

Permanently Progressing?

Building secure futures for children in Scotland

Children looked after away from home aged five and under in Scotland: experiences, pathways and outcomes

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¹ See Appendix 1 for details about the authors.

² See Appendix 2 for list of the Steering Group members.

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1. Introduction

This report has been completed as one part of the *Permanently Progressing?* study. The study is the first in Scotland to investigate decision making, permanence, progress, outcomes, and belonging for children who became 'looked after' at home or were placed away from their birth parents (with kinship carers, foster carers or prospective adopters) when they were aged five and under. Phase One ran from 2014-18 and was designed to be the first phase in a longitudinal study following a large cohort of young children in to adolescence and beyond. The research was funded by a legacy, and Phase One was undertaken by a team from the universities of Stirling, York, and Lancaster, in conjunction with the Adoption and Fostering Alliance (AFA) Scotland. It is anticipated that Phase Two will commence in 2020.

A core focus of the overall study is the concept and experience of permanence, and within Scotland there are different routes to permanence for children³, including remaining with or being reunified to birth parents.

The aim of this particular strand was to investigate the experiences, pathways, and outcomes⁴ of children who became looked after away from home, together with the factors associated with achieving permanence. In this context, the concept of permanence refers to physical stability (a child remaining with a committed, long-term caregiver), legal permanence (a caregiver having legal responsibility for a child), and an emotional attachment between a child and the caregiver, which together may give children a sense of emotional or 'felt' security, continuity and belonging.

This report presents important new findings on the characteristics, histories, decision making, and outcomes for 433 children who became looked after away from home during 2012-13, and remained (or were again) looked after away from home one year later. The broader study has four other strands:

Pathways to permanence for children who become looked after in Scotland (the *Pathways* strand)

This strand analysed data from Children Looked After Statistics (CLAS), provided to the Scottish Government by all 32 local authorities, on children who became looked after in Scotland in 2012-13 when they were aged five and under (n=1,836). Of the 1,836 children, 481 children were looked after at home and 1,355 children were looked after away from home in that year. This strand of the study tracked the pathways of the children over four years from 2012-16, including routes and timescales to permanence.

³ The Scottish Government (2015) defines four legal routes to permanence:

- *"Returning or remaining at home with or after support, where family functioning has stabilised, and the parent(s) can provide a safe, sustainable home which supports the wellbeing of the child. This may require on-going support for the family.*
- *Permanence through a Permanence Order.*
- *A Section 11 order (for parental responsibilities and rights, residence or guardianship) under the Children (Scotland) Act 1995. From April 2016, where kinship carers have such an order it will be known as a kinship care order under Children and Young People (Scotland) Act 2014.*
- *Adoption, where the child has the potential to become a full member of another family."*

⁴ For brevity, when referring to this strand of the study, rather than using the full title, it will be known as the *Outcomes* strand.

Linking two administrative datasets on looked after children: testing feasibility and enhancing understanding (the *Linkage* strand)

Information on children who are looked after is collected from all local authorities by the Scottish Government (CLAS). Information is also collected by the Scottish Children's Reporter Administration (SCRA) on all children who are involved in the Children's Hearings System. For the first time we were able to safely and successfully link SCRA and CLAS data on 1,000 children. This enabled a more complete picture of the experiences of children, as well as testing the feasibility of data linkage.

Decision making for children (the *Decision making* strand)

Between 2015 and 2017, we interviewed 160 'decision makers' across Scotland, mainly in groups, but some individually. These included social workers and allied professionals, members of Children's Hearings, Reporters to the Children's Hearing, independent consultants, members of Permanence Panels, and a sheriff. This enabled us to identify, from a range of perspectives, the factors which influence decision making for children.

Perspectives on kinship care, foster care and adoption: the voices of children, carers and adoptive parents (the *Children and Carers* strand)

Although the children in our cohort are young, we wanted to hear about their experiences. We were able to have 'play and talk' sessions with a sample of 10 children aged between three and eight years old. We also interviewed 20 kinship carers, foster carers, and adoptive parents. We heard what helped children feel secure, and what carers/adoptive parents said they needed to enable them to meet children's needs.

Links

Final reports for all five strands of the *Permanently Progressing?* study and summaries are now available:

<https://www.stir.ac.uk/about/faculties-and-services/social-sciences/our-research/research-areas/centre-for-child-wellbeing-and-protection/research/permanently-progressing/>

<https://afascotland.com/learning-zone/2-static-content/124-permanently-progressing>

<https://www.york.ac.uk/spsw/research/researchproject-permanentlyprogressing/> .

<https://www.cfj-lancaster.org.uk/projects/permanently-progressing>

1.1 Legal and policy context

As in other jurisdictions, the context of permanence in Scotland is underpinned by legislation and policy, and a unique feature of the Scottish context is the Children's Hearings System. This section provides a brief summary⁵ of the legislative and policy framework in Scotland, to enable readers to understand some of the terms used within the body of the report. Decisions about children can be made within local authorities, Children's Hearings, and the Sheriff Courts, and children may be involved in all three systems.

Key legislation which is of relevance to the children in our study includes:

- Children (Scotland) Act 1995;
- Adoption and Children (Scotland) Act 2007;
- Children's Hearings (Scotland) Act 2011;
- Children and Young People (Scotland) Act 2014.

⁵ See Appendix 3 for a more detailed summary.

Under Section 22 of the Children (Scotland) Act 1995, local authorities are obliged to 'promote the welfare' of children in need. Part of this duty may involve providing accommodation under Section 25 of the Children (Scotland) Act 1995. Section 25 allows local authorities to provide accommodation to safeguard and promote a child's welfare either where s/he had been abandoned, has no-one to care for him/her, or where the parent is prevented for whatever reason from providing suitable care, and does not object (known as 'voluntary' accommodation). Depending on the circumstances there may be grounds for the local authority to refer children to the Reporter to the Children's Hearing.

In addition to children becoming looked after away from home under Section 25, children can also be looked after away from home *or* at home through the Children's Hearings System.

Children and young people come into the Children's Hearings System after a referral to the Children's Reporter, or following emergency child protection measures, the most common of which is a Child Protection Order (CPO) granted by a sheriff following an application by (usually) the local authority under the Children's Hearings (Scotland) Act 2011. Children's Hearings address a range of matters, but only those relevant to this report are included here.

Children's Hearings decide whether a statutory order is required, including an Interim Compulsory Supervision Order (ICSO) or a Compulsory Supervision Order (CSO)⁶, and whether the ICSO/CSO is either home-based or requires a child to live away from the family home (for example with kinship carers or foster carers). In addition to deciding whether statutory orders are necessary, where children are subject to an ICSO/CSO, Children's Hearings make decisions about whether it is necessary to regulate contact with family members, and if any other measures need to be attached to the order. Compulsory Supervision Orders must be reviewed by a Children's Hearing within one year of the order being made.

The Children's Hearings System interfaces with the court at different stages. Here we focus on those relevant to children in this strand of the research:

- Where a child is subject to a CSO and the Agency Decision Maker⁷ for the local authority has decided, following a Permanence Panel, that a Permanence Order or adoption is required, the Children's Reporter must be notified. The Reporter will arrange for a Children's Hearing to take place to provide advice to the sheriff about the local authority's plan for the child;
- Where the local authority has applied to the Court for a Permanence Order/Permanence Order with Authority to Adopt and the application is in process, a child can only be made subject to a CSO, or the CSO varied with the permission of the court. The Children's Reporter will arrange for a Hearing for the CSO to be varied/made and once the Hearing has decided what the best decision is for the child, a report will be prepared for the court. Once the sheriff has considered the report, s/he will decide whether to make or vary the CSO and remit it back to the Hearing for the decision to be made. This happens typically where a reduction in contact or move to permanent carers is part of the plan for the child. This process was introduced under the Adoption and Children (Scotland) Act 2007 Section 95.

⁶ The Children's Hearings (Scotland) Act 2011 was implemented in June 2013. It replaced some of the legal orders which formerly applied to children under the Children (Scotland) Act 1995. Two of the changes that resulted are of relevance to the terminology in this report. From June 2013, Supervision Requirements were replaced with Compulsory Supervision Orders (CSOs) and warrants were replaced by Interim Compulsory Supervision Orders (ICSOs).

⁷ The Agency Decision Maker is senior member of staff within the local authority who receives the Permanence Panel recommendation (and minute) and makes the decision.

The Sheriff Court also makes decisions in relation to parental responsibilities and rights. Section 11 of the Children (Scotland) Act 1995 enables the court to deprive adult(s) of parental responsibilities and rights and transfer some or all of those responsibilities and rights to another adult, or decide they should be shared with another adult. Where the applicant is a family member, the order granted by the Court is referred to as a Kinship Care Order, a term introduced by Children and Young People (Scotland) Act 2014.

The Sheriff Court can make a Permanence Order (PO), or a Permanence Order with Authority to Adopt (POA). They can also make an Adoption Order, which transfers the parental responsibilities and parental rights in relation to a child to the adoptive parent(s). An Adoption Order may contain such terms and conditions as the court thinks fit, including in relation to post-adoption contact. The court cannot make an order unless it considers that that it would be better for the child that an order be made than one not be made.

Phase One of the *Permanently Progressing?* study ran from November 2014 to December 2018. There have been a number of recent legislative and policy changes which are relevant for the children in this strand of the study. These include:

- The Adoption and Children (Scotland) Act 2007 introduced a number of changes to adoption practice, including the requirement for an assessment for adoption support. It introduced Permanence Orders (PO) and Permanence Orders with Authority (POA) to Adopt, replacing what had previously been in place. POAs are one route to adoption, the other route is via Direct Petition.
- In June 2013, the Children's Hearings (Scotland) Act 2011 was enacted, and replaced some, but not all, sections of the Children (Scotland) Act 1995.
- In August 2016, aspects of the Children and Young People (Scotland) Act 2014 came into force. The Act introduced the term Kinship Care Orders. It also placed a duty on agencies to refer children to Scotland's Adoption Register.

In addition to legislative change, there have been other significant developments. As part of its focus on early intervention and early permanence, the Scottish Government set out its strategy for improving the quality of care in *Getting It Right For Looked After Children And Young People*, part of its wider GIRFEC⁸ approach (Scottish Government, 2015). A number of local authorities, including many involved in our study, are part of the Permanence and Care Excellence Project (PACE)⁹ supported by the Centre for Excellence for Looked After Children in Scotland (CELCIS). During our study, the Children's Hearings Improvement Partnership was also operational, as was the Child Protection Improvement Programme (established February 2016).¹⁰

⁸ The National Practice Model in Scotland refers to the eight wellbeing indicators of Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (known by the acronym SHANARRI).

⁹ The Scottish Government commissioned the Centre for Excellence for looked After Children in Scotland (CELCIS) to develop a programme for whole systems change, the Permanence and Care Excellence (PACE) programme. This supports multi-agency partners to improve systems, processes and practices. For information see www.celcis.org.

¹⁰ In February 2016, the Scottish Government announced a Child Protection Improvement Programme (CPIP). The report was published in 2017 and set out 35 actions covering Children's Hearings; leadership and workforce development; inspections of children's services; neglect; data and evidence; child sexual exploitation; child internet safety; and trafficking.

In October 2016, a 'root and branch' review of the Scottish care system was announced, and the work of the Independent Care Review¹¹ is ongoing and due to complete in 2020.

1.2 Background to the study: the research context

Concern about providing permanent family placements for children in care dates from the early 1970s. It was prompted by research which showed that many children drifted in foster care with no apparent plan for their long-term care (Rowe and Lambert, 1973; Fanshel and Shinn, 1978). Studies highlighted the potential long-term consequences of the lack of a permanent family for children's psychosocial development (Goldstein et al, 1973). Informed by this research, the permanency planning movement emerged in the USA and the UK, highlighting the need for active planning for children in care, including planning a return to their families of origin if it was safe (Maluccio and Fein, 1983). This led to growing recognition of the need to place children in families which could provide them with stable, long-term relationships; preferably through reunification with their birth families but, if this was not possible, in permanent substitute families.

These developments were accompanied by growing interest in the potential of adoption for children who could not safely return home. From the 1970s, adoption was increasingly viewed as a means of providing permanent families for children in care who might otherwise remain long-term on an uncertain pathway through the care system (Triseliotis, 1980). Long-term foster care nevertheless remained one of the permanence options available for children in care (Triseliotis, 1978; Triseliotis, 1983; Thoburn, 1990; Rowe et al, 1984). However, policy support for *permanent* foster care was not provided in Scotland until the introduction of Permanence Orders by the Adoption and Children (Scotland) Act 2007, and in England by Regulations and Guidance published in 2015. A wider range of permanence options outwith the looked after system have also become available, with the introduction of Kinship Care Orders by the Children and Young People (Scotland) Act 2014, and, in England, the use of Special Guardianship Orders (Adoption and Children Act 2002).

From the 1980s onwards, a growing body of evidence highlighted the risk of poor outcomes for children in or leaving care, including the increased risk of homelessness, early pregnancy, unemployment and involvement in crime (Biehal et al, 1995; Stein and Carey, 1986; Bohman and Sigvardsson, 1980). More recent research has continued to find children in care experience poorer educational attainment and increased mental health difficulties in comparison with the wider population of children and with children who were adopted (Selwyn et al, 2006; Meltzer et al, 2003; Lowe et al, 2002; Sebba et al, 2015). However, outcomes vary in relation to children's pathways through care. Children who enter care at an early age and settle in stable, long-term foster placements are more likely to experience more positive outcomes than children who enter at an older age and have a shorter stay (Biehal et al, 2010; Fernandez, 2008; McSherry and Fargas Malet, 2018; Dixon et al, 2006; Sebba et al, 2015). Achieving positive outcomes for children adopted from care is not necessarily easy either, as research has highlighted the difficulty of the parenting task and the support needs of many adoptive parents (Rushton, 2004; Selwyn et al, 2006; Selwyn et al, 2014). There is also evidence that children who are adopted may be disadvantaged within the education system (Adoption UK, 2018).

Another consistent theme in the research has been placement instability, which has been found to be associated with poor outcomes for children (Tarren-Sweeney, 2008; Biehal et al, 2010; Rubin et al, 2007). Disruption rates generally vary with the age of the child, length of follow-up

¹¹ In October 2016, Scotland's First Minister Nicola Sturgeon announced a 'root and branch review' of the care system. This is being chaired by Fiona Duncan. For details see: <https://www.carereview.scot/about-us/>

and the nature of the placement, with rates typically lower for kinship and long-term foster placements and higher for recent teenage placements (Biehal et al, 2010; Hunt et al, 2008; Farmer et al, 2004; Farmer, 2010; Wellard et al, 2017; Winokur et al, 2015). However, as many as half of all moves may be planned, for example when a child moves from an initial emergency placement to one that can provide longer-term care if needed (Ward and Skuse, 2001). The risk of placement disruption is lower for adoption: a study of 36,749 adoptions in England and 2,317 in Wales reported adoption disruption rates of 3.2% and 2.6% respectively, with most difficulties and disruptions occurring in adolescence (Wijedasa and Selwyn, 2017). However, disruption rates are not really comparable as adopted children typically enter care younger than those who remain in foster care and, as research has found, early age at placement is associated with placement stability (Biehal et al, 2010; Triseliotis et al, 1997; Rushton, 2004; McSherry et al, 2010).

Over the last 20 years or so, a number of studies of permanence for children in care have been undertaken across the UK. These include ongoing cohort studies in Northern Ireland (the *Care Pathways and Outcomes Study*)¹² and Wales (the *Wales Adoption Cohort Study*)¹³ and studies of adoption and foster care in England (for example, Beek and Schofield, 2004; Biehal et al, 2010; Meakings and Selwyn, 2016; Selwyn et al, 2006; Neil et al, 2015; Sinclair et al, 2005; 2007). Scotland has a strong tradition of research, with a number of studies of fostering and adoption conducted from the 1970s to the 1990s (for example, Triseliotis, 1978; 1980; 1983; 1985; Triseliotis et al, 1997; Hill et al, 1988; 1999; McKay, 1980; O'Hara and Hoggan, 1988; Stone, 1994). This includes research on the support needs of carers and adopters. In their survey of 822 active and 96 former foster carers, Triseliotis et al (1998) found a statistical association between inadequate preparation, limited social work support and carers' perspectives on how difficult children were to care for. There have also been studies of the education of children looked after away from home (for example Maclean and Connolly, 2005; McClung and Gayle, 2010) and the attachment difficulties of adopted and looked after children (Phillips, 2007).

In their review of fostering and adoption practice, policy, and research between 1980 and 2010, Maclean and Hudson (2010) identified that many of the trends and developments in Scotland mirrored those across the UK. For Clapton and Hoggan (2012), the Adoption Policy Review in 2001 led to a degree of divergence. This was underpinned by the Adoption and Children (Scotland) Act 2007, and included changes in the regulation and guidance for looked after children. In recent years, the Scottish Children's Reporter Administration (SCRA) has published studies of decision making and timescales for children looked after away from home (including Hanson 2011; Henderson et al 2011; Woods and Henderson, 2018). The data SCRA collects was used to compare two cohorts of children who were subject to Compulsory Supervision Orders on or before their first birthday, 110 children from 2003, and 117 children from 2013 (see Woods et al, 2018). They found that the timescales for permanence had reduced between the two periods.

This report provides important new information on the characteristics and circumstances of young children who became looked after away from home in 2012-13 and were still (or again) looked after away from home or had been adopted/placed with prospective adopters one year later. It contributes to the wider research on permanence, providing new evidence of the histories, stability, progress and outcome for children in who are adopted or in long-term foster or kinship care. It is only the second UK study to use a standardised measure of maltreatment¹⁴ to assess the nature and severity of abuse and neglect children experienced before being placed

¹² See McSherry et al, 2008; 2010; 2016; 2018 and other publications.

¹³ See Anthony et al, 2016; Meakings et al, 2017 and other publications.

¹⁴ English et al, 1997.

away from home (see Baldwin et al, 2019; Biehal et al, 2018). It also considers the association between earlier patterns of maltreatment and children's mental health and educational progress three to four years later.

1.3 Aim of the *Outcomes* strand of the study

The aim of the *Outcomes* strand of the study was to investigate:

- The characteristics and family histories of children in Scotland who become looked after away from home when they were aged five years or under;
- Children's experience of abuse and neglect;
- Decision making and pathways to permanence, including factors associated with different routes;
- Children's integration within this family and patterns of contact with their birth families;
- Progress and outcomes for the children three to four years after they became looked after away from home, including their health and development and educational progress.

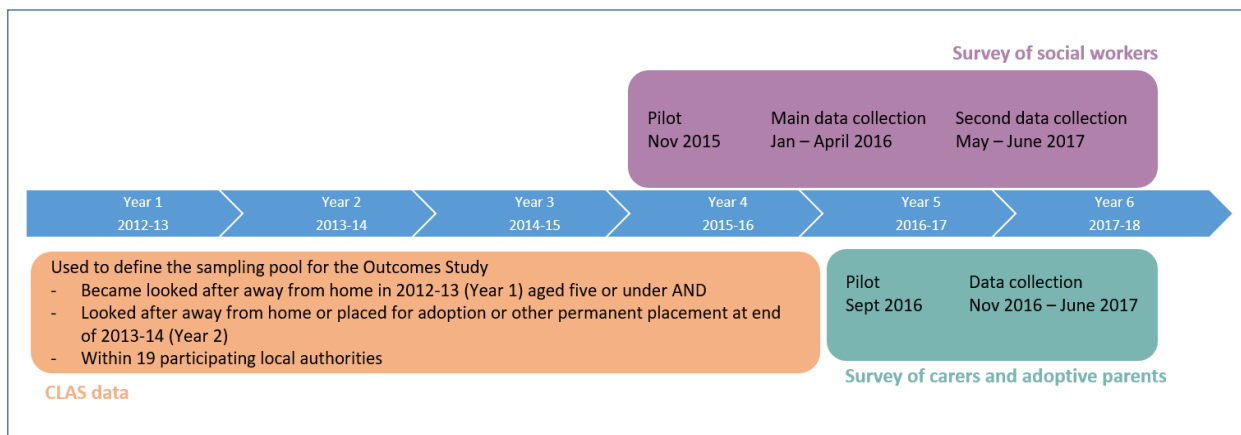
2. Methods

The *Outcomes* strand builds on the *Pathways* strand of the study, which investigated the pathways of all 1,836 children in 32 local authorities in Scotland who became looked after during the year 2012-13 and were age five years or under at the time. The *Pathways* strand analysed Scottish Government data from the annual Children Looked After Statistics (CLAS) to follow children's pathways into, through and in some cases out of the looked after system over a four-year period (2012-16). Three quarters (1,355) of these children became looked after away from home during 2012-13 while the remaining 481 were looked after at home during that year. As detailed below, the *Outcomes* strand used information from the CLAS, and collected detailed information on a sub-sample of the children in the *Pathways* strand, through surveys of children's social workers and current caregivers (foster carers, kinship carers, adoptive parents and prospective adopters).

2.1 Sampling frame

The sampling frame for the *Outcomes* strand consisted of 643 children, around one third (35%) of the total 1,836 in the *Pathways* strand. Only children who had a) become looked after away from home during 2012-13 when they were aged five years or under, b) were looked after away from home or had been adopted/placed for adoption on 31 July 2014, and c) were within the 19 local authorities who agreed to take part in this strand of the research were included in the sampling frame. There was a broad mix within the participating local authorities, including large and small local authorities and those that were predominantly urban or predominantly rural. Figure 1 summaries the sampling criteria and the data collection timeline.

Figure 1: Sampling criteria and data collection timeline



2.2 Social worker survey

In autumn 2015, an update on the children's status (current legal reason and placement, or reason for ceasing to be looked after) was obtained from the 19 participating local authorities, together with the name and contact details of current or most recent social workers.

Following a pilot in November 2015, an online survey (using Qualtrics software, www.qualtrics.com) of children's current (or most recent) social workers was conducted between January and March 2016, three to four years after they became looked after away from home. This gathered data on children's histories, past and current circumstances, reasons for becoming looked after, permanence planning and decision making. The social worker questionnaire¹⁵ also

¹⁵ For clarification, a questionnaire is a set of written questions used to collect information, whereas a survey is the process of collecting and analysing the information.

included a standardised measure of the nature, severity and timing of the maltreatment children had experienced (the Modified Maltreatment Classification System, or MMCS) (English et al, 1997).

Several email reminders were sent to social workers, and where a new social worker was in place questionnaires were re-sent. Where a social worker had left, questionnaires were sent to their team managers. A brief second phase of data collection was conducted in April 2017 to obtain outstanding questionnaires from social workers of children whose caregivers had responded to the caregiver survey (see below). Overall, 433 social worker questionnaires were returned, a response rate of 67%, which is extremely positive given the demands on practitioners.

2.3 Caregiver survey

In autumn 2016, another update was sought from each participating local authority on children's current status (placement and legal reason), together with details of whether kinship care, foster care, or adoptive placements had been arranged by the home local authority, another local authority or an independent agency. One of the 19 local authorities did not return this information, so questionnaires were unable to be distributed to caregivers of children in this authority.

Two versions of the caregiver's questionnaire were then sent out to the remaining 18 local authorities, one to foster and kinship carers and a different version to adoptive parents and prospective adopters. These were mainly sent by post by the local authorities and agencies on our behalf, between November 2016 and March 2017, although some were completed online (in Qualtrics) where local authorities provided an email address for caregivers. The questionnaires asked about children's current health and wellbeing, schooling and social activities, behaviour, emotional difficulties and relationships, contact with birth families, integration in their current families and support to both children and their caregivers. In a handful of cases, caregivers had been sent a foster/kinship carer questionnaire but were in the process of adopting the child, so where possible the adoptive parent questionnaire was then sent. Birth parents of children who had been reunified were not surveyed, as the focus of this strand was on the experiences, pathways and outcomes of children who are looked after away from home.

Where a response had not been received after around three weeks, local authorities and agencies were asked to send out reminder letters. Social workers of children whose caregivers had not responded were also contacted, to ask them to contact the caregivers and encourage them to complete the questionnaire, although social workers and caregivers were placed under no obligation to do so.

Overall, questionnaires were received from 166 caregivers from 15 local authorities, a response rate of 42%. The caregivers of 223 children (35%) did not respond, and seven (1%) refused to complete the questionnaire. In the remainder of cases, it was not possible or appropriate to send a questionnaire, either because the local authority did not provide the necessary information (53, 8%), did not have an up-to-date address for caregivers (25, 4%), or because children were not living with foster or kinship carers, or adoptive parents (169, 26%) thus not eligible to be included in the *Outcomes* strand of the study.

Of the 166 children for whom caregiver surveys were received:

- 17% were living with kinship carers (Section 11);
- Half (51%) were on an adoption pathway (either placed with prospective adopters or already adopted);
- One third (32%) were looked after away from home (including a small number on Permanence Orders).

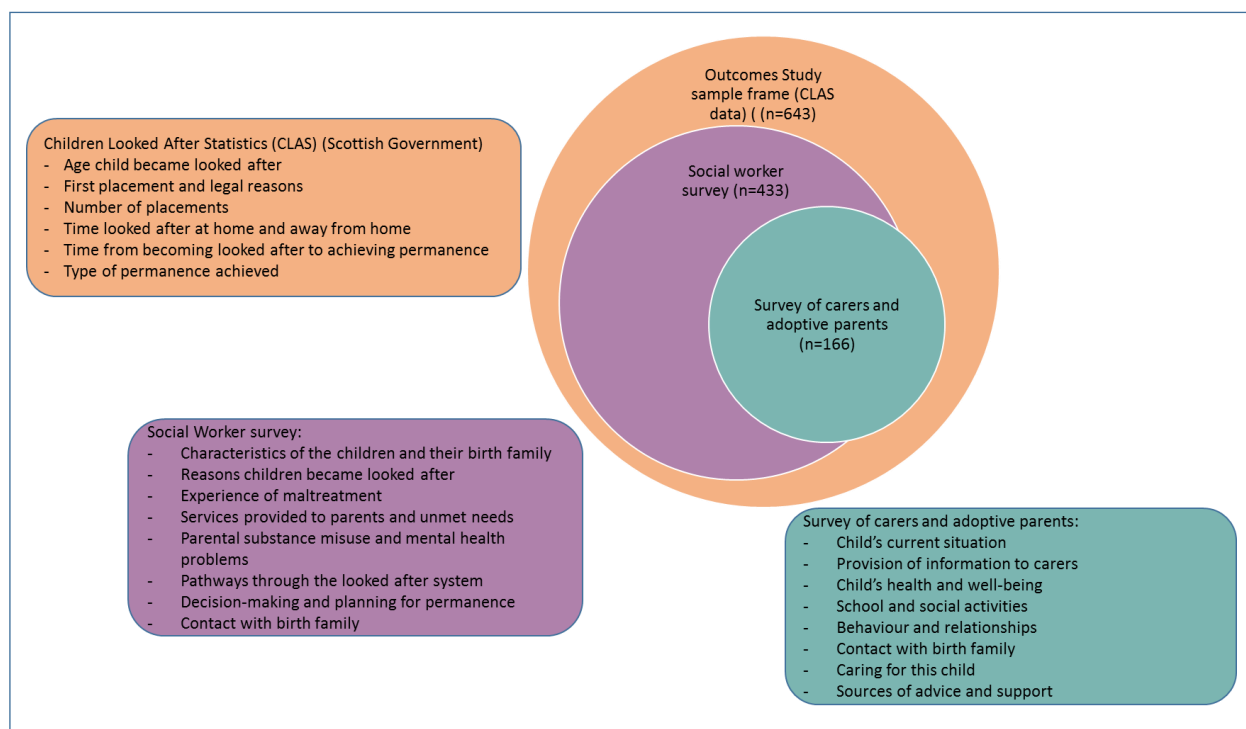
2.4 Children Looked After Statistics (CLAS)

Information from the CLAS was used in the *Outcomes* strand of the study, including details of all episodes of care, placements, and legal status. Variables were derived relating to the age that children became looked after, the duration of periods spent looked after (both at and away from home), and their pathways to permanence.

2.5 About the samples

In summary, data was collected from the social workers of 433 children, and from the caregivers of 166 children. Data was collected from *both* social worker and caregiver for a sub-sample of 130 children. This data was linked, together with key variables drawn from the administrative CLAS data (2012-16). Figure 2 shows how the different data elements fit together, and a summary of the information drawn from each source.

Figure 2: Summary of data sources – sample sizes and information



Analysis of the administrative CLAS data found no statistically significant differences between children whose social workers and/or caregivers completed questionnaires and those who did not, in relation to age when became looked after, sex, ethnicity, additional support needs, first placement type or first legal reason. We can thus be confident that the resulting samples are broadly representative.

2.6 Data analysis

Much of the analysis presented in this report is descriptive. Frequencies and percentages are used to describe how many children had a certain characteristic or experience, for categorical variables such as placement type. Median and interquartile range (IQR)¹⁶ are used to describe numerical variables such as age (in months) or the time children spent looked after away from home. Mean and standard deviation¹⁷ are used to describe severity of maltreatment.

Cross-tabulations and Chi-square tests are used to look at the association between two categorical variables (such as initial placement type). Mann Whitney U or Kruskal-Wallis tests are used to test for group differences in ordinal variables (e.g. levels of agreement/disagreement with whether children had behaviour problems at school) and numerical variables (such as age in months at time of first placement away from home). A *p*-value threshold of 0.05 is used throughout to indicate statistical significance, which is whether we can be 95% confident that any differences observed in the data are real differences and not simply a chance finding. Due to controversies surrounding the use of statistical significance tests and *p*-values to determine the substantive importance of research findings (see Colquhoun, 2014; Gorard, 2016; Nuzzo, 2014 for discussion), measures of effect size are also used throughout this report. Cramer's V is used to indicate the strength (substantive significance) of any associations, with values of 0.1 indicating a small effect, 0.3 a medium effect, and 0.5 a large effect (see Cohen, 1988).

That there may be relationships between key independent variables, such as initial placement type and the age when children became looked after, means that it can be difficult to establish the key drivers of differences seen in simple descriptive analysis. Thus, multivariate analysis (logistic regression) is used to consider how a number of factors simultaneously influence children's permanence status three to four years after they became looked after. This also enables an assessment of the association with one variable, whilst controlling (or adjusting) for all other explanatory variables in the model.

The regression results are presented as odds ratios for each independent variable, all of which have a significance value and 95% confidence intervals attached. Odds ratios estimate the effect of each individual independent variable on the outcome variable, adjusted for all other independent variables in the regression model. Logistic regression compares the odds of a reference category with that of the other categories. An odds ratio of greater than one indicates that the group in question is more likely to demonstrate this characteristic than is the chosen reference category, an odds ratio of less than one means they are less likely.

Analyses were conducted using IBM SPSS Statistics for Windows, Version 24.0.

¹⁶ 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.

¹⁷ The mean is a measure of central tendency, calculated by adding together a set of numbers and dividing this sum by the total number of figures added together. Standard deviation is used alongside the mean, to help describe how close a set of values are to the mean. The larger the standard deviation, the more spread out the values tend to be.

2.7 Limitations

There are 32 local authorities in Scotland, of which 19 participated in this strand of the study. Social workers from all 19, and carers and adoptive parents from 15 local authorities completed detailed questionnaires. While these spanned smaller and larger local authorities, and urban and rural areas, one of the findings from the *Decision making* strand was that practice varied across Scotland. Consequently, it is possible the findings may not reflect the experiences and pathways of children in local authorities who did not participate in this strand.

This strand uses CLAS data and data from questionnaires completed by social workers and children's current caregivers. Neither birth parents nor children were involved in this strand. Their perspectives may vary significantly from those of social workers and carers.

A wealth of data was collected from social workers and from caregivers. More complex analysis, particularly multivariate analysis of the factors driving children's outcomes, was outside the scope of this report. Additionally, as with any quantitative research, analysis can only examine the associations with or effect of measured variables; other factors may also play an important part.

2.8 Ethical issues

Ethical approval for the full study was provided by the General University Ethics Panel of the Faculty of Social Science at the University of Stirling and a data sharing agreement was in place with the Scottish government to enable access to the CLAS data over four years. This agreement was reviewed annually. All survey respondents (social workers, foster carers, kinship carers and adoptive parents) were provided with information about the study, and asked to give informed consent before completing a questionnaire. All data collected were anonymised and securely stored, consistent with national guidelines on data protection and the data sharing agreement.

3. Children's characteristics and circumstances

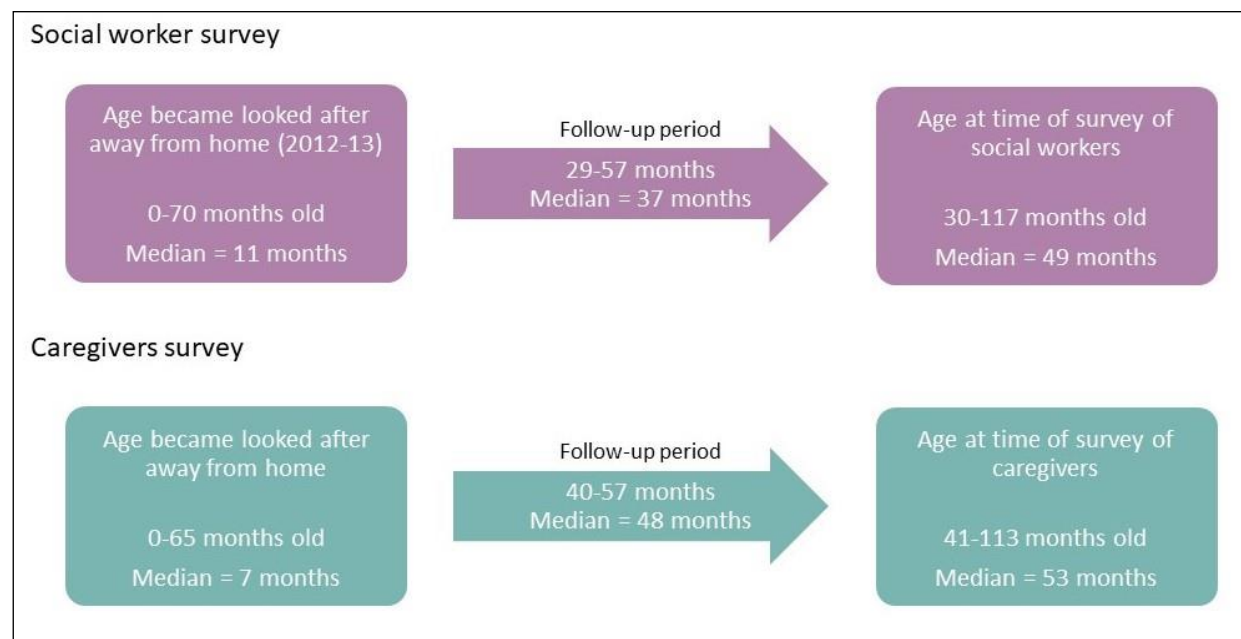
This section describes the characteristics and family circumstances around the time they became looked after away from home for the 433 children in the social worker sample. These are compared, where appropriate, to the characteristics of the 166 children whose current caregivers (foster carer, kinship carer, adoptive parent, or prospective adopter) provided additional information on their current development and wellbeing via the caregiver survey.

3.1 Demographic characteristics

There was an even gender balance in both samples, with 52% of the 433 children in the social worker sample and 53% of the 166 children in the caregiver sample being male. The children were all born between 1 August 2007 and 31 July 2013 (in line with the study parameters).

Figure 3 shows the age of children when they became looked after away from home and at the time of the survey, and the duration of the follow-up period, for both the social worker and caregiver surveys.

Figure 3: Age of children when they became looked after away from home and at the time of the survey, and duration of follow-up period



As recorded by social workers, the vast majority of children were White (403, 93%), with only small numbers of mixed ethnic heritage (12, 3%) or from Black Caribbean or African (7, 2%) or South Asian (6, 1%) backgrounds. Two children were from other ethnic backgrounds and the ethnic origin of three others was unknown. A similar pattern of ethnic backgrounds was observed for the children whose caregivers provided this information (95% White, 3% mixed ethnic heritage, and 2% Black Caribbean or African). These figures are very similar to those for the children in the *Pathways* strand of the study, and for all children and young people (aged 0-19 years) in Scotland at the time the study commenced (Scottish Government, 2014a).

3.2 Health and disability

Research has shown that children with a disability or developmental delay are more likely to become looked after away from home than those who are not disabled, and disability is also known to be a risk factor for maltreatment (Baldwin et al, 2019; White et al, 2014; Taylor et al, 2016). In their review of the literature on permanence in foster care and adoption for disabled

children, Welch et al (2015) found that disabled children experience disadvantages in permanence outcomes and aspects of permanence such as placement stability. Information on whether children have additional support needs or a disability is collected in the annual CLAS by Scottish Government¹⁸ for all children who become looked after, although this data is missing for 21% of children who started to be looked after in 2012-13 (Scottish Government, 2014a). In this same year, 7% of children of all ages who started to be looked after were reported to have additional support needs (ibid). By combining the information from each of the four years of CLAS data for children in our samples, those reported to have additional support needs, for example due to a physical or learning disability, sensory impairment, autistic spectrum disorder or a chronic health condition could be identified. In some cases this information was missing in the baseline year, but was recorded in later years.

From the CLAS, 7% of the children in the social worker sample were reported to have additional support needs, whilst this figure was 8% of the children in the caregiver sample. This is the same as for the children in the *Pathways* strand of the study.

The surveys of social workers and caregivers asked more detailed questions about whether children had “any long-standing illnesses, disabilities or health problems including learning difficulties or foetal alcohol syndrome”.¹⁹ In total, 54 (13%) of the children in the social worker sample for whom data was available had one or more long-term health conditions, disabilities or sensory impairments, and a further 32 (8%) were being assessed at the time of the survey.

Of these 54 children, around half (25) were reported to have a long-term medical condition, 16 a physical or motor impairment, and 14 a sensory impairment. Social worker comments indicated that at least 12 children had developmental delay, including seven with global developmental delay and three with speech and language delay. Fourteen children were known to have a learning disability or specific learning difficulties, whilst 11 were described as having a language and communication disorder. For 28 of the children a single disability or health condition was reported, but 16 children had two or three conditions, and 10 had four or more.

