Permanently Progressing?
Building secure futures for children in Scotland

Perspectives on kinship care, foster care and adoption:
the voices of children, carers and adoptive parents

Maggie Grant
Helen Whincup
Cheryl Burgess

Acknowledgements

This report[1] has been completed as one part of the research study *Permanently Progressing? Building secure futures for children in Scotland.*

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Thanks also to our Steering Group[2] for reading and providing feedback on previous drafts. Thanks also go to the peer reviewers who provided very helpful comments.

This report draws on 'play and talk' sessions with 10 children aged three to eight years, and interviews with 20 kinship carers, foster carers and adoptive parents. We are indebted to them for giving their time and meeting us to talk about their experiences.

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[1] See Appendix 1 for details about the authors.

[2] See Appendix 2 for a list of the Steering Group members.

Contents

1. Introduction

This report has been completed as one part of the study *Permanently Progressing? Building secure futures for children in Scotland*. 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 adoptive parents) when they were aged five and under.

Phase One of the research ran from 2014-18 and was designed to be the first phase in a longitudinal mixed methods study following a large cohort of young children into adolescence and beyond. It is anticipated that Phase Two will commence in 2020. Phase One of the research was fully funded by a legacy and was undertaken by a team from the universities of Stirling, York, and Lancaster, in conjunction with Adoption and Fostering Alliance (AFA) Scotland. This phase of the study had five strands:

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

This analysed data from the Children Looked After Statistics (CLAS) provided to the Scottish Government by all 32 local authorities on the total cohort of children who became looked after during the year 1 August 2012 - 31 July 2013 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. This strand of the study investigated children's pathways into and through the looked after system over four years from 2012-16, including the route and timescales to permanence.

Children looked after away from home aged five and under in Scotland: experiences, pathways and outcomes (the *Outcomes* strand)

Questionnaires were sent to the kinship carers/foster carers/adoptive parents and social workers of a sample of 643 children from 19 participating local authorities who became looked after away from home in 2012-13 and remained (or were again) looked after away from home a year later. Questionnaires were returned by 433 social workers and 166 carers or adoptive parents, providing detailed information on the children's histories, circumstances, relationships, health and educational progress.

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

Information about children who are looked after is collected from all 32 local authorities by the Scottish Government (CLAS data). Data is also collected by the Scottish Children's Reporter Administration (SCRA) on all children who have contact with the Children's Hearings System. For the first time, these two data sets have been linked through the Administrative Data Research Network (ADRN). Within the ADRN's safe haven we were able to safely and successfully link SCRA and CLAS data on 1,000 children. As well as testing the feasibility of linkage this enabled a more complete picture of the experiences of children.

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

During 2015-17, 160 decision makers were interviewed 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 Hearings, independent consultants, members of permanence panels, and a sheriff. This enabled us to identity 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 directly about their experiences. Play and talk sessions took place with a sample of 10 children aged between three and eight years, and 20 kinship carers, foster carers, and adoptive parents were interviewed. The focus was what helped children feel secure, and what carers/adoptive parents said they needed to enable them to meet children's needs.

This report details this strand.

The findings of the four other strands of this study will be reported separately. Please see the project website for further details.

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

Definition of permanence

Throughout this report, and the overall study, the term permanence will be used, and our definition reflects that used within policy, which is "providing children with stable, secure, nurturing relationship and home … which continues in to adulthood" (Scottish Government, 2015). The Scottish Government (2015) goes on to define four routes[3] 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 [has been] 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."

Although not one of the four routes defined by the Scottish Government, some children experience stability and relational security, if not legal permanence, by remaining long term with consistent carers while on Compulsory Supervision Orders (Children's Hearings (Scotland) Act 2011).

Of the four routes to permanence defined by the Scottish government, the *Permanently Progressing?* study is focusing primarily on the progress, outcomes and factors that support security for children who are unable to remain with or return to the care of their parents (i.e.

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[3] Appendix 3 outlines the routes to permanence with associated legislation and Appendix 4 sets out the legislative and policy context.

children with a Section 11/kinship care order, or Permanence Order, and children who are adopted).

This report is the only strand of the study in which young children participated directly, via 'play and talk' sessions. The legislation underpinning social work practice in Scotland makes it clear that children should be enabled to express a view in decision making which involves them, dependent on age and understanding. Both the Children (Scotland) Act 1995 and the Children's Hearings (Scotland) Act 2011 are based on a presumption that children over 12 should be involved in decisions; however, there is no assumption in either that it should not happen earlier, indeed the latter expects children to attend Hearings unless excused. Section 1(4) (d) of the Adoption and Children (Scotland) Act 2007 states children must be provided with information, while Section 32(1) of the 2007 Act seeks consent for adoption, and Section 84 seeks consent for a Permanence Order from a child aged 12 or over.

Previous research on children, carers and adoptive parents' experiences

Existing studies have explored the factors which motivate adults to become foster carers, kinship carers or adoptive parents, the differing processes of assessment involved, and the range of financial, emotional and practical supports adults need to care for children who have experienced trauma and loss (Hunt et al, 2008; Rushton and Upright, 2012; Stein, 2011; Swift, 2013; Thomas, 2013; Meakings, 2018).

Previous research has identified that many kinship carers provide 'informal' care, and thus are not necessarily known to services (Aldgate and McIntosh, 2006; Farmer, 2010; Dryburgh, 2011). One kinship carer in our study had gone on to adopt the child, but the others were looking after related children placed with them either under Section 11 of the Children (Scotland) Act 1995 or Permanence Orders. Although the Children and Young People (Scotland) Act 2014 introduced Kinship Care Orders, which were intended to recognise the role kinship carers played and provide adequate support (including financial support), this part of the 2014 Act was not enacted until August 2016, when our study was already well underway.

Most of the children who participated in this strand of the study were 'legally' secure, in that the legal processes to secure their placements with permanent carers or adoptive parents had been completed. Others were well en route to legal security. However, being secure and feeling secure are not always the same thing. Gilligan (2009) outlines the factors which contribute to children feeling secure within relationships with caring adults, including the value of predictable routines and rituals in which children take part. Similarly, Schofield and Beek (2014) have explored the significance 'feeling' part of a family plays in terms of a child's sense of security and belonging.

A core tenet within the literature on attachment and child development is the significance of children having a 'coherent story' about their life and experiences (Howe, 2005, 2011; Rees, 2009; Daniel et al, 2010; Furnivall, 2011). Research with adopted adults in Scotland several decades ago identified the difficulties some had in establishing a coherent sense of identity if information about their personal histories was missing, and this work helped influence debates across the UK about the rights of adopted people to access information about their origins (McWhinnie, 1968; Triseliotis, 1973). Advice from social workers for carers and adoptive parents about how to communicate with children now stresses the importance of openness, with a story that may start off quite simply but to which further information can be added. Over time, children may come to understand, often via contact with peers, that their experiences differ from other children who are growing up with their birth parent(s) (Brodzinsky, 1990; Farmer, 2013). The process of 'talking and telling' within permanent families is therefore an important one (Feast and Howe, 2003). Even in kinship care, where there is often a pre-existing relationship between the carer and child, gaps in communication can occur. Previous research in Scotland with 30 children aged 8-16 years in kinship care has highlighted that adults may make assumptions that children

living with relatives already know about their histories, or may feel uncertain about who should share personal information (Aldgate and McIntosh, 2006).

Friendships with peers at nursery, school, and other environments can provide companionship, fun, and play, as well as important opportunities to develop social skills, including learning how to share and how to resolve difficulties. Friends can be an important source of 'comfort and support' for children (Daniel et al, 2010, p. 69). For children who have had difficult early life experiences, forming and sustaining relationships, including with peers, can be an area where they may need additional support from the adults who care for them and from professionals (see Corrigan and Moore, 2011).

There is existing evidence that how children fare in school, including peer relationships, relationships with teachers and educational performance may be linked to children's pathways through care. Several studies have identified links between educational outcomes and the age at which children enter care, or their latest care placement, and how long they spend in care (Dixon et al, 2006; Biehal et al, 2010; Sebba et al, 2015). Factors such as placement instability, including changes in placement have been linked to education outcomes and placement changes and school changes are associated with poorer educational outcomes (Conger and Rebeck, 2001 cited in Sebba et al 2015). One study reported better progress at school for children settled in long-term foster placements compared to others who had experienced placement instability (Biehal et al, 2010). Higgins and colleagues (2015) have drawn attention to the enduring impact of children's early experiences, such as maltreatment and neglect, on later educational outcomes.

A recent report by Adoption UK (2018) has highlighted some of the difficulties adopted children faced within education, and the gap between them and their peers. Many looked after and adopted children have additional support needs and the 2009 amendment to the Education (Additional Support for Learning) (Scotland) Act 2004 states that children who are looked after are assumed to have additional support needs. However, previous Scottish research found that looked after children do not usually receive automatic assessment for additional support needs, and assessment of additional support needs caused delays in enrolment during transition between local authorities (Hennessy et al, 2014). This is in contrast to England, for example, where the Pupil Premium provides funding to help schools raise the attainment of disadvantaged children. In April 2014 this was extended to include children adopted from care, and can be used in imaginative ways to support children (see Thomas, 2015).

One of the few longitudinal studies of contact after adoption found that contact tended to diminish over time (Neil et al, 2015). The same research also found that families who are more communicatively open (in other words, talk more openly about adoption) tend to have more structurally open adoption arrangements (in the form of contact with the birth family), a pattern which continues from childhood to late adolescence (Neil et al, 2015). A consistent message that emerges from research across placement types is that it is the quality of the contact experience, as opposed to the presence or type of contact, that is important (Schofield and Stevenson, 2009; Sen and Broadhurst, 2011; Boyle, 2017; Neil et al, 2015). Social workers and foster carers play an important role in ensuring that contact is a positive experience for children (Sen, 2010; Sen and McCormack, 2011).

Contact with birth parents may provoke difficult feelings for children, but can also help alleviate worries about birth parents' wellbeing. Research with adopted children in Northern Ireland found that contact with birth family members can aid the process of adopted children replacing an idealised version of their birth parents with an understanding of the reasons they came into care and can help children develop a more coherent story about their life and the their birth family (MacDonald and McSherry, 2013). Contact with siblings can help children maintain connections with brothers and sisters even if they cannot grow up together, but research in Scotland has

highlighted that a large proportion of children may be either unaware of or have no contact at all with siblings living elsewhere (Kosonen, 1999; Jones and Henderson, 2017).

Research with children in kinship, foster and adoptive families

There is a body of research in relation to kinship care (Kroll, 2007; Farmer, 2010; Selwyn et al, 2013). Although some of this has involved children and young people talking about their experiences of kinship care (Aldgate and McIntosh, 2006; Burgess et al, 2010; Farmer, 2013), the children and young people were generally older than the children in our cohort. With some notable exceptions (Thomas et al, 1999; Morgan, 2013; Hawkins et al, 2007), there has been limited research about children's experience of adoption and adoption processes, and to some extent this can be seen as mirroring the limited input generally children have in adoption practice (Minnis and Walker, 2012). Again, those studies tended to involve slightly older children – for example, aged between eight and twelve years (Thomas et al, 1999).

In Northern Ireland, researchers have been following a cohort of 347 children and young people over a number of years looking at outcomes associated with different routes to permanence, and this has included speaking to children and young people from early to late childhood (McSherry et al, 2008; McSherry and Fargas Malat, 2018).

The children who took part in the current study were aged between three and eight years at the time of participation. We designed our research so that, although they were young, children *could* participate where this was appropriate and/or possible. We recognised, however, that carers and parents might decide the child's age, developmental stage or other reasons mitigated against them taking part in Phase One of the study, although they may revisit this in future phases. We were also aware some children would not want to participate.

Research with young children

While some studies have been carried out with similar age groups (see Clark and Statham, 2005; Clark in Lewis et al, 2006; Winter, 2010; 2012), much of the research involving children who have experience of social work processes, including permanence processes, has involved older children.

For Christensen and Prout "the perspective on children that a researcher works with has important implications for his or her research practice" (2002, p.481). It influences each stage of the research, including whether and how children are involved, how consent is sought, and the choice of methods. We wanted to involve children and came from the perspective that while children's agency needs to be recognized, so does their differential status in relation to adults; thus the research methods used may need to vary in order to enable engagement (see Coad and Lewis, 2004; Lewis et al, 2006). Clark and Statham (2005) suggested that talk based interviews should be replaced with activities. We developed 'play and talk sessions' that enabled children to choose from a range of different activities, as described in further detail later in this report.

Although we had originally hoped to play and talk with a larger number of children, and extended the recruitment period and revised the recruitment materials with this aim in mind, we were only able to include 10 children in this phase of the study. As studies often have smaller than anticipated samples of children, this is not unusual. Access to children is generally through adult 'gatekeepers', whose over-riding concern may be to protect children (Murray, 2005).

For example, Gilbertson and Barber (2002) hoped to speak to children in foster care, but found that children, particularly those who were younger, were excluded because the subject of the research was viewed as too sensitive by carers and/or because children were viewed as being vulnerable. Biehal (2014) interviewed thirteen children in foster care, but these ranged from nine to seventeen years, and so most were much older than our sample.

It was noted earlier that legislation in Scotland reflects a commitment to enabling children to express a view in decision making processes. However, there is evidence that in practice children's views are not necessarily always sought, particularly for younger children (Whincup, 2011; Winter, 2011; Porter, 2017). Even when opinions or views have been assigned to children, these have sometimes been mediated and changed by adults (Bruce, 2014).

