Permanently Progressing?

Building secure futures for children: Phase 2 Middle Childhood

By

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Nuffield Foundation

The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds research that informs social policy, primarily in Education, Welfare, and Justice. The Nuffield Foundation is the founder and co-funder of the Nuffield Council on Bioethics, the Ada Lovelace Institute and the Nuffield Family Justice Observatory. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation. Website: www.nuffieldfoundation.org X (formerly Twitter): @NuffieldFound

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[1] A full list of advisory group members is in Appendix 2.

[2] See more here: https://edinburgh-international-data-facility.ed.ac.uk/services/safe-haven-services/scottish-national-safe-haven

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Executive Summary

Since 2014, the Permanently Progressing? study has been gathering information on the experiences, routes, and timeframes to permanence of all 1,836 children who became looked after in Scotland in 2012-13 when aged five or under.[3] It is the largest longitudinal study of care experienced children in the UK, and is tracking children's progress to permanence and their outcomes at key life stages (early childhood, middle childhood, and late adolescence/early adulthood).

Permanence involves adults providing children with stable, secure, nurturing relationships and a home, and continues into adulthood. There are four routes to permanence for care experienced children in Scotland: remaining with or being reunified to parents, with or after support (including a Compulsory Supervision Order at home); through a Permanence Order; through a Section 11/Kinship Care Order; and adoption. For most children, the preferred route to permanence is to remain with or return to their parents. While we draw on administrative data to report on the numbers of children who remained at, or returned home, the focus of the study is on children who do not live with their birth parents.[4]

Phase 1 (2014-18)[5] analysed children's pre-care experiences, pathways and early outcomes from birth to age eight, drawing on administrative data, surveys of caregivers and social workers, interviews with caregivers and decision makers, and 'play and talk' sessions with children.

Key findings from Phase 1 were:

- Before becoming looked after away from home, most children experienced significant neglect and abuse.[6]
- The legislative, policy and practice context for permanence is complex, involving different systems (Local Authority, Children's Hearings, Courts) with decisions influenced by local policies and processes.
- More than half of children who were adopted/on an adoption pathway by 2016 became looked after away from home before they were six weeks old.
- For almost one third of children looked after away from home in 2012-13 there was no evidence that legal permanence had been achieved by 2016.
- Despite having similarly high levels of emotional and behavioural difficulties, children in kinship care or who had been adopted received less support than children living with foster carers.
- Children's sense of belonging and security was underpinned by ostensibly small, but important, acts of day-to-day care.

Phase 2 (2020-24) revisited the cohort of children in middle childhood and was a collaboration between the University of Stirling, Lancaster University and the Association for Fostering,

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[3] In Scotland, children can be looked after at home (under a Compulsory Supervision Order) or away from home.

[4] Language is important and 'birth parent' is a contested term. We use it to differentiate between children's biological parents and their adoptive parents, but 'birth parents' are likely to call themselves 'parents' without the prefix.

[5] Reports and summaries from Phase 1 can be accessed on the project website (https://permanentlyprogressing.stir.ac.uk/).

[6] Information on children's experiences of abuse and neglect was collected from social workers, using the Modified Maltreatment Classification System (English et al, 1997).

Kinship and Adoption (AFKA) Scotland. Phase 2 was jointly funded by the Nuffield Foundation and the same donor who funded Phase 1 (who wishes to remain anonymous).

Phase 2 provides vital information about the experiences of children, caregivers[7] and birth parents, and:

- Describes where children who became looked after in 2012-13 are ten years later and what made a difference to their pathways and permanence status.
- Reports on how children are doing, and informs best practice by identifying what supports wellbeing, relationships, health, and education.
- Identifies what connections and contacts children have with people who are important to them but who they no longer live with, and what supports meaningful connections.

Context of the research

Phase 2 coincided with the conclusion of the Independent Care Review in Scotland, and the publication of The Promise (ICR, 2020).[8] This work is influencing policy, legislation and practice and has implications for our cohort. Phase 2 also coincided with the Covid-19 pandemic. The associated restrictions affected children's education, time with friends, and contact with family members they do not live with. Restrictions also affected decision making processes and supports. Our research found the impact was nuanced. Some children benefited from more time at home, but for many children and families this was challenging. Covid-19 had an impact on social workers and their practice, including their capacity to participate in this research. That so many did – by sending information to families and/or completing a questionnaire, is testament to their commitment to learn from the experiences of children and their families.

Research aims and methods

The study explores whether and how permanence has been achieved for the cohort of 1,836 children who became looked after in Scotland between 1 August 2012 and 31 July 2013 when they were aged five and under. Information on children's pathways and permanence status over time is primarily drawn from analysing Children Looked After Statistics (CLAS). CLAS provides the 'bigger picture' – it tells us important information about where children are, their legal status and what changed/remained the same by 2022[9], but it doesn't provide rich detail about their day-to-day experiences or those of their families. As permanence involves 'feeling' secure as well as 'being' legally secure, we explore children's experiences through qualitative interviews with 19 children, 34 caregivers (for 29 children in 25 families) and ten birth parents. We also draw on information from surveys of social workers (for up to 727 children[10]) and caregivers (for 98 children). Education administrative data was also utilised to consider children's additional support needs and school exclusions.

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[7] For brevity we usually use the term 'caregiver', rather than kinship carer, foster carer, or adoptive parent. However, this may not resonate with how 'caregivers' refer to themselves, and all extracts are explicit about the caregiver's relationship with the child.

[8] To support change following publication of The Promise (ICR, 2020), Plan 21-24 (the promise, 2021) and Plan 24-30 (the promise, 2024) were developed. Plan 24-30 was published on 20 June 2024 (see https://www.plan2430.scot/).

[9] We had permission to analyse CLAS for our cohort up to the end of July 2022.

[10] We collected information from social workers on the backgrounds and maltreatment histories of 727 children (379 in Phase 1 and 348 in Phase 2). We also have information on plans, permanence, placement changes and contact with birth family for 338 children in Phase 2, those who were not in a permanent placement at the end of Phase 1 or who experienced a change in placement/legal status since then.

Using these combined data, we map children's pathways to permanence (or impermanence), explore their experiences, wellbeing and outcomes, identify contact and connections with people who are important to them, and the supports they, their caregivers, and birth parents received, or would have liked to receive. We identify what children, caregivers and birth parents told us was more and less helpful.

Our aim is to build an understanding of the lives of children and their families, and report this in a way that treats them and their stories with care and respect. We hope our findings will contribute to the evidence base about permanence and children's wellbeing, and influence policy and practice. Children, caregivers, birth parents and social workers talked about hard things, as well as joyful experiences. Reading their stories and seeing the picture painted by interviews, surveys and administrative data is likely to elicit a range of emotions.

For a list of the research questions, which data sources we used to help answer each question, and more detail on methodology, please see the appendices in the main report.

Key findings

Children's pathways and later permanence status

By the end of July 2022:

- Most (79%) of the 1,836 children were living in homes intended to provide permanence. In comparison to 2016, fewer children were with their parents and more children were on Section 11/Kinship Care Orders (S11/KCO)[11], Permanence Orders (PO)[12], or had been adopted.
- Overall, the average time to permanence for children was 32 months – over two and a half years. This varied by the type of permanence.
- More than one in ten children (12%) were still (or again) in impermanent placements.
- For 9% of children there was not enough detail in CLAS to say where they were living.
- Two thirds (64%) of children who had ever been looked after away from home had experienced two or more placements. One in ten (10%) children had five or more.
- Of the 66 children looked after via S25[13], almost half (47%) had been looked after using this arrangement for five years or more.
- The combination of how old children were when they first became looked after and the type of first placement was associated with where they were living in 2022:
    - Children under a year old when they became looked after were more likely to be adopted and those aged under six weeks were less likely to be in an impermanent placement.
    - Children who were aged four years and over when they became looked after were more likely to be living with parents or be on a PO.

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[11] Section 11 of Children (Scotland) Act 1995; Kinship Care Orders are set out in Section 72 Children and Young People (Scotland) Act 2014.

[12] Permanence Order under Section 80 Adoption and Children (Scotland) Act 2007.

[13] Section 25 Children (Scotland) Act 1995 enables the Local Authority to 'provide accommodation' for a child in their area who 'appears to them to require such provision' and their parent(s) do not formally object. This is colloquially known as 'voluntary' care.

  - Children whose first placement was with foster carers or in hospital/mother and baby unit were more likely to be adopted.
  - Children first looked after on a CSO at home were more likely to be living with parents.
  - Children initially placed with relatives were more likely to be on a S11/KCO.
- Boys (13%) were more likely than girls (10%) to be in impermanent placements.
- Children on a PO or in impermanent placements had more placements away from home on average.
- Children who experienced more severe maltreatment were less likely to be living with parents, and more likely to be on a PO.
- Ethnicity was recorded as 'unknown' for 8% of children in the CLAS. This means the evidence base on how ethnicity influences outcomes is compromised, as this important information is missing.
- Administrative data is information about children's lives. Accessing and linking this to other data took longer than anticipated, and some data was not ready in time to analyse. This had an impact on what we have been able to report, and the timeframes may act as a disincentive for future researchers.

Children's experiences, wellbeing and outcomes

- Information on children's early lives was available from social workers for 727 children from our overall cohort. Before becoming looked after away from home, most children (91%) had experienced maltreatment, and family life was challenging.
- The proportion of children (whose caregivers completed a questionnaire) who had emotional and behavioural problems, measured using the Strengths and Difficulties Questionnaire, is five times higher than seen in the general population of children, and almost double that in Phase 1.
- More than one third (36%) of children whose caregivers completed a questionnaire have a long-standing illness, disability or health problem that affects their day-to-day activities.
- Three in ten children (29%) whose caregivers completed a questionnaire had scores on the Relationship Problems Questionnaire indicating possible difficulties with relationships and attachments. This is higher (51%) for children with a long-standing illness, disability or health problem.
- Friendships, experiences at school, and formal and informal support for children and caregivers influence children's wellbeing and helps families to hold difficulties (or not).
- Children's wellbeing and belonging is bolstered by ostensibly small acts of day-to-day care, affection and commitment, as well as caregivers providing support at times of crisis.
- Now they are older, children and young people are more actively involved in shaping conversations that express, claim and test belonging.
- School forms a significant part of children's lives – it can be a place of belonging and inclusion, but it can include formal and informal exclusion or distressing experiences.

Contact, connections and support

- Children's lives and networks are expanding, but they continue to turn to their caregivers for support, with caregivers acting as children's advocates.
- Family, friends and school are the main sources of support for children and caregivers.
- The demand for mental health support for children has increased with some children experiencing lengthy delays.
- More foster carers, than kinship carers and adoptive parents, received support from social workers, which included making arrangements for family time.
- More kinship carers received support from social workers than seen in Phase 1, but overall, they continue to receive lower levels of support than adoptive parents and foster carers.
- Kinship carers are navigating relationships with parents and other family members across formal and informal boundaries. This can be challenging, and their support needs may differ from other caregivers.
- Caregivers differentiate between social work support which is primarily instructive with generalised advice and that which is 'relational', with the former not experienced as helpful.
- Sensitive and empathic support for birth parents in relation to the loss of their child(ren)via child welfare processes can make a real difference to the lives of birth parents (and their families) and needs to be prioritised.
- Connections children have with brothers and sisters they live apart from are complex and vary across and within families.
- Almost half of the children whose caregivers completed a questionnaire have no contact with any brothers or sisters they live apart from.
- Communicative openness is a process, with children, caregivers, and birth parents reporting dilemmas and challenges in sharing information and sustaining or renewing connections.
- The most common form of contact between adopted children and birth parents is by 'letterbox'. Writing and receiving letters is hard and is an area where more specialist support is needed.

Messages for children and families, practitioners, and policy makers

By 2022, the majority (1,458; 79%) of the 1,836 children were living in homes where it is anticipated they will remain until adulthood. For most, this was with their parents, with other family members, in adoptive families, or in long-term foster families. Relevant guidance (Scottish Government, 2015) highlights that to meet children's developmental needs the process of achieving permanence should be timely. The average time to permanence was over two and a half years, and too many children (more than one in ten) were in impermanent placements. Both findings will be of concern to policy makers, practitioners, families and children.

The combination of how old children were when they first became looked after and their first placement influenced where children were living ten years later. Careful decision making is crucial, as the choices made early in children's lives are important in the short-term, to children's longer-term journeys, and where and with whom they will grow up.

The Promise (ICR, 2020) re-affirmed that, unless it is not in their interest, brothers and sisters[14] should live together, and where they live separately the connections and contact between them should be nurtured. Almost half of children whose caregivers completed our survey have no contact with brothers or sisters they live apart from. Children, caregivers, birth parents and social workers told us about the complexities and sensitivities involved in maintaining (or establishing) connections. Balancing the needs of each child, and the dynamics in different families is challenging, but that so many children currently have no connection with their brothers and sisters is stark.

The proportion of children (whose caregivers completed a questionnaire) who had emotional and behavioural problems, measured using the Strengths and Difficulties Questionnaire, is five times higher than seen in the general population of children, and almost double that in Phase 1. This has implications for the different forms of support children and their families need, including from teachers, social workers and health professionals.

The children in our cohort are all in middle childhood, so school is a core part of their week and one of the main sources of support. Where schools get this right, it makes a big difference to the lives of children and their families. There were examples where teachers and other school staff bolstered children's sense of belonging, academic motivation, friendships and safety. However, there were also examples of children and caregivers experiencing a lack of flexible support and school being a place of anxiety and exclusion. There is an aspiration that the exclusion of care experienced children should end, but while formal exclusion rates were low, 'informal' exclusion was not unusual, and this affected children and their caregivers.

The significance of ostensibly small day-to-day acts of care, affection and commitment are important. These included caregivers researching different strategies to best support a child, and ensuring children had predictable routines (including around bedtime) to reduce their anxiety. For Monica (kinship carer) this involved her going to bed at the same time as her ten-year-old nephew as *He'll only go to bed when I go to my bed … That's part of the attachment disorder.*

Children's wellbeing and sense of belonging and security ('felt' permanence) was bolstered by the love and support provided by their primary caregivers, other people they live with including brothers and sisters, and pets. The degree to which carers and adoptive parents can provide attuned care is associated with the quality and the nature of the support they are offered and access. This was recognised by the Promise: 'kinship, adoptive and foster families may need ongoing, intensive support' (ICR, 2020, p.20). To help families thrive, whole family support was one of the five priority areas set out in Plan 21-24 (the promise, 2021).

Children, caregivers and birth parents told us that the type, quality and amount of support they experienced varied, and accessing support could be difficult. What wasn't helpful was where support was inaccessible, disjointed, time limited, or when professionals were 'instructive'. What was helpful was where practitioners listened and were responsive. This made a real difference, including to the connections children had, or could have with family members they do not live with.

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[14] Throughout the report we generally use 'bothers and sisters' to reflect the language children and young people told the Independent Care Review they preferred. However, we recognise that some may prefer to use 'siblings' as a term which is inclusive. When using the CLAS data we also refer to males/females only as this is the way gender is recorded.

The most common form of contact between adopted children and birth parents is by letterbox. Birth parents and adoptive parents found letterbox contact difficult. Writing and receiving letters is an emotional process, and for both sets of families, the letters and their contents have an important place in their lives. Given how significant this connection is, the process could be much better supported.

Administrative data provides important information about children's lives, experiences, and their journeys through childhood. For almost one in ten children (9%), we were not able to tell where they were living by 2022 because this detail was absent from CLAS. This level of missingness has serious implications for how services plan, and there were other gaps in information. For example, while adoptive families experienced significant difficulties, if any had experienced a breakdown it would not be clear from CLAS, and it is not currently possible to track adoption breakdown. This is a major gap given the impact of breakdown for children and their families, and the support they are likely to require. This gap could be closed if administrative data recorded whether children entering care were previously adopted.

The process of gaining permission, accessing and linking administrative data was time consuming and some data was not ready in time to analyse. This had an impact on what we have been able to report, and the timeframes may act as a disincentive for future researchers. Colleagues at eDRIS, NRS and the data teams at the Scottish Government were unfailingly helpful. However, if administrative data is to be used effectively and be helpful to children, families, practitioners, policy makers and researchers, the services which support and enable safe access need to be better resourced.

1. Introduction

Since 2014, the *Permanently Progressing?* study has been gathering information on the experiences, routes, and timeframes to permanence of all 1,836 children who became looked after in Scotland in 2012-13 when aged five or under.[15]

Permanence involves adults providing children with stable, secure, nurturing relationships and a home into adulthood. In Scotland, there are four routes to permanence for care experienced children: remaining with or being reunified to parents, with or after support (including a Compulsory Supervision Order at home); through a Permanence Order; through a Section 11/Kinship Care Order; and adoption. For most children, the preferred route to permanence is to remain with or return to their parents. While we draw on administrative data to report on the numbers of children who remained at, or returned home, the focus is on children who do not live with their birth parents.[16] As permanence involves 'feeling' secure as well as 'being' legally secure, we explore children's experiences through analysing interviews and surveys as well as administrative data.

Phase 1 (2014-18)[17] analysed children's pre-care experiences, pathways to permanence (or impermanence) and early outcomes from birth to around age eight.

Phase 2 (2020-24) revisits the cohort children in middle childhood (age 9-16 years) to see:

- Where children who became looked after in 2012-13 are ten years later and what made a difference to pathways and permanence.
- How children are doing, and inform best practice by identifying what supports wellbeing, relationships, health, and education.
- What connections and contacts children have with people who are important to them, but who they no longer live with, and what supports those connections (where appropriate).

Using different forms of data, our aim is to build a picture of the lives of children and their families, and report this in a way that treats them and their stories with care and respect. We hope our findings will contribute to the evidence base and influence policy and practice.

As Figure 1 (page 9) indicates, we have CLAS for all our cohort, and for some we also have education data and information from surveys and interviews. The report has three findings' chapters. Chapter 3 maps children's pathways to permanence or impermanence. It draws heavily on administrative data, while the other chapters draw more on interviews and surveys. Chapter 4 explores children's experiences, wellbeing and outcomes. Chapter 5 looks at connections and contacts, and what sources of support children, caregivers and birth parents have said is helpful, and not so helpful. Chapter 6 offers final thoughts, including some of the implications of the findings for policy and practice.

Children, caregivers, birth parents and social workers talked about hard things, as well as joyful experiences. Reading their stories and seeing the picture painted by interviews, surveys and administrative data is likely to elicit a range of emotions.

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[15] In Scotland, children can be looked after at home (under a Compulsory Supervision Order) or away from home.

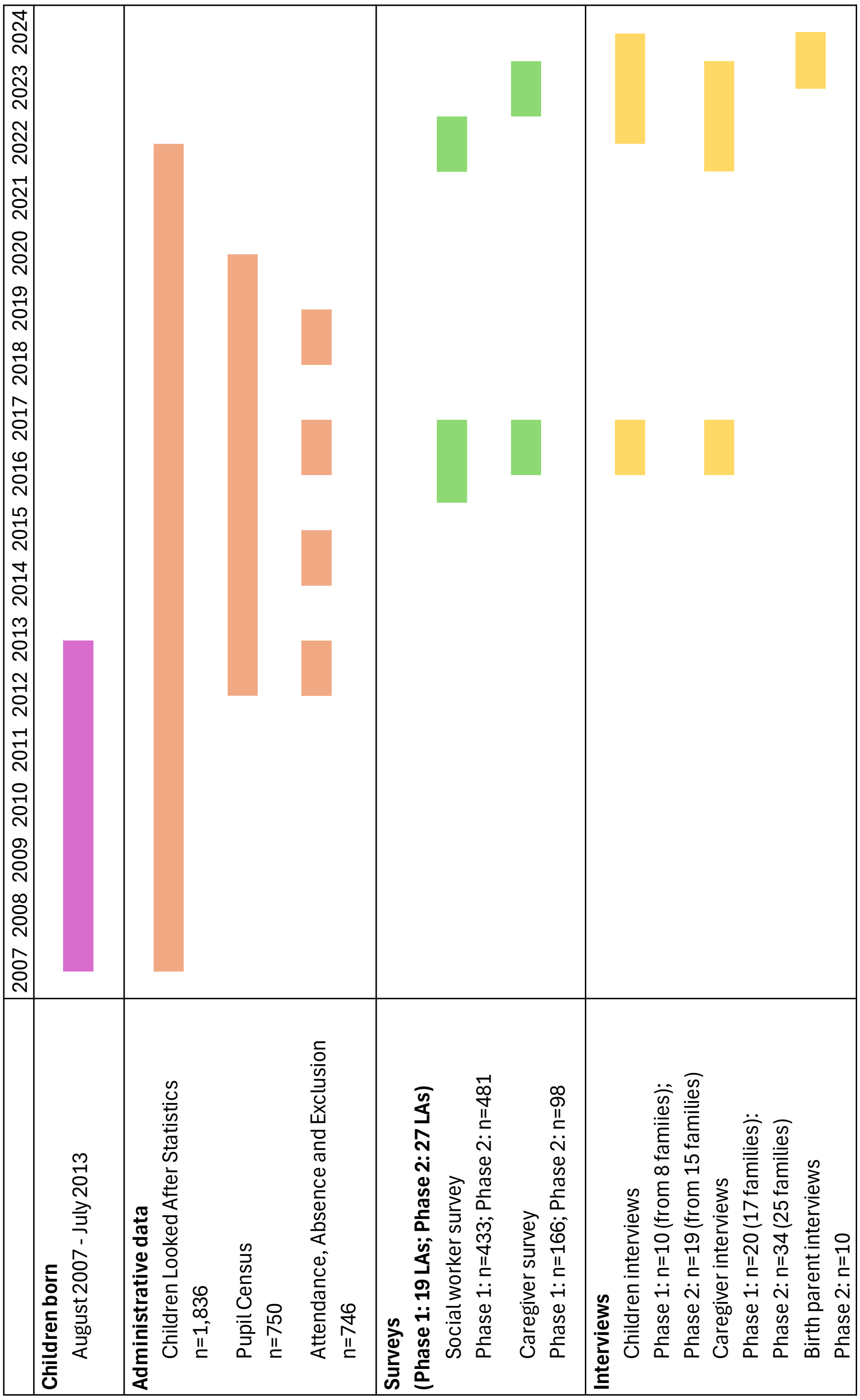
[16] Language is important and 'birth parent' is a contested term. We use it here to differentiate between children's biological parents and their adoptive parents, but 'birth parents' are likely to call themselves 'parents' without the prefix.

[17] Reports and summaries from Phase 1 can be accessed on the project website (https://permanentlyprogressing.stir.ac.uk/).

2. Methodology

Permanently Progressing? is a mixed methods study. Figure 1 shows the timing of data collection and coverage for the different sources of data. For additional detail please refer to Appendix 3.

Figure 1: Sources of data and timeframes used in the study



Administrative data

In Phase 1, the key source of information on children's status and pathways was the Scottish Government's Children Looked After Statistics (CLAS). In Phase 2, we analysed the newly created Administrative Data Research longitudinal CLAS dataset for our full cohort of 1,836 children from 2007-22. Just over half of these children were boys (943; 51%), and at the end of July 2022 children were aged between nine and 14 years old. Information on ethnicity was available for 92% (1,682) of our cohort. Of these children, the majority were of white ethnicity (1,587; 94%).

In Phase 2 we also linked CLAS to administrative data from schools. In Scotland, when children first attend school they are given a unique Scottish Candidate Number (SCN) which can be used to identify them in various education and social care administrative datasets. Using SCN, we linked CLAS to Pupil Census and school Attendance, Absence and Exclusion (AAE) data for around 750 children out of our cohort who had SCN numbers.[18] The Pupil Census is collected annually and the last academic year for which we have accessible data is 2019-20. AAE data is collected bi-annually and the most recent available data is from 2018-19.

Permission to access and link the administrative data in the National Safe Haven (NSH) came from the Scottish Government, via the Statistics Public Benefit and Privacy Panel (Stats PBPP). Accessing data was a far lengthier process than anticipated – the study started in December 2020, and we finally gained access to CLAS to end July 2022 in September 2023. The time involved had an impact on how we analysed data and what we can report. We were unable to analyse child protection data and some education data which had been approved but was not available to us in time.

We used descriptive statistics to summarise the attributes, circumstances and pathways of our cohort, describing children's placements and legal status, and whether legal permanence had been achieved for them. Where appropriate, we used statistical tests to describe relationships between different forms of permanence and other characteristics related to children's journeys. Survival analysis was used to compare the time to permanence by group in July 2022. Unless otherwise stated, all tests of associations are statistically significant, at $p<0.05$. Figures are presented within tables to one decimal place but are rounded up in text to help readability. Due to rounding, some percentages may not add up to 100%.[19]

Surveys

In Phase 1, 19 of Scotland's 32 Local Authorities (LAs) took part in surveys and interviews. Questionnaires were sent to caregivers[20] (adoptive parents, kinship carers, and foster carers) and social workers of children in the 19 LAs who were looked after away from home in 2012-13 and remained (or were again) looked after away from home in 2014. Questionnaires were returned by social workers of 433 children and caregivers for 166 children (84 adoptive parents/prospective adopters, 43 kinship carers and 39 foster carers), providing information on children's experiences, relationships, health and educational progress.

In Phase 2, surveys were conducted with caregivers and social workers in 27 LAs. Social worker questionnaires were sent in relation to all children in 'new' local authorities, and where children were not in a permanent placement at the end of Phase 1 or where there had been a change to a placement intended to be permanent. In total, 481 social worker questionnaires were returned in Phase 2. Where permanence had not been achieved for children by the end of Phase 1 or they

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[18] Only children who attended school whilst looked after have their SCN recorded in CLAS.

[19] For additional information please see Appendix 3.

[20] We did not include birth parents in the survey.

had a placement change, social workers provided information for 338 children[21] on plans and permanence, placement changes and breakdowns, and where known, arrangements for contact with birth family.[22] Where we did not have corresponding data provided by social workers in Phase 1, information was collected for 348 children about their background experiences, including maltreatment history (using the Modified Maltreatment Classification System, MMCS).[23] From Phase 1 and 2 we have social worker information about early experiences for 727 children, and we were able to link this background information to CLAS in the NSH for 726 children.

Of the 727 children with information from social workers just over half (386; 53%) were boys, and the majority were of white ethnicity (686; 94%). By the end of July 2021, 300 (41%) children were adopted, six (1%) were on an adoption pathway, 244 (34%) were with kinship carers, 93 (13%) were with foster carers, 10 (1%) were in residential care and 62 (8%) were reunified to birth parents.[24] At that point, they were aged between eight and 13 years old.

Questionnaires were sent to caregivers, either via social work staff in participating LAs or, directly by the research team where caregivers shared contact details in Phase 1. The caregiver questionnaire collected information on children's experiences, wellbeing and outcomes, contact and connections with important people, and sources of support. It repeated some of the validated measures of wellbeing used in Phase 1, including the Strengths and Difficulties Questionnaire (SDQ) and Relationship Problems Questionnaire (RPQ). Caregiver questionnaires were returned by 66 adoptive parents, 17 kinship carers and 15 foster carers, for a total of 98 children. These children were aged between nine and 16 years (at the time of the survey), just over half (51; 52%) were boys, and the majority (91; 93%) were of white ethnicity.

For some children, we have information from their caregiver and/or their social worker in both research phases, and for others we have information from either Phase 1 or Phase 2.

We used frequencies and percentages to describe how many children have a certain characteristic of experience, such as a health problem or disability. Where appropriate we used statistical tests to explore associations between these characteristics or to look at differences between groups. Unless otherwise stated, all tests of associations are statistically significant, at $p<0.05$.

Interviews

In Phase 1, we completed play and talk sessions with 10 children aged between three and eight, and interviewed 20 caregivers (kinship carers, foster carers and adoptive parents). We also spoke to 160 decision makers who participated in focus groups.

In Phase 2, we completed 34 interviews with caregivers from 25 families (10 adoptive, 8 kin and 7 foster families). They were caring for 29 cohort children, and some also have birth children. Of these, 14 families took part in Phase 1. Families who were interviewed for the first time in Phase 2 were recruited via the caregivers' survey if they gave consent to be contacted with further information about interviews. Caregivers were interviewed in person, via Teams, or on the phone, based on their preference. Nearly all caregivers also completed a questionnaire in Phase 2.

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[21] We had questionnaires returned for this part of the survey for 338 children. Information for one child was incomplete and they were excluded from the sample, thus we refer to 337 children.

[22] Social workers reported on the information they had as of 31July 2021.

[23] Information on children's experiences of abuse and neglect was collected from social workers, using the Modified Maltreatment Classification System (English et al., 1997) as this was used in Phase 1.

[24] This information was gathered from local authority contacts in Phase 2, who reported where children were living on 31 July 2021. Data was missing or incomplete for 12 children (2% of the 727 children).

Nineteen children (nine girls and ten boys) from 15 out of the 25 families took part, plus two siblings (caregivers' birth children). This is almost double the number of children who took part in Phase 1. Children were aged between nine and 15 years old, eleven had been adopted, four lived with foster carers and four with kinship carers. Eighteen children are white British, and one child has a mixed ethnic background. Eighteen children were interviewed in person, and one child took part by writing answers down and sending them by post. The direct experiences and perspectives of children with significant learning disabilities are not represented in our interview sample of children and young people. Children were accessed through their caregivers and in these cases, caregivers decided against us involving children in the research.

Interviews with children took place at a time which suited them and their families, and where they chose (home, the garden, school). In most instances an adult was close by or in the room, which meant children could involve them, if they wanted to.

While we spent more time talking to children, and less time playing, compared to Phase 1, interviews with children were different to those with adults. Younger children's narratives in particular frequently jumped back and forth between topics and focused on specific events or vivid memories. The context shaped conversations, including how we asked questions and children's responses to previous questions. To make the relational and contextual quality of interviews with children visible, for extracts from children's interviews we include additional information where possible, including the interviewer's questions and responses. This aims to illustrate how children made sense of their experiences in interviews, rather than privileging adult representations of interview data.

Ten birth parents (nine mothers and one father) including four women in prison, participated in interviews. In total they discussed 40 birth children aged between one and 27 years of age. Some, but not all, had a child or children in our overall cohort of children (1,836) but as far as we know none of the birth parents are connected to a child or caregiver in the interview sample. The researcher interviewing birth parents did not interview caregivers or children or read their transcripts.