Conditions resulting from pre-birth substance misuse were reported for just 12 children, including Foetal Alcohol Syndrome (FAS), Neo-natal Abstinence Syndrome (NAS), and Alcohol-Related Neurological Disorder (ARND) (7 NAS, 4 FAS, and 1 ARND). However, social worker comments suggested that in some cases there were concerns that developmental delay might be due to FAS that was as-yet undiagnosed. As Mather (2015) suggests, many children with Foetal Alcohol Spectrum Disorder (FASD) are misdiagnosed, and given the high rates of maternal substance misuse during pregnancy seen amongst the children in this study, true levels of FASD are likely to be higher. A recent investigation reported that 600 babies in Scotland were born with NAS during the three-year period 2015-18.²⁰

Other UK studies of looked after children have reported higher proportions of disabled children and those with chronic health problems, although the definitions and samples vary. An English study of fostered and adopted children reported that 11% had a disability and 14% had both a disability and a chronic health problem (Biehal et al, 2010). A recent study which focused specifically on children referred due to maltreatment reported that 30% of those who entered

¹⁸ In 2013/14 there was a change in the way disability was recorded. The CLAS data collection protocol changed from recording individual types of disability/additional support needs, to a yes/no coding.

¹⁹ The BMA (2016) proposed the use of the term foetal alcohol spectrum disorder (FASD) to cover the full spectrum of developmental disabilities associated with in-utero exposure to alcohol, however this was after our questionnaires had been finalised.

²⁰ <https://www.bbc.co.uk/news/uk-scotland-46329733>

public care due to abuse or neglect had a disability or serious, chronic health condition (Biehal et al, 2018). The smaller proportion of children with these conditions in the current study may be due to the very young age of the children, all of whom were age nine or under at the time of the social worker survey. It is therefore possible that some children had conditions that had not yet been identified.

Caregivers were also asked about children's current health and disability, and this is discussed in more detail in Section 7.1 on children's current wellbeing.

3.3 Experience of abuse and neglect

Social workers reported that 89% (384) of children had directly experienced abuse or neglect (including pre-birth neglect, manifested as maternal substance misuse *in utero*). In 17 (4%) of cases, social workers did not indicate that the study child had themselves experienced abuse or neglect, but that concerns had arisen as a result of the maltreatment of another child in the household. In these 17 cases, where the decision to remove a child from birth parents was prompted by the maltreatment of another child in the household, there were significant and over-lapping concerns about neglect (15 children), emotional abuse (13 children), physical abuse (12 children) and sexual abuse (3 children).²¹ Some social workers included information about the experiences of siblings which had led to concerns about the study child:

One sibling died in parents' care and other sibling had unexplained bruising to her leg.

Historical concerns of neglect in respect of older siblings. To safeguard siblings from inappropriate adults. Father assaulted older sibling.

In the remaining 32 cases (7%), there was no indication that any child had been maltreated but there were concerns about a high level of risk within the family.

Types of maltreatment

In order to investigate the forms of maltreatment children had experienced, a standardized measure of maltreatment type and severity was included in the social worker questionnaire. The Modified Maltreatment Classification System (MMCS) was developed in the USA and used in the LONGSCAN group of studies (English et al, 1997). For the majority of children, there was evidence that they had directly experienced abuse or neglect, with the proportions experiencing each type of maltreatment shown in Table 1.

Table 1: Types of maltreatment experienced (n=433)

	n	%
Neglect	350	80.8
Emotional abuse	280	64.7
Physical abuse	117	27.0
Sexual abuse	27	6.2
No direct maltreatment	49	11.3

* Children may have experienced more than one form of maltreatment

²¹ The 2014 National Guidance for Child Protection in Scotland (Scottish Government, 2014b) defines neglect, emotional abuse, physical abuse and sexual abuse on pages 11 and 12. The Guidance can be accessed at <https://www.gov.scot/publications/national-guidance-child-protection-scotland/>. On the social worker questionnaire examples were given of each type of maltreatment, drawn from the MMCS materials.

Around two thirds of children had experienced multiple forms of maltreatment: 36% experienced two types, 24% three types, and 4% all four types. This was highlighted in the additional comments added by social workers. For example:

Significant and constant domestic abuse. Physical abuse directed against the child which left marks that were spotted by nursery. Several unknown adults engaging in sexual acts in front of the child.

Another social worker's description reflected the language used by the child:

Child spoke about not liking it when mum gets upset, that mum and dad fight with each other but described this as mum telling dad to pack his bags and that they only shout at each other. Child stated unprompted that there were "things that worried" her, she then stated "mum and dad do smack me, hard on my bottom, mum and dad smack all of us hard". [She] said she felt "sad and scared" when this happened. School staff reported concerns that child's hair had been falling out, there appears to be nothing in the medical chronology explaining why this may be and school were concerned that it may be due to stress at home.

Maltreatment was often described in the context of other factors, such as poor mental health, high-stress relationships within families, or substance or alcohol misuse:

The child was subjected to parental substance misuse and episodes of domestic violence whilst both parents were living at the same address. Owing to both parents' addictions to substances, the child's needs in terms of basic care and appropriate interaction were not met.

Severity of maltreatment

Social workers were asked to indicate the highest severity of each type of abuse or neglect experienced by assigning each child a score on a scale ranging from zero (no experience of this type), 1 (lowest severity) to 5 (highest severity). To standardise scoring, the questionnaire provided detailed guidance on grading the severity of each maltreatment type, drawn from the MMCS materials.²² The mean severity for those who had experienced each type of maltreatment was calculated, and this was found to be higher for neglect and emotional abuse (see Table 2).

Table 2: Severity of maltreatment experienced

	n	Mean severity for all children experiencing this type	Standard Deviation
Neglect	350	3.39	1.23
Emotional abuse	280	3.23	1.20
Physical abuse	117	2.21	1.24
Sexual abuse	27	1.59	1.01

²² For example, in relation to neglect, the MMCS manual gives the following descriptors of each level of severity: 1 - misses child's medical appointments; home very dirty; child's clothing usually dirty; child doesn't have regular meals; 2 - no bed; urine-soaked mattress; does not ensure food is available to child; inappropriate clothing in cold weather; child present when caregiver selling drugs; 3 - child frequently misses meals; insanitary living conditions; child left in care of poor supervisor; does not seek medical attention for moderately severe medical condition; 4 - does not seek medical attention for serious illness; extremely unhealthy living conditions; unsupervised for extended period of time; 5 - child born with foetal alcohol or neo-natal abstinence syndrome; does not prevent child being in a life threatening situation, very severe physical neglect or lack of supervision (English et al, 1997).

A binary rating of overall maltreatment severity was constructed to provide a 'highest severity' score for each child, based on the severity ratings across all types of maltreatment experienced. Overall, 71% of the children experienced high severity maltreatment of at least one type (rated 3-5 on the MMCS), with 53% experiencing at least one type of very high severity (rated 4-5).

Age maltreatment occurred

For each type of maltreatment, social workers were asked to record the ages at which this was thought to have occurred. Table 3 shows the earliest age at which children were thought to have experienced maltreatment (of any type).

Table 3: Earliest age at which children were thought to have experienced maltreatment (n=356*)

	n	%
Pre-birth (neglect)	182	51.1
0-18 months	122	34.3
19 -35 months	32	9.0
36 months – under 70 months	20	5.6
Total	356	100.0

* For 28 children, details of the age at which maltreatment was thought to have occurred was missing, and for 49 children there was no evidence of direct maltreatment

It is striking that half of the children (for whom this information was recorded) had experienced pre-birth neglect, and one third (34%) had first experienced maltreatment between birth and 18 months. Of those who were thought to have experienced pre-birth neglect, around three quarters (136, 75%) also experienced maltreatment after they were born.

Types of neglect

Of the 350 children who experienced neglect, 71% were reported to have experienced emotional neglect, whilst around half had been affected by drug or alcohol misuse in pregnancy²³ and a similar proportion had experienced a lack of supervision. Social workers described some of these experiences in additional comments:

Mum was unable to pick up on cues or distressed behaviour of the child and unable to comfort her. Mum unable provide routine or respond effectively to child's needs. Unable to hold, feed or clean child as and when required without guidance of another adult.

Many of the comments indicated that neglect overlapped with concerns about maltreatment:

Dirty home, inadequate diet, left to fend for himself, lack of appropriate response to his physical and emotional needs. Mother blamed another toddler for his physical injuries although medical examination suggested the nature of the injuries could not have been caused by a small child.

The child experienced chronic and enduring neglect ... The child had failed to have their medical needs met, basic care needs met and emotional care needs attended to. There was severe domestic violence and parental substance misuse that significantly impaired the parents' ability to adequately care for the child and safeguard them.

²³ This is discussed in more detail in Section 3.5.

Table 4 shows the proportion of children who were thought to have experienced different forms of neglect.

Table 4: Types of neglect experienced (n=350)

	n	%
Emotional neglect	247	70.6
Drug or alcohol misuse in pregnancy	177	50.6
Lack of supervision (e.g. leaving child alone)	176	50.3
Neglect of child's personal hygiene or failure to clothe child adequately	164	46.9
Failure to provide adequate shelter or an adequately/clean home environment	160	45.7
Failure to feed child properly	152	43.4
Neglect of medical care	140	40.0

One in five children (67, 19%) were reported to have experienced one type of neglect, but around half (168, 48%) had experienced four or more types.

3.4 Family circumstances

This section considers who respondents said children had been living with just prior to becoming looked after away from home, and the circumstances of non-resident parents, together with the age and, where known, prior experiences of the children's birth parents.

Children's caregivers prior to them becoming looked after

Around one fifth of the children had been living with both parents just prior to becoming looked after away from home, and two fifths had been living with a lone mother (or mother and partner). Over one quarter of the children were reported to have become looked after at birth, or shortly thereafter.

Table 5: Children's caregivers prior to becoming looked after away from home (n=433)

Caregivers	n	%
Both parents	96	22.2
Lone mother	156	36.0
Mother and partner	18	4.2
Parent and grandparent or other relative	15	3.5
Grandparent or other relative only	15	3.5
Other arrangement	10	2.3
Looked after at or shortly after birth	123	28.4
Total	433	100.0

Of the 123 children²⁴ who became looked after at or soon after birth (up to seven days old), information on half of the fathers (60, 49%) was missing. One fifth of the fathers (23, 19%) were reported as having had contact with their child in the previous year. Social workers specified

²⁴ This is based on respondent's reports of where children were living prior to becoming looked after. This is different to the figure of 89 in Section 4.1, which comes from the CLAS.

that 20 fathers (16%) were in prison, two were in hospital or rehab, two had died, and 16 (13%) were 'unknown'. The lack of information on half of the fathers is significant, and mirrors the findings of other research, which found that the focus is on mothers, rather than fathers. This has been explored in relation to permanence (Clapton and Clifton, 2016), within care proceedings in England (Philip et al, 2018), within child protection processes more widely (including Scourfield et al, 2015 and Brandon et al, 2017), and in relation to pre-birth assessments (Critchley, 2018).

Where children had become looked after at, or soon after birth, mothers were always 'present', although not necessarily caring for the baby, particularly as some babies would have been removed directly from the hospital or remained in hospital after the mother had been discharged post-natally. Twelve mothers were reported to have been in prison at the time their baby had become looked after, although it is unclear whether the mother and baby were living together in a specialist unit.

Of the 310 children who did not become looked after at birth, it is evident that around one third (103, 33%) were living with their father, and a further quarter (85, 27%) were known to have had contact with their father in the year prior to their removal. In other cases, children's fathers were reported to be physically absent from their lives – because they were in prison (37, 12%) (although 22 of these fathers had had contact in the previous year), had died (9, 3%) or were specified by the responding social worker to be 'unknown' (14, 5%). Information on the fathers of the remaining fifth of children not removed at or soon after birth (62, 20%) was missing.

In the vast majority of cases (285, 92%), children who did not become looked after at birth had been living with their mother prior to them becoming looked after, with a further 17 (5%) not living with their mother but known to have had contact in the previous year. Four mothers were in prison (three of whom had contact in the previous year), and one mother was known to have died.

Age of mother

Social workers were asked how old mothers were when the study child was born, although there is no indication as to whether this child was the mother's first-born child. Seven per cent of the mothers had been under 18 years old, just over one in five were aged 18-20 years, and the remaining 70% aged 21 years or older. Thus almost one third (30%) of the children in this strand had mothers who were under 21 years old. In their study, Broadhurst et al (2017) found that 45% of the mothers who experienced recurrent care proceedings were younger than 20 years old when they had their first child.

Statistics on births in Scotland show there has been a steady increase in births to mothers aged over 30 with contrasting decreases in births to younger mothers. In 2012-13 the percentage of mothers aged over 30 was 4%, but when linked to the Scottish Index of Multiple Deprivation the picture was rather different. In the under 20s, there were almost nine times the proportion of births in the most deprived group compared to the least deprived. In the 20-24-year olds the ratio of babies born in the least deprived quintile to those born in the most deprived quintile was 4.6 to 1. This starts to reverse at approximately 30 years, for whom the ratio is approximately 1 to 1.7 (Information Services Division, 2014, p5).

Experiences of parents during childhood

Parents of children in the sample were known by social workers completing the questionnaire to have experienced a number of adverse experiences in their own childhoods.

Table 6: Experiences of parents in childhood (n=433)

	Mother		Father	
	n	%	n	%
Being abused	168	38.8	73	16.9
Being neglected	196	45.3	103	23.8
Being looked after away from home	107	24.7	60	13.9
Being adopted	9	2.1	7	1.6
Death of a parent	64	14.8	41	9.5

The figures above reflect the information known by social workers and are thus likely to be an underestimate. However, it is evident that even with this caveat, the parents of children in our study had experienced difficult and disrupted childhoods. There is an existing body of research which considers the ongoing impact of negative childhood experiences on different aspects of health and development, and on parenting capacity (Dube et al, 2001; Broadhurst et al, 2017). Parents who have participated in other research have described multiple and long-standing problems, including difficult childhoods, domestic violence, substance misuse and poor mental health, which contributed to their child becoming looked after away from home (Neil et al, 2010).

Parental financial and housing difficulties

Previous research across the UK has demonstrated that children who come from backgrounds characterised by social and economic disadvantage are more likely to become looked after (Bebbington and Miles, 1989; McGhee and Waterhouse, 2007; Bywaters et al, 2015; Bywaters et al, 2018), and that the impact of austerity on families who come into contact with social workers has been significant (Jones, 2017). Morris et al (2018) noted that poverty is the ‘wallpaper’ in children’s lives, often going unremarked upon by practitioners. Social workers of children in this study recognised that poverty and housing problems affected large proportions of families (see Table 7).

Table 7: Parental financial and housing difficulties (n=433)

	n	%
Some difficulties keeping up with bills and commitments	222	51.3
Serious financial problems, often falling behind with bills or credit commitments	130	30.0
Living in overcrowded housing	37	8.5
Other financial or housing problems	114	26.3

These categories of financial and housing problems were not mutually exclusive. Twenty-four respondents added comments indicating that children’s parents were or had been homeless prior to them becoming accommodated, while a similar number described parents’ accommodation as ‘inadequate’, ‘poor’ or ‘unsanitary’.

Many of the same parents were described as unemployed. Six children had at least one parent who was an asylum seeker or undocumented migrant, and therefore not able to work legally.

Several comments indicated that parents had struggled to manage tenancies, had moved frequently, had problems with debts and/or had received complaints from neighbours about noise or anti-social behaviour. For example, social workers commented:

Child's mother had a number of warnings in respect of anti-social behaviour at her previous address.

Mother was requesting a change of tenancy due to threats from people she owed money to.

3.5 Parental substance misuse

Scotland has a high rate of drug and alcohol misuse. Alcohol contributed to over 3,700 deaths in Scotland in 2015, and in 2017 the highest level of drug deaths in Europe was recorded in Scotland (Tod et al, 2018; Carrell, 2018). In 2006 it was suggested that 40,000-60,000 of the around one million children in Scotland were affected by parental drug use and 80,000-100,000 by alcohol misuse (Scottish Executive, 2006). Across the United Kingdom, Manning et al (2009) estimated that two million children and young people are affected by parents' drug or alcohol misuse.

Previous estimates suggest that one in three adults in Scotland have used cannabis at some point, with cocaine as the next most commonly used, followed by ecstasy. Poly drug use has also been reported as common, with two out of five drug users using two or more illegal drugs, and four out of five coupling drug and alcohol use (Scottish Government, 2008a). In July 2016, parental substance misuse (PSM) contributed to risk for 39% of the 2,723 children whose names were on the Child Protection Register (Scottish Government, 2017). For children in our sample, social workers reported high levels of parental drug and alcohol misuse, both before and after the child's birth. As all the children in this sample were subject to high levels of professional intervention, this is unsurprising given social work intervention tends to increase in line with higher levels of parental alcohol and drug misuse (Cleaver et al, 2011).

Social workers were asked about any known substance misuse by parents and other caregivers prior to children becoming looked after away from home. Concerns about maternal substance misuse were reported for nearly two thirds of children (273, 63%) and concerns about paternal substance misuse for half of them (218, 50%). It is notable that social workers reported as 'unknown' the substance misuse of 4% (17) of children's mothers and 26% (111) of children's fathers, perhaps because the responding social worker had not been closely involved in the case. In a few cases there was also concern about substance use by mothers' current partners (see Table 8).

Table 8: Concerns about parental substance misuse (n=423*)

	n	%
No recorded concerns	121	28.6
Mother only	80	18.9
Mother and father (or mother's partner)	193	45.6
Father (or mother's partner) only	29	6.9
Total	423	100

* Details were unknown for 10 children

In many cases, both parents were reported to be frequently using alcohol and/or drugs. However, in nearly one in five cases (80, 19%) it was solely the mother's substance misuse that caused concern.

Although previous research (including Phillips, 2004; Forrester and Harwin, 2008) highlighted differing social work responses to alcohol misuse, for both mothers and fathers alcohol was the most common substance reported known to be frequently used, followed by cannabis and heroin (see Table 9). Frequent use of alcohol was reported for half of mothers (51%) and nearly two-

thirds (61%) of fathers (where there were concerns about PSM), and frequent use of heroin (or other opioids) was indicated for nearly two fifths of both mothers (38%) and fathers (40%). Frequent use of prescription drugs was also recorded, especially for the children's mothers (30%).

Table 9: Substances reported to be frequently used by parents (n=273 mothers, n=218 fathers)*

Substance	Frequent use Mother (n=273)		Frequent use Father (n=218)	
	n	%	n	%
Alcohol	139	50.9	133	61.0
Cannabis	103	37.7	96	44.0
Heroin or other opioid	103	37.7	87	39.9
Prescription drugs (e.g. benzodiazepines)	83	30.4	48	22.0
Methadone	74	27.1	58	26.6
Amphetamines	47	17.2	31	14.2
Cocaine – powder	17	6.2	15	6.9
Cocaine – crack	15	5.5	13	6.0

* Those where there were known concerns about parental substance misuse

Fewer than seven mothers or fathers were reported to be frequently using Ecstasy/MDMA, methamphetamine, LSD, or Ketamine, and several social workers commented that the types of substances parents were using were unknown.

Maternal substance misuse

Where substance misuse was a concern, the most common scenario for mothers was poly drug use combined with alcohol use, followed by alcohol together with the use of a single drug. Very few of the mothers were described as using only a single drug (see Table 10).

Table 10: Patterns of maternal substance use (n=255*)

	n	%
Alcohol only	45	17.6
Single drug only	15	5.9
Alcohol and single drug	56	22.0
Poly drug use, not alcohol	34	13.3
Poly drug use, plus alcohol	105	41.2
Total	255	100.0

* Those where there were known concerns about substance misuse. Details were missing for 18 mothers.

Multiple drug use was common amongst these mothers (see also Mayet et al, 2008; Hamilton et al, 2010; Goel et al, 2011). Nearly two fifths (105, 38%) of mothers were reported to be using two to four drugs, nearly one in ten (40, 9%) were using 5-7 drugs and four mothers were reported to be using 8-10 types of drugs prior to children becoming looked after away from home.

Amongst the 273 mothers with reported substance misuse, many were reported to be either physically and/or psychologically dependent on substances. Nearly three quarters (201, 74%) were thought to be physically dependent on drugs and/or alcohol, and four fifths (219, 81%) were thought to be psychologically dependent (see Table 11)

Table 11: Mothers' dependence on drugs and/or alcohol (n=270*)

	Physically dependent (n=270)		Psychologically dependent (n=269)	
	n	%	n	%
Very much so	118	43.7	150	55.8
To some extent	83	30.7	69	25.7
Not at all	21	7.8	10	3.7
Not known	48	17.8	40	14.9
Total	270	100.0	269	100.0

* Those where there were known concerns about substance misuse. Data on physical dependency was missing for three mothers, and data on psychological dependency was missing for four mothers.

Social workers reported that for over two thirds (187, 69%) of 273 mothers for whom substance misuse was a feature, their substance use was affecting their parenting 'very much', and in a further one fifth (59, 22%) of cases it was affecting their parenting 'to some extent.'

Social workers reported that 182 children (42%) had experienced neglect *in utero* due to maternal substance misuse in pregnancy. However, only twelve children were reported as having been born with conditions related to alcohol and drug misuse in pregnancy.²⁵ In their study on the impact of in utero alcohol consumption, Cousins and Wells (2005) indicated that there may have been an under-diagnosis of FAE (Foetal Alcohol Effect), which is hard to identify and often goes unrecognized. Brown and Mathers (2014) refer to this as an 'invisible disability'. At the time of our study most of the children were very young and it is possible any effects of substance misuse on their health and development may not yet have been recognised or become visible.

Paternal substance misuse

Where substance misuse was a known concern, the most common pattern amongst fathers was a combination of alcohol and poly drug use.

Table 12: Patterns of paternal substance use (n=204*)

	n	%
Alcohol only	37	18.1
Single drug only	15	7.4
Alcohol and single drug	45	22.1
Poly drug use, not alcohol	13	6.4
Poly drug use, plus alcohol	94	46.1
Total	204	100.0

* Those where there were known concerns about parental substance misuse. Details were unknown for the fathers of 14 children.

²⁵ See Section 3.2

Around half (112, 51%) of the 218 fathers where substance misuse was known to be an issue were reported to be using multiple drugs. Over half were reported to be 'very much' physically dependent (114, 53%) and/or 'very much' psychologically dependent (128, 59%) on the substances they were using (see Table 13).

Table 13: Fathers' dependence on drugs and/or alcohol (n=216*)

	Physically dependent		Psychologically dependent	
	n	%	n	%
Very much so	114	52.8	128	59.3
To some extent	55	25.5	45	20.8
Not at all	4	1.9	3	1.4
Not known	43	19.9	8	18.5
Total	216	100.0	216	100.0

* Those where there were known concerns about parental substance misuse. Data was missing for two fathers.

Where fathers were known to be misusing substances, social workers considered that for over two thirds of them (150, 69%) this 'very much' affected their ability to provide good enough parenting to the child, and in one fifth of cases (43, 20%) it affected their parenting capacity to some extent.

3.6 Parental mental health problems

In their report on serious case reviews, Brandon and colleagues found that 58% of the children lived in a household where their parent or carer had mental health difficulties (Brandon et al, 2012, p.37). This is within the context of one in six adults estimated to experience mental health difficulties, with this likely to be higher for women, lone parents and individuals who are socially and economically disadvantaged (Sawyer and Burton, 2016). For children in the current study, figures are similar to those found by Brandon et al (2012). Over half of children's mothers (263, 61%) and over one quarter of their fathers (115, 27%) were reported to have mental health problems when children became looked after away from home. This information was missing for 17% of mothers and nearly half of fathers. For nearly one quarter of children (100, 23%) social workers reported concerns about the mental health of both parents, although again missing data requires these findings to be interpreted with caution. Table 14 shows the types of mental health problems reported.

Table 14: Types of parental mental health problems reported (n=263 mothers, n=115 fathers)*

	Mothers (n=263)		Fathers (n=115)	
	n	%	n	%
Mild or moderate depression	168	63.9	60	52.2
Anxiety disorder	79	30.0	29	25.2
Severe depression	45	17.1	15	13.0
Personality disorder	19	7.2	4	3.5
Borderline personality disorder	18	6.8	2	1.7
Schizophrenia	8	3.0	4	3.5
Bi-polar disorder	5	1.9	2	1.7
Post-natal depression	6	2.3	-	-
Post-partum psychosis	2	0.8	-	-

* Those where there were known parental mental health problems.

For mothers and fathers, the more common problems of mild or moderate depression were most prevalent, followed by anxiety disorders. Lower proportions had serious mental health difficulties including severe depression, schizophrenia and bi-polar disorder, although 14% (37) of mothers had been diagnosed as having a personality disorder or borderline personality disorder. Social workers' notes in free-text boxes on the questionnaire indicated that four women had experienced psychotic episodes, including two who suffered from post-partum psychosis. They also indicated that a further ten mothers were thought to have mental health problems, in most cases a suspected personality disorder of some kind, but had not been formally diagnosed. In some cases, they commented that the lack of a diagnosis was linked to lack of engagement with mental health services. However, two thirds (177, 67%) of the mothers with reported mental problems were known to have received support from mental health services.

Fewer details of the fathers' mental health were noted, but unlike reports on the mothers' mental health, in four cases paternal mental health problems included aggression or violence, and in three cases mental health problems were thought to be associated with alcohol misuse.

3.7 Summary

- From the information provided by social workers, prior to becoming looked after away from home, family life was difficult. Children's experiences included significant neglect and maltreatment. While for some children one-off specific incidents could act as a catalyst for them becoming looked after away from home, for most children there was not one factor but a range of factors.
- The majority of children (89%) had directly experienced abuse or neglect (including pre-birth neglect, manifested as maternal substance misuse in-utero). Around two thirds of the 433 children were reported to have experienced multiple forms of maltreatment²⁶ prior to their admission into care, with 36% experiencing two types, 24% three types, and 4% all four. Not only had some children experienced multiple 'types' of maltreatment, but the seriousness of the maltreatment was severe. There is no indication that the thresholds to accommodate children were low.
- Many of the parents were known to have experienced difficult and disrupted childhoods, although this is likely to be an underestimate, and more information was known about mothers than fathers.
- In the period before children became looked after away from home parenting capacity was compromised by parental alcohol and substance misuse, and the impact of mental health difficulties.

²⁶ To remind readers, using the standardised the Modified Maltreatment Classification System (MMCS) children's experiences of four 'types' of maltreatment were identified: neglect, emotional abuse, physical abuse and sexual abuse.

4. Becoming looked after away from home

This section provides information on the age at which children became looked after away from home, their first placement and legal status. It goes on to discuss factors that contributed to decisions to accommodate children, and services offered to parents.

4.1 Age at starting to be looked after away from home

Children in the social worker sample were aged between less than one month and 70 months when they first became looked after away from home (median = 11 months; IQR = 35 months). There were no statistically significant associations with gender, ethnic group or disability status.

Half of the children (51%) were under one year old. Almost one third (32%) were under six weeks old, including 89 (21%) who were less than seven days old. These proportions are similar to those for children in England subject to Section 31²⁷ care proceedings (Broadhurst et al, 2018)²⁸, where 47% of all children aged five years and under were under one year old when entering care proceedings, and 18% were under seven days old.

Table 15: Age-group when first looked after away from home (n=430*)

	n	%
Under 6 weeks old	139	32.3
6 weeks to under 1 year	81	18.8
1 year to under 2 years	51	11.9
2 years to under 3 years	55	12.8
3 years to under 4 years	49	11.4
4 years to under six years	55	12.8
Total	430	100.0

* Data missing for three children.

4.2 First placement type and legal status

The majority of children were initially placed in foster care, either with kinship foster carers (36%) or unrelated foster carers (59%). Most foster placements were provided by local authorities, with a small number purchased from Independent Fostering Providers (IFPs). Five per cent of children were initially in other placements, primarily very young babies likely to have been looked after in hospital or a specialist unit at birth under emergency child protection measures.

²⁷ These figures related to court-mandated care proceedings and do not include children who become looked after under Section 20 of the Children Act 1989, the nearest equivalent to Section 25 in Scotland.

²⁸ In England, in 2012-13, 5,475 children less than one year old, including 2,142 less than seven days old entered care proceedings (Broadhurst et al, 2018, p.21). Appendix One of the same report allows us to calculate that 11,759 children aged five years and under entered care proceedings, and thus the proportions less than one year and less than seven days old.

Table 16: Placement type when first looked after away from home (n=430*)

	n	%
Kinship foster carers	156	36.3
Local authority foster carers	233	54.2
IFP foster carers (unrelated)	20	4.7
Other placements	21	4.9
Total	430	100.0

* Data missing for three children.

Children looked after away from home before they were one year old, and especially those under six weeks old, were most commonly placed with unrelated foster carers. There was greater use of kinship foster care with children aged one year or over. There were no statistically significant associations between placement type and gender, ethnic group or disability status.

Table 17 shows children's legal status when they first became looked after away from home. Over half (56%) of children were initially looked after under Section 25 of the Children (Scotland) Act 1995. Unlike other measures, Section 25 does not involve oversight from the Children's Hearings system or the court.

Table 17: Legal status when first looked after away from home (n=430*)

	n	%
'Voluntary' (Section 25)	241	56.0
Supervision Requirement/Compulsory Supervision Order away from home	63	14.7
Warrant/Interim Compulsory Supervision Order	35	8.1
Child protection measure	82	19.1
Other legal reason	9	2.1
Total	430	100.0

* Data missing for three children.

Of the children in our sample, 15% became looked after away from home on a Supervision Requirement/Compulsory Supervision Order (CSO)²⁹ issued by a Children's Hearing. One in five became looked after away from home under emergency child protection measures, such as a Child Protection Order (CPO). This can last for a maximum of eight working days, allowing time for further assessment and for a Children's Hearing or sheriff to review the need for a further order. A Warrant/Interim Compulsory Supervision Order (ICSO), another short-term measure, was the first legal reason for eight per cent of children.

There were differences by age, with more very young children becoming looked after on emergency child protection measures: 30% of those aged under six weeks compared to ten per cent of those aged three years or over. Conversely, more older children had a Supervision Requirement/Compulsory Supervision Order as their first legal status: 23% of those aged three

²⁹ The Children's Hearings (Scotland) Act 2011 was implemented in June 2013, just before the end of the study's baseline year. It replaced some of the legal orders which formerly applied to children under the Children (Scotland) Act 1995. Two of the changes that resulted are of relevance to the terminology in this report. From June 2013, Supervision Requirements were replaced with Compulsory Supervision Orders (CSOs) and warrants were replaced by Interim Compulsory Supervision Orders (ICSOs).

or over compared to four per cent of those under six weeks old. There were no statistically significant associations between legal reason and gender, ethnic group or disability status.

4.3 Factors contributing to decision making

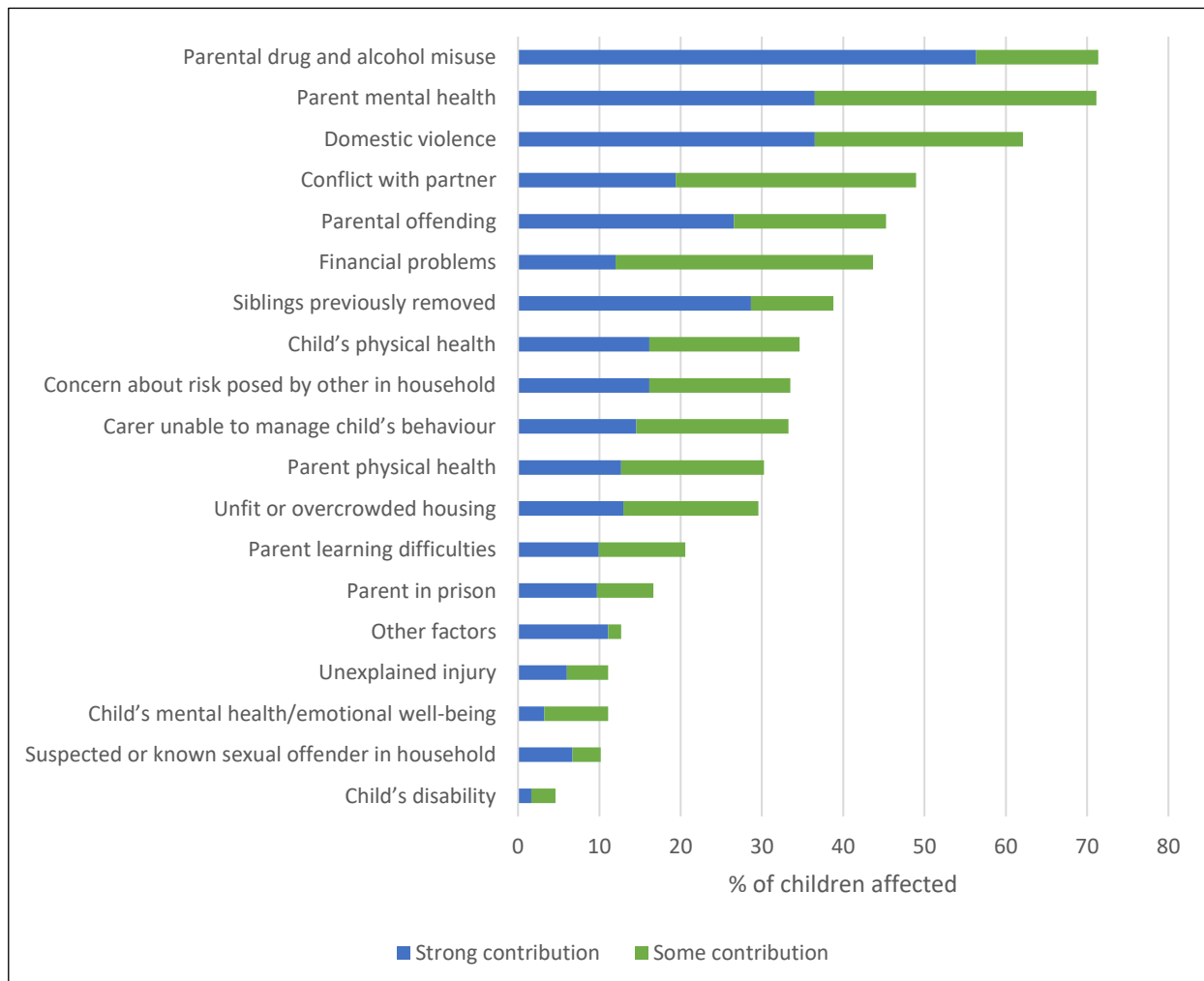
Social workers were asked what had contributed to decisions that children should become looked after away from home, and to indicate whether each factor had made a 'strong contribution', 'some contribution', 'no contribution' or was 'not known'.

It is clear that abuse or neglect were the most common factors leading to children being looked after away from home. Maltreatment contributed to decisions in 85% of cases, making a strong contribution in 70%. The abuse or neglect of another child in the household contributed to decisions in over half (55%) of all cases (making a strong contribution in 44%). Children's experiences of maltreatment were discussed in more detail in Section 3.3.

A range of other factors also informed decisions to look after children away from home, with many families described as experiencing multiple difficulties. It was unsurprising that social workers reported concerns about poor parenting capacity in the vast majority of cases (91%; making a strong contribution in 76%). This is likely to be associated with the high levels of other difficulties experienced by families.

Figure 4 includes the other factors which social workers described as having a 'strong', or 'some' contribution.

Figure 4: Factors contributing to decisions to look after children away from home (n=433)



The three most common factors which contributed to decisions to look after children away from home were parental substance misuse, parental mental health problems and domestic violence. Each were present in the families of around two thirds of children.³⁰ These often co-occurred, in various combinations, an association that has previously been noted (Stafford and Vincent, 2008; Cleaver et al, 2011; Brandon et al, 2012; Sidebotham et al, 2016; Wilkinson and Bowyer, 2017). Around three quarters (73%) of families were affected by at least two of these factors. For two fifths (39%) of children concerns about all three contributed to decision making. Although there are national strategies in place to address these issues, the data suggests they are having insufficient impact.³¹

A number of social workers commented on maternal substance misuse *in utero*, including its impact on children at birth. They also described the circumstances in which parental substance misuse occurred and their sense of its impact on parenting:

The child's mother did not protect the integrity of the foetus in utero due to not taking advice regarding her drug misuse. The parents' long-standing drug, alcohol, chaotic lifestyle. Parental mental health problems. Domestic abuse perpetrated by father.

Domestic violence and parental drug/alcohol misuse, impact on their capacities to parent safely.

Impact of parental substance misuse on parenting capacity and the neglect and abuse suffered by the child as a result of the above.

Child at risk due to parental drug and alcohol misuse and non-engagement with services.

After parental substance misuse, parental mental health, and domestic violence, the factor most frequently identified by social workers as strongly contributing to decisions that children should be looked after away from home was where they had brothers or sisters who had previously been accommodated. This made a strong contribution to decision making in 29% of cases, and made some contribution in a further 10%.

Parental offending was identified by social workers as contributing to decisions to remove children from their birth parents in 45% of cases (seen as making a strong contribution in 27% of cases), with 17% making reference to a parent being in prison (making a strong contribution in 10% of cases). Parental offending was often accompanied by domestic violence³², parental substance misuse³³, or a previous sibling having been removed from the household³⁴, with these associations showing statistically significant small to medium effects.

³⁰ Concerns about parental substance misuse were present in 71% of cases, making a strong contribution in 56% of cases. Concerns about parental mental health problems were present in 71% of cases, making a strong contribution in 36% of cases. Concerns about domestic violence were present in 62% of cases, making a strong contribution in 36% of cases.

³¹ At the Permanently Progressing Conference in September 2018, delegates considered the contributory factors in small groups. Their feedback was that experiences in practice mirrored the data.

³² Domestic violence was identified in 80% of cases where parental offending was reported compared to 47% of cases where it was not; $p < 0.05$, Chi-square = 49.18, $df=1$, Cramer's $V= 0.34$.

³³ Parental substance misuse was identified in 91% of cases where parental offending was reported, compared to 55% of cases where it was not; $p < 0.05$, Chi-square = 69.84, $df=1$, Cramer's $V = 0.40$.

³⁴ Social workers reported that a sibling had previously been removed in 51% of cases where parental offending was recorded, compared to 29% of cases where it was not; $p < 0.05$, Chi-square = 20.68, $df=1$, Cramer's $V = 0.22$.

It has long been known that children from families living in poverty and deprivation are over-represented in the child welfare system (Bebbington and Miles, 1989; McGhee and Waterhouse, 2007; Elliott and Scourfield, 2017; Bywaters et al 2018; Jonson-Reid et al, 2009). Social workers situated the specific concerns which led to children's removal within a wider context which included financial problems (44%) and unfit housing (30%). They reported that these two issues often, unsurprisingly, occurred together, with 68% of parents living in unfit housing also reported to have financial problems.³⁵ Financial problems and poor housing were significant issues in the backgrounds of a high proportion of children in our study, and were reported as making a strong contribution to the decision to remove children in 12-13% of cases.

Financial problems were often accompanied by a parent having mental health problems³⁶ or physical health problems.³⁷ However, it is unclear whether these issues had contributed to their financial problems or had resulted from them. Levels of conflict between parents were higher where financial problems were reported³⁸, but the association with domestic violence was weaker, and there was no statistically significant association between parental substance misuse and financial problems.