In reporting children's voices our approach is underpinned by the belief that to explore what permanence and belonging mean to children "it is valuable to try to understand children's perceptions in their own language. To do otherwise risks obscuring children's views with too much adult comment and interpretation" (Thomas et al, 1999; p.130). Therefore, in order to represent children's perceptions in the way they shared them with us, we have not changed the words children used, except for their name or other potentially identifying details.

As this is the first phase of a planned longitudinal study, it was important to include children's participation from the beginning. Future phases of the study will build on this approach and it is hoped that as they become older and spend longer with their permanent families, more children will be supported to participate directly. Each child's experience is unique to them and while there are some common themes, the data from a small-scale study offers important insights rather than a representative picture of children's views. Rather, their words act as an important reminder of how of joining and living with permanent families, explored from a range of adults' perspectives throughout this and other strands of the study, is experienced from the perspectives of young children.

Methodology

Sampling and recruitment

This report is based on qualitative data from 'play and talk' sessions with children, and semi-structured interviews with kinship carers, foster carers and adoptive parents. The participants in this study were a sub-sample drawn from the *Outcomes* strand in which 433 social workers and 166 carers/adoptive parents completed detailed questionnaires. This meant that for each *Outcomes* participant we had information about the type of placement and their local authority area. We aimed to recruit children, kinship carers, foster carers and adoptive parents to ensure that we had representation from different placement 'types', and to ensure there was a reasonable geographical spread across different areas of Scotland. Interviews and 'talk and play' sessions took place between September 2016 and September 2017.

Carers and adoptive parents who had indicated via the *Outcomes* questionnaire that they were willing to be contacted about participating in an interview were contacted directly by the research team. Other carers and adoptive parents were contacted via their link worker or the child's social worker who had completed the questionnaire. For those families, information was sent to the link worker/social worker with a request to pass it on to the carers/adoptive parents.

The information sent to carers included a description of the study and what would be involved in an interview or, for children, a play and talk session. Separate information sheets and consent forms were developed for children, and if carers/adoptive parents considered it appropriate they were asked to share and discuss these with children before reaching a decision about whether to participate.

Prior to meeting face to face with any children, the child's carer or adoptive parent was phoned by a member of the research team to ensure that if/when we spoke to the child we were sensitive to his/her needs and experiences.

Consent to involve children was sought from the adult who had parental responsibilities and rights[4] during the pre-interview phone call and on the visit, at which point they signed a consent form. Consent was also sought from the child. Before the interview, they were given a short information sheet and consent form by carers/adoptive parents (called 'An invitation to take part in a project' and a reply) to help them decide. The information sheet explained, in simple language, about the project and the researchers and what was involved in a play and talk session. We sought their permission for recording (but explained that it was fine if they did not want to be recorded) and asked them to tell their mum, dad or carer if they were happy to speak to us.

Both the child and adult signed (or for some children made a mark) on the relevant consent form. One child did not want to sign the consent form but gave verbal agreement to participate along with an older sibling.

We sent information to just over 80 carers and adoptive parents in total, either directly or via a social worker/link worker. Seventeen families from across Scotland participated: 20 carers/adoptive parents, plus 10 children from eight of the 17 families. Two other families who had planned to participate withdrew because of changes in family circumstances.

Participants all opted in, and thus there are the following caveats. Those adults and children who participated may have different perspectives to those who could have done, but chose not to, or who did not receive information about the study from their social workers.

The exploratory nature of the research means we were able to gather the perspectives of a small sample of children and adults in depth. The data therefore represent this group of children's and adults' memories of events and perspectives on them.

The children

Ten children, aged between three and eight years, from eight families participated. Each child had at least one carer or adoptive parent who also took part in an interview. In the other nine families, the carers or adoptive parents felt the child was too young or might be unsettled if they were involved at that stage.

All of the children who took part were white Scottish, and there was an even split in terms of gender. One child had long-standing health issues, and two of the children had additional support needs.

Two children were living with kinship carers, and in both cases the children had an established relationship with the carer before moving to live with them. Both of these children had younger siblings living with a parent, and both had some face-to-face contact with their siblings and a parent. In one instance the child had contact with both parents.

Three children were with foster carers, who had started off as short-term carers but were now their permanent carers. All three children had siblings living elsewhere, and at the time of the interviews each had face-to-face contact with one sibling but not others. None had current direct contact with parents. All three had experienced a number of placements, and changes of school, before moving to their permanent carers.

Five children were adopted. Two of the children had been adopted as infants, but the other three were older and had some memories of life before they joined their adoptive families. Most of the children had lived with foster carers previously. All had siblings living elsewhere. Two children had contact with one sibling but not others, and for two children their adoptive parents were actively exploring this possibility. None of the five adopted children had direct contact with their birth

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[4] For one child this was the local authority.

parents at the time of interviews, and one had letterbox contact with their birth mother via a third party (the local authority).

The adults

From the seventeen families, twenty adults took part in interviews: six kinship carers, three long-term foster carers and eleven adoptive parents. Included in this group were one carer/adoptive parent in a same-sex couple and another single carer/adoptive parent. Three interviewees were men. All participants were white, and one was caring for a mixed-race child (not all children participated in play and talk sessions). Fourteen were interviewed individually and three as couples. The families lived in different areas of Scotland, including rural areas, towns and cities.

All the kinship carers had older birth children, and in some instances were providing some care (for example after nursery or school) to other children within their family. Of the adoptive parents, some had older birth children. Of the foster carers, some had older birth children.

At the time of the interview, some of the kinship carers had retired while others were combining full- or part-time work with caring for the child. The kinship carers were generally older than the foster carers or adoptive parents. Most of the adoptive parents worked outside the home part or full time.

Data collection

All interviews with adults took place face to face in carers'/adoptive parents' homes, except for one which took place by telephone due the interviewee's availability. All play and talk sessions with children took place within their home.

For six families, two members of the research team visited; one interviewed the adult, while the other played and talked with the child, generally in an adjoining room. For two families, one member of the research team visited and first interviewed the adult(s) and then talked and played with the child. For the remaining nine families, one member of the research team visited and interviewed only the carer(s)/adoptive parent(s).

'Play and talk' sessions

Our aim with the play and talk sessions was to explore with the children notions of what helped them feel secure in their families with a few key questions. Who is in their family? What kind of things do they enjoy doing as part of their family? If people who are part of their family live separately from them, do they see them and/or think about them? The questions were framed deliberately in relatively general terms.

As the children were in their own homes, they chose a spot (such as the kitchen table, or living room) where there was space to sit near the interviewer and spread out games, paper and other materials. Usually the interviewer and child started an activity together or the child had chosen something to play with, so the conversations moved back and forth between the immediate activity and discussing topics such as family, school and holidays. As the children were relatively young, most play and talk sessions involved less talking and more 'doing' using Playmobil, fuzzy felt, playdough, and drawing to enable children to talk about their home, their family, and their routines. Some children had only recently joined their permanent families, or had displayed distress after visits from other professionals such as their social workers. Thus, we tended not to probe in depth about issues such as loss and identity, unless children raised these topics themselves.

In each session, the interviewer asked about who was in the child's family, using a variety of methods. Sometimes children drew a house and described who lived in each room, or completed an 'All About Me' wheel including a section on family members, or used Playmobil houses and figures to talk about who lived where. Other times, they responded as part of a general chat

about the children's daily lives and routines, or when the interviewer asked directly about other people in their family who they did not live with.

In three sessions, the child's carer or adoptive parent was in the same room or within earshot. During one of these, the child's carer joined in for some parts of the conversation. In another, a child had their grandparent present throughout. At other times children sought out carers/adoptive parents to confirm a detail, replenish juice or biscuits or to 'check in' with their primary carer. In two families, two siblings participated together. On one occasion, the teenage birth child of long-term foster carers joined halfway through and contributed to the remainder of the play and talk session.

The interviewer was led by the child's words and by their actions, and adapted each play and talk session accordingly. For example, if a child kept changing the subject, the interviewer followed them to a new topic, or if the child showed signs of tiredness the interviewer would start to wind up the session.

Interviews with carers and adoptive parents

Semi-structured interviews with carers and adoptive parents were undertaken using an interview schedule. It included questions about the processes involved in the child moving to live with them, what information about the child's history they had been given and by whom, how the child was getting on, what contact (if any) the child had with his or her birth family, and the kinds of support they and their child had been offered, or would have liked to receive. Each interview was adapted according to the specific circumstances, and what the interviewee wanted to talk about.

The interviews lasted at least an hour and in some instances over two hours. Occasionally, carers or adoptive parents became distressed when recounting what the child had experienced, or discussing uncertainty about current or future contact arrangements. Carers and adoptive parents were provided with contact details about the Adoption and Fostering Alliance (AFA) Scotland, where they could speak to a social worker who was independent of the research study if the interview had raised any issues that they wanted to discuss.

Data Analysis

Play and talk sessions with children and interviews with adults were digitally recorded and transcribed verbatim.

The nature of the play and talk sessions meant that the structure, content and level of detail of each one was quite different. Given the children's ages, conversations were at times fragmented. Three exceptions were the older children who were able to describe in more detail pre-placement memories, information that had been shared with them subsequently by carers/adoptive parents, and/or their feelings about being looked after or adopted. The transcripts included some gaps, for example when a child went to check in with their carer/adoptive parent, or to fetch a toy from another room, or to give the researchers a guided tour of their home.

The transcripts from the play and talk sessions were analysed to identify recurrent themes in what the children said and how they described their families, friendships and lives (Braun and Clarke, 2006). A basic mind map was developed to show the main themes reflecting the areas we had asked about, and additional themes that emerged through the analysis.

The data generated from adults' interviews were also analysed thematically (Braun and Clarke, 2006). As these data comprised a much larger volume of material, a detailed coding framework was developed. Each transcript was read in full and a brief description created of the family and main points from the interview. During this first reading, notes were made in the margin about possible codes. Emergent ideas were discussed between the first and second author. On the second reading, each transcript was coded in detail using NVivo software. Codes were reviewed at regular intervals and sometimes adjusted to ensure consistency across the data. Some codes

reflected the topics of the interview questions, while others were developed inductively through the analysis. A second mind map was developed alongside the initial analysis, to help set out the relationships between different codes.

Following the analysis, we have reported the findings in each chapter focusing on the following interconnected parts of kinship, foster and adoptive family life: becoming a family, being a family and connections with birth family.

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.

As described earlier, all participants were provided with information about the study, and asked to give informed consent. On arrival, the interviewer(s) revisited consent with adult and also checked with the child whether they wanted to play and talk. Both adults and children were advised that if they became tired, or did not want to continue for any reason they could take a break or stop.

It was made explicit that if children, or parents, said or did anything which led to concerns about the safety of a child or professional practice, we would pass this information on. If a carer/adoptive parent directly asked our opinion about support services, or about material which might be helpful for them or their child to read, we signposted them to relevant services or materials.

All interviews were recorded and transcribed with the permission of children and adults. Data was anonymised and securely stored, consistent with national guidelines on data protection.

Extracts from interview transcripts are included throughout the report. Where the specific details might identify a child or adult to those who know them, details have been omitted or limited modifications have been made which retain the meaning, while making it less possible to identify the individual.

All children and adults have been assigned pseudonyms, and in some instances participants have been assigned two different pseudonyms to protect their anonymity.

We made the decision to report details from children's play and talk sessions first, and then data from the adult interviews, rather than work thematically across children and adults. Children and adults bring different perspectives, and we wanted to avoid the possibility that one might inadvertently be privileged over the other.

2. Findings: children's perspectives

Becoming a family

Children's experiences of joining their carer/adoptive parents were notably varied. Some children were too young to remember having moved. For the children in kinship care, the transition from living with parent(s) was gradual. All of them already had an established relationship and most had spent significant amounts of time with carers before moving to live with them full time. In some instances, this had included their parent previously living with kin carers with the child for periods of time. Consequently, their experiences of 'joining' and 'becoming' a family differed from those children who described initially meeting and then moving to live with their long-term foster carers or adoptive parents. For some children, the transition to live with new carers/adoptive parents had also meant a change of nursery or school, and so important aspects of their lives had changed simultaneously.

One boy, Lewis[5] aged eight, recalled his memories of moving to his foster carers, who subsequently became his permanent carers. He talked about the family's dogs, and meeting them for the first time. He then added that since he joined the carers one of the dogs had "passed away".

Another boy, Arran, talked about visiting his adoptive parents for the first time. In advance of the visit he had been shown an album containing photographs of them, their family and friends, and the house. Subsequent to moving, photographs of him, his adoptive parents and other extended family members had been included in the same album. Arran remembered that first he went for tea with his adoptive parents, before having an overnight stay. He said that initially, it took him time to get used to the physical layout of the house which was different to his previous foster carers (for example where the bedroom was in relation to the bathroom) but now it was "home". He went through in some detail how the physical space had altered over the years since he had joined the family.

Similar to Lewis, one of the things Arran talked about was what had changed since he moved to his adoptive parents. Both boys highlighted a shared experience of change with the adults who cared for them whether this was the layout and décor of the rooms, or all experiencing the death of a pet. Some of the changes in the physical space were tangible indicators of the changes in family life since each child had joined their respective families.

Sometimes the details of the move were hazy but children described a specific image or feeling. One girl, Skye, aged six, initially remembered her first day positively, but when her carer suggested that maybe that had not quite been the case, she giggled and agreed that it had taken time to settle in and adjust to living with a new family. She described the first time she met Ann, her long-term foster carer:

Skye:	Well, I didn't really know her name to start with and then, she told me her name. I gave her a hug and I started playing. Then …
Ann:	You remember that, do you?
Skye:	Yes, and then, we walked in, I gave Ann a hug …
Ann:	Oh, did you?! I don't think so!
Skye:	No?
Ann:	You can't remember that well because you went …
Skye:	Oh, yes.