In this report, we refer to participants as 'birth mother' or 'birth father' and provide the range of ages of their children, including adult children, when presenting extracts. All birth parents who took part have at least one child growing up permanently outside of the immediate birth family, but some are caring for at least one child at home, and others have adult children and grandchildren whose lives they are actively involved in. Others have ongoing direct contact with some of their children. We have not specified the full details of family structure to maintain participant anonymity.

Information about the study was shared with birth parents by professionals already in touch with them. Where they wanted to take part, interviews took place at a time and place convenient for participants, with supports in place before and after. As birth parents were recruited through services which were offering support to them, and in some cases to the wider family, our sample is unusual. Many birth parents do not have access to any support in either the short or long-term following the removal of a child or children through child welfare processes.

Pseudonyms are used throughout including in extracts where participants refer to professionals. There are more names than children, caregivers, adoptive and birth parents and we also changed gender, age or other contextual information in some of the quotes to ensure anonymity.

Interviews – including with birth parents – produced important findings, and not all can be presented in this report. Further details can be found in the summaries and will also appear in published papers.

3. Mapping children's pathways and permanence status

The 1,836 children in our cohort all became looked after in 2012-13 when they were aged five or under. Most of these children (1,353; 74%) were looked after away from home at some point during 2012-13, with 483 (26%) looked after only at home subject to Compulsory Supervision Orders (CSO) during that year.

Some children (153; 8%) had been looked after prior to 2012-13. Of these 153 children, 27 (18%) were looked after only at home, 103 (67%) were looked after only away from home, and 23 (15%) had been looked after both at home and away from home prior to 2012-13.

In this chapter, we draw primarily on the new Administrative Data Research longitudinal Children Looked After Statistics data set (CLAS)[25] to see where children were approximately ten years later, when they were aged 9-14 years old. We also draw on children's Pupil Census records (750) and social worker survey (726)[26].

We were interested in establishing whether, by the end of July 2022, permanence had been achieved for children in impermanent placements in 2016[27], and if so, by what route and in what time; whether children had remained in placements intended to be permanent; and what factors are associated with children's route and time to permanence, or impermanence.

Permanence involves legal security as well as 'felt' security, or psychological permanence (Brodzinsky and Smith, 2019). CLAS tells us whether children are living in homes intended to provide legal permanence, but not whether this 'feels' permanent.[28] In this chapter we focus on legal permanence, as this is the aspect of permanence that can be ascertained from CLAS. Other aspects of felt permanence are explored in Chapters 4 and 5.

Key findings

By the end of July 2022:

- Most (79%) of the 1,836 children were living in homes intended to provide permanence. In comparison to 2016, fewer children were with their parents and more children were on Section 11/Kinship Care Orders (S11/KCO)[29], Permanence Orders (PO)[30], or had been adopted.
- Overall, the average time to permanence for children was 32 months – over two and a half years. This varied by the type of permanence.
- More than one in ten children (12%) were still (or again) in impermanent placements.
- For 9% of children there was not enough detail in CLAS to say where they were living.

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[25] We refer to the Administrative Data Research Scotland longitudinal Children Looked After Statistics data set as CLAS.

[26] Information on children backgrounds, including maltreatment history (using MMCS) for 727 children is available from social worker surveys from Phase 1 (379) or Phase 2 (348). We were able to link this to CLAS for 726 children.

[27] We analysed CLAS from 2012-16 in Phase 1.

[28] There will be some children who are in legally impermanent placements but who feel secure, and some children in legally permanent placements who do not feel secure.

[29] Section 11 of Children (Scotland) Act 1995; Kinship Care Orders are set out in Section 72 Children and Young People (Scotland) Act 2014.

[30] Permanence Order under Section 80 Adoption and Children (Scotland) Act 2007.

- Two thirds (64%) of children who had ever been looked after away from home had experienced two or more placements. One in ten (10%) children had five or more.
- Of the 66 children looked after via S25 [31] almost half (47%) had been looked after using this arrangement for five years or more.
- The combination of how old children were when they first became looked after and the type of first placement was associated with where they were living in 2022:
    - Children under a year old when they became looked after were more likely to be adopted and those aged under six weeks were less likely to be in an impermanent placement.
    - Children who were aged four years and over when they became looked after were more likely to be living with birth parents or be on a PO.
    - Children whose first placement was with foster carers or in hospital/mother and baby unit were more likely to be adopted.
    - Children first looked after on a CSO at home were more likely to be living with parents.
    - Children initially placed with relatives were more likely to be on a S11/KCO.
- Boys (13%) were more likely than girls (10%) to be in impermanent placements.
- Children on a PO or in impermanent placements had more placements away from home on average.
- Children who experienced more severe maltreatment were less likely to be living with parents, and more likely to be on a PO.
- Ethnicity was recorded as 'unknown' for 8% of children in the CLAS. This means the evidence base on how ethnicity influences outcomes is compromised, as this important information is missing.
- Administrative data is information about children's lives. Accessing and linking this to other data took longer than anticipated, and some data was not ready in time to analyse. This had an impact on what we have been able to report, and the timeframes may act as a disincentive for future researchers.

Where were children living in 2016?

We start by revisiting where children were living in 2016.[32] According to CLAS, by the end of July 2016, 70% of the 1,836 children were living in homes intended to be permanent, whilst 24% were not. Some children (7%) were no longer looked after, but it was not possible to determine where they were living as their accommodation was unknown or CLAS lacked sufficient detail. These figures are similar to those reported in Phase 1 (Biehal et al, 2019), although there are some differences due to data cleaning work completed by the Scottish Government to improve the quality of CLAS.

We make a distinction between two groups of children – those who were looked after away from home at some point during 2012-13 (the 'away from home group') and those who were only looked after at home during 2012-13 (the 'at home group'). A finding of Phase 1 was that by

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[31] Section 25 Children (Scotland) Act 1995 enables the Local Authority to 'provide accommodation' for a child in their area who 'appears to them to require such provision' and their parent(s) do not formally object. This is colloquially known as 'voluntary' care.

[32] In Phase 1 we analysed CLAS from 2012-16.

2016, four years after becoming looked after, one third (428) of children who had been looked after away from home in 2012-13 were not in placements intended to be permanent. Table 1 shows the permanence status of children using the cleaned CLAS, and suggests fewer children were in legally impermanent placements than reported in Phase 1, but more children were recorded as no longer looked after with their destination accommodation 'other' or unknown. Some of these children may have been previously recorded as being in impermanent placements in Phase 1. However, as it is not possible to match the 'old' CLAS from Phase 1 to the new CLAS, we cannot be certain.

Table 1: Permanence status on 31 July 2016, broken down into at home and away from home groups (n=1,836)

Permanence status 31 July 2016	Away from home group		At home group		Total	
	Frequency	%	Frequency	%	Frequency	%
In placements intended to be legally permanent	881	65.1	396	82.0	1,277	69.6
Not in placements intended to be legally permanent	378	27.9	61	12.6	439	23.9
Not Looked After: Other destination[a]	23	1.7	10	2.1	33	1.8
Not Looked After: Unknown destination	71	5.2	16	3.3	87	4.7
Total	**1,353**	**100.0**	**483**	**100.0**	**1,836**	**100.0**

Table notes: [a] Includes children in 'other' destination accommodation and those recorded as homeless, living with former foster carers and supported accommodation/semi-independent living due to numbers less than 5.

Where are children living ten years after becoming looked after?

By the end of July 2022, the majority of the 1,836 children (1,441; 78%) were not looked after, including 347 (19%) who had been adopted. However, one fifth of all children (395; 22%) were still (or again) looked after.[33] The majority (360) of these 395 children were looked after away from home – with kinship carers (124), unrelated foster carers (202) or in residential care (34) – with 35 children looked after at home.[34]

Are children in placements intended to be legally permanent?

Table 2 shows the permanence status of children at the end of July 2016 and 2022. By the end of July 2022, most (1,458; 79%) of the 1,836 children were in homes intended to be permanent. This is an increase of 9%, over six years, from 70% in 2016. There were other changes, with fewer children living with their parents (reduced from 44% to 39%) and more children on Permanence Orders (PO), Section 11/Kinship Care Orders (S11/KCO) or adopted.[35]

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[33] Excludes children living with prospective adopters who are included in those adopted due to numbers less than 5.

[34] These figures only take into account whether children were looked after and who they were living with. Table 2 also considers legal status.

[35] There were 12 children on an adoption pathway who had not yet been adopted.

It is positive that legal permanence had been achieved for 79% of children and the number of children in impermanent placements has reduced from 24% in 2016. However, more than one in ten children (213; 12%) were still (or again) in impermanent placements, and for another 9% of children there was insufficient detail in CLAS to say where they were.

Table 2: Permanence groups on 31 July 2016 and 31 July 2022 (n=1,836)

Permanence group	31 July 2016		31 July 2022	
	Freq.	%	Freq.	%
Permanence 1: Living with parent(s)	**798**	**43.5**	**720**	**39.2**
Living with parent(s) - on CSO[36]	136	7.4	35	1.9
Living with parent(s) - not looked after	662	36.1	685	37.3
Permanence 2: S11/KCO	**155**	**8.4**	**244**	**13.3**
Permanence 3: Permanence Order (PO)	**30**	**1.6**	**135**	**7.4**
PO - with kin	*	*	18	1.0
PO - with foster carers	20	1.1	107	5.8
PO - in residential care	*	*	10	0.5
Permanence 4: Adopted or on adoption pathway	**294**	**16.0**	**359**	**19.6**
Adopted - POA[37]	115	6.3	121	6.6
Adopted – direct petition	179	9.7	226	12.3
Adoption pathway[38]	-	-	12	0.7
Looked after away from home: CSO, ICSO/Warrant or S25	**439**	**23.9**	**213**	**11.6**
CSO, ICSO/Warrant or S25 - With kin	221	12.0	106	5.8
CSO, ICSO/Warrant or S25 - With foster carers	211	11.5	83	4.5
CSO, ICSO/Warrant or S25 - In residential care	7	0.4	24	1.3
Not looked after: Other destination[a]	**33**	**1.8**	**49**	**2.7**
Not looked after: Unknown destination	**87**	**4.7**	**116**	**6.3**
Total	**1,836**	**100.0**	**1,836**	**100.0**

*Table notes: *indicates cells suppressed due to low numbers. [a]Includes children in 'other' destination accommodation and those recorded as homeless (31 July 2016 only), living with former foster carers and supported accommodation/semi-independent living due to numbers less than 5.*

Table 2 shows that by 2022, 720 children (39%) were with their parents. This had fallen from 798 (44%) in 2016.

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[36] Although a CSO at home confers temporary legal status, we view these children as being legally permanent as they are with their parents.

[37] Permanence Order with Authority to Adopt under S83 Adoption and Children (Scotland) Act 2007.

[38] Henceforth, the 12 children on an adoption pathway by 2022 are included within the adopted group due to small numbers. All 12 children were living with unrelated foster carers on a POA.

In 2016, 155 children (8%) were living with family on S11/KCO, and by 2022 this had increased to 244 children (13%). CLAS does not detail with whom they are living with, but from the social worker survey (337 children) we have information on 109 children living with kin: 68% were with grandparents (including great grandparents) and 32% with an aunt/uncle (including great aunt/uncle) or family friend.

The numbers of children looked after and living with foster carers on CSO, ICSO/Warrant or S25 reduced from 211 children (12%) in 2016 to 83 children (5%) in 2022. Social workers provided information on the placement provider for 65 children living with foster carers. For 58% this was the local authority, and for 42% an independent fostering agency. Nine children for whom we have social worker data were in residential placements, with four living outside of their local authority in a placement provided by third sector/private organisations, and three in a placement within and provided by their local authority.[39]

By the end of July 2016, 216 (12%) children had been adopted and a further 78 (4%) were on an adoption pathway, most of whom were adopted by the end of July 2022. Of the 216 children, 26 (12%) were aged five years and over when they were adopted. There were 131 adoptions between 2016 and 2022, and many (79; 60%) of these children were aged five years and over when they were adopted, while 31 children (24%) were aged four. In total, 347 (19%) children had been adopted by 2022, with another 12 children on an adoption pathway (henceforth we have included these children in adopted figures).

In Phase 1, we found that around half (51%) of children looked after away from home in 2012-13 were in a S25 arrangement (equivalent to S20 in England). This aligns with the minimum intervention principle set out in Children (Scotland) Act 1995 but means there is no external scrutiny from the Children's Hearings System or the court. Anderson et al (2020) suggested that long term use of S25 contributes to delays in permanence, and ongoing research[40] is exploring how S25 is used and experienced.

Of the 213 children in impermanent placements in 2022, 66 children were looked after via S25. Children living with kinship carers (52%) were more likely to be looked after via S25[41] than children living with foster carers (7%) or in residential care (21%), who were more likely to be on a CSO.

Some children have been looked after using S25 for lengthy periods, with nearly half (31; 47%) of the 66 children looked after under this arrangement for five years or more. Children living with kin via S25 had been on S25 for five years on average, compared to two years for children in foster care, and nearly two and a half years for those in residential care. All children who took part in interviews, and those whose caregivers participated in our survey or interviews are legally secure (S11/KCO, PO or adopted), but we have some additional information from the social worker survey. For nine of the 17 children in a S25 arrangement with kinship carers, social workers reported this was because carers did not want to pursue other legal routes.

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[39] Information on the location and provider of residential placement was not available for two children.

[40] See https://www.nuffieldfoundation.org/project/voluntary-care-plans-children-scotland-section-25-orders

[41] These children may well 'feel' secure, but they are not legally secure.

Children's pathways and legal permanence

Number of children in each placement/status each year, and movement between

Table 3 shows the placement/status of children at the end of each data collection year (31 July) from 2012-13 to 2021-22. Due to small numbers which could be disclosive[42], information from 2007 to 2012 is not reported.

Figure 2 is a colour-coded Sankey diagram. The solid vertical bars show the number of children and where they were each year (the same information as Table 3), but the Sankey diagram also shows the movement of children between different placements/statuses. Horizontal bars show children who were in the same status on 31 July in consecutive years, whilst diagonal bars show children who have a different status on 31 July in consecutive years.

In Figure 2 the number of children living with parents looks relatively stable. However, as can be seen in Table 3 the number of children on a CSO at home decreased over time, whilst the number of children with parents not looked after increased. The number of children adopted or living with kin on S11/KCO increased over time, while the number of children looked after and living with foster carers or kin decreased. These shifts were most pronounced in the first four years (until 2016-17). However, the diagonal bars in the Sankey diagram show there are children who experience movement in status/placement type[43] in middle childhood.

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[42] It is common practice in reporting statistics that sub-categories with small numbers are excluded from reporting, to avoid the potential identification of individuals.

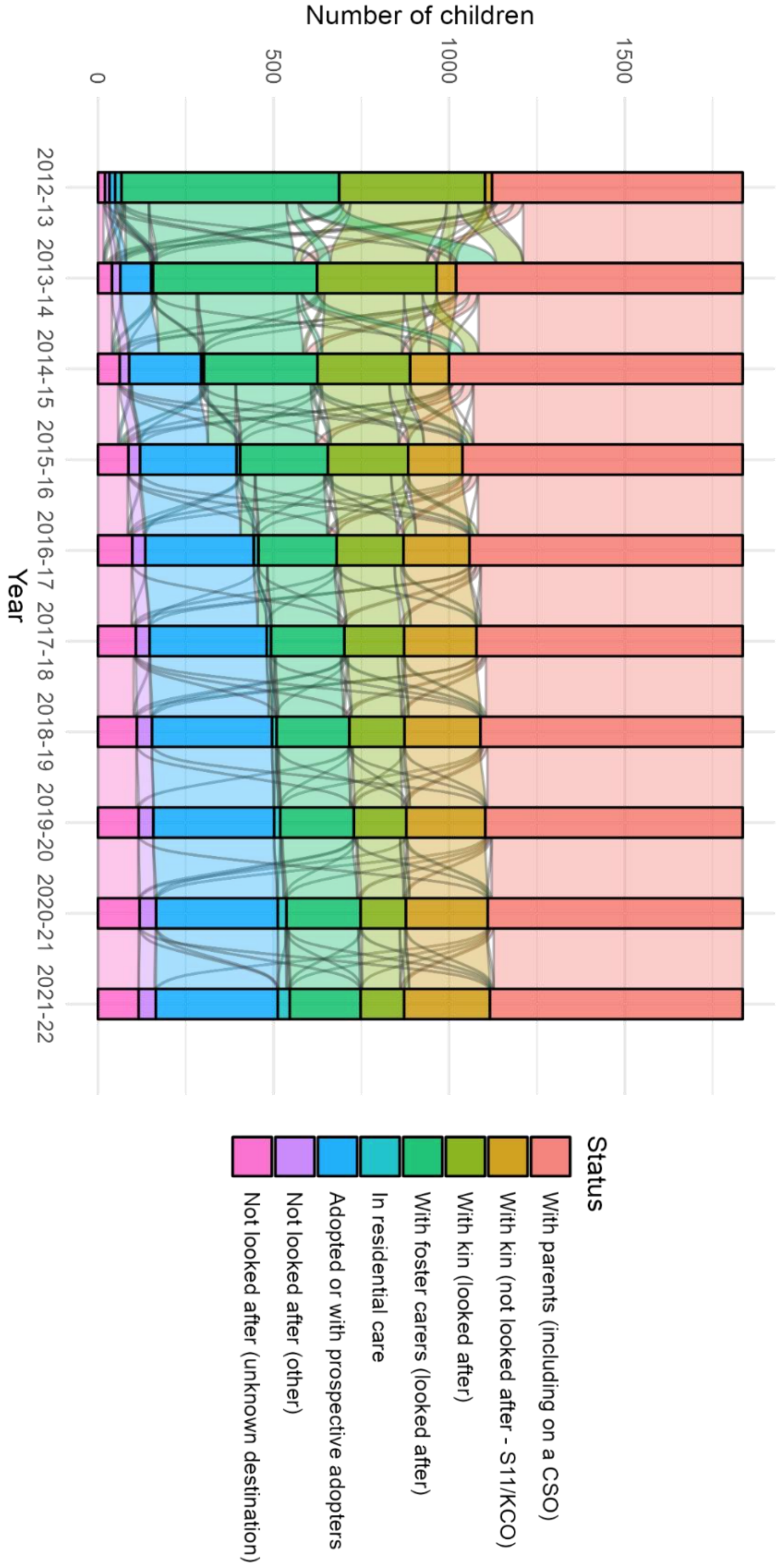
[43] A change in placement type does not necessarily equate to a move for the child.

Table 3: End-of-year status from 31 July 2013 to 31 July 2022 (n=1,836)

End of year status	31 July 2013	31 July 2014	31 July 2015	31 July 2016	31 July 2017	31 July 2018	31 July 2019	31 July 2020	31 July 2021	31 July 2022
With parents (not looked after)	190	408	588	662	675	677	683	678	684	685
With parents on CSO	524	408	248	136	103	81	64	55	42	35
Not looked after, with kin (S11/KCO)	20	56	111	155	188	206	216	225	233	244
Looked after, with kinship carers	415	340	264	228	190	170	157	149	129	124
Adopted[a]	16	88	205	275	309	334	342	344	346	347
Looked after, with foster carers	620	467	323	250	223	209	207	210	211	202
Looked after, in residential care[b]	18	5	8	10	13	12	13	17	25	34
Not looked after, other destination	13	24	27	33	37	39	43	42	47	49
Not looked after, destination unknown	20	40	62	87	98	108	111	116	119	116
Total	**1,836**	**1,836**	**1,836**	**1,836**	**1,836**	**1,836**	**1,836**	**1,836**	**1,836**	**1,836**

Table notes: [a] Includes children living with prospective adopters. [b] There were 18 children, 10 of whom were under 1 year, who were looked after in 'residential care' or 'in other community' on 31 July 2013. In Phase 1 the research team queried the recording of 'residential' for babies and were advised by Scottish Government data team that this was likely to be hospital, but some recording systems did not have a code for this.

Figure 2: Sankey diagram to show movement between each end-of-year status from 31 July 2013 to 31 July 2022 (n=1,836)



Source: CLAS

Number of placements away from home

All of our cohort became looked after in 2012-13. Most (1,515 or 83%) of the 1,836 children were looked after away from home at some point before 31 July 2022. Over one third (38%) of these children had also been looked after at home, while 62% had only ever been looked after away from home.

Table 4 shows the number of placements away from home.[44] By July 2022, 64% of children who had been looked after away from home had two or more placements, with 10% of children having had five or more placements.

Table 4: Number of placements away from home (n=1,515)

Number of placements away from home	Frequency	%
1	548	36.2
2	459	30.3
3	241	15.9
4	117	7.7
5	58	3.8
6	37	2.4
7	28	1.8
8	14	0.9
9+	13	0.9
Total	**1,515[a]**	**100.0**

Table notes: [a] Excludes 321 children never looked after away from home

Has legal permanence been maintained or achieved for children and by what route?

We wanted to know whether the 1,277 children who were in a permanent placement in 2016 (70% of our full cohort) were still in legal permanence in 2022. Most of these children (1,189; 93%) were, although 152 of these children had changed placement type and/or legal status.

Sixty-four (5%) of the 1,277 children for whom legal permanence had been achieved in 2016 were no longer in legal permanence by 2022. Over 90% of these 64 children had been with their parents on 31 July 2016 and were no longer with them. By the end of July 2022, 30 were living with foster carers, 26 with kin and eight were in residential care on S25/CSO. For a further 24 (2%) of the 1,277 children there was insufficient detail in CLAS to establish whether they are still in permanent placements.

There are limitations to CLAS in that it does not identify whether children who become looked after away from home were previously adopted. CLAS shows where legal permanence has been achieved through adoption, but not if it has been maintained. Selwyn and Wijedasa (2017) identified adoption breakdown rates (after a legal order had been granted) of 3.2% in England

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[44] The number of placements away from home is equal to the number of rows of data involving a placement away from home for each child. A new row of data is added to a child's administrative record when new placement information is added. In most cases, a new line of data indicates a move for the child, and this is the assumption we have made, but this may not be true in every case.

within 12 years, and 2.6% in Wales within 11 years. The survey of social workers indicated that adoptions disrupted for 11 children before the legal order had been made (see Table 7), with one post-order adoptive family almost experiencing breakdown. In interviews, three adoptive parents talked about coming close to breakdown. We also know, from the surveys and interviews, that where children are living with the same caregivers, this does not necessarily mean life has been settled, and we explore this in Chapters 4 and 5.

We also wanted to establish, for the 439 children who were in impermanent placements in 2016, whether permanence had been achieved, and if so, how long it took. By 2022, 60% (264) were legally secure – of these, 96 (36%) were on a PO, 75 (28%) on a S11/KCO, 63 (24%) were adopted, and 30 (11%) were living with parents. However, 140 children (32%) were still in impermanent placements and 35 children (8%) did not have enough detail in their CLAS records to establish where they were.

Table 5 shows changes in children's permanence status between 31 July 2016 and 31 July 2022.

Table 5: Changes in permanence status from 31 July 2016 to 31 July 2022 (n=1,836)

Permanence status 31 July 2016 and 31 July 2022	Frequency	%	Overall %
Permanent 31 July 2016	**1,277**		**69.6**
Permanent 31 July 2022	1,189	93.1	64.8
Not permanent 31 July 2022	64	5.0	3.5
Unknown status 31 July 2022	24	1.9	1.3
Not permanent 31 July 2016	**439**		**23.9**
Permanent 31 July 2022	264	60.1	14.4
Not permanent 31 July 2022	140	31.9	7.6
Unknown status 31 July 2022	35	8.0	1.9
Unknown status 31 July 2016	**120**		**6.6**
Permanent 31 July 2022	5	4.2	0.3
Not permanent 31 July 2022	9	7.5	0.5
Unknown status 31 July 2022	106	88.3	5.8
Total	**1,836**		**100**

Time to legal permanence by route

Table 6 shows the median (average) and interquartile range (IQR)[45] of time in months to legal permanence by route.[46] The higher the IQR, the greater the spread of time to legal permanence, with some routes showing more variation than others. Children who have always lived with parents are excluded from this analysis as they have had no periods in impermanent placements.

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[45] Median is a measure of central tendency or 'average' used where data is not normally distributed. It is literally the middle value of a distribution and is not affected by extreme high or low values. Interquartile range (IQR) is a measure of dispersion used alongside the median and describes how spread out the values of a variable are by comparing the values of the middle half of the distribution. The larger the interquartile range, the greater the dispersion of values.

[46] Time to legal permanence is calculated from the date a child first became looked after to the date their last placement away from home ended, except for those on a PO where we used the legal reason start date.

Overall, the average time to legal permanence was 32 months (IQR=39 months).[47] This was lower for children who were reunified with parents compared to all other routes. Time to permanence is similar for adoption and S11/KCO, but time to a PO is longer than all other routes. The median time to adoption is slightly shorter for direct adoptions than via POA, but this difference is not statistically significant.[48]

For the 264 children achieving 'later' permanence (i.e. after 2016) (see Table 5), we wanted to establish how long this had taken. By 2016, these children had already been looked after for around four years, and we found that on average it took a further 18 months (IQR=25 months) for children to enter legal permanence. The only statistically significant difference in time to 'later' legal permanence by route was that direct adoption (14 months, IQR=16 months) was quicker than adoption via a POA (28 months, IQR=17).

Table 6: Time in months to legal permanence from first becoming looked after (n=1,154)

Permanence group 31 July 2022	Frequency	Median	IQR
Planned Permanence 1: Reunification to parents[a]	428	10	28
Planned Permanence 2: S11/KCO	244	37	36
Planned Permanence 3: Permanence Order	135	65	37
Planned Permanence 4: Adopted[b]	347	36	24
Planned Permanence 4: Adopted – direct[c]	161	34	26
Planned Permanence 4: Adopted – POA[d]	186	37	21
Total[e]	**1,154**	**32**	**39**

Table notes:

[a] *Excludes 292 children living with parents never looked after away from home.*

[b] *Children on an adoption pathway (12) were excluded from time to legal permanence calculations as legal permanence has not yet been fully achieved.*

[c] *Total number includes those on a CSO with prospective adopters but these are excluded from the calculation of time to adoption.*

[d] *Includes those on a PO immediately before adoption.*

[e] *Excludes children living with birth parents only ever looked after at home (292), children on an adoption pathway (12), children looked after not in impermanent placements (213), and 165 children whose legal permanence status is unknown (which includes 29 never looked after away from home).*

To further explore the time to permanence for children in different permanence groups by 31 July 2022, survival analysis was undertaken (Figure 3). This shows the cumulative proportion of children in each group for whom permanence had been achieved over time (known as Kaplan-Meier curves). Comparing the lines enables us to consider the rate at which children in each group achieved permanence. The y axis on the figure is the proportion of children *not* in permanence at a given time. The x axis shows the time since a child became looked after that it took for them to become permanent. As time progresses and children move into permanent placements, the coloured lines representing each type of permanence decline.

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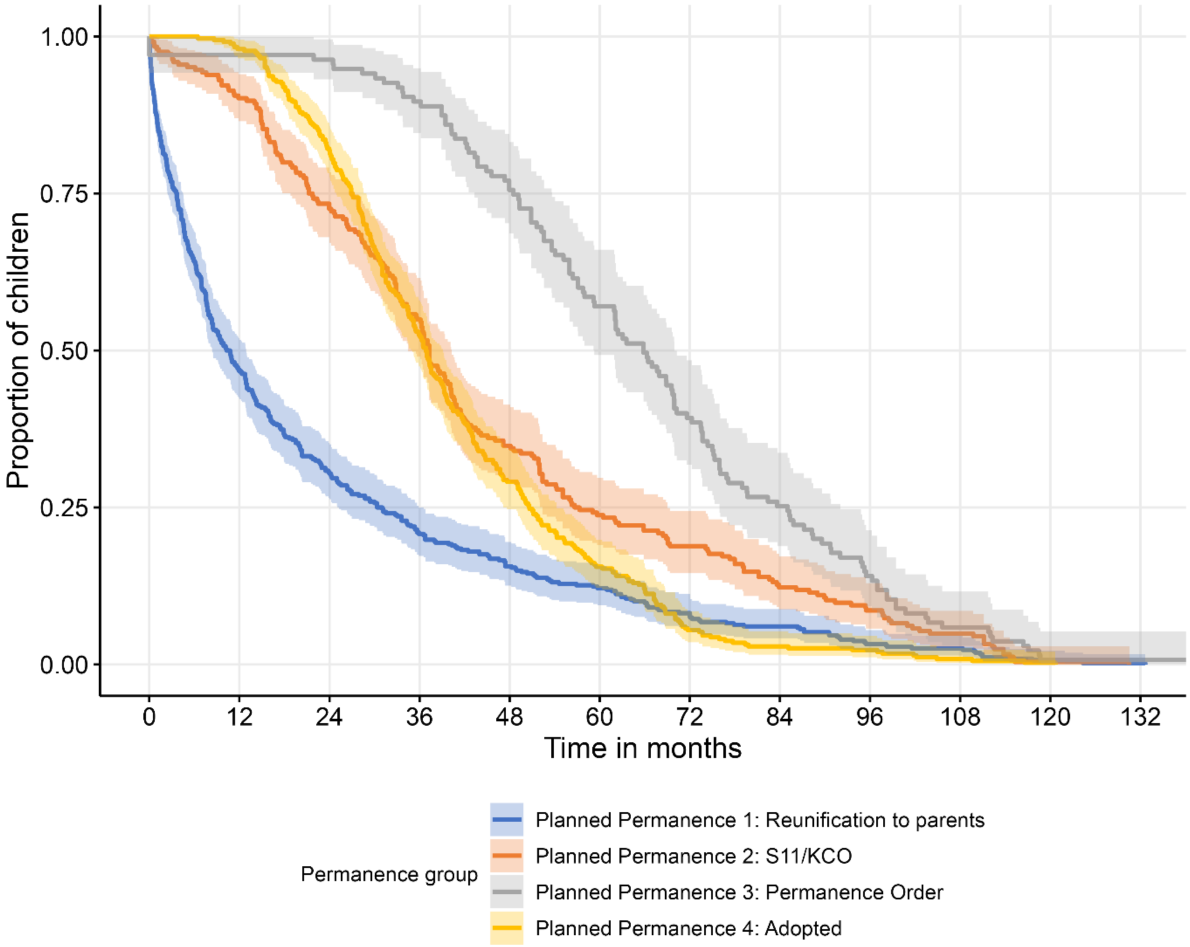
[47] In England and Wales, the Children and Families Act (2014) introduced a timeframe of 26 weeks for care proceedings to be completed.

