflected in our ongoing dialogue with the Department for Education. Accordingly, our approach is guided by a central question: what is the most effective use of available resources to deliver positive outcomes for adopted children, families and adult adoptees? On this basis, we do not support a number of the proposals – not because they lack merit, but because we do not consider them to be priorities for reform.

Our position is grounded in evidence that the needs of adopted children are increasingly complex, and that reform must be structured to meet the needs of these children and young people in particular. We cannot support proposals that risk diverting funding away from essential specialist therapeutic support.

We also reiterate our strong opposition to a devolved funding model, as first expressed in summer 2025. We believe this would undermine equitable access to support, exacerbate national inconsistencies, and risk marginalising the voluntary sector, despite clear evidence of its leadership in delivering outstanding support.

## Consultation questions

### Section 1 – What works for children and families?

#### 9. What support do you think helps to maintain or improve children’s and young people’s mental health and wellbeing?

In consultation with our membership of voluntary adoption organisations we have put together the following principles underpinning good support for children and young people, which we shall refer back to throughout the consultation submission.

- 1) Adoption support should be baked into the adoption journey from an early stage:** All CVAA members support the view that children benefit from having their needs fully reviewed at a very early stage. This proactive, preventative approach enables matching from a fully informed perspective and ensures that the right information is fed into children’s Adoption Support Plan (ASP) required at the point of placement. We do not support the view that routine assessments label children unnecessarily, given what we know about the prevalence of complex issues in most children placed by VAAs.

  - a. All children require early multi-disciplinary assessments (MDAs) prior to placement – ideally at the point of linking – to ensure that the resulting plan is formulation-led and accurately reflects their needs. This is especially important for children whose needs for high-level support are immediately clear and predictable. This may include, for example, children who have likely experienced sexually abuse, whose birth parents have schizophrenia, or who have had a previous adoption disruption. As we know that certain needs and combinations of need increase risk, this evidence should be formalised and used to inform early decision-making. It is also essential that MDAs are led by a suitably qualified psychological therapist.
  - b. If the assessment identifies a need for specialist interventions, these should be in place early and delivered by registered to practice psychological therapists experienced in working with trauma.
- 2) The right support at the right time:** Early consultation and assessment led by a psychological therapist also needs to be the first part of the process when families reach out for help, at any point in their adoption journey. We see time and again that routing children and families to the right support early is in everyone’s best interests. This approach prevents problems from escalating, builds trust with children and parents, supports parental regulation and prevents them from becoming overwhelmed, and is cost saving over the long term. From a funding perspective, if adoption support costs were included as an integral part of VAA placement fees, families would be able to access therapeutic parenting support right from matching to develop therapeutic understanding and skills, thus preventing or reducing crisis situations.
- 3) Flexible multidisciplinary models:** Adopted children and family dynamics are complex and fluid. There is no one static solution, as needs evolve and change even when therapeutic

interventions are in place. Families therefore need a connection with a multidisciplinary therapeutic team (including social workers trained in a wide range of therapeutic techniques, psychological/clinical therapists, clinical psychologists, counsellors, occupational therapists, education advisors, and others) that learns about them and their needs and can then flex and develop a support package which will genuinely make a difference. Additionally, coordinated meetings that bring together all agencies working with families are important for developing a shared understanding of need and clarity around roles and responsibilities to avoid duplication of work and the potential for contradictory messages.

- a. Flexible early support is also key. Young people and families don't always want or need a formal structured intervention. Many say that the support they have valued most is being able to pick up the phone to a trusted professional, at a time when they need it and is convenient. For parents this is often in the evening when children are in bed. For young people this will be outside of education hours. Understandably professionals cannot be expected to be 'on call' for families at all hours, but some degree of flexible working for adoption support practitioners is important.

**4) No delay:** VAA families frequently report that a quick response has made a big difference to their child/children and family. For example, phone consultations and meetings arranged within days of a family identifying difficulties, assessments within weeks, and support packages in place soon after assessment. Conversely, long waiting lists and delays cause difficulties to deepen and destabilise families. It is important to note that the ASGSF structure has historically undermined this principle through how it has commissioned services by preventing VAAs from submitting applications directly on behalf of families and receiving support funding directly. However, these issues are straightforward to resolve.

- a. Block contracts have been proven to improve response time (Adoption Matters, 2020; Adopt London Covid ASF Review, 2021). Unlike with the ASGSF, block commissioning provides certainty to therapists about the number of families they will be working with, enabling them to advance plan and ensure they are available in a timely manner. This approach is also more cost effective. Children and families therefore benefit from the money going further, resulting in them being able to access more hours of therapy or alternative support. For example, Adoption Matters' block contract project during Covid enabled it to offer an additional mindfulness group to parents from saved costs, which helped support parents' emotional resilience during this stressful period.
- b. Delegated authority to VAAs from RAAs to undertake adoption support assessments and applications also eliminates duplication and delay, so that support can be accessed before a family reaches crisis point.