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[5] All children and adults have been assigned pseudonyms.

> [Laughter from Ann and Skye]
>
> Interviewer: What did you do?
>
> Ann: What did you do, Skye?
>
> Skye: Well, she was going to give me a hug and then, I just slipped right past her.
>
> Interviewer: Did you?
>
> Ann: No…
>
> Skye: Something like that!
>
> Ann: See, you can't remember everything, because I went, 'You look like a princess,' and you went, 'No, I'm not and I don't do hugs!'
>
> Skye: Oh, yes!
>
> [Laughter (shared)]

Ann's version offers a 'gentle challenge' (Dozier 2003) to Skye's memories. Helping children to have a congruent story of how they joined their permanent family may reduce the potential for misunderstanding or misinterpretation in the future. The literature (Neil, 2007; Grotevant et al, 2011) refers to 'communicative openness', and the exchange between Skye and Ann can be read as an illustration of how this might look in practice.

Most children's descriptions focused on practical, tangible evidence of becoming part of a new family and the feelings involved in the change, rather than on legal processes – with one exception, Arran, aged eight years, who had this advice about the timescales involved in adoption:

> Arran: Something that they could improve … even though the legal time is a longer time they should try and make it as quick as they can.
>
> Interviewer: Right, because for you it was over a year wasn't it? So would you have liked that to have been less time?
>
> Arran: So you wouldn't have uncertainty that you wouldn't …
>
> Interviewer: During that year did you think this might not happen?
>
> Arran: No, I just thought that I'm not too sure how long it will take.
>
> Interviewer: Why do you think it took so long? Do you know?
>
> Arran: Probably because they had to…I know why it took so long because my mum kept wanting to…she kept trying to keep me because she didn't want me to leave but my dad was fine with it. So she kept doing it and doing it but she wasn't … she couldn't look after us so …
>
> [Later in the interview]
>
> Interviewer: So you were saying that if you were going to tell people about things that you wanted to change, it would be about the time it took to be adopted?
>
> Arran: Yeah, and if you are going to get it happened to you, you don't want it to take as long as it did and you would not want it to take so long and then you're so unsure and stuff.

Although Arran described wanting to speed up the legal process, he had been given a clear explanation by his (at the time prospective) adoptive parents and social worker. This explanation appeared to make sense to him. He had been told that his birth mother had objected to his adoption, but also knew that she "couldn't look after us". As a consequence, although he had been uncertain about the timescales, he did not doubt that he would remain within his new family and that his adoption would happen.

Being a family

We asked children about life with their permanent families now: what kind of things they did in their family, what they enjoyed doing, who was in their family and who they saw if they did not live with them. Children's descriptions suggested a range of 'signifiers' of belonging – different events or experiences that appeared to contribute to them feeling that they had a permanent place within this family.

Routines and rituals

Children's responses to questions about 'who does what' and 'what usually happens' often focused on familiarity with family practices and how adults looked after them. The examples they gave included daily routines such as getting a sweetie after tea, sitting in a particular seat in the car ("so I can annoy my brother") or knowing which family member usually drove them to school or did their hair.

This familiarity extended to knowing what was likely to happen on holidays or special days, such as getting a new dressing gown every Christmas, or visiting the same area every year for family holidays.

The children's descriptions underlined the importance of ostensibly small acts of day-to-day care by adults and other children in the home, which can support children's feelings of belonging as full members of their permanent families, and of life being predictable (Schofield and Beek, 2014). These day-to-day acts are not exclusive to children who have moved to permanent alternative carers, but may carry an additional meaning where children have previously experienced uncertainty and instability.

One example involved Harris, a child in permanent foster care. When discussing what happened in this family on special occasions, Harris and Ben (the birth son of his carers) talked animatedly about each having a new Christmas jumper, and how on Christmas Eve the male carer read Ben, and now Harris, the same story he had been read as a child by his birth parents. His foster carer was actively involving Harris in long-standing family traditions. This type of care-giving can help children feel included and develop a sense of membership within their permanent family (Schofield and Beek, 2014).

Another example involved a child and their carer describing to the interviewer how they were in the process of redecorating. The carer recounted how now that it was 'official' that the child would be remaining with them, one way they were marking this was by redecorating the child's bedroom. There was an exchange between the child and his carer, where the carer questioned whether the child would really want wallpaper figuring a particular cartoon character as an adult. This exchange is one which will be familiar to many parents and children, but which had a different resonance here. Choosing wallpaper which an adult says will not stand the test of time and the child will outgrow could be a tangible indicator to the child that they will be there long term.

Names

Names are important signifiers of identity, and also of roles and relationships within families. All the children in our study had retained their given first names, but some children's surnames had been changed, depending on their legal status.

For some of the younger children, the 'decision' about what to call their carers or adoptive parents was not something which they or their carer debated, as they had always been known as 'mummy' or 'daddy' or 'nana'. One boy swapped between using 'mum' and 'dad' and his adoptive parents' first names.

Aileen, aged eight, remembered making this transition after she joined her adoptive family:

Interviewer:	What made … what decided you to change from calling them Jane and John to calling them mum and dad?
Aileen:	Because I knew that I was going to stick with them all the time.
Interviewer:	Okay. How did you know?
Aileen:	Because I knew that I wasn't going to be moving and heaps of time I was misbehaved.

Moving from calling Jane and John to 'mum' and 'dad' appeared to be one way in which Aileen signalled to Jane and John (and to other people) that they were a family. The fact that Aileen plans to "stick with them all the time" suggests her sense that this relationship was intended to be enduring.

These terms were not always used exclusively for carers/adoptive parents. For example, Skye talked about her 'mum' and 'dad' and her 'mum', and it was the context of her narrative which indicated to the interviewer which 'mum' she was speaking about.

Similar patterns have been identified in research with older children. Biehal (2014) found that for the thirteen children living with long-term foster carers, calling carers 'mum' and 'dad' was part of the way in which they constructed relationships within normative family practices, while simultaneously balancing and holding the relationships they had with their birth parent(s).

The role of food

For both children and adults in our study, food emerged as a topic in different ways throughout the interviews. For some of the older children, they or their carer contrasted the food they ate now (in range and availability) to their experiences when with their birth parents. For some children their early experiences had been that food was not consistently available, or they had a very limited palate. One child commented that previously he "didn't have vegetables", whereas now they were a regular, if not always welcome, feature of his diet.

Another child, Lewis, chose to be interviewed in the presence of his long-term foster carer Jim. Jim mentioned that when Lewis first came to live with them he had cooked spaghetti bolognese, but that it had been far too rich for Lewis at that point. Jim introduced new foods and flavours gradually and both Lewis and Jim confirmed bolognese was now a regular mealtime choice.

For several of the older children, food was part of the rituals which marked special days linked to their placement, either the anniversary of the day they came, or the day they became 'legally secure' as in the following example:

> Like we…on the [date of my adoption] we celebrate and on the day I got adopted we went to the Highland Hotel … it's a really nice hotel and it does big portions.
>
> Logan, age eight

For one of the children in kinship care, food was also one of the ways she talked about who did what in her family. On one of our visits to the kitchen to check in with her carer, she requested cake 'sprinkles' from her carer to add to the play dough she had chosen to play with. She commented that when her grandma baked, her grandma took the fairy cakes out of the oven, but her 'job' was to "add the sprinkles" to the icing, and this was confirmed by her carer.

There is existing research on the role food plays in building and maintaining relationships at home and within residential child care and foster care and is a potent symbol of care (Punch et al, 2011; Emond et al, 2014). In our study, food was used to mark occasions and suggested a sense of belonging within the family. In addition, food was also a marker of difference between the child's current experiences and their previous experiences, including of physical neglect and a restricted diet.

Connections with birth family

We asked children who was in their family, and children chose to describe their families in different ways using different methods including drawing, play dough and playmobile figures. Christine aged seven, completed an 'All About Me' picture and included her older birth brothers who live separately, after first checking with her adoptive dad whether she had their correct ages. When asked about who lived in her house, Ava, aged four, included her birth mum and dad, who live elsewhere, and Ailsa, aged five, also mentioned a cousin and two younger brothers who lived with other family members.

Some children had possessions which had been given to them by their birth parents or other family members which they, and their carers or adoptive parents had kept safely, and which were a tangible link to their birth families. One child, Jean had a 'memory box' and as the following extract indicates this formed an important link between past and present.

Interviewer:	What's in your memory box?
Jean:	Pictures of my sister; cards that are very important to me; all my medals and trophies.
Interviewer:	You keep it safe?
Jean:	It's all my special stuff that I don't want anyone to touch. It stays in this one … Well, I had the box since I was three. It was when I used to go to this like, care place with my brother and my sister. That was the last time that I saw my sister.
Interviewer:	Okay, so there's things in the box that help you remember?
Jean:	Yes.
Carer:	Who gave you that?
Jean:	[My brother] and his mum and my mum, my real mum. I remember I had the box and then, I'm like, this would be good for putting memories in it, so I just kept the things in it. I remember I kept one of the sweets for my sister and then, it got all mouldy.
Interviewer:	So you had to throw it out?
Jean:	Yes.
Interviewer:	Maybe when you look at the box, you'll still remember that the sweet was there.
Jean:	It smells.

Due to the children's ages, interviewers focused more on the children's current situations and only discussed their early histories if children raised the topic. Four children gave some description of why they had to leave their birth families. This included the death of a parent, chronic neglect (including not having access to dental and optical care) and emotional and physical abuse. One child explained that before he became looked after away from home he remembered his parents "fighting and stuff" and that he had been told that they had "hidden drugs in his socks".

Arran, aged eight, talked about his birth mum and dad at some length. He drew on both his own memories and some aspects that had been explained to him by other adults, including his adoptive parents.

Arran:	I stayed with her sometimes but this is … she wasn't that good at looking after me. My mum was in foster care and then she chose to come back and she had me at 16.
Interviewer:	So she was quite young, wasn't she?
Arran:	And she didn't … she hadn't been looked after very well.
Interviewer:	Right. So that meant … do you think…

Arran: That affected how she looked after me. But the reason why I'm clever is cause of my mum. She's pretty clever but she hasn't been able to show it.

The levels of current contact children had with birth parents or other important adults in their lives, including previous carers varied depending on the type of placement. None of the children who were adopted saw their birth parents, while some had contact with previous foster carers. Some children who were in kinship care saw their parents regularly, including visiting them in their homes, while for others contact was less predictable. Children also anticipated the future, including how contact arrangements might change as they grew older. One girl in kinship care described how when she 'was seven' she would be able to have a 'sleepover' with her father. It was not clear to the interviewer whether this was actually the case, or whether the definition of "when you are older" might shift over time.

Photographs and mementoes are one of the ways in which family life and the bonds between family members are represented and displayed to those within and outside the family (Finch, 2007). In some families there were photographs in the room – on the walls and on coffee tables and mantelpieces – which the child and interviewer went to when talking about who was in the family. These photographs appeared to be a day-to-day way in which a connection was made to people who had a role in the child's life. In some instances, these involved siblings with whom the child was not currently living. In other instances, the photos included extended family members. Sometimes the absence of photos of particular family members, including birth parents, was noteworthy.

In the following example, Ailsa, aged five, explains who is in a photo with her, who they 'belong to' and where she understands them to be living:

Ailsa: That one is me. Baby Joe and baby Toby.

Interviewer: Ah and whose babies are these?

Ailsa: They're mine's.

Interviewer: They're yours

Ailsa: Yeah.

Interviewer: So are they your mummy's babies or ...?

Ailsa: My mummy's babies.

Interviewer: And where do they live?

Ailsa: They live up in the big ... do you know the big hospital?

Interviewer: Yeah

Ailsa: That's where they live.

Interviewer: Alright and who do they live with?

Ailsa: Mummy and John [mummy's partner].

Children talked in various ways about their brothers and sisters, who could be fun, or annoying, or both. Several children mentioned younger siblings. Even the youngest children in our study described 'helping out' with younger brothers and sisters, by holding baby siblings or sharing their toys. Although some of the children were living with siblings or had contact with them, others did not live with siblings and some had no contact. This is in line with the findings of existing research in Scotland and elsewhere (Kosonen, 1996; Jones and Henderson, 2017; Meakings et al, 2017).

Logan mapped out his birth family in some detail. Although he was clear that he wanted contact with his younger sister (age four), he explained that her adoptive parents were hesitant and were worried that seeing Logan might elicit painful feelings for his sister:

Logan: I have two sisters and I've wanted to see one but I may not see her because she's … because … I don't know why but I may not see her.

Interviewer: Why do you think…what have people explained to you?

Logan: I think it's because her mum and dad who have adopted her don't want her … because she's not that old that she'll think back and think of bad things.

In this instance, although Logan had a sense of their rationale, the decisions made on behalf of Logan's sister by her adoptive parents, did not align with Logan's desire to see her, and maintain a relationship.

In two families, children talked about their much older siblings who lived independently. Although they had not seen some of their siblings for some time, in both cases their carers/adoptive parents had told them about big life events such as a sibling having a child or moving to a new area.

All of the children in kinship and foster care, and some of the adopted children, had some form of contact or information exchange with at least one sibling. There is evidence that with the right support at the right time, maintaining sibling relationships over time can be achieved in a way which is sensitive to the differing needs of each child. These relationships can improve feelings of self-esteem and security, and are important over the child's life course (Neil, 2015; Jones and Henderson, 2017; Monk and Macvarish, 2018).

School, nursery and friendships

Of the ten children who participated in the study, four were at nursery, while six were at primary school.