[48] p=.120

Figure 3: Survival curves for time in months to legal permanence from first becoming looked after (n=1,154)



The immediate drop in the blue line indicates that reunification to parents typically happens relatively quickly – over half of those who had been reunified by 2022 returned home within 12 months of being looked after away from home. As discussed above, this type of legal permanence was the quickest on average. However, as Figure 3 shows there was also a long tail of children for whom reunification took much longer – more than five years for around 10% of children who were eventually reunified.

The yellow line is initially relatively level, which indicates that few children were adopted within 12 months of becoming looked after. In Phase 1 we found it took on average two years before children were adopted. However, after this initial period, the proportion of children adopted increases, with almost three quarters of adoptions occurring within four years of children becoming looked after. The rate of adoptions then appears to decrease, with few children adopted more than six years after becoming looked after.

The orange line shows the trend for children on a S11/KCO, with a more consistent curve than the other permanence groups, suggesting that this type of permanence can happen for children at different stages – around half of such kinship arrangements were in place within three years of children becoming looked after, and three quarters within five years.

The grey line shows the trend for children on POs, which took on average the longest time to permanence. This indicates low numbers of POs made within two years of children becoming looked after and then a steady increase (falling line) of children entering this type of legal permanence.

Route to adoption

Of the 347 children whose route to permanence was adoption, nearly two thirds (216; 62%) had been adopted by 2016, and from Phase 1 we know that for most (70%) this took more than two years (Biehal et al, 2019, p.55). However, for 131 children (38%), adoption took place after 2016, with 12 children on an adoption pathway ten years after becoming looked after.[49]

For 204 adopted children, we have additional information from the social worker surveys in Phase 1 and Phase 2. Overall, most (77%) were 'stranger adoptions'[50], 18% were by their former foster carer and 5% a relative. However, there are important differences depending on whether children were adopted earlier or later – before or after 2016.[51]. The majority of children adopted before 2016 were adopted by a stranger (83%), with 13% adopted by former foster carers and 5% adopted by a relative. Fewer children adopted between 2016 and 2022 were adopted by a stranger (51%), with a higher percentage adopted by former foster carers (44%), and 5% adopted by a relative (5%). For the 347 children whose adoptions were tracked through CLAS, we know that 46% (161) were via a POA (including those on a PO immediately before adoption) with 54% (186) adopted via direct petition. For the 204 adopted children with social worker survey data, most (74%) adoptive parents were approved by the local authority, with 26% by a voluntary adoption agency.

Placement endings

One third (33%) of 337 children from the social worker survey had experienced the ending of at least one placement which was intended to be permanent. The number of children who experienced the ending of different types of placement is shown in Table 7.

Table 7: Ending of placement intended to be permanent (n=337)

	Legally permanent 31 July 2016 (118)		In impermanent placements 31 July 2016 (207)		All children with Phase 2 social worker survey data (337^{a})	
Type of ending	Freq.	%	Freq.	%	Freq.	%
At least one ending of a placement that was intended to be permanent	**37**	**31.4**	**72**	**34.8**	**110**	**32.6**
Unsuccessful return to parent(s) and child re-entered care	22	18.6	35	16.9	58	17.2
Ending of a placement with kinship carers that was intended to be permanent	8	6.8	20	9.7	28	8.3
Ending of a placement with foster carers that was intended to be permanent	5	4.2	18	8.7	23	6.8
Ending of adoption prior to adoption order being made	6	5.1	4	1.9	11	3.3

Table note: ^{a}Includes 12 children whose status at the end of July 2016 was unknown. Source: social worker survey.

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[49] Median length of time on a POA up until 31 July 2022 for these 12 children was 66 months (IQR=43 months).

[50] This is the term commonly used to describe adoptions where the child did not have a pre-existing relationship with their adoptive parents before they moved to live with them.

[51] For most of the children who were adopted before 2016 adoption took over two years, and so we are using the term 'earlier' rather than early.

Difficulties and delays in achieving permanence

In Phase 1, decision makers, caregivers and children discussed delays in achieving permanence, and the implications of this for children. In the Phase 2 survey of social workers, they indicated that there had been difficulties or delays for 258 (77%) of the 337 children, as shown in Table 8. For some children, more than one reason is cited.

Table 8: Difficulties and delays experienced in achieving permanence (n=337)

	Legally permanent 31 July 2016 (118)		In impermanent placements 31 July 2016 (207)		All children with Phase 2 social worker survey data (337[a])	
Type of difficulty or delay	Freq.	%	Freq.	%	Freq.	%
At least one type of difficulty or delay experienced in achieving permanence	**89**	**75.4**	**162**	**78.3**	**258**	**76.6**
Unsuccessful reunification to parent(s)	44	37.3	70	33.8	115	34.1
Local authority resource constraints, including social worker workload, staff changes and available placements	20	16.9	43	20.8	65	19.3
Parents contesting proceedings[52]	27	22.9	52	25.1	81	24.0
Delays due to agreeing contact arrangements	11	9.3	22	10.6	33	9.8
Delays in assessment of potential kinship carers	12	10.2	15	7.2	27	8.0
Suitable permanent kinship carers could not be found	13	11.0	27	13.0	40	11.9
Suitable long-term foster placement could not be found	4	3.4	7	3.4	11	3.3
Adopters sought but not found	5	4.2	6	2.9	11	3.3
Difficulties securing appropriate residential placement	1	0.8	0	0.0	1	0.3
Difficulties finding suitable placement due to child's long-standing illness, disability or health problems	4	3.4	4	1.9	8	2.4
Difficulties finding suitable placement due to child's behavioural difficulties	5	4.2	5	2.4	10	3.0
Difficulties finding a suitable placement due to the child's age	7	5.9	2	1.0	9	2.7
Difficulties finding suitable placement for a sibling group	9	7.6	8	3.9	17	5.0

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[52] Whilst this could be a source of delay, parents have the right to contest proceedings.

	Legally permanent 31 July 2016 (118)		In impermanent placements 31 July 2016 (207)		All children with Phase 2 social worker survey data (337[a])	
Delays in Children's Hearings	10	8.5	17	8.2	28	8.3
Delays in court proceedings	17	14.4	25	12.1	42	12.5
Local authority plan not accepted by Children's Hearing or court	1	0.8	6	2.9	7	2.1
Delays or difficulties due to multi-agency working or relationships	1	0.8	1	0.5	2	0.6
Delays in decision-making due to the Covid-19 pandemic	4	3.4	21	10.1	25	7.4

Table note: [a] Includes 12 children whose status at the end of July 2016 was unknown. Source: social worker survey.

Plan for children

From the social worker survey, the plan for 16 children was for them to move from their current placement. Five of the 16 children were with foster carers, two of whom were waiting for long-term foster carers to be identified. Reunification with mothers was being considered for three other children, with a move to long-term foster care if this was not possible. For the other 11 children, the reason for a planned move varied, but included concerns about children's treatment by foster or kinship carers, as well as health and/or age of caregivers. There were two children whose placements were in crisis, with carers unable to manage the child's distressed behaviour.

In total, there were 52 children who were looked after away from home and for whom the plan was for them to remain with their current caregivers – 30 were on a CSO with 22 looked after via S25.

For the 22 children looked after via S25, 17 were with kinship carers. For all these 17 children, the intention is for them to remain with those kinship carers until they are grown up. For eight of the 17 children, the plan was to seek either a KCO (seven) or a PO (one). For the other nine children with kinship carers, there were no plans to seek an alternative legal order to provide legal security for the child.

The plan for the other five children looked after via section S25 was also to remain looked after away from home.

Thirty children where the plan was to remain with their current caregivers were looked after away from home on a CSO. For 17 of these children, the intention was to seek a PO, and for six children a KCO. The plan for the remaining seven children was to remain looked after away from home.

Overall, the most common reason why children were going to remain looked after away from home was that kinship carers did not want to progress legal permanence. Other reasons included: plans for increased family time and/or reunification with parents; ongoing need for social work support; recent ending of a placement and a search for a new one; parent(s) withholding consent, and social work delays in permanence planning.

Factors associated with different forms of permanence

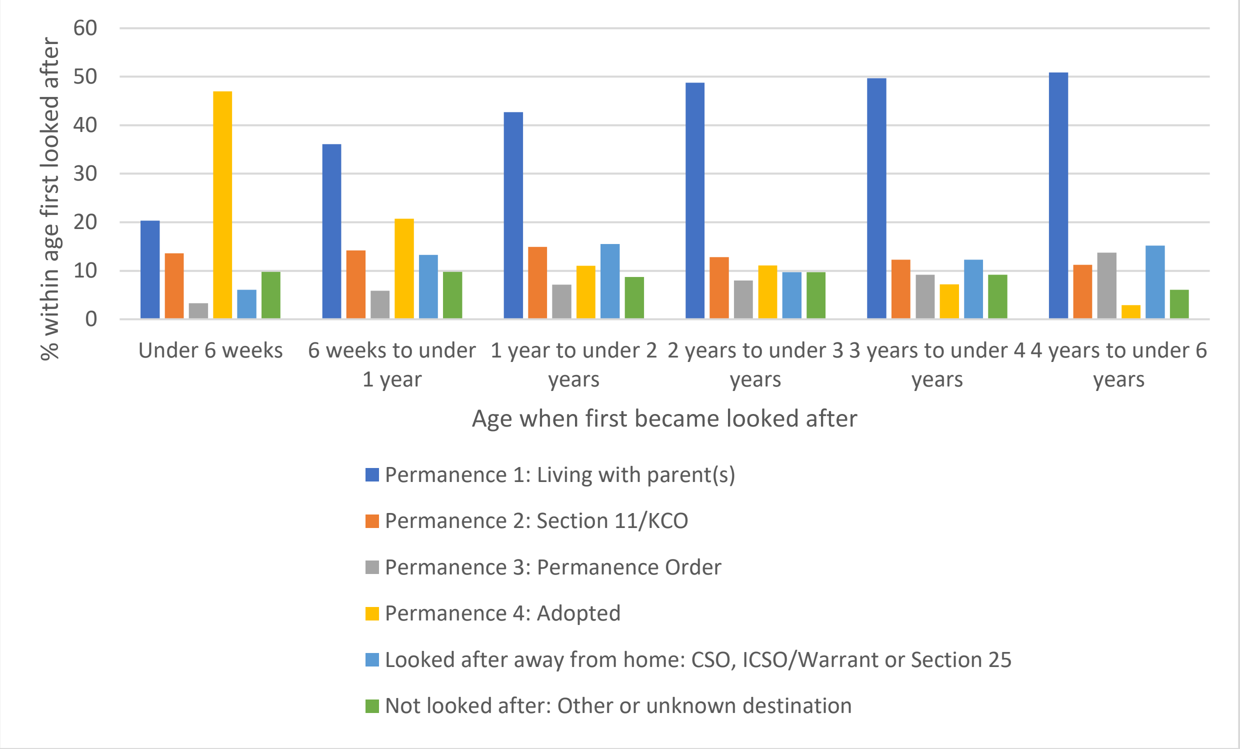
This section looks at how children's early experiences (the age they became looked after, first placement, and maltreatment experience) and other factors (gender, ethnicity, additional support needs) are associated with the type of and route to permanence.

In Phase 1 we reported that children's first placement type was associated with the age they became looked after, with very young babies (under six weeks old) most likely to be placed with unrelated foster carers, and far less likely to be looked after at home or placed with kinship carers. We now look at where children were by the end of July 2022, and it is evident that the age when children first became looked after and their first placement is important to their future pathways.

Age children first became looked after

As Figure 4 shows, children who were under one year old when they were first looked after were more likely to be adopted, with babies under six weeks old more likely to be adopted than all other age groups, including those aged six weeks to under one year. Children first looked after between the ages of one and three years showed a similar likelihood of being adopted, but children aged four years and over when first looked after were less likely to be adopted than all other age groups. However, as we have already shown, later adoptions are still possible, and 12 children were on an adoption pathway in 2022 around ten years after first becoming looked after.

Figure 4: Age children first became looked after by permanence group (n=1,836)



Source: CLAS

Children who became looked after when they were under six weeks old were less likely than all other age groups to be living with their parents by 2022. They were also less likely than most other age groups to be on a PO[53] or in impermanent placements.[54]

Children who were older – aged four years and over – when they were first looked after were more likely to be living with parents by 2022 than those who had been under two years. They were more likely to be on a PO than children under three years. However, they were no more likely to be in impermanent placements in 2022 than other children, with the exception of those aged under six weeks when first looked after.

First placement

As reported above, the age when children became looked after is associated with where children were by the end of July 2022, as is their first placement, and it is important to remember that the two are related.

Two thirds of the 504 children (68%) who started off being looked after at home were living with parents by 31 July 2022. These children were more likely than those with any other first placement type to be living with parents by 2022.[55]

By 2022, around one third (31%) of the 444 children whose first placement was with kin were living with parents and nearly one third (32%) were with kin. Children first placed with kin were more likely to be on a S11/KCO by 2022 than children who started off being looked after in other placement types.[56]

Just under one third (28%) of the 800 children whose first placement was with foster carers were living with parents by 31 July 2022, but they were no more or less likely to be living with parents than children first placed with kin (Figure 5). Over one third (35%) of children whose first placement was with foster carers had been adopted by 2022. Children whose first placement was with foster carers were more likely to be adopted than children whose first placement was with kin, or who were looked after at home.

For some (83) children their first placement was recorded in CLAS as 'residential care', and as highlighted previously (Table 3), this was likely to be hospital or a mother and baby unit. Of those children, 43% had been adopted by the end of July 2022, while 19% were living with parents. These children were more likely to be adopted than children first living with parents or kin but showed a similar likelihood of adoption to those first placed with foster carers.

A first placement with prospective adopters was very rare, and all five children whose first placement was with adoptive parents were adopted by 2016.

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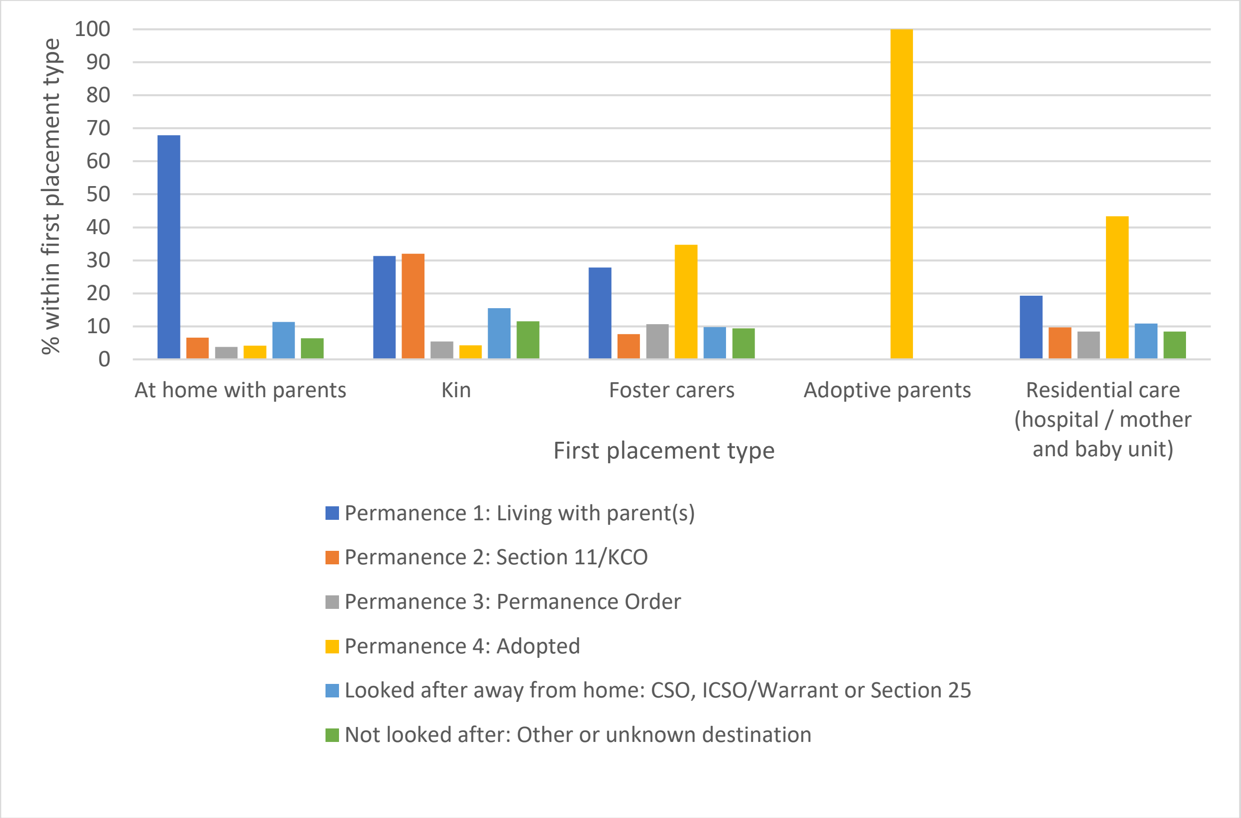
[53] Statistically significant except when comparing to those one year to under two years p=.082

[54] Statistically significant except when comparing to two years to under three years p=.075

[55] Statistical analysis excludes comparisons with children whose first placement was with adoptive parents due to small numbers.

[56] Statistical analysis excludes comparisons with children whose first placement was with adoptive parents due to small numbers.

Figure 5: First placement type by permanence group (n=1,836)



Source: CLAS

First legal status

It is not possible to fully report the frequencies of children's first legal status due to the small numbers of children with some types of first legal status leading to statistical disclosure concerns. However, some figures are reportable.

As noted above, 68% of children first looked after on a CSO at home were living with parents by 31 July 2022.

Of children first looked after away from home via a S25 arrangement, by the end of July 2022 one third were living with parents (31%) and around one quarter (24%) had been adopted.

Children who were first looked after on an ICSO/Warrant were most commonly with parents (32%), and around 18% each were on a S11/KCO with kin or adopted by 31 July 2022. Children first looked after on a CSO away from home are more evenly divided, with around one fifth each with parents, with kin on S11/KCO, adopted, or still looked after on a CSO, ICSO/Warrant or S25.

For children who had first been looked after on a CPO, 35% were adopted, 27% were with parents and the remainder spread across the other permanence groups.

Gender

We found that boys (13%) were more likely than girls (10%) to be living in impermanent placements by 31 July 2022. Gender differences between specific permanence groups were not statistically significant.

Ethnicity

It is not possible to fully report the frequencies of where children were by their ethnicity due to concerns about statistical disclosure. This is partly due to failure to record ethnicity in CLAS which meant 154 (8%) of our children were recorded with an unknown ethnicity. Most other children (86%) were recorded as 'white', and 5% with other ethnicities.[57] Similar issues have been raised by Bywaters et al (2020) who reported concerns about how categories of ethnicity are defined and applied in CLAS and equivalents across the UK. However, some figures can be reported. Children recorded as 'white' (38%) were less likely to be living with parents by 31 July 2022 compared to children with other ethnicities (63%) or those whose ethnicity was not recorded (42%). 'White' children (20%) were more likely to be adopted than children with other ethnicities (10%) or those where ethnicity was not recorded (24%).

Number of placements away from home

Previously (see Table 6) we looked at time to permanence, which was quickest for children who were living with birth parents in 2022. Table 9 shows children living with parents also experienced fewer placements away from home on average than children in all other permanence groups. [58] Time to permanence was longest for children on a PO, and these children, along with those in impermanent placements, had more placements than all other permanence groups. These differences are statistically significant except when comparing children on a PO[59] and those in impermanent placements to adopted children.[60]

We found that boys had more placements than girls on average.

Children who were younger when they first became looked after[61], and those first placed in residential care or with foster carers, also had more placements away from home.

Table 9: Average number of placements away from home by permanence group (n=1,836)

Permanence group 31 July 2022	Median	IQR
Permanence 1: Living with parent(s)	1.0	1.0
Permanence 2: Section 11/KCO	2.0	1.0
Permanence 3: Permanence Order	3.0	3.0
Permanence 4: Adopted	2.0	1.0
Looked after away from home: CSO, ICSO/Warrant or Section 25	3.0	2.0
Not looked after: Other or unknown destination	1.0	1.0
Total	**2.0**	**2.0**

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[57] Due to rounding, percentages do not add up to 100%.

[58] Includes 292 children living with parents never looked after away from home.

[59] p=.234

[60] p=1.00

[61] Children who were under six weeks when first looked after had more placements away from home than all other age groups on average, while children who were six weeks to under one year had more placements on average than those three years and older when first looked after.

Disability

In Phase 1, from CLAS we reported that children with a disability or long-term health condition were more likely to be in impermanent placements three to four years after becoming looked after in 2012-13 (Cusworth et al, 2019). For Phase 2 we used a different measure of disability (from the Pupil Census) for a different sub-sample of our children, meaning these findings are not directly comparable. Data protection principles from the General Data Protection Regulation (GDPR) meant we were unable to link information on disability for children from both CLAS and Pupil Census.[62]

Information on disability was available from the additional support needs (ASN) data in the Pupil Census for 750 of the children in our cohort who were looked after when they started school, and were successfully linked to CLAS. Over half (56%) of these children had one or more disability[63] recorded.

When compared to children with no recorded disability, children with a disability were more likely to be on a PO by the end of July 2022 (Table 10). Other differences were not statistically significant.

Table 10: Disability from Pupil Census by permanence group (n=750)

Disability recorded in Pupil Census	No		Yes		Total	
Permanence group 31 July 2022	Freq	%	Freq	%	Freq	%
Permanence 1: Living with parent(s)	120	36.3	147	35.1	267	35.6
Permanence 2: S11/KCO	58	17.5	57	13.6	115	15.3
Permanence 3: Permanence Order	34	10.3	75	17.9	109	14.5
Permanence 4: Adopted	40	12.1	33	7.9	73	9.7
Looked after away from home: CSO, ICSO/Warrant or S25	66	19.9	79	18.9	145	19.3
Not looked after: Other or Unknown destination	13	3.9	28	6.7	41	5.5
Total	**331**	**100.0**	**419**	**100.0**	**750**	**100.0**

Maltreatment experience

From the Phase 1 and Phase 2 surveys, information is available from social workers for 726 children about whether they had experienced neglect and/or abuse before becoming looked after in 2012-13, using the Modified Maltreatment Classification System (MMCS). Most (91%) of the 726 children had experienced maltreatment, including instances of multiple types of maltreatment.

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[62] Stats PBPP allowed data on disability and additional support needs from either CLAS or Pupil Census but not both. Pupil Census has more detailed information on less children (those with Scottish Candidate Numbers).

[63] Includes categories of need: Learning disability; Dyslexia; Other specific learning difficulty (e.g. numeric); Other moderate learning difficulty; Visual impairment; Hearing impairment; Deafblind; Physical or motor impairment; Language or speech disorder; Autistic spectrum disorder; Social, emotional and behavioural difficulty; Physical health problem; Mental health problem; Communication Support Needs.

Table 11 shows the number and percentage of children who (according to social workers) experienced different forms of maltreatment. The majority of children (85%) had experienced neglect and over two thirds (68%) experienced emotional abuse.

Table 11: Types of maltreatment experienced (n=726)

Type of maltreatment	Frequency	%
Neglect	618	85.1
Emotional abuse	496	68.3
Physical abuse	217	29.9
Sexual abuse	71	9.8
No direct maltreatment[a]	68	9.4

Table notes: [a]Concerns about another child in the household or family risk

By linking the data on maltreatment with CLAS we can see whether early maltreatment history is associated with where children were living by 2022. Children who experienced more severe maltreatment were less likely to be living with parents by the end of July 2022, and more likely to be on a PO (Table 12). Other differences were not statistically significant.

Table 12: Severity of maltreatment experienced by permanence group (n=726)

	At least one type of maltreatment severity 0-2		At least one type of maltreatment severity 3-5		Total	
Permanence group 31 July 2022	Freq.	%	Freq.	%	Freq.	%
Permanence 1: Living with parent(s)	22	13.3	40	7.1	62	8.5
Permanence 2: S11/KCO	28	17.0	127	22.6	155	21.3
Permanence 3: Permanence Order	11	6.7	69	12.3	80	11.0
Permanence 4: Adopted	64	38.8	197	35.1	261	36.0
Looked after away from home: CSO, ICSO/Warrant or Section 25	15	9.1	70	12.5	85	11.7
Not looked after: Other or unknown destination	25	15.2	58	10.3	83	11.4
Total	**165**	**100.0**	**561**	**100.0**	**726**	**100.0**

This chapter reported where children were living ten years after becoming looked after in 2012-13. It mapped children's pathways to permanence, and the factors associated with different pathways and timeframes to 'legal' permanence (or impermanence).

Chapter 4 explores how children are getting on – their relationships, health and experiences at school – and what contributes to belonging, security and 'felt' permanence.

4. Exploring children's experiences, wellbeing and outcomes

In Chapter 3 we reported on children's pathways and their 'legal' permanence. This chapter explores how children are getting on, and what factors influence and bolster their wellbeing, relationships, and health, and contribute to belonging, security and 'felt' permanence. We also consider how children are doing at school. We draw on data from interviews with 19 children, 34 caregivers[64] (for 29 children in 25 families) and ten birth parents.[65] We also use administrative data on additional support needs[66] and school exclusions[67], survey data from social workers (for 727 children[68]), and caregivers (for 98 children). From the caregiver survey we had responses from 66 adoptive parents, 17 kinship carers and 15 foster carers.

Key findings

- Information on children's early lives was available from social workers for 727 children from our overall cohort. Before becoming looked after away from home, most children (91%) had experienced maltreatment, and family life was challenging.
- The proportion of children (whose caregivers completed a questionnaire) who had emotional and behavioural problems, measured using the Strengths and Difficulties Questionnaire, is five times higher than seen in the general population of children, and almost double that in Phase 1.
- More than one third (36%) of children whose caregivers completed a questionnaire have a long-standing illness, disability or health problem that affects their day-to-day activities.
- Three in ten children (29%) whose caregivers completed a questionnaire had scores on the Relationship Problems Questionnaire (RPQ) indicating possible difficulties with relationships and attachments. This is higher (51%) for children with a long-standing illness, disability or health problem.
- Friendships, experiences at school, and formal and informal support for children and caregivers influence children's wellbeing and helps families to hold difficulties (or not).
- Children's wellbeing and belonging is bolstered by ostensibly small acts of day-to-day care, affection and commitment, as well as caregivers providing support at times of crisis.

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[64] For brevity we usually use the term 'caregiver', rather than kinship carer, foster carer, or adoptive parent. However, this may not resonate with how 'caregivers' refer to themselves. All extracts are explicit about the caregiver's relationship with the child.

[65] 'Birth parent' is a contested term and we use it to differentiate between birth parents and adoptive parents. To the best of our knowledge none of the birth parents interviewed were connected to the children or caregivers interviewed

[66] Pupil Census data is collected bi-annually, with the latest data available to the project being from 2019-20. It is only available for 750 children from the full cohort (1,836), those who were looked after at the time they started school/were allocated a Scottish Candidate Number.

[67] The latest available data on attendance, absence, and exclusions, for 746 of our cohort, is from 2018-19.

[68] Information on children backgrounds, including maltreatment history (using MMCS) for 727 children is available from social worker surveys from Phase 1 (379) or Phase 2 (348). This includes 80 children whose caregiver also completed a questionnaire.

- Now they are older, children and young people are more actively involved in shaping conversations that express, claim and test belonging.
- School forms a significant part of children's lives – it can be a place of belonging and inclusion, but it can include formal and informal exclusion or distressing experiences.

Children's wellbeing

There are different aspects to children's wellbeing, and in Scotland the definition of wellbeing incorporated into legislation, policy and practice includes children being safe, healthy, active, nurtured, achieving, respected, responsible, and included.[69] Data from children, caregivers and social workers illustrate the importance of love and affection within families and reinforce the finding from Phase 1 about the value of everyday acts of care. These bolster children's wellbeing and sense of belonging and can be reparative.

In discussing children's current wellbeing, it is important to recognise their previous experiences. Information from the social worker survey indicates that most of the children experienced maltreatment before becoming looked after away from home[70] and permanence was intended to provide them with psychological and emotional security as well as legal permanence. In free text answers social workers gave a sense how this looked.

> *He is a very much loved claimed and nurtured wee boy. He is happy, popular with peers, doing well in school despite some issues with dyslexia and focus at times, emotionally stable so far, and really having a life and opportunities. which is the opposite of the one he would have had with his birth parents. Despite how hard this case was – and the sadness I feel for his birth family – I couldn't be happier about the outcome for him.*
>
> (Social worker)

> *The child is very happy. The foster carers love and care for him and this is a positive outcome.*
>
> (Social worker)

There was evidence of children subsequently experiencing, or making allegations of, additional harm, as has been identified in previous studies (Biehal and Grant, 2022).[71] For 24 of the 110 children who experienced a permanent placement ending, social workers cited concerns about foster or kinship carers' behaviour towards children as a contributing factor. This included neglect, physical and emotional abuse, and domestic abuse. In interviews, four caregivers mentioned concerns about the care provided to children by previous foster and kinship carers, including a lack of emotional warmth. Interviews with three birth parents also revealed serious worries about the care their children had experienced while with caregivers, ranging from issues around safe boundaries and levels of supervision for young people to concerns about physical abuse.

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[69] Section 96 Children and Young People (Scotland) Act 2014.

[70] Overall, information on experience of maltreatment was available for 727 children (from Phase 1 or Phase 2). Social workers reported that 659 children (91%) had directly experienced abuse or neglect (including pre-birth neglect, manifested as maternal substance use in-utero). A slightly higher percentage (93%) of the children in the caregiver survey (74 of the 80 for whom this information was available) had directly experienced maltreatment.

[71] The abuse of children in residential and foster care is being investigated as part of the on-going Scottish Child Abuse Inquiry: https://www.childabuseinquiry.scot/

Children's health

One aspect of wellbeing is physical and mental health, and in the survey and interviews, caregivers and birth parents shared information about children's health. Two of the birth mothers mentioned children had significant health issues at birth following birth trauma, which required extended hospital treatment. Other birth parents described children as having ongoing physical health issues or learning difficulties.

In the caregiver survey, almost two thirds of the 98 children were described as physically very healthy (64%), with one third as healthy (34%) and just 2% as not very healthy/unhealthy. Their mental health was not viewed as positively, with one fifth of children (20%) described as having poor mental health. A couple of young people reflected on their mental health in our interviews. One described how she had asked for support after "non-stop arguing" with her grandmother, while another felt that he had become more mature and better able to regulate his emotions but still struggled at times.