**5) Consistent support from a consistent worker:** Trust and continuity are essential for children's progress and wellbeing, and this is one of the most common themes raised by children, young people and families alike. A distinct advantage in VAAs is consistency of workers and teams and we are mindful that frequent staff changes within statutory teams,

alongside challenges with children's social workers not being adoption specialists, can often undermine support efforts.

- a. Building relationships with prospective adoptive parents at the earliest opportunity is key. For example, VAA ARC Adoption NE introduces families to its adoption support team at Stage 1 of the adoption journey and via other early workshops/training, so that connection is established right from the start. Then, when families need support, their initial point of contact is the adoption support worker they have already been allocated prior to the adoption. This supports families to feel safe to reach out as relationships are already well established. Likewise at VAA Family Futures the assessment of adopters is undertaken by a social worker and therapist, with the therapist following the family through to adoption support post placement.
  - b. The need for consistency also applies to workers completing assessments. Families are clear that they do not want to have to repeat themselves to multiple different professionals and/or organisations, especially when the subject matter is so personal. Children therefore benefit from having assessments and support delivered directly by the agency they were adopted through, rather than bouncing between agencies and services.
  - c. Long-term sustainable funding is central to achieving this. To date the annual cycle of ASGSF funding decisions has been a major source of instability for children, including in how it has eroded the workforce of adoption-competent specialists. The ASGSF has demonstrated clearly that when therapy is disrupted – because of funding delays for example – children suffer and often disengage entirely. If/when funding resumes and therapy restarts, vast sums of money are wasted trying to reverse the damage done by the disruption.
- 6) Regular adoption support reviews:** The needs of children and families change over time, as do the support services offered by agencies. Both children and families benefit from regular check-ins which allow practitioners to understand how families are getting on, identify any support needed and put it in place in good time. Regular social activities and ongoing training and workshops arranged by the agency provide a good opportunity for this. Check-ins during key transition stages within education are vital. Some VAAs have informal check-in points with families over long periods of time which enhances the chances of support needs being identified and addressed before they become a major challenge.
- 7) Lifelong support:** Being adopted is life changing, whatever the reasons might be. Research has consistently highlighted this (see Hollee McGinnis, Mapping the Life Course of Adoption Project; Palacios et al., 2022) but services continue to be time limited and age-related. Adoption is lifelong, as is the impact of early trauma and loss, and the need for support does not end at age 18. Support therefore needs to be accessible beyond this timeframe.

### Specific interventions which work:

The below are interventions identified by VAAs which have been identified as valuable for children. It is important to note that these are rarely offered in isolation, but instead as bespoke packages of need, based on multidisciplinary assessments and close multidisciplinary working with families to understand their needs. VAAs have emphasised the importance of dyadic (and care-giver integrated) parent and child together interventions such as DDP, theraplay, NPP and BUSS.

- 1) **A range of early support:** Therapeutic parenting groups and support; peer support for adopters, children and young people; family and friends network meetings; identity and therapeutic life journey work; support with 'keeping in touch' arrangements; education support; transition support.
  - a. Flexible applications are important. For example, VAA CCS Adoption has reported positive feedback and outcomes from their parenting course run by a clinical psychologist which links the learning to each individual family situation and puts it into context.
  - b. Groups for young people that run in parallel with groups for parents have been shown to be effective. VAA CoramIAC adapted a course from the USA and secured funding to deliver it and reported high levels of engagement from both young people, who developed new peer relationships, and parents, who felt better understood and part of a community.
  - c. This should include coordinated support with Health and Education, as well as support accessing broader support including Disability Living Allowance (DLA) and Blue Badge, Education Health and Care Plans (EHCPs).
- 2) **Building Underdeveloped Sensorimotor Systems (BUSS):** evidence-informed intervention for children with developmental trauma, improving bodily regulation, emotional stability, self-esteem, and parent-child relationships.
- 3) **Sensory integration:** a growing, moderate evidence base demonstrating effectiveness for children with autism, ADHD, and motor delays to improve sensory processing, daily functioning, and goal attainment.
- 4) **Multi modal Neuro Physiological Psychotherapy (NPP):** Evidenced therapy to improve outcomes for children who have experienced adversity and trauma in their early years.
- 5) **Theraplay, including MIM assessment:** strengthens parenting, enhances attachment, self-esteem and trust in others through play and interaction (evaluated by the EIF and proven to improve outcomes for children and young people).

