

**DfE Consultation: “Adoption support that works for all”
The Belay Foundation’s Response – May 2026**

Section 1: What works for children and families?

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

About us

The Belay Foundation is a small charity founded in 2020 with a vision of a world where every child who has experienced early trauma can thrive in their permanent family, and every adoptive, kinship or special guardianship family is supported to heal and grow; and a mission to provide information, advice, support and advocacy, rooted in lived experience, to strengthen family relationships and enable access to trauma-responsive care within systems that fully respond to families’ needs.

We are one of the only organisations working specifically on practical, relational and trauma-responsive in-home support for families. Since 2020, we have:

- Supported 75+ families to employ Specialist Support Workers (SSWs)
- Provided disability benefits advice to 400+ families
- Delivered trauma-informed training to 100+ professionals
- Demonstrated reduced parental stress, improved wellbeing and increased family stability (2025 evaluation).

We therefore focus our response on what we know first-hand. For the avoidance of doubt, The Belay Foundation supports the continuation of a nationally ringfenced Adoption and Special Guardianship Support Fund, with sufficient funding, meaningful national accountability and family choice. Any future model must not dilute, replace or reduce access to specialist therapeutic, practical and relational support for adoptive, special guardianship and eligible kinship families.

Context and complexity

The experience of adoptive and kinship families is diverse and complex. Many children and young people have experienced early developmental trauma, neglect, abuse and loss before joining their permanent families. A large proportion of these children are also neurodivergent, with a high prevalence of autism, ADHD and foetal alcohol spectrum disorder. These overlapping factors create multiple and interconnected needs that evolve over time.

Families report intense challenges at home, in school and within the wider community, with many describing themselves as in crisis or near breakdown long before any meaningful support becomes available. Adoption UK’s *Adoption Barometer 2025* reported that 90 per cent of adopted young people had sought mental-health help and 42 per cent of adoptive families were at crisis point.

We are concerned that the government's consultation implies most adopted and kinship children require only low-level or even no additional support to thrive; this runs counter to all evidence and lived experience. The proposed focus on parents - positioning them as those who simply need more training, to attend more workshops and to support one another through peer networks - misses a central point: parents are already doing everything within their power. They are exhausted, often isolated and operating within systems that do not understand or accommodate the complexity they face. A policy that places additional burden on parents, without resourcing them and adapting the environment around them, rests on fragile ground.

Four key forms of support that help children and families thrive

We consider there to be four key forms of support that are missing from the Department for Education's proposals which, based on our extensive experience, are essential to ensure that adoptive and kinship families, and their children, are able to thrive.

1) Whole-family approach to post-adoption support:

A child's ability to recover and flourish after early trauma depends above all on the quality and stability of relationships within the family. Relational connection is central to surviving and thriving after trauma. Many therapeutic interventions already centre the parent-child relationship: parents participate directly in therapy (for example, Dyadic Developmental Psychotherapy or Theraplay) and play a key role in embedding therapeutic principles at home. Yet the wellbeing of parents themselves is rarely addressed. Compassion fatigue, burnout and secondary trauma are common, as evidenced by recent studies published in [Adoption Quarterly](#) and [The British Journal of Social Work](#). A genuinely effective adoption-support system must treat the parent-child relationship as the unit of change, protecting carers' mental health and emotional capacity as integral to children's wellbeing and stability.

2) Trauma-responsive in-home relational support:

The Belay Foundation's growing evidence base shows that trauma-responsive in-home relational support, delivered by trained support workers within the family home, can significantly reduce stress, improve relationships and increase family stability. For children whose early experiences have shaped how they relate, trust, and regulate, support must be trauma-responsive, relational and consistent. And for parents, respite only works when it feels safe - emotionally as well as practically. Since 2020, and through supporting over 75 families to recruit and employ Specialist Support Workers (SSWs), The Belay Foundation has developed a home-based, attachment-focused and trauma-responsive model of in-home respite care:

- **Home-based:** Support begins in familiar surroundings, helping children feel secure and reducing the dysregulation that can accompany traditional away-from-home respite. SSWs integrate into family life, providing a predictable, stabilising presence.

- **Attachment-focused:** Children who have experienced trauma and loss benefit from long-term, consistent relationships. SSWs commit for at least a year, carefully managing beginnings and endings, so children experience reliability and trust. Many SSWs maintain connections with families long after formal support ends.
- **Trauma- and needs-responsive:** SSWs take time to understand the child’s perspective, respond to neurodiversity and trauma histories and build positive relational experiences. One young person who received support while waiting for a school place said to their parent: “I used to think everyone hated me. Now I think everyone loves me!”