> *I had a counselling session, probably round about this time last year. My mental health is a bit all over the place. I don't really know how to explain it. Me and my gran had a big argument last year. I would keep on arguing, non-stop arguing, and then it would get really stressful. Then, I just asked if I could get counselling in the school. It would just be me and the counsellor sitting, talking through stuff, and then he would try and help me get to my bright side, and stop arguing, and listening to what I have to say.*
>
> (Eilidh, 13 years old)

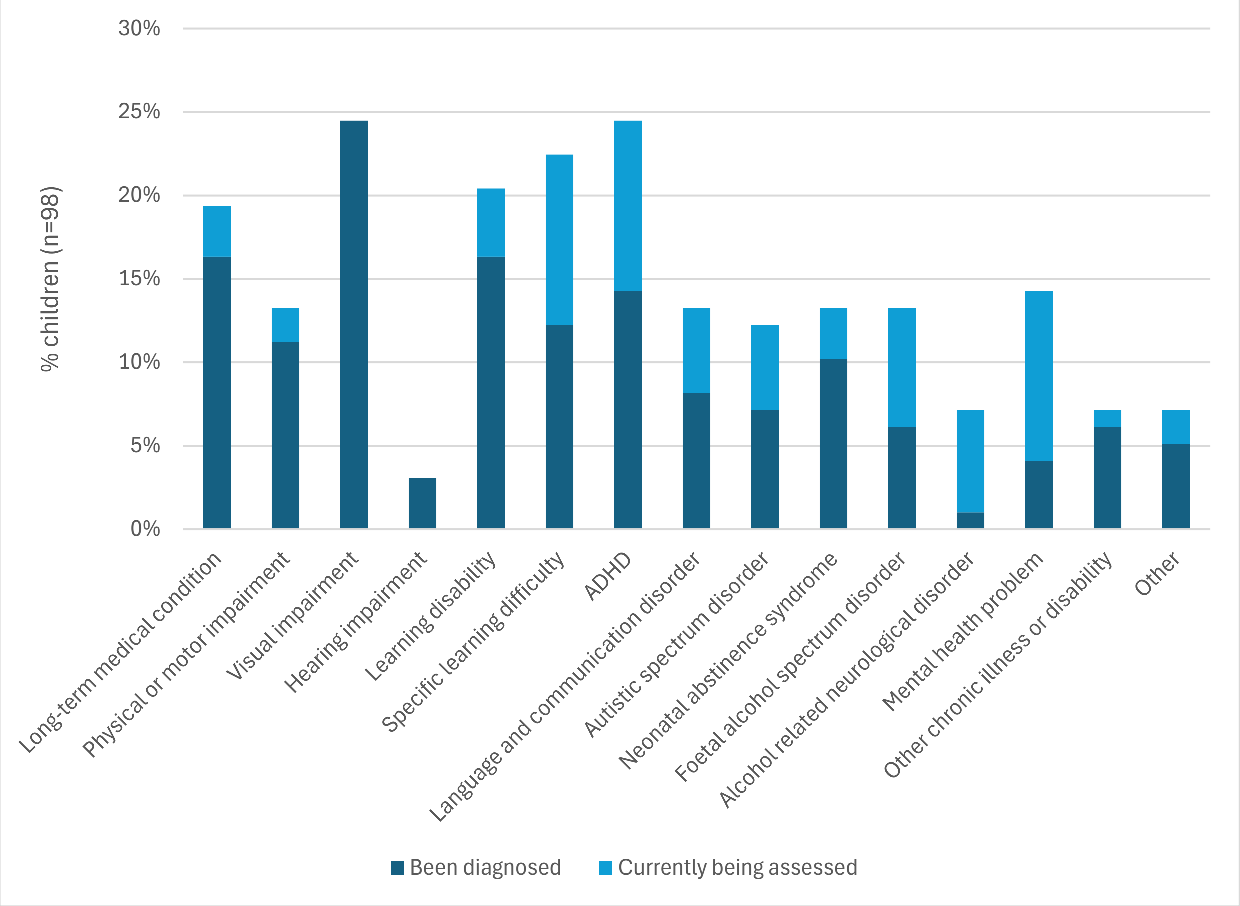
> *Ben: Before, when I was younger, I'd break my own things and then get angry at Mum and Dad, try and fight them or whatever, especially when I first moved here.*
>
> *Interviewer: I get a sense that that's got better.*
>
> *Ben: Yes, a lot better and I think it still happens occasionally, but I'm a lot better at removing myself from things and just thinking things over.*
>
> (Ben, 14 years old)

Caregivers completing questionnaires reported whether children had been diagnosed or were undergoing assessment for any long-standing illnesses, disabilities, or health conditions. Over two thirds (68%) had, and the presence of multiple conditions was common, with 10% of children diagnosed with four or more health problems or disabilities. Overall, the proportion of children in the caregiver survey sample with one or more long-standing illness, disability or health condition has more than doubled since Phase 1.

Over one third of children (36%) had a long-standing condition that affects their day-to-day activities. This is more than double the 15% found in the recent Growing Up in Scotland study of a representative cohort of 14-year-olds (Scottish Government, 2022).

In Phase 1, the most commonly reported disabilities and health issues were learning difficulties (for 9%) and visual, hearing or speech problems (for 13%) of the children in the caregiver survey sample (see Cusworth et al, 2019). In Phase 2, the percentage of children who had been diagnosed or were being assessed for different conditions is shown in Figure 6. The most commonly reported condition is visual impairment, which had been diagnosed for almost one quarter (24%) of children, with three of these children also experiencing hearing impairment. Five children in the interview sample have a visual impairment and the impact on their lives ranged from very little, to some additional support in school, to a significant need for support across environments.

Figure 6: Types of illness, disability, and health problem (n=98)



Source: caregiver survey

Learning disability and difficulties, and Attention Deficit Hyperactivity Disorder (ADHD) were common, each affecting at least one in five children in the caregiver survey, although sizable proportions of children were waiting for a formal assessment.

In Phase 1, a negligible proportion of children had been diagnosed with Neonatal Abstinence Syndrome (NAS), Foetal Alcohol Spectrum Disorder (FASD) or Alcohol Related Neurological Disorder (ARND). By Phase 2, 14% of children in the caregiver survey sample had been diagnosed with one or more of these conditions, with a further 8% undergoing assessment.

During interviews, caregivers described over half of children as having developmental differences and/or disabilities. This included confirmed and suspected diagnoses of ADHD, autism, dyslexia, FASD and Obsessive-Compulsive Disorder (OCD), visual and/or mobility impairment and significant developmental delay.

Data on additional support needs (ASN), including disability, was also available from the Pupil Census for 750 children (out of our cohort of 1,836). Over half (56%) of children had one or more disability recorded. Social, emotional and behavioural difficulties, including ADHD, was the most frequent category in the Pupil Census (34%), and nearly one quarter of children (24%) received some support for a learning difficulty, including dyslexia.

Early experience of trauma may present as neurodevelopmental differences. Children who have early experiences of trauma are at much higher risk of having neurodevelopmental differences, while care experience can also result in a missed diagnosis of neurodivergence. The importance of understanding interactions between early trauma and developmental disabilities is receiving attention (Devaney et al, 2022; Gajwani and Minnis, 2023).

From the social worker survey, we have details about the early lives and experiences of 727 children. Prior to becoming looked after away from home, family life was difficult. For significant numbers of children, experience of maltreatment (625; 86%), parental substance use (524; 72%), parental mental health problems (546; 75%) and domestic violence (474; 65%) contributed to decisions that they should become looked after away from home. Parental offending was identified by social workers as contributing to decisions to remove children from their birth parents in 44% of cases (322 children), with 17% referring to a parent being in prison (121 children). For two fifths (297; 41%) of children, parents had previously had a child removed from their care.

In interviews, caregivers described trying to make sense of the interaction between neurodivergence and children's early experiences, wondering if difficulties or behaviours could be attributed to children's early life trauma or neurological differences. This was particularly in families where children have, or were waiting for, an ADHD diagnosis.

> *Does he have ADHD? Quite possibly but… Or is it attachment disorder for him, because they're very, very, very similar. He did suffer severe trauma constantly, and so is it the trauma and the attachment thing that to me every kid that comes into care gets, right, because that's a trauma as well. Remember, he had a lot of carers before, in the months before he came to me, he was moved from pillar to post to pillar to post.*
>
> (Ruth, foster carer)

> *It's as if a trauma's triggered it (ADHD). I asked the ADHD nurse at what point would the trauma start. Because he came to me at six months. She says it starts in the womb. I was like, really?*
>
> (Carole, kinship carer)

Families used a mix of a trauma/attachment and a disability/neurodivergence lens to make sense of children and young people's experiences and difficulties. How caregivers used the different lenses influenced the ways they sought help for children and their interactions with support systems. Caregivers in both the interview and survey sample felt a diagnosis such as ADHD or FASD would enable the provision of formal support and be more clearly accepted and identified as an additional support need within schools. Where children had been with caregivers since infancy, a disability/neurodivergence lens seemed easier to grasp and relate to, compared to the potential impact of early experiences Additionally, caregivers of children with significant developmental delay felt that children's experiences of early loss and trauma could be less visible or were considered less when making sense of distress.

Emotional wellbeing and behaviour

Children's emotional wellbeing can be hard to 'measure', but one way children express distress and trauma is through their behaviour. As in Phase 1, the caregiver survey included a commonly-used, standardised measure – the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997). This comprises of 25 items divided into five subscales, that give scores (ranging from 0 to 10) for emotional symptoms, conduct problems, peer problems, hyperactivity and pro-social behaviour. With the exception of the pro-social behaviour score, these dimensions are combined to provide a total difficulties score (ranging from 0 to 40). Cut-off points have been established so that 10 per cent of children in a general population sample are identified as being likely to have emotional and behavioural problems, on each sub-scale and overall (Goodman, 1997; YouthInMind, 2015). The prevalence of emotional and behaviour difficulties amongst children in the general population has increased over recent years partly as a consequence of the Covid-19 pandemic (Millar et al, 2020).

SDQ scores for the 98 children whose caregivers completed a questionnaire were markedly higher than those seen in the general population with half of the children (50%) having total scores indicating likely difficulties. This is an increase from Phase 1, when children in the sample[72] were aged three to nine years old and 28% had scores indicating emotional and behavioural problems. It is likely to have implications for the supports they and their caregivers may need. From the survey, the most common difficulties were hyperactivity (43%) and conduct problems (41%), although rates of peer relationship problems (38%) and emotional difficulties (32%) were also high.

Caregivers in our interview sample were caring for 29 children within our study cohort and half were described as mostly doing well. There were concerns around anxiety or emotion-regulation, but this was being supported and managed within the family and school. There were seven children where things were 'wobblier', and caregivers wanted more support given the stresses associated with advocating for and caring for children. Caregivers had more significant concerns around the wellbeing of eight children, who had increasing dysregulated behaviour and anger, and it was becoming more difficult for caregivers to manage children's distressed behaviour.

> *I would say emotionally he was running at about two years. So he would have full-blown tantrums, which are violent and aggressive when you're older. He was extremely violent, extremely manipulative. He was homicidal. He was suicidal. He ran away. He beat up other children. He damaged property deliberately. He went out of his way to upset and freak people out. He was a classic I am hurting, so I'm going to make everyone hurt … This child will do anything he can think of to make things bad, to see if you're still there in the morning*
>
> (Lena, foster carer)

The placement of one young person had broken down (he subsequently moved to a residential home), and three adoptive parents talked to us about how they had come close to a breakdown. For two families the return to their usual routines after the Covid pandemic resulted in a decrease in distressed behaviours and one family received increased professional support for a period. However, all three parents also talked about just 'hanging in there' when reflecting on what had helped them to avoid a breakdown.

At the time of the Phase 1 interviews, some children had only recently joined their kinship, foster or adoptive families. By Phase 2, most families were well established, and interviews reflected how families' experiences and perspectives had shifted over time. Caregivers highlighted examples of children and young people's interests, strengths and emerging talents, and an increased understanding of the long-term nature of children's needs. This included accepting that children and young people are likely to need ongoing support into adulthood, and meeting their needs will continue to be a central part of the family's everyday lives. In some interviews, caregivers expressed ambivalence, wondering if they had done 'enough' to meet the responsibility they took on when deciding to care for the child(ren).

> *Sometimes I think, did I do the wrong thing? Have I deprived her of a family? I do think that a lot. Because she could have maybe been with a family and had brothers and sisters. I do think that. Have I done the right thing? Mike (social worker) says to me it's always best for the bairn for them to have been with a blood relative, but sometimes I think I don't really know. This is her life, and that's it, but it's hard. I think that people should know it is really hard.*
>
> (Marion, kinship carer)

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[72] SDQ scores are available for 166 children in Phase 1, with 43 children having both Phase 1 and Phase 2 data.

From the caregiver survey, although half of the 98 children had SDQ scores indicating likely emotional and behavioural problems, this varied from 41% of children living with kinship carers to 50% of adopted children and 60% of those living with foster carers. However, this association was not statistically significant.[73] In Chapter 5, we explore what supports caregivers use and as in Phase 1 this varies, with kinship carers continuing to access less support.

Analysis was undertaken to identify any differences on the SDQ subscales between children living with different caregivers, with significant differences seen for emotional and peer problems. Greater proportions of children living with foster carers (33%) or who had been adopted (38%) had high scores on the emotional symptoms sub-scale than those with kinship carers (6%). The pattern for peer problems was different: 67% of children living with foster carers had scores indicating likely difficulties, compared with 41% of those with kinship carers, and 30% of adopted children. Scores on the peer problems subscale for children with foster carers were significantly higher (mean=5.0) than for those with kinship carers (mean=2.5) or who had been adopted (mean=2.7).

We also explored the relationship between the presence of emotional and behavioural difficulties and children's characteristics (age, gender, ethnic group) and factors relating to their care pathway (the age children first became looked after away from home, maltreatment history, time living with current caregivers).

For total difficulties, having a long-standing illness, health condition or disability was the only significant factor and 80% of children with a disability had scores indicating the presence of emotional and behavioural difficulties[74], compared to 33% of those without a disability. Total SDQ scores for children with a disability (mean=20.7) were significantly higher than those for children without a disability (mean=12.5).

We analysed whether higher SDQ scores were associated with certain disabilities, but this is complex, as some children were diagnosed or assessed for multiple conditions. Children with developmental disabilities (ADHD, learning disabilities, alcohol related conditions) appear to experience greater difficulties compared to children with medical, visual, hearing, or physical disabilities. Interviews and qualitative data in our caregiver and social worker survey also reflect this, while highlighting that some children with significant developmental and/or physical disabilities were doing very well and thriving.

Caregivers who completed a questionnaire were asked to indicate whether the child had been involved in risky behaviours in the last year, including harming self, others and pets. Almost half of children (48%) had been involved in behaviours which cause a risk to self or others, with 18 children (18%) involved in three or more. Some were reported to have harmed themselves (13%), other children (14%), their caregiver (16%) or pets/animals (12%). Online behaviour or use that was problematic and problems with food or eating were reported for one in five (20%) and almost one in six (15%) children respectively. Almost one in ten children (9%) skipped school or had issues with truancy. Only small numbers of children were reported as taking drugs (1), drinking alcohol (3), smoking cigarettes/vaping (5), being sexually active (2) or offending (4).

Whether children were adopted, living with foster carers or kinship carers was not associated with the likelihood of risky behaviours in the previous year.[75] Research with looked after children suggests these behaviours are likely to increase throughout adolescence, with 16-17-year-olds (slightly older than the oldest young people in our sample currently) experiencing the highest percentage of risk-taking and self-harming behaviours (McSherry et al, 2015).

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[73] p=0.57

[74] Several items on the SDQ relate to ADHD, so we would expect to see a relationship here.

[75] All p-values were greater than 0.05.

In the survey, caregivers expressed concerns about potential future risks (drugs, peer pressure, mental health difficulties) and the impact of children establishing or re-establishing connections with birth family members. Fifteen caregivers from the survey mentioned that children were showing distressed behaviour (including aggression and self-harm), and they were concerned about their ability to cope as children get older and bigger:

> *There is an increased risk of rupture in education, escalation in risk taking behaviour, involvement with criminal justice, drug and alcohol use and poor mental health with our son's profile, particularly in adolescence. This worries us greatly.*
>
> (Adoptive parent, survey response)

> *He can be highly aggressive, concerned as he is getting bigger and stronger.*
>
> (Kinship carer, survey response)

Similarly, during interviews, caregivers mentioned the child's risky behaviours, either reflecting on recent/current experiences or their concerns for the future. The potential dangers of children's increasing independence also weighed on the minds of birth parents. Some had become parents themselves in their teenage years and were acutely aware of the sorts of risks they had faced as young people.

A couple of older children also talked about their own concerns and, in comparison to Phase 1, the influence of peer relationships was more pronounced. Grace (14 years old) reflected on recent difficulties at school and with peers:

> *Grace: Right now, things have been really good…but things before things weren't very good and I was on the verge of being kicked out of school.*
>
> *Interviewer: What do you think has helped make it get a bit better?*
>
> *Grace: I think the possibility that I know that if I do like one more thing wrong or I get in more trouble at school that I might not be able to live here.*
>
> *Interviewer: Mm-hmm.*
>
> *Grace: And I really do see this as my home, so of course I don't really want to leave.*

Children's relationships

We were interested in children's relationships with caregivers, peers and people who are important to them but who they no longer lived with, including brothers and sisters. As in Phase 1, caregivers and immediate and extended family continued to be central in experiences of belonging (family routines, rituals, family fun) and during interviews all children described one or both caregiver(s) as who they go to for help when things are difficult. However, other relationships and environments were growing in importance, particularly within school, including peers and teachers.

Relationships with caregivers

To give a sense of children's relationships with caregivers, their questionnaire included the Relationship Problems Questionnaire (RPQ) (Minnis et al, 2007, 2013). On this 10-item scale, children with total scores of seven or more are identified as being likely to have relationship or attachment problems, in line with the scoring guidelines (Minnis et al, 2013). Overall, 28 children (29%) had RPQ scores which indicate possible problems with relationships and attachments. This is a slight increase from Phase 1, when it was 25% of children (Cusworth et al, 2019). A greater proportion (32%) of adopted children had high RPQ scores, compared with those living with kinship carers (24%) and foster carers (20%). However, this association was not statistically significant.[76]

As in Phase 1, one factor which had a significant association with high RPQ scores was whether the child has a disability. Children with a long-standing illness, disability or health problem that affects their day-to-day activities were more likely to have high RPQ scores (51%) than children with no reported disability (16%). Mean scores were significantly higher for children with a disability (mean=8.9) than for children without a disability (mean=3.4). No other characteristic (child's age, gender, ethnic group) or factor (the age children first became looked after away from home, time living with current caregivers, maltreatment history), was significantly related to the likelihood of having a high RPQ score.

Although both the caregiver survey and the interviews identified that many of the children demonstrate distress in their behaviours, one factor which bolsters children's wellbeing, contributes to their belonging and security, and is important to their relationships, is the affection between children and caregivers. Children expressed belonging and affection to caregivers through small and big gestures and words. A couple of children said caregivers were "beautiful" or "funny", and one young person wants to get a tattoo of something that is important to her caregiver.

> *I stay here with my beautiful grandma and grandpa.*
>
> (Mia, 10 years old)

In Phase 1, we identified how ostensibly small acts of day-to-day care helped children to develop a sense of belonging as full members within their kinship, foster and adoptive families. In Phase 2, children and young people were more actively involved in shaping what belonging in a family looks and feels like. In interviews, caregivers and children gave a range of examples, including asking caregivers if they were included in their will.

> *Oliver: No, they should sell it and then use all the money to us, and then we'll get... How much would we all get?*
>
> *Interviewer: There's quite a lot of you.*
>
> *Oliver: No, £100,000 each. Five of us.*
>
> *Hazel (adoptive parent): That would be nice!*
>
> *Oliver: If you're selling it for half a million, five of us. Each get £100,000.*
>
> (Oliver, 10 years old)

A capacity and willingness to ask for, accept and demonstrate affection is important to family relationships, and in the survey, caregivers were asked if children sought and showed affection to them, other adults and children in the household. Most children showed affection to their caregiver (97%) and sought affection from them (95%). The figures were similarly positive for showing (94%) and seeking (93%) affection from other adults in the household (where present). Slightly less children show (86%) and seek (86%) affection from other children living in the household. Interviews included examples of conflict between siblings, as well as children being able to talk about their worries with siblings and go to them for help. Caregiver's biological children were present during two interviews and one young man talked about wanting to be there for his brother and support him when he tries to find out more about his family.

> *He asked when he was allowed to visit his birth family ...Then he sounded a bit more nervous and he asked if I would go with him. He sounded a bit wary... I said yes.*
>
> (Gabriel, brother, adoptive family)

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[76] p=0.67

Despite the complex needs that some of the children in our sample have, the majority of caregivers in the survey (78%) reported that living with the child was going very well. Of the 235 social workers completing the questionnaire who had recent contact with the child, 82% said that where the child was living suited their needs very well.

Caregivers were asked a series of questions which had been included in the parent/carer questionnaire in the Growing Up in Scotland (GUS) representative study of 14-year-olds, thus allowing comparison (with some caveats) to the general population (Scottish Government, 2022). In terms of feeling confident in parenting the child, most caregivers (91%) said they felt either 'very competent and confident' (42%) or 'moderately competent and confident' (48%), which compares favourably with the 54% and 40% in the GUS survey. Less than one in ten caregivers (9%) felt 'moderately incompetent and lacking in confidence' in parenting the child, only slightly higher than the 6% in the GUS survey. Caregivers were also asked how close their relationship with the child was, with the vast majority (86%) reporting that they felt 'extremely' (54%) or 'very' close (32%), whilst 14% felt either 'fairly' close (12%) or 'not very' close (2%). Again, these proportions are very similar to those in the GUS survey.[77]

Overall, survey responses paint a positive picture of caregivers' confidence and relationships with children. It was apparent in interviews that caregivers' commitment, love and acts of care enabled families to support children, but there was a more nuanced account of their experiences of caring for children. This included reflections on how hard and unremitting it can be, and the importance of having positive sources of informal and/or formal support. The wellbeing of caregivers and children is interconnected, and emotional and practical support for caregivers is important in enabling them to hold and support difficulties.

In Chapter 3, CLAS showed most children who were in legally permanent placements in 2016 were still there. All except two children in our interview sample had been with the same caregivers since Phase 1. From the outside, the lives of most children and families appeared stable. However, as reflected in the survey SDQ scores, interviews highlighted that some children and families have struggled/were struggling. Where families had or were still experiencing significant difficulties, caregivers talked about how belonging had been tested, and that love is not enough if there is insufficient support available, and we revisit this in Chapter 5. A crisis could also be a time where belonging was expressed and affirmed. Young people leaned on caregivers for support, and the commitment of caregivers was visible for children and young people. The adoptive parent of a young person who had been admitted to hospital commented:

> *I now recognise he was doing that because he's obviously got some stuff going on in his head that he was like, 'I need to push you away,' and he was just testing us. The moment he was in hospital, he asked me to stay. I was his worst enemy and he wouldn't let go of my hand, so I knew then.*
>
> (Fiona, adoptive parent)

Families who had experienced significant difficulties reflected on the precarity of permanence and stability. One couple used the term '*shoogly peg*' to illustrate the fine line between the young person potentially slipping into a very risky and concerning situation and coming out the other side of it and '*actually learning a lesson and sticking with it*.'

> *But as I say, when I keep going on about the shoogly peg thing, he was - well, more like a fine line – he was starting to get that maturity, to realise that that wasn't right. It was like which way was he going to take.*
>
> (Judith, adoptive parent)

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[77] From GUS the vast majority (87%) said they felt either 'extremely' (43%) or 'very' close (44%), whilst 13% felt either 'fairly' close (12%) or 'not very' close (11%).

One young person mentioned that a difficult time for him and his family had been a wake-up call.

> *Interviewer: That must have been a hard time earlier on this year, then.*
>
> *Dylan: It was, but if it hadn't happened a lot of things would be worse...I think I wouldn't be doing as well.*
>
> (Dylan, 15 years old)

The changing nature of wellbeing was apparent in our contact with families which often spanned several months, including survey responses, interviews with caregivers and later interviews with children and young people. Caregivers could be struggling when they completed a questionnaire, but by the point of interview things had improved. Conversely, others were doing well at the time of the survey but experiencing difficulties at the point of interview.

In interviews, caregivers talked about the need for extra nurturing parenting to compensate for early life trauma and described middle childhood as a time to make positive memories and create safe and strong relationships that could hold and support possible future difficulties.

> *You just hope that all of the work and the love and the nurture you've done, they've got their values and the ethics, which is brilliant because you can hear that when they're playing or watching something, or somebody's upset, somebody goes, 'That wasn't nice, was it.' All the things you pour in...*
>
> (Jane, adoptive parent)

> *I'm just trying to create these memories for us, that's what it is ...You know something's going to happen. You just don't know when. You just hope it's further down the line. You're always going to hope it's further down the line. Where she's able to deal with it, because right now, she couldn't.*
>
> (Janet, kinship carer)

Relationships with people who are important but don't live with children

In Chapter 5, we explore the form and amount of contact children have with family members they do not live with, and the differences between children in kinship families, foster families and adopted families. For most children, their relationships with family members they do not live with was mediated through caregivers.

None of the adopted children in our interview or caregiver sample had in-person contact with their birth parents, although some children and their adoptive parents were wondering about making contact in future. Most children in kinship and foster families regularly saw at least one of their parents, and middle childhood had been a time for a growing connection with parents for three children, while contact had ceased for three children because of concerns about its impact on their wellbeing.

Children's relationships with siblings they do not live with varied, from little or no connection, to others where the relationship was an important part of their day-to-day life. Some children in adoptive families had in-person contact with brothers and sisters who live with other caregivers, and as in Phase 1, this could be complex to arrange. Caregivers for a couple of children said that re-introducing contact with siblings appeared to have led to an increase in children's anxiety.

During interviews, feelings about birth families involved a range of emotions for children and young people. This included curiosity, disinterest, longing, grief, anger, ambivalence, love, empathy and understanding for parents' lives.

> *Liam: At times, I can feel like I want to contact them and other times I don't want to contact any of them. It's an interesting position.*
>
> *Interviewer: Yes, it is.*

> *Liam: It's a contrast of emotions, considering. Sometimes I feel bad for them. Sometimes you're angry. It's an interesting dilemma, really … My sister – the one that I still talk to – has a very different, vivid opinion on them. She's very angry and still annoyed and won't talk to them. I think at the same time she was – certain things she was too young to understand, but also some things I understand why. I think also I have a bit more empathy. The fact that they were my age when I was born…*
>
> *Interviewer: How old were they when they had you?*
>
> *Liam: Fifteen, 16, that kind of age. They were too young, and they weren't the brightest and they didn't live in a great area, and they had – their parents done the same thing. They were just in a kind of endless cycle of the same thing happening – social work involvement with my mum especially – and just a consistent cycle. Something needed to change for it to break.*
>
> (Liam, 15 years old)

> *Interviewer: What are your memories of living at your mum's?*
>
> *Erin: A lot of stressful memories. Arguing and stuff like that. I remember some good times, but sometimes I just shut them down, so I know not to bring her close to me like I did before. Yes, I'd usually just keep the bad memories, but sometimes I push them aside and push all the memories, and not let it get in the way of me.*
>
> (Erin, 14 years old)

Difficult memories of the past were also typical among the ten birth parents interviewed, and over half acknowledged they had not always been able to keep children safe or meet their needs as well as they wanted to, particularly in the context of domestic abuse, ill health, addiction, or being very young and poorly supported. Birth parents were anticipating the needs of children and young people in the future, acknowledging that any reunion would bring its own challenges.

In contrast to a sense young people and caregivers gave that establishing direct contact with birth family members is something they may do in future, birth parents expressed a more immediate wish for direct contact, if this was not taking place. The lives of children and young people who took part in interviews were expanding in middle childhood to include friends, talents, interests, and academic achievements. However, for some birth parents this was a time of waiting and hoping that their child might make direct contact in future, and that some of the pain of separation might be eased or repaired. This seemed particularly acute for those who had at least one of their children at home or within the wider family, and where not only they but the separated child's siblings yearned for reunion or to meet their sibling.

> *Daisy's [6-year-old child who has always lived at home] been asking when can she play with Melissa and Amber [older sisters who are growing up in adoptive families]. I'm like, this is awkward because I don't get to see them. So, I was like … even if Shona [adoption social worker] or somebody took Daisy to meet her sisters. I didn't need to be there.*
>
> (Debbie, birth mother to children from primary school age to pre-teen)

Despite birth parents' ongoing grief and longing, many reported a deep psychological and emotional investment in children's wellbeing that transcended this. Birth parents were pleased to learn through letterbox contact, or direct contact with caregivers, that their child was attending school, had close and loving relationships within their permanent families and with friends, and opportunities to travel and enjoy life. These are experiences that birth parents had not necessarily themselves been afforded, and they recognised the value of a happy and caring home environment to children's wellbeing.

> *Elizabeth's [adoptive mother of two youngest children] been amazing. I can't thank that woman enough for what she's done for me. The kids are going to have the best life ever, and it's the life I want them to have, is a good life. Go to school, because all my other kids I had wouldn't go to school … I want them to have a good life. I want them to grow up, know what's right and wrong, know who to trust and who not to trust. Elizabeth's doing everything. They're thriving, the both of them.*
>
> (Lorraine, birth mother, talking about her two youngest children, both under school age)

Though it was a source of sadness for birth parents that they could not have offered children all that their caregivers can, it made them happy that the child was experiencing this. Whilst showing the interviewer some of the letters and photos she received from her youngest son, Tarran, who is adopted, Joanne was bursting with pride at his achievements, friendships and the joy in his life. The most recent letterbox exchange had been a 'special one' as it included a letter directly from her son for the first time on which he had drawn a heart.

> *Joanne: It's all there. You can look back and see, my God, he's done all this. I know. It's been brilliant, has all this. Look. Then there's that one. He's been dressed up for Hallowe'en and all that. He's been dressing up and all that… It's been absolutely brilliant … It's really good because actually now I send a letter to him once a year, send him photos. That's a heart on that letter to me.*
>
> *Interviewer: To you direct, yes.*
>
> *Joanne: Lovely.*
>
> (Joanne, birth mother, children ranged from teenagers to adults)

This balance of continuing to claim children yet accepting the circumstances was difficult for birth parents, but easier when they could see their child's wellbeing had been enhanced within their permanent family.