- 6) **VIPP:** Video-feedback Intervention designed to increase a parent or carer's sensitivity and attachment to their child.
- 7) **Video Interaction Guidance (VIG)** enhancing attuned communication and relationships.
- 8) **Nurtured Heart:** A therapeutic parenting method to help children with trauma, intense emotions, and/or ADHD.
- 9) **Dyadic Developmental Psychotherapy (DDP):** attachment-focused therapy for adoptive families that improves child emotional regulation, builds trust and security, and strengthens relationships.
- 10) **Creative therapies** including play therapy, drama therapy, art therapy etc.
- 11) **A defined multidisciplinary escalation response,** based around access to urgent MDAs, particularly for older children later in their placement who are struggling, with timely access to specialist interventions where needed.

#### Child and family case studies:

H is a solo adopter of child L. Following a successful period of introductions and progression of the plan for L to be placed with H at 18 months, H disclosed a decline in her mental health. She was feeling overwhelmed and was struggling to build a connection with the child. H's VAA worked closely with the placing LA to provide support. A daily visiting schedule was agreed, a VAA clinical psychologist support was put in place, H was supported to speak with her GP and the family support worker arranged to go out in the community with H and L to support parenting and building connection. The VAA team also engaged with H's support network and stepped down support over time as H's mood improved and both H and L continued to do well. The team continue to check in with H and L through social events the VAA holds.

S was adopted at age 2 following experiences of neglect and physical and emotional abuse. At age 12 she was referred for a sensory support package with a VAA, followed by BUSS intervention. This resulted in significant improvements in her motor skills and functioning, including no longer having falls, which she previously experienced almost daily. S was finally able to accept nurturing touch and hugs from her parents, experiences less back pain from walking, and developed confidence to join new sports clubs at school.

T was adopted at age 1 after experiencing trauma in utero. When T was 12 the family received a package of therapeutic support, focused around therapeutic parenting for parents and emotional regulation and life story work for T. After this support T's behaviour calmed, his relationships improved and he successfully moved schools, where he remains working on his GCSEs; something which had not seemed achievable at the outset of the work.

V accessed therapy through the ASGSF after 2 difficult years characterised by constant arguments and poor communication at home, risky behaviour, deteriorating mental health and self-harm. 2

years later, family life had stabilised and become calm and relationships were positive. V embraced and even pushed for the family outings, get-togethers and traditions she previously fought hard against. She gained the language to express her emotions, developed strategies to cope with challenging situations, and was able to reconnect with her birth father with the support of therapy.

E, age 14, received a support package from a VAA Occupational Therapist experienced in early life trauma, using a Sensory Processing Approach. After working with E at home and school and providing a comprehensive assessment, E achieved significant developments in her emotional regulation, lowered anxiety around school, new friendships and a calmer home life.

## 10. Why does this support help?

This has been outlined within the above section

## 11. What could be improved about this support?

We believe that the core principles of good adoption support outlined above need to form the bedrock of any adoption support reform. From a funding perspective this means a focus on:

- 1) **Child-centred decision-making:** With the current ASGSF, especially since the 2025 cuts, support packages are dictated by cost (the Fair Access Limit being 3,000) rather than what children actually need. Currently many children are not receiving the support they need with significant negative consequences for them and their families. Furthermore, if children need support costing more than £3,000 then this money spent per child is frequently wasted on ineffective or impartial interventions. Evidence on both children's outcomes and financial outcomes supports decision-making based on need. All children are different and have different needs so a one-size-fits-all approach to funding is not equitable.
- 2) **Sustainable funding:** VAAs regularly see children benefiting from support interventions, only for them to be paused for months on end while funding is secured for the support to continue. This can have disastrous consequences for children and families and is highly inefficient – it can take months to catch up to where they were before support was stopped, and the gap risks disengagement and escalating difficulties. Future reforms must prioritise long term, multi-year funding for support which is accessible based on assessed need.
- 3) **There is a strong case for directly funding what is already working,** which for VAAs could look like a ringfenced funding pot for VAA families from government. VAAs already run many parenting programmes and courses which parents rate highly. Putting them on a more sustainable footing through direct funding would be a more effective solution than tightening definitions on what all agencies should offer and routing funding through statutory partners, which has already proved highly inefficient.
- 4) **Elimination of postcode lottery:** Some regions offer more support than others. The aspirations for a National Adoption Service in England therefore cannot be realised unless support is equitable and accessible wherever a child lives, whether they were placed within their own RAA area or through an interagency route with another RAA or VAA.