In our 2025 survey of 179 adoptive and kinship families, 71 per cent of respondents said that access to respite would help them *right now*. We receive many requests – over 40 since the start of 2026 - from adoptive families for support to access our model of respite care. Respite is not a luxury: it is the foundation that enables parents to stay well, sustain relationships with their children and maintain family stability.

For many families, traditional forms of childcare and respite simply do not work.

- Standard childcare is rarely available. Mainstream settings are unable or decline to care for children with trauma-related behaviour because staff lack relevant training.
- Conventional respite, involving sending children away to unfamiliar carers, is counter-therapeutic and undermines attachment.
- Social networks thin quickly as friends and relatives struggle to cope with the complexity of need. While families who have come together through birth can more readily rely on social networks for childcare support, adoptive and kinship families require something different. In our 2025 survey, only 9% of respondents said that they received regular support from their network of family and friends with the main reason given being – “*Our friends and family don’t understand our children’s needs*”.

Adoptive parents have said the following about our model of respite care:

“The whole service is a game changer for us. To know there is something else possible when we’ve exhausted all other options gives me so much hope. It’s an inspired solution to a very frustrating and isolating problem. That our adopted kids do not fit neatly into the way services generally run. I’m excited that we may be able to invest in our marriage and our son will be able to access activities in the community that he hasn’t been able to before”

“It’s making a massive difference to all of our mental wellbeing. Just getting a little break in the week, or a chance to get a few jobs done”

“Excellent service providing much needed support for potentially fragile families.”

The following case studies also describe the impact:

Family 1: Mum and Dad live with their 9 year old daughter, X, who moved in under an adoption order. They have a cat and X loves going to the park, playing football and is really good at doing times tables! We started work with the family in 2022 and provided a support worker and regular support meetings. There is significant violence at home and a background of a failed adoption and organised sexual abuse. X has attachment difficulties and complex developmental trauma which impacts every area of her life. Mum and Dad are physically and emotionally exhausted and at times feel as if they cannot continue to parent X. The support worker working with X offers 4 hours of respite to parents once a month on a Saturday. In their outcome questionnaire (we used Thinking About Your Child-Revised) they indicated significantly improved ‘placement stability’ showing an improvement in their confidence of being able to continue parenting.

Family 2: Y is a 15 year old boy living with his adoptive parents. Y has complex developmental trauma from his earliest experiences and can struggle with appropriate behaviour at home, online and at school. Other agencies are involved with the family including forensic CAMHS and post-adoption support. A Specialist Support Worker, C, (SSW) worked with Y from September 2021 until July 2024. C met Y at his home once a fortnight on a weekend. C is a psychology student and was keen on the role as it supported the learning he gained from his degree. Y told us about his time with C: “It’s good to socialise as I don’t really socialise outside of school. We talk about many things e.g. life skills.” C’s parents told us: “We get regular breaks from high intensity parenting that can be extremely draining, this enables us to recharge and self care so that we can continue to provide the right support and attunement for Y.”

This form of support should be recognised nationally as an essential element of adoption support, not an optional extra.

3) Reduction of financial strain and poverty:

Many adoptive and kinship families face financial strain and poverty. Many parents cannot work fully due to caring responsibilities and complex needs generate additional childcare and living costs. There are also reduced or lost earnings because a parent must give up work to provide care. According to Adoption UK’s *Adoption Barometer 2025*, 84% of adoptive parents report that either they or their partner has changed jobs, reduced hours or stopped working altogether in order to meet their children’s needs. While just 14% of prospective adoptive parents and new adopters reported annual family household incomes of £39,999 or less, this rose to more than one quarter among families with children aged 13 and older, and 65% of solo parents. 31% of all respondents to the *Adoption Barometer 2025* survey said that they worried about being able to meet their family’s current essential needs for housing, food and utilities and 59% confirmed that they are worried about their family’s financial situation.

Research we conducted with Newcastle University in October 2024 highlighted the challenge of financial hardship among adoptive families. The research showed that:

- Adoptive poverty is real and can be life-long: Many adoptive families are resorting to savings, bank loans and remortgaging their home to pay for essential food and utility bills. Complex needs, and financial dependence, of adopted children and young people can last well into adulthood.
- Adoptive poverty is hidden: No published studies on adoptive poverty were found, meaning service providers are often unaware of this unmet need and families told us of their shame, preventing them from asking for help.
- Adoptive poverty is complex: with interconnected causes requiring further investigation including job loss, lack of safe childcare, poor availability of trauma-informed schools, higher than average utility costs and bills and lack of awareness about benefits and available support.
- Adoptive poverty can be prevented or mitigated: A service evaluation of benefits advice provision by The Belay Foundation, demonstrated a 100% success rate in accessing or increasing the benefits received by families.