Pets

For many children, pets (both current and previous) are an important part of family life. Most children in the caregiver survey (87%) had lived with a pet at some point, and nearly three quarters of children (71%) had pets. Most commonly these were dogs and/or cats, but several other animals were mentioned.

Caregivers were asked about children's relationships with pets and most (97 of the 98) responded. Their responses included pets providing comfort and support, pets as family, children taking (or not) responsibility for pets, loss, and fear of animals. Around one fifth (21%) of caregivers described concerns around unsafe or unkind behaviour towards animals (e.g. smothering/overly affectionate, being rough or taking out emotions on pets).

Responses were a mix of positive and negative comments, exemplified by one respondent who in reference to the family dog said:

> *She is completely obsessed by her dog. She finds him very comforting and is always drawing pictures of him and talking about him. He is very affectionate with her, and he seems to be filling an almost sibling like place. However, she can be very rough and doesn't understand … we have to supervise them together, to make sure both are safe, and her behaviour towards him can cause a lot of tension and arguments in the house. However, he is also a massive source of emotional comfort for the whole family. So, there's pros and cons to having him.*
>
> (Adoptive parent, survey response)

During their interviews, children often picked 'pets' as the first topic to talk about, and some sought out pets during interviews for comfort and fun. One interview revolved around pet birds while another was interrupted by a hamster's escape attempt! We observed mostly affectionate interactions between children and pets, but also one where a child hit the family dog.

Friendships

Friendships are important for children's wellbeing and social support (Roesch-Marsh and Emond, 2021), and stable friendships are one indicator of belonging. Three quarters of caregivers in the survey (77%) indicated the child got on well with other children at school. During their interviews, younger children talked about school as a place where they met friends in mostly positive terms, while older children also shared examples of difficult peer interactions.

> *The transition to high school] was quite hard. I used to get bullied at the start, but my friend … the thing is, we didn't like each other at the start; we just didn't have this … We just didn't like each other, and then, me and her got bullied a lot. Sometimes, she became the bully. Sometimes, it was really hard, but everything's settled down now.*
>
> (Eilidh, 13 years old)

Most children across the caregiver survey and interview sample had positive friendships, and interviews indicated that this could be a protective factor. Being bullied was mentioned in interviews with eight families, and for three children this was severe. For four children bullying improved when teachers intervened. The focus of the bullying varied and included remarks from other children related to autism, racism, and being care experienced:

> *A girl had said, 'Your mum doesn't love you' or 'Your mum didn't want you.' That kind of thing. She had retaliated and punched the lassie. The lassie had a bruise. I said to the head teacher, 'Well, if somebody is going to say something like that to her it's going to have that reaction. I says, 'Because she cannot deal with it. It's very, very hurtful to her.*
>
> (Marion, kinship carer)

Two young people had previously, or were experiencing serious threats from peers online, at school, and in the community with caregivers worried about their safety and wellbeing. For one young person, school had been supportive, and the situation improved following police involvement. The other young person had experienced increasingly worsening bullying for several years, and his foster carers were frustrated about inaction by his school.

Conflicts with peers and difficulties making friends are hard for children. A couple of children who struggled with peer interactions at school were hesitant to talk about 'friendship' in interviews and changed the topic after a few questions. Caregivers of children with developmental or significant physical disabilities highlighted particular concerns, which related to differences in social interaction, play and interests, as well as children experiencing additional barriers accessing extracurricular activities and sport groups.

Other social relationships: hobbies and activities

One of the ways children make friends is by taking part in activities, and a noticeable difference between Phases 1 and 2 was the range of activities children accessed. In middle childhood, children's individual interests came to the fore and caregivers spent significant time, energy and financial resources helping children to attend activities. During interviews, children talked about hobbies including sports, art, singing, dancing, video gaming and crafts, with varying levels of enthusiasm, and research interviews were arranged to fit in with these activities.

In the caregiver survey, the majority of children regularly attended extra-curricular activities in (63%) and outside of school (80%) during the past year. However, nearly half (45%) of caregivers said that children found taking part difficult. Reasons given included physical difficulties or disabilities, difficulties due to emotional regulation or behavioural issues such as impulsiveness, trouble with focus and following rules. Several mentioned children needed one-to-one support or supervision to enable them to participate, or were anxious about starting or attending activities and 'fitting in' with peers. Children's access to and experience of activities could depend on who was facilitating these and their level of understanding and ability to cope with the child's behaviour or needs.

In interviews, caregivers gave examples of courses and groups in school for children and young people with experiences of loss and trauma and thought these spaces to meet other children and young people with similar experiences were helpful. Caregivers identified benefits from knowing other care experienced children, and difficulties due to differences in how much children knew about their life stories and/or their connections with their birth family.

Children and caregivers described a changing understanding and new awareness of difference, not wanting to be different, and difference being seen as something negative.

> *Interviewer: We want to find out kind of what could help adopted children in Scotland to be happy and feel safe. So, I just wanted to ask you what you think, what could help children?*
>
> *Max: Just know that you're not better or worse than anybody else. You're exactly the same, and no matter what anybody else says to you, just ignore it.*
>
> (Max, 10 years old)

> *I think they struggle a little bit with being adopted, more than they did when they were younger, because I guess you go from a situation where we talk very positively about adoption, we've always been really open about them being adopted, and the conversation's always flown about adoption with them, but it's gone from, yay we're adopted, to oh we're adopted, I wonder why?*
>
> (Amy, adoptive parent)

Several children and young people had started talking to friends about living with foster carers, grandparent, aunts, uncles or about being adopted. Some were very open, while for others this was private, and they only shared this with friends they could trust. In some families, siblings had different approaches to telling their stories, and this had implications for both.

> *I've told one person – no, I've told about five or ten people, and I don't mind, but they've spread it, but I don't mind. But I do get the reaction "You're adopted?!" a lot.*
>
> (Alexander, 11 years old)

> *Interviewer: Do you ever talk to your friends about that you're living with your gran?*
>
> *Erin: No, not really. They mostly get that I'm living with my gran, and they don't ask any questions about it or anything like that.*
>
> *Interviewer: They've never asked.*
>
> *Erin: They've never asked. They've respected it.*
>
> *Interviewer: Okay. Do you think you would like to talk to them about it?*
>
> *Erin: Not the reason. I wouldn't like to talk to them about the reason, but I do talk to my gran about them, but like nice ways, because she is a really funny person. I just tell gran's – some of the jokes that she makes – I don't tell them the reason why I live with my gran because that's personal, and I wouldn't tell them.*
>
> (Erin, 14 years old)

Children and young people didn't always feel they fitted in. A sense of difference was related to being care experienced, but also to neurodivergence, disability, not conforming to gender stereotypes, being shy or introverted or being part of a family which includes people of different ethnicities.

Although children didn't always feel they belonged in some environments, such as school, they generally found other places where they felt accepted. Belonging and wellbeing was connected to children's developing identities and finding one's tribe, but also to finding spaces where they felt understood and comfortable. This could be gaming and online communities, being in nature, with animals, after school sport, drama, dance or singing groups, church communities or being with cousins or good friends 'who get it'. Caregivers facilitated access to spaces of belonging and supported relationships within communities, while also wanting to protect children and young people from experiences of exclusion and harm.

The impact of the Covid-19 pandemic on relationships

In the open-ended survey responses, 25 caregivers mentioned how spending more time at home during the Covid-19 pandemic strengthened family relationships and benefited children, who became calmer and more relaxed. However, the impact on children's social development and peer interactions was presented negatively (27 responses) and children who already struggled with social interactions were particularly disadvantaged by the lockdown. Caregivers across the survey and interviews highlighted increased anxieties for children and young people, who struggled with changes in their routine, while the guidance and public information about Covid worsened existing symptoms of OCD, ADHD or anxiety. Caregivers mentioned the death and loss of older or vulnerable family members.

For families who already had concerns around children's behaviours, the pandemic, with lower levels of time apart and support, was incredibly stressful. In their interviews, adoptive parents from two families said they had come close to an adoption breakdown and three caregivers in the survey described how the pandemic had contributed to a crisis.

> *It was probably as close as the adoption ever came to breaking down, because he just couldn't cope with the change to his routine. School was school, and home was home, and he couldn't process that. That was pretty torturous.*
>
> (Naomi, adoptive parent)

Children's perceptions of the pandemic varied, and for many it felt like quite a long time ago. Not being able to see and play with their friends was difficult, and children's transition to high school was disrupted. Family links were also affected, including for children who were in contact with siblings living elsewhere. There were examples of children keeping in touch with sisters and brothers via video calls and playing online games together. Children acknowledged that home schooling was stressful for their caregivers, but that lockdown had also afforded some freedoms. They enjoyed going for a walk or playing outside, during time that would normally be spent at school.

Experiences of education

School is where children spend most of their time when not at home, and most time with peers, so it is unsurprising it came up as an important theme in interviews and surveys. The educational journeys of care experienced children and young people can be negatively affected by their experiences and the introduction of 'virtual schools'[78] in many local authorities shows a commitment to improving these (McIver and Bettencourt, 2024). How children experience school

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[78] A Virtual School Head Teacher (VSHT) is responsible for the education of care experienced learners in a local authority.

varied, but being care experienced had an impact on all children. This included children and caregivers thinking about how (and if) they talk to peers about their story; how teachers speak about families and acknowledge differences; children feeling challenged by school environments and being supported, or not, by trauma responsive practices; and children having to change school if they moved to live with new caregivers.

School transitions

In Phase 1, most children were at nursery or had recently started primary school. By Phase 2, some were still in primary school, while others had made the transition to high school. Of the 750 children for whom we have data from the Pupil Census, 51% had transitioned to high school by 2023; most children were in mainstream education and just 2% (16 children) attended a special school.

Our caregiver survey and interview sample included slightly more younger children in their last three years of primary school. At the time of the caregiver survey in 2023, almost two thirds of the 98 children (64; 65%) were in primary school and one third (33; 34%) were in secondary school. Four of the children from the caregiver survey attended a special unit or class in a mainstream school and one child was home-educated. In the interview sample, 19 of the 29 children attended primary school and ten had moved to high school. All were in mainstream schools.

When asked about future concerns, 46 caregivers in the survey cited worries about school, with transition to high school their biggest concern. Transition to secondary school is a challenging time, but difficulties can be exacerbated for care experienced young people, and caregivers expressed particular worries about children who have additional needs due to neurodivergence and developmental disabilities. Caregivers of three children with developmental disabilities told us in interviews they were considering a special school for high school. Some caregivers in the survey and interviews were trying to arrange an assessment for ADHD, FASD or other developmental disabilities in anticipation of the child's move to high school.

> *We intend to pursue an assessment of ADHD by an educational psychologist in order to ensure that his needs are met in secondary school.*
>
> (Adoptive parent, survey response)

Phase 1 highlighted that everyday transitions, including at school drop-off and pick up, could be difficult for children, and there was continuing evidence of this in Phase 2. One in five (18%) of caregivers in the survey indicated children were reluctant to attend school. For other children, everyday transitions had improved, but a couple of children were described in interviews as struggling going into school. During interviews, seven caregivers said they noticed a rise in children's anxiety and the resurfacing of past coping behaviours when teachers changed, when children moved up a year, during changes in school routines during the pandemic, and when transitioning into high school.

> *After lockdown he was all over the place. It was like Primary 1, back to that stage because they'd been off for so long. Trying to get him to settle, I don't know how many times I had to go up. My blood pressure was sky high, so they put me on medication and a stress reliever, anti-depressant type thing and I'm still on them!*
>
> (Kerry, kinship carer)

One child was described by his caregiver as managing transitions more easily than previously, although he could still be hesitant at times. He described school in positive terms:

> *Interviewer:* *What's your favourite bit of school? What do you like most about school?*
> *Alexander:* *School's my happy place.*
> *Interviewer:* *Is it? What makes it your happy place?*
> *Alexander:* *I can just see my friends, play with my friends for six hours of my day.*
>
> (Alexander, 11 years old)

Academic achievement

Caregivers for 29 children were interviewed, and of those, nine children were doing well academically, with children top of their class in a subject or moved to a higher-level group. For the others (except one child where there was limited mention of academic achievement) caregivers had concerns about academic achievement.[79] This ranged from children progressing well but being slightly behind, to caregivers noting an increasing academic gap to peers and wondering if children should be kept behind a year.

Caregivers in the survey were largely positive, with 79% indicating that the child enjoyed learning at school, and 77% confirming the child was making good progress. In interviews, most caregivers described children as making progress, but this was often framed in the context of children's early experiences, including negative prognoses made by clinicians about children's development in their first years of life.

> *They've come a long way from where they could have been, which is brilliant.*
>
> (Jim, adoptive parent)

Acknowledging the impact of children's early experiences, allowing children to progress in their own time and pace and not putting children under pressure is helpful, but there are also drawbacks if care experience, early trauma or neurodiversity leads to lower expectations of children (Wang et al, 2018). Among the survey open-ended responses, there were examples of caregivers feeling that children could achieve more with regular support or specialist support and worrying that a lack of academic success might impact their later life chances.

Assessment and support for Additional Support Needs

Scottish legislation[80] and guidance sets out that looked after children should be assumed to have Additional Support Needs (ASN) unless assessed otherwise. Despite this, in Phase 1, CLAS showed that only 7% of children had a recorded ASN and 22% of caregivers who completed a questionnaire in Phase 1 stated that the child had been assessed for ASN.

The Pupil Census indicates that 85% (640 of 750) of children had additional support needs (including due to being looked after), while 68% of caregivers completing the Phase 2 survey reported the child had a disability or difficulty (see page 36). The Pupil Census also contains information on the type and nature of support provided. Almost three quarters of children (542, 72%) with Pupil Census data were recorded as having received support from social work services, two fifths (41%) had received additional specialist teaching support, and two fifths (41%) had received specialist non-teaching support. Just under one quarter (177, 24%) had received support from health services.

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[79] Permission was given for access to children's Achievement of Curriculum for Excellence Levels (attainment) records, but this data was not provided to us in time to analyse and include within this report.

[80] The Education (Additional Support for Learning) (Scotland) Act 2004 (as amended 2009); retrieved from Education (Additional Support for Learning) (Scotland) Act 2004 (www.legislation.gov.uk)

Half of the children whose caregivers completed a questionnaire (50%) had no ASN assessment, with a further 46% thought to have one in place, and uncertainty for the other four children. Open-ended survey responses and interviews provided further detail, highlighting the frustrations of caregivers who felt the child needed a formal assessment and access to additional support or that support could go further.

> *I have asked over and over again for support and it has never been given. The head teacher has told me it comes out of her school budget and there is no money available.*
>
> (Adoptive parent, survey response)

Examples of positive support at school from the survey and interviews included nurture rooms and Wellbeing Hubs, equine therapy, forest schools, play therapy, occupational therapy swimming sessions, counselling, regular positive feedback and encouragement, and the use of wobble cushions and fidgets, social stories and visual timetables,

Experiences of inclusion and exclusion

Care experienced children and young people are over-represented in exclusion statistics. Behaviour which is challenging, so often the cause for exclusion, may be linked to trauma in childhood, and exclusion can cause additional harms including loss of learning, marginalisation, and exposure to other risks (McCluskey et al, 2019). For instance, there are links between school exclusion and involvement in the justice system (Arnez and Condry, 2021). The Promise (ICR, 2020, p.72) recommended that the 'formal and informal exclusion of care experienced young people must end', and the Virtual School Heads Network reported a commitment to ending formal exclusion (CELCIS, 2024). However, care experienced children remain more likely to be excluded than their peers (Adoption UK, 2024; Troncoso et al, 2024).

Of the 750 children for whom data was available from the Pupil Census, 35 (5%) had at least one formal exclusion. Twenty-seven exclusions involved physical aggression or assault, 26 offensive or disobedient behaviour, 23 verbal abuse, 15 damage/threat of damage to property and 15 threat of physical or sexual violence. From the caregiver survey, 7% of children had been excluded, as had some children in the interview sample. Reasons included destruction of school property, disrupting other children's learning, violence towards teachers and other children. In one instance exclusion was used to keep the young person safe from the threats of others.

Although not recorded in the Pupil Census, surveys and interviews highlighted experiences of 'informal' as well as formal exclusions. Informal exclusions included a reduced timetable (one young person eventually had his time at school reduced to 1.5 hours a day), spending time away from other children within the school, and caregivers regularly being called into school to remove children or help calm them. As well as the impact on children, school exclusions had a big impact on caregivers, with their work and wellbeing affected as they supported children and young people, including navigating meetings with professionals and advocating on the child's behalf.

> *It's become very punitive. It's become very, 'No, you are suspended. No, you're in isolation. No.' It's become very much like that, hasn't it, and so we're in a bit of a battle with school. I hate using that term, but it is very much a case of we don't want to go in and feel like we're the crazy parents, but it is very much a case of, she's not your standard student coming through the door. She's packaged differently so you might have to react differently to her. I think it's a big step for some of the teachers there. The school was just like, 'Your daughter is not doing what we want her to do, come and get her'.*
>
> (Heidi, adoptive parent)

> *I think they're struggling. Especially when they're phoning me all the time to go up. It's stressful for myself. Euan [husband] still works from home so sometimes he's able to pop up and try and see if he can support him.*
>
> (Kerry, kinship carer)

Caregivers acknowledged how difficult it is for teachers and schools to support children, but that they have a right to education, are interested in learning and could learn in the right circumstances. There was recognition that resources limited schools' ability to provide the necessary approaches and conditions. Caregivers also noted the importance of multiagency work, particularly the input of mental health professionals when children were in crisis.

Examples of effective inclusive approaches at school included teachers building on children's interests, talents and strengths and children having agency about when to seek support, including using nurture/safe spaces. In interviews, caregivers highlighted the importance of approaches that did not single out children and young people. These included teachers speaking about and acknowledging diversity in families, and peer interventions that included other children.

> *The teacher had said, 'Not everybody stays with their mum and dad. Maybe some of the children stay with their mum, some stay with their dad, and maybe sometimes with their mum, sometimes with their dad. Some kids stay with their grandparents, or aunties and uncles.' It made her a wee bit happier because she knew she wasn't the only one.*
>
> (Sue, kinship carer)

Caregivers voiced their frustration when information about children was not passed on, particularly when class teachers or guidance teachers changed. Teachers and schools knowing and showing understanding about children's life stories was important. This helped a shift from seeing children's behaviour as disruptive, 'bad' or 'naughty', to understanding the impact of early trauma and being responsive.

The impact of the Covid-19 pandemic on education

Nearly two thirds (65%) of caregivers in the survey stated the Covid-19 pandemic had an impact (positive or negative) on the child's learning or educational progress. One third (39%) thought the pandemic had an impact on children's relationships at school. Open-ended survey responses painted a largely negative picture about education experiences during Covid, with home schooling, disruptions to children's routines and a lack of peer interaction stressful for families, and children missing out on social and academic opportunities.

> *He was already very far behind his peers and the lack of schooling compounded this.*
>
> (Foster carer, survey response)

Around half (51%) of caregivers in the survey thought children had difficulty adapting to home learning during the lockdowns. One third (33%) felt that there was not enough contact from teachers, while one fifth said instructions for schoolwork were unclear (18%) or the quality of work set was poor (17%). Some felt there was too much work (10%), whilst others felt there was not enough (12%). For most children access to computers and having a suitable space to work was not a problem (90% and 93% respectively).

As noted earlier, transitions remain difficult for some children, and in surveys and interviews, caregivers identified that the pandemic made the transition from primary to high school more challenging, with less support and preparation for young people.

> *He was meant to have a planned extended transition, but this did not happen due to Covid. He was meant to have several trips to the high school before starting but again this did not happen.*
>
> (Foster carer, survey response)

In their interviews, young people said the transition to high school had been strange, having missed out on the usual preparation, and not having seen peers during lockdown.

> *It was kind of weird because we hadn't really been in academy, because as soon as we went into S1, it was basically lockdown.*
>
> (Daniel, 13 years old)

Positive experiences during the pandemic, alongside difficulties, were also highlighted in caregiver surveys, and interviews with caregivers and children. Caregivers described children and young people benefitting emotionally and educationally from one-to-one attention during home learning. Time at home could enable caregivers to develop a better understanding of the child's educational needs and a sense that children were not receiving the support they required at school.

> *We became more involved in learning and greater understanding of how much he was missing out on in the class environment. Without one-to-one support and direction, he was unable to maintain focus on mundane learning.*
>
> (Adoptive parent, survey response)

> *I feel the one-to-one support I could provide increased her confidence. I feel I could go over and over something until she understood which isn't possible in a large class setting. I identified issues with her learning which I passed on to school on her return. Having said that, it didn't do our relationship any favours and we both found it stressful but not having to interact with others was positive in her mind.*
>
> (Foster carer, survey response)

5. Identifying support, contact and connections

In this chapter, we explore the supports children, caregivers[81] and birth parents received, outlining which forms of support are most helpful, and areas of unmet need. We also explore the connections children have with people they do not live with but who are important, including whether these have changed over time, and what enables meaningful contact and family time with birth parents, brothers and sisters.[82]

The chapter draws on interviews with 19 children and 34 caregivers (for 29 children within 25 families) comprised of ten adoptive families, eight kinship families and seven foster families. It also draws on interviews with ten birth parents, together with survey data from caregivers (for 98 children) and social workers (for 337 children). From the caregiver survey we had responses from 66 adoptive parents, 17 kinship carers and 15 foster carers.

Key findings

- Children's lives and networks are expanding, but they continue to turn to their caregivers for support, with caregivers acting as children's advocates.
- Family, friends and school are the main sources of support for children and caregivers.
- The demand for mental health support for children has increased with some children experiencing lengthy delays.
- More foster carers, than kinship carers and adoptive parents, received support from social workers, which included making arrangements for family time.
- More kinship carers received support from social workers than seen in Phase 1, but overall, they continue to receive lower levels of support than adoptive parents and foster carers.
- Kinship carers are navigating relationships with parents and other family members across formal and informal boundaries. This can be challenging, and their support needs may differ from other caregivers.
- Caregivers differentiate between social work support which is primarily instructive with generalised advice, and that which is 'relational', with the former not experienced as helpful.
- Sensitive and empathic support for birth parents in relation to the loss of their child(ren)via child welfare processes can make a real difference to the lives of birth parents (and their families) and needs to be prioritised.
- Connections children have with brothers and sisters they live apart from are complex and vary across and within families.
- Almost half of the children whose caregivers completed a questionnaire have no contact with any brothers or sisters they live apart from.
- Communicative openness is a process, with children, caregivers, and birth parents reporting dilemmas and challenges in sharing information and sustaining or renewing connections.
- The most common form of contact between adopted children and birth parents is by 'letterbox'. Writing and receiving letters is hard and is an area where more specialist support is needed.

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[81] As in previous chapters, for brevity we usually use the term 'caregiver', rather than foster carer, kinship carer or adoptive parent.

[82] Children spend in-person family time with birth parents and/or brothers and sisters, but also have other forms of contact (letters, texts, phone calls, online games) which enable connections to develop or be maintained.

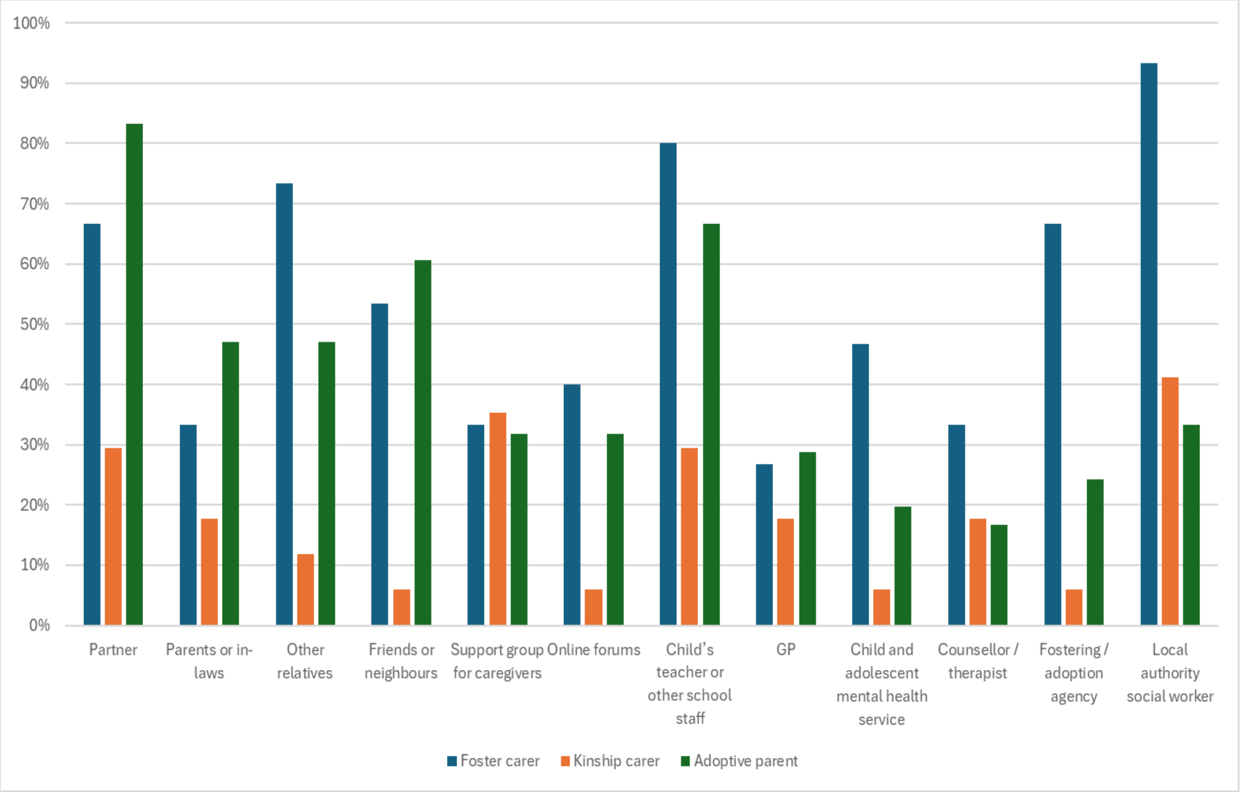
Interactions with and experiences of support systems

The Promise (ICR, 2020) and Plan 21-24 (the promise, 2021) set out the need for whole family support, including for kinship, foster, and adoptive families. From the survey, caregivers reported that the most likely sources of support for children were teachers or other school staff (73%), family (73%) and friends (53%). Caregivers were most likely to receive support from their partner (71%), teachers or other school staff (62%), friends or neighbours (50%), other relatives (45%) and social workers (44%).

In Phase 1 there were differences in the extent and types of support kinship carers, foster carers and adoptive parents accessed. Then, adoptive families were more likely to draw on informal sources of support such as extended family and friends, whereas foster carers were more likely to draw on support from formal services provided by social workers and third sector organisations. Kinship carers, and the children in their care, tended to receive lower levels of both informal and formal support.

In Phase 2 there continues to be differences between these three groups. More kinship carers in the caregiver survey report receiving formal support from social workers compared to Phase 1. However, overall, they continued to receive less support than foster carers and adoptive parents (Figure 7). One exception to this are peer-support groups, which were accessed equally, by around one third of foster carers (33%), kinship carers (35%) and adoptive parents (32%) in the survey.

Figure 7: Sources caregivers received help or advice from in the previous year (n=98)



Source: caregiver survey

The proportion of caregivers in the survey who received little, if any, support from informal or formal sources varied. Of the 17 kinship carers, three had received support from just one of these sources and five had received no support. In contrast, all of the 15 foster carers in the survey had received support from at least two sources in the previous year, with the majority (80%) having support from five or more sources. Most of the 66 adoptive parents (57; 86%) had received support from at least two sources. Three of the eight kinship families we interviewed stood out, as they had comparatively little informal or formal support despite the children in their care having significant additional needs.

Section 73 of the Children and Young People (Scotland) Act 2014 set out provisions for kinship carers, and one kinship carer who cared for several of her grandchildren, including some now in their late twenties, reflected on a shift in practice and culture, and an increase in awareness and support for kinship carers:

> *A lot easier bringing him up than what it was bringing them up. Bringing them up was terrible because I was working full-time. I didnae get any help off anybody.*
>
> (Mary, Kinship carer)

Notwithstanding this shift, our data suggests that the support needs of kinship carers, and the children they care for, are at times different to foster carers and adoptive parents. Although kinship carers access less support overall than foster carers or adoptive parents, this is not necessarily because support is unavailable. Kinship carers are navigating complex connections with parents and other family members, and professionals and services need to be able to recognise the nuances of those family dynamics. We had a sense from caregivers that they were uncertain that services would always be sensitive to this. Moreover, from Chapter 1, we know that some children living with kinship carers[83] were less legally secure (S25 arrangement) and changes in family dynamics can have an impact on children's felt security. Kinship carers have less formal support to manage relationships, while often being emotionally and physically closer to birth family members than other caregivers.

The financial difficulties facing kinship carers in Scotland, and how these act as a barrier to accessing support, have been highlighted in previous research (Young and Hill, 2020; Taylor et al, 2020), echoing research across the UK over the past 20 years (Hunt, 2020). When asked in the survey how they were managing financially, one quarter of caregivers said they were managing very well, 36% were managing quite well, and 39% were only getting by alright or with some difficulties. But there was variation between types of caregiver – higher proportions of foster carers (60%) and kinship carers (59%) were only getting by alright, compared to adoptive parents (29%).

All 17 kinship carers and all except one of the 15 foster carers in the survey said they received financial support, while only one quarter (27%) of the 66 adoptive parents did. Adoptive parents in receipt of financial support were more likely to say it was sufficient (72%), compared to foster carers (50%) and kinship carers (53%). One kinship carer in the survey commented that the most useful support they received was a free bus pass and free places for the child in a summer holiday sports clubs run by the local authority.

The importance of financial support was highlighted in interviews by kinship carers and caregivers of children with disabilities, who valued information about entitlements and described that money could be tight. The process of accessing financial and disability-specific support could feel disjointed and confusing, and there were differences in how well families felt supported.

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[83] None of the kinship carers we interviewed were caring for children via a S25 arrangement.