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

### 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? DISAGREE

- 1) **Improvements to the core offer of early support, which include this proposal, will not deliver the scale of reform needed to the adoption support system.** The crisis in adoption support we see in England currently is being driven by a range of factors including rising complexity in children's needs, the prevalence of complex trauma, and the high numbers of adopted children reaching adolescence. This is well-supported by recent evidence, including the Family Routes study which DfE itself commissioned. Proposal 1 therefore demonstrates a dangerous underestimation of the level of need amongst adopted children and young people today. While parenting support and training is an essential part of the adoption support landscape – and therefore something that voluntary adoption agencies (VAAs) already deliver to a high standard (see Ofsted reports) – this type and level of support will be insufficient for many families experiencing profound difficulties. The reality is that most RAAs and VAAs – if not all – already operate this type of support and so we already know that its impact only goes so far.
  
- 2) **We are particularly concerned that implementing this proposal would redirect funding away from critical specialist therapeutic support** (i.e. Adoption and Special Guardianship Support Fund (ASGSF) funding) in order to fund more parenting support and training. This approach risks marginalising children with the highest levels of need – many of whom are adopted through VAAs – and further eroding trust with adoptive parents caring for these children. This direction of travel has already been demonstrated through the government's decision in 2025 to cut the ASGSF Fair Access Limit from £5,000 to £3,000 per child, alongside removing funds for specialist assessments and match funding, justified by the rationale that more children would be able to access a lower level of funding as a result. All evidence published to date has shown significant adverse impacts for children with higher levels of need. For example, the vast majority of families surveyed by Action Against ASGSF Changes stated that they have seen 'very negative' or 'negative' impacts on their child's emotional wellbeing and mental health, behaviour, risky behaviours, family relationships and stability at home (August 2025). The survey themes included increased school exclusion, reduced ability to engage with education, increased child to parent violence, children experiencing suicidal ideation and being unsupported through this, and family crisis with parents/carers feeling unable to cope.

**Diverting funding away from therapeutic support is therefore a regressive policy** which rows back on progress made over the last decade in understanding and responding to early trauma, which led to the Adoption Support Fund originally being established in 2015.

- 3) The consultation document states that "this baseline offer could be coordinated by Regional Adoption Agencies and/or local authorities, working in partnership with local or national partners." **This language suggests that VAAs could lose autonomy over the early support**

**offers they develop and provide, which is concerning given that VAA support offers are widely considered the gold standard of support across the sector.** There is also no clarity on how VAAs would fund their contribution to this offer for the families they are responsible for.

Take for example the three most recent Ofsted reports from the VAA sector, all of which were rated Outstanding in all areas. PACT's Ofsted report (April 2026) states that:

*“There is a wide range of accessible therapeutic and practical support services available to adopters and children. These services are delivered by skilled staff and individuals with relevant lived experience. Support is carefully tailored to individual needs, ensuring families receive the right help at the right time. This leads to consistently positive outcomes for families.”*

ARC Adoption North East's report (March 2026) states that:

*“The range and quality of pre- and post-adoption support provided by the agency is incredible. In addition, the agency offers highly tailored packages of support through its links with local and national initiatives. The support that children and adopters receive from the agency is lifelong.”*

Additionally, Barnardos' report (January 2026) highlights the therapeutic input which is offered at the assessment stage, when the child moves into the home and following the adoption order, describing support as a “significant strength”.

The key point here is that VAAs do not have a standardly agreed baseline support offer, yet they still deliver exceptional results for children and families. This demonstrates that uniformity is not the right end goal but rather having the right leadership, culture, values and systems in place which are the bedrock for delivering high quality support. These lead to strengths of the type frequently cited in Ofsted reports - factors such as a varied support offer, access to therapeutic support from an early stage, tailored packages of support, and a lifelong offer, delivered by experienced trusted workers. These reports also show why it is imperative that VAAs' excellence in this area is supported and enabled to positively evolve through reforms.

- 4) **In addition, we have concerns that the drive for a consistent baseline offer could be a barrier to responsivity and innovation.** For exempling, making it harder for adoption agencies to adapt and evolve their support offers quickly, in line with what their families need locally. This flexibility and responsiveness is currently baked into the VAA support model with many VAAs adding and revising their support offer regularly. However, if agencies are required to deliver certain support as standard, it may limit their ability to add new types of support. Furthermore, with a nationally agreed baseline offer it would take significant time to plan and roll out updates England-wide, in response to new evidence. This could impede the timely adoption of emerging interventions with a promising evidence base.

- 5) **The ambition within this proposal for BestStart Family Hubs and Family Help programmes to better cater to adoptive families is well-intentioned but likely unrealistic.** At present these services do not serve traumatised children or their parents well; we hear this feedback often. There is no information included in the consultation document which shows further thinking on how these universal services would be adapted to be suitable for adoptive and kinship families, giving us little confidence to support the idea. Likewise, the recently published Families First Partnership (FFP) Programme Guide (March 2026) contains no detail about how their services would meet the needs of adoptive families. Our experience is that statutory services often view adoption as having provided the solution for children, therefore the understanding of adopted children’s long term support needs is lacking and these children are rarely seen as a priority.
  