As noted earlier, some children had changed to a new nursery or school when they moved to live with their carers/adoptive parents. Arran had moved to his adoptive parents when aged six. This was not the only difference linked to school which Arran had experienced. He remembered that when he lived with his birth family, he did not go to bed at a set time, so was regularly absent from nursery and school. He contrasted this to his experience of living in his adoptive family where he was expected to go to school every day.

During the 'interview' with Harris, Ben, the teenage son of the carers joined us half-way through. Jones and Henderson (2017) highlight the range of relationships which can 'count' as siblings, and generally when Ben talked about his family and their routine, he tended to refer to Harris in a sibling-like manner, referring to things 'we do'. Older siblings can be a source of support in navigating school and Ben expressed regret that because of the age difference between them, he would just have left High School when Harris joined and would not be able to 'look out for him'. However, he outlined to the researcher and Ben (in a manner that suggested they had discussed this previously) which teachers were okay, and which ones were not.

Children's experiences at nursery and school varied. Harris appeared to be thriving at school, and another child described himself as 'king of the nursery' to his adoptive parents. For other children, experiences at school, including the transitions between home and school, were much more complex. However, much of the detail of these experiences came up in interviews with the adults, rather than the children, and so is covered in more depth in Chapter 3. For example, when talking about school and break time, one boy said that he "had problems with football". His carers described his difficulties in making and sustaining friendships with peers at school and in his neighbourhood, including being able to share and to be part of a team and pass a football. They linked these current difficulties to his early experiences.

Some children spoke about more broadly about friendships – at nursery, school, or in their neighbourhood – including who they played with regularly, who they would invite to their birthday party, and whose party they had attended. At the end of one play and talk session with Ava, aged four, who was with kinship carers, a neighbourhood friend came to the back door and was invited by Ava to join us to draw and colour. From thereon, the play was general, but the child's arrival and the chat between the two while playing suggested a sense of Ava's relationships, not just within the family, but within the wider neighbourhood.

Summary

- For children, moving to live with carers or adoptive parents also meant other changes in nursery/school and location. The children in kinship care already had existing relationships with their carers but still had to adjust to changes in seeing other members of their families.

- Some children remembered meeting their carers/adoptive parents for the first time, and identified things that had changed since they arrived, such as the way space was used in the family home.

- Carers/adoptive parents have an important role to play in helping children to understand the transition to living with a new family and acknowledge the feelings involved.

- Children's accounts demonstrated their familiarity with family practices. These ranged from talking about small daily habits and routines (who does what, and when), to knowing what happens on holidays and special occasions.

- Food was used to celebrate special occasions (such as the anniversary of when the child joined the family) and also to create routines within the family. For some children, the availability and types of food also marked a difference between their lives before and after joining their carers/adoptive parents.

- When asked who was in their family, most children included at least one birth family member they lived separately from, usually brothers and sisters

- Children's experiences at nursery and school were varied, although most mentioned friends they enjoyed playing with.

3. Findings: carers/adoptive parents' perspectives

Becoming a family

For carers and adoptive parents their recollections of 'becoming a family'[6], were linked to the child's previous experiences and there were differences across placement types, which linked to existing relationships with the child and his/her parents, and to legal processes. The *Decision making* strand of the study explored the perspectives of 'decision makers' including social workers, Children's Hearings panel members, a sheriff and educational psychologists. In the next section of this report, we explore carers and adoptive parents' decision making processes, and how they came to care for this particular child(ren). The process for each carer/adoptive parent was individual. However, there were some patterns related to placement type.

Carers/adoptive parents' decision making

All kinship carers who participated in our study already knew the child before becoming their carer(s) – which is not always the case – and their primary motivation in looking after the child long term was to ensure the she or he remained within their family network. Most had already developed an existing emotional bond with the child. For one couple who were caring for their granddaughter, they expressed their hope that the parents' capacity might change over time, and that a shared care arrangement might develop before their granddaughter reached adulthood.

Kinship carers often have greater knowledge of the child's parent(s) and the concerns that led to the child entering care, due to being part of the same family network (Aldgate and McIntosh, 2006). However, even when kinship carers agreed with social workers' planning and decision making, it can still be a considerable shock when a child comes to live with them.

> It was a big shock to us. [He] came to live with us when he was six-weeks old … [H]is mum, has got special needs, learning difficulties. She's [in her 30s] and led a chaotic lifestyle. Flits from here to here and boyfriend to boyfriend, house to house, that sort of thing, so personally they have done the right thing. It was devastating at the time, but we're dealing with it.
>
> (Kim, kinship carer)

Another kinship carer felt very strongly that if it could happen in her family, it could happen to anybody. This informed her decision to participate in the research. She described how, although she and other family members agreed with the decision that the child could not live with their parents, this did not mean it was easy to comprehend:

> We are dumfounded how this could have happened because in our family … we've never had any domestic violence, no drugs, certainly never neglected our children, certainly would never had abandoned our children and this has just come out the leftfield, it's unthinkable and yet, it's happened.
>
> (Annie, kinship carer)

For the three long-term foster carers we spoke to, once it became clear that reunification with parents was not possible, the original intention had been that social workers would seek adoptive families elsewhere, and the foster carers were supportive of those plans. In each instance, the plan that the child would remain with them permanently evolved over time and was influenced by factors both external and internal to the family. They recalled being aware of the agency's planning and assessment of the feasibility of alternative options. They also described getting to know the child and 'claiming' them as part of their family and feeling that they had adapted to

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[6] Carers and adoptive parents had already been 'a family' before the child joined them, and for some this included raising birth, adopted, or foster children. Here, they are talking about how they became 'this' family.

and accepted the challenges of caring for that individual child. Sometimes issues such as the carers' age had initially acted as a barrier to them putting themselves forward to care for the child on a permanent basis.

The passage of time also affected decision making. In two families in particular, carers' feelings towards the child grew over time. These feelings deepened with the anticipated loss for them and the child if the child moved. At the same time, carers were also aware that social workers' views changed: as time passed, and the child got older, it seemed less likely that an adoptive placement would be found.

One foster carer, Betty, described events during the previous two years, which had ultimately led to her and her partner's decision to adopt the little girl they had been caring for. As the agency started to plan for permanence via adoption, in their discussions with the carer they suggested it would be difficult to find an adoptive family for a child who needed so much direct care. The foster carer had been keen for them to find suitable adoptive parents, and had actively supported the agency's efforts to find a family, including attending an Adoption Exchange Day.[7] She described trying to disentangle her own emotions from her feelings about what was right for the child:

> *I realised that I did want her adopted because any young couple that came to look at her profile, I was right in there trying to sell her. And it made me realise – because I did wonder do I just want to keep her because we were so attached to her? And because I had … done all the work and wanted to see her progressing, the work we'd done with her, whether I just … it was my own feelings that I was wanting to keep her and I could'nae part with her.*

However, no adoptive parents came forward. The carer's decision was not easy. She felt concerned that if the child moved to another long-term fostering placement, without the legal security of adoption, it might break down. She worried about the trauma for the child if that happened. She described wanting to be 'fully committed' to the child and not 'hold anything back'.

> *I thought I had thought about everything but I had'nae thought about nobody wanting to adopt her. … I'm the adult, I can take the heartbreak but I wanted her to be fully loved and go forward with that'*

Foster carers in two families, including the one above, pointed out that their own age was a factor to consider. Both were caring for young children, whom they felt would have benefitted from living with younger parents/carers. They were also concerned about the impact on the child and other family members if they became unable to care for the child before he or she reached adulthood. Both couples had involved their older birth children in their discussions before deciding to put themselves forward as permanent carers. As one carer Jackie, recalled, other members of the family had already realised the child would be likely to join the family permanently:

> *It's not a small family! We just talked to everyone and said … Most people said, 'What a surprise!' I did want to [secure a Permanence Order]. I loved her. I always wanted her, I just felt it wasn't right to keep her because of her age.*
>
> (Jackie, foster carer)

Adoptive parents also described weighing up a range of factors: in relation to deciding whether to pursue adoption in the first place, then in relation to a specific child or children. The process of

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[7]   Adoption Exchange Days are events where prospective adopters can meet and hear directly from social workers and foster carers from a range of agencies about children who need adoptive families. See www.scotlandsadoptionregister.org.uk/adoption-exchange-days/ for further information.

linking and matching varied in how easy or difficult they found the process and particularly dealing with any delays. However, several interviewees mentioned a specific point where they felt they knew the child was the right one for them, or they were the right parents for the child: similar to the 'chemistry' described in previous research on foster care (Sinclair et al, 2005; Sinclair et al, 2007).

One adoptive couple recalled that they asked the child's social worker extensive questions at the matching phase. The adoptive mother described sitting down one evening with her husband and all the information. They discussed the different factors that would be involved in caring for this boy, now their son. This included the impact it would have on the daughter they already had.

> *So there was lots of things and I remember we sat down and had a discussion about it and we'd written like the pros and the con, and is this the right thing or wrong thing ... We were just like we just need to do this, and I think [laughter] at that point, [the social worker] was like, 'Would it help if you met him?' and we were like, 'Yes.' 'Right, I'll set it up.' Because he was living locally, literally the other side of [town], she set that up and we went to see him and within the first few minutes, we were like, this is the right thing to do.*

She and her partner described how the social worker arranged for them to meet the child during the matching process. An unexpected moment helped them to decide to go ahead: observing the boy's annoyed reaction to getting his leg stuck while playing they saw "a bit of a spark" in him. Although they felt they would probably have made the same decision anyway, that moment was "probably the final tiny piece".

The quickest matching process was for an adoptive parent who had specified that she could become a parent for a child with a significant medical condition. She later found out that social workers had been searching for a permanent family for several months for the child she went on to adopt, and that the child's previous foster carers had been told about her even before she had completed the assessment and approval process for adoption. Throughout the interview, her 'claiming' of the child was readily evident.

> *[S]he'd been to a couple of these, I call them the cattle [market], the open days, and there had been no one who had interest in her. Looking at her, I don't know how anybody could say no.*

(Lisa, adoptive parent)

Understanding the child's history

Carers and adoptive parents had access to different levels of information about children's histories, and this information was acquired at different points: from already knowing the child (kinship carers), to getting to know the child between placement and making the decision to put themselves forward as permanent carers (foster carers), to relying almost entirely on information from social workers until well into the matching stage (adoptive parents).

In putting together a picture of the child's history, carers and adoptive parents were reliant on information being shared by social workers or others who knew the child. How and when this information was shared was important. It also took time for the implications of some information to become clear, and for carers and adoptive parents to start to understand the impact of children's early experiences and their genetic histories. Some carers described that the full extent of the neglect and abuse children had experienced did not come to light until the child moved to live with them, and there was a dissonance between the information held by social workers and other professionals, and the child's actual experiences. Similar findings have been identified in previous research on children living away from their birth parents (Triseliotis et al, 2000; Sinclair et al, 2005).

Information from social workers

Information about the child's birth family is core. However, the levels of information that carers and adoptive parents described receiving varied. Some had far less information about the father and more about the mother. This may reflect that the professional gaze is generally more focused on mothers than fathers, a theme which has been explored in relation to permanence (Clapton and Clifton, 2016), and within child protection processes more widely (Scourfield et al, 2015; Brandon et al, 2017; Critchley, 2018). In addition, social workers may not have been told the identity of the father. This was the case for one family in our study, and therefore no information was available on the child's paternal genetic or medical history.

One interviewee discussed trying to find out further information about their child's birth father, who had died. The information they had about him was relatively sparse and negative; she was keen to learn more but had not found social workers to be helpful with this. She reflected:

> *I'm sure there's bound to be something somewhere. Can we not just get his - he's got a family somewhere, his family. Can we not get hold of them? Can we just get a photo, something? ... I don't want them just to have that [minimal information about how their birth father died] because he was a person and he's left a fingerprint on this earth. There's got to be something good about him, whether it's a little tiny grain, they need to know that.*
>
> (Kim, adoptive parent)

Several carers and adoptive parents reported that the child had some form of health problems, disability, or suspected or assessed developmental delay. One couple who had adopted a child with developmental delay recalled the information provided in his file as quite detailed: information about family history; circumstances of his birth; birth mother and putative birth father; current contact arrangements; the foster family he had lived with since birth; health information about other children in the family that was relevant to his development; social work's involvement with the birth family.

> *I was looking at just the other day looking for something that I couldn't quite remember so I was flicking through it and I'd actually forgotten how much information was in there so pretty much what they gave us, yes, you know, just like a file of information and left us to have a read of it and think over and come back with questions and more questions and more questions.*
>
> (Rory, adoptive parent)

This example highlights the importance of ensuring information is available for carers and adoptive parents to revisit in the future. At the point that a child joins the family, carers and adoptive parents are concentrating on building relationships and becoming a family, so some information may only come to make sense once the child has been living with them.

Above, Rory described that he had "forgotten how much was there". In contrast, another adoptive parent indicated that some of the information in reports about the child had been out of date. She also felt that the written and verbal reports given to them by social workers had minimised the full extent of their child's difficulties. She went on to add:

> *Social work didn't want to emphasise the fact that actually he was very problematic and his behaviour wasn't settled, wasn't making friends, was having huge issues.*
>
> (Hannah, adoptive parent)

Once the first few weeks had passed, this meant that they felt unprepared and out of their depth in terms of the behaviours their adoptive son was presenting, and what strategies they could use to respond. They described returning to the placing local authority to seek more information and support, neither of which was seen by the couple as entirely satisfactory.

It was notable that when talking about birth parents and the reasons children had come to be looked after, some carers and adoptive parents' language reflected terms used by social work professionals. For example, Kim's description (on page 19) used the term 'chaotic lifestyle' in relation to the child's birth mother. While Kim made links to the parent's 'learning difficulties' and changes of partner and house, there were other instances where it was used as a catch all and relatively abstract descriptor. This phrase was repeated across a number of interviews. It appeared to be used as 'shorthand' for a range of factors which have impacted on parenting capacity and on the child.