> *Have had to arrange therapies ourselves and fund them. Have had to fight tribunal for high-rate mobility. It took ten years to get it. It took ten years to receive enhanced Adoption Allowance.*
>
> (Adoptive parent, survey response)

Caregivers as support and advocates

During interviews with children, we used 'Who helps me?' cards[84]. When asked who they would go to for help, all children stated that they would go to their carers/adoptive parents.[85]

> *Interviewer: Let's think – if you were really upset about something, who would you go to for help?*
>
> *Alexander: My mum, and I wouldn't really tell anyone else. I'd just go to my mum.*
>
> (Alexander, 11 years old)

> *Interviewer: If you were stuck with something, or upset about something, who would help you?*
>
> *Callum: Gordon and Alette [foster carers] would help, or the social worker, or a guidance teacher.*
>
> *Interviewer: Right, okay. Who do you tend to go to most if you need stuff?*
>
> *Callum: Gordon and Alette.*
>
> (Callum, 13 years old)

For young people in the interview sample, friendships and peer interactions are becoming more important. However, they continue to turn to their caregivers for help, with caregivers navigating support systems for children and young people as needed. Seven young people had recently or were experiencing difficulties, including mental health crises, bullying, and school exclusions, and caregivers were vital in protecting and supporting them. Acting as advocates, navigating often complex systems and finding the 'right' support had an impact on caregivers, who could feel exhausted and frustrated. Adoptive parents, foster and kinship carers across the interviews and survey commonly felt that support should be clearer and easier to access, describing experiences of being sent from professional to professional with delays in getting the necessary support to manage everyday life.

> *Overwhelming with who does what, what they can offer and if it is appropriate/applicable to our needs. It's a minefield of leaflets, contact numbers and different organisations, acronyms and bureaucracy. A flow chart and framework of services would be helpful ... feel overwhelmed and confused.*
>
> (Adoptive parent, survey response)

> *My social worker said, 'Oh well, see, I concentrate more on the kinship. That would be the children's and families.' I thought aye, passing the buck that is.*
>
> (Wendy, Kinship carer)

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[84] Please see Appendix 2 (Figure A3) for photo of these cards. Martin Howard holds the copyright for these. The idea for the 'Who helps me' cards came from the following study: Cossar, J., Brandon, M., Bailey, S., Belderson, P., Biggart, L., Sharpe, D. (2013) *'It takes a lot to build trust'. Recognition and Telling: Developing Earlier Routes to Help for Children and Young People*. London: Office of the Children's Commissioner.
Available: https://www.uea.ac.uk/documents/13885566/13886757/Recognition+and+telling+report/de332aea-ad72-45ff-822c-612a4a78fce4

[85] Many children were interviewed with their caregivers close by, which might have influenced their responses.

The time and energy involved in navigating systems could increase caregivers' sense of isolation and/or impacted on their ability to work and therefore the family's income.

Experiences of school as a support

In Phase 1, we found that school and nursery staff provided support to most children and their caregivers. In Phase 2, school continues to be important, and outside of their kinship, foster and adoptive families, children mentioned guidance teachers or class teachers as people they had turned to for help. Younger children typically said that they liked their teachers. For example, a child singled out a teacher she 'loved', while another said she might want to be a teacher. Children at high school talked about teachers they particularly liked and found easy to talk to.

> *Our guidance teacher does help with a lot of stuff. He can see from the bright side and stuff like that. He's good to sort arguments out. I did run to him – not run – but I did go to him when I was going through a rough time.*
>
> (Eilidh, 13 years old)

Positive relationships with adults outside the family, for example a teacher, coach, or social worker, can make a difference to children's lives (Gilligan, 2009). In the survey, 92 of the 98 caregivers said that children had a good relationship with at least one adult at school. In interviews, caregivers and children gave examples of teachers having an impact on how engaged or interested children were in subjects. Teachers taking an interest, listening and providing support based on children's likes and needs made a difference to their experience of school.

> *He had a couple of very good teachers who straight away were totally invested in him because they could see what potential he had. I think it was primary four, primary five they had different teachers in the one year so that really unsettled him. He just couldn't seem to settle that year. Then in primary six he got a male teacher. He'd never had a male teacher before and he absolutely loved him and thought Mr. Goodley was the best thing ever and he was into a lot of outdoorsy stuff which he really enjoys.*
>
> (Elaine, foster carer)

> *Having to stand up in front of the class and say something. He's no good at it and he's worried about it. [His teacher] went, 'Well, I'll take him. Tell him I'll take him either during dinner break or after school one day a week and I will help him with that.' So he's agreed to do that because it's gonnae come up through his high school.*
>
> (Mary, kinship carer)

Contrastingly, punitive approaches were also mentioned in interviews by eight out of 25 families, including teachers "shouting", limiting a child's access to computers (which he uses due to struggles with writing), detention or excluding children from the classroom during school time. A child in primary school compared his previous teacher, to his current one.

> *Oliver: Before that, I had a teacher called Mrs Harrison. She wasn't a nice teacher.*
>
> *Interviewer: No? What didn't you like about her?*
>
> *Oliver: Everything.*
>
> *Interviewer: Well, that's not good.*
>
> *Oliver: She was just mean.*
>
> *Interviewer: What did she do that was mean?*
>
> *Oliver: She would always shout at me and be mean.*
>
> *Interviewer: Your teacher now, does she shout?*
>
> *Oliver: No. She's a lot nicer.*

> *Interviewer: When would your old teacher shout at you? Would it be when you did something?*
>
> *Oliver: I didn't do enough work because I was struggling asking for help. Didn't get any help, and then got sent to the office.*
>
> (Oliver, 10 years old)

Children and young people generally emphasised how they enjoyed the social side of school, but also described how their experiences of school varied between years, classes and teachers. For a couple of children school didn't feel safe (including threats from peers) while for others it was a place of anxiety and stress. Charlie, who was nine years old, emphasised the impact that difficulties with peers can have, describing it as feeling *'like my brain is going to leak out of my ears'* when he gets upset. He and his foster carer Yvette recalled a conversation with the class teacher, about a space where Charlie could go in school if he needed time to feel calmer, with another meeting at school planned to talk about strategies to help:

> *Interviewer: You were talking about having a space to go to as well. Is that one of the things that's going to happen?*
>
> *Yvette: Yes. We can talk about that, and say what you would find helpful in those situations, and also talking about when people or children are saying nasty or horrible things, what are the best things to do, in terms of ignoring, if you can…*
>
> *Charlie: That's impossible for me, though.*
>
> *Yvette: You managed to do it before, but it is difficult, I totally understand that.*
>
> *Charlie: Ignoring it is the horriblist [sic] thing ever.*

Children's experiences of school did not always correspond with how they were doing academically or socially. For example, a young person who was doing well academically was described by his caregivers as anxious about going to school. In contrast, children and young people who regularly experienced conflicts with peers or teachers, expressed to us or their caregiver that they liked school.

> *He likes his teacher, even though she shouts at him all the time. He really likes school. Because he likes the stimulation. He likes the variety. He struggles with it a lot more than my daughter does, but if you asked him, he would say he really likes school.*
>
> (Sara, adoptive parent)

Among families caring for children with significant additional support needs, some but not all identified school as one of their main support systems.

> *We've had quite a lot of challenging behaviours over the years at school, but I think we've been very, very lucky that the school have been an amazing source of support.*
>
> (Sally, adoptive parent)

The support offered by schools could influence how families managed during crisis periods. In interviews, caregivers in families who had or were experiencing significant difficulties said that good support from school had made a difference. This stood in contrast to families where children were excluded, and school was experienced as unsupportive. Regular school exclusions and conflicts with school staff about support compounds stressors that are already high due to the distressed behaviour that children can show at home.

Experiences of social work

When asked about social workers, younger children talked in broad terms, such as *'She just like chats with me and sometimes I show her my room',* or that they are '*annoying'* and come for meetings '*too much'.* A few were more specific. Amelia, aged 10 years old, had been meeting with Jane, her social worker, once a week.

> *Interviewer: So, you know when you were saying that you talk to Jane*
>
> *Amelia: Yes.*
>
> *Interviewer: What kind of things do you talk to Jane about?*
>
> *Amelia: Mostly about adoption, about my birth parents a lot.*

Later, Amelia described how she and Jane would sometimes look at photos of her birth parents and talk about them because she didn't remember them. Her older sister previously had social work support with life story work, and Amelia felt she was only ready to start that when she reached the same age her sister had been.

Social workers in our survey mentioned their direct work with children and families. When asked how they involved children in decision-making processes, 48 out of 301 open-ended social work responses described one-to-one work with children. Social workers referred to using Child's View Reports, Having Your Say, My Voice Questionnaire and the three houses (from Signs of Safety).

Looking across children's and caregiver interview accounts, it was evident that children's responses tended to focus on recent interactions, rather than previous experiences of support. Children remembered that their social worker had changed or were not sure if they still had a social worker. Children and young people tended to refer to the names of people – 'Lisa' or 'Miss B' – but were not always sure of the person's professional role, especially if they had seen different people at different times. When they checked with carers and adoptive parents, it was most often a social worker, counsellor or a support worker in school. Where children described other carers who provided short break care arranged by their social worker, their descriptions focused as much on other children in the households as on the carers.

Within our interview sample, parents from seven out of ten adoptive families had reached out to their adoption agency since Phase 1. This was mostly to ask for help with life story work, but one family had social work involvement for several months during a difficult period. All foster and kinship families in the interview sample have some social work involvement, although one child in foster care did not have an allocated worker and a foster carer couple had not received social work support for over two years due to staff shortages. Caregivers said social workers supported them, helped to maintain children's ongoing connections with birth parents or siblings, checked in on children, and provided input around life story work. Four kinship carers discussed how wanting to maintain ongoing social work support had influenced their decision about the child's legal status.

> *A lot of people are like that, 'You don't want a social worker in your life.' I was like that back in the beginning. No, I don't want social work to leave now. Know what I mean? They've got the tools.*
>
> (Janet, kinship carer)

Most families gave a mixed account of their experiences of social workers and social work processes. There were similarities in how kinship carers, foster carers, and adoptive parents talked about helpful and unhelpful social work support across interviews and the survey. Unhelpful support was described as instructive and didactic, with social workers experienced as talking down to caregivers, giving general and over-simplified advice. Caregivers also mentioned the amount of time it took social workers to get back to them, being left in limbo when social workers were off sick or moved jobs, as well as experiences of support not being practical, intensive or specialist enough and the impact of this. One foster carer reported that social work changes and social work vacancies were connected to a placement breakdown for one young person. One fifth (19%) of the 337 social workers in the survey said that local authority resource constraints, workloads, staff changes, and available placements had negatively impacted on children's permanence planning.

Interviews highlighted how early experiences of social workers could influence whether and how caregivers accessed support later. Adoptive parents who had developed positive relationships with social workers during the adoption process were confident that they could contact social work and their adoption agencies for support. Caregivers who had previous negative experiences were hesitant about contacting social work for support again.

> *When he was younger I'd sit and cry and beg and plead for help and never get any, nothing at all, nothing.*
>
> (Joanna, kinship carer)

> *Sometimes people have said to me if social work were involved you'd maybe get more support. I haven't got any support from them from the beginning, so I just don't know. Maybe you need to fight for it, I don't know.*
>
> (Kerry, kinship carer)

Caregivers who had experienced social work as helpful emphasised support that was timely and flexible with caregivers being able to call social workers as needed. It included being able to talk through concerns with someone they trusted, and who would listen.

> *My social worker was amazing. I don't know how many times I phoned her in tears, crying, saying, 'I don't know if I've said the right thing … She was great. She picked up the phone every time, phoned me back, or I would email and say, 'You won't believe what he's done now.' She would answer me.*
>
> (Heather, foster carer)

Caregivers appreciated when social workers acknowledged their expertise, and the emotional labour involved in caring. A couple of children regularly met with support workers who spent time building relationships and doing activities, creating space for children to talk about their concerns and feelings if they wanted. This was helpful for children and contrasted with more 'formal' social work visits.

Birth parents described a range of relationships with social workers. They could be suspicious due to their own care experience, and changes of social worker, poor or infrequent communication, a gendered approach which excludes fathers, and judgemental attitudes were common issues. However, birth parents also recognised the positive impacts social workers had on their lives. Two of the ten birth parents stated that a social worker had saved their lives: through suicide prevention for one participant and a safety plan for fleeing domestic abuse for the other. One third referred to social work being the only service that supported her when she was *'at rock bottom'*. Half of the birth parents were working with a social worker providing specialist post-adoption or post-separation support and all valued this relationship greatly. One of the birth parents receiving current social work support commented that social work has changed in recent years and social workers have *'obviously done something to turn the way they're working around. They're doing an amazing job'*. Another birth mother emphasised the 'stickability' of a social worker who has supported her over time, stating that '*she has been with me through thick and thin. She's stood up for me'*.

Support for mental and physical health

In Chapter 4, we reported that over one third (36%) of the 98 children whose caregivers completed a questionnaire had a disability or long-term health problems which had an impact on their day-to-day activities. However, the majority of children were also described as physically healthy (34%) or very healthy (64%). Data from interviews and open-ended responses suggests that, in general, children led active lives. Two families in the interview sample commented how well children were, considering complications at birth and their complex medical needs as infants. Three children with visual and motor impairments had access to therapies and/or had had medical interventions to support their development and wellbeing. As discussed above, the process of getting financial support to access specialist equipment or therapies was not straightforward for all families.

Children's mental health was viewed less positively by caregivers completing questionnaires, with one fifth of children (20%) described as having poor mental health. Accessing support for children's mental health and diagnostic assessments, including for ADHD, FASD or autism, were important themes across the caregiver survey and interviews. One fifth of the caregivers in the survey (18 of 98) said the child had received support from Child and Adolescent Mental Health Services (CAMHS) in the previous year, with seven saying it would have been useful but was not available, and 12 anticipating support would be helpful in the future.

Seven families in our interviews discussed CAMHS and wider mental health support as being helpful, valuing specialist mental health knowledge, as well as longstanding relationships with professionals who knew the child(ren) well. Interviews and survey responses also included frustrations about long-waiting lists for mental health services and disability or neurodivergence assessments. This included children not receiving support as they failed to meet the system thresholds or because caregivers were seen as coping, services not being provided when needed, support being time limited, and services not having detailed knowledge to support children with specific circumstances such as children with FASD or children with a refugee/asylum background.

> *The problem is now the classifying is that we're low risk. People come here and look at us and go, 'Well, you're not poor and you're not in need. You're fine, get on with it,' pretty much.*
>
> (Fiona, adoptive parent)

> *NHS waiting lists are far too long and help just isn't there anymore. If we are referred for help, we are signed off after one appointment and given stuff to do at home.*
>
> (Adoptive parent, survey response)

In their interview, the adoptive parents of one young person felt that he was first and foremost seen as an adopted child who had experienced early trauma. This stood in the way of support because any distress and difficulties were explained, accepted and normalised as consequences of early trauma. Similar concerns were described by other caregivers.

> *That's because he's adopted. That's it. That's because he's adopted, and it's almost getting to the stage where if he sprains his ankle they'll say, 'There's nothing we can do. It's because he was neglected as a child.'*
>
> (Ross, adoptive parent)

> *Referral to explore neurological difficulties i.e. learning disability declined for child to be assessed due to being a looked after child and child's earlier life experiences.*
>
> (Foster carer, survey response)

Concern was expressed that there was no support offered in anticipation of, or to prevent future difficulties, and that mental health support was largely crisis driven. Caregivers across the interviews and survey talked about doing their own research so they could compensate for a lack of formal support, and accessing mental health support privately, as a consequence of long waiting times.

> *We're waiting for CAMHS support and have been waiting for 15 months. It's awful. Unless we were to lie that our son had followed through on hurting us or himself or he'd stopped eating, etc., then there is no end to our waiting.*
>
> (Adoptive parent, survey response)

Peer support and informal support

In interviews, children talked about family members such as grandparents, aunts, uncles, cousins or close family friends, and it was evident how important they are.

> *I have a sleepover with my cousin. I don't really like having sleepovers with my actual friends, but I just like having sleepovers with my cousin. We sneak my iPad and watch it when we're not allowed and then we pretend to be sleeping if we get caught.*
>
> (Ella, 10 years old)

> *There are close friends of Mum and Dad who love me and will always help me no matter what. There's Granny – both the grannies – my uncle, auntie, my cousins.*
>
> (Ben, 14 years old)

Extended family, friends and neighbours were also important sources of support to caregivers who completed a questionnaire. Around one third of caregivers had received support in the previous year from peer support groups (33%) or online forums (29%). All the caregivers who took part in interviews described being aware of groups and networks to access peer support including local and online groups. They had mixed experiences of how helpful such groups were, with barriers to accessing peer support groups being similar across kinship, foster and adoptive parents. Some described how groups were too far away, or they felt apprehensive about opening up to others, or were concerned about confidentiality in small communities. Others felt listened to and understood within groups, receiving important emotional and practical support.

During interviews, caregivers across kinship, foster and adoptive families talked about how their caring role sometimes made them feel isolated and lonely. They had lost friendships and socialise less as other people are not always accepting of the children, or because children still need them and a regular routine, which means they avoid going out at night or using a babysitter.

> *Everywhere we went, everything we did, it was me and him, because no one could let him in, because of how he was. I was the only one that had, he only felt safe with me.*
>
> (Lena, foster carer)

> *He wants me to put him to bed every night and that's a massive thing.*
>
> (Connie, adoptive parent)

One grandmother talked about being the only one in her friendship group with a young child. She described how her dual role of grandparent and carer meant that her relationship with her grandchild was different to a 'fun' grandparent, and this had implications for them both.

> *It's harder this time around because it's isolating. One thing I really feel doesn't get addressed is that you're not a grandparent. You're a grandparent in name, but you're not your typical grandparent. You can't spoil them. You've got to have rules. You've got to say no. You've got to be firm. Grandparents usually do all the wee, fun things because they're handing them back, you know, but that's the sad reality, is you're not going to be that fun grandparent, and that's a shame.*
>
> (Marion, kinship carer)

In the survey, almost one fifth of caregivers or their partners (18%) had a long-standing illness, disability or health problem that affected their day-to-day activities. Kinship carers were most likely to have a disability (35%), compared with 17% of adoptive parents and just one of the 15 foster carers. Kinship carers who were grandparents or great uncles or aunts reflected on their age, and past and present health difficulties. For one family we interviewed, the health of the caregiver influenced the decision that the child would spend more time, including overnights with their mother to gradually move towards reunification. Other carers worried about being able to support children into adulthood.

> *Hopefully we can live another ten, maybe 15 years to see her up. That's what I would like, just to live long enough to see she's happy and safe.*
>
> (Sue, kinship carer)

When asked about anything that worried him about how life might change as he got older, one young person mentioned his grandmother's health:

> *I just worry about something happening to my gran, but I have spoke to my mum and gran about this.*
>
> (Aaron, 13 years old)

The impact of the Covid-19 pandemic on support

Interviews and responses to open-ended survey questions highlight that families who were already experiencing stress and conflict felt largely isolated and unsupported during the Covid-19 pandemic. Children and adults spent more time at home, and there was disruption to their usual sources of formal support and reduction in help from extended family members and friends. The impact on mental health services was raised by caregivers who worried about its impact on waiting times for assessments and CAMHS.

> *I think now, post-covid, it's a nightmare. You know that there's nothing called prevention. They've not got capacity to do any preventative work because they're too busy dealing with the crisis.*
>
> (Jane, adoptive parent)

During the lockdowns, in spring/summer 2020 and early 2021, children of key workers and vulnerable children could access education hubs. How local authorities defined or assessed vulnerability varied and not all areas and schools included all care experienced children and young people in this definition. Only nine children (9% of the 95 whose caregiver responded to this survey question) attended a learning hub during the first lockdown. This increased to 16 children (20% of 81) in the second lockdown. Where children did not attend a learning hub (86 children in first lockdown and 65 children in the second), this was more often because a place was not made available (78%, 67 children in the first lockdown and 82%, 53 children in the second) than because caregivers did not want to take up a place that was offered, preferring to keep the child at home (22%, 19 children in the first lockdown, and 18%, 12 children in the second).

During interviews, some caregivers discussed access to education hubs in more detail. Six out of 29 children went to hubs at one point during the pandemic. Caregivers who had been offered a place but decided against this thought the change in routine would not have been beneficial and potentially increase anxieties and stress for the child. Two other caregivers mentioned frustrations involved in fighting for a place at a hub.

> *No, he wasn't allowed. They said he was not vulnerable or disabled enough to go to it … it was his head teacher that was in charge of the hub, and she wouldn't let him in. I think it's because she knew how difficult he was. I complained to my local MSPs and everything about it, but by the time they got back to me, it was over.*
>
> (Wendy, kinship carer)

> *The social worker suggested the hub for vulnerable children; she could get a space. I just thought we should just keep going. Then she started going to the hub. It was just quite near the end when they were going back in. We upped it. I think we then got a Monday and a Friday. Then, I wished I had done it earlier.*
>
> (Karen, foster carer)

Birth parents' views on support

As a result of the way we recruited birth parents, all were receiving support of some kind in relation to their separation from a child or children. However, many birth parents will not have received any support (Critchley et al, 2023). The significant impact of the loss of a child through child welfare processes for birth parents is well documented in research, including experiences of disenfranchised grief (Geddes, 2022) and wider 'collateral consequences' (Broadhurst and Mason, 2020), which include impacts on physical and mental health, access to housing and benefits, experiences of stigma and shame, and suicide attempts and completions (Morriss, 2017; Wall-Wieler et al, 2017a and b).

Many birth parents have complex health problems which may pre-date the child welfare involvement with their families (Philip et al, 2020; Grant et al, 2023) and this was reflected in the lives of those we interviewed. Of the ten birth parents, two reported suffering from serious physical health problems, and four referred to a specific mental health diagnosis, or medication in relation to this. Eight birth parents explicitly stated that they would have benefited from more help at an earlier stage in their lives. All were making the most of the opportunities available to them now and recognised the need for support in relation to adversities they had experienced across life. This could be related to their own experiences of being care experienced or to abuse in childhood.

All identified the need for specific support in relation to their separation from a child or children. Some were now involved in providing peer support to others who were going through the process of separation or wanted to offer this support in future. Many had gained insight into feelings of loss they had experienced for a long time through work with specialist workers or services.

> *Cheryl: Can you remember the name of the grief that, dis?*
>
> *Interviewer: Disenfranchised?*
>
> *Cheryl: There you go … I was like, wow… I've got a name for it now, where before it was just nothing.*
>
> *Interviewer: Hurt and …*
>
> *Cheryl: Everybody was like, 'How can you grieve?' It's like because it is grieving.*
>
> *Interviewer: Of course it's grieving.*
>
> *Cheryl: It's a loss, but at the same time they're still here, which makes it harder. Everybody looks at me like I've got horns when I say that. It does make it harder. Say when somebody passes away there's nothing you can do about it. You just have to*

> *learn to cope and deal with things, but you can't get them back. Where with your kids, they're taken away from you, so you've lost them. So your mind and that tries to go through the same process that it would when somebody dies, but then you know they're out there and you can't get them back'*
>
> (Cheryl, birth mother of children ranging from primary school-age to young adult)

Birth parents described accessing support now for their own welfare and the benefit of other children living at home. Supports included counselling, therapeutic support, help with physical and mental health and medication, help with housing, family support, groupwork and peer support. Birth parents also saw this as a way of making themselves and the birth family stronger, to be able to offer support and love to their separated children in the future. Birth parents talked about wanting to be able to answer questions about the past and contribute to their separated child's wellbeing in the future.

> *Being able to have contact with one child and then not letting you at the other child – they'll think you dinnae want them … That's one of the bad dreams I have [significant pause]. You ken if she comes to me one day and, 'You managed with my brother …' I'm waiting for it. I dinnae even know how to explain all that to her.*
>
> (Kim, birth mother of children ranging from teenager to adult)

Connections and contact

In this section we explore the connections children have with people who are important to them but who they do not live with, including birth parents, brothers and sisters, other family members and previous caregivers. Children's lives are complex, and the arrangements put in place reflect this complexity.

Connections with birth parents

There are different ways children maintain a connection with birth parents, including in-person family time, by phone/text, online, and through letters (including via caregivers). For some children, contact with a birth parent is not possible as their parent has died. From the caregiver survey (98) we know four birth fathers and four birth mothers had died, with one child having lost both birth parents. The whereabouts of 12 birth fathers were unknown. From interviews with caregivers and children we know for six children out of 29, a birth parent had died. In Phase 1 (Grant et al, 2019) and this phase, children and caregivers told us how they honoured children's connection with them, including by marking the anniversary of their death. Some birth mothers also told us in interview that the birth father of their child or children had died.

Social workers (213) who had recent involvement with children provided information on their contact arrangements with birth family, where this was known.[86] Of those, 90 children were in kinship families, 66 were in foster families and 57 had been adopted.

Family time for children in kinship families

Social workers of half (44; 49%) of the 90 children living in kinship families reported that they have in-person family time with one or both parents. The majority of children in the caregiver survey who were living with kinship carers, 14 out of 17, had in-person family time with one or both of their parents in the previous year. Eleven had in-person family time with their mother. For three this was supervised, for four unsupervised, and four children had both. Eight children had in-person family time with their father. For one child this was supervised, five had

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[86] This data, for 213 children, was only collected from social workers where children had not achieved permanence by 2016 (end of Phase 1) or where there had been a change in placement/legal status, and will not reflect the situation for all children in our cohort. Social workers are more likely to still be in touch with children in certain circumstances but may also be unaware of all arrangements for contact.

unsupervised time, and two had both supervised and unsupervised. A similar pattern was seen across the interview sample, with five of the eight children in kinship families regularly seeing at least one of their parents. One child was in the process of returning to her mother, currently spending weekends and holidays with her. In her interview she talked about watching movies with her mum at weekends and that they were planning to get a hamster.

Previously we referred to the complexity and nuances of kinship families and from interviews there were examples where grandparent kinship-carers maintained connections with their son or daughter where parents had no contact with the child. In the survey, kinship carers said that while five children were upset by irregular or missed contact, and five children wanted more contact, overall, for most children who had in-person contact with parents (14 out of 15) it was positive for the child. In interviews and survey responses, kinship carers described supporting parents and children to have positive family time.

Family time could be facilitated by social workers, but kinship carers in surveys and interviews also described arrangements which were dynamic and changed to suit everyone. This included collecting parents, children sleeping over at their parents, inviting parent(s) on holidays, or offering overnight stays.

> *Then the mum and dad split up, and the mum lived in [town further away]. So, I said to her mum, 'You come down on a Friday and stay overnight and try and build a relationship with her.*
>
> (Mandy, kinship carer)

Two kinship carers mentioned instances when they had gone against arrangements made by social work, by not being present during family time or arranging a visit at a time where there was no formal contact, and at times this led to disagreements with social workers.

While the dynamic nature of connections in kinship families were responsive to changes in the circumstances of parents and children, it could bring additional stress for kinship carers and parents. Both need to negotiate complex family relationships across informal and formal systems, with fewer boundaries in place to manage emotional involvement and conflicts. For carers this included managing threats of violence from parents and extended family members and involving the police. Some parents told us they were unhappy that their child had been placed with family members who had harmed them in childhood and reported strained relationships with their children's caregivers.

Several kinship families and parents lived near each other, and there were occasions when family members crossed paths when there was supposed to be no direct contact. Two kinship carers in the survey stated that the child had unplanned or accidental contact with their mother in the previous year. In other kinship families the emotional complexities were more subtle, and in interviews carers talked about how initially the plan for children had been to live with them for only a short period before returning to parent(s) and the uncertainty and emotional impact when this could not happen.

Family time for children in foster families

In the social worker survey, 29 of the 66 children living with foster carers (44%) were reported to have in-person family time with one or both parents. Of the 15 children whose foster carers completed the caregiver survey, seven had in-person family time with one or both parents in the previous year. Six had family time with their mother, for one this was unsupervised and for five supervised. Two children had family time with their father, one supervised and one unsupervised. For six out of the seven children, caregivers thought that overall, this was a positive experience for the child, noting that three children wanted more contact, and three parents didn't always stick to arrangements.

In interviews and survey responses foster carers described how they supported parents and children to have family time. This included collecting parents, inviting parent(s) to the child's birthday, as well as giving them money for food or activities, and being mindful of financial barriers parents faced.

> *Then the social worker kept saying for us to stop giving her money, but we still did. We wanted them somewhere nice and dry.*
>
> (Bill, foster carer)

Foster carers who took part in interviews said family time with parents was arranged by or agreed with social workers. This included the time and place, and if necessary, who was supervising. Facilitating children's time with parents could be complex and seven foster carers who completed questionnaires highlighted how c*ontinued support by social worker* and *ensuring it is supervised* were helpful in managing relationships.

Other ways of staying in touch for children in kinship and foster families

The social worker and caregiver surveys asked about other ways children were in touch with their parents. Social workers reported that two fifths of children in kinship care (37; 41%) and one fifth of children in foster care (12; 18%) were in contact with one or both of their parents via phone or social media.

In the caregiver survey, nine children in kinship care and two children in foster care were in touch with their one or both of their parents via phone, social media or online gaming. For most children, this was in addition to family time, but one child in foster care only had contact with both parents, via online video calls and games, and one child in kinship care only had contact with their father by phone or social media.

Four kinship and two foster carers talked in interviews about children having phone/online contact with their parents. Four of these six children were over the age of 13. Phone contact helped two of the six children to maintain a connection when in-person contact was not possible during the pandemic, as well as when one mother was in prison.[87] One young person in kinship care saw his parents at the weekend and phone contact helped him to stay in touch throughout the week. Three of the six caregivers discussed that phone contact could not replace seeing parents in-person, and it could be frustrating for children who wanted more. Michael and Doreen (foster carers) reflected that in-person family time had still not been re-established between Lewis, and his birth family since the pandemic, describing a growing disconnect.

> *Michael: I was saying then about the FaceTime, keeps cutting her off.*
>
> *Doreen: He'll say, 'Right, I'm bored now. Bye.'*
>
> *Michael: When he's on the phone, mum will ask him if he's been at school, and 99.9 times, he has, whereas that's not normal life for his brother because he's never at school. She'll ask if he's been at school and then it sort of dies a death and then it's like, what have you had for your tea? What's the weather like? Then after that, there's no conversation because they have nothing to say.*
>
> (Michael and Doreen, foster carers)

During interviews, three birth parents referred to text or phone call contact with teenage children in foster or kinship care, and in these cases young people made their own choices about the contact they were having with their parent. Two parents discussed feeling confused about

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[87] This was not one of the birth mothers we interviewed. To the best of our knowledge none of the birth mothers were connected to the children or caregivers interviewed.

contact arrangements with their children in foster care, either now or in the past, and being unsure why time with them was supervised or had ended in a way they found abrupt.

