Permanently Progressing?

Building secure futures for children: Phase 2 Middle Childhood

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.[1] 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.[2]

Phase 1 (2014-18)[3] 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.[4]
- 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.

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

[2] 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.

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

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

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, 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[5] 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).[6] 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[7], 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[8]) and caregivers (for 98

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[5] 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.

[6] 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/).

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

[8] 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.

children). Education administrative data was also utilised to consider children's additional support needs and school exclusions.

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)[9], Permanence Orders (PO)[10], 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[11], 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.

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

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

[11] 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.

- o 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.
- o Children whose first placement was with foster carers or in hospital/mother and baby unit were more likely to be adopted.
- o Children first looked after on a CSO at home were more likely to be living with parents.
- o 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[12] 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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[12] 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.

More information:

You can find the full report, as well as an accessible video, at our website:

https://permanentlyprogressing.stir.ac.uk/

Or scan the QR code below: