



# Permanently Progressing?

## Building secure futures for children: Phase 2 Middle Childhood

### Short Summary

In Scotland, children can be 'looked after at home' or can be looked after away from home with other family members (kinship carers), foster carers or in residential care. Some children will remain with, or return to their birth parents, but others will live with family, foster carers or in residential care until they are adults, and some children will be adopted. A core aim of policy and practice in Scotland is that children should experience permanence (stable, loving and legally permanent homes throughout their childhoods and into adulthood) and that decisions about permanence should be timely.

Since 2014, the Permanently Progressing? study has been gathering information about all 1,836 children who became looked after in Scotland in 2012-13 when aged five or under, focusing on children who live with kinship carers, foster carers, or who are adopted.

Phase 1 (2014-18) analysed children's experiences from birth to around eight.

Phase 2 (2020-24) revisits children in middle childhood (between nine and 16 years old). We wanted to find out:

- Where children were by July 2022 and whether they were in permanent placements.
- How children were doing, and what supports their wellbeing.
- What connections children had with people who are important to them, but they don't live with, including birth parents, brothers and sisters.

We sometimes use the term 'caregiver', rather than foster carer, kinship carer or adoptive parent, but children talked about their mum and dad, gran, grandpa, auntie, uncle or their foster mum and dad. We also use 'birth parent' to differentiate between birth parents and adoptive parents.

### What did we do?

The Scottish Government collects information on all children who are looked after, known as the Children Looked After Statistics (CLAS). CLAS doesn't include details like names or addresses which would identify children, but it helps us to understand where children are living, if/when they moved from one caregiver to another, or if their legal status changed.

The Scottish Government gave us permission to look at CLAS for the 1,836 children from 2007 to 2022.

We also looked at:

- Information from schools about additional support needs and exclusions for around 750 children. This information didn't have children's names or schools.
- Questionnaires completed by social workers for 727 children and caregivers of 98 children.

We talked to:

- 34 caregivers (of 29 children) across 10 adoptive, 8 kin and 7 foster families.
- 19 children and young people, plus two of their siblings (caregivers' birth children).
- Ten birth parents (nine mothers and one father). None of the birth parents were connected to any of the children or caregivers we interviewed.

## Main findings

### Where were children living?

By the end of July 2022, most (79%) of the 1,836 children were either with their parents, other family members, in adoptive families, or in long term foster families, and the plan was for them to remain there. However, too many children – more than one in ten – were in impermanent placements and this means they might move again.

Some children had experienced several moves. Almost two-thirds of children who had ever been looked after away from home had two or more placements. One in ten children had five or more.

Decisions made early in children's lives influenced who they were living with in 2022. For example, children who became looked after when they were under one year old were more likely to be adopted.

Some important information about children was missing from CLAS:

- Children's ethnicity was recorded as 'unknown' for 8% of children. This makes it harder to understand how ethnicity influences what happens for children.
- For 9% of children there was not enough detail to say where they were living. These are 'Scotland's children', and it is worrying we do not know where they are.
- CLAS does not track if an adoption breaks down. This gap could be closed if CLAS recorded whether children had been adopted before becoming looked after.

### How were children doing?

Children's emotional wellbeing can be hard to measure, but one way children express distress is through their behaviour. Children, caregivers and social workers told us that some children (more than in Phase 1) found it difficult to focus in school, felt anxious, had difficulties regulating their emotions (like anger), or found relationships with other children and young people hard. When asked who they would go to for help, all children stated that they would go to their carers/adoptive parents, and the support of caregivers helped young people to get through difficult times – as Liam and Fiona (from different families) mentioned

*Interviewer: That must have been a hard time earlier on this year, then.*

*Liam: It was, but if it hadn't happened a lot of things would be worse. I think I wouldn't be doing as well.*

(Liam, 15 years old)

*Fiona: 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)

Caregivers for 98 children who completed the questionnaire said more than a third of children had a long-standing illness, disability or health problem affecting their day-to-day activities. Visual Impairments, learning disability and difficulties, and ADHD were also common, each affecting at least one in five children in the caregiver survey. Caregivers said 14% of children had been diagnosed with conditions that are related to alcohol and substance use during pregnancy. Caregivers across interviews and questionnaires felt that a diagnosis helps children to get more support within schools.