Some children in kinship and foster families had no recent contact with their parents. From the caregiver survey, five of the 17 children living with kinship carers had no contact with their mother in the previous year. One child's contact had been terminated by the court and for another by a Children's Hearing, and three mothers had not maintained contact. Eight children living with kinship carers had no contact with their father in the previous year. Of those, one child's father was unknown, and one had not maintained contact. Contact had been terminated by the court for two children, and by a Children's Hearing for two others. One child's kinship carer reported that the child did not want to see their father.

Eight children whose foster carers completed a questionnaire had no contact with their mother in the previous year. This included two children whose mothers had died, and one who had been deported. For one child, contact had been terminated by the court, and for one by a Children's Hearing. Caregivers reported that three children did not want to see their mother. Twelve children living with foster carers had no contact with their father in the previous year. Of those, one child's father had died, and one was unknown. Contact had been terminated by the court for three children, and by a Children's Hearing for two. Caregivers reported that two children did not want to see their father and two fathers had not maintained contact. One father had, until recently been in prison and contact had not been permitted although social workers were currently assessing this with a view to some form of contact starting.

Contact and connections for adopted children

There were marked differences in the type and amount of contact adopted children had with birth parents, compared to children living in foster and kinship families. None of the children living in adoptive families who took part in interviews had any in-person contact with a birth parent, although some children and their adoptive parents mentioned the possibility of this in future. While an absence of in-person time with birth parents might appear stable and fixed, all adoptive parents considered children's possible future contact with birth parents or other birth family members, and the topic was alive within interviews.

In the social worker survey, of 57 adopted children where social workers were in touch, one child was known to have in-person contact with both birth parents and two children had in-person contact with their birth mother. Eight children maintained a connection with birth parents via phone or social media, and 11 had 'letterbox' contact.

From the caregiver survey, the only form of contact between adopted children and birth parents was via 'letterbox'. Six adopted children, out of 66, had letterbox contact with one or both birth parents. For five this was with their mother, and for two with their father.

The majority (61, 92%) of adopted children had no contact of any sort with their birth mother in the previous year. For 31 children (47%), all contact had been terminated by the court, and for one child it had previously been terminated by a Children's Hearing. The mothers of two children had died. For 26 children, it was reported that birth mothers had either not wanted or not maintained contact. Adoptive parents for one child had stopped contact with their birth mother, with the support of the local authority, when she posted harmful information about the child on social media.

All but two adopted children (64, 97%) had no contact with their birth father in the previous year. The fathers of 10 children (15%) were unknown and three fathers (5%) were known to have died. Contact had been terminated by the court for 28 children (42%), and previously by a Children's Hearing for one child (2%). For the other 22 children (33%), adoptive parents reported that fathers had either not wanted or maintained contact.

There was no mention of phone or online contact between adopted children and birth parents in the caregiver interviews or survey.

Letterbox

Where there was letterbox contact, a common theme in interviews with adoptive parents and birth parents was that communicating in this way was hard. During interviews, six adoptive families and five birth parents highlighted the emotions involved in writing and receiving letters and waiting for replies. Three adoptive families receive letters back from birth parents and three adoptive parents write letters but do not receive answers – two were aware that none of their letters have been collected. All adoptive parents talked about how difficult letters are to write and none had ongoing support with this. Adoptive parents tried to strike a balance so their letters were meaningful but not identifiable, not inadvertently hurtful or upsetting, and were mindful that children might read these later in their life.

> *It's a really difficult thing to write actually, to write about the good stuff ... It's never War and Peace, it's just a summary of what he's been up to and the things he's done and maybe some places he's visited, and he's reading now or he's drawing or whatever it might be, just a few snippets like that, and trying to put yourself as far as you can into their shoes.*
>
> (Sally, adoptive parent)

> *It can be quite a hard letter to write some years as well, because you've got to be – I never refer to Paul [husband] as dad. I never refer to myself as mum. I didn't refer to my mum and dad as grandparents. I wouldn't write in her letter, 'Nate regularly goes to his granny and grandad.' I would say, 'He regularly sees my parents.' I watch how I word things, because there's nae point in rubbing salt in.*
>
> (Claire, adoptive parent)

One adoptive family who had stopped writing letters earlier in the children's lives explained this was based on children's possible views and feelings about sharing information in the absence of reciprocity.

> *We discussed it and I said, 'I don't think we should send any more.' I'm trying to imagine it from the children's point of view, because as they grow up and find out more information, you go, 'You kept sending information about us, even though we weren't getting anything back?' whether I would think, I was thinking, would they think that was okay or not? I couldn't, so it was a dilemma that we had to discuss. We both came up with the same suggestion, that it would be it's not.*
>
> (Jane, adoptive parent)

Some adopted children talked about the letters their adoptive parents sent to their birth parents, including Lucy aged nine, who said she was going to see her birth mother when she was older. For the moment, she was aware of the letters but not involved directly in writing them.

> *Interviewer: Do you know what Ally[88] [birth mother] looks like? Do you have pictures of her?*
>
> *Lucy: No, not really. The only time that she's ever heard of me is Mum sends letters to her.*
>
> *Interviewer: Oh, does she?*
>
> *Lucy: So she puts letters in the letterbox, and then a friend of Ally usually takes the letters over to her, and it has pictures of me and stuff.*

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[88] The interviewer took a lead from Lucy who referred to her birth mother as 'Ally'.

> *Interviewer: Okay, so how often does your mum do that?*
>
> *Lucy: Like every year, I think. Every year or a month.*
>
> *Interviewer: Right. So your mum every year sends Ally a letter. What, telling her how you're doing or ...?*
>
> *Lucy: How I'm doing and the top thing that's happening.*
>
> *Interviewer: So when your mum's writing the letter, do you help her or not with it?*
>
> *Lucy: Usually, she writes it in private.*
>
> (Lucy, 9 years old)

Most adopted children from the interview sample were not involved in writing letters to their birth parent(s). Two adoptive families asked children (aged 9 and 10) if they wanted to contribute to letters, but they have so far not shown an interest. Another family had not involved the child due to his significant developmental disability. One young person who is involved in writing letters and reads the letters his birth parents send back reflected how hard this was:

> *I sent them to their social worker a few months ago. I just don't know what to write. I've got three letters ... Christmas this year. Hadn't tried to send anything as well. I don't know what to say to them, if I'm being honest. It's been so long, there's not – at least if it was someone I'd seen somewhat recently, I could have something, a talking point or some information but I haven't.*
>
> (Lucas, 15 years old)

During interviews, one adopted child, aged 11, described how seeing photographs of his birth parents made him feel 'emotional' because he had not seen them since he was a baby, although he anticipated he might meet them in the future.

> *Leo: I only have photos of my birth parents, but I don't really want to see it because it just makes me a bit emotional sometimes.*
>
> *Interviewer: Does it make you emotional because you don't live with them or because you...?*
>
> *Leo: It's because I've never seen them.*

Other young people reflected in the interviews how future contact might affect them, describing how they wanted to be older and in a safe and stable place first.

> *I won't until at least I've passed my exams. Right now, it's not a priority. At some point, I will definitely contact them. There's no doubt about that. It's just when the time is right. She expressed an interest which is something she has not done. So I personally don't want to ruin my life here just for contact that could die and nothing happens, make things worse.*
>
> (Dylan, 15 years old)

> *Interviewer: When I asked about when you were older, do you think when you're older you might see them [your birth parents] or not or...?*
>
> *Ellie: I would, I think, but I think I just have to get school out of the way first. Do exams and stuff. I think if I have time I'll probably do that, but I want to do - I've just got to get school done and dusted with first.*
>
> (Ellie, 14 years old)

For birth parents writing and receiving letters was hard and understandably, they found letterbox contact with adopters who they had met and formed some connection with easier. Letterbox contact had huge importance in the lives of birth families, for parents, but also sometimes for siblings and wider family.

It was experienced as very painful when letterbox contact stopped, and the birth family had not received any news of their child or children. One birth mother suggested that letterbox contact with one of her children stopped when the mother was serving a custodial sentence.

Having support with writing, sending, and receiving letters, or knowing that this was available was appreciated by birth parents. Two social workers in our survey reflected on supporting birth mothers with writing letters and how this had enriched the letter contact from both families.

> *I meet regularly with the birth mother who has some learning difficulties to support her to write back to the children once a year. Birth mum has come to recognise her loss but is able to explore these feeling more positively knowing her child is thriving and that the letters are a way of maintaining a connection for them both.*
>
> (Social worker, survey response)

> *In the last few years that has really developed, and birth mother has been more confident in what she considers appropriate to include in her response to the adopters. This has worked really well as I have been able to spend time visiting birth mother at home every summer and hand delivering the letter. This has enabled me to offer direct support to her being able to write. The adopters have appreciated keep up in communication and have been able to share this with the child.*
>
> (Social worker, survey response)

Birth parents who had experienced more than one child being adopted were able to compare the experience of meeting the adoptive parents of some of their children, but not of others. For all birth parents who had a child adopted, when there was ongoing letterbox contact in place, birth parents reported a greater sense of ease when they had met the adoptive parent(s).

> *I was like, no, I have to meet them, I have to know where my babies have gone. I met them and they were brilliant. They were really nice. Sylvie [the adoptive mother] got upset, bless her. She got upset and she was, 'I can't believe I've taken your babies'… I was, right, we need to stop that because it's not helping. We're not going to do that. She was, 'OK', I was, 'we're going to talk about what they've been up to, how they're bonding with you.*
>
> (Cheryl, birth mother of children aged primary school to young adult)

> *I get contact, letterbox for them, all the time. They're doing really well, but it would've been nice for me to know where they were going to. Letterbox contact's fine, because I want to write a letter back to them.*
>
> (Lorraine, birth mother of children ranging from pre-school to adult)

Changes in connections with birth parents since Phase 1

Other longitudinal studies highlight the need for connections to be flexible and adapt based on children's needs and parents' capacity (Neil, Beek and Ward, 2015). For eleven out of 29 children, kinship carers and foster carers in interviews reported that there had been changes in the child's connection and contact with parents between Phases 1 and 2 of the study. Four were living in foster families and seven with kinship carers. For six children, contact with one of their parents had stopped entirely. For three of the six, this was because of significant concerns about the wellbeing and safety of children when they were with parents. One young person recalled he had been upset when he stopped seeing his mum, but that going between his mother and kinship carer had been difficult, and he felt more stable. There was now no contact with his mother.

> *When I got took away from – not took away – but like wasn't allowed to have sleepovers with her anymore, we did talk about it, and I was really upset. I kept on crying, but as the years went by, I just wasn't really crying anymore. I wasn't that upset. I was happy where I am, and I just realised where I've got without her being with me.*
>
> (Samuel, 13 years old)

From the interviews and the survey of caregivers and social workers it was evident children living in kinship or foster families influenced changes in contact with parents. In our interview sample, one child had recently started seeing her father after repeatedly asking about him and another young person enjoyed and sought out more contact with his father.

There were also examples of children resisting contact. During one interview, kinship carers described that the child asked for any contact with her father to stop after witnessing a violent incident during family time. When children resisted seeing their parent, foster and kinship carers and social workers respected this, but tried to keep the possibility of a relationship open. Connections between children and parents are dynamic, with opportunities for relationships to become closer as well as the potential for children to experience repeated rejection, unpredictability or conflict.

> *Until last year he went to see his father. He didn't care. He was just there because he should go. It's okay for him. Since this year he started enjoying being with his father. Before, he would hide behind my husband to not see, or to not to get close to his father. Now he's hugging him. He's talking. He's playing.*
>
> (Pauline, foster carer)

> *When she was clean, the contacts were beautiful. She was loving, caring, maternal. It was all there. Actually, for Reuben [child], I think that was worse, because she had the skills and the power and the capability but wasn't consistent. It meant that he didn't know what he was getting at any given time.*
>
> (Heather, foster carer)

> *The child does not want contact with mum/dad however have supported mum to write child a letter and child knows I have this but does not yet want to see it. Have encouraged paternal and maternal family to support letters/photographs which child now has and child has met face to face with paternal family.*
>
> (Social worker)

Changes in social workers could lead to arrangements being revisited including starting letter or in-person contact, and the impact of a change in social worker also came up in birth parent interviews. One kinship carer felt that changes in attitudes towards substance use meant the social worker was more open to the child having family time with the child's father.

> *Natasha [the social worker] really instigated, because she just thought right, this is about time now, because Chloe kept speaking about her dad. I would tell her about her dad, I used to see him when she was at school, which was fine. She was always asking questions; I would be telling her and things like that ... Then okay, a couple of supervised visits ... and now it's up to myself to supervise it, which is fine, which is good ... I think what she said to me she found was quite a few of the people she deals with either one parent or two parents are still abusing substances or alcohol, but the*

> *kids are still ... its fine for the kids, cos if they'd stopped the kids seeing the parents that wasnae working out either, so that kind of changed.*
>
> (Sue, kinship carer)

Data from interviews with birth parents revealed slightly different aspects to contact and connections. This included planned ongoing in-person time between a birth mother and her two youngest children Zach and Maya who had been adopted.

> *Elizabeth and her family, they're amazing as well. Her daughter is absolutely good with them, so aye, I can't ... This time it's worked better in my interests, because I've never had this opportunity, any of this. I'm a first-time person getting the opportunity and I'm loving it. I'm loving life. I just feel like I've got what I wanted back. I had a hole missing in my heart that's been filled because I've got my contact with my boy. I'm just so proud of myself. I've done so well... but it's Elizabeth that wants to open the adoption. Elizabeth wants me to be part of the two kids' life. She wants them to know who I am. I'm so happy that Elizabeth's letting me do this. I've come so far to get to here, but aye, I'm so proud of myself.*
>
> (Lorraine, birth mother of children aged pre-school to adult)

Other birth parents mentioned that they had enjoyed time with their children in foster care or kinship care that had been more relaxed or extensive than set out in legal orders. This was sometimes due to a good relationship with the caregivers for the child, and as children got older, young people made their own arrangements directly with their birth family members.

> *Her foster mum – she was brilliant. She used to meet me when she wasnae supposed to meet me. She would just give me Olivia and say, 'Look, it's your daughter'. Then she'd go and read a book. I'd go to the park. She would be there, but ...*
>
> (Kim, birth mother of children ranging from teenager to young adult)

> *The two of us just muddle through. Victoria has been here. A couple of weeks ago, Victoria came, and social work knew nothing about it ... Victoria said, 'I'm past caring' [about any potential consequences] ... She said, 'I'll be at yours for about dinnertime', I went, 'Yes, that's fine'. So, she even got the town bus up to here. She was here for three hours. It was fine. We had lunch, we had a laugh. She smokes, seemingly. She's got a vape, anyway. I said, 'Well, don't dare do it in front of me".*
>
> (Susie, birth mother of teenage children)

Three of the ten birth parents interviewed had at least one child with whom they had no contact at all and had no expectations of contact being re-established soon. A further two birth parents described disrupted letterbox contact, where letters from their child's adopters had stopped arriving some time ago.

Connections and contact between siblings who live apart

The Promise (ICR, 2020) was published in February 2020 and is having an impact on policy, legislation, and practice in Scotland, including Section 13 of Children (Scotland) Act 2020 which placed a duty on Local Authorities to maintain connections between brothers and sisters. Interestingly, this did not come up in any of our interviews with children or caregivers, but did in interviews with birth parents, where a dissonance was identified between this duty and the experiences of their children.

Social workers who had been in recent contact with the child provided information about whether, and how, children kept in touch with brothers or sisters living elsewhere.

The majority (187; 88%) of the 213 children whose social workers provided such information were known to have siblings, with 150 of these children (80%) reported as having at least one brother or sister they did not live with. Over half of children (83; 55%) whose sibling(s) lived elsewhere had some form of contact. Whether children have any form of contact with brothers and sisters they live apart from varies according to where they lived – 76% of children in foster care (44 of 58), 57% of children in kinship care (29 of 51), and 24% of adopted children (10 of 41) had some form of contact with siblings they did not live with.

The majority of children, 88 of 98 (90%), whose caregivers completed a questionnaire have brothers or sisters, including full-siblings, half-siblings, and others with sibling-like relationships. Of these 88 children, nine (10%) were living with all their siblings, 36 (41%) live with some, but not all their siblings, and 43 (49%) don't live with any of their siblings. Caregivers reported children living with up to six siblings and having between one and more than ten brothers and sisters living elsewhere. Caregivers reported that 19 children had siblings whose whereabouts were unknown.

Of the 79 children from the caregiver survey with a sibling living elsewhere, just over half (41, 52%) had some form of contact with at least one of their brothers or sisters during the previous year, meaning just under half (38, 48%) had not.

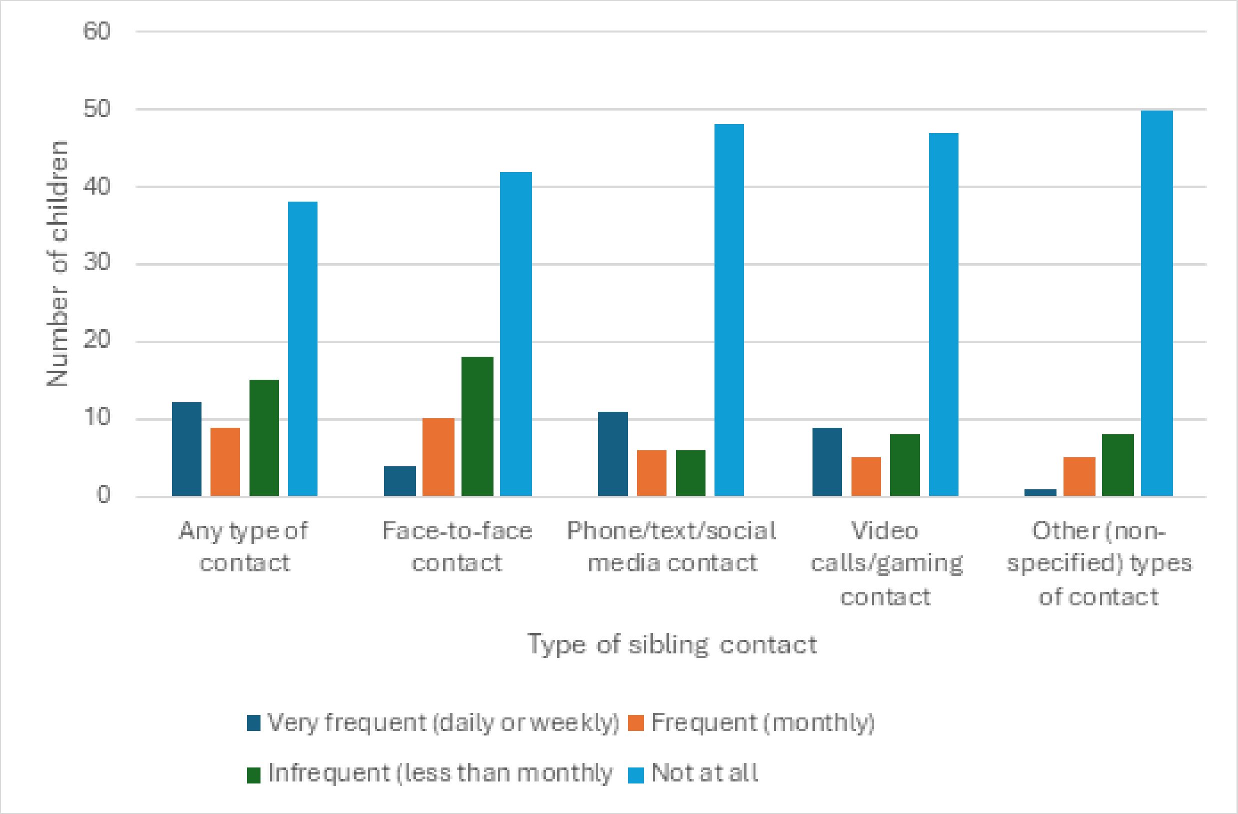
All the children in kinship families with siblings living elsewhere (12 of 17) had some kind of contact with at least one sibling. Fourteen of the 15 children in foster families have a sibling living elsewhere, and 11 of these had some form of contact. Of the 66 adopted children, 53 have a brother or sister living apart from them – only 18 (34%) had some form of contact with at least one sibling during the past year.

A similar picture was seen in the interview sample. All the children in foster families have contact with at least one of their siblings they don't live with, and two have contact with all their siblings. Only one child in kinship care does not have contact with any siblings, and this had changed from Phase 1 where there had been contact with an older half-sister. Three children in kinship care have in-person contact with all their siblings. Of the ten children in adoptive families, two have in-person contact with a sibling, two have had some letter contact, five have no contact at all, and one child does not have any siblings.

The caregiver survey indicated that the type of contact varies. Nine of the 14 children living with foster carers and nine of the 12 living with kinship carers have in-person time with siblings, whilst only 14 of the 53 adopted children do. Similarly, fewer adopted children have phone or online contact (including text and gaming) (11 of 53) with siblings living elsewhere than is the case for children in foster (9 of 14) or kinship families (8 of 12). Adoptive parents reported other forms of contact, likely to be letterbox contact, for 11 of 53 children with siblings elsewhere. Three of the 12 children living with kinship carers had other forms of contact.

The frequency of contact children had with brothers and sisters varied by type of contact and by where children were living. For over half (21) of the 41 children who had some form of contact with siblings living elsewhere, caregivers reported this was at least monthly (Figure 8). For 12 of these children, contact of any type was daily or weekly. Spending time together happened less often, while phone/text, social media, video calls and gaming occurred more frequently.

Figure 8: Frequency and type of contact with siblings living elsewhere (n=79)



Source: caregiver survey

Social workers in the survey reflected how contact varied depending on the needs of the child, and being well and feeling safe can influence children's wishes and views on contact and connections. Some gave examples of children being ready for contact once they started to feel belonging and safety with new carers.

> *Stability with her current carers allowed a period of time to repair the sisters' relationship and re-establish contact with the older sister and with the grandfather.*
>
> (Social worker, survey response)

Connections between brothers and sisters living apart and the way these are developed or maintained also depends on views and decisions made by each of the caregivers involved. During one interview a foster carer talked about supporting the children's older sister, who had looked after them when they were younger and who the children saw regularly for overnight stays.

> *It was actually us that helped get her a social worker to help her out. We were trying to find her a flat and everything.*
>
> (Jen, foster carer)

Five caregivers in the survey highlighted the importance of families being open and positive to supporting and maintaining sibling connections and time together. In interviews, none of the caregivers said that contact with siblings, either in-person or via phone/text/letter was mandatory or part of their legal order. One kinship family was currently considering asking for in-person contact with another sibling to be written into their legal order, to ensure ongoing contact and connections are upheld and not vulnerable to changing circumstances and changing views of caregivers.

Several birth parents described being unclear what the legal agreement about in-person contact was for their children in foster care and suggested that this had stopped abruptly for some children, without explanation. A major concern for birth parents was contact between brothers and sisters being subject to the changing views of foster carers, when siblings were growing up in separate families. Three of the ten birth parents described planned contact arrangements between their children breaking down, in ways that were distressing for some of the children, and which they found painful.

In interviews with caregivers, reasons for no contact or for contact that had stopped between Phase 1 and 2 included examples of a growing disconnection with older siblings who were now young adults and had moved away. For two adopted children, caregivers for their siblings were not open to contact, while in a kinship family one of the children's mothers stopped contact between siblings as she worried they would also see their father. At times, carers and adoptive parents did not know what had happened to younger half siblings, particularly where birth parents or caregivers had moved to different areas.

For eight families in our interview sample, middle childhood was a time when contact with siblings was being revisited and connections between some siblings were becoming closer. Two adoptive families recently had letter contact with siblings for the first time, one family was in the process of establishing letter contact, and young people in four families, all aged 12 to 15, had started to speak to siblings independently using phones and online platforms. Five caregivers in the survey described social media, phones and tablets as supporting sibling connections. However, in our interviews two caregivers had stopped online communication between children and older siblings as it was harmful.

Millie, who is adopted, talked about sending letters to her older siblings who had been adopted by another family, and anticipated playing together online in the future, as well as meeting in-person:

> *Interviewer: You've been writing letters to them.*
>
> *Millie: Yes, and one of the things I wrote in the letter was, I think I wrote do you play Minecraft, because if they do, I want to friend them in Minecraft so we can go on the underwater rollercoaster, we can friend them, we can play, and build stuff in Minecraft, and stuff like that. I already friended Harris [cousin in adoptive family] in Minecraft.*
>
> *Interviewer: Yes, and have they replied? Have you had a letter back from them?*
>
> *Millie: We're going to get a letter back from them soon.*
>
> (Millie, 9 years old)

Four caregivers talked about the difficulties of witnessing children's older siblings who live elsewhere struggling with substance use, homelessness and mental health. They reflected on the potential difficulties that might lie ahead, mindful that siblings living apart often had very different experiences and life paths.

> *Then the other thing that I hope for Innes is that he manages the birth family contact, which I think is in the future. I think that will be really tricky for him because his brother, his full brother, he is the one I guess – could be wrong – he will want to reach out to if he does want to reach out to them. His life has taken a totally different path, unfortunately. So, if they come together, I don't – that's hard. It's hard for him; it's hard for his brother. It's just hard. They've had completely different experiences.*
>
> (Connie, adoptive parent)

This was also reflected in social worker survey responses, which described how sibling contact could be positive for some, difficult for others and how children might be curious but did not feel ready yet. During interviews, caregivers highlighted that while children did not necessarily see or have a close connection to their siblings, it was important for children to know that their brothers and sisters were safe.

Where there was contact with siblings who lived elsewhere, all caregivers talked in interviews about the layers that make this challenging. These include differences in parenting and family cultures of two, and at times, three families when siblings spend time with each other, children's different levels of interest in each other, and balancing worries about sibling contact with an awareness of the importance of this connection to children's lives. These are similar to the challenges raised elsewhere (AFKA, 2023).

> *Jen: We have aired our concerns.*
> *Frank: Yes, but we don't want it to stop. They need each other.*
>
> (Jen and Frank, foster carers)

> *To begin with – when she got hold of Abi's [older sister] number and knew about iPads and things like that – texted her all the time and Abi didn't want to get involved with it and didn't answer. She struggled with that for a wee while. She was just too much. Abi, I don't think, is looking for that kind of relationship; certainly not just now. Hopefully, as they get older and get closer, more involvement again, they'll come back together, and hopefully Cooper [younger brother] as well.*
>
> (Karen, foster carer)

Caregivers and birth parents identified that additional sensitivity was needed when siblings had different early experiences and memories, or ways of relating to their birth families, or if they knew different parts of their histories. The interview sample included families who were navigating complex situations, including one child who did not know their caregivers were not their birth parents, whilst their sibling did. Birth parents from rural areas, worried that their children may be living close by each other, and may meet in school or in the community, without knowing that they are siblings. Caregivers talked about how difficult it is to explain to children why one sibling has been adopted, while the other one lives with foster carers.

Just over one third (34%) of children in the caregiver survey have at least one sibling living at home with birth parent(s). In interviews, carers, adoptive parents and birth parents discussed the additional complexities in supporting children to make sense of this and all worried about how this feels for children.

> *Then again, you're thinking, what is going through his head? Is it the fact that his brother and sisters are with his mam, his dad's sitting up the road and he's here? I've asked him, 'Are you happy?' 'Aye, I'm happy here.'*
>
> (Mary, kinship carer)

Birth parents expressed concerns about their children not having the contact and connections with their siblings that had been agreed upon, or that they felt would benefit their children. This was particularly difficult when there was at least one child living at home with them. During interviews with caregivers, we heard that two young people who have recently been told that their mother has younger children living with her, have shown empathy and tenderness, and were happy their mother was able to care for their younger siblings.

> *I says, 'Are you feeling sad about that?' She goes, 'No, I'm actually quite happy that mum's grown up enough to manage to keep hold of my wee sisters.'*
>
> (Diana, foster carer)

For some of the birth parents it was older children who had remained in their care, or more closely connected to the birth family, while a younger child had been placed outside of the family. This could be a source of sadness for their older children, who had found the separation painful and/or confusing or felt responsible. Joanne described her oldest son as 'heartbroken' when his brother was adopted, blaming himself, as he had been getting into trouble in the community and with the police at that time. Cheryl talked about her older children waiting for their younger siblings to search for them, and anticipating a future reunion, even though she acknowledged that this might not happen. Kim said it had been very difficult for her son that his younger sister was removed as a baby, and he had not had sufficient support from professionals with this, either at the time or subsequently. Andrew was concerned about the long-term impact on his children not spending time all together.

> *Since I've had Aiden in my care, I've never seen [the whole sibling group] together and that's scandalous… I can see now; the kids are going to suffer in years to come. They're not going to be close, but a family should be.*
>
> (Andrew, birth father of children ranging from primary school age to teenagers)

Children's contact with other important people

In addition to connections with birth parents and brothers and sisters, we were interested in whether children saw or maintained a connection with other people who were important to them. From the caregiver survey, more children in kinship care have some form of contact with birth grandparents (14 of 17) than children in foster care (6 of 15) or adopted children (4 of 66). Similarly, more children in kinship care have some form of contact with other birth relatives (15 of 17) than children in foster care (5 of 15) or adopted children (7 of 66). In interviews, four kinship families talked about complex wider family dynamics and extended family members taking 'sides'. Kinship carers who were grandparents drew on the support of their adult children, so children's aunts and uncles were regularly involved in their lives.

In Phase 1, there were differences between the amount of contact children had with a previous foster carer. Ongoing contact and connections with previous carers happened more frequently in adoptive families, with half (47%) of children having contact, whereas this was just 9% for children in foster care (Cusworth et al, 2019). In Phase 2, the caregiver survey showed that 23 out of 66 adopted children (35%) had some form of contact with former foster carers or other carers during the preceding year, while no children living with foster carers and only one child living with kinship carers had contact with their former foster carers or other carers. In five families, during their interviews, adoptive parents mentioned the importance of maintaining connections with previous carers

Birth parents expressed concern about fractured relationships with their children's previous foster carers. Andrew, who now has care of his child Aiden, described Aiden's former foster carers as blanking him and ignoring his attempts, at his son's request, to reinstate contact with them. He suggested this was because the carers did not agree with his son being in his care and said:

> *It's a shame for Aiden because he's asking for them and things like that.*

Communicative openness and life stories

Families varied as to how open they were about children's birth families and early lives. Some families in our interview sample were very open and talked regularly and had tangible reminders of birth family easily accessible. For two families this included caregivers sitting alongside young people looking for birth family members on social media. In contrast, other families rarely talked about this part of children's lives.