Levels of concern about neglect were not statistically significantly higher for children whose family circumstances included financial problems than where this was not an issue ($p = 0.05$).

Other factors, including child or adult physical health, parental learning difficulties, unexplained injuries, or the risk posed by other adults in the household were mentioned by social workers in the cases of fewer children, but were nonetheless important in families' lives.

In their comments, social workers described eight children as 'relinquished' at birth, including one baby who became looked after when the parents did not return to the hospital after the birth. One baby was said to have been relinquished due to 'cultural issues' when the mother conceived outwith marriage, and another because the mother was still in education. In other cases, social workers explained:

Parents were very clear that they did not want to keep the baby and previously had children adopted.

Child LAAC [looked after and accommodated] from birth at request of mother.

4.4 Support and services offered to birth parents

Where children become looked after away from home, the primary aim is to reunify them with their parents, where this is safe and possible within timescales which meet children's needs.³⁹ The Looked After Children (Scotland) Regulations 2009 stipulate that the local authority must carry out an assessment of children's needs and prepare a plan to meet those needs known as 'The Child's Plan'. This should generally include what supports and services have been or will be

³⁵ The association between financial problems and living in unfit housing was statistically significant, with Cramer's V indicating a medium effect: $p < 0.05$, Chi-square = 43.70, df=1, Cramer's V = 0.32.

³⁶ Parental mental health problems were observed in 83% of cases where financial problems were reported compared to 62% where they were not: $p < 0.05$, Chi-square = 21.26, df=1, Cramer's V = 0.22.

³⁷ Parental physical health problems were observed in 40% of cases where financial problems were reported compared to 23% where they were not: $p < 0.05$, Chi-square = 15.76, df=1, Cramer's V = 0.19.

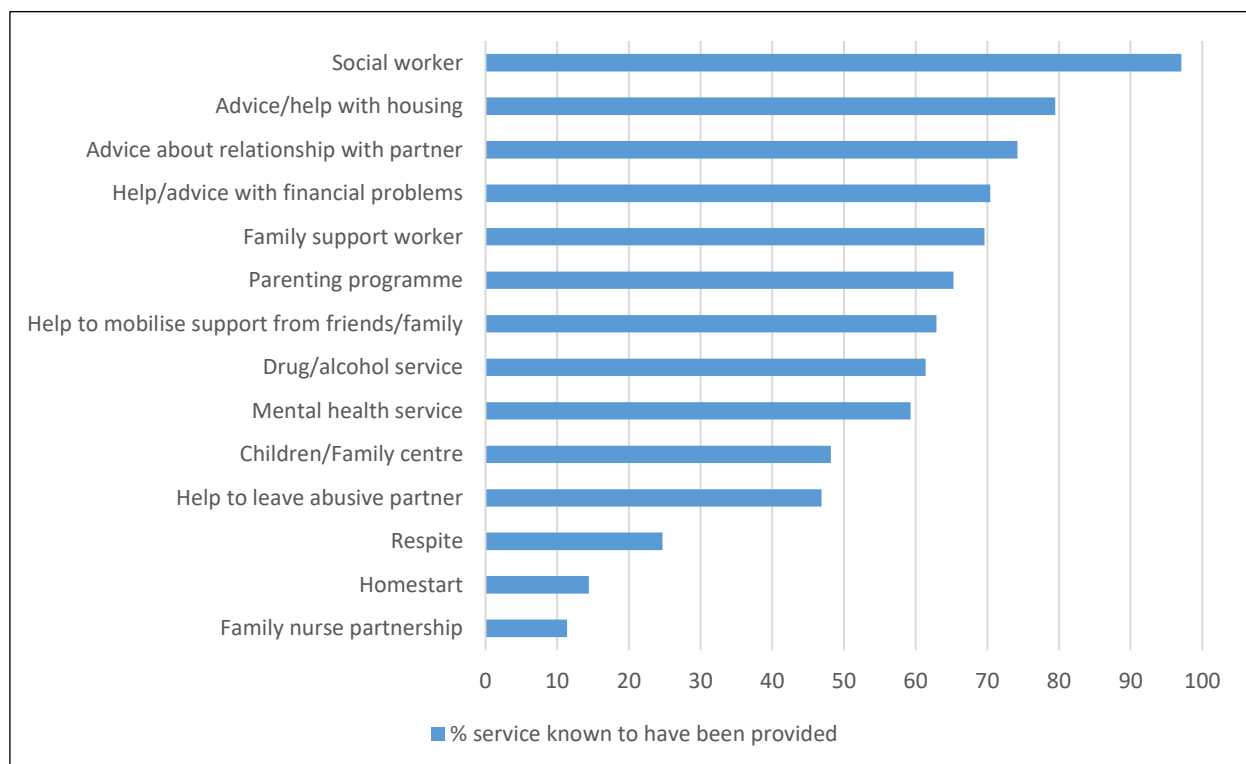
³⁸ Non-violent conflict was observed in 63% of cases where financial problems were reported compared to 37% of cases where they were not: $p < 0.05$, Chi-square = 26.32, df=1, Cramer's V = 0.25.

³⁹ Guidance indicates that "where a child been looked after away from home for six months and she/he has not returned home by this stage or if significant progress towards that has not been achieved, then the review should consider whether a plan for permanence away from birth parents is required" (Scottish Government, 2011, p.130).

provided to parents, and their capacity or willingness to make use of the supports. Neil et al (2010) interviewed 73 parents and relatives who described long-standing problems which had contributed to children being taken into care (looked after away from home) in England. They found that a child's accommodation could precipitate self-destructive behaviours, and that a range of different supports, sensitive to the needs of the adults, was required throughout the different stages. This includes, but is not limited to, information on processes and advocacy.

Social workers identified that multiple services had been provided to parents subsequent to their child becoming looked after (see Figure 5), although the frequency or intensity of support, and the level of parental engagement was not recorded.

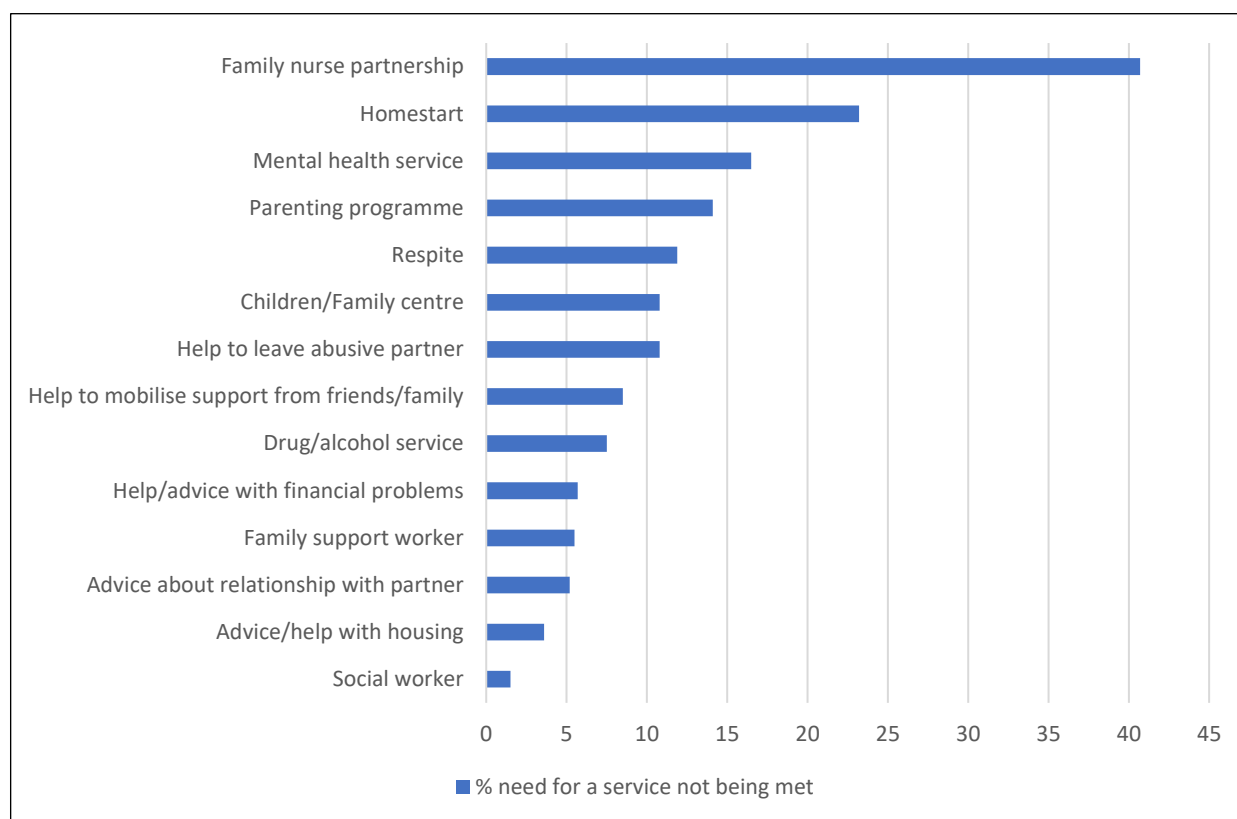
Figure 5: Services reported to have been provided to birth parents (n=433)



Ward and colleagues (2012) indicated that where services offered to parents and children were short term and sporadic, they were unlikely to meet needs which were complex and long-standing. More recently, the impact of austerity on both families and service provision has been widely noted (Jones, 2017; Hastings et al, 2015; Grootegoed and Smith, 2018). Overall, according to social worker responses, the majority (70%) of families had been offered specific services to their meet identified needs.

There were some gaps in service provision which led to unmet needs (see Figure 6). These were not necessarily for services which were needed by high numbers of families overall, but those where a significant proportion of families who were identified as in need of a particular service had not received it. For example, the Family Nurse Partnership⁴⁰ was only deemed to have been needed by a small number of families overall (around 50), but a large proportion of these (two in five) families had not had access to the service.

⁴⁰ The Family Nurse Partnership (FNP) is a programme in which specially trained nurses work with first-time mothers (up to 24 years) to develop their parenting capacity. More information on its implementation can be found at: <https://www.gov.scot/policies/maternal-and-child-health/family-nurse-partnership/>

Figure 6: Unmet need for particular services/support (n=433)

Parents were not asked to complete questionnaires, and their views on the nature and value of the supports provided may vary from those of professionals. Parents who have spoken to other researchers have stressed that they can “feel ‘done to’ rather than ‘worked with’ and at times experience social work interventions as unpleasant and unhelpful” (Care Crisis Review, 2018, p.16). Two themes which are repeated across a number of studies involving parents are that a range of personalised supports are required to enable them to maintain or regain care of their children, and that practitioners do not always treat them with respect, empathy, or compassion (Neil et al, 2010; Buckley et al, 2011; Broadhurst et al, 2015; Cossar and Neil, 2015; Featherstone et al, 2018).

4.5 Summary

- The decision to remove children from their parents was generally based on significant maltreatment, often of high severity and/or multiple forms, together with experience of multiple problems, including parental substance misuse, domestic violence and mental health problems.
- These factors were situated within the context of financial or housing issues, parental offending, and parent or child physical health problems.
- For 29% of children, the factors which previously led to their brothers and sisters being accommodated continued to be relevant and influenced decision making.
- When they became looked after away from home half of the children were under one year old, including almost one third (32%) who were under six weeks old. One in five of the children (21%) were less than seven days old.
- Over half of the children (59%) were initially placed with unrelated foster carers, and one third (36%) with kinship carers. Children looked after away from home before they were one year old, and especially those under six weeks old, were most commonly placed with unrelated foster carers. There was greater use of kinship foster care for children aged one year or over.
- For just over half (56%) of the 433 children their initial legal status was Section 25 of the Children (Scotland) Act 1995.
- Subsequent to their child's accommodation, in most instances multiple services were provided to parents. There were some gaps in the provision of specific services for some families.

5. Planning, decision making and pathways

This section discusses the initial plans for children, their pathways through the system, timing of decisions, and reasons why decisions were made.

5.1 Initial plan for children

Social workers were asked what the initial permanence plan had been for children when they became looked after away from home (see Table 18). The expectation set out in legislation and guidance in Scotland (and the rest of the UK) is that children should return home unless it is unsafe for them to do so.

Table 18: Initial plan for children (n=433)

	n	%
Reunification	110	25.4
Long-term foster care	61	14.1
Live with kinship carer (not looked after)	75	17.3
Adoption	127	29.3
Parallel planning	54	12.5
Other	6	1.4
Total	433	100.0

Overall, reunification was the initial plan for one quarter (25%) of children, although the likelihood of this was significantly associated with the age at which children had become looked after. One fifth (19%) of those who had been looked after before they were one year old had an initial plan for reunification, compared to one third (35%) of those aged four or five years.⁴¹

The initial plan reported for almost one in five children (17%) was to live with a kinship carer long-term outwith the looked-after system, and for the majority this was with a relative. The initial plan for six children was to live long-term with a family friend.

The initial plan reported for nearly three in ten children (29%) was adoption, primarily adoption by a stranger, but for a small number by relatives or foster carers. This rose to around half (49%) for children who became looked after away from home before they were seven days old.

The Scottish Government advised local authorities that if permanence is to be achieved in timescales which meet children's needs they "should not think or plan sequentially, but consider a variety of options in tandem" (Scottish Government, 2008b, p.74). For a significant number of children (13%) there were multiple parallel plans in place initially. Some had a plan for adoption by a stranger but placement with kin was also being considered, others had plans for reunification but alternative long-term options, such as placement with kinship carers or adoption, were also being looked into.

5.2 Pathways through the system

Children's pathways through, and in some cases out of, the looked after system were varied and complex. The data for this section comes mainly from the Children Looked After Statistics (CLAS), and refers to the three-to-four-year period from when children became looked after away from home in 2012-13 to 31 July 2016. Although this timeframe does not coincide directly

⁴¹ Chi-square = 55.86, df = 20, $p < 0.05$; Cramer's V = 0.36.

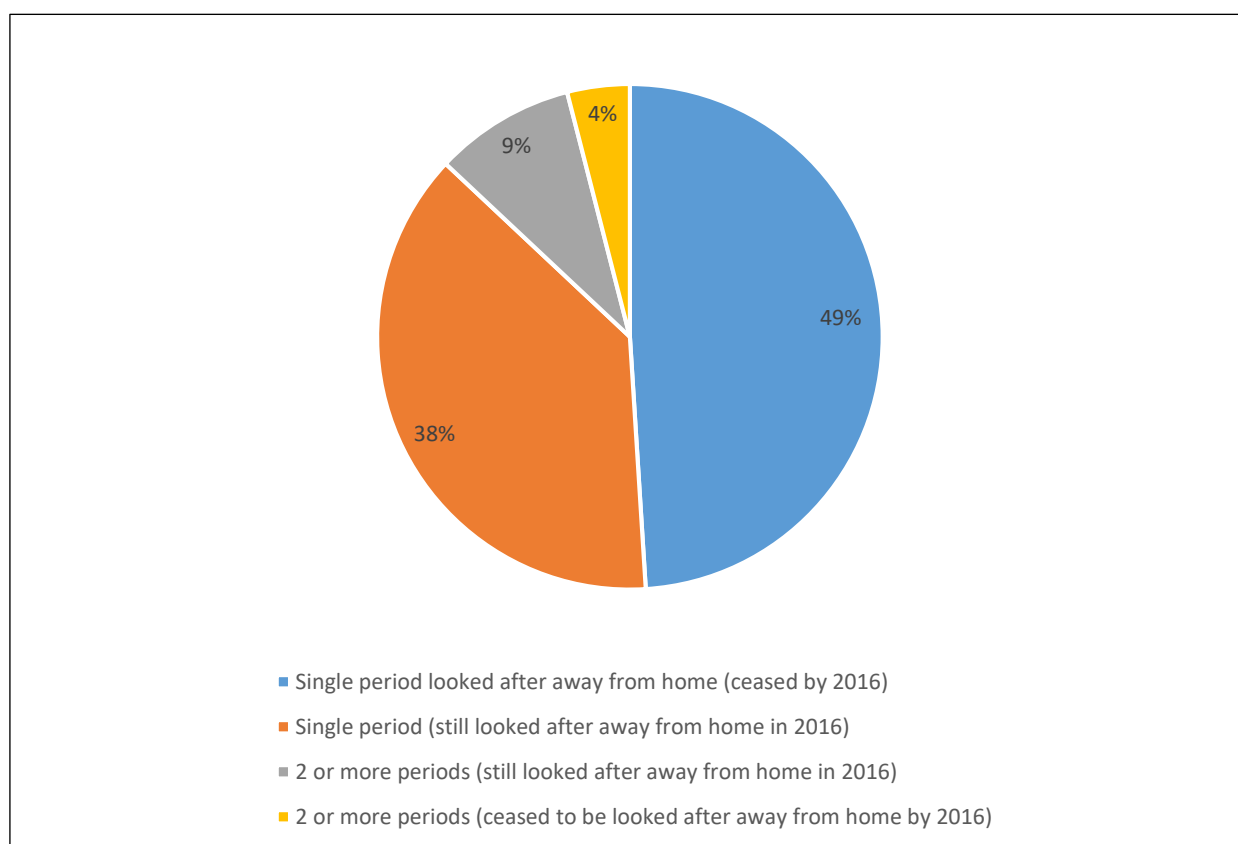
with when the survey data was gathered from social workers and caregivers, it offers a consistent period to describe and compare children's pathways.

The majority of children (88%) had only one episode of being looked after, a similar figure to that seen in the *Pathways* strand for all children aged five and under who became looked after in 2012-13. However, drawing on these figures alone may overestimate children's stability, as within a single episode, children may experience one or more periods of being looked after away from home or at home. Children may also experience several placement moves or changes in legal status within one episode of being looked after.

Periods looked after away from home

Figure 7 shows the percentage of the children who had single or multiple periods of being looked after away from home.

Figure 7: Periods looked after away from home (n=433)



Around half of children (49%) were placed away from home on a single occasion, had ceased to be looked after (through reunification to parents, or placement with adoptive parents or kinship carers outwith the looked after system), and had not been accommodated again during the study period. A second group of children (38%) had a single continuous period of being looked after away from home, from the baseline year to the end of the CLAS data period in 2016.

The remaining 58 children (13%) had two or more periods of being looked after away from home. Around two thirds (40) of these children were still (or again) looked after away from home at the end of the CLAS data period, whilst 18 had ceased to be looked after away from home by this point. It is likely that for some, if not all, of these children their experience of multiple periods of accommodation was the result of unsuccessful attempts to reunify them with their families.

Number of placement changes

Placement moves can bring instability, although some moves are planned, such as from a short-term or emergency placement (under a Warrant/Interim Compulsory Supervision Order) to a placement selected to suit their needs or designed to be longer-term. Table 19 shows the number of placement changes that children had in the three to four-year period after becoming looked after. Almost one third (139, 32%) of children had only one placement, with a further third (147, 34%) having just one placement move.

Table 19: Number of placement changes (n=433)

	n	%
Single placement	139	32.1
One placement change	147	33.9
Two placement changes	87	20.1
Three or more placement changes	60	13.9
Total	433	100.0

Permanence status at the time of the social worker survey

At the time of the social worker survey, just under one fifth of children (74, 17%) were reunified with parents, including 13 children who were looked after at home. Fifteen per cent of children (65) were placed with kinship carers outwith the looked after system (Section 11). Over one third (154, 36%) of children were on an adoption pathway. This included 107 children (25%) who had been adopted, 20 children (5%) placed with prospective adopters under a POA, and 27 children (6%) living with prospective adopters on a CSO. The remaining 140 children (32%) were still looked after away from home, including 17 who were on a Permanence Order (PO).

5.3 Timing of decision making

This section provides information on the timing around different elements of decision making for different groups of children. This is illustrated by way of a series of flowcharts. Not all children had completed their journey to permanence by the time of the social worker survey, so numbers in the flowcharts reduce.

Decision to pursue permanence away from birth parents

Where a child has been looked after away from home for six months and significant progress towards reunification has not been achieved, a Looked After Child (LAC) Review should consider whether permanence away from parents is required (Scottish Government, 2011). This means the decision should be taken at or by the third review, which is held between ten and eleven months after a child becomes looked after away from home.⁴²

Two thirds (65%) of children were known to have had a LAC review where the decision was made to pursue permanence away from home. Just over one quarter of children (28%) were known not to have had a LAC review that made this decision, presumably because the plan was that they should be reunified to parents, whilst information was unknown for seven per cent of children.

The dates of key decisions were provided by social workers for 249 children. This made it possible to calculate the time from a child becoming looked after to the decision being made to pursue

⁴² The PACE programme has guidance about timeframes and local authorities involved in PACE are implementing a range of strategies to reduce delay. For information see www.celcis.org.

permanence away from parents. Overall, 43% of decisions were made within six months, and three quarters (74%) within 12 months. The time varied from less than a month to 55 months, with a median of eight months (IQR = 9 months).

There was a strong association between the age at which children became looked after away from home and how quickly the decision was made to pursue permanence away from home.⁴³ For nearly half (48%) of those who became looked after away from home as newborns (less than seven days old), the decision to pursue permanence away from parents was made within three months, compared to 13% of those looked after when older. This suggests that the pre-birth period is important in terms of assessment and decision making. For some children, social workers may have already started to plan for permanence away from home before they were born. The guidance underpinning pre-birth assessments in Scotland (Scottish Government, 2014b), and the rest of the UK is limited. Concerns exist about the manner in which processes have been experienced by parents and the timeframes involved (Hodson, 2014; Broadhurst et al, 2017, 2018; Critchley, 2018; Featherstone et al, 2018).

Where it took longer for the LAC review decision to pursue permanence away from birth parents to be made, a Permanence Order or an Adoption Order was less likely to have been granted by the time of the social worker survey. For children where this decision was made twelve or more months after they became looked after away from home, 94% (60 out of 64) had not achieved permanence by this time.

Adoption and Permanence Panels

Where the decision has been made that permanence away from parents is in a child's best interests, and the requisite processes (including reports) have been completed, a Permanence Panel will be scheduled. The Adoption and Children (Scotland) Act 2007 outlines the manner in which local authorities should establish Permanence Panels, with linked guidance. In most areas, the panel is formed as an Adoption and Permanence panel, so that the full range of permanence routes can be considered.

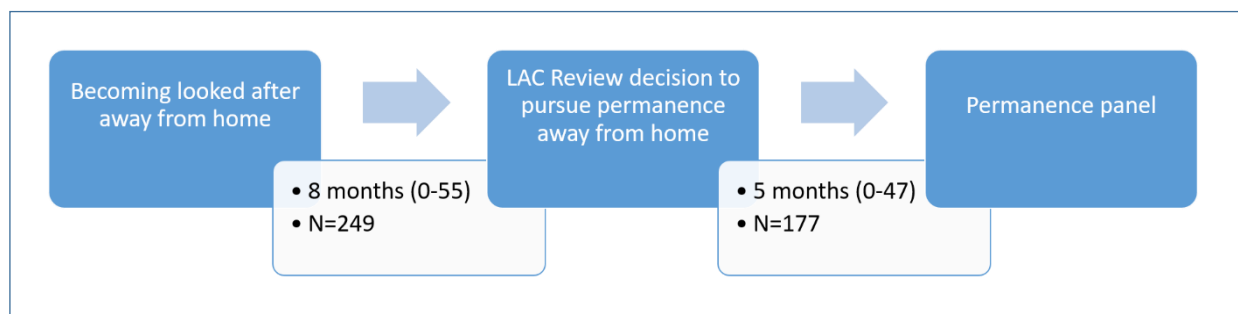
The panel has a crucial role in making decisions about what placement (kinship care, long-term foster care, or adoption) and legal route (Section 11/Kinship Care Order, Permanence Order (PO), Permanence Order with Authority to Adopt (POA), adoption via direct petition) might best secure permanence for a child. They make a recommendation to the Agency Decision Maker⁴⁴, based on reports provided by social work, legal and medical professionals and discussion at the panel with professionals, carers, and sometimes parents and child.

The time from the LAC Review decision to pursue permanence away from home to the date of the Adoption and Permanence panel ranged from less than a month to 47 months, with a median of five months (IQR = 6 months, n=177). Two thirds (64%) were held within six months. There was no statistically significant difference in the median time it took for a Panel to be held for children who went on to be adopted, were on a PO, or had not been granted a final legal order by the time of the social worker survey (Kruskal-Wallis = 1.92, df = 3, $p = 0.59$). This suggests that Adoption and Permanence panels do not prioritise adoption over other permanence pathways. It also suggests that any subsequent differences in timescales are as a result of delays in later stages of the process.

⁴³ Chi-square = 37.19, df = 3, $p < 0.05$; Cramer's V = 0.39.

⁴⁴ The Agency Decision Maker is senior member of staff within the local authority who receives the Permanence Panel recommendation (and minute) and makes the decision.

Figure 8: Median time from becoming looked after away from home to decision to pursue permanence away from home, and to Adoption and Permanence Panel

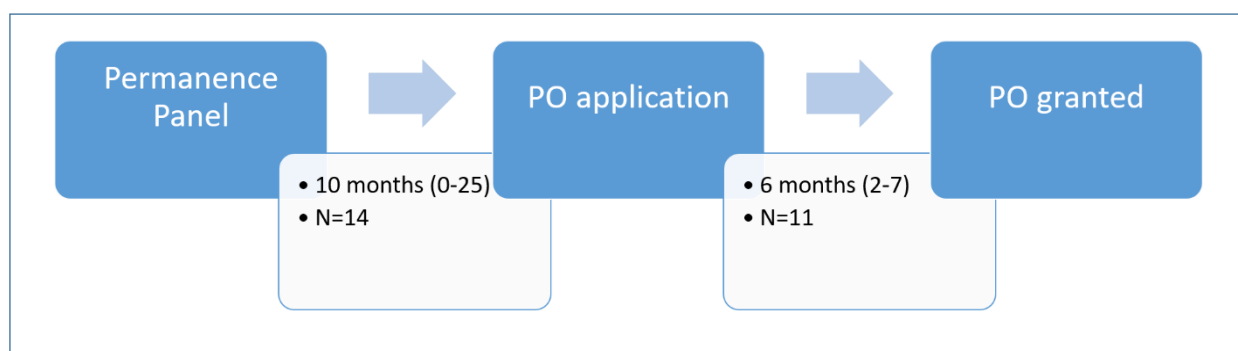


Pathway to a Permanence Order

Although the use of Permanence Orders is increasing overall (Scottish Government, 2018), for the children in this strand the numbers were very small.⁴⁵ Therefore there needs to be caution in interpreting what this data may mean.

The time from the Adoption and Permanence panel to the date of the PO application ranged from less than a month to 25 months, with a median of ten months (IQR = 13 months, n = 14). The time from the PO application to it being granted ranged from two to seven months, with a median of six months (IQR = 4 months, n = 11).

Figure 9: Median time from Adoption and Permanence Panel to application and granting of Permanence Order



Pathways to adoption

In Scotland, there are two legal routes to adoption. An Adoption Order via direct petition (Adoption and Children (Scotland) Act 2007 Section 29 or 30) or a Permanence Order with Authority to Adopt (POA) (Adoption and Children (Scotland) Act 2007 Section 83). Before the Adoption and Children (Scotland) Act 2007, there was what is known colloquially as the 'East/West split'. There was a tendency in the West of Scotland to lodge a direct petition with the Sheriff Court for an Adoption Order, and in the East of Scotland to use Freeing for Adoption (akin to the POA within 2007 Act) followed by an Adoption Order at a later stage. The *Decision making* strand found that geographical differences remain.

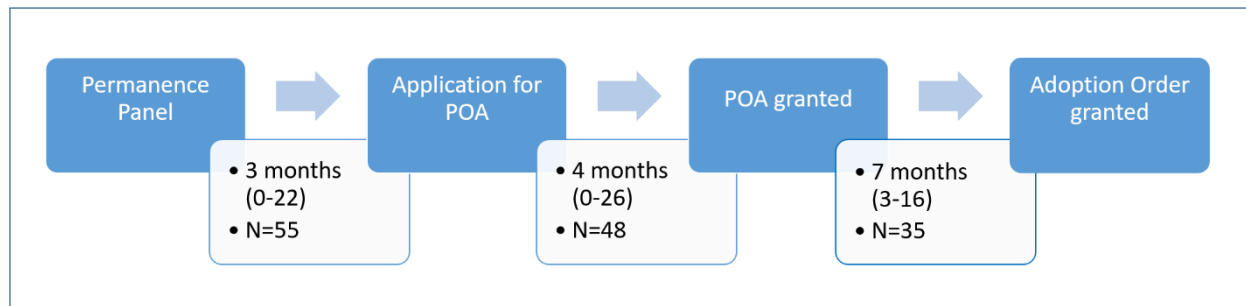
Adoption via a POA

The time from the Adoption and Permanence panel to the date of the POA application ranged from less than a month to 22 months, with a median of three months (IQR = 3 months, n = 55).

⁴⁵ 17 children were on a PO at the time of the social worker survey, with information on dates of key events available for 11.

The time from the POA application to it being granted ranged from less than a month to 26 months, with a median of four and a half months (IQR= 6 months, n = 48). The time from the POA being granted to the Adoption Order ranged from three months to 16 months, with a median of seven months (IQR = 4 months, n = 35).

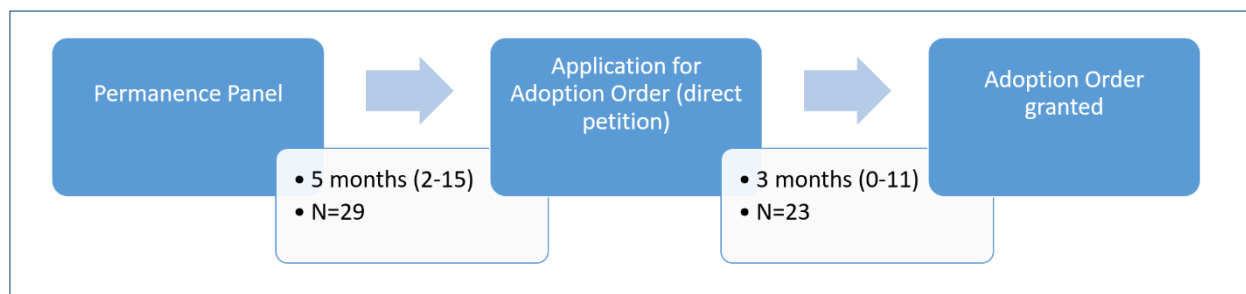
Figure 10: Median time from Adoption and Permanence Panel to Adoption Order being granted (via POA)



Adoption via Direct Petition

The time from the Adoption and Permanence panel to the date that an adoption order was applied for via direct petition ranged from two months to 15 months, with a median of five months (IQR=5 months, n=29). The time from application via direct petition to an Adoption Order being granted ranged from less than a month to 11 months, with a median of three months (IQR= 3 months, n=23).

Figure 11: Median time from Adoption and Permanence Panel to Adoption Order being granted (via direct petition)



There are different stages in the process associated with different routes to adoption, and potential for delay or drift at different time-points for children on different routes, however on average direct petitions took less time than POA.⁴⁶

5.4 Routes to permanence: reasons why decisions had been made

The *Decision making* strand explored the perspectives of participants (including social workers) on the factors which shaped decision making. While some mentioned the circumstances of particular children, others considered decision making more generally. In the social worker survey for this strand, respondents were asked about their thinking in relation to a specific child, rather than their general view on the importance of various factors. This section looks at what social workers said underpinned decisions. Some children may have had different decisions made at

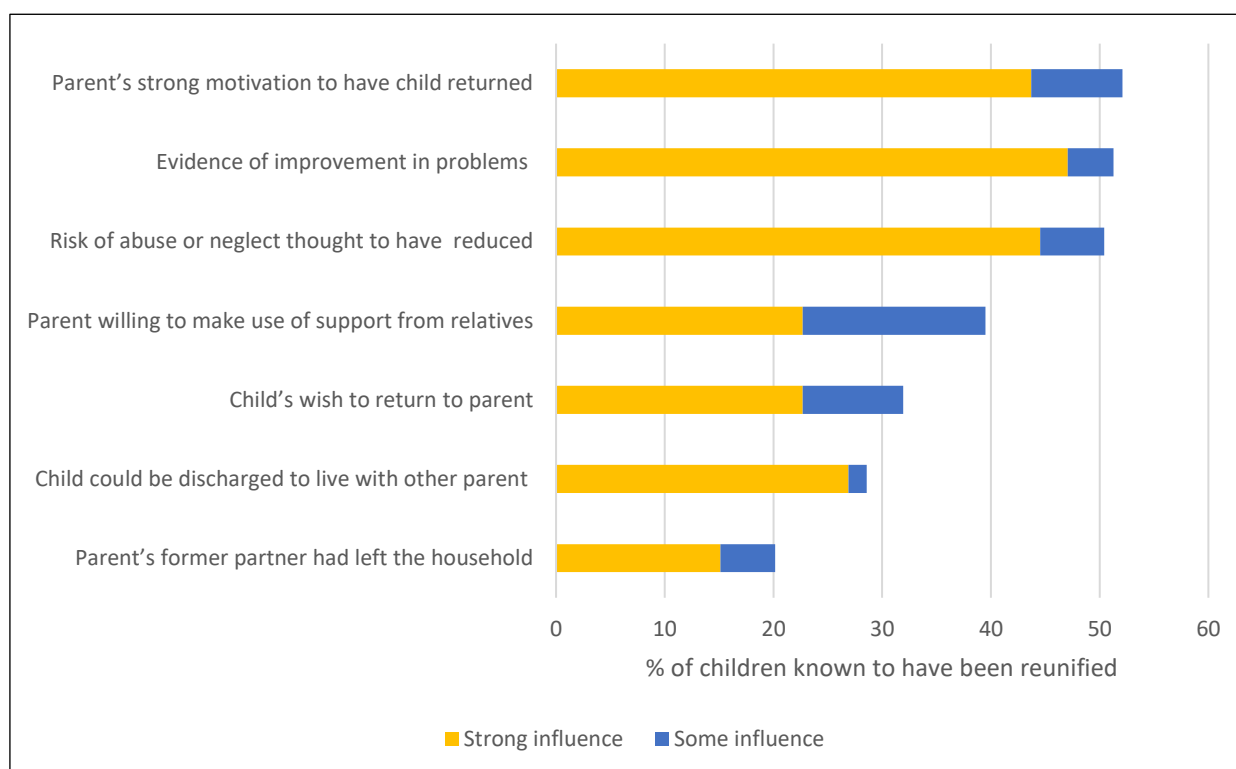
⁴⁶ This was also the case in the *Pathways* strand.

different stages along their journey, for example to reunify to parents, then following breakdown, a decision to place them with kinship carers.

Decisions to reunify children to parents

Social workers provided information on the factors which had influenced decisions to reunify children to their parents for 119 children (see Figure 12). Reunification had not always been successful, as two fifths of these children (49, 41%) had subsequently become looked after away from home again.

Figure 12: Factors which influenced decisions to reunify children to parents (n=119)



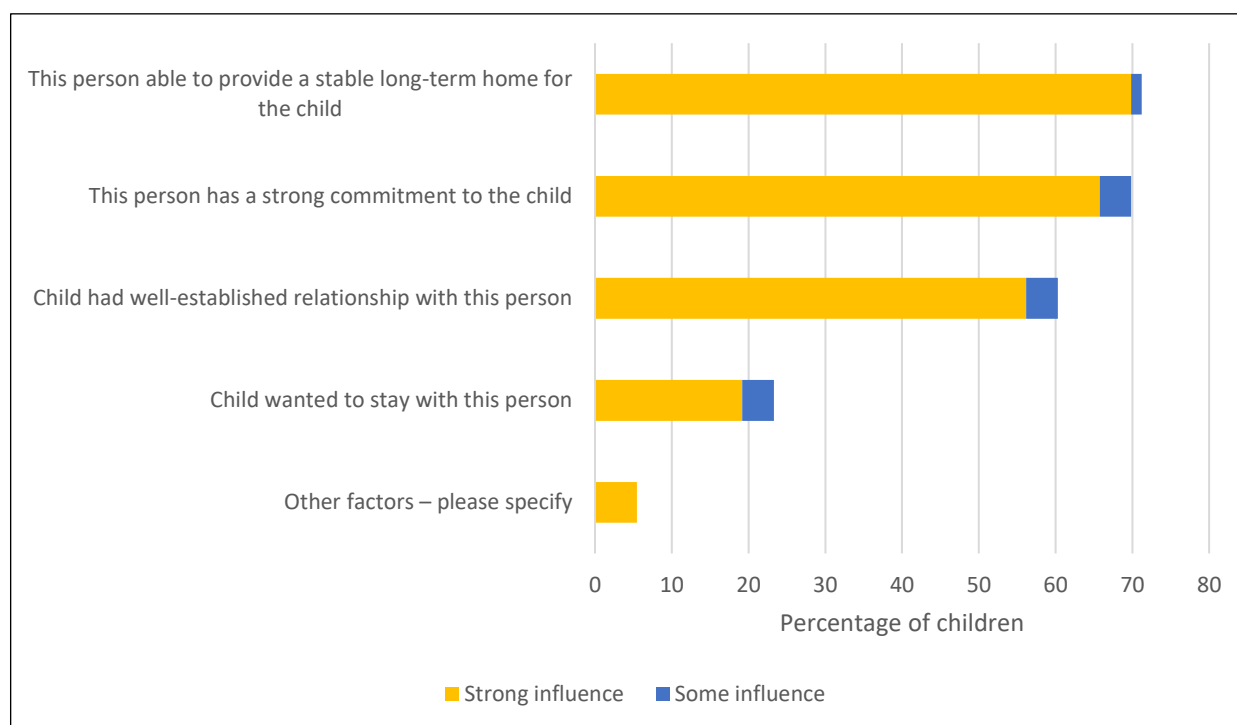
Social workers cited parent's strong motivation to have children returned, evidence of improvement in problems, or a sense that the risk of abuse or neglect had reduced as significant influences on decision making. This is consistent with previous studies, which found that reunification is more likely where parents are motivated to address the problems causing concern for their children (Biehal, 2006). Farmer and Wijedasa (2013) and Farmer (2018) identified that stable and safe reunification is more likely when parents want the child to return home, where there has been change, and when the return home is carefully planned and well supported by services. Amongst our sample, an improvement in the problems which led to children becoming looked after away from home was reported in four fifths (57, 81%) of cases where reunification had been sustained, but in just four cases where it had then disrupted (8%).⁴⁷

Decisions that children should live with kinship carers outwith the looked after system

Social workers indicated what factors influenced decisions that children should live with a relative (or in a few cases a family friend) outside of the Children's Hearings system, rather than be placed for adoption or remain in long-term foster care, for a total of 73 children.

⁴⁷ This was a strong statistically significant association (Chi-square = 61.93, df = 1, $p < 0.05$; Cramer's V = 0.72).

