

# Permanently Progressing?

Building secure futures for children in Scotland

## Perspectives on kinship care, foster care and adoption in Scotland

### *Insights for policymakers and practitioners*

Though many children in the care system may be 'legally' secure, the challenging and often disruptive process of moving into - and within - the care system can leave children feeling insecure and unsettled.

The Independent Care Review, established by the Scottish Government in 2017, aims to identify and deliver lasting change in Scotland's care system, transforming the wellbeing of children and young people. Acknowledging the complex landscape of the care system and the emotional impact that experience in care can have on vulnerable children, the review seeks to take into account a range of perspectives. Through understanding the views of care-experienced individuals, along with families, carers and organisations working in the care system, the review aims to make an informed and considered set of recommendations to affect successful and lasting change.

Part of the *Permanently Progressing? Building secure futures for children in Scotland* study, this briefing draws upon the voices of children, carers and adoptive parents in Scotland, offering perspectives on kinship care, foster care and adoption. Specifically, the paper reflects on the process of becoming a family, the concept of being a family, and perspectives on contact between a child and his/her birth family and other important individuals.

### Key findings

- The process of a child moving to live with carers or adoptive parents can be a time of anxiety, uncertainty and change.
- Some carers and adoptive parents reported a lack of information about the child's background that would have helped them to prepare for the child, understand the impact of their previous experiences and adapt their responses.
- While professionals need to maintain a focus on navigating important and complex legal processes, carers and adoptive parents needed them to also engage with the practical and emotional impact of change.
- Maintaining connections with birth families and other significant people in a child's life is not simple, and can cause anxiety and conflicted feelings for children, parents and carers alike.
- Adults often hold information about children's lives that can help them make sense of their lives, including painful aspects. Children need to be helped to integrate early and subsequent experiences and develop a coherent narrative.



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## Study

*Permanently Progressing? Building secure futures for children in Scotland*, is the first study in Scotland to investigate decision making, permanence, progress, outcomes and belonging for children who became 'looked after' when they were aged five and under. The study included analysis of data from questionnaires completed by social workers, carers or adoptive parents, interviews and focus groups with decision-makers, interviews with carers and adoptive parents, and 'play and talk' sessions with children.

This paper is based on qualitative data from 'play and talk' sessions with ten children and semi-structured interviews with 20 kinship carers, foster carers and adoptive parents. The children were aged between three and eight at the time of participation and two were living with kinship carers, three with foster carers, which had started as short-term placements but were now (or were likely to become) permanent, and five children had been adopted.

The sessions and interviews explored themes of becoming a family, being a family, and contact with a child's birth family and other important individuals. The 'play and talk' sessions explored the children's notions of what helped them feel secure in their families.

Semi-structured interviews with carers and adoptive parents focused on the processes involved in the child moving to live with them, how information about the child was shared with them, the child's progress, what contact (if any) the child had with their birth family, and the kinds of support they and the child had been offered.

## What does the research tell us about becoming a family?

Children's experiences of becoming part of a family were varied; some were too young to remember the transition from their birth parents, while for those in kinship care, the transition was more gradual.

Carers and adoptive parents had access to different information about children's histories at different times, 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). It took time for the implication of some information to become clear for carers and adoptive parents to start to understand the impact of children's early experiences and histories.

There was also a feeling that court processes often seem removed from the day-to-day experience of family life; particularly where proceedings formalise an existing caring relationship. For some participants, uncertainty over timescales and the emotional and practical impact of not knowing what arrangements to put in place were significant.

## What does the research tell us about being a family?

Children's descriptions of becoming a family suggested the importance of 'signifiers' of belonging – events or experiences that appeared to contribute to them feeling like they had a permanent place in a particular family. Small acts of day-to-day care by adults and other children in the home were emphasised, which can support children's feelings of belonging as full members of their permanent families and of life being predictable. Though not exclusive to children who have moved to permanent, alternative carers, these acts may carry additional meaning where children have previously experienced uncertainty and instability.

Transitions raised anxiety for several foster carers and adoptive parents. Drop-off at school and nursery, in particular, could cause anxiety for children. Even for children who are 'legally secure', their previous experiences may mean that they not always 'feel secure'. Carers noted the importance of flexibility on the part of nurseries and schools; it was often necessary to explain to staff why children may have particular anxieties.

Across different placement types, carers described different forms of support from financial support, to services for them or the child, and links to other carers and adoptive parents. While some received ongoing, consistent support, others indicated that at certain times it would have been helpful if more professional support had been available. Kinship carers accessed less support than foster carers and adoptive parents.

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## What does the research tell us about contact with birth families?

Levels of contact (direct or indirect) with birth parents or other important adults depended on placement type. No adopted child saw their birth parents, while some had contact with previous foster carers. Some children in kinship care saw their parents regularly including visits to their homes, while for others contact was less predictable.

For children who had siblings living elsewhere, contact varied and could be complicated. There is evidence that timely and sensitive support can help to maintain important sibling relationships.

Kinship carers reported more contact with parents, and more complex contact arrangements than foster carers because of the nature and quality of pre-existing relationships; for example, managing contact with their own child when caring for a grandchild.

Some carers described how direct contact with one member of the birth family could lead to unplanned 'secondary contact' with other family members. Inconsistency in contact arrangements was one of the biggest challenges.

An anxiety reported by kinship and foster carers in relation to the Children's Hearings system was that a Hearing might change contact arrangements or put arrangements in place which were inflexible and did not meet the changing needs of the child.

For some children, previous foster carers may have been their primary attachment relationship and maintaining these connections helped the transition process, including the losses experienced.

For adoptive parents who were maintaining indirect contact with birth parents, knowing how much information to exchange and what to include could prove challenging.

### Policy implications

- Carers and adoptive parents should have access to clear and clearly explained information as early as possible to understand the child's experiences and respond effectively.
- Children's needs should shape the arrangements and timescales of moving within the care system, acknowledging that this can be emotionally challenging.
- In addition to legal and technical matters, professionals need to engage with the practical and emotional impacts of the transition into permanent placements, for both carers and the child.
- There should be greater recognition that contact between children and birth parents/previous carers is dynamic and likely to change over time in response to factors related to the child, birth family and carer or adoptive family.
- Working with nursery staff and teachers is essential in building an understanding of how a child's experience may affect their behaviour and require particular attention.
- For children across placement types, support should recognise traumatic early experiences and how these may affect the children at later stages. Carers and adoptive parents may need specific support to help children understand their histories and create coherent identities that take account of both past and present experiences.
- 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.
- Additional strategies need to be put in place to ensure flexible and responsive services, and accessible support for carers, adoptive parents and the children in their care.

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## About this research

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