As this is a longitudinal study, we had interviewed some of the same children and caregivers in Phase 1. It was evident that in families who were open about children's stories then, conversations have evolved over time to include more detail, reflecting children's growing understanding and ability to process more nuanced narratives. In these families, conversations have become regular and spontaneous parts of life, rather than being adult-led conversations of a revelatory nature. Conversations were more often child-led, with children and young people initiating and asking questions as they come up for them. One young person referred to the process of making sense of his story as a puzzle, while an adoptive parent talked about her child starting to 'make links':

> *Supposedly, the social worker at the time didn't even know there'd been a third child born. This was not long after Evan [sibling] had been born as well. This is a lot of stuff that I've been told later on by Geoff and Ali [caregivers], my brother's carers and my brother. So yes, it's a lot of piecing the puzzle together. It's quite a broken puzzle, but someday it'll be complete.*
>
> (Dylan, 15 years old)

> *It comes up three or four times a week, and I feel like it's always there … Sometimes he struggles with emotions or struggles with change, and I guess he's just started to link it to, you know when you've had a big change at the beginning of your life … but he's starting to make those links.*
>
> (Hannah, adoptive parent)

Communication about children's life stories was relatively open in all foster families, and this appeared to relate to training foster carers had and were receiving and regular social worker visits often involving conversations around children's stories.

> *I've always said to John, your mum and dad loved you, they were just too young and had too many kids too quickly, but still wanted to party like teenagers because that's what they were, and that's what all went wrong.*
>
> (Ruth, foster carer)

There was contact with parents or siblings in most kinship families, and five out of eight kinship families in the interview sample regularly and openly talked about children's stories. This included sharing past anecdotes, drawing on carers' knowledge and memories of parents. Three kinship families could be described as less open, and for all of them this was connected to children's developmental disabilities and concerns around their level of understanding. In one kinship family, the child has not yet been told by caregivers that they are not her birth parents or how she is related to other members of her family.

In adoptive families some families talked regularly and often about children's birth families and their previous carers. In other families, the information shared with children was quite general. In those families, when children asked about their birth family, including the possibility of seeing them, adoptive parents were future-focused, suggesting children might make contact when they were 16 or 18. Where there was less openness, adoptive parents explained they wanted children to feel they belonged, emphasising *'we are her mum and dad'*. Children's histories and birth family seemed less immediate for adoptive parents, in the absence of contact with birth family or social work visits.

All caregivers, to varying extents, acknowledged their role as archivists and keepers of children's stories. Caregivers were mindful to retain letters, case files, photographs, newspaper clippings, or write down information they had been told by social workers or previous carers, so this could be available to children and young people in the future. Families talked about how it was difficult to have gaps in children's stories, where there were no photos or information about how life had been for children. Connections with social workers or previous carers helped caregivers and children to piece together information about their histories and birth families, and this was highlighted across the survey and interviews. However, there is some important information – letters, photos, details about their early lives or birth families – that kinship carers, foster carers and adoptive parents had chosen not to share with children.

Information that so far has been kept from children included the full detail of why they came into care, that they have siblings, or ongoing concerns about birth parents. This included where birth parents were currently or had been in prison or had histories of serious violent behaviours and offending. Experiences of domestic abuse and problematic substance use were described in interviews with caregivers for most children, while several mentioned poverty, birth parents' learning disabilities, being a young parent and/or the parent being care experienced.

Caregivers generally talked about birth parents’ stories with empathy and concern. They said they were mindful not to talk negatively about birth parents to children, emphasising to children they were and had been loved, while also acknowledging experiences that had been painful and hurtful.

> *It was just that their parents weren't able to look after her, and that’s about as far as we've gone down that, and that's quite a difficult one I think for her to grapple with. I keep trying to work out a better way to say it, because I think it kind of lends itself for her thinking, am I difficult to be looked after, was it harder for them to look after me than other kids, am I difficult?*
>
> (Hannah, adoptive parent)

During interviews, it was evident that choices caregivers made about withholding information came from places of love and concern, including for birth families. In some instances, this was also connected to caregivers not feeling supported enough to hold and manage potential distress children might experience. However, withholding information has implications for children, for birth families and for caregivers, and telling children substantial new information about their lives in middle childhood is hard.

> *That's something that we had to conscientiously bring in. Like everything else we spoke about from the time that we got them, and it's only the siblings that we, not deliberately left, but I felt like it was a little bit of a big reveal because we forgot to bring it in. Then it had to be a bit of a, oh by the way. I think that was a bit like, oh right, okay, wow, that's slightly – that's quite big.*
>
> (Alan, adoptive parent)

Caregivers from families raising brothers and sisters talked about tensions when children have different needs and ways of making sense of their stories. This included children learning information they were not ready for from siblings, or children being uncomfortable when their story was shared with peers by their brother or sister. Difficulties in sibling dynamics were described where older siblings, including caregivers birth children hold more detailed information. It was evident from interviewing different family members that there is not always one story or narrative within families, and stories differ depending on who talks to each other.

Now children are older, the degree of communicative openness is influenced by how curious and interested children are, how openly they ask questions and how comfortable they are talking about parts of their stories. This works both ways, caregivers being open creates possibilities and safe spaces for children to ask questions, while children’s questions can make caregivers rethink and re-engage with conversations. There were also examples of caregivers attempting to start conversations but children and young people disengaging and closing conversations down.

During our interviews with children, there were differences in how much they shared about their birth families, related to the child’s age and whether they were used to talking about their stories.

Some children gave us a strong indication that this was a private topic. In some interviews, connections to birth families were visible when children talked about what they do, rather than talking about their feelings. For example, children had photos of birth family members next to their bed, showed photos and life story books to us or talked about showing them to peers.

> *Interviewer: Do you have like a life-story book? A book that's all about you?*
>
> *Max: Yes, do you want me to go get it down?*
>
> (Max, 10 years old)

In the survey, social workers mentioned engaging in life story work with children, and several caregivers stressed the importance of children having physical life story boxes and photo albums. These allowed children to revisit or explore memories or parts of their stories in their own time and in a way that is centred on tangible objects, rather than conversations that are led by adults.

> *I bring it up when I feel like I should and he oftentimes doesn't really want to engage. He's got a life story book that I made for him so he looks through that. I saw it out the other day so he was obviously looking through - with pictures of them in there and stuff.*
>
> (Sara, adoptive parent)

This might involve children having photos of family members including birth parents, that they choose to keep privately, but that they can access.

> *There are photos, but she's put them in the drawer. Never been on display for years. I don't think she's put it into a compartment and forgot about it. She looks very like her mum. It's been away in the drawer for years. She rarely mentions her mum.*
>
> (Marion, kinship carer)

In terms of communicative openness being a process, caregivers considered children's subtle signs when deciding when and how to share information or talk to children. In interviews with children and young people it was interesting to note how their narratives were at times similar to the accounts of their caregivers, with children using words about their stories that seemed to reflect the language adults had previously used when explaining things.

6. Final comments

In this report, we have used the word 'complex' more than once, to convey that each child has their own needs and experiences, and the support offered to them, and their families should reflect those nuances. We have shoes on the front page to symbolise the ages of children in our cohort and the journeys they have made, and to try as best as we can to stand in children's shoes.

The study used mixed methods and drew on administrative data, surveys and interviews. Administrative data provides vital information about children's lives and their journeys through childhood, but it does not tell us about the day-to-day experiences of children, young people and their families, or, importantly, how they feel. To build up a sense of these details we drew on survey data and on the rich data from interviews.

The study paints a picture of where our cohort of 1,836 children were living ten years after they became looked after in 2012-13 when they were aged five and under, and how they are doing. We found that careful decision making in children's early years is crucial, as the choices made then influence where and with whom children grow up, and their permanence status.

By 2022, most (79%) of the 1,836 children were living in homes where it is anticipated they will remain until adulthood. For most, this was with their parents, other family members, in adoptive families or in long-term foster families. However, on average this took over two and a half years and too many children (more than one in ten) were in impermanent placements. Given the existing guidance on timely permanence both findings will be of concern to policy makers, practitioners and children and their families, and need to be a focus for change. When we revisit children in Phase 3 (2026-30) we hope more children will be in permanent placements.

For almost one in ten children (9%), we were not able to tell where they were living in 2022, because this detail was absent from CLAS. This level of missingness is concerning, and has serious implications for service planning, including resourcing support.

It is also not currently possible to track adoption breakdown using CLAS. This is a major gap given the impact of breakdown for children and their families, and the support they are likely to require. To monitor adoption breakdown, one solution would be for administrative data to record whether children had previously been adopted before becoming looked after.

The primary focus of the study is on the experiences, wellbeing, relationships, and outcomes for children whose route to permanence is not with their birth parents. When children are not living with birth parents, their connection to brothers and sisters is also impacted. Despite the Promise (ICR, 2020) emphasising the importance of sibling relationships, almost half of children whose caregivers completed our survey have no contact with brothers and sisters they live apart from. While not underestimating the sensitivity and care needed to maintain or renew connections, the fact that so many children do not have any form of contact with their siblings is stark.

We know that children's early lives were difficult, and kinship carers, foster carers and adoptive parents use different lenses to try and make sense of how children are doing, and what supports would best help them and the family. The proportion of children (whose caregivers completed a questionnaire) who had emotional and behavioural problems, measured using the Strengths and Difficulties Questionnaire, is five times higher than seen in the general population of children, and almost double that in Phase 1. This finding is likely to have ongoing implications for the supports they require to help them thrive.

Whole family support was a priority area in Plan 21-24 (the promise, 2021), however the processes and emotions involved in accessing and using support can be complex. The impact of the loss of a child through child welfare processes is significant, and while the birth parents we interviewed were receiving support, many do not. Children, caregivers and birth parents all valued support - from social workers, teachers, health professionals, friends and family - which was relational and empathic. Support which was instructive, over simplified, and not attuned to the complexities of children's and adults' lives was not seen to be helpful.

Across Phase 1 and Phase 2, we found that children's wellbeing and sense of belonging is bolstered by ostensibly small acts of day-to-day care, affection and commitment. The reparative nature of this care was summed up earlier (page 43) by Fiona, an adoptive parent, who said:

> *I now recognise she was doing that because she's obviously got some stuff going on in her head that she was like, 'I need to push you away,' and she was just testing us. The moment she was in hospital, she asked me to stay. I was her worst enemy and she wouldn't let go of my hand, so I knew then.*

Formal and informal supports need to acknowledge and nurture caregivers' capacity to provide these day-to-day acts of care which are so important to children and young people.

Kinship carers in particular are navigating complex relationships with children's parents and other family members. While a greater proportion of kinship carers were accessing support than in Phase 1, this was still lower than foster carers or adoptive parents. This was not necessarily because support was not available, but because carers were sometimes uncertain whether professionals and services would be sensitive to the nuances of family dynamics. Any changes in these dynamics can have an impact on relationships and on children's felt security, and services need to recognise this, in order that children and their families receive the necessary support.

Given children's ages and stages, school was important for them and their caregivers, and was one of the main sources of support. Where schools got this right, it made a big difference to the lives of children and their families, including at times of crisis. The support offered by teachers and other members of the school community bolstered children's sense of belonging, academic motivation, friendships and safety. However, some children and caregivers also experienced a lack of flexible support with school being a place of anxiety and exclusion. Moving forward, the role of Virtual School Head Teachers is important, but they were not mentioned in interviews or surveys. For children and their caregivers, it was the encounters they had with teachers and other staff which were significant in whether they felt supported and included, or not.

We started this chapter by noting the complexity of children's lives and experiences. When reflecting on his life, and the connection he has to people he doesn't live with, Dylan summarised how complex this was, and how his story has pieces which are missing. We will leave the last word to him, and hope that by Phase 3 his 'puzzle' – as well as those of the other children in our cohort – will be more complete.

> *This is a lot of stuff that I've been told later on by Geoff and Ali [caregivers], my brother's carers and my brother. So yes, it's a lot of piecing the puzzle together. It's quite a broken puzzle, but someday it'll be complete.*
>
> (Dylan, 15 years old)

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Appendix 1: Research team

Dr Helen Whincup (Principal Investigator and lead author)

Helen is a Senior Lecturer in Social Work at the University of Stirling, Faculty of Social Science (FoSS) teaching primarily on the post-qualifying Masters in Applied Professional Studies (Child Welfare and Protection). She is a qualified social worker with a practice background in children and families work, including permanence. Helen also brings personal experience of adoption (as an adult adoptee). Helen was involved in Phase 1 of the study (PI between 2016-18) and in Phases 1 and 2 interviewed children, young people and their caregivers.

Dr Linda Cusworth (Co-Investigator and co-author)

Linda is a Research Fellow in the Centre for Child and Family Justice Research/Law School at Lancaster University and has almost twenty years' experience in impactful research relating to child well-being, child protection and social care, and the experiences, pathways and outcomes for individuals involved in the family justice system. She has been co-investigator since the start of Phase 1, leading the survey strand of the study and supporting access and analysis of administrative data.

Dr Maggie Grant (Co-Investigator and co-author)

Maggie is a Lecturer at the University of Stirling (FoSS) and teaches on the post-qualifying and qualifying courses in the division of social work. She has a background in research involving care experienced children and their families, including long-term outcomes, adoption support and the experiences of unaccompanied young people seeking asylum. She worked previously at the Association for Fostering, Kinship and Adoption (AFKA) Scotland). In Phases 1 and 2, Maggie interviewed children, young people, carers and adoptive parents and analysed qualitative data.

Dr Paula Jacobs (Research Fellow and co-author)

Paula worked in residential care and learning disability services before starting her academic career. She is interested in experiences of disability and social care, and how to make research accessible and inclusive. She has worked on research projects exploring breakdown in adoption and permanent foster care, the mental health of care experienced young people, and the transition from school to adult services for young people with severe intellectual disability. Paula worked on the qualitative strand of Phase 2, interviewing children, young people and their caregivers and analysing the qualitative data.

Ms Jade Hooper (Research Fellow/Senior Research Associate and co-author)

Jade is a researcher working within the FoSS at the University of Stirling and the Centre for Child and Family Justice Research at Lancaster University. She has experience working with sensitive administrative datasets across several areas, including social work, health, education, animal welfare and crime. Jade was involved in Phase 1 of the study working with the administrative data. In Phase 2, Jade led on the access and analysis of the administrative data and supported data collection and analysis of the social worker and caregiver surveys.

Dr Ariane Critchley (Lecturer and co-author)

Ariane is a Lecturer in Social Work at the University of Stirling (FoSS). Her background is in social work practice, and she is particularly interested in understanding how families experience child welfare involvement. Ariane has previously undertaken research into pre-birth assessment practice, adoption processes and support, and the experiences of birth parents following family separation. In Phase 2 of the study, Ariane recruited birth parents to participate in the research and share their views and experiences. She interviewed 10 participants and was involved in analysing and writing up the data from these interviews.

Dr Alison Hennessy (Lecturer and co-author)

Alison is a Lecturer in Education at the University of Stirling. Her research interests include the impact of care experience and poverty on the educational journeys of school-age children. In Phases 1 and 2, Alison supported analysis of data through an educational lens, and in Phase 2 this included considering the impact of areas such as inclusive practice, informal and formal exclusion, disability and relationships with school staff and peers on wellbeing and academic outcomes.

Dr Ben Matthews (Lecturer and co-author)

Ben is a Lecturer in Social Statistics and Demography at the University of Stirling (FoSS). He has experience modelling and visualizing administrative data. Ben supported the administrative data analysis in Phase 2.

Appendix 2: Advisory group

Each member of the Steering Group brought a wealth of professional and/or personal experience to their role, and the study and the research team benefited from their insights.

Paul Bradshaw, Director of the Scottish Centre for Social Research, the Scottish arm of the National Centre for Social Research. In a research career spanning 20+years, Paul has led a range of projects including Growing Up in Scotland (GUS), a large-scale longitudinal study tracking the lives of multiple cohorts of children.

Chris Creegan (Chair), Chris was Chair in Phase 1. He is an adopted adult who has experience in senior research roles (including the National Centre for Social Research), policy and the third sector. He was Chair of Scottish Adoption 2008-2015.

Angie Gillies, Director of AFKA Scotland. Angie has over 25 years' experience of practicing in Adoption, Fostering and Kinship Care in statutory, voluntary and independent agencies. AFKA supports the Permanently Progressing research and its interface with Practitioners, and administers Advisory Group Meetings.

Emily Hines, Adoption and Sibling team, Care Experience and Whole Family Wellbeing Division, Children and Family Directorate, Scottish Government.

Fiona Lettice, adoptive parent, founding member of Scottish Attachment in Action, and an experienced peer researcher. Fiona was previously Development Manager for Adoption UK in Scotland.

Sheree McAlpine, Foster Care Policy Manager, Care Experience and Whole Family Wellbeing Division, Children and family Directorate, Scottish Government

Dr Dominic McSherry, Reader in Psychology, Institute of Mental Health Sciences, Ulster University. Dominic is the PI for a similar longitudinal research study (now in Phase 4) tracking the progress of 374 children who were under five years old and in care in Northern Ireland on 31 March 2000. Dominic is Editor of the Journal of Child and Adolescent Trauma.

Professor Helen Minnis, Professor of Child and Adolescent Psychiatry, University of Glasgow. Helen has extensive research experience and methodological expertise, including longitudinal research using mixed methods.

Ash Patel, Programme Head, Justice, Nuffield Foundation. Ash represents the Nuffield Foundation on the advisory group.

Vivien Thomson, Social Work Scotland Children and Families Policy and Practice Lead, Social Work Scotland. Vivien brings extensive practice experience at local and national level in alternative family care.

Appendix 3: Methodology

Permanently Progressing Phase 2 is a mixed methods study analysing administrative data, and data from surveys (social workers and caregivers) and interviews (children, kinship carers, foster carers, adoptive parents and birth parents). This appendix provides additional details on processes and methods. Figure A1 (overleaf) indicates which sources of data were used to help answer each research question.

Ethical permission

Formal ethical permission for Phase 2 was granted by the General University Ethics Panel (GUEP) at University of Stirling and by the Faculty of Arts and Social Sciences Research Ethics Committee at Lancaster University. Some local authorities/organisations have their own panels, and they also gave permission. Permission to access and link administrative data came from the Scottish Government via the Statistics Public Benefit and Privacy Panel (Stats PBPP). In addition to formal ethics, the research team enacted 'subtle ethics' in the ways we engaged with participants, in how we viewed administrative data (information about children) and survey data, and how we report and disseminate findings (Pascoe Leahy, 2022).

Administrative data

In Phase 2 we analysed the newly created Administrative Data Research longitudinal Children Looked After Statistics (CLAS) dataset for our full cohort of 1,836 children from 2007-22.

Using Scottish Candidate Number (SCN), CLAS was linked to Pupil Census and school Attendance, Absence and Exclusions data (AAE) for 750 children[89] out of our cohort who had SCN numbers. Children are issued a SCN when they start school, meaning for children who left care prior to starting school (for example by adoption or S11) and did not re-enter while attending school, linkage to education data is not possible. This is a known issue in Scotland (Clark et al., 2017). In addition, SCN was missing for some children who were in care whilst in school, meaning it was not possible to link their education data to CLAS. This was more of an issue for some local authorities than others. [90]

Data protection principles from the General Data Protection Regulation (GDPR)[91] meant we were unable to link information on disability for children from both CLAS and Pupil Census. Information on children's additional support needs (ASN) in the Pupil Census is more detailed than in CLAS and levels of missingness are lower.[92] In Phase 1 we found that around one fifth of children from CLAS had missing data on disability, and data from the surveys of social workers and caregivers suggested the occurrence of additional support needs to be much higher than was recorded within the CLAS. Therefore, we decided to request ASN from Pupil Census rather than CLAS.

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[89] Four of the 750 children with Pupil Census data were missing information on attendance, absence and exclusions.

[90] Linkage to the education data was carried out using an earlier version of CLAS up until 31 July 2019. By this point, 936 (51%) of our 1,836 children had been in care when they were aged five years or over, meaning we would expect them to have a SCN and therefore link to education records. The remaining 900 (49%) children left care before age five and did not re-enter again before 31 July 2019, meaning we would not expect them to have a SCN recorded in CLAS. Of the 936 children we expected to link to education records, 699 (75%) did and 237 (25%) did not. We also found that some (51; 6%) of the children who left care under five linked to education records.

[91] Data minimisation principle from Article 5 of the General Data Protection Regulation (GDPR).

[92] According to metadata from CLAS and Pupil Census which are currently able to view here: https://datacatalogue.adruk.org/

Figure A1: Data sources used to answer research questions

Main theme	Research question	Data set(s) needed to answer									
		Administrative Data					Survey Data		Qualitative Data		
		Children looked after statistics	Child Protection Statistics	Pupil Census	Attendance, absence and exclusions	Curriculum for excellence	Social worker survey	Caregiver survey	Children and Young People Interviews	Caregiver Interviews	Birth Parent Interviews
Mapping children's pathways and permanence status	Where are the children living up to 10 years after becoming looked after in 2012-13?	✓					✓				
	Has their legal status or placement changed since 2016?	✓					✓				
	Has permanence been achieved for children who were not in permanent placements in 2016? What was the route and how long did this take?	✓					✓				
	Are placements which were intended to be permanent still in place?	✓					✓				
	Are there distinguishing characteristics and factors for children where permanence has been achieved, compared with those who are not in permanent placements, including early experience of maltreatment?	✓	✓	✓			✓				
	To what extent does a child's route to permanence and current legal status influence levels of school attainment, attendance, exclusion and additional support needs?	✓		✓	✓	✓					
Exploring children's experiences, wellbeing and outcomes	What factors influence children's wellbeing, personal relationships, physical and mental health, and education?	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Has children's wellbeing improved or declined since Phase 1, and what has contributed to this?						✓	✓	✓	✓	
	What contributes to children's feelings of belonging and security?	✓					✓	✓	✓	✓	
	What bolsters children's health, wellbeing, relationships, and attainment by middle childhood?					✓	✓	✓	✓	✓	
	How do children's experiences influence their educational outcomes?	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Identifying contact, connections and support	What connections and contact do children have with significant people? Has this changed over time, and what maintains meaningful contact?						✓	✓	✓	✓	✓
	What are the sources of current and past support, and do children and caregivers have unmet support needs?						✓	✓	✓	✓	
	Is children's legal status associated with wellbeing, contact, and levels of support?	✓					✓	✓	✓	✓	✓

In addition to details around children's ASN and the type and nature of additional support received, the Pupil Census contains information on how much time children spent in mainstream classes and special schools or units, registrations for free school meals, and other demographic details. The AAE data is collected every two years and contains information on how often children attend school, how often they are absent (authorised and unauthorised absences) and details of any formal (temporary) exclusions, including the number and length of exclusions and the type of incident which led to this.

Delays in data access meant we focussed our efforts on analysing information in the CLAS, ASN from the Pupil Census and exclusions from the AAE data only. Permission was also given for access to children's Achievement of Curriculum for Excellence Levels (attainment) records, and children's Child Protection (CP) records, but due to the lengthy time it took for data access, we were unable to analyse these data for the report. More information about the datasets used in this report can be found on the ADR website.[93]

CLAS and education records were provided as de-identified data within the National Safe Haven (NSH).[94] The NSH is a secure environment which allows sensitive data to be analysed safely to minimise the risk that individuals can be identified, or their private information disclosed. All analysis carried out in the NSH is checked for disclosure risk by specially trained staff within the NSH infrastructure, with outputs containing counts of less than five children not permitted.

When analysing the administrative data we used appropriate statistical tests, such as Kruskal-Wallis or Mann Whitney U, to compare group averages for measures such as number of placements experienced, and binomial logistic regression to compare the likelihood of being in one permanence group or another dependent on characteristics such as age children first became looked after, first placement type or gender. As is conventional, we considered results statistically significant if the p-value for these tests was less than 0.05.[95]

Analysis of the time to permanence was undertaken using survival analysis techniques (Hosmer et al., 2011). Using the Kaplan-Meier estimator, we were able to compute the likelihood of children achieving a permanent placement over time. Kaplan-Meier curves show the cumulative probability of children having achieved permanence over time. We carried out this analysis for all children who had ever been looked after away from home and were in legal permanence by 31 July 2022.[96] We then compared the time to permanence for children in different permanence groups on 31 July 2022.

Survey data

In Phase 2, we contacted the caregivers of 691 eligible children who were not living with birth parents. For 89 children, questionnaires were sent directly to caregivers, where they had shared contact details in Phase 1. For 602 children, information was sent to caregivers via practitioners in participating local authorities, with 78 caregivers indicating that they wanted to take part and sent a questionnaire. In total, 167 questionnaires were sent to caregivers, with 98 returned. Seventeen were from kinship carers, 15 from foster carers and 66 from adoptive parents.

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[93] https://datacatalogue.adruk.org/

[94] https://publichealthscotland.scot/services/data-research-and-innovation-services/electronic-data-research-and-innovation-service-edris/national-safe-haven-nsh/

[95] Significance values were adjusted using Bonferroni correction to account for the use of multiple tests which can lead to an increased risk of a type I error in statistics (i.e. a false-positive of statistical significance).

[96] Excluding those with insufficient information in CLAS to know where they were on 31 July 2022.

We also sent a total of 679 questionnaires to current or most recent social workers of eligible children in our cohort.[97] Where social workers were no longer in post we asked if another team member could complete the questionnaire using children's social work records. Social workers completed questionnaires based on the most recent information they had about children. As some social workers had not had direct contact with children for some time, if at all, there are gaps in the information provided, which sometimes limits what we can report. In total, 481 questionnaires were returned from social workers in Phase 2.

We asked social workers to provide information on children's backgrounds, including their experience of maltreatment and reasons they became looked after, where we didn't have this information from Phase 1. In total, we have background information, including on children's maltreatment history for 727 children, 379 from Phase 1 and 348 from Phase 2. We were able to link this background information to CLAS for 726 children.

Where children were known either to not be in a permanent placement in 2016 or to have experienced a change in placement or legal status between the end of July 2016 and the end of July 2021, 338 social workers[98] provided information on plans and permanence, placement changes and breakdowns, and where known, arrangements for contact with birth family.[99]

Much of the analysis of the survey data is descriptive. We used frequencies and percentages to describe how many children have a certain characteristic or experience, such as a health problem or disability. Cross-tabulations and Fisher's Exact test tests are used to look at the association between two categorical variables, such as having a disability and placement type. Mann-Whitney U and Kruskal-Wallis were used to test for group differences in numerical variables, such as SDQ scores between children with and without recorded disability or maltreatment histories. A p-value threshold of 0.05 is used to indicate statistical significance.

Open-ended survey responses from the caregiver and social worker surveys were analysed using a mix of thematic analysis, and descriptive analysis. This allowed us to develop summaries and identify frequencies and distributions of answers. We used a similar coding framework to the one developed to guide the analysis of interviews (Brown et al., 2022). This enabled us to sense check themes and findings across different data sources, examining similarities, as well as differences.

Interviews

We conducted 34 interviews with caregivers from 25 families (10 adoptive, 8 kin and 7 foster families) caring for 29 children. Of these, 14 families took part in Phase 1. Nineteen children took part from 15 families, plus two siblings (caregivers' birth children). Ten birth parents were interviewed. Families who were interviewed for the first time in Phase 2 were recruited via the caregivers' survey if they gave consent to be contacted with further information about interviews.

During interviews with children and young people sometimes we were active while talking; for example, playing board games, making jewellery or drawing, while other times we just talked. We used pictorial cards containing images that represented family, school, friends and hobbies, support, pets, and the future and asked children to "pick a card, any card" (Figure A2) so they could choose what to talk about, and in what order. We also had 'Who Helps Me' cards

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[97] Eligibility for the social worker survey: children in one of the 27 participating LA who were looked after away from home in 2012-13 and remained (or were again) looked after away from home in 2014. In Phase 2, social worker questionnaires were sent in relation to all children in 'new' local authorities, and where children were not in a permanent placement at the end of Phase 1 or where there had been a change to a placement intended to be permanent.

[98] We had questionnaires returned for this part of the survey for 338 children. Information for one child was incomplete and they were excluded from the sample, thus we refer to 337 children.

[99] Social workers reported on the information they had as of 31 July 2021.

(Figure A3). Although we had ‘Stop’ and ‘Go’ signs, children tended not to use these, rather when they had said enough about ‘family’ or ‘pets’ they placed that card on the finished pile. We took our lead from the child and responded in ways that respected their agency. This included not asking things we might have planned to.

Interviews with caregivers were semi-structured, and questions related to pre-defined areas of interest (family life, child and family wellbeing, friendships, birth family connections, communication about life stories, school, support systems, future), while also creating space for caregivers to share and identify what felt relevant for them.

Interviews with birth parents were also semi-structured and questions focused particularly on contact and connections with children and what supports this. However, participating birth parents were encouraged to discuss their lives more broadly and share experiences of the process of separation from their children and of any support they had received over time.

Interviews were transcribed verbatim, and interview transcripts were analysed using inductive and deductive approaches. Each interview transcript was read closely by at least two members of the research team. To allow for an integration of the interviews with survey and administrative data, the analysis included a coding framework that mirrored our research questions and areas of interest, facilitated by NVivo software. This enabled us to explore and construct narratives around core topics, such as permanence and family, from different perspectives (child, caregiver, birth parent), while being receptive to unexpected and underlying analytic themes (Proudfoot, 2023). As we were interested in differences and similarities of experiences across families, and conducted interviews with different family members, we also used a case-study approach alongside the thematic analysis. This included developing sketches/summaries for each family. We re-visited interviews with families from Phase 1 (where applicable) to identify continuities and changes.

Because children's lives are complex and nuanced, the categories/language used in administrative data doesn’t always fit individual circumstances. For example, categories such as ‘adopted’ or ‘in kinship care’ are not necessarily straightforward – some children may be adopted by extended family members or live with ‘kinship carers’ who are not related. In our cohort, there are a small number of children who appear in CLAS described one way (e.g. adopted) but view and describe themselves as simply living with their gran or uncle, and might share more commonalities with a kinship placement. Within our interview sample, one child was adopted by relatives. Their experiences were similar to other kinship families and the decision was taken to refer to the family as a kinship family in Chapters 4 and 5.

Figure A2: ‘Pick a card, any card’

Figure A3: ‘Who helps me?’ cards

Permanently Progressing?

Building secure futures for children: Phase 2 Middle Childhood

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