Figure 13: Factors which influenced decisions that children should live with kinship carers rather than be adopted or fostered long term (n=73)



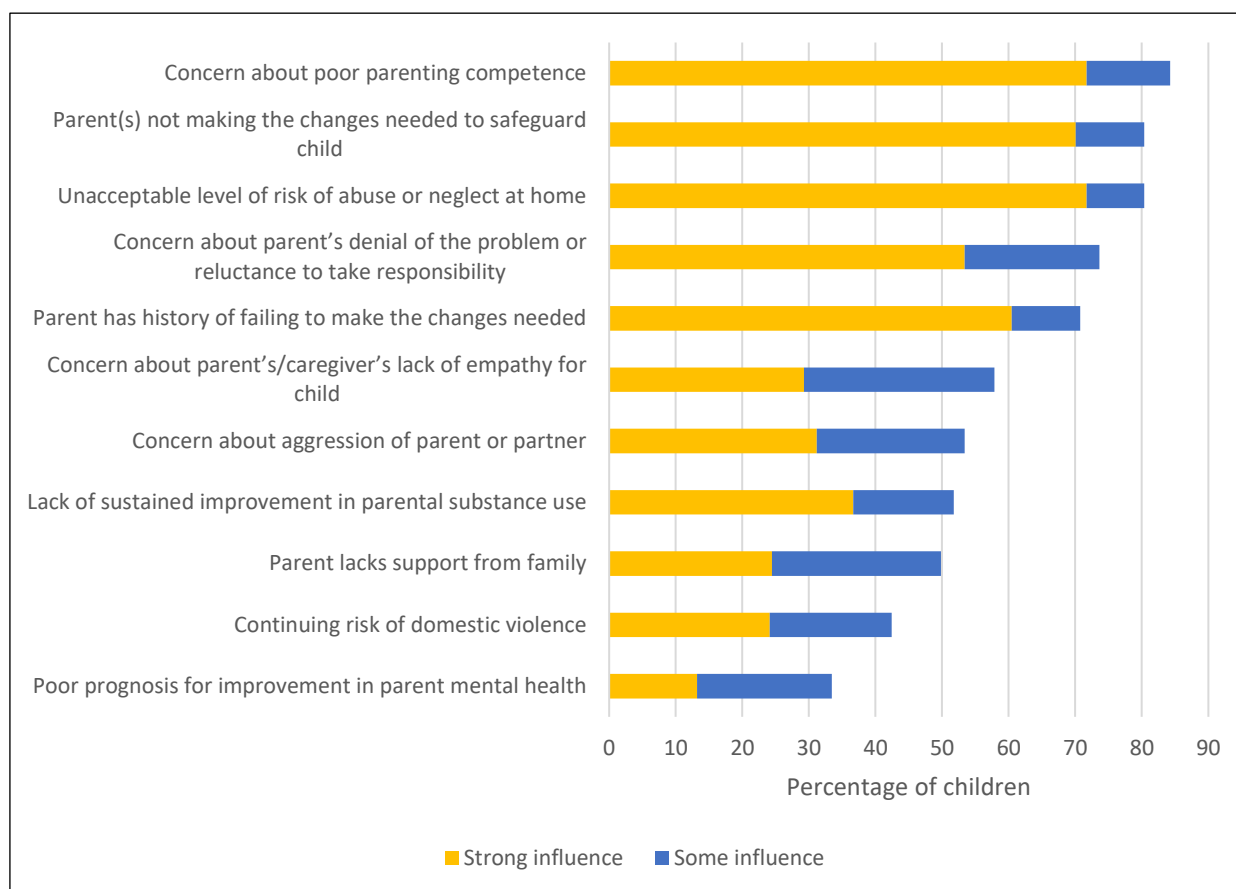
Social workers reported that a kinship carer's ability to provide a stable long-term home, and having a strong commitment to the child were important. However, somewhat surprisingly, the child having a well-established relationship with this carer was described as being strongly influential in decision making in less than 60% of cases. Although Special Guardianship Orders do not exist in Scotland, in England their use has increased (Harwin et al, 2015; 2019), and concerns have been expressed about placing children with relatives with whom they have no existing relationship (Bowyer et al, 2014). The child's wish to stay with this person was reported less frequently, although as many social workers commented, some children in this cohort were too young to verbally express an opinion. That a sibling already lived with this carer was also a factor in a number of cases.

Decisions that children should remain looked after or be placed for adoption

Where the decision was that a child could not return to parents and should remain looked after away from home or be placed for adoption, details about what influenced this decision was obtained for 311 children.

Continuing concerns about poor parenting, risk of abuse or neglect, and parents not making, or having a history of not making and sustaining the changes needed were cited as key. Parents' lack of empathy for the child, or denial of problems were also a consideration in a significant proportion of cases.

Figure 14: Factors which influenced the decision that children should remain looked after away from home or be placed for adoption (n=311)



Social workers elaborated in their additional comments, for example:

Parents have been unable to make or sustain any changes to their lifestyle or engagement with support services. Their relationship is characterised by alcohol and substance misuse and high levels of conflict. Four older children are cared for by other family members. Commitment to contact with the older siblings has been inconsistent. All older siblings have suffered long-term emotional damage and have needed CAMHS⁴⁸ input. The assessment is that the parents do not have the capacity to make the changes that would be needed for them to safely parent this child.

Another social worker explained, in relation to a different child:

The mother has been able to acknowledge that she was unable to look after the child due to her history and on-going use of drug and alcohol problems. The child has lived with the kinship carers ... his birth and they provide a nurturing, caring and secure home environment which has resulted in him thriving as assessed by his health visitor. The mother remains in a volatile relationship, which features domestic abuse. The mother has continued to lead a very chaotic lifestyle since the child's birth and has not been able to significantly improve any aspect of her lifestyle, in order for the child to be rehabilitated back to her care.

⁴⁸ Child and Adolescent Mental Health Services.

Other factors, evident in less than one third of cases included parents being unable to provide adequate care due to parental learning difficulties, children's health problems or developmental delay, and a new adult who posed a risk joining the household.

5.5 Current plan for children

By the time of the social worker survey, the permanence plan for two thirds (292, 67%) of children had already been achieved. For the remainder, this was still being worked towards (see Table 20).

Table 20: Current plan for children, and whether this had been achieved (n=433)

	Plan achieved		Still working towards		Total with this as plan	
	n	%	n	%	n	%
Reunification	74		8		82	18.9
Long-term CSO or Section 25 (Kinship carers or foster carers)	29				29	6.7
Permanence Order	17		37		54	12.5
Kinship carers (not looked after)	65		28		93	21.5
Adoption	107		68		175	40.4
Total of children already achieved plan or not	292	67.4	141	32.6	433	100.0

Of the 68 children where professionals were still working towards a plan for adoption, over two thirds (47, 69%) were placed with prospective adopters, so had already made significant steps towards permanence.

As seen in Section 5.2, one third (140, 32%) of children were still looked after away from home at the time of the social worker survey. For the majority of these children there was a plan in place to achieve permanence: 17 were on a Permanence Order and a further 37 children had this as a plan. For eight children the plan was reunification, for 28 it was for long-term kinship (Section 11). For 21 children the plan for was for adoption, however they had yet to be placed with prospective adopters.

The remaining 29 children had a plan for long-term foster care. For 25 children this was on Compulsory Supervision Orders (CSO), while for four children the plan was to remain accommodated under Section 25 of the Children (Scotland) Act 1995. CSOs have to be reviewed at least annually by a Children's Hearing and thus have a degree of uncertainty attached. The parents of children who are accommodated under Section 25 can request their return⁴⁹, and so this also carries a degree of uncertainty. The majority (27) of these 29 children were in fostering arrangements with kinship foster carers, only two were placed with unrelated carers.

5.6 Difficulties and delays in achieving permanence

This section looks at the views of social workers on the difficulties and delays in achieving permanence for the children in our sample. For some children different factors were mentioned.

⁴⁹ Once a child has been looked after away from home for longer than six months under Section 25 of the Children (Scotland) Act 1995 parents have to give a two-week notice period.

Difficulties achieving permanence

Social workers reported that reunification to parents had proved unsuccessful for 72 children (17%). Disruption of placements with unrelated foster carers (6%) or kinship carers (5%) was also mentioned (see Table 21). There were no cases where children had been adopted and were known to have re-entered care.

For small numbers of children, suitable long-term foster placements (2%) or adoptive placements (4%) could not be found.

Table 21: Difficulties in achieving permanence (n=433*)

	n	%
Unsuccessful return to parent(s) (child re-entered care)	72	16.6
Foster placement with unrelated foster carer disrupted	26	6.0
Foster placement with kinship foster carer disrupted	13	3.0
Disruption of informal or Section 11 placement with a relative	9	2.1
Suitable long-term foster placement could not be found	7	1.6
Adoptive parents could not be found	16	3.7
Other difficulties in achieving permanence	103	23.8

*There may have been more than one of these difficulties, thus numbers do not add up to 433.

Where social workers added additional comments, they also mentioned delays relating to social work staff changes or workloads, court and Children's Hearing processes, parents contesting proceedings or contact arrangements, assessments of potential kinship carers, and breakdowns in children's previous placements. Some examples included:

Grandparents very committed to long-term care but were anxious about formalising this.

Neither birth parent agreed with the permanence plans for their child. The birth father's solicitor challenged all legal decisions made through the Children's Hearing in relation to this and subsequently challenged the case in court.

Delay in legal process in particular reference to contact arrangements between siblings and parents.

A more specific question was asked about the reasons for delay in finding long-term foster placements, although information was only provided for 26 children. For some children, delays related to their disability or complex health needs, behavioural problems, or the need to place a child as part of a sibling group. In other cases, there were delays in arranging kinship carer assessments or assessment of the child by the Child and Adolescent Mental Health Services (CAMHS).

Finding an adoptive placement

Adoption had, at some point been the plan for just over two fifths of children (185, 43%). This includes ten children where the plan subsequently changed and who were still looked after away from home.

Social workers of two-thirds (67%) of children who had ever had a plan for adoption reported that finding suitable adoptive parents had not been at all difficult. One quarter (24%) said it was quite difficult, and for one in ten (17 children) it had been a very difficult process.

Table 22: Level of difficulty in finding suitable adoptive parents (n=179*)

	n	%
Very difficult	17	9.5
Quite difficult	42	23.5
Not at all difficult	120	67.0
Total	179	100.0

* Children who had ever had a plan for adoption. Details were missing for six children.

Some social workers added additional comments indicating that children's disability, behaviour, developmental uncertainty or the risk of inheriting a particular medical condition had deterred potential adoptive parents. Existing research shows it can be more difficult to find adoptive parents for some children, such as those with additional needs, disabled children, and for sibling groups (Dance et al, 2010). Welch et al (2015) reviewed the factors influencing permanence for disabled children and found their experiences and outcomes vary from non-disabled children, and that they are disadvantaged. The *Wales Adoption Study* identified four child-related factors associated with a longer time to adoption: externalising behaviour, developmental delay, disability or serious and enduring health problems, and exposure to domestic violence (Anthony et al, 2016).

For some children, finding an ethnic match, or a placement suitable for a sibling group proved difficult. Social workers referred to delays at various stages in the court or Children's Hearings process, or the level of contact with birth family required by the Children's Hearing or sheriff deterring potential adoptive parents. Ultimately, for some children, adoptive parents had been sought, but not found.

For two children, social workers mentioned that adoption had been the plan, but the placement had broken down prior to the adoption order being made. Wijedasa and Selwyn (2017) found that 3.2% of all 36,749 adoptions from care in England between 2000 and 2011, and 2.6% of all 2,317 adoptions from care in Wales between 2002 and 2012 had disrupted. They also found that the average age of children when adoptions disrupted was 12, and that disruption was more likely if children were over four years old at the time of placement, and if they had experienced several moves in care. The children in our sample were young, and at the time of the survey there were no reported cases of disruption post adoption order.

As Thomas (2013) notes, assessing a child's current needs, as well as predicting their future needs, is skilled work. The process of finding a family "presents social workers and other professionals with exacting tasks and involves them in difficult decision making that has profound effects on children and their families' lives" (Thomas, 2013, p.35). In Phase Two we will track children's progress, including the eventual status and timescales for the 21 children where adoption remained the plan.

5.7 Summary

- Decisions made early in children's lives are linked to subsequent routes to permanence and timescales. Children accommodated before they were seven days old were more likely to have a decision made that permanence should be away from parents than older children. This highlights the vital importance of sensitive, thorough, and robust assessment and intervention pre and post birth.
- Where children were reunified with parents, the factors which influenced this were parental motivation to resume care, a reduction in risks, and tangible improvements. In terms of reunification being sustained, the latter two were significant.
- Where kinship care was the route to permanence, the capacity of adult(s) to provide long-term stability and their commitment to the child influenced decision making. Around 60% of social workers cited the presence of an existing relationship as important.
- Where adoption is the preferred form of permanence, there are two routes in Scotland, direct petition and via a POA. For children in this strand, direct petitions took less time. However, caution is needed in concluding that the direct petition route is, *per se*, necessarily better. There are multiple drivers underpinning decision making, not least which route might best meet children's needs.
- Social workers reported a number of difficulties and delays in achieving permanence for children, including disruption of placements, difficulties in finding suitable placements for a sibling group, children's disability or health needs, and the level of contact with birth family required by the Children's Hearing or sheriff.

6. Children's permanence

This chapter looks in more detail at where children were living at the time of the social worker survey and their permanence status. It details the characteristics, prior experiences and pathways associated with their status three to four years after they became looked after away from home.

6.1 Children's permanence status (at the time of social worker survey)

Almost three quarters (72%) of children were in placements intended to be permanent, either outwith or, in a small number of cases, within the looked after system. For analysis purposes, we have identified four main groups, although these are further sub-divided (see Table 23).

Table 23: Children's permanence status (n=433)

Main analysis groups			Sub-groups		
	n	%		n	%
Reunified	74	17.1	Ceased to be looked after	61	14.1
			Looked after at home (CSO)	13	3.0
With kinship carers (Section 11)	65	15.0	With kinship carers (Section 11)	65	15.0
Adoption pathway	154	35.6	Adopted	107	24.7
			With prospective adopters (POA)	20	4.6
			With prospective adopters (CSO)	27	6.2
Looked after away from home (with kinship or foster carers)	140	32.3	On PO	17	3.9
			On Section 25/CSO	123	28.4
Total	433	100.0		433	100.0

The first group are the almost one in five children (74, 17%) who had been reunified with parents. Sixty-one (14%) were no longer looked after while 13 were looked after at home on a Compulsory Supervision Order (3%). This proportion is lower than in the *Pathways* strand⁵⁰, where one third (of the 1,355) children were reunified with parents. This is to be expected, as the sampling excluded children who returned home shortly after becoming looked after, whereas the *Pathways* report include all reunified children.

The second group comprises 65 (15%) children who had ceased to be looked after and were living with kinship carers. Their permanence plan was legal guardianship into adulthood under a Section 11 Order.

Over one third (154, 36%) of children were on an adoption pathway at the time of the social worker survey. This includes 107 children (25%) who had been adopted, 20 children (5%) placed with prospective adopters under a POA, and 27 children (6%) living with prospective adopters on a CSO. A further 21 children had a plan for adoption, but were not placed with prospective adopters.

⁵⁰ See Chapter 7 of the *Pathways* report, available on the website.

The final group of 140 children are those who were still (or again) looked after away from home. This includes 17 children (4%) on Permanence Orders, which provide legal permanence for children within the looked after system. However, the majority were without a legal order specifically designed to provide them with stability and permanence. One hundred and twenty-three children (28%) were on either a CSO or Section 25. As we saw in Section 5.5, plans for permanence were in progress for some. It will be important to follow up these children to establish whether they have a permanent placement, and how long this took from them first becoming looked after.

Details about adoptive placements

Social workers of the 154 children on an adoption pathway were asked for further details about the adoptive placement. Table 24 shows that 16% of the children had either been adopted by or were placed for adoption with their foster carers. A number of participants in the *Decision making* strand identified that there were benefits for children in remaining with known foster carers; it decreased the amount of change for children, and carers had a good sense of children's needs and how to meet them. This route to permanence was seen as particularly beneficial if it was as a result of a 'positive claiming decision' rather than one which occurred by default because of lengthy delays in moving children.

The majority of adoptive placements were with strangers, although a small number of children had been adopted by a relative.

Table 24: Details about adoptive placements (n=137*)

	n	%
With former foster carer(s)	22	16.1
With stranger(s)	107	78.1
With relative(s)	8	5.8
Total	137	100.0

**placement information for 17 children was missing*

The majority of adoptive placements (93, 70%) had been provided by local authorities, with the remainder (39, 30%) provided by independent adoption agencies (information was missing for 22 children). Although the numbers are too small to draw conclusions, there appeared to be differences in the use of independent agencies by different local authorities.

6.2 Factors associated with children's permanence status

This section considers how three to four years after being accommodated, a child's permanence status (reunified to parents, living in kinship care (not looked after), on an adoption pathway, or still looked after away from home) is related to their characteristics, backgrounds and experiences. The tables below indicate the percentages of the children in each permanence group and overall who were known to have a certain characteristic (such as being male) or experience (such as experience of severe maltreatment).

Children's characteristics

For children in our sample there was no statistically significant association between gender or ethnicity and permanence status (see Table 25). However, the association between permanence status and whether children had a long-standing illness or disability was statistically significant ($p < 0.05$) although tests of the strength of this association showed it to be substantively small (Cramer's $V = 0.16$). Overall, social workers reported that 21% of children had a disability or long-term health condition (including those currently undergoing an assessment). This

proportion was higher for children who were still looked after away from home, and lower for children who had been reunified or were living with kinship carers.

Table 25: Children's characteristics (social worker sample) by permanence status (per cent)

		Reunified (n=74)	Kinship carers (n=65)	Adoption pathway (n=154)	Looked after away from home (n=140)	Total	p-value	Cramer's V
Gender (n=433)	Male	44.6	44.6	55.8	54.3	51.7	0.24	
Ethnicity ⁵¹ (n=430)	White	93.2	93.8	94.1	93.6	93.7	0.99 ⁵²	
Child has long-standing illness/ disability (n=414) ⁵³	Yes	15.1	11.3	20.1	28.9	20.8	<0.05	0.16

Children with a disability or long-term health condition were less likely than their non-disabled peers to be reunified to parents (13% compared to 19%), or be with kinship carers on Section 11 (8% compared to 17%), but had similar rates of adoption (34% compared to 35%). They were more likely to be still looked after away from home (45% compared to 29%). This association is similar to that found by Baker (2007) for a sample of 596 children in England three years after placement in foster care.

Table 26: Disability and permanence status (per cent) (n=414*)

	Child has long-standing illness/disability	No known disability/illness	Total
Reunified (n=73)	12.8	18.9	17.6
Kinship carers (n=62)	8.1	16.6	15.0
Adoption pathway (n=144)	33.7	35.1	34.8
Looked after away from home (n=135)	45.3	29.3	32.6

* Information was missing for 19 children.

Children's experiences of abuse and neglect

Social workers reported that 89% of children had directly experienced abuse or neglect (see Section 3.3). There was a statistically significant association between children's permanence status and their experience of maltreatment ($p < 0.05$). Tests of the strength of this association showed a small to medium effect size (Cramer's $V = 0.25$). Direct maltreatment was lower for children who went on to be reunified to parents than for the other three groups (see Table 27),

⁵¹ As recorded by social workers.

⁵² Chi-square test of association invalid, due to low cell counts.

⁵³ As recorded by social workers.

although 72% of those children had experienced direct maltreatment of some type. Reunified children and their families need to be appropriately supported and monitored after the return to ensure children's wellbeing, and sustain them safely with parents (Stein, 2009; Harwin et al, 2019).

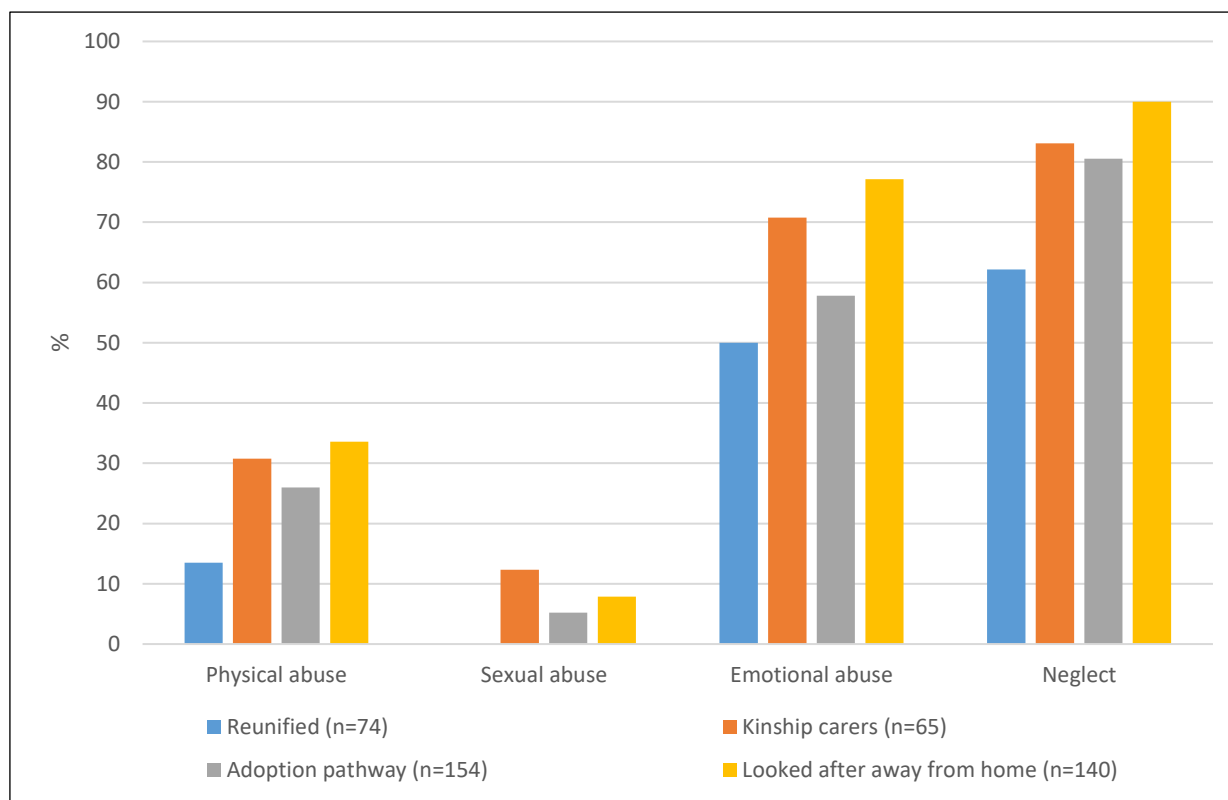
Table 27: Experience of maltreatment by permanence status (per cent) (n=433)

	Reunified (n=74)	Kinship carers (n=65)	Adoption pathway (n=154)	Looked after away from home (n=140)	Total	<i>p</i> -value	Cramer's V
Concerns this child experienced maltreatment	71.6	92.3	90.9	93.6	88.7	<0.05	0.25

Figure 15 shows the proportion of children who experienced each type of abuse and neglect (using the MMCS). The associations with permanence status were statistically significant ($p < 0.05$) for physical abuse, emotional abuse and neglect, with small to medium effect sizes (Cramer's $V = 0.16$ (physical abuse); 0.22 (emotional abuse); 0.24 (neglect)).⁵⁴ Children who were still looked after away from home (including a small number on a Permanence Order) were most likely to have directly experienced these three types of maltreatment, followed by children living with kinship carers (Section 11). Children on an adoption pathway experienced slightly lower levels of direct maltreatment. This is explained by the fact that some were removed at birth so did not experience maltreatment after birth. Half experienced pre-birth neglect, primarily manifested as maternal substance misuse in pregnancy.

⁵⁴ The numbers of children who were reported as having experienced sexual abuse were too small for statistical significance to be robustly tested.

Figure 15: Experience of types of maltreatment by permanence status (per cent) (n=433)



In terms of the severity of maltreatment experienced, children who had been reunified were less likely to have experienced the most severe levels of maltreatment than children in the other permanence groups ($p < 0.05$). This association showed a small effect size (Cramer's $V = 0.14$).

Table 28: Severity of maltreatment experienced by permanence status (per cent) (n=433)

	Reunified (n=74)	Kinship carers (n=65)	Adoption pathway (n=154)	Looked after away from home (n=140)	Total	p-value	Cramer's V
At least one type severity 5	10.8	20.0	27.9	24.3	22.6	<0.05	0.14
At least one type severity 4-5	36.5	58.5	55.2	57.9	53.3	<0.05	0.16
At least one type severity 3-5	50.0	70.8	74.0	78.6	70.9	<0.05	0.22

Experiences of parents during childhood

The mothers of children who went on to be adopted were far more likely to have had adverse childhood experiences than mothers of children in other permanence groups. Just over half (52%) had experienced abuse, nearly two thirds (62%) neglect, and one third (34%) had been looked after away from home. The associations between children's permanence status and mothers having experienced abuse, neglect or being looked after away from home in their own childhood were statistically significant, and had small to medium effect sizes (Cramer's $V = 0.23$ (abuse); 0.26 (neglect); 0.18 (looked after)).

Table 29: Mothers' experiences during childhood by children's permanence status (per cent) (n=433)

	Reunified (n=74)	Kinship carers (n=65)	Adoption pathway (n=154)	Looked after away from home (n=140)	Total	<i>p</i> -value	Cramer's <i>V</i>
Mother known to have experienced abuse in own childhood	21.6	32.3	51.9	36.4	38.8	<0.05	0.23
Mother known to have experienced neglect in own childhood	40.5	30.8	62.3	35.7	45.3	<0.05	0.26
Mother known to have been looked after away from home in own childhood	20.3	12.3	34.4	22.1	24.7	<0.05	0.18

Similarly, there were statistically significant associations between children's permanence status and birth father's experiences during childhood. Overall, 17% of fathers were known to have experienced abuse, 24% neglect, and 14% were known to have been looked after away from home. These figures were higher for the fathers of children on an adoption pathway and the statistically significant associations had a small to medium effect size (Cramer's $V = 0.22$ (abuse); 0.18 (neglect); 0.14 (looked after)).

**Table 30: Fathers' experiences during childhood by children's permanence status (per cent)
(n=433)**

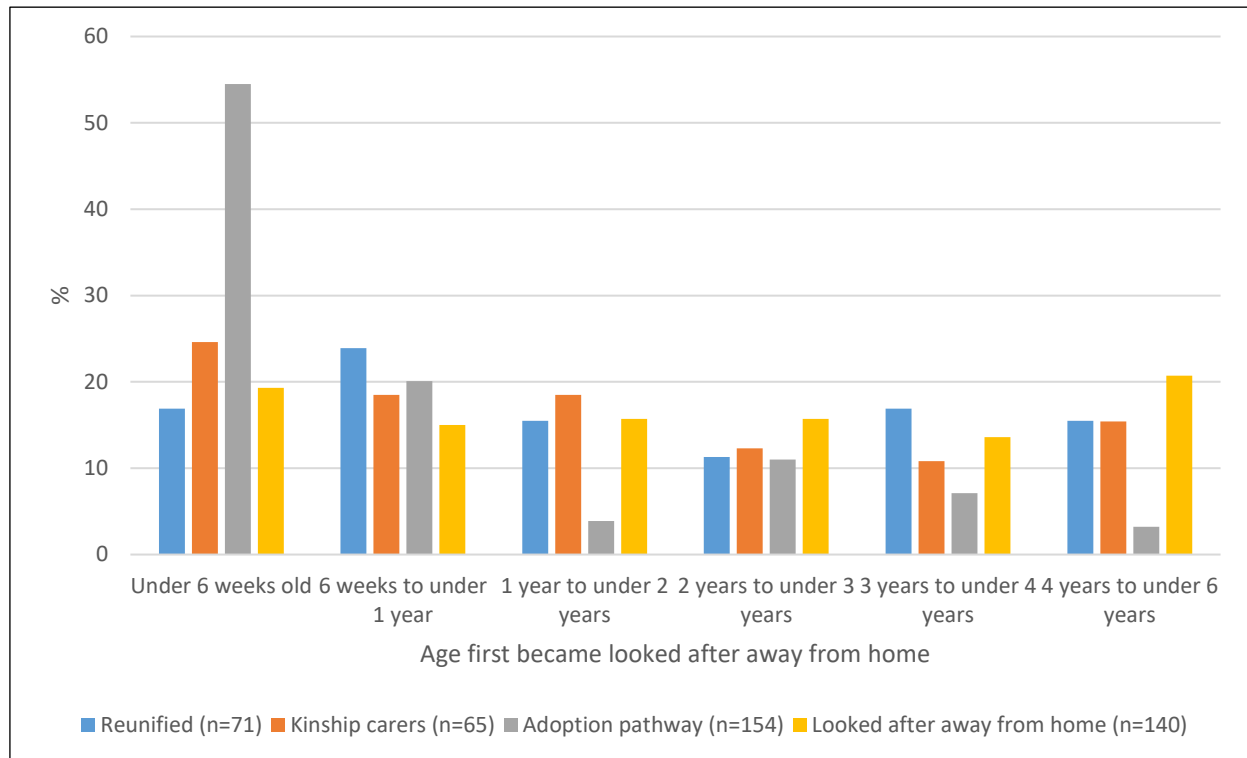
	Reunified (n=74)	Kinship carers (n=65)	Adoption pathway (n=154)	Looked after away from home (n=140)	Total	<i>p</i> -value	Cramer's V
Father known to have experienced abuse in own childhood	10.8	9.2	27.9	11.4	16.9	<0.05	0.22
Father known to have experienced neglect in own childhood	21.6	23.1	33.1	15.0	23.8	<0.05	0.18
Father known to have been looked after away from home in own childhood	12.2	10.8	20.1	9.3	13.9	<0.05	0.14

There is existing evidence that difficult childhood experiences can impact negatively on parenting capacity, and influence how a parent engages with and encounters services (Knight, 2015; Taggart, 2018). Where children were on an adoption pathway, 62% of their mothers were known to have been neglected as a child. While less was known about fathers, around one third (33%) of fathers of children on an adoption pathway had been neglected. These findings suggest that effective early intervention needs to provide sensitive reparative support for parents whose history includes neglect.

Circumstances around becoming looked after away from home

Consistent with previous research (Biehal et al, 2010; Lowe et al, 2002; Thoburn, 2002; Sinclair et al, 2007) and figures from the *Pathways* strand of this study, children who went on to be adopted became looked after at a young age. Over half of children on an adoption pathway first become looked after away from home when they were under six weeks old, compared to less than one quarter of children in the other permanence groups. This association was statistically significant ($p < 0.05$) with a medium effect size (Cramer's $V = 0.25$). The median age at which children on an adoption pathway became looked after away from home was less than one month. This compares to 16 months for children living with kinship carers (Section 11), 18 months for children who had been reunified, and 23.5 months for those who were looked after away from home. In their analysis of data from the Children and Family Court Advisory and Support Service (Cafcass) in England, Broadhurst and colleagues found that almost half of newborns who had been the subject of care proceedings had their final legal outcome as placed for adoption (2018, p.10).

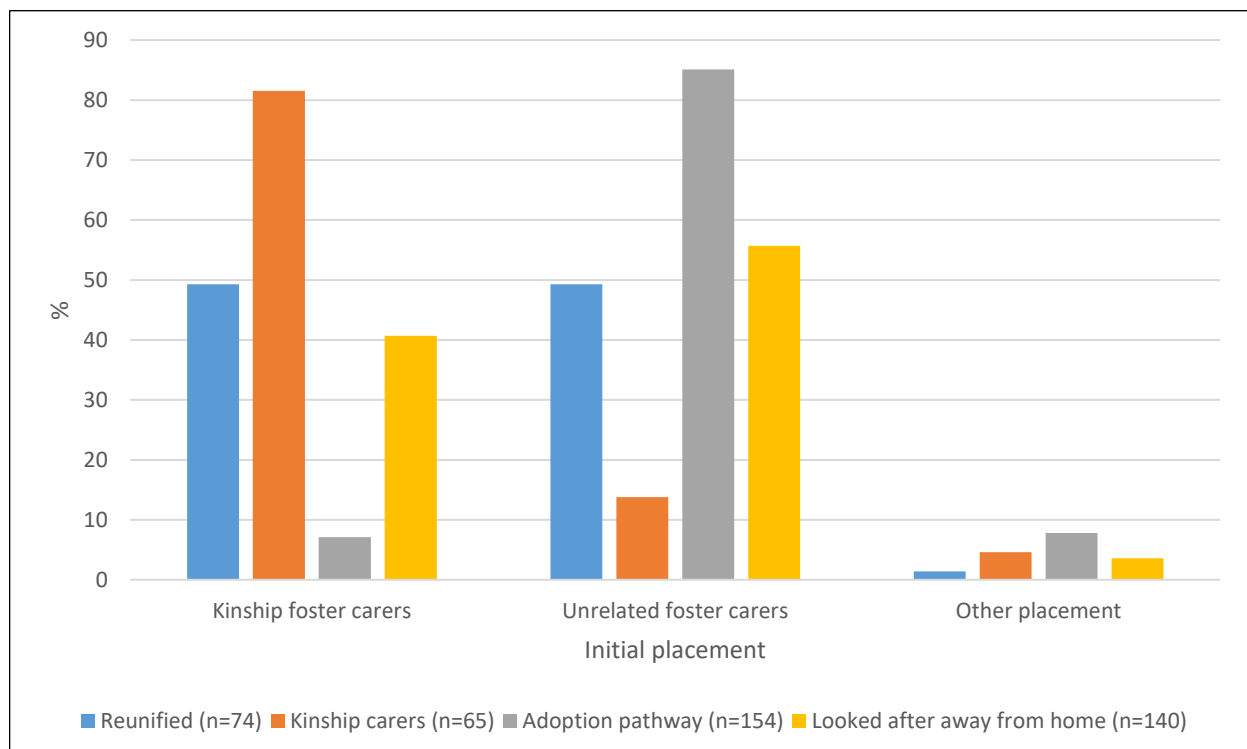
Figure 16: Age first looked after away from home by permanence status (n=430*)



* Data was missing for three children.

In addition to the age at which children became looked after away from home, there was a strong association ($p < 0.05$; Cramer's $V = 0.54$) between where children were initially placed and their permanence status three to four years later (see Figure 17).

Figure 17: Placement when first looked after away from home by permanence status (n=430*)



* Data was missing for three children

Almost four fifths of children who were living with kinship carers (Section 11) had initially been placed with kinship foster carers, compared to 7% of those on an adoption pathway. The majority (85%) of children who went on to be adopted had initially been placed with unrelated foster carers. A further 8% of those adopted had initially been in 'other' placements (often when looked after in hospital). These findings highlight the importance of decisions made relatively early in the process.

Factors contributing to decisions that children should become looked after away from home

As discussed in Section 4.3, social workers identified factors which had contributed to decisions that children should become looked after away from home. Table 31 maps children's later permanence status by the contribution of these factors.⁵⁵

Table 31: Factors contributing to decisions that children should become looked after by permanence status (per cent) (n=433)

	Reunified (n=74)	Kinship carers (n=65)	Adoption pathway (n=154)	Looked after away from home (n=140)	Total	p-value	Cramer's V
Abuse or neglect of this child	81.1	90.8	77.3	91.4	84.5	<0.05	0.18
Sibling previously removed	23.0	33.8	55.2	31.4	38.8	<0.05	0.26
Child physical health	21.6	38.5	33.8	40.7	34.6	<0.05	0.14
Child mental health/emotional wellbeing	1.4	9.2	12.3	15.7	11.1	<0.05	0.16
Child disability	5.4	3.1	1.3	8.6	4.6	<0.05	0.15
Financial problems	36.5	55.4	42.9	42.9	43.6	0.15	
Unfit or overcrowded housing	21.6	27.7	32.5	31.4	29.6	0.36	
Poor parenting capacity	86.5	95.4	89.6	93.6	91.2	0.18	
Parent physical health	20.3	32.3	25.3	40.0	30.3	<0.05	0.16
Parent mental health	64.9	70.8	70.8	75.0	71.1	0.49	
Parent learning difficulties	16.2	24.6	26.0	15.0	20.6	0.07	
Domestic violence	50.0	67.7	60.4	67.9	62.1	0.05	0.13
Parental drug or alcohol misuse	60.8	76.9	67.5	78.6	71.4	<0.05	0.15
Parental offending	31.1	40.0	52.6	47.1	45.3	<0.05	0.15

There was a statistically significant association between concerns about maltreatment and children's permanence status. Children who were still looked after away from home were more

⁵⁵ The analysis in this section looks at the overall contribution of each factor to decision making by later permanence group, not just those that made a strong contribution.

likely to have become accommodated due to maltreatment than children in other permanence groups ($p < 0.05$; Cramer's $V = 0.18$).

A sibling having previously been removed was more often a contributing factor for children on an adoption pathway, and less often cited for those who had been reunified with parents ($p < 0.05$; Cramer's $V = 0.26$).

Concerns about children's physical or mental health/emotional wellbeing contributing to decisions to accommodate them was associated with later permanence status. It was more of an issue for children who continued to be looked after away from home than for children reunified with parents ($p < 0.05$; Cramer's $V = 0.14$ (physical health); 0.16 (mental health/emotional wellbeing)). Children's disability was a factor in decision making for a small number of children (5% overall), and showed a statistically significant association with permanence status. It was seen at a higher level amongst children on an adoption pathway ($p < 0.05$; Cramer's $V = 0.15$). Parent's physical health was a factor in decisions to accommodate children in a greater proportion of cases where they were still looked after away from home or were living with kinship carers, than where children had been reunified to parents or were on an adoption pathway ($p < 0.06$; Cramer's $V = 0.16$).

Domestic violence, parental substance misuse and offending figured less pre-accommodation for children who were later reunified to parents than for those on an adoption pathway or still looked after away from home ($p < 0.05$; Cramer's $V = 0.13$ (domestic violence), 0.15 (PSM) and 0.15 (parental offending)).

Financial problems or living in unfit housing, poor parenting capacity, or parents having mental health problems or learning difficulties, showed no statistically significant association with children's permanence status three to four years later. This has implications for the extent and levels of support which children and their families need when children are reunified, as these issues were just as prevalent in these circumstances as when children went on to be adopted.

Multivariate analysis

A multinomial logistic regression was used to analyse predictors of children's permanence status (see Table 32). A number of variables, which had shown univariate association with permanence status, were included in the model and individual effects observed whilst controlling for other variables. The reference category for the outcome variable (permanence status) was 'looked after away from home', with the other permanence groups compared to this group.