Over six years, The Belay Foundation has helped more than 400 families obtain Disability Living Allowance or Personal Independence Payment. Parents report these benefits make a tangible difference - reducing stress, restoring stability and freeing up capacity to invest in their relationship with their child. A sustainable post-adoption system must address financial wellbeing as a core component of family stability.

4) Reducing challenge from the social environment:

Even when families' internal resilience is increased, external environments can undermine progress. Schools often misinterpret trauma-driven behaviour, health services lack time to understand it and community resources are not designed for children with this profile of need.

Adoption support must therefore reach beyond the family's front door. Teachers, health practitioners, extended family and friends all play a role in sustaining the family network and must be properly trained in trauma-responsive practice, with a focus on early developmental trauma intersecting with neurodiversity. Creating a trauma-aware environment relieves pressure on parents and gives children consistent relational support in every part of their world.

Why does this support help?

A whole-family approach to post-adoption support; trauma-responsive in-home support; reduction of financial strain and poverty; and reduced challenge from the social environment are forms of support which help for the following four reasons.

- Strengthening the family ecosystem: Practical and relational support safeguards the wellbeing of both parent and child, stabilising family relationships and improving engagement in school and community life.
- Filling the gaps: These measures close the practical-support gap left by a system that has rightly prioritised therapeutic intervention but has placed too much responsibility on parents without resourcing them to carry it and has not placed

sufficient expectations on the social environment to adapt and share responsibility.

- Enabling success of other interventions: When parents and carers are rested, financially secure and emotionally supported, therapeutic interventions for children and young people will achieve stronger outcomes; and parents are better able to offer peer support to others.
- High value for cost: Practical early support prevents expensive crisis responses and placement breakdowns. The Early Intervention Foundation (2023) found that each pound spent on early family support generates multiple pounds in savings from avoided crisis interventions, alongside unquantifiable human benefits.

What could be improved about this support?

While acknowledgement of the four areas of support outlined above would represent major progress in itself, further steps are essential to build them into a coherent national framework:

1. Whole-family approach

- a. Include carer wellbeing and relational dynamics in every adoption support needs assessment and adoption support plan in recognition of the vital role they play in building the relationships upon which mental-health and wellbeing of children and young people depend.
- b. Reframe support to include practical and relational support delivered within the home that strengthens family wellbeing and stability.

2. Trauma-responsive in-home respite support

- a. Recognition of in-home respite support as a key pillar of adoption support alongside other forms of support currently provided or envisaged for the future.
- b. Introduction of a two-tiered model which ensures early access to practical help while reserving higher-cost publicly funded support for those with the greatest needs, preventing avoidable escalation:
 - i. Tier 1 (low-level support): Fund guidance and assistance for families who wish to recruit and employ their own trauma-responsive support workers, paired with structured help to access disability-related benefits (DLA/PIP) to cover salaries, training and supervision costs.
 - ii. Tier 2 (high-level support): For families with complex or sustained needs, extend funding to cover support-worker salaries, training and supervision directly, mirroring approaches used by Children with Disabilities Teams and SEND EOTAS packages.
- c. Develop clear protocols on eligibility and timing for each tier;
- d. Build regional pools of trained and supervised support workers to remove the need for individual families to navigate the recruitment process and to reduce the time they need to wait for a support worker to join them; and
- e. Coordinate funding across adoption, disability and education teams to reduce fragmentation.

3. Preventing financial strain
 - a. Research is needed to understand the causes, consequences, experiences and solutions to poverty among adopter and kinship families.
 - b. Include an assessment of financial wellbeing, resilience and stress in support needs assessments.
 - c. Undertake a national review of adoption and kinship allowances to ensure allowances reflect the real costs of raising children with complex needs and are applied consistently across local authorities.
 - d. Provide training and mentoring programmes that equip parents to navigate the benefits system confidently.
 - e. Engagement with the Department for Work and Pensions of the importance of the impact of development trauma on eligibility for benefits, and the need for improved support for parents and carers within employment.
4. Addressing challenges from the social environment
 - a. Provision of guidance to schools and consistent support for schools in managing previously looked after children with early developmental trauma, often alongside neurodiversity, to ensure that trauma-responsive approaches are not only understood but implemented in practice.
 - b. Availability of training and supervision for any staff working with adopted/ kinship children and young people
 - c. Training for friends and family
 - d. Provision of training and supervision for adoptive and kinship parents and carers providing peer support to other adopters.