One explanation for using terms like 'chaotic lifestyle' may be that carers/adoptive parents do not want to be perceived as overtly critical of birth parents. Another explanation may be that it is part of the language of social work practice and was used when passing on information to carers. Holland (2011) highlights that social workers can use euphemistic or unclear language in verbal and written assessments. If practitioners use ambiguous or euphemistic language when explaining what has occurred rather than being explicit, this may then be picked up by carers and adoptive parents in their communications with the child and others. The risk is that this lacks specificity about how experiences may have felt for the child.

The concept of 'communicative openness' is one which is well-established in adoption research particularly, and is used by practitioners to convey the need for carers to communicate with children in a way which is honest, and supports their emotional development (Neil, 2007; Grotevant et al, 2011; MacDonald and McSherry, 2011). This includes, but is not limited to, the capacity to help the child make sense of difficult and traumatic experiences. Although identified as an important task, previous research with adoptive parents had highlighted the tensions in providing children with affirming yet honest accounts, including the potential for discrepancies between adults' and children's interpretations of information (Jones and Hackett, 2007).

There was one instance where carers indicated to the interviewer that they had been directed by the child's social worker not to tell the child sensitive information about his birth parent. This ran counter to the overt message of communicative openness, and meant that decisions about what information to share was made by a practitioner whose relationship with the child was relatively new, rather than the carer.

Information from foster carers

All of the adopted children had spent time with foster carers before being adopted, except for one child who had moved in with her adoptive family very shortly after birth. The children in foster care, where it was now intended they would remain long term, had also experienced several short previous placements. None of the children in kinship care had previously been in foster care.

Where adoptive parents had contact with or information about the child's most recent foster carers, almost all reported that what they knew of the previous placement was positive. One adoptive parent had issues about the foster care of a child with significant developmental delays. In this instance the adoptive parent felt the foster carers had probably not had the specialist knowledge to understand the child's needs.

Most of the adoptive parents reported that the child's previous foster carer had provided information about the child. One adoptive parent underlined how important this had been for her to have someone give her a clear idea of her daughter's routines:

> *[The foster carer] had done the most amazing like four sheets or whatever of detailed information about [her] routine and what she liked and what she didn't like. I rang her quite a few – I remember ringing her and I remember that was our bible for two weeks. It was, where's that piece of paper because I need it?*

(Danielle, adoptive parent)

She felt that the most useful part was that the information was so specific to her new daughter: if she was crying and upset, carrying her and taking her outside usually soothed her; she liked to have a pushchair that faced the person pushing. She described how her daughter was "very much in a routine" when she arrived. The foster carer's communication enabled the adoptive parents to replicate this familiar routine and help their daughter settle into their family.

Interacting with 'systems': social work, Children's Hearings, courts

The context in which decisions about permanence in Scotland take place is complex[8] and has been subject to a number of changes in recent years (Woods et al 2018). Decisions about children can be made within local authorities, Children's Hearings and courts, and some of the children in this strand had been involved in all three systems. This section considers legislation and policy as refracted through the carers and adoptive parents' experiences.

In around one third of cases, in carers' or adoptive parents' initial descriptions of the social work/legal processes they could not recall the specific steps – for example, the particular legal order under which the child joined the family. Given the variety of routes to permanent placements in Scotland, this is not surprising and links to one of the findings from the *Decision making* strand.[9] It found that given the complexity, there appeared at times to be important gaps in professionals' knowledge, and misinterpretations of the legislation and relevant research. This finding has a number of implications, including the accuracy of information conveyed to carers and adoptive parents. In addition, the way professionals explained things could leave room for confusion.

Mary:	It was getting … there was things that I was asking and [the social worker] was'nae understanding what I was meaning. And how to get a proper answer and I thought it was kind of frustrating at times that …
Interviewer:	So she wasn't able to answer your questions?
Mary:	Or she'[d] answer it in a completely different way and I still wasn't any the wiser!

The carers/adoptive parents' descriptions of the social work and legal processes indicated that confusion arose not only in relation to specific technical terms but also from the distance between professional and family's perspectives on what was important. One prospective adoptive parent recalled preparing for a child to be placed with her shortly after birth:

And, of course, they all speak in codes, like, 'Oh, well that'll be a section 34', and, 'Oh, well, what about paragraph 17' … and I'm, 'What the hell's that? I have not a clue what you're speaking about'. I think I did interrupt at one point with a very practical, everyday question, like, 'So, what size of bottles will I get then? Am I taking home milk bottles or what? What's happening? You're filling in all your paperwork. Excuse me, what will I do?'

(Lucy, adoptive parent)

Another adoptive mother recalled feeling frustrated with the lack of information from social workers and that there "wasn't enough transparency" about how long different stages of the process would take. She recalled having to find out herself about how adoptive parents could assist with the matching process (for example, by preparing profile information to be shared with

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[8] See Appendix 4.

[9] The *Decision making* strand gathered the views of respondents, including social workers, about what influences decision making in relation to permanence. The report is available on the website.

other agencies) and, later, having to push for information about entitlement to various forms of support. She added:

> *We're human beings and it is a system that is flawed because it's run by human beings, which sometimes disengage with the fact that they're dealing with other people's emotions. If there's some formal way of presenting [the process] at the beginning, I feel that would have helped because the - I'm quite an emotional person anyway – but my emotions took a beating through this because of not having answers.*

<div align="right">(Danielle, adoptive parent)</div>

Lucy and Kim both emphasised the gap that can exist between carers/adoptive parents' perceptions and those of social workers or others involved in making decisions about children's placements.

While children may have been involved in all three systems (social work, Children's Hearings, court) at some point, few carers/parents who participated in this study had direct experience of attending formal decision making meetings associated with all three parts of the system. One kinship carer described how difficult it had been for her and her family to attend Children's Hearings panels, and in particular the fact that panel members were not consistent. She went on to add:

> *When you go to these Children's Hearings you feel as if you're defending yourself. You've done nothing wrong, the only thing you have done is to say that you'll help out a family member but you feel as if you're having to defend yourself when you're there. Even though you have no criminal record, you've never done anything bad but to protect the children you have to go on the offensive and be prepared to defend yourself against what their legal representatives say.*

<div align="right">(Annie, kinship carer)</div>

Court processes can also feel removed from the day-to-day experience of family life. An adoptive parent recalled her experience of attending court on the day the adoption order was granted. While adopting her child had been an extremely positive experience, the moment of hearing the order granted felt "very strange". She attributed this to the feeling that, as her son had joined the family more than a year earlier, "for somebody who didn't know us at all to say, he is now your son, it was like, well, he's already my son!". On a practical level, however, the granting of the adoption order addressed one of her key concerns: what would have happened if anything had happened to her and her partner unexpectedly before the adoption was finalised. Her concerns were both for her adopted son and the other children in the family, who already considered him their sibling, unconditionally. This experience echoes the point made by Arran, during his play and talk sessions: although he was living with his adoptive parents, his adoption took over a year.

Several participants highlighted the uncertainty about not knowing timescales, and the impact of this uncertainty on them, not just emotionally but practically, in terms of not knowing what arrangements to put in place.

> *That had to go to court, so it's kind of like she was either going to move in in the next few weeks, or it would have been like another three months, or six months, or nine months if it wasn't approved. That was quite a difficult time because it's kind of like you didn't know if you were going to have a baby, or two babies moving in, or if they were going to be six months older or really what was going to happen ... Work-wise it was quite difficult because, you know, kind of like, 'Well, I might have a couple of kids moving in in a few weeks, or it might be three months or six months or nine months.'*

<div align="right">(Susan, adoptive parent)</div>

In the end, the children moved in a matter of weeks after the original court date, but this followed a period of considerable uncertainty leading up that that point.

These specific examples reflect a wider issue picked up in other interviews. For carers and adoptive parents, their focus was less on the legal and policy detail of processes, and more on how the processes affected their day-to-day lives and experiences with the child. Not knowing, or not feeling clear about, what would happen next had caused considerable anxiety. Would this child be coming to live with them? Would a child already in their care be staying permanently, or would they need to prepare them to leave and join another family?

Carers and adoptive parents were engaged in the emotional and practical tasks of providing stability for children. At the same time, professionals need to gather and analyse the evidence necessary for complex formal processes to secure permanence for the child. Consequently, carers and adoptive parents' priorities could feel at odds with those of professionals.

Decisions about permanent placements have lifelong implications for children, birth parents and carers/adoptive parents, and so decision making processes need to allow time for thorough assessments and careful consideration of the possible options. Carers or adoptive parents would not benefit from false assurances before social worker, Children's Hearings and court processes are complete. Yet carers and adoptive parents are the ones who are caring for and supporting children, so their experiences of uncertainty and anxiety need to be addressed in order to support the relationships being formed with the child.

Being a Family

Impact of child's history and early experiences

Across all types of placement, carers/adoptive parents spoke about a range of ways in which they thought children had been affected by their early experiences. Their concerns were across a range of aspects: physical development, physical and emotional regulation or reactions to particular situations, behaviours such as impulsiveness or approaches to making friends. The impact – or the potential impact in the future for the child – of abuse or trauma was explicitly described as a concern for around half of the interviewees.

> It's like you see the differences. When she came to first stay, if you were having a carry on like my daughter, and my grandson, would carry on, if there was anything at all that they were mucking about as if they were … play fighting and things like that she would get so upset. I would say 'don't do it' because it obviously brings back memories.
>
> (Mary, kinship carer)

Several participants talked about not knowing whether certain behaviours or reactions were related to early experiences, the child's individual characteristics, or some combination. One adoptive parent emphasised that while she believes her child was quite contented and relaxed when she lived with her previous "loving" and "warm" foster carers, and apparently had few memories of life with her birth family, she wondered where certain behaviours came from:

> Both of them [child and her sibling] don't really like loud noise and being – they'll quite often put their hands over their ears or feel overwhelmed by things. I don't know if that's something about being in the womb, or who they are, or genetically who they are, or because of their experiences.
>
> (Susan, adoptive parent)

Another young boy was described as being very social, and particularly good at remembering names and relationships between people (e.g. 'Carol is Sara's mum, and Sara is my sister's friend from nursery'). His adoptive mum wondered if this was related to his previous moves between

different placements and having to quickly establish who was important and how people were linked to each other.

There was also a direct emotional impact on adults of being aware of children's experiences. As one kinship carer explained, when she noticed the child's fear or distress at being reminded of the past, this raised strong emotions in her:

> *It is, it's quite hard to accept. To think ... because you're thinking ... you can understand it and you can sort of cope with what's going on in your mind, you don't know what's going on in hers.*

Caring for children

Kinship carers, long-term foster carers and adoptive parents who participated were caring for children with a range of experiences including abuse, neglect, bereavement, moves between carers, and loss or alteration of significant relationships. Some children also had very specific additional physical needs. When describing their day-to-day care there were several examples of highly sensitive, reparative care attuned to individual children's needs.

For instance, one adoptive parent explained that his child had significant difficulties with emotional regulation, including in peer relationships. This meant they need to build in support so their child could engage in activities, particularly where there were less formal boundaries. Consequently, any after school or weekend activities needed careful thought. He and his partner had to be ready to use diversionary strategies and at times needed to leave social gatherings very quickly before there was a "meltdown". He and the child attended a Taekwondo class together. He was one of several parents doing so, and therefore his presence did not attract excess attention to his child, but ensured he was there if needed.

One carer described how her foster daughter tended to be "clingy" with her whenever she was dropped off at nursery or entered a social situation with peers and was reluctant to let her leave. After a while, she realised that this was not only about her daughter's attachment experiences, but was linked to problems with the girl's eyesight. When she entered a room, she wasn't able to see where her friends were. So although she had friends at nursery, she wasn't able to identify where they were and therefore clung to her carer. The carer realised that if she could tell her foster daughter where her friend was, her foster daughter was able to relax and felt much happier about her carer leaving.

> *She's very clingy to me at the nursery and it took us a while to realise she was wanting me to tell her where a certain wee girl was and then if I showed her to the wee girl she was happier for me to leave. And she started a wee gymnastics class and she's got a wee girlfriend that she likes in there and she said to me last time show me where this wee girl is.*
>
> (Samantha, foster carer)

Carers and adoptive parents gave numerous illustrations of the pride they took in children's development and progress. One example arose during an interview, when a boy with developmental delay showed his building blocks to the researcher and explained that he had built an octopus. His adoptive parents noted:

Rory: That's the first time I've seen him with blocks, coming in and saying he's made something specific. He told you what it is. That's the first time he's ever done that ... So that will be something we'll think about, how to remember it.

Jenny: They can put that in his learning journal at nursery. They've got electronic learning journals.

Another carer reeled off a long list of specific medical conditions that came to mind when asked about the child's progress. These included conditions affecting the child's sight, mobility, bladder control, hearing, speech and eating. She then described how well the child had responded to the family's care and intensive efforts to support her development.

> [S]he was late to sit, she was late to walk, she was late to everything. And I mean the health visitor thought that she would'nae … she thought she'd be blind, completely blind. She thought she would never move, she thought she would never do … so … everyone is very happy with her progress.
>
> (Betty, foster carer)

Interacting with nurseries and schools

The transitions between home and nursery, or home and school was something which according to several foster carers and adoptive parents raised anxiety for them and the child. There were a number of examples of careful, and in some cases quite stressful, negotiations with schools and local authorities about education, including where parents had to press for a degree of flexibility. Although most carers and adoptive parents were in general agreement with plans for the child's education, in three cases the carers/adoptive parents reported that they felt the child should start a year later to allow them longer to develop at nursery or spend more time at home. In one case the confirmation that the local authority would continue to fund a part-time place at nursery for an additional year was only given at the last minute.

