Adoption and Special Guardianship Support Fund Policy Briefing

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Addressing the Impact of the Reduced Adoption and Special Guardianship Support Fund

Summary

- The government made major reductions to the Fair Access Limit, removed match funding, and restricted specialist assessments. These changes have had a significant impact on children and families.
- However, findings from Adoption UK's Adoption Barometer (2026), indicate that 87% of children and families using the ASGSF reported that it made a positive difference. There remain ongoing clinical and bureaucratic challenges in the administration of the funds.
- We interviewed 35 professionals across the adoption support landscape through focus groups to understand the impact.
- Findings show systemic misalignment between clinical need, commissioning structures, and funding mechanisms. The result is a model that prioritises short-term, episodic therapy over coherent, evidence-informed pathways, undermining effectiveness for children with complex needs.
- Families are in crisis, and disruptions have increased with high risk of family breakdowns. Wider impact includes education, social pressure and poor social welfare outcomes.

Key Findings

- Due to "assessment vs. intervention" trade-offs, children are unable to access both diagnostic clarity and therapeutic provision. Social workers and therapists are increasingly seeing families in crises and unmet need is now high.
- Preventative support is replaced by crisis-led intervention, heightening the risk of family breakdown.
- There is a widespread withdrawal of services, shortened interventions, therapist workforce loss and some services closing.
- Before the ASGSF changes, standalone specialist assessments were funded separately from therapeutic interventions, resulting in fragmented support.
- The ASGSF provides valued support for families, however, the recent cuts intensified inequity and reduced access for children with complex needs.
- The current commissioning model is also cumbersome, inconsistent, clinically misaligned,
- prioritising costs over expertise. The provider Mott McDonald's approach is criticised for being modality-driven, and therapy options are determined by what is financially possible.
- Regional pilots and in-house therapeutic services were viewed as potentially beneficial in creating regional focus; however, concerns remain about regional variation in provision and equitable funding for the voluntary sector.
- There was limited confidence in therapy-informed, social work-led interventions, and concern that these should not substitute for specialist therapeutic practice. Concerns centred on whether social workers have clinical expertise to assess, formulate, and recommend appropriate interventions.

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Policy recommendations

Recommendation 1: Offer two combined support packages: (i) early intervention and (ii) complex specialist support, delivered through one continuum of an integrated multidisciplinary pathway, with an integrated support plan incorporating specialist therapeutic provision and clinical expertise.

Recommendation 2: Commit to funding multidisciplinary assessment, triage, and planning as core elements of therapeutic interventions.

Recommendation 3: Provide consistency in core support and access pathways for all families.

Recommendation 4: Reduce regional variation in provision and delivery and ensure all children outside of statutory provision are not marginalised through inequitable access, and uneven delays.

Recommendation 5: Align eligibility criteria, assessment processes and interventions with approaches that recognise the intersection of trauma, mental health, developmental transition factors, and neurodiversity, discouraging the one-size-fits-all models and practice driven by solely a single diagnosis, and promoting holistic formulations of need to inform appropriate interventions.

Recommendation 6: Introduce a framework setting out which interventions should be delivered by social work practitioners, and which require therapeutic input for safer practice. This should be accompanied by a therapeutic provider register, and standards for clinical supervision.

Recommendation 7: Offer equitable funding and provision inclusive of independent adoption support services and Voluntary Adoption Agencies.

Recommendation 8: Mandate that (i) all interventions are suitably delivered by a trained professional with the relevant expertise, clearly distinguishing between social care/social work support and clinical need, and that (ii) there is clinical oversight from suitably qualified psychological professionals for all therapeutic providers.

Recommendation 9: Establish a delivery model that ensures continuity in interventions, preventing gaps or disruptions in treatment by reducing bureaucratic re-referral requirements at each funding cycle, clear transition pathways, and accountable service continuity.

References

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