Together, these changes would not merely make existing proposals more responsive; they would introduce the essential practical and relational supports that are currently missing altogether from the government's vision. Only through this broader, trauma-responsive framework can adoption and kinship support genuinely work for all.

Our responses to each of the eight proposals referenced in Section 2 of the consultation are framed through the lens of the priority areas of support innovation outlined above.

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

Our responses to each of the eight DfE proposals are framed through the lens of our four core priorities:

- A whole-family approach recognising parents and carers as part of the therapeutic system;
- Trauma-responsive in-home relational support as an integral pillar of adoption support;
- Financial stability and wellbeing as central to family resilience; and
- A supportive social environment - particularly education, health and community services - that shares responsibility with parents rather than placing all weight upon them.

1. Baseline parenting support offer

Disagree

While we welcome the aim of providing a baseline parenting support offer which includes training for adoptive and kinship families, we disagree with the current proposal as it does not acknowledge that:

- Post-placement, many parents and carers are unable to attend training sessions and workshops due to the constraints of caring for children with complex needs. We frequently hear from parents who are unable to attend our webinars and training due to childcare responsibilities in the absence of appropriate support.
- While parents and carers may benefit from hearing about trauma-responsive approaches and other topics relevant to parenting children with complex needs, their ability to implement the learning in practice is often compromised by the daily pressures of family life, particularly in the absence of adequate support.
- Peer support networks are valuable but place responsibility for providing support on the community in need of support, without recognition of the toll this takes in addition to the burden of parenting children with complex needs and the need for adequate training and support.
- There are others within the social environment of parents and carers – such as education, health and community services - for whom training on caring for children in adoptive or kinship families would drive qualitative improvements for the experience of such families; but the current proposal rather suggests that the problems lie with parents and carers alone and are theirs, ultimately, to solve.

We recommend:

- The inclusion in the baseline parenting support offer of access to support, for families who need it, to access trauma-responsive in-home respite care. Such support would include information and guidance on how to recruit and employ support workers; would best be facilitated by the development of regional pools of trauma-responsive specialist support workers; and would need to be accompanied by access to support to apply for disability benefits; allowances and/or disability and EOTAS packages to cover the costs of respite care where needed. This will better enable parents and carers both to attend the envisaged training and workshops, participate in peer support activities and implement learning from this support.
- A broader conception of training, which equips parents and carers with the knowledge and skills required to navigate education, health and employment systems for and with their children.
- Training for family and friends in parents and carers' networks on the impact of trauma and trauma-responsive approaches to ensure social networks of adoptive and kinship families remain intact and reduce the risk of isolation.
- Training for schools, health providers and community services on the impact of trauma, often alongside neurodiversity, and trauma-responsive approaches to ensure that children and young people receive the relational support they need in all

areas of their life and parents and carers face fewer challenges in navigating such systems.

2. Peer and community support

Disagree

We support the principle behind this proposal, but disagree with it as drafted. While we recognise the immense value of peer support among adoptive and kinship communities, particularly given the isolation and social shrinking which many families experience, it can only ever be one component of a broader eco-system of support. We believe that peer support is important, but the current proposal is unsafe if it relies on exhausted parents without providing adequate training and supervision; and without specialist support underneath. We are concerned that the proposal does not acknowledge:

- the immense challenges which many parents and carers face in caring for children with complex needs and the lack of capacity to engage in peer support activities as a result;
- the inability of peer support to meet the needs of families who are managing high-levels of trauma-related behaviour and parental burnout and require skilled, trauma-responsive support that enables and underpins rather than replaces peer support;
- many parents are already burnt out and cannot safely hold others' trauma without training and supervision. The needs of families are physical, as well as emotional, and peers in the same position rarely have the time, energy and emotion left to help others. One parent told us: "The needs of my family are physical, not just words of support and understanding. Whilst I can enjoy gallows humour with my peer support network, we are the last people who can physically help when things are going badly wrong. Many of us face violence from the child every day, broken belongings, broken furniture, broken relationships – for the child and parents. A peer support group can go no way to practically help this."