One carer had lengthy discussions with a range of professionals, including an educational psychologist, about whether the child should go to mainstream school, where she was concerned that her support needs would be overlooked. In particular, she felt that while professionals had taken account of the child's physical needs, they were less concerned with the impact of her early experiences on her ability to focus and pay attention. In the end, the carer and professionals had agreed that the child would go to mainstream school for the first year and then they would re-assess. She felt satisfied with this arrangement.

Generally, carers and adoptive parents talked positively about nursery provision. Children attended a mixture of nurseries, some run by the local authority and some private. One adoptive parent, whose child attended the same private nursery as an older sibling, described it as 'brilliant':

> They get to play with younger kids and older kids, so they're not frightened of authority. I mean, yes, I think it's brilliant … He plays and he kicks sometimes and … but he's quite good at sharing, he's good at tidying up now.
>
> (Linda, adoptive parent)

Similarly, other carers and adoptive parents remarked on positive relationships with nursery staff. One recalled the calm way nursery staff had dealt with a situation where a birth father turned up unexpectedly. In some nurseries, there were other children who were also looked after or adopted.

Carers and adoptive parents whose children were younger were anticipating the move to school and in most cases had already discussed likely plans with nursery and school professionals. Most seemed relatively comfortable with plans so far, although some raised concerns, for example about potentially large class sizes or inflexible arrangements which did not meet their child's particular needs. Sometimes carers and adoptive parents described having to explain to staff why their children might react in certain ways, for example, in playing with peers or when their carer/adoptive parent left.

Drops-off at school and nursery could cause anxiety for children. Even for children who are 'legally secure', their previous experiences may mean that they not always 'feel secure'. Susan, an adoptive parent, noted that not all staff understand why children who live with carers or have been adopted may feel particularly anxious about the beginning and end of the day, or about the

transition from nursery to school. She described the initial reaction when she had contacted the school her son would be starting at the following year:

> *We got a very usual response of, 'Oh well, yes, all kids are a bit like that,' and, 'I've got a niece and she finds it difficult to say goodbye,' or things when you're thinking yes, but your niece didn't have a different family for 18 months and all of a sudden find themselves in a different family one day. People don't really seem to grasp that that's actually quite hugely different than most kids experience.*

While her son was at nursery, she had found some approaches that helped make drop-offs easier, including using 'transitional objects' (Winnicott, 1953) that he could take with him from home. On one occasion when they hadn't brought a specific toy or familiar object from home, she asked him to "look after my bus ticket for me" for the day, which had worked in the same way.

Some schools, however, do not allow children to bring their own toys in the classroom. She went on to reflect:

> *I think with education they look quite – obviously they want everything to be uniform and as easy as possible, and also quite short term things rather than actually, if you just let us do this for a month it'll have a massive impact on the year …*
> *Whereas if we started this off with everyone feeling anxious it will only get worse, I think. Just things like that I think would be supportive for us*
> (Susan, adoptive parent)

Another adoptive parent's son was still in nursery but she had started to think about and plan for the time when he would start school. Overall, her son's progress since joining their family had been positive and she described him as a securely attached and generally confident little boy. He also got on well with other children generally. She did sometimes wonder, however, how teachers would react to his sometimes impulsive behaviour, and whether this related to his perinatal experiences.

> *If he's going to have any issues at school, it will be to do with the fact that he's extremely active and he can't sit still! He has a very short attention span, which I think is partly, he's young for the year and partly, he's a boy, but also, this is one of the things as well, his birth mum took drugs and then, she was on these painkillers for heroin withdrawal and all this sort of stuff, and alcohol.*

Many looked after and adopted children have additional support needs, and 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 are assumed to have additional support needs. There is no equivalent legislation for adopted children. This is in contrast to England where in 2014 the Pupil Premium was extended to include children adopted from care.

Children's friendships

Carers and adoptive parents reported a very wide range of children's experiences of peer relationships, from losing track due to the number of friends their child had at nursery, to finding this was a particularly emotive and fraught area of their child's life. Even if children seemed to struggle with relating to peers in a general sense, carers and adoptive parents felt reassured if their child had found one or two friends they seemed to enjoy playing with. Several commented on the joy they felt when watching their children enjoying playing with others. One adoptive parent described her daughter's recent playdate with a friend:

Then they were playing, they had a baby in the buggy, just role playing. They were just hilarious. They kept going through into the vestibule, going to work. 'I'm going to work' as they were going out the door pushing the buggy … We were just in stitches at the two of them … They were having a great time.

(Karen, adoptive parent)

Concerns also arose in relation to some children's medical conditions or disabilities. Some carers and adoptive parents worried about how their children's health problems or disabilities might make it more difficult to make friendships. For example, one young girl had difficulty reading facial expressions, and her carer was concerned about whether this would have an impact on the child's ability to make friends in the future. However, another couple described their son, who had significant developmental delay, as having started to make friendships a bit belatedly, but generally having good relationships with peers and with adults.

Jenny: So he generally is quite sociable, he's quite laid back.

Rory: He's not fazed by stuff.

Jenny: … He speaks to most people.

Nursery staff were an important source of information about how children were making and sustaining friendships:

Yes, so the feedback from the nursery is positive. Like I say, they don't say anything that makes me think that she's going to become a Stephen Hawking or something but absolutely sociable, has got close friendships but also interacts with other children very easily, hasn't hung her hat on one person.

(Danielle, adoptive parent)

Other carers/adoptive parents had more concerns about their children's relationships with peers. Given the age of the children, some believed this might get better as their son or daughter found other children they felt at ease with. Some parents/carers had put particular effort into finding opportunities to encourage and maintain the child's friendships. One of the challenges for parents/carers if their child had emotional or behavioural difficulties was knowing how much information to share, and at what stage, with other children's parents:

He knows how to share and everything else but he just doesn't want to, and sometimes he can lash out. That's my toy and all that sort of stuff. Recently he's just started playing with the wee boy next door and there's been a few wee issues. I don't really want to go down the route – now telling the mum look, I think there's a wee problem here and this is a – so I'm just seeing – they've only been playing a few times but they'll maybe go over to the park and one of us is standing there watching them, that sort of thing [chuckling].

(Maria, kinship carer)

Some parents and carers described the tension between not over-sharing sensitive information about the child, and also needing to explain to other people why the child may respond in particular ways.

Connections with birth family and other important people

Maintaining some form of connection with birth families, and other significant people in a child's life, including previous foster carers, through direct or indirect contact can perform a range of 'functions' for the child. Carers and adoptive parents discussed these connections in some detail.

Former foster carers

Children in permanent placements may have valuable relationships with previous foster carers and their families which need to be maintained. This includes having 'sibling like' relationships with the carer's children, or other children who were in placement at the same time.

In one family, members of the child's previous foster care family had come to the child's birthday party a few months after he had moved:

> We'd left it such a period of time that he definitely knew who it was and he was pleased to see them and give them cuddles and what have you; and I think [she] came on her own. I think that's how we tested the water, and it was fine, actually. She was delighted to see him ... I think I had [her] round, one day just on her own, to see how he would be before the party and he was fine.
>
> (Jenny, adoptive parent)

For some children their previous foster carers may have been their primary attachment relationship. Maintaining these important connections can help the child and adults with the transition process, including the losses experienced. It can can give children an important message about the continuity of relationships, and over time can enable children to feel more secure (Winter, 2015; Neil et al, 2018; Mollard and Egan, 2019).

Direct contact with birth family

Of the 17 families in our sample, nine children had ongoing direct contact with at least one birth family member, including siblings, parents and grandparents. In six families, indirect contact was maintained with at least one birth family member (including one instance where the family had direct and indirect contact with different family members). Indirect contact was mostly limited to one or two letters per year.

Direct contact arrangements were more frequent where children were with kinship carers and foster carers than with adoptive parents. All five kinship families facilitated direct contact with sibling(s) and/or parent(s). All three foster families facilitated contact with at least one birth sibling. Of the nine adoptive families, two had arranged direct contact between the child and his/her birth sibling(s); five had letterbox contact with birth parent(s) and/or grandparent(s). In three adoptive families there was no contact with any of their child's birth relatives.

No adoptive families at the time of the interviews had ongoing direct contact with birth parents, but two sets of adoptive parents had met the birth parent(s) in person. Two others had offered or agreed to meet but the birth parent declined or, in one case, changed their mind on the day of the planned meeting. An adoptive mother described having met her child's birth father and showing him a photo of the child. She thought the experience had changed the birth father's perspective. She felt "he kind of understood, he did understand" and he had stopped contesting the adoption afterwards. Although her family had no on-going contact with either birth parent, they remained in contact with the local authority about the possibility of future contact with his older sibling. She added that the door was "not closed" and that when her son was old enough it would be his decision.

Kinship carers reported that the child tended to have more contact with parents, and also reported more complex contact arrangements than foster carers. Part of the complexity related to the nature and quality of pre-existing relationships (for example, managing contact with their own child when caring for a grandchild). In addition, making arrangements with the child's other relatives (for example, maternal carer making arrangements with paternal relative) also created tension in some families. Nevertheless, most indicated that contact was likely to continue except in situations where it was felt to be harmful for the child.

Similar patterns have been found in other research on contact with older children and young people which identified both benefits and potential stressors arising from contact. A study in England that included interviews with 53 young people aged 16-26 years in kinship care identified that all but one had contact with extended family members (Wellard et al, 2017). In the same study, 42 kinship carers were interviewed, of whom just over half had 'serious concerns' about the child's contact with their mother (54%) or father (46%) (Wellard et al, 2017). The children in our study are much younger, and we cannot predict how their contact arrangements will change over time. However, most kinship carers indicated a commitment to continue contact and manage arrangements in ways that minimised negative impacts on children, while maximising the benefits it could bring for the child, and his or her parent(s) and siblings.

Across all placement types, carers/adoptive parents sometimes reported that children felt worried about their birth family members, and this emerged in the build up to seeing them. For some children, contact was both the catalyst and the solution for dealing with such worries. In the following example of contact between a brother and sister, the boy's adoptive parents described the emotional pattern they had noticed he experienced each time:

> *We see her at least every school holidays, and yes, [he]'s very keen to find out how she's doing and meet up with her ... In the build up to holidays he can generally get quite anxious at that time. Whether he's tired as well through school term, but it could be a case of – he's quite – he's really worried, he's not heard from [sister] for a while ... He knows it's daft, he knows he doesn't need to worry, because her foster carers are great.*
>
> (Dan, adoptive parent)

Contact provided an opportunity for the boy to know that his sister was safe. Dan went on to add:

> *So he's fine with that, especially after he meets her. So yes, and I think they [his sister's family] seem to have a lot of time for [him] as well, because he's so similar to her. We share stories and we laugh at how similar they are ... You can almost feel the tension dissipate after that, within a day or so. After he sees [her] he's quite relaxed.*
>
> (Dan, adoptive parent)

In a minority of cases, and particularly where contact was more extended, carers reported more negative overt changes in the child's behaviour. One carer described how the child's anxiety seemed to have reduced over time as she became settled into her home, but was often reignited following contact:

> *Mostly when she comes back and getting her settled in, she keeps saying to me, are you going out tonight grandma? Are you ... are you staying downstairs when I go to bed? Is granddad going to work or is he staying in?*
>
> (Wendy, kinship carer)

For this carer, as with other carers the longer-term benefits to the child of maintaining contact was balanced with the more temporary anxiety it might elicit for the child (and the adults).

Two additional themes emerged from carers and adoptive parents' descriptions of direct contact. First, direct contact with one member of the birth family could sometimes lead to unplanned 'secondary contact' with other members of the family, for example if one parent remained in contact with the other. Most 'secondary contact' was suspected rather than confirmed. For example, in two families, children had no formal contact with their fathers but the carers thought it was likely that during contact with the mother or paternal relatives, the father spent time with the child.

Second, inconsistency in contact arrangements was described as one of the biggest challenges. Such inconsistencies were more common in kinship care and to a lesser degree foster placements, where contact was more frequent and there was a sense that arrangements were not settled and might change again in the future. Kinship carers in particular struggled with managing complex arrangements with limited support from professionals, although at least one carer expressed ambivalence about whether any available support would be sufficiently nuanced. In some cases, contact had been stopped temporarily when a relative had missed several arrangements or important occasions for the child, or consistently changed plans at the last minute. Two families reported that parents or other relatives had considered or started to undertake legal action to change current contact arrangements.

Arrangements tended to change over time. Carers often reported these as the results of changes in the birth relatives' circumstances including, in one case, where a relative had been involved in a violent incident. However, some influences on contact were more straightforward, and reflected the child's perspective of how they wanted to spend their time:

> [S]he says I don't want to go because it's boring. Five-year olds are like that because here we've got … she's surrounded by other children her age in all these houses and as soon as the weather…you'll hear the door going in a minute and that will be them coming to see if she's going out to play. So she doesn't want to go somewhere where she can't do that.
>
> (Sarah, kinship carer)

Contact was one of the main anxieties kinship and foster carers reported in relation to the Children's Hearings System. Here, one of their concerns was that people who did not know the child might change contact arrangements, or might put in place contact directions which were inflexible and did not meet the changing needs of the child. More generally, while contact *per se* is not a reliable measure of placement difficulties (Schofield and Stevenson, 2009), contact can nevertheless become the 'site' where some of the most highly-charged aspects of kinship care, fostering and adoption are played out, and were appropriate supports could have been useful.