- 6) **Lastly, the emphasis on upskilling parents and carers in this proposal puts a strong emphasis on caregiver responsibility for addressing children’s difficulties. The overarching focus on addressing parenting appears could be interpreted as framing children’s difficulties as a parental deficit;** indeed, this reaction has already been expressed by adoptive parents via The Potato Group. Given that trust between government (central and local) and adoptive parents is at a low point right now – especially following 2025 ASGSF cuts – this type of reform has the potential to further erode trust, and therefore needs close consideration. Although strengthening parenting is an essential component of adoption support, the system must avoid putting unreasonable expectations on parents, who may not be trauma experts despite being trauma-informed. It is imperative that reforms bolster trust and confidence between parents and services, and we move away from a culture (voiced by many adopters sharing their stories in recent national media) of parents feeling blamed for children’s difficulties and bearing the full weight of responsibility for managing and overcoming these difficulties.
  
- 7) **An alternative solution to Proposal 1 would be concentrating energy instead on Proposal 6 – investing in more careful analysis of the evidence base for interventions, and particularly the positive outcomes for children and young people.** A robust framework would provide valuable insight to help adoption agencies build and shape their adoption support offers, whilst leaving room for innovation and flexibility. Sufficient and sustainable funding would be required to ensure that agencies can deliver high quality early support offers, and there are a range of funding mechanisms which government could consider adopting.
  
- 8) **Government could also consider putting a statutory duty on local authorities to provide adoption support services and deliver what is included in children’s adoption support plan,** which may result in greater prioritisation of adoption support within LA budgets.

**13. Proposal 2: Strengthen peer and community support for adoptive parents and children. Do you agree with this proposal? DISAGREE**

- 1) **As outlined in our previous answer, this proposal is only one type of early intervention and not the key to widescale reform and meaningful systemic change.** While peer and community support are consistently perceived as beneficial (evidence base largely qualitative), they are not evidenced interventions for improving children’s outcomes, nor outcomes for children with higher levels of need who require support the most and/or within families experiencing significant challenges (Sartore et al. 2021<sup>1</sup>).
- 2) **As above, this proposal also risks funding being redirected away from critical specialist therapeutic support, which we oppose.**
- 3) **There is not enough detail included in the consultation document about how this would be funded, thus little reassurance of equitable support for VAA children and families should this be rolled out.** Devolved funding arrangements (as outlined in Proposal 7) stand to make this support harder for VAA children and families to access, since it is implied that RAAs/LAS would most likely become the gatekeepers to funding and most support services.
- 4) **The combination of Proposal 2 (strengthening peer and community support) and Proposal 7 (devolving funding) stands to benefit RAAs considerably in terms of funds and control, to the detriment of VAAs.** Future VAA sustainability is, of course, highly relevant to the availability of lifelong support for VAA families from an organisation that knows them and who they trust. We therefore believe that direct and sustainable funding to all agencies would be the most efficient route to achieving the goal of strengthened peer support. The fact that VAAs place between 20-25% of all children each year lends strength to this recommendation.

**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? DISAGREE**

- 1) **As outlined in our previous answer, this proposal is only one type of early intervention and not the key to widescale reform and meaningful systemic change.** Proactive support at key life stages, especially transition points, is an important aspect of support but is unlikely to bring meaningful change for children with higher levels of need.
- 2) As above, this proposal also risks funding being redirected away from critical specialist therapeutic support, which we oppose.
- 3) **The lack of detail included in this proposal makes it hard to provide an informed judgment on its value.** The few interventions referenced in the consultation document – workshops and advice/toolkits on working with schools and new guidance – are general and not tailored to the child/family, so are less appropriate for children with more complex needs and

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<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/34923624/>

circumstances. For example, the Family Routes study found that key transitions, particularly in adolescence, triggered mental health problems (January 2026 report), emotional dysregulation (January 2026) and “a range of new challenges and heightened risks” (June 2025). Workshops and advice or toolkits would unlikely be sufficient in responding to these needs.

- 4) **The nature of support needed at transition points will vary depending on the child and their situation.** As articulated by The Potato Group (February 2026) transition points such as adolescence can represent an escalation of previously managed difficulties rather than a short-term adjustment phase, especially for young people with developmental trauma or complex PTSD. *Beyond the Adoption Order* (Selwyn, Wijedasa and Meakings, 2014), identified adolescence as a period of heightened instability, and emphasised the need for specialist, multidisciplinary intervention at this stage. A time limited, one-size-fits-all approach to support may therefore be ineffective for many young people who require longer term, specialist support.
- 5) **We do support a greater level of support at key transition points, such as multidisciplinary assessments or reviews in advance of school moves and transitions.** This would be in-keeping with the principles of good adoption support outlined previously – i.e. embedding the right type of support early on, proactively, through a multidisciplinary lens. If implemented, work would need to begin well before the transition point, such as starting in year 5 ahead of the primary-secondary transition.
- 6) Any support at key transition points, including the Adoption England pilot already agreed, also needs to be sufficiently flexible to meet the needs of children in different education areas, such as 3-tier system areas where there are Lower, Middle and Upper schools, and therefore additional transitions.