We recommend:

- The provision of support, for families who need it, to access trauma-responsive in-home respite care. Such support would include information and guidance on how to recruit and employ support workers; would need to be facilitated by the development of regional pools of trauma-responsive specialist support workers; and would need to be accompanied by access to support to apply for disability benefits; allowances and/or disability and EOTAS packages to cover the costs of respite care where needed. This will better enable parents and carers to participate in peer support activities and implement learning from this support.
- The development of programmes of trauma-responsive training for peer support providers as well as regular reflective supervision for those leading peer support spaces, so such spaces are safe and sustainable.
- Recognising peer support as one strand in a wider ecosystem rather than the bedrock of the entire adoption support system.

3. Proactive support at key life stages

Disagree

We support the principle behind this proposal, but disagree with it as drafted. We welcome recognition that certain life stages create predictable pressure points for adopted children and their families. These challenges frequently place additional strain on family relationships and can lead to crises if support is not available. We are, however, concerned that the proposal again places heavy emphasis on parents' responsibility to ensure smooth transitions, without considering how the systems surrounding children must adapt.

We recommend:

- A broader conception of key life stages to include other important moments of intensified need, such as the transition to adult services where many adoptees face a cliff-edge of support.
- Recognition that the whole family is impacted at key life stages and the development of targeted support at these stages should reflect this.
- Trauma-responsive in-home support should be available at high-pressure transitions, with practical help to identify, recruit and fund suitable and specialist support workers.
- Requiring schools, post-16 education providers, employers and adult services to receive training and operate trauma-responsive transition plans. Supporting the environment as well as the parent preserves placements and enhances developmental outcomes.

4. Enhanced support plans

Disagree

We support the principle behind this proposal, but disagree with it as drafted. We welcome a commitment to ensure that adoption support plans are enhanced and aligned with best practice, with a focus on bespoke, tailored plans for children and families with needs that go beyond what can be met by the universal support offer set out in Proposals 1-3. Enhanced plans are, however, only useful if they come with associated statutory duties, sufficient funding, accountability and multi-agency ownership. Plans without enforceability can become another burden on parents.

We recommend the development of a broad conception of adoption support plans that includes a focus on:

- Whole family wellbeing and sustainability, including through the provision of an escalated level of support and funding to access trauma-responsive in-home support which aligns with models of funded support through personal budgets granted by Children with Disabilities team and sets a threshold for support which is not tied solely to the disability of the child but the needs of the child and the family unit as a whole; and
- Include financial wellbeing as a core dimension—assessing economic stress and access to benefits or allowances.

- Ensure institutional settings (such as education and healthcare) understand and act upon support plans, reflecting shared accountability across systems. One parent has emphasised why this is so important:

“My son’s school maintain that they are trauma aware, yet do not follow the detailed instructions I have sent them so that he can be calm and ready to learn. They take away fidget toys, saying that he needs to grow out of them (but don’t tell me), they constantly get things ‘wrong’ which have huge impacts on him. For example a speech and language professional came to his classroom over a few weeks to pick him up and take him out, but they had not told me she was coming so I hadn’t warned him, and he refused to go. Now his record reads “refused to engage with speech and language”, when in fact the school should have known that he would not be able to leave the classroom with a person he didn’t know unless I had briefed him. The lack of understanding amongst teachers of trauma and its complex interplay with neurodiversity is the single most harmful thing for my child. It has caused his trauma to worsen, rather than get better. The school is actively harming him by not following in the advice I have clearly written. He has an EHCP and it is also not followed because schools do not have the time and money and staff to understand or manage such complexity. They simply do not understand what they are seeing, and the consequences – which usually play out at home – of their mistakes.”

5. Standardised needs assessments

Disagree

We support the principle behind this proposal, but disagree with it as drafted. We welcome the commitment to improving the assessment of support needs through standardised and multi-disciplinary approaches. We also welcome recognition of the importance of considering the impact of neurodevelopmental conditions and Foetal Alcohol Spectrum Disorder alongside developmental trauma. While the principle underlying the proposal is right, we are concerned that standardisation without ensuring adequate capacity, clinical input, funding and appeal rights risks becoming another assessment with no support attached.

We specifically recommend that:

- Assessments should look not only the child’s developmental and clinical needs but the standardised assessment template should also consider parental burnout, informal-support capacity and financial resilience. Assessments that fully map the causes and impacts of stress will make interventions preventive rather than reactive. It is imperative that practical support is provided before crisis is reached.
- Where an assessment indicates elevated risk in these areas, consideration should be given to what mitigating steps are required to address the causes of risk. This will likely include access to family stabilisation support, including:
 - the provision of an escalated level of support and funding to access trauma-responsive in-home support which aligns with models of funded support through personal budgets granted by Children with Disabilities team and sets

a threshold for support which is not tied solely to the disability of the child but the needs of the child and the family unit as a whole; and

- additional financial support should be provided through adoption allowances – consistently administered across all regions and local authorities - where required.