It is important to reiterate that what is presented in this report are the perspectives of a small number of carers and adoptive parents. As we did not interview the children's birth parents, we cannot know their views and feelings. It has been identified in previous research that birth parents, as with carers and adoptive parents, are likely to benefit from support with contact to ensure it is a positive experience (Neil et al, 2015).

Alternatives to direct contact

Although indirect contact was generally described in more straightforward terms than direct contact, knowing how much information to exchange and what to include could prove challenging. Julie described the first time she and her husband had written to their child's birth mother. They were not allowed to send photographs but spent a lot of time trying to think what to say:

> We were like, what do you write? Do you want War and Peace? Do you want two lines? We just kind of tried to put ourselves in her shoes, albeit that's nigh on impossible to say, 'What would you want to know as a parent? What would you want to know?' … So we just do a little bit about what he's doing, what he likes doing, what he likes to eat, you know, he goes to swimming lessons.
>
> (Julie, adoptive parent)

During one interview, an adoptive parent said that she had written to her child's birth mother every year but was considering stopping indirect contact as there had been no response from the child's birth mother. After specifically asking the researchers to outline what the benefits of maintaining indirect contact might be (for her child and the birth parent), she indicated that she

would continue. In this example, and others, carers and adoptive parents indicated they would value ongoing support from professionals.

Generally, carers/adoptive parents who participated in this strand did not raise objections to indirect contact, and most anxieties were framed in terms of trying to get it 'right'. This is in contrast to the much larger cohort of respondents in the *Outcomes* survey[10], a majority of whom indicated that they felt 'forced' into contact with birth parents, including indirect contact, by the decisions made at court or Children's Hearings.

Talking to children about their birth family

How carers and adoptive parents feel, talk and act about the child's birth family will be significant for the child over time. Those carers and adoptive parents who expressed the most overt empathy with birth family members tended to respond to questions by putting themselves in the birth family member's shoes. As one interviewee, Sarah, described, reflecting back on a difficult relationship at an earlier stage with the child's grandmother:

> *And I could understand, totally understand because I thought it would be like somebody else having my grandchild and bringing her up … It would be hurtful.*

Similarly, she described how her perspective on the child's mother had changed over time. At the beginning she had 'mixed feelings' but these had changed. Although she still disagreed with choices the mother had made, she recognised that these arose in a context of lack of support:

> *I dinnae think she's ever had the support from her mum either and she sort of cries out for emotional support.*
>
> (Sarah, kinship carer)

In addition to using every day opportunities to, where appropriate, mention the child's birth family, some carers and adoptive parents had sought out particular resources. One adoptive parent noted that it can be hard to get books that cover the range of experiences children may had before joining their adoptive[11], foster or kinship families. For example, for reasons related to her child's history, she had found books for children who were internationally adopted were more relevant.

> *I say, she's my special girl and I'm her special mummy. I'm here for you. I'm your mummy forever. I say that all the time without mentioning anything else, and other times we'll speak about this teddy that she got from her special lady who made her in her tummy.*

Some carers/adoptive parents had evidently taken care to describe birth parents in nuanced ways. For example, eight-year-old Arran, quoted earlier in the chapter on children's views, had absorbed the message that his birth mother was clever and he had inherited this.

One long-term foster carer who was caring for a child whose birth mother had died several years earlier described how as a family they remembered her on special occasions like birthdays, Mother's Day and Christmas. They made cards and marked her birthday by lighting candles and sending a "firework to heaven".

Some of the children had life story books. While these vary and are unique to each child, they are intended to be "an account of the child's life designed to help him or her make sense of all that has happened in their past" (Swift, 2013, p. 153). There were a number of examples of children

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[10] The report from the *Outcomes* strand of the study based on questionnaire responses from 166 adoptive parents and carers and 433 social workers is available on the website.

[11] The Adoption Journey (2019) was funded by the Scottish Government and produced by Adoption UK and Adoption and Fostering Alliance (AFA) Scotland. It includes relevant resources.

returning repeatedly to their life story books without necessarily asking further questions at this stage. For example, in Deborah's experience:

> *It's taken a while to feel comfortable talking about the adoption but actually, it was making the life story book that helped with that … I forced myself to show him his life storybook because actually, the easiest thing is just to think, I don't want to talk about, he's my little boy! My husband, I know he felt like that because I made the life storybook and it was lying around and [our son] said, 'Look, daddy. Look at my book!' And I just knew, he was like, I don't want to do this, I don't want to see it,' but once he'd gone through it with him, I think he also thought actually, it's not that bad talking about this. He's not asking really profound questions.*

Photographs displayed around the house sometimes became a starting point for conversations. One family kept a photograph in their child's memory box of the adoptive parents' meeting with one of the birth parents. Another adoptive parent described a photo of her, her husband and their elder child that had been sent to their son's foster carer before he joined the family so he would know what they looked like. They had kept a copy in his bedroom:

> *[T]hat photo has been in his bedroom until the summer, and he said why am I not there? So then we had gone back to the same place to take a photo [in the same location] with him two years ago … So we printed that off and put that there so, yes there's odd things that I think might lead to questions.*

Several carers and adoptive parents had shared some information with their child, but said that they were waiting to share other information. For example, one child knew about one sibling but not another more recently-born child. Another boy knew he was adopted and about his birth parents, but not his birth siblings.

Many of the carers and adoptive parents were thinking ahead to what questions might arise in the future. Echoing the experiences of contact, starting conversations about the child's personal history was described by some as challenging but worthwhile for the potential rewards for their child.

One adoptive parent recalled getting herself "in such a frenzy" anticipating what she should say if her four-year-old asked to see their birth mother, but felt reassured at a training session for adoptive parents that she could give a straightforward explanation. The most anxiety-provoking part was "the thinking about it rather than actually the doing of it", with adults' assumptions colouring their understanding of children's questions. She went on to describe her approach now:

Deborah:	I think you keep it simple. In your head, you can get yourself worked up in thinking you have to provide these long explanations about what's going on but you really don't, actually!
Interviewer:	You can be answering a question that they're not asking.
Deborah:	Exactly. I remember it used to be on Radio 4 about, if a child asks about the birds and the bees, the parent tends to go, right, it's this and that, and they go into all these different things and all they wanted was a really straightforward answer!

Carers/adoptive parents were at different stages with sharing information with children about their early lives and being part of a kinship, fostering or adoptive family. Partly this was linked to children's ages and developmental ages, but also seemed to vary according to adult's own attitudes and decisions. For some kinship carers, who tended to be older than other carers/adoptive parents, a particular focus was on offering children reassurance and contingency plans: one was actively anticipating children's questions about where they would live if something happened to her or her partner.

Support for carers and adoptive parents

Carers across the placement types indicated that in order for them to effectively meet the child's needs, they needed a range of accessible and variable supports over time. These included financial support, links to services for them or the child, and links to other carers and adoptive parents. One long-term foster carer described the enduring nature of the support provided by the child's social worker who is "at the end of the phone" and who will be there "until she retires". Others indicated that at specific points in time it would have been helpful if more professional support had been available.

One adoptive parent highlighted the difference between the ongoing training and support received by foster carers in their local area, and their experience as adoptive parents. At a difficult time she had called for help, but had been told this was not open to them:

> *We didn't get any of the support ... We needed help, we need somebody to come and help us, and we phoned this 24-hour support number that we had, and they were saying well, this is only for foster parents and pretty much wanting to hang up on us.*
>
> (Hannah, adoptive parent)

After finding that appropriate support was not available from their local authority, the couple eventually made contact with a worker from a voluntary agency. They described that this worker provided a listening ear and helped them to think about strategies they could use to respond to their child's needs.

The benefits of having someone to 'listen' and or 'mediate', especially where there were complex relationship and dynamics were highlighted. Kinship carers appeared to access less support than foster carers and adoptive parents, and this reflects the findings in the *Outcomes* strand and other studies (Farmer, 2010). One kinship carer indicated that professional support may have helped resolve difficulties in relation to contact arrangements. Other carers, while recognising the potential benefits professional support could bring, expressed ambivalence that professionals may not always recognize the nuances of relationships, and one expressed anxiety that mis-judged interventions might compound difficulties. Some highlighted the part played by family, friends, and neighbours in supporting them and the child. For others, concerns about not disclosing sensitive information about the child's history, militated against them seeking support from their informal networks. Several foster carers and adoptive parents mentioned the value they experienced from having contact with others in a similar role.

> *We do have a support group as well that we go to that we can have a moan at and a groan at and sometimes chat with other people maybe that have gone through the same thing as well.*
>
> (Ellen, foster carer)

The Adoption and Children (Scotland) Act 2007 built in provision for adoption support plans for families, including financial support. In England, Selwyn and colleagues (2015) found that the needs of children and adoptive parents vary over time, and some parents who do not initially want post-adoption services may revisit this.

Summary

- Carers and adoptive parents emphasised the need for accurate information about the child and his or her history so they can prepare for the child, start to understand the impact, and adapt their responses.

- The process of the child moving to live with carers and adoptive parents was a time of anxiety, uncertainty and change. Professionals sometimes focused on legal processes, whilst carers and adoptive parents needed them to also engage with the practical and emotional impact of change.

- Kinship carers, foster carers and adoptive parents were involved in day-to-day acts of sensitive reparative care to help the child to feel secure.

- Children needed nursery and education staff to be flexible. Kinship carers, foster carers and adoptive parents sometimes had to advocate quite strongly on behalf of the child.

- Children had a complex network of people in their life. These relationship were not simple to manage, and were at times a source of anxiety and conflict for carers and adoptive parents.

- Communicative openness can be difficult to enact given it includes talking about sensitive subjects and painful experiences.

- The support available to kinship carers, long-term foster carers and adoptive parents varied substantially.

4. Discussion and key messages

This report has explored a range of different aspects of children and their carers/adoptive parents' experiences, primarily in relation to three areas: becoming a family, being a family and connections with birth family. These are all interconnected parts of kinship, foster and adoptive family life. It focuses on the experiences of a small group of children and carers/adoptive parents in depth. The research was exploratory in nature, and while the sample size was limited, the play and talk sessions and interviews offer important insights into kinship, fostering and adoptive family life. It was especially important to hear directly from very young children, who have not often been included in such studies.

Many of the findings echo previous research with other children and families across the UK and further afield, including the emotional aspects of receiving and giving care. Other aspects, such as experiences with the Children's Hearings System, relate to the specific Scottish policy and practice context. The interviews and play and talk sessions for the current study took place in 2016-17 and we are aware of work underway, such as the Independent Care Review[12], that will influence the context for children who are or will become looked after away from home in the near future.

Below we draw out key messages based on this strand of the study. These help contribute to the existing evidence base about children living in kinship, fostering and adoptive families.

Belonging and permanence

Developing a sense of belonging and permanence is a process, and part of this process links to knowing and getting used to how that particular family 'does family' (Smart, 2009). For Harris and his foster carers this included reading the same story every Christmas Eve; for other children it involved particular 'family' activities. Both children and adults' accounts suggested a broad range of signifiers of belonging. These ranged from everyday conversations about decorating bedrooms, to tangible shifts such as calling carers or parents 'mum' or 'dad' for the first time or being able to look back and point out things that had changed since the child joined the family. Children gave numerous examples of ostensibly small day-to-day habits, including who sits where in the car, who is best at brushing hair, and whose job it is to put sprinkles on a cake.

Older children described predictable and stable routines their carers and adoptive parents had put in place, including around school, bedtime, bathtime, and food. For some children these routines, and the levels of care adoptive parents, kinship carers and foster carers were now providing were in stark contrast to their earlier experiences. While these were generally presented by children as positive, they also highlighted that there were perceived drawbacks, including the persistent appearance of vegetables, and regular school attendance. Alongside the discussions of consistency and predictable routines, there was also a need for flexibility about big events (like when to start school) and smaller events (like drop-offs).

Familiarity with family routines and rituals seemed to help children develop a sense of security and belonging within that family. This is in line with other research on the importance of dependable, stable caregiving and the way in which every day acts of care can be reparative (Gilligan, 2009; Schofield and Beek, 2009; 2014). Even when children have 'objective permanence' (in the form of a legal order securing their permanent place within the family), sensitive and reliable care-giving are important to help them to develop a sense of 'subjective permanence' within the family (Sinclair, 2015).

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[12] See https://www.carereview.scot/ for further information.

There were numerous examples of day-to-day acts of reparative care which children, carers and adoptive parents told us about. While not underestimating the challenges faced by children and their carers and adoptive parents, the value of every day acts which demonstrate love, kindness and reliability is a core message from this study.

Contact

Some of the children mentioned important people they had contact with. Spending time together helped them to maintain a connection even when not living together. This includes Ailsa who described her younger siblings as 'my babies'. Other children indicated that they hoped contact with parents or siblings would change as they got older. Logan wanted more contact with his birth sister, however he was aware that the power to make that decision did not solely rest with him or his adoptive parents.

Children had a complex network of people in their life beyond the family they lived with, including birth parents and siblings, and previous carers and their families. Each of those people may have differing views on the potential benefits and risks of contact. Navigating these relationships and maintaining connections was not simple, and was at times the cause of anxiety and conflict for carers and adoptive parents.

As with other research and other strands of the current study, connections with birth family was an area where strong emotions often came to the fore.

Some carers/adoptive parents were struggling with some aspects of contact, while others were pursuing the possibility of finding out further information or introducing contact in the future, generally with a sibling. Contact is both dynamic and transactional (Neil et al, 2015): it is likely to continue to change over time, and to change in response to factors related to the child, birth family and carer/adoptive family. Although some carers had professionals to whom they could talk, others had far less formal support. While a small number were uneasy that professional intervention could make this more complex, for others support with contact may have helped. Easy access to sensitive, flexible support could be a valuable resource for children, carers and adoptive parents and might enable some children to maintain or re-establish contact with important people from their life.