### **What supports children and young people to feel safe and loved?**

Phase 1 found that day-to-day routines and rituals like knowing who sits where in the car or baking cakes together helped children to feel part of their kinship, foster and adoptive families. The same was true in Phase 2. Children's wellbeing was supported by everyday acts of care, affection and commitment from the people they lived with. What had changed was that children and young people played a more active part in shaping what belonging looks and feels like. In interviews children and young people asked caregivers if they were included in their will, one young person wants to get a tattoo of something that is important to her caregiver, and younger children told us that their caregivers were "beautiful" or "funny".

*I stay here with my beautiful grandma and grandpa.*

(Mia, 10 years old)

Children and caregivers described a new awareness of differences between children and their peers. This difference was related to being care experienced, but also to neurodivergence, disability, not conforming to gender stereotypes, being shy or being part of a family that 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. 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'.

Children and young people had started talking to friends about living with foster carers, grandparent, aunts, uncles or about being adopted. Some children were very open, while for others this was private. In some families, siblings had different approaches to telling their stories, and this could make things difficult.

### **What support is helpful for children and families?**

As children and young people were older, their networks had grown since Phase 1, but they continued to turn to their caregivers for support. How well caregivers can support children depends on how well supported they are themselves. Children, caregivers and birth parents told us that the quality and amount of support they experienced varied, and accessing support could be difficult.

*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)

They also told us what type of support was helpful and not so helpful. Children, caregivers and birth parents valued social workers, teachers, and health professionals who were sensitive, empathic and responsive. What wasn't helpful was where support was hard to access, time-limited, or when professionals did not fully consider the complexities of children's and adults' lives.

The needs of kinship carers, and the children they care for, are at times different to foster families and adoptive families. Kinship carers had less formal support to manage relationships with children's birth parents, while often being emotionally and physically closer to birth family members than other caregivers.

### **What helps children at school?**

School continued to be an important source of support and caregivers and children mentioned going to teachers and other school staff for help.

*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)

For some children school was a place of anxiety and stress, including children who didn't feel safe because of threats from peers. Charlie, who was nine years old, talked about 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 got upset.

Caregivers and children mentioned teachers "shouting", taking away a child's tablet (which he uses due to struggles with writing), and exclusion. While formal exclusion rates were low, informal exclusion was not unusual and affected children and their caregivers.

When schools got it right, it made a real difference to the lives of children, and helped families when things were difficult at home. Examples of helpful support included teachers listening to children and their caregivers, teachers building on children's interests and talents, children being able to go to nurture/safe spaces, and teachers speaking about diversity in families.

### **What connections do children have with siblings and birth parents?**

The Promise (Independent Care Review, 2020) said that children should live with their brothers and sisters, and where this is not possible, local authorities have a duty to help them stay in touch.

While some children were living with their brothers and sisters, many were not. Almost half of the children whose caregivers completed a questionnaire had no contact with brothers or sisters they do not live with. Children, caregivers, birth parents and social workers told us about some of the difficulties in maintaining (or beginning) connections between siblings, but also how these relationships are important and meaningful. Balancing the needs of each child can be hard, but that so many children currently have no connection with their brothers and sisters is stark.

Not all children had contact with their birth parents. Where they did, this included in-person family time, phone calls/texts, online contact, and letters. Children who lived with kinship or foster carers were more likely to see birth parents.

Caregivers who completed the questionnaire and those we interviewed reported that none of the adopted children saw their birth parents, but some had letterbox contact. Adoptive parents and birth parents said that the process of writing these letters was difficult. Given the significance of this connection for both families, it could be much better supported. One young person who was involved in writing letters said how hard this was:

*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)

### **What next?**

Phase 3 is planned to start in 2026 when we will revisit the 1,836 children to see where they are and how they are doing. Our hope is that by then fewer children will be in impermanent placements.

The study aims to build a picture of children's lives and their experiences. One young person talked to us about the process of making sense of his life as a 'puzzle'. We hope that by Phase 3 young people's stories will feel 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)



## Thank you:

A huge thank you to the children and young people, foster carers, kinship carers, adoptive parents, birth parents and social workers who took part.

Phase 2 of the study was funded by the same donor who funded Phase 1 and by the Nuffield Foundation.



The project has been funded by the Nuffield Foundation, but the views expressed are those of the authors and not necessarily the Foundation. Visit [www.nuffieldfoundation.org](http://www.nuffieldfoundation.org)

## 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:



The study was a collaboration between the University of Stirling, Lancaster University and AFKA Scotland.



September 2024