Table 32: Predictors of permanence status: multinomial logistic regression

	Reunified (n=70)			Kinship care (n=62)			Adoption pathway (n=144)		
Variable	OR (95% CI)	p-value	SE	OR (95% CI)	p-value	SE	OR (95% CI)	p-value	SE
Disability									
Child has long-standing illness/disability	.435 (.192-.987)	*	0.418	.438 (.169-1.135)	ns	0.485	.345 (.172-.690)	**	0.354
No disability	1			1					
Maltreatment									
At least one type of severe (3-5) maltreatment	.313 (.153-.641)	**	0.366	.960 (.422-2.185)	ns	0.420	1.155 (.550-2.426)	ns	0.378
Less severe maltreatment	1								
Mother - neglect in own childhood									
Known to have experienced	1.317 (.682-2.544)	ns	0.336	.966 (.461-2.025)	ns	0.378	2.383 (1.315-4.316)	**	0.303
Not known to have experienced	1								
Father - neglect in own childhood									
Known to have experienced	2.338 (1.023-5.345)	*	0.422	2.689 (1.106-6.538)	*	0.453	2.208 (1.075-4.532)	*	0.367
Not known to have experienced	1								
Sibling previously removed									
Factor contributing to becoming looked after	1.113 (.503-2.462)	ns	0.405	1.281 (.581-2.824)	ns	0.403	2.140 (1.088-4.208)	*	0.345
Not contributing factor	1								
Parent physical health									
Factor contributing to becoming looked after	.485 (.234-1.002)	ns	0.371	.734 (.361-1.494)	ns	0.363	.568 (.299-1.080)	ns	0.327
Not contributing factor	1								
Domestic violence									
Factor contributing to becoming looked after	.585 (.295-1.158)	ns	0.349	.963 (.453-2.049)	ns	0.385	.527 (.275-1.011)	ns	0.332
Not contributing factor	1								

	Reunified (n=70)			Kinship care (n=62)			Adoption pathway (n=144)		
Variable	OR (95% CI)	p-value	SE	OR (95% CI)	p-value	SE	OR (95% CI)	p-value	SE
Parental substance misuse									
Factor contributing to becoming looked after	.757 (.355-1.616)	ns	0.387	.884 (.373-2.098)	ns	0.441	.608 (.292-1.267)	ns	0.374
Not contributing factor	1								
Parental offending									
Factor contributing to becoming looked after	.620 (.294-1.306)	ns	0.380	.514 (.238-1.109)	ns	0.392	1.319 (.669-2.601)	ns	0.346
Not contributing factor	1								
Age when child became looked after away from home									
Under 6 weeks old	.969 (.304-3.084)	ns	0.591	3.024 (.909-10.057)	ns	0.613	9.376 (2.836-31.003)	***	0.610
6 weeks to under 1 year	1.989 (.695-5.689)	ns	0.536	2.082 (.657-6.599)	0.213	0.588	7.383 (2.180-25.001)	***	0.622
1 year to under 2 years	1.281 (.430-3.821)	ns	0.558	1.583 (.522-4.803)	0.417	0.566	1.887 (.454-7.853)	ns	0.727
2 years to under 3 years	.910 (.287-2.890)	ns	0.589	.956 (.293-3.118)	0.941	0.603	4.988 (1.388-17.919)	**	0.652
3 years to under 4 year	1.655 (.550-4.974)	ns	0.562	1.639 (.470-5.717)	0.438	0.637	1.975 (.521-7.487)	ns	0.680
4 years to under 6 years	1								
First placement (when accommodated)									
Kinship foster care	1.522 (.762-3.040)	ns	0.353	9.756 (4.052-23.488)	***	0.448	.162 (.072-.368)	***	0.418
Other placement	.371 (.038-3.652)	ns	1.167	1.413 (.138-14.511)	0.771	1.189	.752 (.218-2.595)	ns	0.632
Unrelated foster care	1								

Note. Reference group: Looked after away from home (n=135). OR = Odds Ratio. SE = Standard Error. 95% CI = Confidence Interval.
p-values: ns Not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

The first set of columns show predictors of children having been reunified compared to being looked after away from home. Children with a long-standing illness or disability were significantly less likely to have been reunified than to remain looked after away from home (OR = 0.418), as were children who had experienced at least one type of severe maltreatment (OR = 0.313). Children whose fathers experienced neglect during childhood were twice as likely to have been reunified as to be still looked after away from home (OR = 2.338). Other predictors, including the age at which children became looked after away from home, their first placement, and factors which contributed to the decision they should become looked after, were not statistically significant.

The second set of columns show predictors of children living in kinship care (Section 11) compared to being looked after away from home. Where children's fathers had experienced neglect during childhood, children were almost three times as likely to be living in kinship care as still looked after away from home (OR = 2.689). The other significant predictor of a child living in kinship care (Section 11) (compared to being looked after away from home) was if their initial placement had been with kinship carers rather than unrelated foster carers. This increased the likelihood by almost 10 times (OR = 9.756).

The third set of columns show predictors of children being on an adoption pathway compared to being looked after away from home. There were several factors which significantly increased the likelihood of children being on an adoption pathway – their mother or father having experienced neglect in childhood (OR = 2.383 and 2.208 respectively), a sibling having been previously removed (OR = 2.140), and being younger when first looked after away from home. Children who were under six weeks old when they became looked after away from home were nine times more likely to be on an adoption pathway than children who had been aged four or five years old. Having a long-standing illness or disability significantly reduced the odds of a child being on an adoption pathway compared to being looked after away from home (OR = 0.345), as did initially being placed with kinship carers rather than with unrelated foster carers (OR = 0.162).

6.3 About the children in the caregiver sample

In order to gain an in-depth picture of children's circumstances and wellbeing three-to-four years after they became looked after away from home, we gathered data from their caregivers (foster carers, kinship carers, adoptive parents and prospective adopters).⁵⁶ This section draws on 166 caregiver questionnaires.⁵⁷

Children's permanence status

At the time of the caregiver survey 17% of the children were living with kinship carers outwith the looked after system (Section 11). Half of the children (51%) were on an adoption pathway, including 66 (40%) who had been adopted, and 18 (11%) who were placed with prospective adopters. The remaining third of the children (54, 33%) were looked after away from home, including 20 children who were on Permanence Orders.

⁵⁶ This element of the research did not include children who had been reunified, as we did not survey birth parents.

⁵⁷ Section 2.3 provides information on how this was collected and response rates, and sections 3.1 and 3.2 detailed demographic characteristics, health and recorded disability.

Table 33: Children's permanence status (at the time of caregiver survey) (n=166)

	n	%
With kinship carer (not looked after)	28	16.9
Adoption pathway	84	50.6
Looked after away from home (including those on a PO)	54	32.5
Total	166	100.0

About the children in the three groups

Just over half of the children in the caregiver sample were male (88, 53%), although this was significantly associated with permanence status – 32% of those living with kinship carers, 60% of those on an adoption pathway, and 54% of those still looked after away from home (Chi-square = 6.34, df = 2, $p < 0.05$; Cramer's V = 0.20). The majority (157, 95%) of the overall sample were described as 'White', with numbers too small to compare across groups.

Table 34: Children's characteristics by permanence status (caregiver sample) (per cent) (n=166)

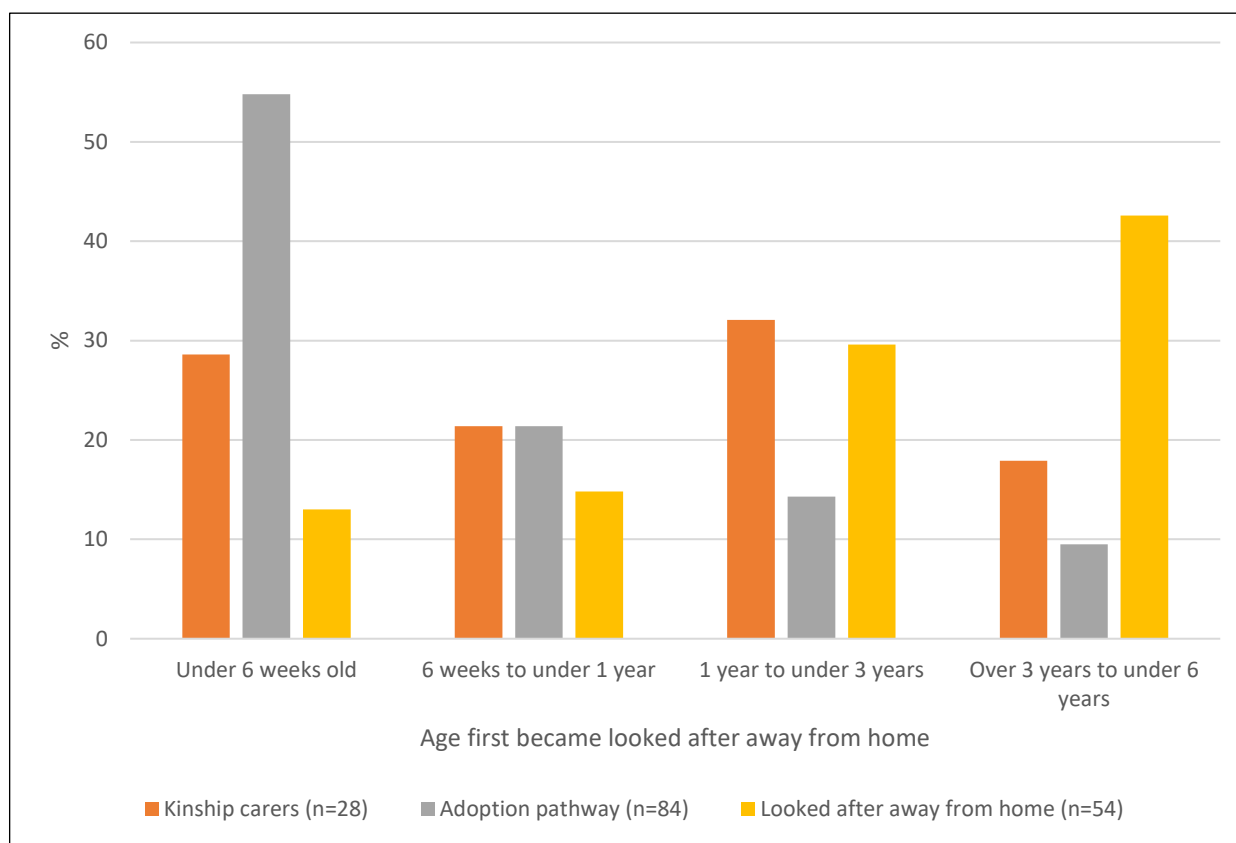
		Kinship carers (n=28)	Adoption pathway (n=84)	Looked after away from home (n=54)	Total (n=166)	p -value	Cramer's V
Gender	Male	32.1	59.5	53.7	53.0	0.04	0.20
Child has long-standing illness/disability ⁵⁸	Yes	17.9	23.8	27.8	24.1	0.61	

Almost one quarter of children (24%) had a long-standing illness or disability. Although this was lower for children living with kinship carers, the association with permanence status was not statistically significant ($p = 0.61$).

There was a strong association between the age at which children became looked after away from home and their permanence status. Figure 18 shows the proportion of children in each permanence status who became looked after away from home in each age-group.

⁵⁸ As recorded by the children's current caregivers.

Figure 18: Age when first looked after away from home⁵⁹ by permanence status (per cent) (n=166)

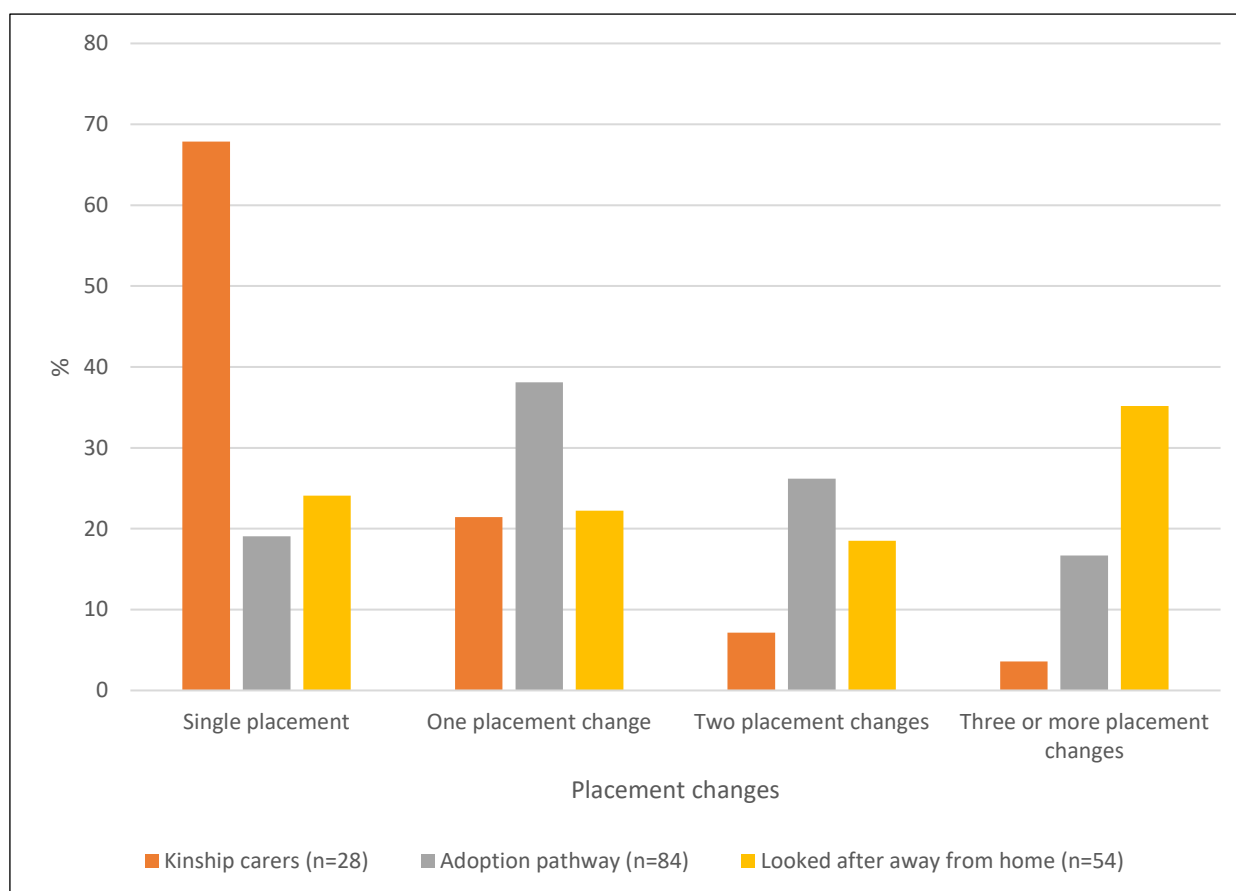


Children in the caregiver sample were aged from under one month to 65 months old when they first became looked after away from home, with a median of seven months (IQR = 31). Age when children were accommodated was significantly associated with permanence status. The median age was 12 months (IQR = 29) for children in kinship care, less than one month (IQR = 11) for those on an adoption pathway, and 28.5 months (IQR = 39) for those still looked after away from home (Kruskal-Wallis = 35.75, df = 2, $p < 0.05$).

Placement stability

Figure 19 shows the number of placement changes that children in the different permanence groups had in the three-to-four years after they became looked after in 2012-13.

⁵⁹ To aid subsequent analysis and due to lower frequencies, the age at which children became looked after away from home was reduced to fewer groups than for the children in the social worker survey.

Figure 19: Number of placement changes by permanence status (per cent) (n=166)

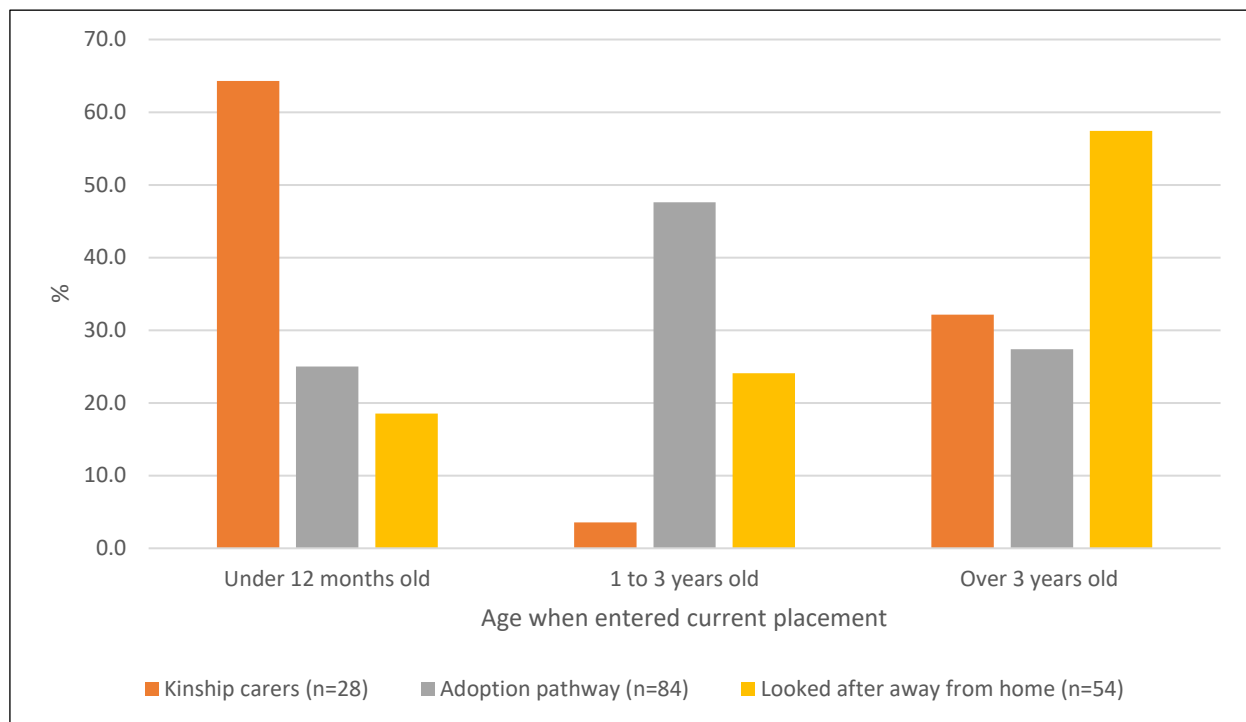
Two thirds (19, 68%) of children living with kinship carers (Section 11) had only one placement, which indicates the very high stability of these placements at the point of the survey. Almost one fifth (16, 19%) of children on an adoption pathway were still living in their first placement, and a further two fifths (32, 38%) had just one placement move.

It is reasonable for children placed with adoptive parents to have one placement move – from a temporary placement to an adoptive placement. But it is concerning that two fifths of children on an adoption pathway had two or more placement changes. It is even more concerning that over half (29, 54%) of children who were still looked after away from home had two or more moves. These include over one third (19, 35%) who had three or more placement changes. The association between the number of placement moves children had and their permanence status was statistically significant, with a medium effect size (Chi-square = 35.62, df = 6, $p < 0.05$; Cramer's V = 0.33).

Age children entered their current placement

There was an association between a child's permanence status and the age at which they had entered their current placement (Chi-square = 36.65, df = 4, $p < 0.05$, Cramer's V = 0.33). Children living with kinship carers (Section 11) were most likely to have entered the current placement when they were less than one year old. Those on an adoption pathway were most likely to have been aged one to three years. Children who were looked after away from home were more likely to have been aged over three years on entering their current placement.

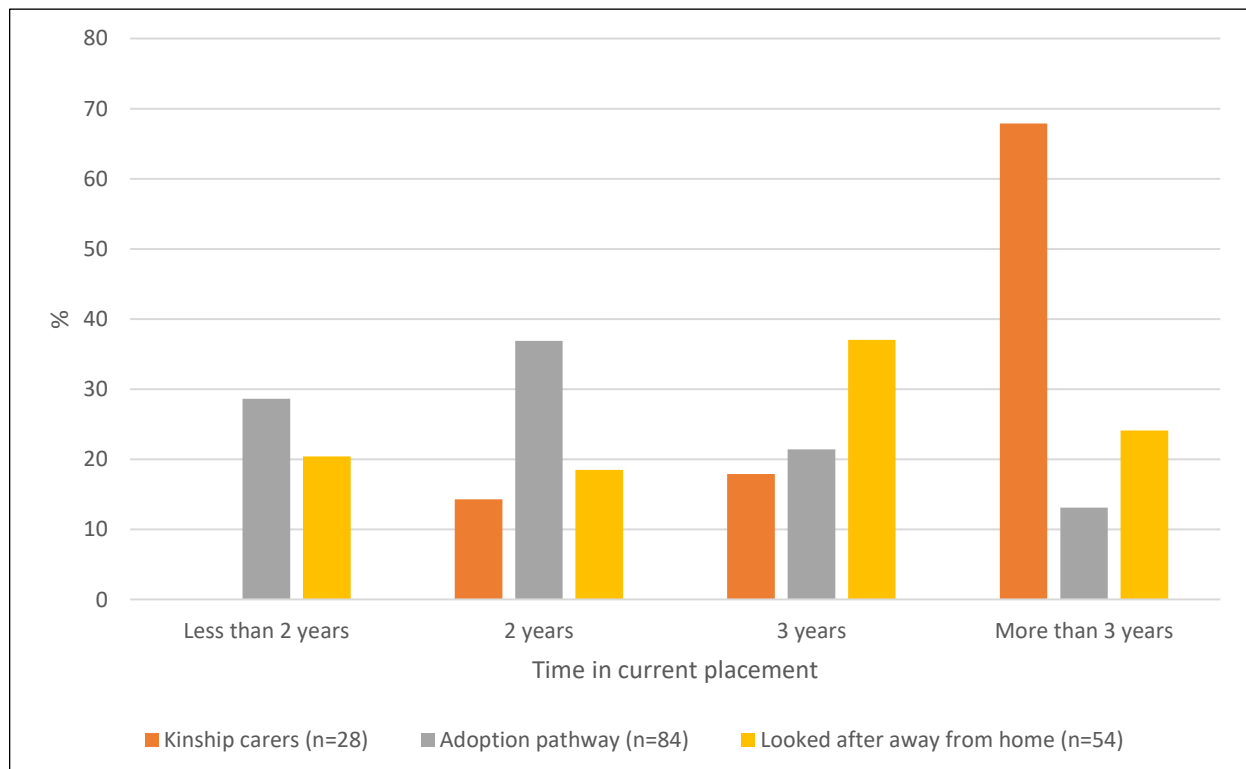
Figure 20: Age children entered current placement by permanence status (per cent) (n=166)



Time children had been in their current placement

Children living with kinship carers (Section 11) were most likely to have been in their current placement longer at the time of the caregiver survey than those on an adoption pathway or looked after away from home (Chi-square = 42.64, df = 6, $p < 0.05$, Cramer's V = 0.36).

Figure 21: Time in current placement by permanence status (per cent) (n=166)



6.4 Summary

From the social worker survey we found that of the 433 children:

- Three to four years after being looked after, almost three quarters (72%) were in placements intended to be permanent, either outwith, or in a small number of cases within the looked after system: 17% had been reunified with parents, 15% were with kinship carers (Section 11), and one third (36%) were on an adoption pathway. A small number of children were on a Permanence Order (4%).
- Over one quarter (28%) of children were still (or again) looked after away from home without a legal order specifically designed to provide them with stability and permanence.
- Where children were living and who was caring for them was associated with whether or not they had a disability and their experience of maltreatment whilst at home. Rates of disability and severe maltreatment were lower amongst children who had returned home.
- Children with a disability or a long-standing illness were less likely to be living with kinship carers (Section 11), and more likely to still be looked after away from home.
- Children's first placement influenced their later pathway. Children who were with kinship carers (Section 11) were most likely to have initially been placed with kinship foster carers. The majority (85%) of children who went on to be adopted had initially been placed with unrelated foster carers.
- The childhood experiences of parents were associated with children's routes to permanence. Mothers of children on an adoption pathway were more likely to have experienced neglect as a child: 62%, compared to 41% of mothers whose children had been reunified, and 31% of mothers whose children were living with kinship carers (Section 11). A greater proportion of the fathers of children on an adoption pathway (33%) had experienced neglect in their own childhood, compared to fathers of children in kinship care (23%) or looked after away from home (15%).
- These associations were observed even when other factors were controlled for (in the multivariate analysis). This means that disability, experience of maltreatment, age at becoming looked after, initial placement, and the childhood experiences of parents were key predictors of a children's permanence status three-to-four years after they became looked after.

The caregiver survey related to 166 children. This did not include those who had been reunified, as we did not survey birth parents. We found that:

- One third (33%) of children were still (or again) looked after away from home, including a small number on a Permanence Order. Half (51%) were on an adoption pathway, and 17% were living with kinship carers (Section 11).
- Over half of children (54%) still looked away from home had two or more placement moves, including 19 children who had three or more.
- Children on an adoption pathway were younger on average when they became looked after, under one month old, compared to 12 months for children with kinship carers (Section 11) and 28.5 months for children still looked after away from home.
- Children living with kinship carers (Section 11) were more likely to have entered their current placement at an earlier age than those on an adoption pathway or still looked after away from home.

7. Current wellbeing

Analysis of children's current wellbeing uses data from the survey of caregivers (n=166) rather than the social worker survey. This is not to underestimate the role social workers have had and continue to have in the lives of children in this strand, or the value of the information they hold. However, these sections are based on information provided by the adult(s) who were caring for children on a day-to-day basis and provide important details on their wellbeing, and what supports might help children and caregivers.

7.1 Health and disability

In their review of the health of looked after and accommodated children in Scotland, Scott and Hill (2006) noted that children's physical and mental health is influenced by several factors, including their experiences both in and prior to entering care. They found that children's health improves as placements become more secure, and that changes in placement may mean health issues are overlooked (Scott and Hill, 2006, p.3).

Caregivers were asked whether children had any specific long-standing illnesses, disabilities or health conditions. Around one third (31%) highlighted that children had such issues: 14% reported a previously-diagnosed health problem or disability; 10% of children had been diagnosed since entering placement; and 7% were currently being assessed. This is a greater proportion than that seen in a recent *Growing up in Scotland* (GUS) study, where 14% of a representative cohort of three-year old children were reported as having a long-standing illness or disability (Bradshaw et al, 2015).

Where children had a long-standing health issue or disability, respondents were invited to give further detail. The most commonly reported issues were learning difficulties and visual, hearing or speech problems:

- 13% (17) visual, hearing or speech impairment;
- 9% (15) learning disability/difficulty;
- 4% (7) physical or motor impairment;
- 4% (7) autistic spectrum disorder;
- Other illnesses, disabilities and health problems included asthma, global developmental delay and ADHD.

Caregivers were also asked in general terms whether children were 'very healthy', 'healthy', 'not very healthy' or 'unhealthy'. Almost all children were described as healthy or very healthy (99%). Children who were looked after away from home were less likely to be 'very healthy' (67%) than children on an adoption pathway (85%) or living with kinship carers (Section 11) (82%). A Kruskal-Wallis test showed that this difference was statistically significant (Chi-square = 6.15, df = 2, $p < 0.05$).

Adoptive parents (and prospective adopters) were asked about children's health when they were first placed with them, and 38% felt that their health had improved since then.

7.2 Schooling and social activities

Research on educational participation and progress for children looked after away from home has consistently reported poor educational performance, poor attendance and high rates of school exclusion. Both official statistics and research have shown that children in care are less likely to achieve the expected levels in reading, writing and maths than others in the wider population (Department for Education, 2017; Scottish Executive, 2007; Connelly and Chakrabarti, 2007; Maclean and Guinon, 2003; Maclean and Connelly, 2005).

However, studies comparing children in care to those with similar backgrounds and histories who remain at home suggest that being in care, *per se*, may not be the direct cause of poor educational performance. A study in Scotland found that although children in care had test scores below those in the general population, they scored better than high-risk children supported at home by social services (McClung and Gayle, 2010). Higgins and colleagues (2015) drew attention to the enduring impact of children's early experiences. They found that later educational outcomes can be partly explained by pre-care experiences, such as maltreatment and neglect.

In England, a study by the Rees Centre found that although exam performance at age sixteen was worse for children in care compared to the wider population, children who had been in care continuously for one or more years had better exam results than children in need with similar backgrounds who were not in care (Sebba et al, 2015). An American study found that while the reading scores of children in care were lower than those for the general population, they were higher than those for maltreated children from disadvantaged backgrounds who were not in care (Smithgall et al, 2004).

Children's pathways through care may have an impact on their educational performance. Several studies have identified an association between educational outcomes and the age at which children enter care, with children who enter younger and stay longer making better educational progress (Biehal et al, 2010; Dixon et al, 2006; Sebba et al, 2015). More positive educational outcomes have also been linked to placement stability. Placement changes and school changes are associated with poorer educational outcomes (Conger and Rebeck, 2001), and having more placement moves is a predictor of poor exam results at age sixteen (O'Sullivan and Westerman, 2007). Consistent with this, another study found that children settled in long-term foster placements made better educational progress than those who had experienced placement instability (Biehal et al, 2010).

While adverse experiences outside school can negatively affect the academic life and achievements of looked after children (Bomber, 2007; Lansdown et al, 2007), difficulties at school may also contribute to placement breakdown. Studies by Sinclair and colleagues looked at the link between school and placement instability. They found that unhappiness at school (Sinclair et al, 2005) or poor educational performance (Sinclair et al, 2007) were factors which, amongst others, predicted the subsequent breakdown of foster placements.

Type of educational setting attended

Caregivers were asked whether children attended school or nursery. Overall, 43% of children attended a mainstream school, 55% attended a nursery or other childcare setting, and one child attended a special school. Two children did not attend school, nursery or other childcare setting.

The association between the type of educational setting children attended and permanence status was statistically significant (Chi-square = 34.23, $df = 4$, $p < 0.05$; Cramer's $V = 0.46$). A greater proportion of children on an adoption pathway (76%) were in nursery or other childcare, than those living with kinship carers (Section 11) (52%), and those still looked after away from home (26%). However, whether a child attends nursery or school is age-related, and children on an adoption pathway were generally younger at the time of the caregiver survey than those still looked after away from home. Thus, the differences in type of educational setting are likely to be due to the age of the children rather than their permanence status.

Diagnosis and details of Additional Support Needs (ASN)

Many looked after and adopted children have additional support needs; indeed the 2009 amendment to the Education (Additional Support for Learning) (Scotland) Act 2004 and the 2011 Guidance for Looked After Children state that children who are looked after should be

assumed to have additional support needs. Despite this, previous research found that looked after children are not usually automatically assessed for additional support needs, and assessment caused delays in enrolment during transition between local authorities (Hennessy et al, 2014). Significantly, there is no equivalent for adopted children. This is in contrast to England, where the Pupil Premium was extended in 2014 to include children adopted from care (see Thomas, 2015). However, a recent report by Adoption UK (2018) identified that adopted children were falling behind their peers at school.

Caregivers were asked about children's additional support needs (ASN): 6% (10) stated that children had been identified as having ASN prior to their current placement, 10% (16) had been identified since entering the current placement, and 6% (10) were currently being assessed. The majority (130, 78%) did not have ASN. The number of children with confirmed ASN is low given the onus on local authorities to assume that all looked after children have ASN. Where children had additional support needs, caregivers were asked to specify what they were and what support was in place, and all 36 provided this information. These included support in school and with schoolwork, speech therapy, social emotional and behavioural support, and nurture groups.⁶⁰ Most participants gave details, for example:

Emotional support (given) to support behaviour. All school staff know and support child during difficult times to provide boundaries, time out and opportunities to talk. Head teacher very involved, has regular input from school psychologist and regular meetings with us.

He is in the ASC [Autistic Spectrum Conditions] classroom as he finds it difficult to work alongside others at times. He has one to one in the ASC when required.

Some used the opportunity to highlight the challenges in obtaining support:

We had to push for support. He was not recognised initially by social work or education as having additional support needs until we asked for ASP and coordinated support plan. This has come about due to family, not services, being active.

Child was assessed due to behavioural issues at nursery. The local authority provided a one sheet A4 'guidance' on strategies to improve his behaviour.

Experience of school or nursery

Children spend significant amounts of their time in educational settings, and experiences and relationships within nursery and school can be protective factors for vulnerable children. Home and school are linked, and educational experiences, including enjoyment, behavioural issues and progress may be indicators of children feeling and being secure.

Caregivers were asked to indicate how far they agreed with a set of statements regarding whether children: i) enjoyed school or nursery; ii) were making progress; and iii) had behaviour problems at school or nursery.

All children were reported to enjoy school or nursery: 78% of respondents strongly agreed, and 22% agreed. There was no statistically significant association between permanence status and caregiver's perception of children's enjoyment of school ($p = 0.30$).

⁶⁰ Nurture groups take place during the school day and comprise of small groups of children who have been identified as vulnerable. One or two members of staff build relationships with and support children's learning and development through role modelling, playing games and eating together (Boxall and Lucas, 2010).

Enjoyment of school was associated with the age children first became looked after away from home and whether they had a long-standing illness, disability or health problem. The majority (85%) of children who were accommodated when they were under six weeks old had caregivers who strongly agreed they enjoyed school. This compared to 47% of children who were over four years old when first accommodated. Enjoyment of school amongst children who were six-weeks to four-years old when they first became looked after away from home was relatively high, with between 74% and 88% of caregivers strongly agreeing that they enjoyed school. The majority of children with no disability or health problem were reported to enjoy school (82% of caregivers strongly agreed), while 67% of carers of children with a disability or health problem strongly agreed they enjoyed school ($p = 0.05$).

In terms of *progress at school*, two thirds (66%) of caregivers strongly agreed that children were making good progress for their ability, 30% agreed. Only seven caregivers (4%) did not think children were making very good or good progress. The only variable that showed any statistically significant association was whether children had a long-standing illness, disability or health problem. The caregivers of less than half (45%) of children with a disability or health problem strongly agreed they were making good progress in school, compared to 73% of children without a disability or health problem ($p < 0.05$).

Behaviour within school or nursery was the least positive educational outcome for children. One in five (22%) caregivers agreed or agreed strongly that children had behaviour problems at school or nursery. Carers of children who were still looked after away from home were more likely (34%) to agree or strongly agree with this statement than kinship carers (19%) or adoptive parents (16%) ($p < 0.05$). Behaviour problems at school were more likely if children had been aged three or older at the start of their current placement: 35% compared to 13% of children who entered the current placement before they were one year old ($p < 0.05$).

Wellbeing

Caregivers were asked to use a four-point scale to indicate their perceptions of children's wellbeing⁶¹ in nine domains: i) attachment; ii) physical health; iii) educational development; iv) engagement with hobbies; v) self-confidence; vi) numbers of friends; vii) ability to cope in social situations; viii) emotional and behavioural profile; and ix) self-care skills.

Caregivers were asked to indicate the extent to which children were developing a *secure attachment to at least one adult*. This was not, of course, a validated measure of children's attachment strategy (see discussion in Section 7.4) but sought to elicit carers' views. There was a significant association between children's permanence status and caregivers describing them as securely attached to at least one adult. The majority (96%) of kinship carers reported children were securely attached, compared to 89% of adoptive parents, and 70% of carers of children who were still looked after away from home ($p < 0.05$). The majority (95%) of children who became looked after away from home before they were six weeks old were reported as being securely attached to at least one adult, compared to 55% of children who were aged four or over when they first became looked after away from home ($p < 0.05$).

With regards to *emotional and behavioural health*, around half of caregivers (51%) reported that children were doing well in this domain. An absence of emotional or behavioural problems was reported most frequently for children living with kinship carers (75% were said to be doing well), less for those on an adoption pathway (51%), and less again for children who were looked after

⁶¹ The National Practice Model in Scotland refers to the eight wellbeing indicators of Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (known by the acronym SHANARRI). The domains in our study are those previously used by Biehal et al in *Belonging and Permanence* (2010), and can be seen to 'map' across to the SHANARRI indicators.

away from home (39%) ($p < 0.05$). There was also a significant association with the age children entered the current placement: 71% of children who had been under 12 months old were reported to be doing well, compared to 54% who had been one to three years old, and 33% who had been over three years old ($p < 0.05$).

Around half (48%) of children were reported as having high, but realistic levels of *self-confidence*. There were no significant associations with permanence status ($p = 0.39$), nor with the age children first became looked after away from home ($p = 0.73$). Self-confidence was associated with placement stability ($p < 0.05$). Seventy per cent of children who had been in their current placement for 36-47 months were said to be confident, compared to 34% who had been in their current placement for less than two years, and 54% who had been in the current placement for more than three years. A quality like self-confidence is difficult to quantify and outward displays of confidence may be perceived differently over time.

Just over half of the children (53%) were reported to have several close *friendships*. There was no significant association with permanence status ($p = 0.21$), nor with the time children had spent in their current placement ($p = 0.32$). The association with age on entering the current placement was significant ($p < 0.05$). Around two thirds (61%) of the children who entered the current placement when they were under one year old or between one and three years old were reported as having several close friends, compared to 40% of those who were over three years old. This could, in part, be related to access to peers; by age four some friendship groups in nursery and school have already formed.

Overall, 61% of children were reported to have good *self-care skills* for their age. Those who were younger when they came to their current placement were more likely to be doing well: 71% of those who had been under 12 months old and 70% of those who had been one to three years old on entering the current placement were said to have good self-care skills for their age, compared to 44% of those who had been over three years old ($p < 0.05$).

In terms of being *able to cope in social situations*, around half of children (46%) were reported to be doing well. There was no significant association with permanence status or the age children had first become looked after away from home. Children who were younger when they entered their current placement were more likely to be reported as able to cope well in social situations: 59% of those who had been under 12 months old, and 54% who had been one to three years old were said to cope well, compared to 30% of those who had been aged over three years when they entered the current placement ($p < 0.05$).

No differences were observed across any of the groups with respect to *physical health*, *educational development* or engagement with *hobbies*.

To summarise, children who became looked after away from home when they were younger were reported to have better outcomes in terms of developing a secure attachment to at least one adult. In terms of emotional and behavioural profiles, children who were younger when they became looked after away from home were doing better than children who were accommodated when they were over three years old. An absence of emotional or behavioural problems was reported most commonly by kinship carers, followed by adoptive parents, whereas only 39% of children who were with foster carers were described as doing well. Overall a younger age for first placement and/or current placement seems to be associated with more positive wellbeing. This is in line with the Scottish Government's focus on early intervention and early permanence (Scottish Government, 2015) and highlights the importance of avoiding unnecessary delays.