**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? DISAGREE**

- 1) Practice guides can be useful and we support the ambition to ensure adoption support plans are ‘regularly reviewed, comprehensive, transparent and aligned with best practice’. **While these reforms may lead to some practice improvements, however, they are not the key to system-level reform.** Furthermore, the impact of practice guides is regularly limited when they are developed in isolation, without the additional resource needed to drive change forward. Improvements to the quality of plans must happen alongside measures to guarantee the support specified in the plans, in a timely and effective manner.
- 2) **It is inarguable too that high-quality adoption support plans are dependent on the quality of the assessments that underpin them.** Reforms therefore also need to look closely at strengthening assessments, which we will comment more upon in the next question. Please

refer back to our key principles of adoption support outlined previously, which emphasise multidisciplinary assessments which take place as early as possible in the child's journey. We support the point in the consultation document about greater input from Health and Education.

- 3) The consultation document suggests that RAAs would lead on coordinating 'enhanced plans' for adopted children. However, for VAA children and families, this approach contradicts what families tell us is important to them. **Children and families prefer assessments being led by the agency they know best, who they have long standing relationships with and who know their personal histories.** Reforms should therefore embed this as an underpinning principle, putting trust and relationships at the heart of every assessment.
- 4) Ultimately, without more information on the **content of the practice guides, it is hard to say whether these will be a valuable use of resource.** We acknowledge that there are practice changes which could have a significant positive impact, but we do not know whether these would feature in the guides. For example, colleagues have recommended that adoption support plans are shared at the same point as CPRs (Child Permanence Reports), so that adopters have full information about children before matching. It is unclear at this stage how prescriptive the guides would be on matters such as these.

**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? DISAGREE**

- 1) **As stated previously, measures to establish greater consistency are not sufficient to bring about wide-scale positive change for children and families.** We believe that the emphasis on consistency ignores the more pressing challenges with the current adoption support system, in terms of meeting the increasingly complex needs of children. What matters most is high quality assessments *combined with* the availability of the right support, available at the time families need it, for as long as they need it.
- 2) **We also believe that proposal 5 and its aim to create a more equitable approach to assessments is directly contradicted by proposal 7 about devolved funding.** Proposal 7 proposes moving from the current ASGSF system of one independent organisation overseeing assessments/applications and managing funding decisions, to this being done by 34 separate bodies. There is no doubt that this will worsen inequity for children and establish a far more problematic postcode lottery than we see today.

Having a central, independent, ringfenced fund for specialist therapeutic support for children is the most effective way of ensuring fair access and a consistent approach. There are improvements that the current ASGSF model sorely needs to strengthen its model, especially the criteria for the type of support it should fund, but these are minor compared to the

challenges that devolving funding will present alongside then trying to establish more consistency across regions.

- 3) **Improving and standardising needs assessments is about more than just assessment method and gaining consensus on the right interventions. It is about timing, team structure, expertise, culture too** - see principles for good adoption support outlined in section 1. Vital components of good support are therefore missing from these consultation proposals, such as early multi-disciplinary assessments prior to placement, guidance to ensure that multi-disciplinary approaches are truly multidisciplinary and fit for purpose, and clear pathways to different support post assessment.
- 4) Multi-disciplinary teams (MDTs) are presented as part of the solution to achieving standardised, evidence-based assessments. **However, the MDTs being piloted across England currently have different structures and some do not appear to do not always meet the broad definition of a MDT<sup>2</sup>.** Much more work is needed to define what constitutes an MDT within an RAA, how assessments/interventions should be undertaken and which qualifications are required to deliver them. The ambition should be an integrated MDT that is experienced at collaborative working from an interdisciplinary as well as a multidisciplinary perspective.
- 5) This proposal suggests using the National Institute for Health and Care Excellence (NICE) guidelines<sup>3</sup> to improve commissioning of the right evidence-based interventions. However, **the current NICE guidelines relating to adopted children are extremely limited and outdated (published in 2015) so would need to be significantly updated if they were to form the basis of reforms.** For example, they refer to only a small number of interventions – such as Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and Eye Movement Desensitisation and Reprocessing (EMDR) – which are not specific to adopted children. More current research has found that “it is likely that the application of both TF-CBT and EMDR would require adaptations to meet the needs of adoptive children who have experienced pre-adoptive developmental trauma” (Purrington et al., 2022). Additionally, VAA practitioners have also expressed concerns that the NICE guidelines focus on babies rather than older children so are not applicable in many cases.
- 6) Whilst NICE is a respected body for medical guidance, it would not be best placed to advise on non-clinical interventions which families nonetheless find valuable. NICE guidelines alone would miss the softer information from families about interventions which have helped them, such as reports of children skipping on the way to school, parents feeling more hopeful or noticing a new sense of cohesion at home. Measuring the impact of an intervention is extremely difficult and medical guidelines can only take us so far. For some children the intervention is successful if they have made a positive connection with a worker and this has had a positive impact on their sense of self.