6. Evidence standards for interventions

Disagree

We recognise the importance of introducing evidence standards for therapeutic and other interventions funded through adoption support mechanisms. At The Belay Foundation, we root our work in evidence-based practice and value the development of a robust evidence-base for Dyadic Developmental Psychotherapy (DDP) as the relational model in which our trauma-responsive in-home support is rooted. We are however concerned that the emergence of innovative interventions, such as the model of trauma-responsive in-home respite care which The Belay Foundation has developed over the past 6 years and in relation to which we continue to build our evidence base, risks being stifled. We therefore hope to see the establishment of an evidence-informed innovation pathway that can fund pilots and evaluate emerging non-clinical supports.

We specifically advocate for:

- the recognition of emerging insights on the benefits of practical, relational and trauma-responsive interventions such as in-home respite care;
- a commitment to fund pilots of innovative interventions in order to develop frameworks for measuring outcomes and a robust evidence base to support further evolution with input from organisations like The Belay Foundation with expertise in developing and delivering such interventions; and
- a commitment to avoiding narrow definitions which exclude non-clinical practical support which creates a fertile ground in which other interventions will more likely succeed.

7. Devolution of funding

Strongly disagree

We recognise the stated intention of devolution of adoption support funding, but the proposal as drafted does not provide the safeguards needed to ensure that adoptive and kinship families are not disadvantaged. We understand that regional and/or local decision-makers may be well-placed to provide swift access to support in ways tailored to the needs of families within the region or locality. We also recognise the potential for regional and local statutory stakeholders to promote support for innovative approaches such as the trauma-responsive in-home respite care model developed by The Belay Foundation.

We are however concerned that the current proposals do not sufficiently safeguard against the erosion of ringfenced funding for adoption support within broader funding priorities and stretched local budgets; nor do they create sufficient national minimum

standards to avoid a postcode lottery for adoption support. We therefore advocate for a model which creates opportunities for innovation to be developed at a local level, with input from the voluntary sector, to inform a centralised approach to adoption support funding.

We recommend:

- Retaining a nationally ring-fenced fund with clearly-stated national minimum entitlements which prioritise family choice and the protection of specialist independent providers; and an appeals route for families to challenge funding decisions which do not comply with national entitlements.
- Funding for regional innovation pilots co-designed with the voluntary and community sector, evaluated for inclusion in future national criteria.
- Publishing transparent funding data to ensure equity and accountability across regions.

8. Value for money

Disagree

We recognise the importance of ensuring value for money is obtained when funding interventions for adopted children and their families. There is, however, insufficient detail provided on how value for money will be evaluated and we are concerned that the value for money framing will be too narrow unless it includes consideration of long-term outcomes for children and families and the extent to which additional social care costs are avoided. The proposal frames value for money too narrowly, around unit costs and short-term spend, rather than long-term value: preventing crisis, family breakdown, loss of employment, school exclusion, mental health escalation and much more expensive statutory intervention later.

We advocate for recognition of the cost benefits achieved through the provision of effective early intervention – including through trauma-responsive in-home respite care and financial support – which helps families to remain together and avoid costly crises and placement breakdown. We call for further research and analysis on the costs and outcomes of different types of intervention, including: the cost of delivering different forms of post-placement support; the impact of those interventions on the likelihood of placement disruption or breakdown; and the financial and social costs associated with placement breakdown.

Summary

We support the ambition of the Department for Education’s aspiration to make adoption and kinship support “work for all”, but we disagree with the proposals as currently drafted. They are too limited to fulfil this important ambition. To meet real family need, the system must recognise that:

- Stability for children is inseparable from the wellbeing of their carers;
- Whole-family, trauma-responsive support is not optional but essential;
- Financial wellbeing underpins emotional capacity; and

- Sustainable funding and accountability frameworks are needed nationally.

By embedding these principles - and introducing structured access to trauma-responsive in-home help and financial support with stronger funding, accountability and safeguards - the government could move from a minimal offer to a truly transformative one, enabling families not merely to survive but to thrive.

We would welcome the opportunity to discuss further with the Department for Education our response to its proposals.

The Belay Foundation – May 2026