7.3 Behaviour and relationships

Research in the UK and elsewhere has consistently found that children looked after away from home are more likely to have poorer mental health than children in the general population (Ford et al, 2007; Goemans et al, 2016; Vinnerljung and Sallnäs, 2008). A national survey in England found that 45% of looked after children aged 5-17 years old had a mental disorder (Meltzer et al, 2003). The most common difficulty was conduct disorder, reported for 37%. For younger looked after children, 42% of those aged five to ten years old were reported to have a mental disorder. This was five times that in the general population where the rate was 8% (Meltzer et al, 2003, p.21).

Research has reported higher rates of mental disorder amongst older children in care, especially adolescents (Sinclair et al, 2007; Ward and Skuse, 2001). However, this may be associated with late admission to care rather than age itself. Children placed away from home at an older age are likely to have longer exposure to abuse, neglect and other adversities (Tarren-Sweeney, 2008; Biehal et al, 2010; Hiller and St. Clair, 2018; Rushton, 2004). Delay in making decisions to admission to public care may therefore compound children's difficulties.

Some studies have found that placement instability may be associated with the subsequent development of behavioural problems. For example, the *Children in Care Study* found instability to be a predictor of child mental health problems (Rubin et al, 2007), while a study in the USA found the risk of instability by 18-month follow-up was unrelated to children's behaviour problems at admission (Tarren-Sweeney, 2008). Two English studies of children in foster care for three or more years found those with a history of placement instability were more likely to have emotional and behavioural problems. For children in long-term, stable foster placements there was virtually no difference in the likelihood of experiencing mental health problems compared to those adopted from care (Biehal et al, 2010; Sinclair et al, 2005).

The relationship between child mental health and stability is complex, as instability may be related to children's pathways into care, the pre-care adversities they experienced, and age at placement (Thoburn, 1990; Triseliotis et al, 1997; Rushton, 2004; Ward and Skuse, 2001; Tarren-Sweeney, 2017). Child disturbance may increase the risk of placement instability, foster carer stress, and in some cases carer rejection, creating a negative spiral that may increase the risk of placement disruption (Biehal et al, 2010; Quinton et al, 1998; Schofield et al, 2007; Lindheim and Dozier, 2007; Sinclair et al, 2005). It is difficult to be sure about the direction of the relationships between age at admission, placement stability, pre-care adversity and carer stress, but they are clearly interdependent (McSherry et al, 2018).

Many studies have found that maltreatment is a risk factor for mental health problems in children (Chapman et al, 2007; Malinosky-Rummell and Hansen, 1993; Norman et al, 2012). Maltreatment is the most common reason for admission to care in the UK and many other western countries. It is therefore unsurprising that mental health difficulties are more common amongst children in care. Developmental difficulties have also been shown to predict poor mental health amongst children in care (Tarren-Sweeney, 2008; Sadler et al, 2018; Biehal et al, 2010). One study found that developmental delay tripled the odds that children would experience mental health difficulties (Baldwin et al, 2019). However, children with disabilities, including developmental difficulties, are over-represented amongst children in care, and this may also help to explain the higher rates of mental health problems found amongst the care population (White et al, 2014).

A recent study, which compared the mental health of children in care with children who had a child protection plan but had never been in care, identified a range of factors, including developmental delay, which increased the likelihood they would experience mental health difficulties *and* the likelihood they would enter care. It was evident that the higher prevalence of

mental health difficulties for children admitted to care was to a large extent due to the influence of these confounding factors, rather than to placement in care *per se* (Baldwin et al, 2019). Studies in other countries have similarly concluded that admission to care does not have a causal effect on child mental health problems once key differences between children in care and those not in care have been taken into account (Berger et al, 2009; Goemans et al, 2016; Mennen et al, 2010).

Emotional and behavioural problems

The survey of children's caregivers included the Strengths and Difficulties Questionnaire (SDQ), a commonly used behavioural screening questionnaire for assessing psychological morbidity in children and adolescents (Goodman 1997). It is composed of 25 items divided into five scales of five items each: emotional symptoms; conduct problems; peer problems; hyperactivity/inattention; peer relationship problems; and pro-social behaviour. With the exception of the pro-social score, these dimensions are combined to provide a total difficulties score. Children with a total difficulties score of 16 or more (if aged two to four years) or 17 or more (if age five years or over) are identified as being likely to have emotional and behavioural problems. Similar cut-offs indicate 'above average' scores on the five sub-scales and thus likely presence of specific difficulties (YouthinMind, 2015). In community samples, approximately 10% of children will have scores, both total difficulties and on the different domains, which indicate that emotional and behavioural problems are likely.

In line with other studies (Ford et al, 2007; Goemans et al, 2016; Vinnerljung and Sallnäs, 2008), children in this sample had scores indicating emotional and behavioural problems at a rate two to three times that seen in the general population, with 28% having total scores indicating likely difficulties. The most common difficulty was conduct problems, reported for 28% of children. Rates of peer relationship problems (26%), pro-social behavioural problems (26%), and hyperactivity (21%) were also high.

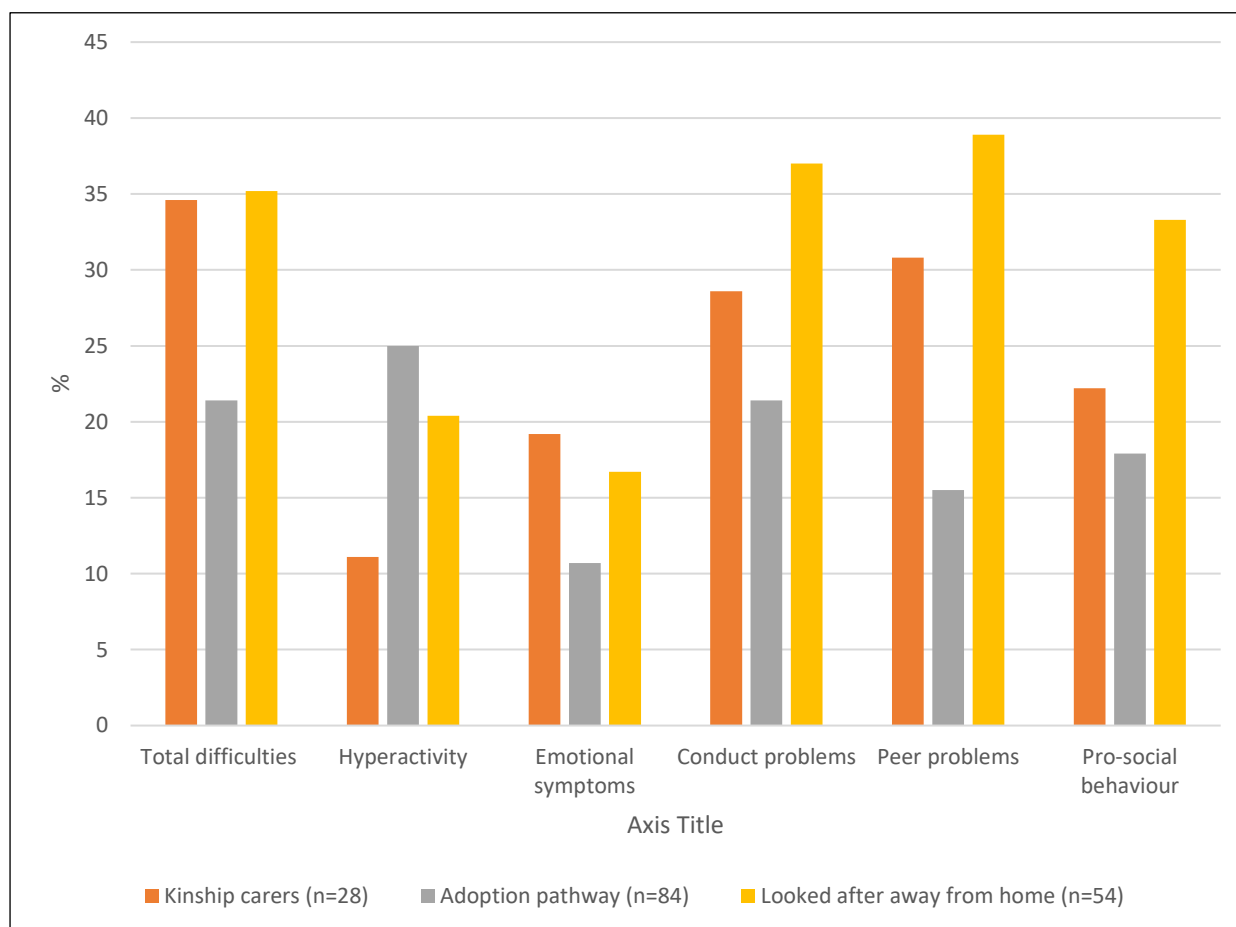
Table 35: Children with emotional and behavioural problems

	n	%
Total difficulties (n=164)	46	28.0
Hyperactivity (n=165)	35	21.2
Emotional symptoms (n=164)	23	14.0
Conduct problems (n=166)	46	27.7
Peer problems (n=164)	42	25.6
Pro-social behaviour (n=165)	39	23.6

Although overall, 28% of children had total difficulties scores indicating likely emotional and behavioural problems, this ranged from 21% of children on an adoption pathway to 35% of those with kinship carers (Section 11) and children looked after away from home. However, this association was not statistically significant ($p = 0.15$).

Further analysis was undertaken to assess any differences in the likelihood of specific difficulties across permanence groups (see Figure 21).

Figure 21: Children with emotional and behavioural problems (SDQ) by permanence status (per cent) (n=166)



Pearson Chi-square tests of independence were performed to show associations between permanence status and scores on the five SDQ sub-scales. Only the relationship between peer problems and permanence status was statistically significant (Chi-square = 9.89, $df = 2$, $p < 0.05$) and this showed a small to medium effect size (Cramer's $V = 0.25$). A one-way analysis of variance (ANOVA) was also calculated on peer problem scores by permanence status. The analysis was significant: $F = 3.67$, $df = 2$, $p < 0.05$. Post-hoc tests (Tukey HSD) indicated that across the three placement types, there was a significant difference between the mean score for children on an adoption pathway (mean score = 1.68) and those looked after away from home (mean score = 2.72) ($p < 0.05$), but no significant differences between the other groups.

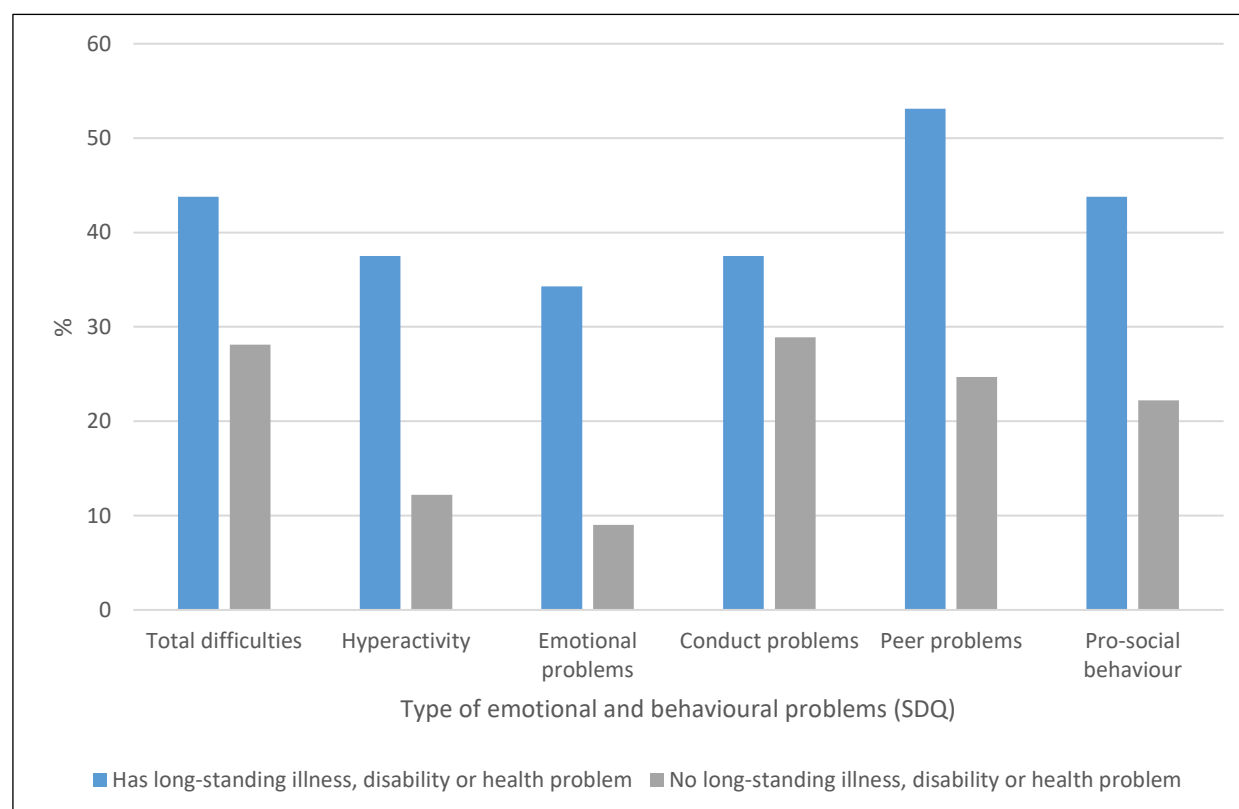
Whilst permanence group was not significantly associated with likely emotional and behavioural problems (except for peer problems), other aspects of children's care pathways were important.

A greater proportion of children who entered their current placement when they were over three years old (43%) had total difficulties scores indicating likely emotional and behavioural problems than those who entered when they were less than 12 months old (21%) (Chi-square = 11.38, $df = 2$, $p < 0.05$; Cramer's $V = 0.26$). A one-way analysis of variance (ANOVA) was calculated on total difficulties scores across the age-groups when children had entered their current placement. The analysis was significant: $F = 11.58$, $df = 2$, $p < 0.05$. Post-hoc tests (Tukey HSD) indicated that there was a significant difference between children who had entered the current placement when they were under one year old (mean score = 9.04) and those who had been over three years old (mean score = 14.98) ($p < 0.05$) but no significant differences between the other groups.

Children with three or more placement changes appear vulnerable to conduct problems, with half (50%) having scores indicating likely difficulties, compared to one fifth (21%) of those who had just one placement (Chi-square = 11.97, $df = 3$, $p < 0.05$; Cramer's $V = 0.27$). A one-way analysis of variance (ANOVA) was calculated on mean scores by the number of placements children had in the three to four years after they became looked after. The analysis was significant: $F = 3.27$, $df = 3$, $p < 0.05$. Post-hoc tests (Tukey HSD) indicated that the mean conduct sub-scale scores were lower for children who had only one placement (mean score = 2.31) or one placement change (mean score = 2.48) than for those with three or more placement changes (mean score = 3.74) ($p < 0.05$). There were no significant differences between the other groups.

One factor associated with the likelihood of emotional and behaviour problems across total difficulties and each of the five sub-scales was whether the child had a long-standing illness, disability or health problem. Children with a disability, long-standing illness or health problem were more likely to have scores indicating likely difficulties on each of the different domains and overall (see Figure 22).

Figure 22: Children with emotional and behavioural problems (SDQ) by presence of long-standing illness, disability or health problem (per cent) (n=166)



In summary, the SDQ was used to assess children's emotional and behavioural problems, across five domains and overall. High levels were seen amongst children in the sample, around two to three times those in the general population.

With the exception of peer problems, there were no significant differences in the levels of likely emotional and behavioural problems seen between children on an adoption pathway, those with kinship carers (Section 11), and those looked after away from home. This has implications for the levels of support and services required by those who are looked after and their families, but also by children who have left care and entered a permanent placement.

The age children entered their current placement, placement stability, and whether they had a long-standing illness, disability or health problem were significant factors associated with the presence of emotional and behavioural difficulties.

Attachment and relationships

The survey of children's caregivers included the Relationship Problems Questionnaire (RPQ), a 10-item rating scale for reactive attachment disorder (RAD), a disorder of social functioning associated with abuse and neglect (Minnis et al, 2007; Minnis et al, 2013). Children with total RPQ scores of seven or more were identified as being likely to have relationship or attachment problems, in line with scoring guidelines (Minnis et al, 2013).

Overall, 25% of children had RPQ scores which indicated likely relationship and attachment problems. Scores ranged from zero to 29, with a median score of three (IQR = 6). These figures are similar to those seen in a recent study (Baldwin et al, 2019) which compared children in care with children who had a child protection plan but had never been in care (38% for those currently in care; 24% for those who had been reunified; 19% for those who had not been in care).

There was an association between children's permanence status and likely relationship and attachment problems. Although overall 25% of children had RPQ scores which indicated likely relationship and attachment problems, this figure was 18% for those on an adoption pathway, 21% for those in kinship care (Section 11), and 37% for those looked after away from home. This association was statistically significant (Chi-square = 6.70, $df = 2$, $p < 0.05$) and showed a small effect size (Cramer's $V = 0.20$). A one-way analysis of variance (ANOVA) was calculated on RPQ scores across permanence status. The analysis was significant: $F = 3.31$, $df = 2$, $p < 0.05$. Post-hoc tests (Tukey HSD) indicated that across the three placement types, there was a significant difference between the mean score for children on an adoption pathway (mean score = 3.48) and those looked after away from home (mean score = 5.69) ($p < 0.05$), but not between the other groups.

Further analysis indicated that other factors, including child's disability and pathways through the care system, were associated with the presence of relationship and attachment problems.

Children with a disability, long-standing illness or health problem were more likely to have RPQ scores which indicated likely relationship and attachment problems (40%) than children with no reported disability or health problems (20%). This association was statistically significant, although had a fairly small effect size (Chi-square = 6.63, $df = 1$, $p < 0.05$; Cramer's $V = 0.20$).

Children who had only one episode of being looked after away from home were less likely to have RPQ scores which indicated likely relationship and attachment problems (21%) than children who had entered care on more than one occasion (41%) (Chi-square = 5.26, $df = 1$, $p < 0.05$; Cramer's $V = 0.18$).

Children who were younger when they became looked after away from home were less likely to have RPQ scores which indicated likely relationship and attachment problems (Chi-square = 12.84, $df = 5$, $p < 0.05$; Cramer's $V = 0.28$). A one-way analysis of variance (ANOVA) was calculated on RPQ scores across age-groups. The analysis was significant: $F = 3.46$, $df = 5$, $p < 0.05$. Post-hoc tests (Tukey HSD) indicated that children who had become looked after when they were less than six weeks old had lower RPQ scores (mean score = 2.74) than those who had been over four years old (mean score = 7.50), but there were no significant differences between the other groups.

The early experiences of most of the children in this strand of the study included maltreatment, in an environment where parenting capacity was compromised by substance misuse, domestic violence, and mental health difficulties. Using the RPQ developed by Minnis and colleagues

(2013) we found that 18% of children on an adoption pathway, and 21% of children in kinship care (Section 11) had RPQ scores which indicated likely relationship and attachment problems, but this was higher for children who were looked after away from home (37%).

7.4 Summary

- There were concerns about the health of almost one third of children, although this varied according to where they were living. Children who were still (or again) looked after away from home were less likely to be reported as very healthy.
- The proportion of children who had additional support needs (ASN) or were being assessed was low, particularly as looked after children are assumed to have ASN.
- Children's wellbeing was associated with the age at which they first became looked after away from home, and the length of their current placement. Children who were accommodated or placed with carers and adoptive parents earlier, and who remained there were generally doing better at school and had more friends. Their relationship with at least one adult was more likely to be described as secure.
- The level of emotional and behavioural problems (measured using the Strengths and Difficulties Questionnaire) was reported to be two-to-three times higher than that seen in the general population of children.
- No significant differences in levels of emotional and behavioural problems were observed between children living in different placements, aside from problems with peers, which were more likely for children looked after away from home. However, as we will see in Chapter 9 the levels of support provided to foster carers, kinship carers and adoptive parents varies.
- Maltreatment is associated with higher rates of mental health difficulties in children, and a standardized measure of relationship and attachment problems (Reactive Attachment Disorder) was used (the Relationship Problems Questionnaire). Overall, one quarter (25%) of children had RPQ scores which indicated likely relationship and attachment problems. This was higher for children who were looked after away from home (37%), and lower for those with kinship carers (Section 11) (21%), or on an adoption pathway (18%).
- The age children entered their current placement, placement stability, and whether a child had a long-standing illness, disability or health problem were significant factors associated with the presence of emotional and behavioural difficulties, and relationship and attachment problems.

8. Issues relating to contact

The benefits and risks for children of maintaining connections with birth parents, siblings, family members, and other significant people in their lives (including previous carers) is an important part of any assessment. Depending on children's needs, contact can range along a continuum from regular face-to-face meetings (supervised or not), to indirect contact, to no contact. It may include 'letterbox contact' where written information is passed between adults, to be shared with children. Depending on their legal status or proposed legal status, the level and amount of children's contact with birth family and other key people can be set (and reviewed) by Children's Hearings (where children are on a Compulsory Supervision Order), by the court, or can be arranged more informally by carers and adoptive parents.

This chapter provides information on the type and amount of contact children had with birth parents, siblings and other significant people in the last year, together with perceptions of contact. Some caveats apply to this analysis. Caregivers did not always complete this section of the survey, and some questions may have been misinterpreted by respondents. One assumption might be that if a respondent missed out a question it was because the question was not relevant. For example, if they did not answer a question about sibling or grandparent contact it was because the child did not have a sibling or grandparent. However, it is possible that in those circumstances, respondents specified 'never' when asked about the level of contact. They may also have ticked 'at least once a month' where children were currently living with a sibling or grandparent. The data in this section should therefore be treated with caution.

8.1 Contact with parents

Over half (89, 55%) of caregivers who completed the question reported that children had at least one form of contact with birth parents over the last year.⁶² The type of contact (letterbox, telephone or face to face) and frequency (at least once a month or less often) varied.

Table 36: Type and frequency of contact with birth parents (per cent) (n=161*)

Type of contact between children and birth parents	At least once per month	Less than once per month	Never
Letterbox	1.9	16.8	81.4
Phone	8.1	5.6	86.3
Face to face	23.6	16.8	59.6

* Information was missing for five children.

Given the age of children in our cohort, letterbox contact with birth parents and other family members would generally have been arranged through adults. Overall, one in five (30, 19%) children had letterbox contact with one or both parents, and for three children (2%) this was at least once a month. Telephone contact was less common, experienced in the last year by 14% (22) of children, for 13 (8%) of them on at least a monthly basis. Around two fifths (65, 40%) of children had face-to-face contact with birth parents in the last year, and for one quarter (38, 24%) this took place at least once a month. The level and mode of contact was associated with children's permanence status.

⁶² For contact with birth parents, the analysis here has combined 'never' and 'not applicable' as meaning that contact was not known to have taken place, and presented level of contact as a proportion of all children (except the five for whom none of the questions on contact were completed).

Only one child living in kinship care (Section 11) had letterbox contact with a birth parent in the previous 12 months, whilst this was the case for one quarter (19, 23%) of children on an adoption pathway, and one fifth (10, 20%) of those looked after away from home. This association was not statistically significant ($p = 0.08$).

Just one child on an adoption pathway had telephone contact with birth parents in the previous year, but this had occurred for two-fifths (11, 39%) of children in kinship care, and one fifth (10, 20%) of those looked after away from home (Chi-square = 28.55, $df = 2$, $p < 0.05$; Cramer's $V = 0.42$).

Face-to-face contact with birth parents had occurred in the previous year for 14 (17%) children on an adoption pathway, and for around two thirds of children in kinship care (14, 64%) and those looked after away from home (33, 67%) (Chi-square = 41.07, $df = 2$, $p < 0.05$; Cramer's $V = 0.51$).

Some children may have entered an adoptive placement quite recently, and their level of contact with birth parents may have changed over the previous 12 months.

8.2 Contact with siblings

The importance of sibling relationships for children looked after away from home, and the enduring and lifelong consequences when relationships with siblings are not maintained and nurtured has been highlighted (Kosonen, 1996; Jones and Henderson, 2017; Monk and Macvarish, 2018). Kosonen's study in one Scottish local authority found 60% of children were separated from at least one sibling, and there was less attention paid to maintaining relationships between siblings than between parent and child. The Looked After Children Regulations (Scottish Government, 2009) stipulates that where appropriate and practical brothers and sisters should be placed with the same carer or as near together as is possible. However, recent research in Scotland found that seven out of ten children looked after away from home were separated from at least one sibling (Jones and Henderson, 2017). In their review Monk and Macvarish (2018) found that in England it was extremely rare for the court to determine sibling contact.

Nearly two fifths (39%) of respondents indicated that they were caring for a child and their sibling(s), but others could have been caring for a child who had siblings elsewhere. One of the ways in which connections are maintained for children who are not living together is through contact.

Caregivers of 111 children answered the questions about children's level of contact with their siblings. Half (56, 51%) mentioned that children had some form of contact with a sibling in the previous 12 months.

Table 37: Type and frequency of contact with siblings (per cent) (n=111*)

Contact between child and sibling	At least once per month	Less than once per month	Never
Letterbox	2.7	9.0	88.3
Phone	5.4	7.2	87.4
Face to face	22.5	25.2	52.3

* Caregivers of 111 children answered the questions about children's contact with sibling.

Almost half (53, 48%) reported that children had face-to-face contact with siblings in the previous 12 months, and for one fifth (25, 23%) this had been at least monthly. Letterbox and telephone contact were less common, taking place for 13 (12%) and 14 (13%) of children respectively.

The frequency of face-to-face contact with siblings was associated with children's permanence status. It took place for one quarter (14, 23%) of children on an adoption pathway, almost two-thirds (8, 62%) of those living with kinship carers (Section 11), and four fifths (31, 82%) of those looked after away from home (Chi-square = 32.76, $df = 2$, $p < 0.05$; Cramer's $V = 0.54$).

In relation to letterbox contact between siblings, there were no significant differences linked to permanence status ($p = 0.61$). One in ten (6, 10%) of children on an adoption pathway had letterbox contact with a sibling in the previous year, while six children (16%) who were looked after away from home had. Only one kinship carer described letterbox contact between siblings.

Caregivers indicated that there had been telephone contact between children and a sibling for just one child on an adoption pathway, but this had occurred for one quarter (9, 24%) of children looked after away from home, and one third (4, 31%) of those with kinship carers (Section 11).⁶³

It was difficult to analyse the amount of contact that children in kinship care had with their siblings as only 13 kinship carers completed the questions regarding sibling contact. Kinship carers may have assumed this was not applicable if the child had no siblings, or if their siblings lived with them.

8.3 Contact with other adults from children's lives

Around one third of children had at least one face-to-face contact with grandparents (51, 33%), with other relatives (45, 30%), and with former foster carers (37, 31%) over the last year.⁶⁴ Levels of contact were associated with permanence status.

Over three quarters (21, 78%) of children living with kinship carers (Section 11) had face to face contact with their grandparents over the last year, compared to just under half (23, 46%) of those who were looked after away from home, and 9% (7) of those on an adoption pathway (Chi-square = 48.13, $df = 2$, $p < 0.05$; Cramer's $V = 0.56$).

The majority (19, 86%) of children living with kinship carers (Section 11) had contact with other relatives during the last year, compared to 20 children (43%) who were looked after away from home, and 6 children (8%) on an adoption pathway (Chi-square = 53.39, $df = 2$, $p < 0.05$; Cramer's $V = 0.61$).

It is perhaps unsurprising that children in kinship care had relatively high levels of contact with grandparents and other family members, as the carers may also be related to these individuals.

Contact with former foster carers was mentioned primarily for children on an adoption pathway (34, 47%). No kinship carers stated that children had seen their previous foster carers, and this was the case for just three children (9%) who were looked after away from home (Chi-square = 21.97, $df = 2$, $p < 0.05$; Cramer's $V = 0.43$).

8.4 Perceptions of contact

Purpose of contact with birth family

Where contact had taken place, foster and kinship carers ($n = 87$) were asked the reasons they had been given for contact by the child's social worker:

- to maintain the child's relationship with family: 46% (40 children);

⁶³ Numbers were too small for any tests of significance to be robust.

⁶⁴ For some children these questions were not applicable, as they did not have grandparents, other relatives and/or former foster carers. Thus the percentages are calculated out of 156, 152 and 120 respectively.

- to prepare the child to return home or to live with other relatives: 5% (4 children);
- to maintain the child's identity as member of birth family: 35% (30 children);
- not given a reason: 6% (5 children).

From this, it appears that social workers' motivations were primarily about maintaining connections with important people and children's identity, rather than about preparing them for a return home.

Expectations about contact

Half of the adoptive parents who responded (37, 50%) stated that external expectations had been placed on them about contact, with social workers or the Sheriff Court obliging them to maintain letterbox contact. In the majority of cases, this was not welcomed. Some felt their wishes or the needs of children were not taken into account.

There was definite pressure applied – there is no choice – post-box contact is compulsory whether you think it will be beneficial or not to the child

A small number acknowledged contact may be of benefit to children when they are older. They appeared to have more positive feelings regarding about maintaining connections with siblings, including through direct contact.

Quality of contact

In general, adoptive parents and prospective adopters indicated concerns about contact, including the expectations placed on them.⁶⁵ The responses from foster and kinship carers gave a different picture. They were asked to describe various aspects of children's contact with their birth family, indicating whether a number of statements were true or not true (see Table 38).

Table 38: Foster and kinship carers' perceptions of children's contact with birth family

	True		Not true	
	n	%	n	%
Overall, contact is positive for child (n=66)	44	66.7	22	33.3
Child has good contact with at least one parent (n=73)	46	63.0	27	37.0
Parent(s) have requested more contact (n=69)	42	60.9	27	39.1
Child would like more contact with parent(s) (n=53)	24	45.3	29	54.7
Child would like more contact with siblings/half siblings (n=50)	21	42.0	29	58.0
Parent(s) do not always stick to planned arrangements for contact (n=65)	42	64.6	23	35.4
Parents sometimes try to undermine this placement (n=63)	30	47.6	33	52.4
Child is upset by irregular contact (n=67)	28	41.8	39	58.2
Child is upset by way they are treated by family during contact (n=60)	13	21.7	47	78.3
Child is exposed to serious risk during contact with relatives (n=61)	13	21.3	48	78.7

⁶⁵ This contrasted with the accounts of some of the adoptive parents who participated in interviews as part of the *Children and carers* strand of the study who were more positive.

Foster and kinship carers described contact with birth family as positive for two thirds of children (67%), with almost two thirds (63%) reporting that children had good contact with at least one parent.

In three fifths (61%) of cases, carers said parents had requested more contact, with lower proportions of children wanting more contact with parents (45%) or siblings (42%). Two thirds of parents (65%) did not always stick to planned arrangements for contact.

Carers said some children were upset by irregular contact (42%), and/or by their treatment during contact (22%). Some were exposed to serious risk (21%). In around half of cases (48%) carers felt that birth parents tried to undermine the placement.

Reasons given for no contact with birth family

For the small number of children with kinship carers or foster carers who had no contact with parents over the last year, carers were asked the reasons. Twenty one responded:

- contact between child and parent(s) terminated by court (8 children);
- terminated by Children's Hearing (13 children);
- parents have died (4 children);
- parents did not maintain contact (4 children).

Some elaborated, for example, one carer stated:

Biological mother says she wants to see the child, but is unable to sustain the condition for contact of texting me once a week for six successive weeks.

Reasons for non-contact were usually out of the carer's immediate domain of control, with the main reasons being legal restrictions imposed by the Children's Hearing or the court.

In a study following a cohort of adopted children, birth relatives and adoptive parents where contact was planned, Neil et al (2014) found that by late adolescence, if contact had ceased this was due to a mixture of court decisions and birth parents' unavailability. The authors emphasised the dynamic nature of arrangements, with some examples of contact being re-introduced at a later stage as the child, birth family or adoptive family's situations changed.

Children's needs in relation to contact change with each stage of childhood (Schofield and Beek, 2014). As children grow older, there is the potential for unplanned contact, including via social media (MacDonald and McSherry, 2013, Neil et al, 2015; Maclean, 2016). Existing research on contact has found that while establishing and maintaining flexible contact which meets children's changing needs and adult's capacities can be difficult and may require ongoing support, it is possible and can enhance children's development (see Neil et al 2003; 2013; 2014). Future phases of the study will explore what happens to contact arrangements over time for our sample.

8.5 Summary

- Maintaining connections with birth parents, siblings and other important people from a child's past brings benefits as well as risks. While some data in this section needs to be treated with caution, it shows that the level of ongoing contact some children have with key people is low.
- The type and level of contact children have with birth parents varied according to their current legal status. Letterbox contact was more likely for children on an adoption pathway, telephone contact was more likely if children were with kinship carers, and face-to-face contact was most common for children looked after away from home.
- While the most common reported form of contact with siblings was face to face, this varied according to children's legal status. Almost half of children's current caregivers did not mention that children had contact with siblings.
- Children may have an important attachment to previous carers, who will also hold important information. Almost half (47%) of children on an adoption pathway had contact with former foster carers, but this was true for only 9% of children who were looked after away from home.
- For one quarter of children, contact with birth family had been terminated by a Children's Hearing or court.

9. Caregivers' perspectives: information, advice and support

This chapter discusses the level of information caregivers felt had been provided to them, together with the advice and support received by both children and carers.

9.1 Information provided to caregivers

Caregivers were asked whether social workers had provided them with enough information across a range of areas when children were first placed with them. These included health needs, actual or potential special needs, support needs, expected contact with birth family, likes and dislikes, and previous experiences. Many kinship carers did not answer these questions, with some making comments such as *"I am the child's grandmother, so I knew everything from the beginning"*. The 19 kinship carers who responded overwhelmingly felt that social workers had provided them with sufficient information. Two kinship carers felt they had insufficient information about children's actual (or potential) special needs.

The majority of adoptive parents (and prospective adopters) reported that they had been provided with sufficient information about children's needs and experiences, ranging from 78% (support needs) to 92% (health needs). Carers of children looked after away from home were more likely to have lacked some information. Fifty-nine per cent reported they received sufficient information about children's actual or potential special needs, and 73% had been given enough information about their health needs.

The circumstances in which placements are made are likely to have contributed to these differences. Even for carers who subsequently went on to secure a Permanence Order, placements may have started as short-term or emergency placements. At that point social workers may have had more limited information about children. For adoptive families, social workers had time to gather further information and would have prepared a written report for the Adoption and Permanence Panel. As children were also older, some needs may have emerged or become clearer over time.

Several caregivers highlighted positive experiences, including the following adoptive parent:

Social work get a bad name sometimes, but from day one they have been great and kept us informed about every aspect of what was happening and I could call them anytime with any concerns.

A kinship carer reported similar experiences of social workers across two teams:

Initial social worker was very helpful then handed over to the kinship team who have been very informative.

Some accepted that not all information was available at the time of the placement, particularly in relation to children's health or development which might change over time. Others felt that important information was available and should have been shared at an earlier stage. For example, an adoptive parent described:

We didn't find out the extent of the neglect and abuse until listening to it in court, by this time the children had been placed with us for a year. Knowing the facts now it would have made the first year much easier to know what triggers caused behaviour problems and emotional distress.

Sometimes difficulties arose due to the way complex information was shared. As one foster carer noted:

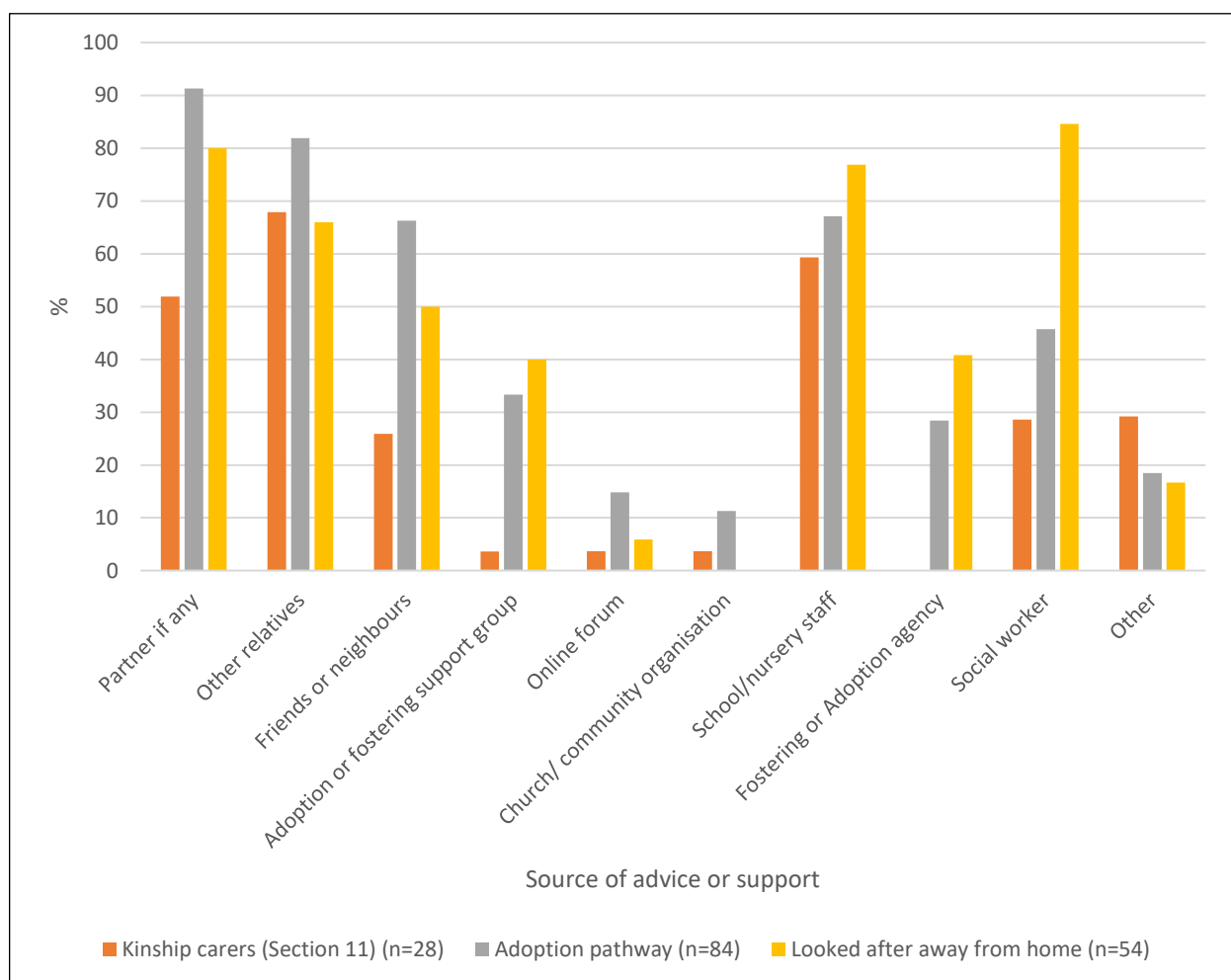
Although the child is only four, her past history of carers/kinship carers is confusing in the records. A clear timeline would be helpful. The social worker has verbally gone over this with me but there is still confusion over dates and length of time and quality of care.