Sharing information with carers and adoptive parents

It was important for carers and adoptive parents to have as much accurate information as possible about the child and his or her history so they could try and understand the impact on the child, and how they might respond in ways that were most effective. The findings underline the value of "clear and clearly explained" information (Maclean, 2016). This is within the context that some information is unavailable and not all developments can be predicted.

The process of the child moving to live with the carers and adoptive parents was a time of uncertainty and change. Our findings echo research with adoptive families in Wales about the need for clear communication throughout the legal processes, including around delays, and a recognition of the anxiety that can be created by uncertainty (Meakings et al, 2018).

The primary focus of professionals could sometimes be on navigating complex legal processes. While these were also important for carers and adoptive parents and provoked anxiety, they wanted professionals to also engage with them in relation to the practical and emotional impacts of the changes for them and the child.

Transitions

Children may have experienced a number of moves – planned and unplanned – before joining their permanent families. Some children in our study could not remember living with any other carers/parents, while for others who moved to live with grandparents or other family members the transition was gradual (although still may mean a sudden adjustment from the carers' perspective).

The process of the child moving to live with the carers and adoptive parents was a time of anxiety, uncertainty and change, alongside hope and anticipation, as has been found elsewhere (Lanyado, 2003). Such a significant move, which for some children in our study also meant a change of nursery/school and living in a completely different area, would be difficult even without the previous traumatic losses they had experienced.

Norris (2018) has described how adults around the child tend to focus on the positives associated with the change, and that the child's distress and uncertainty associated with significant change need to be openly acknowledged. A practice development project currently underway at University of East Anglia is exploring how children can be best supported in the transition from foster care to adoption (Neil et al, 2018). The findings from our study support their recommendation that children's needs should shape the arrangements and timescales, and their feelings should be held in mind throughout. In addition, carers and adoptive parents emphasised the need for information to be shared fully and communicated clearly in order to help them support children throughout transitions.

Helping children understand their personal histories

Most children in our study, regardless of placement type, indicated that they had some understanding that their carers/adoptive parents were different from their birth parents. Younger children tended not to elaborate much, and some descriptions were relatively fragmented, even if they accurately described their relationships with their carers/adoptive parents. This is unsurprising. As Brodzinsky (2010, p.201) notes in relation to pre-school adopted children: "For the most part, they learn the language of adoption; in other words, they learn to talk about being adopted, without really understanding what it means". The older children in our study gave descriptions that touched more on the emotional aspects of growing up separated from their birth parents and, in some families, birth siblings.

Children who are looked after in kinship, fostering and adoptive families, share the common experience of separation from their birth parents, and growing up with alternative carers/adoptive parents. Most had experienced some form of maltreatment or neglect, and some had lived with a number of carers before joining their permanent family.

These aspects mark out their early childhoods as different from those of many other children. Although the children in our study are quite young, they and their carers/parents identified a variety of situations in which these differences can make life more difficult. Drop-offs and transitions, building friendships, and getting used to new people can be difficult for any child, but take on extra resonance in the context of children who are unable to live with their birth parents. Carers and adoptive parents sometimes had to advocate quite strongly with professionals – in social work, education, and elsewhere – to ensure their children's needs were understood and could be met. On the other hand, in a context in which looked after and adopted children still face stigma, families may also feel ambivalent about drawing attention to personal information about children's histories (Bardsley et al, 2018; Miller Wrobel and Neil, 2009).

As Luckock and Hart (2005) note in relation to adoption support, the dual set of assumptions about adoptive parents – that they are both 'ordinary' and have a 'distinct care-giving role' – can lead to ambivalence in policy and practice around support. For children across placement types,

our findings underline the potential need for support that recognises their early experiences and how these may affect them at later stages. In addition, carers and adoptive parents may need specific support to help children deal with traumatic memories and create coherent identities that take account of both past and present experiences.

Talking with children about birth family

How carers and adoptive parents feel, talk and act about the child's birth family is significant for the child. Some carers/adoptive parents had clearly engaged in communicating openly, talking to the children about birth family (including people who the child did and did not have contact with). Others were anticipating how they would deal with this in the future. Carers and adoptive parents described instances where they were ambivalent about what to say or do, or anxious that the child may ask questions which they would struggle to answer. Communicative openness has been explored elsewhere, particularly in relation to adoptive families (Neil, 2007; Jones and Hackett, 2007). It is easy to say (relatively), but was evidently far more difficult to enact given it can include talking about sensitive subjects and painful experiences. At times, it appeared to sit uncomfortably with language and descriptions which were ambiguous and lacked specificity.

Adults often hold the information about children's lives that can help them make sense of their experiences, however painful, in steps that will change over time. Furthermore, the process of 'story-telling' lasts a lifetime: throughout adulthood, the stories we chose to tell and re-tell about ourselves become 'self-defining memories' that help us hold together a coherent sense of who we are and how we have come to be that way (Singer et al, 2007; McAdams, 2012). If children are not helped to develop these skills, integrating their early memories with experiences in their permanent families and new information that emerges as they grow becomes more challenging. This has been identified in previous research in adoption (Triseliotis, 1973; Brodzinsky, 1990; Howe and Feast, 2003). The need for clarity and sensitivity in communication is a 'thread' that links findings across this study.

Support

The support available to kinship carers, long-term foster carers and adoptive parents varied in terms of how comprehensive it was and how helpful it was perceived as being. In some instances this was linked to geography, as particular local authorities appeared to provide more support than others. For some it was linked to the quality of the relationship between the carer/adoptive parent and the professional, while for others it seemed to correspond to the status of the child and the carer. Kinship carers, similar to those who participated in the *Outcomes* strand[13], reported accessing limited formal support. For some adoptive parents and carers, gaps in the support they had experienced had, at times, compromised their capacity to respond in the most effective way, or had meant that they were responsible for organising and managing complex contact arrangements.

The Adoption and Children (Scotland) Act 2007 and the Children and Young People (Scotland) Act 2014 allow for support. However, at times there was a gap between the ambition set out in that legislation and the experiences of some adoptive parents and kinship carers who participated. Local authorities will want to consider what additional strategies they can put in place to ensure that flexible and responsive services and supports are made accessible to kinship carers, foster carers, adoptive parents and the children in their care.

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[13] As part of the *Outcomes* strand 166 kinship carers, foster carers and adoptive parents completed detailed questionnaires.

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Appendix 1: About the authors

Dr Maggie Grant (Research Fellow and lead author)

Maggie has worked in adoption and fostering research for 10 years. She is a Research Associate and co-founder at the Adoption and Fostering Alliance Scotland, and was seconded to University of Stirling as part of the Permanently Progressing research team. Maggie took part in play and talk sessions with children and interviewed carers/adoptive parents.

Dr Helen Whincup (Principal Investigator and second 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. Helen took part in play and talk sessions with children and interviewed carers/adoptive parents.

Cheryl Burgess (Research Fellow and co-author)

Cheryl was full time Research Fellow with the research team until her retirement from University of Stirling at the beginning of 2017. Cheryl is a qualified social worker with a practice background in adoption and fostering. Cheryl recently co-authored the book *Effective Family Support: Responding to what parents tell us* (Dunedin Press). Cheryl interviewed carers and adoptive parents.

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 20 years, Paul has led on wide range of projects including 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 and managing Scotland's Adoption Register. Robin acts as coordinator for the steering group.

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 Scotland. She is 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 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 personal and/or professional experience to their role, and the study and the research team benefitted from their insights.

Appendix 3: Legal routes to permanence

Placement type	Legal routes
Permanence at home	No Order; Children's Hearings (Scotland) Act 2011 Section 83 Compulsory Supervision Order.
Kinship Care	No Order; Children (Scotland) Act 1995 Section 25; Children's Hearings (Scotland) Act 2011 Section 83 Compulsory Supervision Order; Children (Scotland) Act 1995 Section 11 Parental Responsibilities and Rights (including Kinship Care Order as introduced by Children and Young People (Scotland) Act 2014); Adoption and Children (Scotland) Act 2007 Section 80 Permanence Order; Adoption (as below).
Adoption	Adoption and Children (Scotland) Act 2007 Section 83 Permanence Order with Authority to Adopt (with the option of a Permanence Order being taken first) followed by Adoption and Children (Scotland) Act 2007 Section 28 Adoption Order; Adoption and Children (Scotland) Act 2007 Section 28 Adoption Order (lodged as a direct adoption petition by the adoptive parents).
Permanent placement with current foster carers or other permanent foster carers	Children (Scotland) Act 1995 Section 25; Children's Hearings (Scotland) Act 2011 Section 83 Compulsory Supervision Order; Children (Scotland) Act 1995 Section 11 Parental Responsibilities and Rights; Adoption and Children (Scotland) Act 2007 Section 80 Permanence Order; Adoption and Children (Scotland) Act 2007 Section 83 Permanence Order with Authority to Adopt.

All the relevant legislation can be accessed at http://www.legislation.gov.uk/

Appendix 4: 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 in this strand may have been involved in all three systems at some point.

The intention of this summary is to lay out the settings where formal decisions about permanence are made with links to relevant legislation and policy, including changes introduced during the study period (2014-18). It is not intended to be a comprehensive exploration of current legislation and policy, but to familiarise the reader with the broader context.

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

Local authorities

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'.

Section 25 of the Children (Scotland) Act 1995 enables the local authority to 'provide accommodation' for any child within their area who 'appears to them to require such provision because (a) no-one has parental responsibility for him; (b) he is lost or abandoned; or (c) the person who has been caring for him is prevented, whether or not permanently and for whatever reason, from providing him with suitable accommodation or care'. Where children are accommodated under Section 25 they become 'looked after away from home'. If a child is looked after away from home under Section 25 for less than six (continuous) months a parent can remove their child at any point, but thereafter parents must give two weeks' notice of their intention.

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.[14] Where children are looked after, Section 17 of Children (Scotland) Act 1995 sets out the local authority's duties to safeguard and promote the child's welfare, including in relation to their contact with birth family.

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. Although the Child Protection Register is a non-statutory measure designed to protect children by putting child protection plans in place, the National Guidance (Scottish Government 2014) 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.

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[14] 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.

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'. Core to practice with children and their families in Scotland, and to the Child's Plan, is 'Getting it Right For Every Child' (GIRFEC) This is a national approach to improve outcomes for all children, including those children who are looked after at home or away from home. It includes the National Practice Model for assessment and intervention, which centres on eight 'wellbeing indicators': Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included (often known by the acronym SHANARRI).

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). This does not preclude earlier decision making, but means the decision should be taken by the third review (this takes place six months after the second review, so between ten and eleven months of the child becoming looked after away from home).[15] This review should also set out the steps and timescales to achieve permanence for the child. If a child's Looked After and Accommodated review concludes that they cannot safely return to their parents, an assessment of the child's needs will be considered by the local authority's Adoption and Permanence Panel.

The Adoption and Children (Scotland) Act 2007 outlines the manner in which local authorities should establish permanence panels with linked guidance. The Adoption Agencies (Scotland) Regulations (Scottish Government 2009) state that each local authority or adoption agency must appoint an adoption panel (or appoint one jointly with another authority/agency). In most areas, the panel is formed as an adoption and permanence panel, so can consider the full range of permanence routes.

The panel has a crucial role in decision making about whether a child who cannot remain or return to birth parents should be placed for permanence away from home, and what legal route (Section 11/Kinship Care Order, Permanence Order (PO), Permanence Order with Authority to Adopt (POA), Adoption by Direct Petition) might best secure this. After considering the child's needs and circumstances the Adoption and Permanence Panel make a recommendation to the Agency Decision Maker[16] for each child, based on reports provided by social work, legal and medical professionals and discussion at the panel with professionals, carers, and sometimes birth parents and child.

Children's Hearings

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 was established in 1971 following the recommendations of the Kilbrandon Committee, and the Social Work (Scotland Act) 1968. Children's Hearings took over from the courts most of the responsibility for dealing with children and young people under 16, and in some cases under 18, who commit offences or who

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[15] Some local authorities implementing the Permanence and Care Excellence (PACE) programme have introduced changes to these timescales, including, in some areas holding the first looked after review two weeks after the child becomes looked after away from home. www.celcis.org.uk

[16] 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

are in need of care and protection. The system was designed to be a welfare-based system based on 'needs not deeds'.

The Children's Hearing System (CHS) may be involved in decision making for a child at different stages which we outline below.

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 here we concentrate on those most relevant to this study.

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 (for example between the child and his/her parents) 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 a 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 Sheriff Court

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

- If a 'Relevant Person'[17] or child does not accept or is too young to understand the Grounds for 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 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 an Adoption and 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 makes decisions in relation to parental responsibilities and rights. Part 1 of the Children (Scotland) Act 1995, sets out parental responsibilities and rights, and Section 11 details the conditions in which a court can 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 under the Children and Young People (Scotland) Act 2014. This was enacted in August 2016 when our study was halfway through.

The Sheriff Court can make a Permanence Order, or a Permanence Order with Authority to Adopt, or an Adoption Order transferring 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 the order be made than not.

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[17] The following people are automatically considered to be a Relevant Person: Any parent (whether or not they have parental responsibilities and rights) and any other person who has parental responsibilities and rights (obtained through the courts). Foster carers and kinship carers are not automatically considered to be Relevant Persons, however, they can be deemed to be a Relevant Person. This decision is made by a Pre Hearing Panel or a Children's Hearing. For more information see SCRA website www.scra.gov.uk.

Phase one of the *Permanently Progressing?* study ran from November 2014 - December 2018. 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.

Perspectives on kinship care, foster care and adoption: the voices of children, carers and adoptive parents