<sup>2</sup> <https://www.scie.org.uk/integrated-care/research-practice/activities/multidisciplinary-teams/>

<sup>3</sup> <https://www.nice.org.uk/guidance/ng26>

We understand the suggestion that adoption support should be more aligned with broader health interventions, but this proposal would merit an evaluation of available evidence and consultation on any future models in its own right.

- 7) The proposal also suggests using Foundations Practice Guides as a basis for commissioning the right interventions. We agree that a full systematic review, similar to that done for kinship families in 2024<sup>4</sup>, could be useful.

**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? DISAGREE**

- 1) The aim of greater consensus around the evidence base for clinical interventions is something we broadly support, but much depends on how this is done. **The suggestion that compliance with Health standards would be an effective solution is too simplistic.**
- 2) The consultation document implies that the end goal is for each intervention to be individually scrutinised in terms of its evidence base and, based on the outcome of that process, could join the list of interventions that could be applied for and delivered. This builds in very little flexibility if that approach needs to change. VAAs often experience challenges when they are asked to deliver a specific intervention (often decided by a professional not trained in that approach). This is because when dealing with complex trauma it can take time working alongside a family to know which intervention will be most effective. A framework which is too rigid will therefore not work.
- 3) **We agree that different interventions need to be held to different standards of evidence and further work could be done to map this out.** We believe a helpful approach could involve differentiating between models which have a proven evidence base, models which have an emerging evidence base and models which are recognised as helpful but currently lack an evidence base. Crucially, the absence of a Randomised Control Trial (RCT) should not be taken to imply that an intervention is not valuable. We would also advise against definitions which are too strict, if this could stifle progress and serve as a disincentive to embrace promising new therapies.
- 4) **Given the consultation's focus on examining and establishing the right standards of evidence to underpin commissioning decisions, we have questions about the basis for proposals 1-3 and how they relate to proposal 6.** As central proposals, we would expect that they are reviewed using the same method that other non-clinical interventions will be subject to. The proposals however do not reference which standards of evidence they have been tested against, which poses a contradiction. We know for example that the RCT

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<sup>4</sup> <https://foundations.org.uk/wp-content/uploads/2024/10/systematic-review-kinship-care-practice-guide.pdf>

published in 2010 (Rushton et al.) found that parenting programmes had no significant positive effect for children, despite improved parenting satisfaction.<sup>5</sup> Furthermore, evidence on peer support is generally low to moderate with the strongest (although still weak and usually qualitative) evidence relating to parent/carer moral support, confidence and coping and the weakest evidence relating to outcomes.

The consultation document specifically references the importance of statistically significant effects on the mental health and wellbeing of children and young people, and we agree that this should be a central consideration, where possible. But crucially, if this proposal is implemented as part of the reforms, then the early support proposals outlined in the consultation need to be reviewed in the same way as all other non-clinical interventions before any decisions on reform are taken.

- 5) **Additionally, this proposal states that the government would explore the best outcomes measurement metrics for non-clinical interventions, however there is no definition of what a ‘non-clinical intervention’ is.** Many interventions provided by non-clinical practitioners such as social workers are based on therapeutic models (play therapy, DDP, NVR etc.) related to Health. This issue of classification would need closer attention in any project to determine the best standards of evidence.
  
- 6) **Lastly, we have concerns about the proposal that therapies be compliant with NHS evidence standards, since we know that NHS services are currently not adequately responding to the needs of adopted children** and rarely accept referrals working with adopted children and young people. For context, the latest ASGSF insights report (September 2024) found that only 1-2% of children received ASGSF-funded support via CAMHS. VAAs find that families repeatedly share concerns about a lack of understanding within the NHS regarding complex developmental trauma. Additionally, interventions offered by CAMHS do not conform to the evidence standards being suggested within this proposal, which causes a contradiction.
  