These experiences – both positive and negative – chime with the interviews with carers and adoptive parents carried out in the *Children and carers* strand of the study.⁶⁶ They highlighted the value of information being shared at the right stage, explained clearly and in detail so that they could understand how early experiences might affect children's behaviour and development and respond sensitively.

9.2 Sources of support for caregivers

Caregivers were asked to reflect on the past year (or since children had been living with them) and their sources of help or advice. Responses relate to interpretations of 'receiving support', and do not mean they did not have *any* contact with a particular professional. For example, it would be expected that carers of all looked after children would have had some contact with a social worker in the previous year, even if they indicated that they had not received help or advice from them.

Figure 23: Sources of help and support carers received, by children's permanence status (per cent) (n=166)



⁶⁶ The *Children and carers* report is available on the website.

Sources of support and advice reported varied and were associated with children's permanence status. Adoptive parents were more likely to receive support from informal sources, including their partner, relatives, friends or neighbours. Carers of children looked after away from home were more likely to receive support from formal sources, including support groups, teachers and social workers. Kinship carers (Section 11) reported lower levels of support from all sources.

The majority of adoptive parents (91%) reported receiving advice or support from a partner, compared to 80% of the carers of children looked after away from home. This figure was lower for kinship carers (52%). The association between receiving support from a partner and child's permanence status was statistically significant (Chi-square = 20.31, $df = 2$, $p < 0.05$; Cramer's $V = 0.36$).

Most adoptive parents (82%) reported high levels of support from other relatives. This compared to 68% of kinship carers and 66% of carers of children looked after away from home. The association was not statistically significant ($p = 0.08$).

Around two-thirds (66%) of adoptive parents received support from friends or neighbours, compared to half (50%) of the carers of children looked after away from home, and 26% of kinship carers. The association between support from friends or neighbours and children's permanence status was statistically significant (Chi-square = 13.92, $df = 2$, $p < 0.05$; Cramer's $V = 0.30$).

Support groups were accessed by 40% of the carers of children looked after away from home, 33% of adoptive parents, and just one kinship carer. The association between accessing a support group and children's permanence status was statistically significant (Chi-square = 12.08, $df = 2$, $p < 0.05$; Cramer's $V = 0.28$).

Online forums were most popular amongst adoptive parents, but still only 15% accessed these. Just three carers of children looked after away from home and one kinship carer had used these. This association was not statistically significant ($p = 0.12$).

Churches and other community organisations provided support to 11% of adoptive parents and one kinship carer. Carers of children looked after away from home did not report any support from these bodies. The association between support from a church or other community organisation and children's permanence status was statistically significant (Chi-square = 6.81, $df = 2$, $p < 0.05$; Cramer's $V = 0.21$).

School or nursery staff provided advice and support to high proportions of carers of children in all placements: 77% of carers of children looked after away from home, 67% of adoptive parents and 59% of kinship carers. This association was not statistically significant ($p = 0.24$).

Fostering or adoption agencies provided support to 41% of carers of children looked after away from home and 28% of adoptive parents. Kinship carers did not report receiving this support. The association between receiving support from a fostering or adoption agency and children's permanence status was statistically significant (Chi-square = 14.67, $df = 2$, $p < 0.05$; Cramer's $V = 0.31$).

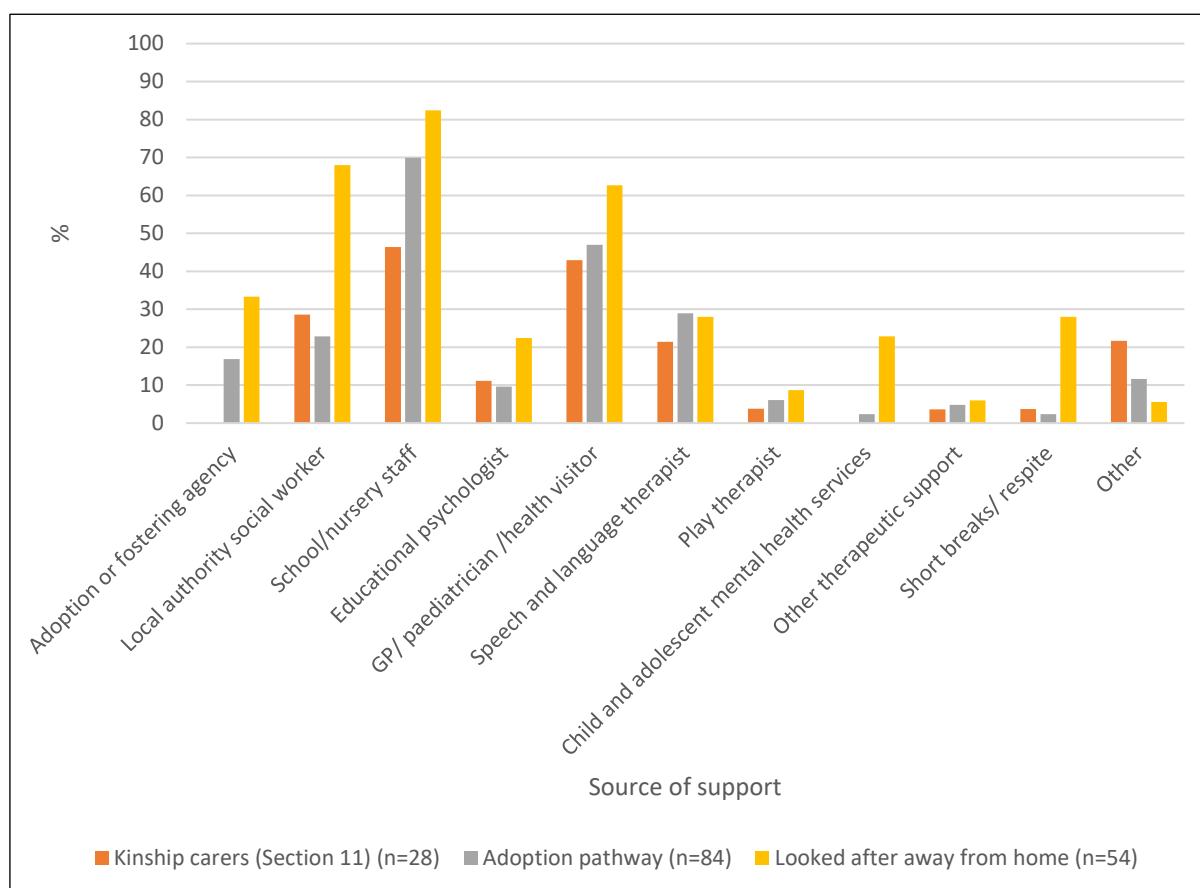
The majority (85%)⁶⁷ of the carers of children looked after away from home reported receiving advice from a social worker, compared to 46% of adoptive parents and 29% of kinship carers. The association between receiving support from a social worker and children's permanence status was statistically significant (Chi-square = 29.20, $df = 2$, $p < 0.05$; Cramer's $V = 0.43$).

⁶⁷ Although 85% reported receiving advice from social workers, it could be expected to be higher given children are looked after.

9.3 Sources of support for children

Caregivers were asked about the sources of help and support children had received during the previous year (or since they had been living with them). Again, this reflects whether caregivers felt children had received support, not whether they had *any* form of contact, for example with social workers or education staff.

Figure 24: Sources of help and support for children received, by children's permanence status (per cent) (n=166)



School/nursery staff were the most common support for children, although this was associated with permanence status. For children looked after away from home, 82% of carers reported that the child had been supported by education staff, compared to 70% of adoptive parents and 46% of kinship carers. The association with permanence status was statistically significant (Chi-square = 11.06, df = 2, $p < 0.05$; Cramer's V = 0.26).

Each school in Scotland has a designated manager for looked after children; in nurseries and primary schools this is usually the head teacher. They should have received relevant training, but some other teachers in the school may be unaware of the challenges faced by looked after children. All teachers working with children who are looked after should know about their looked after status through communications with the designated manager and possibly through the local authority messaging system, the Scottish Education Management Information Service (SEEMIS).⁶⁸ There are no such mechanisms for adopted children or those previously looked after away from home, and it is at the discretion of parents to inform the school. This is a different situation to England, where the needs of pupils who are looked after away from home and those

⁶⁸ <https://www.seemis.gov.scot/site3/>

in adoptive or permanent kinship placement are managed by the local authority 'virtual school head' for looked after children.

Some children received support from an educational psychologist; 12 children (22%) looked after away from home, three children living with kinship carers (11%), and 5 children on an adoption pathway (10%). This association with permanence status was not statistically significant ($p = 0.11$).

Approximately one third (33%) of children looked after away from home received help from an adoption or fostering agency, compared to 17% of children on an adoption pathway. Children in kinship care were not reported as receiving this support. The association with permanence status was statistically significant (Chi-square = 12.99, $df = 2$, $p < 0.05$; Cramer's $V = 0.29$).

A local authority social worker was reported to provide support to 68% of children looked after away from home, 29% in kinship carer, and 23% on an adoption pathway. The association with permanence status was statistically significant (Chi-square = 28.23, $df = 2$, $p < 0.05$; Cramer's $V = 0.42$).

Health staff such as GPs, paediatricians and health visitors were reported to provide support to 63% of children looked after away from home, 47% of children on an adoption pathway and 43% of children in kinship care. The association with permanence status was not statistically significant ($p = 0.13$).

As we saw earlier (in Chapter 7), over one quarter (28%) of the children across each permanence group had scores on the Strength and Difficulties Questionnaire which indicated likely emotional and behaviour problems. However, children who were looked after away from home received far more support via Child and Adolescent Mental Health Services (CAMHS) than those with kinship carers or adoptive parents. CAMHS provided support to 12 children (23%) looked after away from home, compared to 2% (2 children) on an adoption pathway. This support was not cited by any kinship carers. The association with permanence status was statistically significant (Chi-square = 19.86, $df = 2$, $p < 0.05$; Cramer's $V = 0.36$).

Speech and language are core tasks of children's early development (Cairns and Stanway, 2004). It is important in terms of children's capacity to communicate thoughts and feelings to carers and adoptive parents, make friends, engage in imaginative play, and integrate within nursery or school. Carers from across all three groups reported children were receiving support for speech and language difficulties: 29% of children on an adoption pathway, 28% looked after away from home, and 22% with kinship carers. The association with permanence status was not statistically significant ($p = 0.74$).

Play therapists supported small proportions of children: five children (9%) looked after away from home, compared to 6% (five children) on an adoption pathway, and one child with kinship carers (4%). The association with permanence status was not statistically significant ($p = 0.71$).

Other therapists were reported to provide support to three children (6%) looked after away from home, four children (5%) on an adoption pathway, and one child (4%) with kinship carers. The association with permanence status was not statistically significant ($p = 0.89$).

Levels of respite care varied by placement. Respite had been provided for fifteen children (28%) looked after away from home, but only one child living with kinship carers, and two children on an adoption pathway. The association with permanence status was statistically significant (Chi-square = 22.92, $df = 2$, $p < 0.05$; Cramer's $V = 0.38$).

9.4 Summary

- Sources of support varied according to children's permanence status. Carers of children looked after away from home were more likely to receive support from formal services. Adoptive parents were more likely to use informal supports. Kinship carers were in receipt of lower levels of formal and informal support.
- School and nursery staff provided support to high proportions of children and their caregivers, highlighting the significant role they play in the lives of looked after and adopted children.
- Despite children having similar levels of emotional and behavioural difficulties children who were looked after away from home received far more support from CAHMS than children in kinship care, or on an adoption pathway.
- Over one fifth of caregivers reported that children were receiving additional help with speech and language.

10. Discussion and conclusions

Phase One of the *Permanently Progressing?* study (2014-18) was the first in what is designed to be a longitudinal, mixed methods study, tracking children's progress into adolescence and beyond. It analysed data from the Scottish Government (CLAS), from the Scottish Children's Reporters Administration (SCRA), and from foster and kinship carers, adoptive parents, professionals, and children. It provides a unique picture of the experiences and pathways to permanence of all 1,836 children in Scotland who became looked after in 2012-13 when they were aged five and under.

The *Pathways* strand of the study analysed the Children Looked After Statistics (CLAS) between 2012 and 2016, to understand children's pathways and timeframes to permanence. By July 2016, one third of the 1,836 children had been reunified to parents or had remained at home, 22% of children had been adopted or were on an adoption pathway, 11% of children were with kinship carers (Section 11), and a small number of children were on Permanence Orders. The remaining third of children were still looked after away from home with no apparent plan for permanence, three-to-four years after they became looked after.⁶⁹

That analysis provided information on children's placements and pathways. However, it did not tell us why children became looked after, or provide details about their wellbeing. By analysing data from the social workers of 433 children, and from caregivers of 166 children, this strand of the study provides rich details about the experiences of a large cohort of children.

The aim of the *Outcomes* strand of the study was to investigate:

- The characteristics and family histories of children in Scotland who become looked after away from home at the age of five years or under;
- Children's experiences of abuse and neglect;
- Decision making and pathways to permanence, including factors associated with different routes;
- Children's integration within this family and patterns of contact with their birth families.
- Progress and outcomes for children three to four years after they became looked after away from home, including their health and development, and educational progress.

10.1 Characteristics and family history

All the children in this strand of the study became looked after away from home in 2012-13 when they were young, aged five years and under. While for some children specific incidents acted as a catalyst for them becoming accommodated, for most children, in common with other UK studies, there was not one factor but a range of factors (Daniel et al, 2011; Biehal et al, 2018; Harwin et al, 2019).

The picture presented by social workers is of complex and long-standing family difficulties. The maltreatment experienced by children was situated within the context of multiple family difficulties, and for some this was intergenerational. The most prevalent problems which compromised parenting capacity were parental substance misuse, domestic violence, and parental mental health difficulties. Parental offending was also a factor in some children's lives. Overall, families were reported as living in poor housing conditions and limiting financial circumstances.

⁶⁹ For more details, see the *Pathways* report which is available on the website.

This suggests that services which are short term, or which focus on one specific area will not be sufficient to address needs which are complex, inter-related, and long standing.

Although more was known about children's mothers than fathers, significant numbers of parents brought their own histories of childhood neglect and abuse. Those experiences are likely to have contributed to some of the other long-standing difficulties, and compromised parenting capacity. Parents' histories had an impact on children's future pathways. There was an association between parental experience of abuse and neglect and children's subsequent routes to permanence. The finding that neglect was a feature of the childhoods of over 60% of mothers and 33% of fathers⁷⁰ of children on an adoption pathway is an important one. It emphasises the need for services to be proactive and offer sensitive support to parents who themselves experienced neglect within childhood.

10.2 Children's experiences of abuse and neglect

Prior to becoming accommodated, most children experienced multiple and severe levels of abuse and neglect, as rated by social workers using the Modified Maltreatment Classification System (MMCS). Around two-thirds of children experienced multiple forms of maltreatment, and for 71% the abuse and neglect while in the care of their birth parents was described as being of 'high severity'. For 29% of children, an older sibling had previously been accommodated.

The Care Crisis Review (2018) considered rates and reasons for children entering the care system in England and Wales, while Biehal et al (2018) found that the strongest predictor of admission to out-of-home care was the severity and extent of maltreatment children had experienced. From the data in this study there is no evidence that in Scotland the threshold for admission to care for children aged five and under is low.

10.3 The use of Section 25 Children (Scotland) Act 1995

Over half (56%) of the 433 children in the social worker sample were initially looked after under Section 25 of the Children (Scotland) Act 1995, and for a small number this remained their legal status. The decision to use Section 25 sits with the minimum intervention principle set out in legislation, namely that an order should only be in place if it would be of more benefit to children than if there were no order. However, unlike other measures, Section 25 does not involve oversight from the Children's Hearings system or the court. In England, disquiet has been expressed about the use of the nearest equivalent (Section 20 of the Children Act 1989), including that parents may not be fully informed or may be under pressure to agree as an alternative to court-mandated care proceedings (Care Crisis Review, 2018; Stevenson, 2018). As over half of the children in this strand of the study entered care using Section 25, further research on its use would be valuable, including how it is experienced by parents.

10.4 Reunification with parents

Where it is safe, and possible within a timescale that meets their needs, the expectation is that children should be reunified with parents. The *Pathways* strand found that for one third of children this was their destination (by the end of the study), with the average time spent looked after away from home being nine months.

The sampling frame for the *Outcomes* strand included only those children who had become looked after away from home in 2012-13, and were still (or again) looked after away from home or placed for adoption on 31 July 2014. Consequently, children who returned home earlier and

⁷⁰ As less was known about fathers this is likely to be an underestimate.

remained there would not have been included in the sample. By the stage social worker questionnaires were completed in 2016-17, 17% of the 433 children had been reunified.

The extent of children's maltreatment had an impact on their subsequent pathways. Although the majority (72%) of children who returned home had experienced direct maltreatment, the level and severity were lower than for those children who were with kinship carers, foster carers or adoptive parents. Children who were still looked after away from home at the time of the social worker survey were most likely to have directly experienced severe physical abuse, emotional abuse and neglect, followed by children living with kinship carers (Section 11), and those who were with adoptive parents.

Other studies have identified that safe reunification is jeopardised when there is limited assessment of change (Farmer et al, 2011), and where post-reunification services are not put in place, are short term, or sporadic (Stein, 2009; Ward et al, 2012; Harwin et al, 2019). The levels of maltreatment previously experienced by children highlights the need for effective ongoing support to monitor their safety and wellbeing and sustain reunification.

The impact of austerity on service provision has been documented (Hastings et al, 2015). In this strand, social workers described a range of services provided to parents subsequent to children's accommodation. Although there were important gaps, these were not across the board, but very specific services for some families. The dissonance between findings from other research (including other strands of this study⁷¹) which indicates service provision is insufficient to meet complex needs, and the survey data from social workers is interesting. Social workers completing the survey may have focused on what they were able to provide, the timing of the survey may have influenced their responses, or it may be that they were generally satisfied with the level of services. Neither children nor birth parents were surveyed, and their perspectives may vary from that of social workers.

10.5 Children's health and disability

According to the CLAS data, just 7% of children in the social worker sample and 8% of children in the caregiver sample were recorded as having additional support needs. However, social workers reported that 22% of children had a disability or long-term health condition (including those currently undergoing an assessment), while 31% of caregivers reported this to be the case. This was higher for children still looked after away from home, and lower for children who had been reunified or were living with kinship carers. This indicates that recorded figures of additional support needs are likely to be under-estimates.

Children with a disability or long-term health condition were less likely to be reunified to parents than their non-disabled peers (13% compared to 19%), or to be placed permanently with kinship carers (8% compared to 17%). They had similar rates of adoption (34% compared to 35%). Consequently, children with a disability or long-term health condition were more likely to be still looked after away from home (45% compared to 29%) three-to-four years after being accommodated. Other UK studies have found a similar picture (Baker, 2007). In Phase Two, how many of these children were in a permanent placement, with whom, and in what timescale will be an area of investigation.

⁷¹ Some social workers who participated in the *Decision making* strand indicated that austerity had limited resources.

10.6 Early decisions and subsequent pathways to permanence

For the 433 children in the social worker sample, the route and the time to permanence were associated with the extent of maltreatment, whether they had a disability or long-standing illness, the childhood experiences of their parents, and decisions which were taken relatively early.

One in five (21%) children became looked after away from home when they were under seven days old. Children who were accommodated at or soon after birth were more likely to remain away from parents, or to have been adopted or be on an adoption pathway than children who were older when they were first accommodated. When children were accommodated in their first week of life, the decision to pursue permanence away from home was also more likely to be made quickly, for 48% within three months.

The assessments undertaken and decisions made prior to and just after birth have significant implications, for children, their parents, and wider family. Not only do these early decisions determine whether children will go home with their parents, but they provide an indication as to what might happen over the longer term. Currently, the guidance in Scotland in relation to pre-birth assessments is limited (Critchley, 2018), with a similar situation elsewhere in the UK (Broadhurst et al, 2018). Given the significance of pre-birth assessments to the decisions taken, there is a need to review the guidance provided to professionals, and the supports offered to parents before and after birth.

Decisions taken about children's first placements also had an impact on their subsequent pathways. Children whose first placement was with kinship carers were significantly less likely to be adopted or remain looked after away from home than children whose first placement was with unrelated foster carers. In part, this is associated with the fact that children placed with kinship carers were generally older (over one year) when starting to be looked after, another factor which is associated with lower likelihood of adoption. However, it highlights the significance of early decisions, and the importance of timely and thorough assessments of kinship carers.

Where kinship care became the route to permanence, the capacity of adult(s) to provide long-term stability and their commitment to children influenced decision making. Less than 60% of social workers cited the presence of an existing relationship as an important determinant in arranging the placement, and further research on this aspect would be valuable.

10.7 Information provided to caregivers

Carers and adoptive parents gave valuable information on the process of children moving to their care which can be utilised by other carers, practitioners and policy makers to support children and adults during transitions.

Most children in this study experienced significant change and loss, including moving between primary caregivers. Although some information about children and their histories may only emerge post-placement, if carers and adoptive parents are to understand and respond to children's needs, early provision of accurate and comprehensive information is important. Kinship carers and adoptive parents generally considered they either already knew or had been provided with sufficient information about key areas of children's lives. This was not the case for 41% of foster carers who felt that they had not been given sufficient information about children's actual or potential needs.

The time and manner in which information is conveyed is relevant. The transition from one caregiver to another is a stressful one for children and carers (Lanyado, 2003; Neil et al, 2018) and takes place within a legislative context which is complex (Woods et al, 2018). Information given at this point may not always be retained, or its significance may only emerge later. The information given by professionals needs to be both clear and clearly explained, perhaps more

than once, ideally in writing, in order that carers are as prepared as possible to anticipate and respond to children's needs.

10.8 Children's current wellbeing

Children had generally experienced high levels of maltreatment. Their early relationship experiences continued to have a profound effect on their physical and emotional health, their wellbeing and their relationships with adult caregivers and peers.

Emotional and behavioural problems were recorded at a rate two-to-three times that seen in the general population, with 28% of children having total difficulties scores (using SDQ) which indicated likely problems. There were no significant differences by children's permanence status. This has clear implications for the degree of preparation carers across all groups require, and the levels of ongoing support children and their caregivers are likely to need.

Caregivers expressed concerns about the health of almost one third of children, although this varied according to where they were living. Children who were looked after away from home were less likely to be reported as very healthy, which is worrying given the strategies in place to improve the health of looked after children.

At the stage when the caregiver surveys were completed, children looked after away from home were reported to have poorer outcomes. However, while there were differences, there were also important similarities. Approximately one quarter of children, regardless of where they were living, were in receipt of speech and language services. Given this is common to all placement types, it should be anticipated and prepared for by carers, adoptive parents and service providers.

A core aim of permanence is to afford children the chance of forming secure attachments with trusted adults. Howe (2005) stated that "if relationships are where things developmentally can go wrong, then relationships are where they are most likely to be put right" (p. 278). The findings from this strand confirm and build on previous research findings (including Biehal et al, 2010), that young children's wellbeing and ability to form trusting relationships with their current caregivers is influenced by their early experiences, the age at which they were accommodated, and by the stability and length of their current placement. Put simply, children who were accommodated and placed with carers and adoptive parents earlier, and who remained there were generally doing better. Very significantly, their relationship with one adult was more likely to be described as secure. Higher levels of concern were seen for children who were still looked after away from home, than for children who were in kinship care, or on an adoption pathway. An important part of Phase Two will be to examine the degree to which problems persist or reduce over time, and the factors which contribute to change.

10.9 Sources of support

School and nursery staff provided support to high proportions of both children and caregivers. Given the time children spend at school or nursery this is not unexpected and priority should be given, in Initial Teacher Education (known in England as teacher training) and ongoing professional development to supporting teachers in this role. That so few children in our study were assessed as having Additional Support Needs is surprising and is an area which education authorities will want to investigate.

Clear differences emerged in the sources of support received by children and their caregivers. Carers of children looked after away from home were more likely to have support from formal services, such as social workers and fostering agencies, whereas adoptive parents were more likely to have support from informal sources. Kinship carers tended to receive lower levels of both formal and informal support.

Children who were looked after away from home were more likely to receive support from CAHMS than children who were in kinship care or on an adoption pathway. Children who were still looked after away from home were reported to have lower levels of wellbeing, and thus services are warranted. However, children in kinship care and with adoptive parents also had significant needs.

The lower levels of services accessed by children in kinship care and their carers was stark. That kinship carers reported accessing less support is of concern, it is not however new. There is a wealth of research on the implications for kinship carers and the children in their care (Farmer, 2010; Selwyn et al, 2013; McSherry and Fargas Malet, 2018). The Scottish Government has expressed a clear commitment to kinship care, not least in the introduction of Kinship Care Orders. Local authorities will want consider how services and supports are made accessible to all carers and adoptive parents, and the children in their care.

10.10 Connections with important people

The value of maintaining children's connections with important people in their lives, including birth parents, brothers and sisters, other family members and previous carers is one which is widely recognised in theory. However, in practice this seems to be more problematic.

The proportion of looked after children who had contact with a previous foster carer was just 9%, far lower than for children who were with adoptive parents (47%). For some children, their previous foster carer may have been their primary attachment relationship. Maintaining these connections can help with transitions, give children an important message about the continuity of relationships, and over time can enable children to feel more secure (Neil et al, 2018).

Children's level of contact with their birth parents, siblings, and extended family was associated with their permanence status. Although care is clearly required to ensure that contact does not expose children to further trauma, the low levels of contact found indicates that the risks of contact are currently perceived to outweigh the benefits. There is existing evidence (see Neil et al 2015) that where contact is well managed and supported, and is sufficiently flexible to meet children's changing needs, it can enrich their development. There is also evidence that an absence of contact, for example with siblings, can have a long-lasting negative impact (Jones and Henderson, 2017). How connections are maintained warrants further attention, including in the preparation and support provided to adoptive parents and carers, to ensure contact is based on children's needs, and takes into account the potential long- and short-term benefits.

10.11 Progressing to permanence

All children in this strand became looked after away from home in 2012-13, when they were aged five and under. By the time of the social worker survey, three-to-four years later, almost three quarters (72%) of the 433 children were in placements intended to be permanent. They were either reunified with parents, with kinship carers (Section 11), long-term foster carers (on a Permanence Order), or with adoptive parents. However, over one quarter (28%) of children were still looked after away from home (on a Compulsory Supervision Order or Section 25).

Children's health and wellbeing, and their relationships with primary caregivers was associated with: their early experiences; whether they had a disability or long-standing health issues; the age they entered their current placement; and placement longevity. The latter two highlight the importance of felt security as well as legal security for children and caregivers. Overall, outcomes for children who were looked after away from home were not as good as those for children in kinship care or with adoptive parents. Phase Two will revisit children and their caregivers to see how children's lives have developed over time. This will include establishing whether permanence has been achieved for children who were still looked after away from home, together with timescales and pathways.

Alongside the other four strands of the study, this report provides valuable information on why children were looked after away from home, and what factors are associated with the route and time to permanence. It also provides detail on children's current wellbeing, areas of difficulty, and the services they and their caregivers receive. This information can be used by policy makers, local authorities, and practitioners to evaluate and review services in order to ensure children's wellbeing, permanence and sense of security is progressed.

References

- Adoption UK (2018) *Bridging the Gap: Giving adopted children an equal chance at school*. Available: <https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=e460b99a-4ebb-4348-bd23-64a50d747901>
- Anthony, R., Meakings, S., Doughty, J., Ottaway, H., Holland, S. and Shelton, K. (2016) Factors affecting adoption in Wales: Predictors of variation in time between entry to care and adoptive placement. *Children and Youth Services Review*, 67, pp. 184- 190.
- Baker, C. (2007) Disabled children's experience of permanency in the looked after system. *The British Journal of Social Work*, 37 (7), pp. 1173–1188.
- Baldwin, H., Biehal, N., Cusworth, L., Wade, J., Allgar, V. and Vostanis, P. (2019) Impact of out-of-home care on the mental health of maltreated children. *Child Abuse & Neglect*, 88, pp. 189-200.
- Bebbington, A. and Miles, J. (1989) The Background of Children who enter Local Authority Care. *The British Journal of Social Work*, 19 (1), pp. 349-368.
- Beek, M. and Schofield, G. (2004) *Providing a Secure Base in Long-Term Foster Care*. London: BAAF.
- Berger, L., Bruch, S., Johnson, E., James, S. and Rubin, D. (2009) Estimating the “impact” of out-of-home placement on child well-being: Approaching the problem of selection bias. *Child Development*, 80 (6), pp. 1856–1876.
- Biehal, N. (2006) *Reuniting Looked After Children with their Families. A Review of the Research*, London: National Children’s Bureau.
- Biehal, N., Baldwin, H., Cusworth, L., Wade, J. and Allgar, V. (2018) In-home support or out of home care? Thresholds for intervention with abused and neglected children. *Children and Youth Services Review*, 89, pp. 263-271.
- Biehal, N., Clayden, J., Stein, M. and Wade, J. (1995) *Moving on. Young people and leaving care schemes*. London: HMSO.
- Biehal, N., Ellison, S., Baker, C. and Sinclair, I. (2010) *Belonging and Permanence. Outcomes in Long-term Foster Care and Adoption*. London: CoramBAAF.
- Biehal, N., Sinclair, I. and Wade, J. (2015) Reunifying abused or neglected children: decision-making and outcomes. *Child Abuse & Neglect*, 49, pp. 107-118.
- Bohman, M. and Sigvardsson, S. (1980) A prospective, longitudinal study of children registered for adoption. *Acta Psychiatr Scand*, 61 (4), pp. 339-355.
- Bomber, L. (2007) *Inside I’m hurting: Practical strategies for supporting children with attachment difficulties in schools*. London: Worth Publishing.
- Bowyer, S., Wilkinson, J. and Gadsby Waters, J. (2014) *The Impact of Family Justice Reforms on Front-Line Practice Phase Two: Special Guardianship Orders*. Research Report. London: Department for Education.
- Boxall, M. and Lucas, S. (2010) *Nurture Groups in Schools Principles and Practice*. 2nd ed Revised. London: SAGE.
- Bradshaw, P. and Hall, J. (2013) *The Impact of Disability on the Lives of Young Children: Analysis of Growing Up in Scotland Data*. Edinburgh: Scottish Government.
- Bradshaw, P., Knudsen, L. and Mabelis, J. (2015) *The Circumstances and Experiences of 3 Year Old Children Living in Scotland in 2007/08 and 2013*. Edinburgh: Scottish Government.

- Brandon, M., Sidebotham O., Bailey, S., Belderson, P., Howley, C., Ellis, C. and Megson, M. (2012) *New learning from serious case reviews: A two year report for 2009-2011*. London, Norwich: Department for Education, Centre for Research on Child and Family in School of Social Work and Psychology, University of East Anglia.
- Brandon, M., Philip, G. and Clifton, J. (2017) *'Counting Fathers In': Understanding Men's Experiences of the Child Protection System*. Norwich: University of East Anglia.
- Broadhurst, K., Alrouh, B., Mason, C., Ward, H., Holmes, L., Ryan, M. and Bowyer, S. (2018) *Born into care: Newborns in care proceedings in England*. Summary Report. London: Nuffield Foundation.
- Broadhurst, K., Mason, C., Bedston, S., Alrouh, B., Morriss, L., McQuarrie, T., Palmer, M., Shaw, M., Harwin, J. and Kershaw, S. (2017) *Vulnerable Birth Mothers and Recurrent Care proceedings*. London: Nuffield Foundation.
- Broadhurst, K., Shaw, M., Kershaw, S., Harwin, J., Alrouh, B., Mason, C. and Pilling, M. (2015) Vulnerable birth mothers and repeat losses of infants to public care: is targeted reproductive health care ethically defensible? *Journal of Social Welfare and Family Law*, 37 (2) pp. 84-98.
- Bromley, C. and Cunningham-Burley, S. (2010) *Growing Up In Scotland: Health Inequalities in the Early Years*. Edinburgh: Scottish Government.
- Brown, J. and Mather, M (2014) *Foetal Alcohol Spectrum Disorder: Parenting a child with an invisible disability*. CreateSpace Independent Publishing Platform.
- Buckley, H., Carr, N. and Whelan, S. (2011) Like Walking on egg-shells: Service users views and experiences of child protection systems. *Child & Family Social Work*, 16 (1), pp. 101-110.
- Bywaters, P., Brady, G., Sparks, T., Bos, E., Bunting, L., Daniel, B., Featherstone, B., Morris, K. and Scourfield, J. (2015) Exploring inequities in child welfare and child protection services: Explaining the 'inverse intervention law'. *Children and Youth Services Review*, 57, pp. 98-105.
- Bywaters, P., Scourfield, J., Jones, C., Sparks, T., Elliot, M., Hooper, J., McCartan, C., Shapiro, M., Bunting, L. and Daniel, B. (2018) Child Welfare Inequalities in the four nations of the UK. *Journal of Social Work*. Available: <https://doi.org/10.1177/1468017318793479>
- Cairns, K. and Stanway, C. (2004) *Learn the Child: Helping Looked After Children to Learn: A good practice guide for social workers, carers and teachers*. London: BAAF.
- Care Crisis Review (2018) *Options for change*. London: Family Rights Group.
- Carrell, S. (2018) Scotland records highest level of drugs deaths in Europe. *The Guardian*, 3 July. Available: <https://www.theguardian.com/society/2018/jul/03/scotland-records-highest-level-of-drugs-deaths-in-europe>.
- Chapman, D., Dube, S. and Anda, R. (2007) Adverse childhood events as risk factors for negative mental health outcomes. *Psychiatric Annals*, 37 (5), pp. 359-364.
- Clapton, G. and Clifton, J. (2016) The Birth Fathers of adopted children: differences and continuities over a 30-year period. *Adoption & Fostering*, 40 (2), pp. 153-166.
- Clapton, G. and Hoggan, P. (2012) *Adoption and Fostering in Scotland*. Edinburgh: Dunedin.
- Cleaver, H., Unell, I. and Aldgate, J. (2011) *Children's Needs - Parenting Capacity. Child Abuse: Parental mental illness, learning disability, substance misuse and domestic violence*. London: The Stationery Office.
- Cohen, J. (1988) *Statistical power analysis for the behavioral sciences*. 2nd edition. Hillsdale, New Jersey: Lawrence Erlbaum Associates.

- Colquhoun, D. (2014) An investigation of the false discovery rate and the misinterpretation of *p*-values. *Royal Society Open Science*, 1 (3). Available: <https://doi.org/10.1098/rsos.140216>
- Conger, D. and Rebeck, A. (2001) cited in Sebba et al 2015. *How children's foster care experiences affect their education*. New York City: Vera Institute for Justice.
- Connelly, G. and Chakrabarti, M. (2007) Can Scotland achieve more for looked after children? *Adoption & Fostering*, 31, pp. 81-91.
- Cossar, J. and Neil, E. (2015) Service User Involvement in Social Work Research: Learning from an Adoption Research Project. *The British Journal of Social Work*, 45 (1), pp. 225-240.
- Cousins, W. and Wells, K. (2005) "One more for my baby": Foetal alcohol syndrome and its implications for social workers. *Child Care in Practice*, 11 (3), pp. 375-383.
- Critchley, A. (2018) *Pre-birth Child Protection*. Insight 42. Glasgow: Iriss. Available: <https://www.iriss.org.uk/resources/insights/pre-birth-child-protection>.
- Dance, C., Ouwejan, D., Beecham, J. and Farmer, E. (2010) *Linking and Matching: A survey of adoption agency practice in England and Wales*. London: BAAF.
- Daniel, B., Taylor, J., Scott, J. with Derbyshire, D. and Neilson, D. (2011) *Recognising and Helping the Neglected Child: Evidence-Based Practice for Assessment and Intervention* London: Jessica Kingsley.
- Department for Education (2015) *Pupil Premium: virtual school heads' responsibilities*, London: Department for Education. Available: <https://www.gov.uk/guidance/pupil-premium-virtual-school-heads-responsibilities>
- Department for Education (2017) *Outcomes for children looked after by local authorities in England, 31 March 2016 SFR 12/2017*. London: Department for Education.
- Dixon, J., Wade, J., Byford, S., Weatherly, H. and Lee, J. (2006) *Young People leaving care: a study of costs and outcomes*. York: Social Policy Research Unit, University of York.
- Dryburgh, K. (2011) *Relative Values: The experiences of kinship carers using the Scottish CAB Service*. Citizens Advice Scotland. Available: <https://www.cas.org.uk/system/files/publications/Relative-Value.pdf>
- Dube, S., Anda, R., Felitti, V., Chapman, D., Williamson, D. and Giles, W. (2001) Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. *JAMA* 286 (24), pp. 3089-3096.
- Elliott, M. and Scourfield, J. (2017) *Identifying and Understanding Inequalities in Child Welfare Intervention Rates: comparative studies in four UK countries. Single country quantitative study report: Wales*. Available: <https://www.coventry.ac.uk/Global/08%20New%20Research%20Section/Wales%20Country%20Report%20Final%20for%20web.docx>
- English, D. J. and the LONGSCAN Investigators (1997) *Modified Maltreatment Classification System (MMCS)*. Retrieved 29 August, 2017, from <https://www.unc.edu/depts/sph/longscan/pages/maltx/mmcs/LONGSCAN%20MMCS%20Coding.pdf>
- Fanshel, D. and Shinn, E. (1978) *Children in foster care: a longitudinal investigation*. Guildford: Columbia University Press.
- Farmer, E. (2010) What Factors Relate to Good Placement Outcomes in Kinship Care. *The British Journal of Social Work*, 40 (2), pp. 426-444.

- Farmer, E. (2018) *Reunification from Out-of-Home Care: A Research Overview of Good Practice in Returning Children Home from Care*. Bristol: University of Bristol.
- Farmer, E., Moyers, S. and Lipscombe, J. (2004) *Fostering adolescents*. London: Jessica Kingsley Publishers.
- Farmer, E., Sturgess, W., O'Neill, T. and Wijedasa, D. (2011) *Achieving Successful Returns from Care: What makes reunification work?* London: BAAF.
- Farmer, E. and Wijedasa, D. (2013) The Reunification of Looked After Children with Their parents: What Contributes to Return Stability. *The British Journal of Social Work*, 43 (8), pp. 1611-1629.
- Featherstone, B., Gupta, A. and Mills, S. (2018) *The role of the social worker in adoption - ethics and human rights: An Enquiry*. London: BASW.
- Fernandez, E. (2008) Unravelling emotional, behavioural and educational outcomes in a longitudinal study of children in foster-care. *The British Journal of Social Work*, 38 (7), pp. 1283-1301.
- Ford, T., Vostanis, P., Meltzer, H. and Goodman, R. (2007) Psychiatric disorder among British children looked after by local authorities: Comparison with children living in private households. *The British Journal of Psychiatry*, 190 (4), pp. 319-325.
- Forrester, D. and Harwin, J. (2008) Parental substance misuse and child welfare: outcomes for children two years after referral. *The British Journal of Social Work*, 38 (8), pp. 1518-1535.
- Gilligan, R. (2000) Adversity, resilience and young people: The protective value of positive school and spare time experiences. *Children & Society*, 14 (1), pp. 37-47.
- Goel, N., Beasley, D., Rajkumar, V. and Banerjee, S. (2011) Perinatal outcome of illicit substance use in pregnancy-comparative and contemporary socio-clinical profile in the UK. *European Journal of Pediatrics*, 170 (2), pp. 199-205.
- Goemans, A., van Geel, M., van Beem, M. and Vedder, P. (2016) Developmental outcomes for foster children: a meta-analytic comparison with children from the general population and children who remained at home. *Child Maltreatment*, 21 (3), pp. 198-217.
- Goldstein, J., Freud, A. and Solnit, A. (1973) *Beyond the Best Interests of the Child*. New York: Free Press.
- Goodman, R. (1997) The Strengths and Difficulties Questionnaire: A Research Note *Journal of Child Psychology and Psychiatry*, 38 (5), pp. 581-586.
- Gorard, S. (2016) Damaging real lives through obstinacy: Re-emphasising why significance testing is wrong. *Sociological Research Online*, 21 (1), pp. 1-14.
- Grootegeod, E. and Smith, M. (2018) The Emotional Labour of Austerity: How Social Workers Reflect and Work on their Feelings Towards Reducing Support for Needy Families. *The British Journal of Social Work*, 48 (7), pp. 1929-1947.
- Hamilton, R., McGlone, L., MacKinnon, J. R., Russell, H. C., Bradnam, M. S. and Mactier, H. (2010) Ophthalmic, clinical and visual electrophysiological findings in children born to mothers prescribed substitute methadone in pregnancy. *The British Journal of Ophthalmology*, 94 (6), pp. 696-700.
- Hanson, L. (2011) *Care and permanence planning for looked after children in Scotland. Supplementary report - children assessed as at risk at or before birth*. Stirling: Scottish Children's Reporter Administration.

- Harwin, J., Alrouh, B., Palmer, M., Broadhurst, K. and Swift, S. (2015) *A national study of the usage of supervision orders and special guardianship over time (2007-2016)* Briefing paper no 1: Special guardianship orders. University of Lancaster and University of Brunel. Available: http://www.nuffieldfoundation.org/sites/default/files/files/BRIEFING%20PAPER%20NO%201%20SPECIAL%20GUARDIANSHIP%20ORDERS%20FINAL%2016_12_2015.pdf
- Harwin, J., Alrouh, B., Golding, L., McQuarrie, T., Broadhurst, K. and Cusworth, L. (2019) *The contribution of supervision orders and special guardianship to children's lives and family justice: Summary report*. Lancaster: Centre for Child and Family Justice Research. Lancaster University.
- Hastings, A., Bailey, N., Bramley G., Gannon, M. and Watkins, D. (2015) *The Cost of the Cuts: The Impact on Local Government and Poorer Communities*, Report. Glasgow/Edinburgh: Joseph Rowntree Foundation. Available: <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/CostofCuts-Full.pdf>
- Henderson, G., Hanson, L. and Whitehead, I. (2011) *Care and Permanence Planning for Looked After Children in Scotland*. Stirling: Scottish Children's Reporter Administration.
- Henderson, G., Hanson, L., Kurlus, I., Hunt, M and Laing, A. (2015) *Permanence planning and decision making for looked after children in Scotland: Adoption and Children (Scotland) Act 2007*. Stirling: Scottish Children's Reporter Administration and Scottish Government.
- Hennessy, A., Connelly, G. and Welch, V. (2014) *Improving Educational outcomes for children looked after at home: The Perspectives of Designated Managers for Looked After Children*. Glasgow: CELCIS.
- Higgins, A., Sebba, J. and Luke, N. (2015) *What is the relationship between being in care and the educational outcomes of children: An international systematic review*. Oxford: Rees Centre.
- Hill, M., Hutton, S. and Easton, S. (1988) Adoptive parenting – plus and minus. *Adoption & Fostering*, 12 (2), pp. 17-23.
- Hill, M. Ed. (1999) *Signposts in fostering: policy, practice and research issues*. London: BAAF.
- Hiller, R. and St. Clair, M. (2018) The emotional and behavioural symptom trajectories of children in long-term out-of-home care in an English local authority. *Child Abuse & Neglect*, 81, pp. 106-117.
- Hodson, A. (2014) Protecting unborn babies. In: Jindal-Snape, D., and Hannah, E. eds. *Exploring the dynamics of personal, professionals and inter-professional ethics*. London: Policy Press.
- Hoggan, P. (1991) Attitudes to post-placement support services in permanent family placement. *Adoption & Fostering*, 15 (1), pp. 28-30.
- Howe, D. (2005) *Child Abuse and Neglect: Attachment, Development and Intervention*. London: Palgrave Macmillan.
- Hunt, J., Waterhouse, S. and Lutman, E. (2008) *Keeping them in the family*. London: BAAF.
- Information Services Division (2014) *Births in Scottish Hospitals, year ending 31st March 2013*. Edinburgh: NHS National Services Scotland. Available: <https://www.isdscotland.org/Health-Topics/Maternity-and-Births/Publications/2014-08-26/2014-08-26-Births-Report.pdf>
- Jones, C. and Henderson, G. (2017) Sibling birth order, use of statutory measures and patterns of placement for children in public care: implications for international child protection systems and research. *Children and Youth Services Review*, 82, pp. 321-328.
- Jones, R. (2017) *The denial of austerity's impact on social services is truly shocking*. Community Care. Available: <https://www.communitycare.co.uk/2017/10/20/denial-austeritys-impact-social-services-truly-shocking/>

- Jonson-Reid, M., Drake, B. and Kohl, P. L. (2009) Is the overrepresentation of the poor in child welfare caseloads due to bias or need? *Children and Youth Services Review*, 31 (3), pp. 422-427.
- Knight, C. (2015) Trauma Informed Social Work Practice: Practice Considerations and Challenges. *Clinical Social Work Journal*, 43 (1), pp. 25-37.
- Kosonen, M. (1996) Maintaining Sibling Relationships- Neglected Dimensions in Child Care Practice. *The British Journal of Social Work*, 26 (6), pp. 809-822.
- Lansdown, R., Burnell, A. and Allen, M. (2007) Is it that they won't do it, or is it that they can't? Executive functioning and children who have been fostered and adopted. *Adoption & Fostering*, 31 (2), pp. 44-53.
- Lanyado, M. (2003) The Emotional Tasks of Moving from Fostering to Adoption: Transitions, Attachment, Separation and Loss. *Clinical Child Psychology and Psychiatry*, 8 (3), pp. 337-349.
- Lindheim, O. and Dozier, M. (2007) Caregiver commitment to foster children: the role of child behaviour. *Child Abuse & Neglect*, 31 (4), 361-374.
- Lowe, N., Murch, M., Bader, K., Borkowski, M., Copner, R., Lises, C. and Shearman, J. (2002) *The plan for the child. Adoption or long-term fostering?* London: BAAF.
- Macaskill, C. (1988) It's been a bonus - families' experiences of adopting children with disabilities. *Adoption & Fostering*, 12 (2), pp. 24-30.
- MacDonald, M. and McSherry, D. (2013) Constrained adoptive parenthood and family transition: adopters' experience of unplanned birth family contact in adolescence. *Child & Family Social Work*, 18 (1), pp. 87-96.
- Maclean, K. (2016) Reflections on the non-accidental death of a foster carer. *Adoption & Fostering*, 40 (4), pp. 325-339.
- Maclean, K. and Connelly, G. (2005) Still room for improvement? The educational experiences of looked after children in Scotland. In: D. Crimmens and I. Milligan eds. *Facing forward: residential child care in the 21st century*. Lyme Regis, England: Russell House Publishing, pp. 173-183.
- Maclean, K. and Guinon, M. (2003) Learning with care: the education of children looked after away from home by local authorities in Scotland. *Adoption & Fostering*, 27 (2), pp. 20-31.
- Maclean, K. and Hudson, B. (2010) Fostering and Adoption in Scotland: 1980-2010. *Adoption & Fostering*, 34 (3), pp. 21-25.
- Malinosky-Rummell, R. and Hansen, D. (1993) Long-term consequences of childhood physical abuse. *Psychological Bulletin*, 114 (1), pp. 68-79.
- Maluccio, A. and Fein, E. (1983) Permanency planning: a redefinition, *Child Welfare*, 62 (3), pp. 195-201.
- Manning, V., Best, D., Faulkner, N. and Titherington, E. (2009) New estimates of the number of children living with substance misusing parents: Results from the UK national household surveys. *BMC Public Health*, 9, 377.
- Mather, M. (2015) The invisible disability. *Adoption & Fostering*, 39 (3), pp. 197-200.
- Mayet, S., Groshkova, T., Morgan, L., MacCormack, T. and Strang, J. (2008) Drugs and pregnancy - Outcomes of women engaged with a specialist perinatal outreach addictions service. *Drug and Alcohol Review*, 27 (5), pp. 497-503.

- McClung, M. and Gayle, V. (2010) Exploring the care effects of multiple factors on the educational achievement of children looked after at home and away from home: An investigation of two Scottish local authorities. *Child & Family Social Work*, 15 (4), pp. 409-431.
- McGhee, J. and Waterhouse, L. (2007) Care and Protection in Scottish child welfare: Evidence of double jeopardy. *European Journal of Social Work*, 10 (2), pp. 145-160.
- McKay, M. (1980) Planning for permanent placement. *Adoption & Fostering*, 99 (1), pp. 19-21.
- McSherry, D., Fargas Malet, M. and Weatherall, K. (2016) Comparing long-term placements for young children in care: Does placement type really matter? *Children and Youth Services Review*, 69, pp. 56-66.
- McSherry, D. and Fargas Malet, M. (2018) The extent of stability and relational permanence achieved for young children in care in Northern Ireland. *Children Australia*, 43 (2), pp. 124-134. DOI: 10.1017/cha.2018.18
- McSherry, D., Fargas Malet, M. and Weatherall, K. (2018) The Strengths and Difficulties Questionnaire (SDQ): A proxy measure of parenting stress. *The British Journal of Social Work*, 49 (1), pp. 96-115.
- McSherry, D., Larkin, E., Fargas, M., Kelly, G., Robinson, C., Macdonald, G., Schubotz, D. and Kilpatrick, R. (2008) *From Care to Where? A Care Pathways and Outcomes Report for Practitioners*. Belfast: Queen's University Belfast. Available: www.qub.ac.uk/cpo.
- McSherry, D., Weatherall, K., Larkin, E., Fargas Malet, M. and Kelly, G. (2010) Who goes where? Young children's pathways through care in Northern Ireland. *Adoption & Fostering*, 34 (2), pp. 23-37.
- Meakings, S., Coffey, A. and Shelton, K. (2017) The influence of adoption on sibling relationships: experiences and support needs of newly formed adoptive families. *The British Journal of Social Work*, 47 (6), pp. 1781-1799.
- Meakings, S. J. and Selwyn, J. (2016). 'She was a foster mother who said she didn't give cuddles': The adverse early foster care experiences of children who later struggled with adoptive family life. *Journal of Consulting and Clinical Psychology*, 21 (4), pp. 509-519. <https://doi.org/10.1177/1359104516631608>
- Meltzer, M., Gatward, R., Corbin, T., Goodman, R. and Ford, T. (2003) *The Mental Health of Young People Looked After by Local Authorities in England*. London: The Stationery Office.
- Mennen, F., Brensilver, M. and Trickett, P. (2010) Do maltreated children who remain at home function better than those who are placed? *Children and Youth Services Review*, 32 (12), pp. 1675-1682.
- Minnis, H., Macmillan, S., Pritchett, R., Young, D., Wallace, B., Butcher, J. and Gillberg, C. (2013) Prevalence of reactive attachment disorder in a deprived population. *The British Journal of Psychiatry*, 202 (5), pp. 342-346.
- Minnis, H., Reekie, J., Young, D., O'Connor, T., Ronald, A., Gray, A. and Plomin, R. (2007) Genetic, environmental and gender influences on attachment disorder behaviours. *The British Journal of Psychiatry*, 190 (6), pp. 490-495.
- Monk, D. and Macvarish, J. (2018) *Siblings, Contact and the Law: An Overlooked Relationship, Summary Report*. London: Birkbeck. Available at: <http://www.nuffieldfoundation.org/siblings-contact-and-law-overlooked-relationship>

Morris, K., Mason, W., Bywaters, P., Featherstone, B., Daniel, B., Brady, G., Bunting, L., Hooper, J., Mirza, N., Scourfield, J. and Webb, C. (2018) Social work, poverty and child welfare interventions. *Child & Family Social Work*, 23 (3), pp. 364-372.

Neil, E., Beek, M. and Schofield, G. (2003) Thinking about and managing contact in permanent placements: the differences and similarities between adoptive parents and foster carers. *Journal of Clinical Child Psychology and Psychiatry*, 8 (3), pp. 401-418.

Neil, E., Beek, M. and Schofield, G. (2018) *Moving to Adoption: A Practice development Project. Research Briefing*. Norwich: Centre for Research on Children and Families, University of East Anglia.

Neil, B., Beek, M. and Ward, M. (2013) *Contact After Adoption: A Follow Up in Late Adolescence*. Norwich: Centre for Research on Children and Families and University of East Anglia.

Neil, E., Beek, M. and Ward, M. (2014) *Contact After Adoption: a longitudinal study of adopted young people and their adoptive parents and birth relatives*. London: BAAF.

Neil, E., Beek, M. and Ward, E. (2015). *Contact after Adoption: A Longitudinal Study of Post Adoption Contact Arrangements*. London: Coram BAAF.

Neil, E., Cossar, J., Lorgelly, P. and Young, J. (2010) *Helping Birth Families: Services, costs and outcomes. Research Brief*. Available: <http://adoptionresearchinitiative.org.uk/briefs/DCSF-RBX10-05.pdf>.

Norman, R., Byambaa, M., De, R., Butchart, A., Scott, J. and Vos, T. (2012) The long-term health consequences of child physical abuse, emotional abuse and neglect: a systematic review and meta-analysis. *PLoS Med*, 9 (11).

Nuzzo, R. (2014) Scientific method: statistical errors. *Nature News*, 506 (7487), pp. 150-152.

O'Hara and Hoggan, P. (1988) Permanent substitute family care in Lothian. *Adoption & Fostering* 12 (3), pp. 35-39.

O'Sullivan, A. and Westerman, R. (2007) Closing the gap: Investigating the barriers to educational achievement for looked after children. *Adoption & Fostering*, 31 (1), pp. 13-20.

Phillips, R. ed. (2004) *Children exposed to parental substance misuse: implications for family placement*, London: BAAF.

Philip, G., Bedston, S., Hu, Y., Youansamouth, L., Clifton, J., Brandon, M. and Broadhurst, K. (2018) *Building a picture of fathers in the Family Justice System in England*. DOI: 10.13140/RG.2.2.13814.65602.

Phillips, R. (2007) The need for information on how the attachment difficulties of adopted and looked after children affect their schooling. *Adoption & Fostering*, 31 (3), pp. 28-28.

Quinton, D., Rushton, A., Dance, C. and Mayes, D. (1998) *Joining New Families: A study of adoption and fostering in middle childhood*. Chichester: Wiley.

Rowe, J. and Lambert, L. (1973) *Children Who Wait* London: Association of British Adoption and Fostering Agencies.

Rowe, J., Cain, H., Hundleby, M. and Keane, A. (1984) *Long-term foster care*. London: Batsford/BAAF.

Rubin, D., O'Reilly, A., Luan, X. and Localio, A. (2007) The impact of placement stability on behavioural well-being for children in foster care. *Pediatrics*, 119, pp. 336-344.

Rushton, A. (2004) A scoping and scanning review of research on the adoption of children placed in public care. *Clinical Child Psychology and Psychiatry*, 9 (1), pp. 89-106.

Rushton, A., Treseder, J. and Quinton, D. (1988) *New parents for older children*. London: BAAF.

Sadler, K., Vizard, T., Ford, T., Marcheselli, F., Pearce, N., Mandalia, D., Davis, J., Brodie, E., Forbes, N., Goodman, A., Goodman, R., McManus, S. and Collinson, D. (2018) *Mental health of children and young people in England, 2017*. NHS Digital.

Sawyer, E and Burton, S. (2016) *A practical guide to early intervention and family support: assessing needs and building resilience in families affected by parental mental health and substance misuse*. London: Jessica Kingsley.

Schofield, G. and Beek, M. (2014) *The Secure Base Model: Promoting attachment and resilience in foster care and adoption*. London: BAAF.

Schofield, G., Thoburn, J., Howell, D. and Dickens, J. (2007) The search for stability and permanence: modelling the pathways of long-stay looked after children. *The British Journal of Social Work*, 37 (4), pp. 619-642.

Scott, J. and Hill, M. (2006) *The Health of Looked After and Accommodated Children in Scotland: Messages from Research*. Edinburgh: Social Work Inspection Agency. Available: <https://www.webarchive.org.uk/wayback/archive/20180516114123/http://www.gov.scot/Publications/2006/06/07103730/10>

Scottish Executive (2004) *Education (additional support for learning) (Scotland) Act 2004*. Edinburgh: Scottish Executive. Also see amendment at http://www.legislation.gov.uk/asp/2009/7/pdfs/asp_20090007_en.pdf

Scottish Executive (2006) *Hidden Harm Next Steps, Supporting Children, working with parents*. Edinburgh: Scottish Executive.

Scottish Executive (2007) *Looked after children and young people: we can and must do better*. Edinburgh: Scottish Executive.

Scottish Government (2008a) *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*. Edinburgh: The Scottish Government.

Scottish Government (2008b) *Moving Forwards in Kinship and Foster Care*. Edinburgh: The Scottish Government.

Scottish Government (2009) *The Looked after Children (Scotland) Regulations*. Edinburgh: The Scottish Government.

Scottish Government (2011) *Guidance on the Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007*. Edinburgh: The Scottish Government. www.scotland.gov.uk

Scottish Government (2014a) *Children's social work statistics 2012-13*. Additional tables. Edinburgh: The Scottish Government.

Scottish Government (2014b) *National guidance for child protection in Scotland*. Edinburgh: The Scottish Government.

Scottish Government (2015) *Getting it Right for Looked After Children and Young People. Early engagement, early permanence and improving the quality of care*. Edinburgh: The Scottish Government. Available: <https://www.gov.scot/publications/getting-right-looked-children-young-people-strategy/pages/0/>

Scottish Government (2017) *Children's Social Work Statistics Scotland, 2015-16* Edinburgh: The Scottish Government.

Scottish Government (2018) *Children's social work statistics 2016/17*. Additional tables. Edinburgh: The Scottish Government.

Scourfield, J. B., Smail, P. and Butler, D. (2015) A systemic approach to improving the engagement of fathers in child safeguarding. *Child Abuse Review*, 24 (2), pp. 129-139.

Sebba, J., Berridge, D., Luke, N., Fletcher, J., Bell, K., Strand, S., Thomas, S., Sinclair, I. and O'Higgins, A. (2015) *The educational progress of looked after children in England. Final report*. Oxford Rees Centre, University of Bristol, Nuffield Foundation.

Selwyn, J., Farmer, E., Meakings, S. and Vaisey, P. (2013) *The Poor Relations? Children and Informal Kinship Carers Speak Out*. Bristol: University of Bristol Press.

Selwyn, J., Meakings, D. and Wijedasa, D. (2014) *Beyond the adoption order: challenges, interventions and adoption disruption*. London: BAAF.

Selwyn, J., Sturgess, W., Quinton, D. and Baxter, C. (2006) *Costs and Outcomes of Non-Infant Adoptions*. BAAF: London.

Sidebotham, P., Brandon, M., Bailey, S., Belderson, P., Dodsworth, J., Garstang, J., Harrison, E., Retzer, A. and Sorensen, P. (2016) *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews, 2011 to 2014*. London: Department for Education.

Sinclair, I., Baker, C., Wilson, K. and Gibbs, I. (2005) *Foster children. Where they go and how they get on*. London: Jessica Kingsley Publishers.

Sinclair, I., Baker, C., Lee, J. and Gibbs, I. (2007) *The Pursuit of Permanence A Study of the English Care System*. London: Jessica Kingsley Publishers.

Smithgall, C., Gladden, R., Howard, E., Goerge, R. and Courtney, M. (2004) *Educational Experiences of Children in Out-Of-Home Care*. Chicago: Chapin Hall Center for Children at the University of Chicago.

Stafford, A. and Vincent, S. (2008) *Safeguarding and Protecting Children and Young People*. Edinburgh: Dunedin Press.

Stein, M. (2009) *Quality Matters: Children's Services*. London: Jessica Kingsley Publishers.

Stein, M. and Carey, M. (1986) *Leaving care*. Oxford: Blackwell.

Stevenson, L. (2018) *Supreme Court outlines nine key principles of section 20 practice*. Community Care. Available: <https://www.communitycare.co.uk/2018/07/20/supreme-court-outlines-nine-key-principles-section-20-practice/>

Stone, S. (1994) Contact between adopters and birth parents: the Strathclyde experience. *Adoption & Fostering*, 18 (2), pp. 36-38.

Taggart, D. (2018) *Trauma informed responses in relationship based practice*. Dartington: Research in Practice. Available: <https://www.rip.org.uk/news-and-views/blog/trauma-informed-responses-in-relationship-based-practice/>

Tarren-Sweeney, M. (2008) Retrospective and concurrent predictors of the mental health of children in care. *Children and Youth Services Review*, 30 (1), pp. 1-25.

Tarren-Sweeney, M. (2017) Rates of meaningful change in the mental health of children in long-term out-of-home care: a seven-to nine-year prospective study. *Child Abuse & Neglect*, 72, pp. 1-9.

- Taylor, J., Stalker, K. and Stewart, A. (2016) Disabled Children and the Child Protection System: A Cause for Concern. *Child Abuse Review*, 25 (1), pp. 60-73.
- Thoburn, J. (1990) *Success and failure in permanent family placements*. Aldershot: Avebury.
- Thoburn, J. (2002) *Adoption and permanence for children who cannot live safely with birth parents or relatives*. Quality Protects Research Briefing 5. London: Department of Health.
- Thomas, C. (2013) *Adoption for looked after children: Messages from research. An overview of the adoption research initiative*. London: BAAF.
- Thomas, C. (2015) *Pupil Premium for Adopted Children: Case Studies*. London: BAAF and Department for Education.
- Tod, E., Grant, I., Wyper, G., Mesalles-Naranjo, O., Stockton, D., Robinson, M., McCartney, G., Dobbie, R. and Craig, N. (2018) *Hospital admissions, deaths and overall burden of disease attributable to alcohol consumption in Scotland*. Edinburgh: NHS Health Scotland/ Scottish Public Health Observatory (ScotPHO).
- Triseliotis, J., Shireman, J. and Hundleby, M. (1997) *Adoption: theory, policy and practice*. London: Cassell.
- Triseliotis, J. (1978) Growing up fostered. *Adoption & Fostering*, 94 (4), pp. 11-23.
- Triseliotis, J. ed. (1980) *New Developments in Foster Care and Adoption*, London: Routledge and Kegan Paul.
- Triseliotis, J. (1983) Identity and security in adoption and long-term fostering. *Adoption & Fostering*, 7 (1), pp. 22-31.
- Triseliotis, J. (1985) Adoption with contact. *Adoption & Fostering*, 9 (4), pp. 19-24.
- Triseliotis, J., Borland, M., Hill, M. (1998) *Fostering Good Relations: A Study of Foster Care in Scotland: Research Findings*. Edinburgh: Scottish Office Central Research Unit.
<https://www2.gov.scot/Publications/1998/12/95a02716-9e6d-41d4-9a58-bdddd25174a2>
- Triseliotis, J., Borland, M. and Hill, M. (2000) *Delivering Foster Care* London: British Association for Adoption and Fostering.
- Vinnerljung, B. and Sallnäs, M. (2008) Into adulthood: A follow up study of 718 young people who were placed in out of home care in their teens. *Child & Family Social Work*, 13 (2), pp. 144-155.
- Walker, M., Hill, M. and Triseliotis, J. (2002) *Testing the limits of foster care. Foster care as an alternative to secure accommodation*. London: BAAF.
- Ward, H., Brown, R. and Westlake, D. (2012) *Safeguarding Babies and Very Young Children from Abuse and Neglect*. London: Jessica Kingsley Publishers.
- Ward, H., Munro, E. and Dearden, C. (2006) *Babies and Young Children in Care: Life Pathways, Decision-making and Practice*. London: Jessica Kingsley Publishers.
- Ward, H. and Skuse, T. (2001) Performance targets and stability of placements for children long looked after away from home. *Children & Society*, 15 (5), pp. 333-346.
- Welch, V., Jones, C., Stalker, K., Stewart, A. (2015) Permanence for Disabled children and young people through foster care and adoption: A selective view of the international literature. Glasgow: CELCIS. <https://pureportal.strath.ac.uk/en/publications/permanence-for-disabled-children-and-young-people-through-foster->

Wellard, S., Meakings, S., Farmer, E. and Hunt, J. (2017) *Growing Up in Kinship care: Experiences as Adolescents and Outcomes in Young Adulthood*. Grandparents Plus.

www.grandparentsplus.org.uk

White, O., Hindley, N and Jones, D. (2014) Risk factors for child maltreatment recurrence: An updated systematic review. *Medicine, Science and the Law*, 55 (4), pp. 259-277.

Wijedasa, D., and Selwyn, J. (2017) Examining rates and risk factors for post-order adoption disruption in England and Wales through Survival Analysis. *Children and Youth Services Review*, 83, pp. 179-189.

Wilkinson, J., and Bowyer, S. (2017) *The impacts of abuse and neglect on children; and comparison of different placement options: Evidence review*. London: Department for Education and Dartington: Research in Practice.

Winokur, M., Holtan, A. and Batchelder, K. (2015) Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes. *Research on Social Work Practice*, 28 (1), pp. 19-32.

Woods, R and Henderson, G. (2018) Changes in out of home care and permanence planning for young children in Scotland. *Adoption & Fostering*, 42 (3), pp. 282-294.

Woods, R., Henderson, G., Kurlus, I., Proudfoot, P., Hobbs, N. and Lamb, D. (2018) *Complexity in the lives of looked after children and their families in Scotland: 2003 to 2016*. Stirling: Scottish Children's Reporter Administration.

YouthinMind (2015) *Scoring the Strengths & Difficulties Questionnaire*. Available at:

<http://www.sdqinfo.com/py/sdqinfo/c0.py>

Appendix 1: About the authors

Dr Linda Cusworth (Co-Investigator and lead author)

Linda is a Research Fellow in the Centre for Child and Family Justice Research at Lancaster University. She is an experienced quantitative social researcher, and has worked as a researcher in child wellbeing, child protection and family justice for over 15 years. She has a passion for the use of administrative data and linked data in family justice research.

Professor Nina Biehal (Co Principal Investigator and co-author)

Nina is a Professor of Social Work Research at the Department of Social Policy and Social Work, University of York, and was formerly a social worker. She has led a number of studies of outcomes for children who are fostered, adopted, in residential care or reunified with their parents. She has also completed studies of child protection, including research on abuse in foster and residential care and a comparative study of child protection systems in three countries.

Dr Helen Whincup (Principal Investigator and co-author)

Helen is a Senior Lecturer at University of Stirling, teaching primarily on the post-qualifying Masters in Applied Professional Studies (Child Welfare and Protection) and the Professional Supervision module. She is a qualified social worker with a practice background in children and families work, and practice and personal experience of adoption.

Dr Maggie Grant (Research Fellow and co-author)

Maggie has worked in adoption and fostering research for 10 years. She is a Research Associate and Co-Founder at Adoption and Fostering Alliance Scotland, and was seconded to University of Stirling as part of the *Permanently Progressing?* research team.

Dr Alison Hennessy (co-author)

Alison is an educational researcher with a strong interest in the education of looked after children. She became a lecturer in education at University of Stirling in 2018, when she also became the newest member of the *Permanently Progressing?* team. Alison contributed to quantitative data analysis for the study.

Appendix 2: Steering Group

Paul Bradshaw

Paul is Head of ScotCen Social Research, the Scottish arm of NatCen Social Research, one of the UK's largest independent social research agencies and a not for profit, charitable trust. In a research career spanning almost 20 years, Paul has led on wide range of projects including, principally, Growing Up in Scotland, a large-scale longitudinal study tracking the lives of multiple cohorts of children living in Scotland.

Chris Creegan (Chair)

Chris Creegan is an adopted person with a background in social research, including senior roles at the National Centre for Social Research. He was Chair of Scottish Adoption from 2008-2015 and has served on permanency panels in Scotland and England.

Robin Duncan (Co-ordinates and minutes steering group)

Robin has been the director of Adoption and Fostering Alliance (AFA) Scotland since October 2016 and divides his time between AFA (3 days/wk) and managing Scotland's Adoption Register (2 days/wk). Robin acts as coordinator for the Permanently Progressing steering group and manages AFA Scotland's involvement in the project.

Fiona Lettice

Fiona is a Development Manager for Scottish Attachment in Action and was previously Development Manager for Adoption UK in Scotland. Fiona is an adoptive parent of two young adults. Fiona inputs into Strathclyde University Post Graduate Course on 'Securing Children's Futures' run by AFA. She is also a member of the Best? Steering Group Services Trial User - Professional Group and Trial Steering Committee Group at Glasgow University.

Kirstie Maclean

Kirstie is a retired social work manager and consultant who specialised in delivering, managing, reviewing and inspecting fostering and adoption services for most of her working career. She was also Director of the Scottish Institute for Residential Care for three years. She is currently a trustee for Scottish Adoption and for the Dean and Cauvin Young People's Trust.

Fiona Spencer

Fiona worked in research and policy in the public and voluntary sectors. When working in government research her responsibilities included research in Scotland on children, young people, families and social work. Formerly a Visiting Professor at Strathclyde University, she is now retired and remains active in MS Society policy and research networks.

Caroline Thomas

Caroline is an independent research consultant, with an Honorary Senior Research Fellowship at the University of Stirling. She has 30 years' experience of conducting, commissioning and managing child-welfare research.

Vivien Thompson

Vivien Thomson is a social work service manager with Falkirk Council. She has over 35 years' experience in the fields of adoption, fostering and kinship care. She is currently chair of the Social Work Scotland Corporate Parenting Sub Group and Fostering and Adoption Practice Network and represents SWS on the Permanently Progressing Steering Group.

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

Appendix 3: Context in which permanence plans for children are made

The legislation and policy underpinning permanence vary across the United Kingdom and the context in which decisions about permanence in Scotland take place is complex. Decisions about children can be made within local authorities, Children's Hearings and courts, and children may be involved in all three systems at some point.

Key legislation which is relevant to the children in our study:

- Children (Scotland) Act 1995
- Adoption and Children (Scotland) Act 2007
- Children's Hearings (Scotland) Act 2011
- Children and Young People (Scotland) Act 2014

Under Section 22 of the Children (Scotland) Act 1995, the local authority is obliged to 'promote the welfare' of children in need. Part of this duty may involve providing accommodation, and the basis for this is set out in Section 25 of the Children (Scotland) Act 1995. Where children are accommodated under Section 25 they become 'looked after away from home'. Depending on the circumstances there may be grounds for the local authority to refer the child to the Reporter to the Children's Hearing. In this instance if the Reporter organises a Hearing, then the Section 25 may be replaced by a Compulsory Supervision Order (under Section 83 Children's Hearings (Scotland) Act 2011).⁷²

For all children who are looked after at home or away from home, the Looked After Children (Scotland) Regulations 2009 stipulate that the local authority must carry out an assessment of the child's needs, and based on that assessment prepare a plan to meet those needs, known as 'The Child's Plan'. The 2009 Regulations set out timescales for reviews (Looked After Child Reviews) for children who are looked after. The guidance states that where a child been looked after away from home for six months and "she/he has not returned home by this stage or if significant progress towards that has not been achieved, then the review should consider whether a plan for permanence away from birth parents is required" (Scottish Government, 2011, p. 130).

Child Protection Case Conferences, reviews and core groups are held for children who have a child protection plan, and whose names are on the local authority Child Protection Register. During the period when the study started the National Guidance for Child Protection in Scotland (Scottish Government, 2014b) had recently been updated. Although the Child Protection Register is a non-statutory measure designed to protect children by putting child protection plans in place, the guidance is clear that case conferences should discuss the need for compulsory measures of supervision, thus linking child protection measures to the Children's Hearing System.

One of the distinguishing features of the Scottish system is the role that Children's Hearings play, and in addition to children becoming looked after away from home under Section 25 of the Children (Scotland) Act 1995, children can also be looked after away from home or at home through the Children's Hearings System. The Children's Hearing System (CHS) may be involved in decision making for a child at different stages which we outline below.

⁷² The Children's Hearings (Scotland) Act 2011 was implemented in June 2013, just before the end of the study's baseline year, replacing some of the legal orders which formerly applied under the Children (Scotland) Act 1995.

Where there are concerns about a child s/he may be referred to the Children's Reporter. The 'Grounds for Referral' are set out in the Children's Hearings (Scotland) Act 2011. On the basis of the information s/he is given, the Reporter decides whether there is sufficient evidence and an apparent need for compulsory measures of supervision and if so arranges a Children's Hearing. There are three underlying principles set out in the Children's Hearings (Scotland) Act 2011:

- The minimum intervention principle (an order should only be in place if it would be of more benefit to the child than if there were no order)
- The paramountcy principle - safeguarding and promoting the welfare of the child is 'the paramount consideration'
- The child has a right to express a view in decisions relating to himself/herself (taking account of the child's age and maturity), and for these to be taken into account by the Hearing or sheriff.

Children and young people may come in to the Children's Hearing system after a referral, or following emergency child protection measures, the most common of which is a Child Protection Order (CPO) granted by a sheriff following an application by (usually) the local authority under the Children's Hearings (Scotland) Act 2011. The CPO authorises certain actions including the removal or retention of a child in a place of safety.

A Children's Hearing is comprised of three volunteer Children's Panel Members who come to a decision based on written reports from professionals involved in the child and family's life (including social work, education and health) and discussion of the child's circumstances involving the child and his/her family/carers and professionals. Children's Hearings can address a range of matters but those most relevant to this report are focused on here.

Children's Hearings make a decision on whether a child requires to be on a statutory order including an Interim Compulsory Supervision Order (ICSO) or a Compulsory Supervision Order (CSO), and whether the ICSO/CSO is either a) home-based, in which case the child becomes 'looked after at home', or b) away from the child's home, in which case s/he becomes 'looked after away from home'. This strand of the study focuses on children who are looked after away from home.

In addition to deciding whether statutory measures are necessary, where children are subject to ICSO/CSO, Children's Hearings also make decisions about whether it is necessary to regulate contact, and if any other measures need to be attached to the statutory order (for example the child should attend a particular resource). Children's Hearings have to consider whether it is necessary for them to appoint a Safeguarder for the child in order to make a decision. CSOs must be reviewed by a Children's Hearing within one year of the date of making the order. An earlier review can take place if requested by the child or parent after three months, by the local authority at any time, or where the Hearing has specified an earlier date for review.

The Children's Hearings System interfaces with the court at different stages:

- If a 'Relevant Person' or child does not accept or is too young to understand the Grounds of Referral, these will be sent to the sheriff to establish whether the facts laid out can be proven. On the basis of the information, the sheriff may uphold some or all of the Grounds of Referral and the child's case will return to the Children's Hearing.
- A child/Relevant Person can appeal a decision made by a Children's Hearing and this appeal is heard by the sheriff.
- Where a child is subject to an emergency order, granted by a sheriff (e.g. CPO), the Principal Reporter to the Children's Hearing must be informed and s/he arranges a

Children's Hearing on the second working day after the child has been taken to a place of safety.

- Where a child is subject to a CSO and the Agency Decision Maker for the local authority has decided, following a Permanence Panel, that a Permanence Order or adoption is required, the Children's Reporter must be notified. The Reporter will arrange for a Children's Hearing to take place for the purpose of providing advice to the sheriff about the local authority's plan for the child

Where the local authority has applied to the Court for a Permanence Order/Permanence Order with Authority to Adopt and the application is in process, a child can only be made subject to a CSO, or the CSO varied with the permission of the court. The Children's Reporter will arrange for a Hearing for the CSO to be varied/made and once the Hearing has decided what the best decision is for the child, a report will be prepared for the court. Once the sheriff has considered the report, s/he will decide whether to make or vary the CSO and remit it back to the Hearing for the decision to be made. This happens typically where a reduction in contact or move to permanent carers is part of the plan for the child. This process was introduced under the Adoption and Children (Scotland) Act 2007 Section 95.

The Sheriff Court also makes decisions in relation to parental responsibilities and rights. Section 11 of the Children (Scotland) Act 1995, enables the court to deprive adult(s) of parental responsibilities and rights and transfer some or all of those responsibilities and rights to another adult, or decide they should be shared with another adult. Where the applicant is a family member, the order granted by the Court is referred to as a Kinship Care Order, a term introduced by Children and Young People (Scotland) Act 2014.

The Sheriff Court can make a Permanence Order, or a Permanence Order with Authority to Adopt. They can also make an Adoption Order, which transfers the parental responsibilities and parental rights in relation to a child to the adoptive parent(s). An adoption order may contain such terms and conditions as the court thinks fit, including in relation to post-adoption contact. The court cannot make an order unless it considers that that it would be better for the child that an order be made than one not be made.

Phase One of the *Permanently Progressing?* study ran from November 2014 to December 2018. This strand of the study draws on the Children Looked After Statistics (CLAS) from 19 participating local authorities and surveys of social workers and carers/adoptive parents (between January 2016 and June 2017). There have been a number of legislative and policy changes which are relevant for the children in this strand of the study. These include:

- The Adoption and Children (Scotland) Act 2007 introduced a number of changes to adoption practice, including the provision that same sex couples could adopt, and the requirement for an assessment for adoption support. It introduced Permanence Orders (PO) and Permanence Orders with Authority (POA) to Adopt, replacing what had previously been in place.
- In June 2013, the Children's Hearings (Scotland) Act 2011 was enacted, and replaced some, but not all, sections of the Children (Scotland) Act 1995.
- In August 2016, aspects of the Children and Young People (Scotland) Act 2014 came into force. Most significantly in relation to this study, the 2014 Act introduced the term Kinship Care Orders. It also placed a duty on agencies to refer children to Scotland's Adoption Register.

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