- 7) Oversight is also a valuable way of ensuring that different organisations organise their services and interventions through an informed and evidence-based lens. Since Ofsted already evaluates adoption support within its inspection framework, it would be logical for Ofsted to inspect all agencies across England rather than just VAAs, as is currently the case.

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<sup>5</sup> [Enhancing adoptive parenting: A randomized controlled trial - Alan Rushton, Elizabeth Monck, Morven Leese, Paul McCrone, Jessica Sharac, 2010](#)

**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?**

**STRONGLY DISAGREE**

- 1) As we have expressed to the Department previously (see CVAA paper titled ‘The Future of the Adoption and Special Guardianship Support Fund’, shared June 2026), **a devolved funding model endangers the current fair and transparent mechanism (ASGSF) for allocating funds to children.** This proposal therefore actively contradicts the core ambitions outlined in the consultation to design a more equitable approach to adoption support and achieve greater consistency across the country.

Making RAAs the gatekeepers of funding and having 34 different RAAs operating different models and processes would create significant access problems and delays for VAA families and exacerbate problems we already see with the ASGSF caused by RAA operational inconsistencies. Therefore VAA families (approximately 22% of all families) stand to be disadvantaged.

The measures to improve consistency in the consultation will not be sufficient to counteract this inevitable issue. We know this because Adoption England has been working to achieve greater consistency across RAAs for many years, with little headway made, despite high levels of investment and despite the improvements seen in individual regions. The reality is that the numerous funding and governance arrangements across RAA models will continue to be a barrier in consistency.

- 2) This proposal also implies that adoption support assessments and interventions would be RAA-led. **As outlined previously, this approach would replicate and exacerbate issues with the current ASGSF model which puts the responsibility for all assessments on RAAs.** This goes against the ‘consistent relationship’ principle of good adoption support and forces families to repeat themselves to new workers and organisations, which can be intimidating, exhausting and demoralising. RAAs and VAAs have also acknowledged that this approach creates delays in times of crisis.
- 3) The only modelling undertaken so far relating to devolved funding was by Adoption England, in its paper ‘Securing the Future of the ASGSF: Strategic Options for Reform and Delivery Adoption England’s reflection’ (12<sup>th</sup> June 2025). This paper made many claims about cost savings and efficiencies which are untested and not aligned with the realities of current RAA practice and performance.
- 4) **Devolving funding also stands to deplete the external market of adoption support services and providers, with the expectation that RAAs would favour in-house provision over external** (an expectation backed up by the Adoption England 2025 paper and how many RAAs have approached collaboration with voluntary providers historically). This makes it a highly inefficient strategy. VAAs have a long history of specialism in adoption support, with many already operating multidisciplinary models and robust early support packages, some of which were set up with DfE funding as centres of excellence and have university-based

research demonstrating their huge impact and success. Erosion of the voluntary sector also risks reducing the value they add to adoption support services via charitable fundraising.

RAAs upscaling in-house provision may also lead to the rollout of upskilling more social workers to deliver therapeutic interventions (as outlined in Adoption England's 2025 paper), without assurances that they have sufficient expertise to do so.

- 5) **These reforms would bring major upheaval for families**, at a time when many are already experiencing profound challenges. We need to listen to community groups such as The Potato Group and Action Against ASGSF Changes which represent adoptive communities and oppose these reforms.
- 6) **The devolvement proposals as currently outlined do not address the complex question of how the ASGSF would effectively be devolved to meet the needs of kinship children.** There is no obvious formula to split the fund in two and attempts at calculating this would be complex, potentially requiring annual adjustments as the ratios change. Devolving directly to LAs would also bring the challenge of keeping funds ringfenced.
- 7) **Centralised, ringfenced, sustainable funding for specialist therapeutic support for children is the best way to ensure their needs are met.** The current ASGSF model needs modifications and improvements, but its underlying principles of equity, independent oversight, and central government accountability are sound. This type of model is perfectly compatible with simultaneously strengthening universal and targeted early support.

**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? DON'T KNOW**

- 1) The rationale for a systematic review of intervention costs is sound, to ensure value for money.
- 2) If implemented, the hourly rate would need to be in line with the NHS hourly rate for registered to practice psychological therapists, and be inclusive of oncosts including building costs, administrative costs, supervision, insurance, Ofsted registration and so on.
- 3) The review and benchmarking would also need to take into account regional variations, for example, the higher therapist rates, venue costs etc. in certain areas of the country (e.g. London).
- 4) It has been speculated that devolved funding would cause further depletion of the independent provider market (Adoption England report, Juen 2025). Proposals to devolve funding would therefore likely undermine competitive pricing of services and could unintentionally lead to high costs and inefficiencies.

**20. Do you have any further comments?**

We welcome further discussions with the Department around designing a future model of adoption support which reflects the consultation responses and truly works for children, families and adult adoptees.